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Factors Influencing Adolescent Fertility in Lesotho

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requirements for the degree Master of Social Sciences in
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DECLARATION

I Tshenolo Irene Mabeleng hereby declare that this research title “Factors Influencing Adolescent Fertility in Lesotho” is my own work and that all sources have been accurately reported and acknowledged, and that this document has not previously been submitted in any University or Higher Training Institution in order to obtain a similar qualification.

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I give all the Glory to God for the gift of life and the opportunity I got to pursue my dreams. God has always been faithful to me.

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ABSTRACT

Adolescence is a period in the life cycle during which females experience major transitions characterized by physical, psychological, emotional and sexual changes. During this period, adolescents seek new personalities and discover their sexuality which sometimes leads to unwanted pregnancy and early childbearing or marriage. These challenges are common in many sub-Saharan African countries including Lesotho. The objectives of the study were to observe the relationship between socio economic factors and adolescent fertility, to investigate the influence of demographic and cultural factors on adolescent fertility in Lesotho and to recommend appropriate policy and program interventions to reduce adolescent fertility.

The 2014 Lesotho Demographic and Health Survey (LDHS) was used in the study. The 2014 LDHS interviewed 6621 women of childbearing age groups for the purpose of this study, 713 adolescents between the ages of 15 and 19 years were used. Descriptive statistics were used to describe variables and Multivariate Logistic regression procedures were also used to examine the relationship between socio-economic and demographic factors on one hand and children ever born on the other.

The study revealed that fertility is higher among women with primary education than women with secondary and higher education. The main factors that play a very significant role in impacting fertility among adolescents in Lesotho are educational level; type of place of residence; frequency of watching television s and marital status.

The results of the study confirm what is been discussed in the literature. Determinants of fertility as indicated in other studies are more similar to factors identified in this study. It was established that high level of education, type of place of residence and marital status are determinants that contribute to fertility among adolescents. It is recommended that young girls should be empowered through education and life skills as well as improving family planning and reproductive health awareness aimed at both men and women.

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CI	Confidence Interval
DHS	Demographic and Health Survey
EA	Enumeration Area
HIV	Human Immunodeficiency Virus
LDHS	Lesotho Demographic and Health Survey
NGO	Non-Governmental Organization
OR	Odds Ratio
PHC	Population and Housing Census
UNFPA	United Nations Population Fund
USA	United States of America
WHO	World Health Organization

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CHAPTER 1: INTRODUCTION

1.1 Background

Adolescent fertility remains a challenge requiring urgent resolution all over the world (UNFPA, 2013). In 2014 the World Health Organization reported that 11% of all births were due to women aged 15-19 years (WHO, 2014). Approximately 95% of adolescent fertility occurs in developing countries with 36.4 million women becoming mothers before age 18 (UNFPA, 2013).

Sub-Saharan Africa had the highest number of adolescent fertility in the world in 2013 (UNFPA, 2013). Births to adolescent mothers account for more than half of all the births in this region: an estimated 101 births per 1000 women aged 15 to 19. The majority of countries with adolescent fertility levels above 30% occur in sub-Saharan Africa (Loaiza & Liang, 2013). Therefore, government and non-governmental organizations (NGOs) have attempted to address this via policies and other initiatives. Despite huge investments and refinement of these policies: adolescent fertility continues to reach crisis proportions in most African countries.

In many developed countries, the governments have attempted to support adolescent mothers back to their dreams/aspirations. For example, in Canada, an organization known as united way Calgary and area is specifically committed to helping children and youth including adolescent mothers be all that they can be. In some Sub Saharan countries like in Malawi there is a program for supporting teen mothers to get back to their goals (Mayzel, 2013). In SA they encourage them to attend school until their last month of giving birth and come back and continue with their studies.

In Lesotho, many women begin childbearing in their adolescent. Overall, 23% of women aged 15-19 years are pregnant or already have children (LDHS 2014). Adolescent pregnancy and motherhood are more common among young women living in rural areas and those from poorer families. Adolescent fertility varies with the place of residence. In rural areas, where women marry and begin childbearing very young, a more reasonable case might be made that the damaging consequences of adolescent fertility stem from the "natural" consequences of immature maternal physiology. Yet even here, social and economic pressures to marry early lay the groundwork for harmful outcomes. Evidence show that rural adolescents in most regions have higher fertility rates than urban adolescents (Dutta & Sarkar, 2014; Gomes, 2012; Presler-Marshall & Jones, 2012).

1.2 Problem Statement

Adolescent mothers are often disadvantaged and excluded from socio-economic participation due to their poor levels of education, low level of training and unemployment (Harden at al., 2006). This implies that at the age when most of their peers are working towards further and higher

education and a future career, teenage mothers can find them left behind. In addition, (Hannan A 2007) argues that mothers under the age of twenty are young women who have faced multiple difficulties of childhood poverty, lack of academic success at school and temporary and low-paid work. That is, early motherhood compounds these problems, making it more difficult for them and their children to escape long-term poverty. This is because adolescent mothers often lack work experience, educational skills, and job training and are less competitive in the labor market.

PA lack of family support and poor education can leave them socially isolated, dependent on benefits and constrained by the responsibilities of caring for a child alone (Evance and Slowley, 2010). As a result, a large number of adolescent mothers are disproportionately poor, depending on public assistance to support them economically (Maynard, 1996; Rothenberg and Weissman, 2002 as cited by Domisse, 2007).

Married or not married Adolescent mothers quickly find themselves marginalized, they are expected to remain at home to take care of their children and have virtually no avenue for continued personal growth. Adolescent mothers felt indifferent from the interests and concerns of their age mates who are not parents (Mayzel 2013).

Regardless of the powerlessness of pre-adult mothers, in Lesotho few projects are devoted to help young mothers to return to their objectives; likewise, few investigations about adolescent parenthood and factors adding to them have been directed in Lesotho. For instance, an investigation directed by Mturi and Moerane (2010) indicated a significant relationship between a Socio-economic factors and premarital childbearing. According to LDHS 2014 there is a 19% of respondents had given birth before they are 19 years while four percent are pregnant during the survey. Compared to other countries in the Southern Africa region such as Botswana, Namibia and South Africa, adolescent fertility is still high in Lesotho. Factors influencing high fertility in Lesotho are not known that is why the researcher found it is important to do this study.

1.3 Objectives

1.3.1 Main Objective

The main objective of the study is to determine the factors that influence adolescent fertility in Lesotho so as to gain a better understanding about the extent of the problem.

1.3.2 Specific objectives

The following are the specific objectives

- To examine the relationship between socio-economic factors and adolescent fertility.

- To investigate the influence of demographic and cultural factors on adolescent fertility in Lesotho.
- To recommend appropriate policy and program interventions to reduce adolescent fertility.

1.4 Research question

1.4.1 Main research question

1. Is there an association between educational level and adolescent fertility in Lesotho?
2. To what degree do socio-economic factors influence adolescent fertility in Lesotho?
3. At what level do demographic and cultural factors have an influence on adolescent fertility in Lesotho?
4. What is the most appropriate policy, which can be used to address adolescent fertility?

1.5 Hypothesis

1. The adolescent with secondary education tends to experience high adolescent fertility compared to adolescents with tertiary education.
2. The adolescent girls who engage in early sex, live in rural areas, do not use contraceptives are likely to experience adolescent fertility as compare to those who stays in the urban areas.
3. Adolescents exposed to marriage at an early age have many children compared to those who get married late

1.6 Justification

This study is relevant in contributing to an understanding of factors that influence adolescent fertility in Lesotho. In addition, after identifying the main factors that influence adolescent fertility in Lesotho, health professionals and policy makers will use the information to channel relevant resources towards the causes to reduce adolescent fertility and unmet needs of adolescents in Lesotho.

1.7 The scope of the study

The World Health Organization defines an adolescent as a person between the ages of 10 and 19 years. However, the Lesotho Demographic and Health Survey does not collect data on adolescents of 10 to 14 years in Lesotho. Adolescence is a transitional period from childhood to

adulthood. During this period an individual experiences significant physiological, emotional and social change. Unprotected sex at this early age has given rise to adolescent childbearing.

Other studies in Sub-Sahara Africa investigating the effects of education on adolescent fertility have shown that socio-demographic characteristics of adolescents have an association with adolescent fertility. For example, education, urbanization and place of residence of adolescent girls have a close association with adolescent childbearing. In particular education and urbanization have an effect on rates of adolescent pregnancy and childbearing, since increasing enrolment in educational institution gives priority to personal goals other than motherhood and family formation for young women; the pursuit of education has led to a decline in adolescent fertility. Furthermore, access to media, economic status, employment status and ethnicity has shown mixed effects on adolescents' fertility.

1.8 Definition of Terms

1.8.1 Adolescence

World Health Organization defines adolescence as persons between the ages of 10 to 19 years. For the purpose of this study the age range will be narrowed and thus defined as females between the ages of 15 to 19 years. This is primarily because Lesotho Demographic and Health Survey do not collect data on adolescents between the ages of 10 to 14 years

1.8.2 Adolescent Fertility

Adolescent Fertility (also known as teenage fertility) refers to a condition where a woman has given live birth before the age of 20 years. It should be noted that the terms adolescent fertility and adolescent childbearing are used interchangeably in this study.

1.8.3 Education

Education as used in this research should not be equated with schooling or formal education alone. It includes all efforts aimed at conveying knowledge and know-how, shaping attitudes, values and behaviors, and teaching skills, techniques and procedures whether through formal, non-formal or informal modes of instruction. It covers not only the learning that takes place in schools, but also the critical acquisition of knowledge, values and attitudes that occurs in homes, work places and communities as well as through the mass media. Education, of course, is more than the collection of information or even the accumulation of knowledge. It is an attitude of mind and an openness of spirit. It is the capacity that education - in all its many forms - engenders to think of oneself and the world in new ways that makes it a powerful force for social and economic adaptation and progress.

1.8.4 Age Specific Fertility Rate (ASFR)

Age specific fertility rate is the number of births occurring in a year to women of a specific age group per one thousand women of that age group, usually given in five-year age groups

1.8.5 Fertility

The number of children born to women.

1.8.6 Total fertility Rate (TFR)

The average number of children that would be born to a woman by the time she ended childbearing if she were to pass through all her childbearing years conforming to the age specific fertility rates of a given year.

1.9 The organization of the study

The current study comprises of five chapters. Chapter 1 is made up of the following sub sections, which are introduction and background information of the study, research problem, the justification of the study, and the objectives of the study. Research question and the scope of the study. Chapter 2 is the literature review, which discusses what has been previously done in this research area. Chapter 3 discusses the research methodology and the data adapted in this current study. Chapter 4 presents the analyses of data and results and lastly chapter 5 provides discussion, conclusion and recommendation.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The aim of this chapter is to review the literatures relevant to the topic under study. The literature has been used for the enrichment of the study.

2.2 Adolescent fertility

Adolescent fertility is influenced by many factors that include cultural factors, place of residence, female education attainment, age at marriage, age at first sex and contraceptive use. Literature review will explore the scope of the problem of adolescent fertility, factors that affect adolescent fertility and differentials recorded. Consequences of adolescent fertility on resident's components will also be explored.

2.2.1 Fertility trend around the world

The world today is experiencing high number or an increase of young people. Of an estimated to 1.2 billion young people in the world, 85 percent live in developing countries. Adolescent pregnancy is reported globally as a problem (Bearinger, Sieving, Ferguson and Sharma, 2007). In 2008, there were 16 million birth by adolescents aged between 15-19 years this accounts for 11 percent of all births worldwide. Notably, about 95% of these births occurred in low and middle income countries (WHO, 2012).

2.2.2 Fertility trend around sub-Saharan Africa

Sub-Saharan Africa has one of world youngest population. At the beginning of the twenty first century, about one out of every four people in Sub-Saharan Africa is 10 to 19 years old. This is the largest group of young people ever in the region to enter adulthood. The number of births to youth in Sub-Saharan Africa is predictable to increase over the next few periods, exceeding a total of 4.8 million births to girls aged 15 to 19 over the period 1995 to 2020. The increase some 400 000 more than 1996 levels reflects both a growth in the size of cohort of teens, and the higher levels of fertility of teens in this region relative to level in other parts of the developing world (McDevitt, 1996). Early childbearing is likely to put a young mother on a lifelong track with different choices and opportunities than if she were to postpone her first birth to a later age. She is likely to have more births because of exposure to a longer period of childbearing.

Early childbearing may also put a premature end to a young woman's schooling and threaten her economic prospects, earning capacity and overall wellbeing. Young mothers may pass on to their

children a legacy of poor health, deficient education and meager means of living, creating a hard-to-break cycle of poverty (United Nations, 2002). Studies have found repetition of early childbearing across generations; daughters of teenage mothers are more likely than daughters of adult mothers to begin childbearing early.

An early onset of childbearing also results in a young population age structure, a shorter average span between generations and more rapid population growth due to population momentum, than when childbearing is delayed. When successive age cohorts of women begin their childbearing earlier and space their births close together, relatively large cohorts of children enter their reproductive years and bear children. Population momentum in high-fertility countries is the tendency for population to continue growing even if fertility dropped immediately to replacement level¹ as relatively large cohorts at young ages move through their childbearing years. Population momentum is primarily the result of a young population age structure and has been estimate to account for about half of the developing world's population growth in the twenty-first century (Bongaarts, 1994). Delaying childbearing is one of the key options that can reduce the impact of population momentum (Bongaarts, 1984).

2.2.3 Lesotho

Fertility has been declining over time but is still high among the poorest Basotho. Lesotho has one of the lowest total fertility rates (TFR) in sub-Saharan Africa. TFR has dropped substantially from 5.4 births in 1976 to the current rate of 3.3 births per woman.

Nevertheless, fertility among poorest Basotho is about three times higher than among the wealthiest youth fertility rate is high (96 births per 1,000 women) affecting not only young women and their children's health but their long term education and employment prospects.

Births to young women have the highest risk of infant and child mortality as well as a higher risk of morbidity and mortality. Early childbearing is more frequent among the poor. While 42 percent of the poorest 20–24 years old women have had a child before reaching 18, only 16 percent of their richer counterpart did further, younger cohorts of poor girls are more likely to have a child early in life now than their older cohorts. (www.worldbank.org/population).

2.3 Theoretical Framework.

Various theoretical frameworks or theories have always guided population studies researchers. Fertility changes mainly arise after many social, cultural, traditional, political or economic aspects of the society change, which changes how the society operates or functions. These aspects play a major role in directing how the society operates because they can influence the society preferences such as in the household, the family desires and formation.

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2.3.1 Cultural perspective theory

The cultural perspective theory upholds that fertility can be determined based on cultural standards and values. These standards and values are respected as they bring order to the reproductive behavior of couples through clear and unclear social rewards and lastly, they are culturally established (Freedman, 1993). Culture plays a role in adolescent childbearing in many parts of sub-Saharan Africa. In Malawi, girls are taught about the importance of childbearing at an early age. This message is communicated in such a way that many adolescents do not see early childbearing as a problem (Jimmy-Gamma, 2009). The initiation ceremonies by Yao and Chewa tribes in Malawi promote early sex and early marriage.

Furthermore, at the end of the first initiation ceremony an older man is enlisted to be the first sexual partner of the adolescent to mark womanhood (Gutmacher Institute, 2007). In the absence of contraception, adolescent girls are more likely to have children. As a result, this puts adolescent girl at risk of childbearing. In Lesotho Initiation schools were identified as the main cause of the high adolescent fertility because mostly of the young man as they called when they come from initiation school they want to prove themselves that they are grown up they are sexual active. The majority of parents reported that they did not discuss sexual issues with their children (Mturi & Moerane, 2010). Mothers were most likely to state that this was due to embarrassment or the lack of awareness that young people were having sexual relationships, while fathers were more likely to state that such discussions would encourage sexual behavior and were therefore inappropriate. In addition, fathers stated that they were discouraged from discussing sexual issues with their children and it is cultural taboos.

2.3.2 Gender Point of view

Gender relation perspective suggests that fertility reduction can only be achieved by empowering women of all as and by bringing knowledge through the adoption of fertility regulation practices from other countries that experienced fertility decline to the replacement level like in China (Freedman, 1993). The adult literacy rate in Lesotho is above Sub-Saharan average. According to recent statistics, 95% of women are literate compared to 83% of men. Despite the higher level of enrolment of girls in secondary education as well as women's high literacy rate, drop-out rates of girls remain very high. This can be attributed to social, economic, and cultural factors, such as poverty, distance from school the impact of HIV and AIDS, and teenage pregnancies.

2.4 Factors Contributing to Child-Bearing among Adolescent Girls

Components that add to a high adolescent fertility rate incorporate early menarche, immature sexual conduct, socio-social and monetary elements, instructive status, sexual brutality, peer pressure and urbanization (Philemon, 2007).

2.4.1 Early menarche

The earlier the event of menarche, the earlier the biological chances of conception. In Dar es Salaam, Tanzania, Nasoro (2003) discovered that the time of menarche was somewhere in the range of 13 and 15 years, and was related with expanded sexual exercises, which puts adolescents at danger of undesirable pregnancies and STIs (Philemon, 2007). Young females who develop early will probably take part in sex at a younger age, which thus puts them at more serious danger of adolescent pregnancy.

2.4.2 Age at first intercourse

Age at first sex is a pointer of introduction to the danger of pregnancy amid immaturity. In America, around 5 to 10 percent of adolescent females had sex by the age of 13 years and around 70 to 80 percent by age of 19 (Xu, 2004). Neighborhood and worldwide investigations demonstrate that sexual action is normal and started from the get-go in juvenile years; family and peer pressure may impact the commencement of sex.

2.4.3 Age at first marriage

Age at marriage is an important factor in the life of an adolescent because it is associated with the complete fertility and implications of adolescent childbearing. In Lesotho, 55 percent of women are married or in a union according to the report of Demographic health survey 2014. In sub-Saharan Africa, areas that have a high rate of early marriage tend to have high prevalence of adolescent childbearing and a high fertility rate. Early marriage has a negative social and physical outcome for an adolescent and her infant. A study by Ahmed, Nahar, Nural and Shirin (2008) to find out the age at marriage and fertility patterns among 15-19 years married female adolescents in rural areas of Bangladesh showed that most of the respondents got married at 15 years. The total fertility rate for the respondents was 2.6 births; the study also found out that husband's education was significantly associated with age at marriage. In certain parts of the world, we have a legal minimum age at marriage which is fixed but this is not always adhered to.

2.4.4 Adolescents' sexual conduct

There is a great rush of genital sexual development during adolescence. Due to the increased hormones, secondary sexual characteristics appear, masturbation and sexual fantasies are common. In general, adolescents face a confusing and difficult time and need parent guidance (Heaven, 2001). Early sexual activities are affected by development characteristics such as early puberty and high level of androgen hormones, which are associated with increased adolescent sexual behavior (Philemon, 2007).

2.4.5 Abuse

Women exposed to abuse, domestic violence, and family strife in childhood are more likely to become pregnant as teenagers, and the risk of becoming pregnant as a teenager increases with the number of opposing childhood experiences. According to a 2004 study, one-third of teenage pregnancies could be prevented by eliminating exposure to abuse, violence, and family strife. The researchers note, "Family dysfunction has enduring and unfavorable health consequences for women during the adolescent years, the childbearing years, and beyond." When the family environment does not include adverse childhood experiences, becoming pregnant, as an adolescent does not appear to raise the likelihood of long-term, negative psychosocial consequences.

Studies have also found that girls whose fathers left the family early in their lives had the highest rates of early sexual activity and adolescent pregnancy. Girls whose fathers left them at a later age had a lower rate of early sexual activity, and the lowest rates are found in girls whose fathers were present throughout their childhood. Even when the researchers took into account other factors that could have contributed to early sexual activity and pregnancy, such as behavioral problems and life adversity, early father-absent girls were still about five times more likely in the United States and three times more likely in New Zealand to become pregnant as adolescents than were father-present girls.

2.4.6 Contraceptive use

Few unmarried young couples use contraceptives before their first sexual intercourse. A study in Latin America and Caribbean revealed that among young women from 15-24 years, only 4%-43% used contraceptives before first sexual intercourse. Premarital sexual activity therefore results in unintended pregnancies. Common reasons given by young people for non-use of contraceptives are that they do not expect to get pregnant, and lack of knowledge about contraception. Even when young people can name contraceptive methods, they might not know where to get them or how to use them.

Lack of access is a major barrier to contraceptive use by the young people. Access barrier is commonly caused by attitudes of young people because they are not sick and not used to visiting clinics like adults. They may also not know what to expect from service providers. Young people might also not afford transport cost to clinics or payment for contraceptives. Laws or religion may prohibit use of contraceptives by young people.

2.4.7 Media

In another study, (Ferrara, Chong and Duryey 2008) explored the effects of television on fertility in Brazil. Results showed that exposure to the media among women led to a lower level of fertility. Women in the lower socio-economic status as well as those in their middle or late phases of childbearing also experienced this effect.

Similarly, Gupta & Leite (1999) established an important association between exposure to mass media and adolescent fertility in Northern Brazil, and found that access to media was the most important predictor of fertility among adolescent females. Nahar & Min (2008) also found that frequent exposure to media had a significant delaying effect among adolescents in Bangladesh.

2.5 Socio-economic status

Early dating provides a context for many experiences. Unconventional psychosocial attitudes and some risk behaviour, such as early use of alcohol, Tobacco and drugs, school problems, delinquency and physical aggression are associated with early onset of adolescent sexual intercourse. Other factors include lower family incomes, less supervision, Parental modelling and more permissive attitudes in single parent family (Philemon, 2007).

Philemon (2007) found that adolescent was at high risk of pregnancy at the age of 14 and 16 years. Moreover, the risk was fifteen times higher in respondents with no formal education and no employment. In addition, girls were affected by the mothers' education and the living patterns in the home, living with one parent only or with a guardian compared to living with both parents, and finally, girls from families of low socio-economic status had a higher risk of pregnancy. Also lack of necessary material to meet the needs of adolescents, because of parent's poor socio-economic status, put adolescent girls at great risk of pregnancy.

The failure of youths to meet individual and fundamental needs open them to pre-marriage sex in return for cash and material gain; such factors are probably going to incline them to unwanted pregnancies and childbearing. A study in Malawi indicates that 66 percent of adolescents have accepted money in exchange for sex (Gutmacher Institute, 1999). According to Were (2007), in Kenya lack of access to sex education predisposes adolescent females to pregnancies.

Furthermore, studies in Bida local government in Nigeria by Odimegwu, Solanke and Adedokun (2002) revealed that adolescents whose parents were poor are more likely to engage in premarital sex which can lead to adolescent childbearing than adolescents whose parents were middle to high income level. It is visible that adolescents from lower socio-economic status are more prone to engage in early sexual activities (Manlove, 1998). This is consistent with the study by Odimegwu et. al., (2002) which found that adolescent girls whose parents attained only primary education or low income had the highest level of sexual activity than adolescents whose parents had medium or high income.

2.5.1 Place of residence

Fertility is higher for adolescents whose childhood residence from birth to the age of 12 years was in the rural areas than adolescents who dwell in the urban areas (Palamuleni, Kalule-Sabiti and Makiwane, 2007).

Furthermore, studies by Bledsoe and Cohen (1993) showed that fertility in sub-Saharan African countries is higher in the rural areas than in the urban areas; knowledge of and access to contraceptive, higher education and aspiration for higher standard of living plays a role in lowering the fertility rate of adolescents in the urban areas.

2.5.2 Occupation

Mostert *et al.* (1998:115) states that due to competition for time and money, working class women have few children compared to unemployed women. However, high rate of fertility could contribute to a woman's entry into the labour force as she may feel compelled to start work in order to support her family. As socio-economic levels increase in a developing country, fertility differentials increase as well. Mostert *et al.* (1998:116) further maintain, "the fertility of Women, who worked outside a family home, was generally lower than that of women who were paid for their work by family members". Full-time employment is associated with reduced fertility.

2.5.3 Income

Studies indicate that adolescent fertility is higher among adolescent with low income than those with high incomes (Nyarko 2014; Kamal 2009). There are a number of reasons why female adolescents from poor households may experience high fertility. Some of these are inability to afford contraceptives, predisposition to engaging in early sex or marriage for livelihood, as well as some environmental conditions may well be contributory factors. Families that have high incomes also have high educational status as well as high knowledge of contraception. Income and wealth are negatively associated with fertility. Increasing income generally stimulates higher

educational attainment and aspirations, delays marriage and diminishes the need for labour. The long-term effect of high income, economic development, and modernization is a drop in fertility.

2.5.4 Education

Young women who become pregnant before age 20 are more likely to obtain less education, have fewer job possibilities and lower income, and be divorced and to live in poverty (Pop report, 1995). Education can affect the number of children that an adolescents decide to have. It is likely that the communication skills gained, specifically the potential to read, may change the conceptual frame of reference of the individual considerably. Level of education can also affect an individual in terms of place of residence, level of income and socio-economic status (Mostert *et al.*, 1998:114). Women who have only a few years of education usually have more children compared to those with no education at all. However, as levels of development increase, the relationship becomes monotonically negative (Mostert *et al.*, 1998:115).

Studies have revealed that educational composition of the population is a key predictor of average fertility and that low levels of education or schooling may result in stalling fertility. Many researchers have reported the effect of a woman's educational status on fertility. According to Negolo and Lilian (2012), "most educated women have either spent more years in school, thereby increasing their age at first marriage, hence resulting in fewer number of children compared to those who have never been to school.

2.5.5 Wealth status

The inability of adolescents to meet personal and basic needs exposes them to pre-marital sex in exchange for money and material gains, and such factors are likely to influence them to unwanted pregnancies and childbearing. Furthermore, studies in Bida local government in Nigeria by Odimegwu *et al.* (2002) revealed that adolescents whose parents were poor or had attained only primary level education were more likely to engage in premarital sex, which led to adolescent childbearing, compared to adolescents whose parents were in the middle to high income level. Manlove (2010) also found that adolescents from lower socio-economic status were more prone to engage in early sexual activities.

In a study in Uganda, Rutaremwa (2013) established that adolescents from poor households are more likely to become pregnant compared to adolescents from wealthier families. Additionally, it was found that the pathways of this influence could be that the poor tend to marry at an early age, while those in the richer groups continue with their education and have other career goals. Magadi & Agwanda (2009) conducted a study in South Nyanza, Kenya and established that high socio-economic status of the household, high educational attainment of adolescents, mothers' high

educational attainment and communication with parents and girlfriends was associated with delayed initiation of sexual intercourse. In Ghana, Nyarko (2012) also established that childbearing was high among adolescents from poor households compared to those from rich households.

2.5.6 Religion

Religion can influence fertility behavior through differences among groups in norms concerning contraceptive use, marriage, abortion and desired family size. Innovative behaviors, for example birth control methods in the traditional religion, were regarded as unnatural and sinful, and people believed that the use of birth control results in barrenness, death of the child and sickness as punishment from their ancestors (Caldwell and Caldwell, 1987). Religion has been noted as a socio-cultural indicator which affects fertility and teenage fertility. It can influence fertility directly by imposing restrictions on birth control practices or by legitimizing certain less effective contraception methods (McQuillan, 2004).

In additive, religion indirectly teaches its followers a moral and social belief of marriage and family that emphasizes the virtues of reproduction (Chamie, 1981; McQuillan, 2004). As such, Harwood-Lejeune (2001) showed that Christian women were associated with higher ages at marriage and first birth, and a higher proportion of pre-marital births compared to Moslem women, through the use of logistic regression model, showed that other Christians were 1.3 times more likely to have experienced pre-marital childbearing than Catholics.

2.6 Conceptual Framework

The theoretical framework explains how socio demographic factors affect adolescent fertility through proximate variable. Proximate variable and socio demographic variable are the two groups of determinants of fertility. (Bongaarts and potter cited in Nwogwugwu, 2013). according to this framework the socio demographic or background variable operates through the proximate determinants to affect fertility. The proximate determinant has direct influence on fertility it helps in understanding how socio demographic variable affect fertility. The study is based on Bongaart's fertility model in order to understand adolescent fertility. The conceptual frame work operationalized below shows the mechanisms through which the background characteristics of adolescents operate through the proximate determinant.

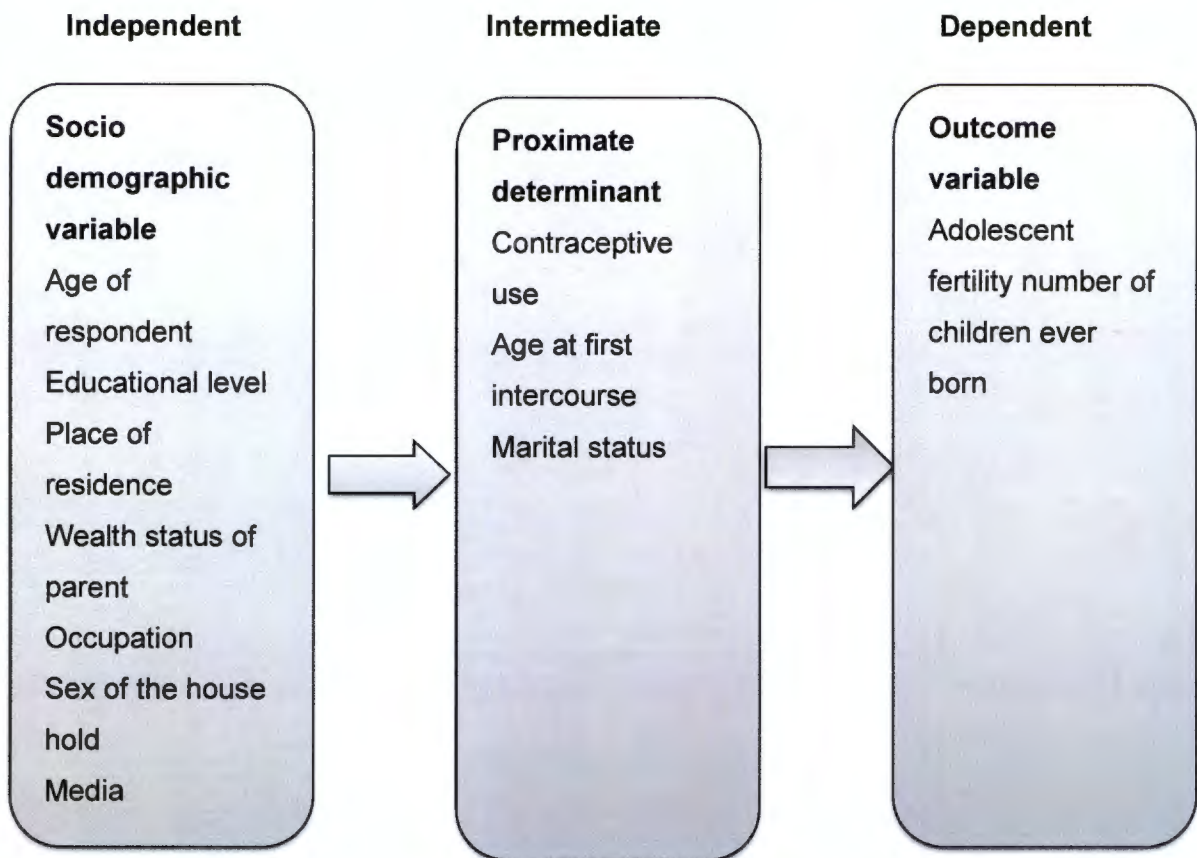


Figure 2-1 The adopted framework of linkage between adolescent fertility, socio-demographic, socio-economic and proximate determinant

(Boongaart *et al.*)

CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter discusses the methods, source of data, study design, study population and variables used in this study. It further highlights the ethical consideration observed.

3.2 Study design and Source of Data

This study used secondary data obtained from the 2014 Lesotho Demographic and Health Survey (LDHS). The 2014 LDHS was a nationally representative cross-sectional probability sample of women aged 15-49 years in Lesotho designed to provide up-to-date information on fertility levels, marriage, fertility preferences, in the country. The sampling frame used for the 2014 LDHS is an updated frame from the 2006 Lesotho Population and Housing Census (PHC) provided by the Lesotho Bureau of Statistics (BOS). The sampling frame excluded nomadic and institutional populations such as persons in hotels, barracks, and prisons.

The 2014 LDHS followed a two-stage sample design and was intended to allow estimates of key indicators at the national level as well as in urban and rural areas, four ecological zones,¹ and each of Lesotho's 10 districts.² The first stage involved selecting sample points (clusters) consisting of enumeration areas (EAs) delineated for the 2006 PHC. A total of 400 clusters were selected, 118 in urban areas and 282 in rural areas. The second stage involved systematic sampling of households. A household listing operation was undertaken in all of the selected EAs in July 2014, and households to be included in the survey were randomly selected from these lists. About 25 households were selected from each sample point, for a total sample size of 9,942. The study population for these analyses female adolescents aged 15-19 years in Lesotho who had or had no birth(s) in the five years preceding the survey and interviewed during the Lesotho Demographic and Health Survey 2014.

3.3 Description of Variables

This section describes all the variables used in the study

3.3.1 Dependent variable

The outcome variable for this study is adolescent fertility which was computed from the responses to the question total number of children ever born. The responses to this question were coded 0 and 1, 0 for no children and 1 for having one or more children.

3.3.2 Independent Variables

The independent variables are socio-economic, demographic and cultural variables found in the table below. Variable age of respondent the researcher grouped age 15 to 17 to code (0) and classify them as young cohort, and older cohort the researcher grouped 18 to 19. Age at first intercourse; young cohort is all age groups below 16 and older cohort is all ages above 16. Then when it comes to media, the specialist split it in to frequency watching television and frequency listening to radio.

Table 3.1 **Description variables**

Variables used in the study variables	Definition
Demographic & Socio-economic	
Age of respondent	Young Cohort=15-17 = (0) Older cohort=18-19 =(1)
Age at first intercourse	less than 16 more than 16
Age at first marriage	less than 17 more than 17
Educational level	No education = (0) Primary = (1) Secondary and higher = (2)
Wealth status	Poor = (0) Medium= (1) Rich =(2)
Occupation	Yes = (0) No=(1)
Place of residence	Urban = (0) Rural =(1)
Religion	Catholic= (0) Pentecostal= (1) Hindu = (2) No religion= (4)
Sex of the household head	Male= (0) Female =(1)
Frequency watching television	Not at all (0) Less than a week (1) At least once a week (2)
Frequency listening radio	Not at all (0) Less than a week (1) At least once a week (2)

Variables used in the study variables	Definition
Intermediate Variable	
Marital status	Never in union (0) Married (1) Living with partner (2) Widowed (3) Divorced (4) Separated (5)
Knowledge of Contraceptive use	No (0) Yes (1)
Use of contraceptives	No (1) Yes (2)
Dependent Variable	
Adolescent fertility(number of children ever born)	Births to adolescents five years prior to the survey "did you have any births in the last five years". When answer to the question is "No" the variable is coded as No (0) and if answer is "Yes" is coded (1)

3.4 Data Analysis

SPSS software's is going to be used to perform the data analysis of the study. The variables that will be used in this research were going to be analyzed in three stages.

3.4.1 Univariate Analysis

The primary phase of investigation is univariate examination of the factors and to condense them. Accordingly, subordinate factors (Children ever born) and the free factors which are the socio-statistic and moderate variable were condensed. These rundowns were displayed in recurrence tables pursued by discourses.

3.4.2 Bivariate Analysis

The second stage of analysis is a bivariate which is going to examine the relationship between each socio-economic, demographic, intermediate and the dependent variables using chi square to determine the level of significance.

3.4.3 Multivariate Analysis

Multivariate binary logistics regression models were used to examine the association between the socio-economic, demographic and cultural variables and dependent variables in two models

as highlighted in the hypothesis. The unadjusted odds ratio statistic will be reported; this explains the likelihood of adolescents 15-19 years having one or more

Since the interest is on whether the woman aged 15 -19 has a child or not, the outcome variable is dichotomous. The use of logistic regression will be employed to explain the influence of the independent variables on adolescent fertility.

The logistic model considers the relationship between a binary dependent variable and a set of independent variables. The calculated model thinks about the connection between a parallel ward variable and an arrangement of free factors. The condition is expressed as:

$$P (L_i = 1) = \alpha + \beta_1 X_{i1} + \beta_2 X_{i2} + \dots + \beta_n X_{in} + \mu$$

Where P = Probability

L_i = dependent variable

α = constant

β_n = regression coefficients

X = independent variables

μ = error

3.5 Ethical Considerations

The study is a secondary analysis performed with the use of the 2014 Lesotho Demographic and Health Survey dataset. Thus, privacy is guaranteed; the names or personal information of the respondents was not disclosed. No approval from an ethics review board was necessary.

3.6 Study Limitations

Lesotho Demographic and Health Survey 2014 collected information from female respondents aged 15-19 years only; as a result, the definition of adolescence in this study will be restricted to females aged 15-19 years. This does not tally with the World Health Organization's definition of adolescence which includes 10-14 years. Demographic and Health Survey is a retrospective data and the subject of adolescent fertility is not openly discussed, this can lead to underreporting.

CHAPTER 4: ANALYSIS

4.1 Introduction

This chapter is divided into three parts. The first part presents the background characteristics of adolescent based on 2014 LDHS. As a result, the independent variables which are the socio-demographic and dependent variables were summarized. The second stage of analysis is a bivariate, which is going to examine the relationship between each socio-economic, demographic, intermediate and the dependent variables. Furthermore, cross tabulation using the logistic regression model will be conducted to examine the association between the independent and dependent variables; births by adolescents aged 15-19 in the last three years preceding Lesotho Demographic and Health Survey 2014. The unadjusted odds ratio statistic will be reported; this explains the likelihood of adolescents 15-19 years having one child or more.

4.2 Characteristics of the study population

The knowledge of the socio-economic characteristics of the respondents facilitates the interpretation of the findings in this study. In this section, the background characteristics of the respondents have been examined in terms of age, race, residence, educational attainment, ever use of method and knowledge of contraception. Table 4.1 presents the characteristics of respondents. Table 4.1 presents selected background characteristics for adolescents in Lesotho. There were 40.1% of women interview in the age of 15-17 followed by 59, 9% in the age group of 18-19. Education level majority of adolescents (72.7%) could go up to secondary and tertiary educational level. 27.3% had their primary education. Table 4, 1 further explains Age at first intercourse majority of the respondents 62, 3% had their first sexual intercourse before the age of 16.

Wealth status majority of the respondents are poor by 38,0% and followed by rich respondents by 37,3%. Occupation 89, 3% respondents are not working and 10, 7 % of them are working. In relation to types of place of residence a majority respondents came from rural areas 74, 6% as compared to 28,4 % that came from urban area. Sex of household majority of respondents came from household that headed by male by 57, 8 % and female headed household 42, 2 %. Looking at the marital status majority of the respondents are not married by 61.0% and 39, 0% are married. Table 4.1 further reveals that the respondents know their ovulatory cycle majority 54, 3% and 45, 7 they don't know their cycle. In Religion Pentecostals has a higher percentage of 62, 5% as we compare with other religion. Lastly most of the adolescents in Lesotho they have knowledge of contraceptives with a high percentage of 98, 5%. Media majority of the respondents were

listening radio at least once a week with the percentage of 48.5 %. Again, the respondents at all were not watching television with the highest percentage of 63.7%.

Table 4.1: Adolescents by socio-economic and demographic characteristics, Lesotho DHS 2014

Characteristics	Frequency	Percentage
Age of respondent		
15-17	289	40,1
18-19	427	59,9
Age at first intercourse		
<16	444	62,3
>16	269	37,7
Educational level		
Primary	195	27,3
Secondary and tertiary	518	72,7
Wealth status		
Poor	271	38,0
Medium	176	24,7
Rich	266	37,3
Working status		
No	637	89,3
Yes	79	10,7
Place of residence		
Urban	181	28,4
Rural	532	74,6
Sex of household		
Male	412	57,8
Female	301	42,2
Frequency of listening radio		
Not all	231	32,4
Less than a week	136	19,1
At least once a week	346	48,5
Frequency of watching television		
Not at all	454	63,7
Less than a week	101	14,2

Characteristics	Frequency	Percentage
At least once a week	152	22.2
Marital status		
Never married	435	61,0
Married	278	39,0
Knowledge of ovulatory cycle		
Yes	387	54,3
No	326	45,7
Religion		
Catholic	253	35,5
Pentecostals	447	62,5
Islam's	13	1,8
Knowledge of contraceptives use		
Yes	702	98.5
No	11	1.5
Lesotho	713	100

4.3 Bivariate analysis

The second stage of analysis is a bivariate which is going to examine the relationship between each socio-economic, demographic, intermediate and the dependent variables using chi square to determine the level of significance.

This section evaluates the association between adolescents' fertility (dependent variable) and socio-economic and demographic variables of interest (i.e. age of respondent, age at first intercourse, educational level, religion, knowledge of ovulatory cycle, sex of household, wealth index, type of residence, educational level, employment status, media, marital status and contraceptives) in Lesotho using Pearson Chi-Square at 0.05 significance level. The results obtained on Table 4.2 indicate that there is statistical significance between adolescent fertility and age of respondent, type of residence, wealth index, age at first intercourse, and marital status while educational level, knowledge of ovulatory cycle, contraceptives use, sex of household, religion and working status are statistically insignificant.

Looking closely at the age of respondent of adolescents in Lesotho, the study focuses on participants between the age of 15 to 19, and it is categorized into two groups (i.e. 15-17 and 18-19). The results obtained in this study indicate that 19, 20 % of the adolescents in Lesotho aged 15-17 are likely to have children. Results further indicate that the group after 15-17, which is 18-

19; it is the second highest group with the number of adolescents that have children with 40, 50%. Results obtained shows that the more age increases the more the increase in number of children per age group. By observation based on the results, most of adolescents in Lesotho are likely to have the first child at age between 18 and 19, the results reveal 40.50% of them had their first child around that age range. This contributed to 35,672 statistical significances with probability value of 0.000 on Pearson chi-square and it is concluded that the hypothesis is accepted because a statistical significant relationship was found between adolescents' fertility and age of respondent. It means that as the age of adolescents increases, they become more exposed to pregnancy; childbearing also increases due to a higher probability of having sexual intercourse within marriage (Mosimanekgosi, 2016).

Literature such as Flórez and Núñez (2001) has outlined place of residence as one of the most important aspects influencing adolescent fertility and behavior. Looking at type of residence, which is the independent variable, from the results obtained it appears that 35, 90% of adolescents in rural areas in Lesotho have children as compared to 20, 90% in urban areas that have children. There is a difference of 15% between women in rural areas and those in urban areas. Meanwhile, the results reveal that adolescents in urban places of residence who have children tend to have lower percentage as compared to their counterparts in rural areas. However, the results are surprising; they show the unexpected results for women with two, three, four and six children, which indicate women in urban areas have more children than women in rural areas, whereas one would expect a lower percentage of women with children in urban areas as compared to rural areas. In addition to this notion Flórez and Núñez (2001) argues that urban women tend have lower fertility since they get married later, they want smaller families and most of them are likely to have family planning as compared to those in rural places of residence. They also have access to relevant education.

In respect to current marital status of adolescents in Lesotho, which is categorized into never married and married and divorced, the results reveal that 17.0% of adolescents who are not married are more likely to have no children as compared to adolescents who are married and divorced, with 64.10%. This contributed to 120.592 statistically significance with probability value of 0.000 on Pearson Chi-square and it is concluded that the hypothesis is accepted because a statistical significant relationship was found between adolescent fertility and current marital status.

However, results of this study show that when considering media, stated as the frequency of listening to radio and frequency of watching television, the study did not establish any significant association of adolescent fertility in Lesotho with frequency of listening to radio. This implies that this factors do not influence adolescent fertility in Lesotho. Thus it seems frequency of watching

television is a major factor influencing adolescent fertility in Lesotho with a contribution of 29,854 probability value of 0,000.

Table 4.2 Bivariate analysis by socio-economic and demographic factors of Adolescents (15-19) Lesotho, DHS 2014

Variables	Adolescent Fertility				Total
	YES		NO		
Place of Residence	N	%	N	%	N=713
Urban	37	20,40	144	79,6	181
Rural	191	35,90	341	64,10	532
Chi-square =14,840 P-Value= 0,000					
Age of Respondent					
15-17	55	19,20	231	80,80	286
17-18	173	40,50	254	59,50	427
Chi-square =35,672 P-value 0,000					
Age at first intercourse					
<16	162	36,50	282	63,50	444
>16	66	24,50	203	75,50	269
chi square = 10,999P-value0,001					
Marital status					
Never in union	74	17,00	361	83,00	435
Married	145	53,90	123	45,90	268
Divorced/separated	9	10,00	1	10,00	10
Chi square 120,592 P-value 0,000					
Wealth index					
Poor	110	40,60	161	59,40	271
Middle	65	36,90	111	63,10	176
Rich	53	19,90	213	80,10	266
Chi- square =28,993 P- value 0,000					
Working status					
No	206	32,30	431	67,70	637
Yes	22	28,90	54	71,10	76
Chi square =0,351 P-value 0,539					
Educational level					
Primary education	76	39,00	119	61,00	195
Secondary and higher education	159	30,70	359	70,30	518

Variables	Adolescent Fertility				Total
	YES		NO		
Chi square =8,850 P-value=0,12					
Religion					
Catholic	82	32,40	71	67,60	153
Pentecostal	139	31,10	308	68,90	447
Islam	7	53,80	6	46,20	13
Chi square =3,040P-value =0,219					
Knowledge of modern methods					
Knows no methods	6	54,50	5	45,50	11
Knows modern methods	222	31,60	480	68,40	702
Chi square = 2,616P-value=0,010					
Knowledge of ovulatory cycles					
Yes	120	31,00	267	69,00	387
No	108	33,10	218	66,90	326
Chi square = 0,366 P-value=0,545					
Sex of household					
Male	141	34,50	271	67,80	412
Female	87	28,90	214	71,10	301
Chi square =2,263 P-value 0.133					
Frequency watching Television					
Not at all	176	38,80	287	61,20	454
Less than a week	27	26,70	74	73,30	101
At least once a week	25	15,80	133	84,20	158
Chi square =29,854 P value = 0,000					
Frequency listening Radio					
Not at all	80	34,60	151	65,40	231
Less than week	44	32,40	92	67,60	136
At least once a week	104	30,10	242	69.90	346
Chi square =1,343 P value =0,511					

4.4 Multivariate analysis of variables

The results of the multivariate binary logistic regression are presented in Table 4.3. Results are for all adolescents who gave birth in Lesotho.

Table 4.3 **Multivariate binary logistic regression model showing odds ratios for socio-economic and demographic variables of fertility, Lesotho DHS 2014**

Variables	B	S.E.	Exp(B)	95% C.I. for EXP(B)	
				Lower	Upper
Place of residence					
Urban (Ref)	1.000		1.000		
Rural	0.344	0.285	1.410*	0.806	2.466
Age at First Sexual Intercourse					
<16 (Ref)	1.000		1.000		
>16	-1.186	0.218	0.305**	0.199	0.468
Age of respondent					
15-17(Ref)	1.000		1.000		
18-19	1.335	0.222	3.801**	2.459	5.875
Marital status					
Never in Union	-3.451	1.095	0.032**	0.004	0.271
Married	-1.984	1.095	0.137*	0.016	1.176
Divorced/Separated (Ref)	1.000		1.000		
Wealth index					
Poor(Ref)	1.000		1.000		
Middle	-.055	0.242	0.947*	0.590	1.520
Rich	-.535	0.273	0.586*	0.343	1.000
Education Level					
Primary Education (Ref)	1.000		1.000		
Secondary and Higher education	-0.051	0.220	0.950*	0.618	1.461
Frequency watching Television					
Not at all	1,000		1,000		
Less than a week	-0,599	0,113	0,549	0,441	0,685
At least once a week	-0,453	0,095	0,636		

Note: Ref-Reference Category, ** $P < 0.05$, * $P > 0.05$, C.I: Confidence interval, OR= Exp (B)

The following variables were included in the model; place of residence, age of respondent, wealth index, age at intercourse, media (frequency watching television), and marital status. According to these results, table 4.3 revealed that there is a significant association between fertility (measured as the adolescent's fertility (CEB)) among adolescents of Lesotho and selected socio-economic and demographic factors. However, out of six (6) socioeconomic and demographic variables

included in the model, only three (3) were found to be significant, namely: age of respondent, age at intercourse, media (frequency watching television), and marital status. The model's fitness was assessed by using the Omnibus Test of model Coefficient which indicated Chi-square to be $X^2 = 178.040$ and p value to be $p=0.000$; this shows the model is a good fit.

In terms of place of residence in table 4.3 above, it proves that adolescents in rural areas have a greater likelihood to have a high fertility as compared to urban areas. The researcher saw it was important to make urban areas the point of reference. These results can be influenced by lack of health facilities in rural areas as compared to urban areas. Regarding age at the first intercourse, adolescents under 16 years are sexually active unlike those adolescents above 16 ($OR=0.305^{**}$, $CI=0.198, 0.463$); for this point the researcher found it necessary to make <16 as her point of reference. The results can be influenced by most of the adolescents in Lesotho being engaged in sexual relationships at the young age, which will encourage them to participate in sexual activities. The other reason might be sexual abuse.

In terms of age of respondents, Table 4.3 above shows that adolescents who are aged 16-17 years are less likely to participate in childbearing. Adolescents aged 18-19 years were ($OR=3.801^{**}$, $CI=2.466, 5.866$) likely to give birth compared to those aged 16-17 years. This might be because of some are at the ages of experiencing what they have been taught in school, which leads them to be at higher risk of falling pregnant or participating in childbearing.

In terms of marital status of adolescents, Table 4.3 above shows that married adolescents are more likely to participate in childbearing process than those never married, when the researcher made divorce/separated point of reference. The table also shows that married adolescents were ($OR=0.137$ $CI=0.016-1.176$) more likely to give birth as compared to never married, who were ($OR=0.032$ $CI=0.004-0.271$). Regarding the wealth index, the results shows that the poor adolescents are the ones that experience higher fertility as compared to middle and rich families. When we look at the results again it shows that adolescents that come from middle families are likely to experience high fertility as compared to adolescents that come from rich families; ($OR=0.947$ $CI=0.590-1.520$) of middle family and rich family were ($OR=0.596$ $CI=0.343-1.000$). In terms of educational level based on the three result it is clear that those adolescents with primary education tend to have higher fertility as compared to those in secondary and higher education; ($OR=0.950$ $CI=0.618-1.461$). However, media results show that for adolescents who are frequently watching television there is a significant association.

Based on the results revealed by Table 4.3 above, there was no significant association in terms of place of residence, wealth index and working status.

4.5 Summary

This chapter is a description of the socio-demographic, economic and cultural behaviour of the teenage women. The majority of the respondents were single, Christians, aged 17-19, primary school- going students, most of whom were from rural schools, and had sex before 16. The bivariate analysis revealed that all the independent variables with the exception of education, religion, knowledge of ovulatory period, were significantly related to adolescent fertility. The multivariate analysis indicated that age, age at first sex, type of residence, marital status, media (frequency watching television), wealth and education were significantly related to adolescent fertility.

Chapter 5: Discussions, Conclusion and Recommendations

5.1 Introductions

This chapter summarizes the findings of the study. Based on these findings, conclusions are made and recommendations are drawn. This chapter is divided into three sections. The first section summarizes and discusses the major findings whereas the second section present the conclusions are made from the study. The third section offer suggestions for the results.

5.2 Discussion of results

This study discovered the relationship between adolescent fertility (measured as number of children ever born) and socio-economic and demographic variables among Lesotho adolescents aged 15-19 years. The socio-economic and demographic variables were age of respondent, educational level, type of place of residence, religion, working status, wealth index, Age at first intercourse, marital status and contraceptive use. The main objective of the study is to determine the factors that influence adolescent fertility in Lesotho. Furthermore, the objectives of the study were answered by means of employing univariate analysis (Frequencies), bivariate analysis (Chi-square test) and multivariate analysis (binary logistic regression).

Based on the bivariate analysis, the results revealed that there is a statistical significance between the age of respondent and fertility. More especially when the results revealed that 40.50% of adolescents aged 17-18 years had already had their children.

The study shows that as the age of adolescents increases, the higher the fertility. This might be because of the higher the age the more being exposed to sexual intercourse whether married or not married. This results are consistent with the study by Alemayehu *et al.* (2010), which reflected that older adolescent is more likely to be fertile than younger ones. In addition, the same study argues that as the age increases, the risk of exposure to pregnancy and childbearing also increases, because of a higher probability of getting sexual intercourse inside a marriage. Another factor associated with adolescent fertility in Lesotho is place of residence. Both the bivariate and multivariate results revealed that place of residence influences fertility among adolescents in Lesotho. Adolescents residing in poor rural areas were found to experience early fertility, leading to high fertility rates than those in urban areas. This results are consistent with other previous studies by Cleland and Wilson as cited in Dickson (2003) which suggest that fertility levels are more likely to be lower in urban areas than in rural areas. Because women in urban areas have better knowledge of and access to modern contraception than women in rural areas, they are more likely to bear fewer children than their rural counterparts (Cohen as cited in Oyefara, 2012).

Marriage also plays a significant role in adolescents' fertility in Lesotho. Adolescent fertility in Lesotho among a married tend to have high fertility compared to those who had never married before. This is because once ladies and men are married, they are expected to embrace and bring up children. This urges females to have children at an exceptionally adolescent age. This likewise clarifies why married ladies will in general have a larger number of children than unmarried ladies of a similar age toward the finish of their reproductive period.

Results showed that married adolescents were more likely to have adolescent fertility compared to their unmarried counterparts. Many studies (Rutaremwana, 2013; Nyarko, 2012; Nwogwugwu, 2013; Alemeyehu et al, 2010; Cesari & Vignoli, 2006; Woldemicael, 2005; Alemayehu, 2008; Beguy et al, 2013, Chike, 2001) have established that married adolescents were more likely to have initiated childbearing compared to their unmarried counterparts. Furthermore, the study showed that the percentage of married adolescents is lower than unmarried adolescents, but, the number of births to married adolescents is higher than unmarried adolescents. This could suggest that married adolescents are expected to start bearing children as early as possible; childbearing immediately after marriage is integral to a woman's social status (Ezeah, 2012). Childlessness may lead to divorce or the husband may marry a second wife. Additionally, overall the average age of the women at sexual debut was 16 years and marriage was also 16 years which were low and could explain the high adolescent fertility in Lesotho.

As to age at first sex, this studies discovered that those young people that had their first sex intercourse while matured between 18 to 19 years were more opposed to have started childbearing compared with those that had their first sex at an age under 18 years. Numerous studies (Zaba et al, 2004; Ikamari and Towett, 2007; Woldemicael, 2005; Cesari and Vignoli, 2006; Oljira et al, 2012) additionally discovered that more established age at first sex negatively affected the likelihood of being a youthful mother. Therefore, an early beginning of sexual action is related with expanded childbearing basically for the way that early commencement of sexual movement drags out the time of presentation to danger of pregnancy amid the conceptive range, consequently prompting early childbearing.

Education also increases fertility because it contributes to the erosion of traditional constraints on premarital sexual relations (Cherlin and Riley, 1986; Division of Family Health/ GTZ Support Unit, 1988:4; Njau, 1986:41). Precisely because better educated women are more exposed to western values, they are also more likely to put greater emphasis on what Caldwell (1982) called "emotional nucleation." Schoolgirls are not only more likely to adopt the Western ideal of 'romantic love/' but they are often also in an environment where they are less subjected to parental control and where they are more likely to meet a partner.

The proof displayed in this paper begins fundamentally from higher maturity nations and recommends that TV could accept a job, despite the fact that in an indirect way, in dispositions toward family estimates. It is critical, to advance a more important connection among demography and the TV and media ventures, in blend with zones, for example, promoting, brain science and humanism to pick up a more important comprehension of the believable communications between the different introductions of family life on TV, and perspectives held by, especially, youngsters.

Despite the fact that the bivariate examination demonstrated that five independent factors in particular age of respondent, age at first intercourse, place of residence, wealth status, media (recurrence watching at the TV) and marital status are altogether associated with fertility, the multivariate binary logistic regression results ignored to indicate factual relationship to some other variable. The model was surveyed using Omnibus trial of coefficient which shown Chi-square to be 178,040 and p incentive to be $p=0.000$ out of six independent variables just 4 were observed to be critical than others, period of respondent, age at first intercourse, media (recurrence sitting in front of the TV) and marital status.

5.3 Conclusion

This study concludes that the prevalence of adolescent fertility in Lesotho, with a TFR of 3.3 is high. This is evidence that adolescent marriage continues to be a common practice in Lesotho, which could have serious impact on the health and socioeconomic wellbeing of these young women.

The study found that place of residence and all other five socio-economic and demographic factors including current age of women, age of respondent, age at first inter course wealth index, marital status, and contraceptive use were significantly associated with adolescent fertility at the bivariate analysis.

The study employed multivariate binary logistic regression to determine the significant association of fertility among adolescents using the socio economic and demographic factors that were significant in bivariate analysis. There was no significant association in terms of place of residence, wealth index and working status.

The studies discovered that place of residence and all other five economic and demographic factors including current time of women, age of respondent, age at first inter course wealth index, marital status, and were altogether connected with adolescent fertility at the bivariate examination. The studies utilized multivariate twofold strategic improvement to decide the critical relationship of fertility among young people utilizing the economic and statistic factors that were

huge in bivariate examination. There was no noteworthy relationship as far as place of living arrangement, riches file and working status.

5.4 Policy and programme recommendations

In order to achieve a decline in fertility among adolescents, the country will need to invest in both short and long-term strategies such as improving the quality of life of people, as well as encouraging more adolescents to focus on their studies to get educated. This will go a long way in reducing fertility at the level of the country, if adequate efforts are put in place and closely monitored.

The following key policy and programme of action are recommended to facilitate a decline in fertility rates:

1. Improving the quality of life of people.

Empowering young women, making jobs available for them and providing them with quality education rather than providing them with contraceptives, could do this.

2. Increase community education and communication

Programmes that can help in reducing fertility rate should be made known to the public. This might assist community members in rural and urban areas to see the importance of reducing the number of children they give birth to.

3. Preventing early marriages

Families with low socio-economic status are more likely to give their daughters into early marriage. If government endorses and enforces law to prevent early marriages, fertility rates could be reduced.

4. The impact of parent-adolescent communication

Parents are encouraged to monitor and supervise their children. For instance, young girls would be able to delay sexual activity, or even abstain if monitored or supervised by parents. This implies that the type of relationship teenage girls has with their mothers, could greatly influence their behavior as well as their thinking capacity regarding sexuality.

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