ANNALS OF THE "CONSTANTIN BRÂNCUȘI" UNIVERSITY OF TÂRGU JIU
LETTER AND SOCIAL SCIENCE SERIES

ISSN-P: 1844-6051 ~ ISSN-E: 2344-3677

1/2025 ***https://alss.utgjiu.ro***

REPRODUCTIVE DECISION-MAKING DYNAMICS AMONG ADOLESCENT STREET HAWKERS IN SOUTHWESTERN NIGERIA

Bolaji Ajike OLUWASANMI

Department of Sustainable Development Practices,

Osun State University, Nigeria.

Abstract: *Adolescent street hawkers face significant challenges in reproductive decision-making due to poverty, limited access to education and healthcare, and societal pressures. This study investigated the reproductive decision-making dynamics among adolescent street hawkers in southwest Nigeria. The study employed a cross-sectional survey research design, while two-hundred and eighty-one (281) participants were sampled. A self-designed instrument was used to obtain information from the sampled respondents. Frequency count and simple percentage were employed to analyse the generated data. The study found that the majority (67%) of adolescent street hawkers registered for antenatal care before 10 weeks, with a median gestational m ng independent decisions on pregnancy-related hospital visits and 65.6% deciding on family planning usage themselves. However, health issues significantly impacted their lives, with 81.9% facing increased medical expenses and 71.5% struggling to provide for their families. The study concluded that women's autonomy in healthcare decision-making coexists with significant financial challenges related to health issues. This highlights the need for support systems to alleviate these burdens and promote overall well-being. Therefore, the government should develop and implement policies to improve access to healthcare services for adolescent street hawkers. Adolescent street hawkers should prioritize their health by registering for antenatal care early in pregnancy and attending regular check-ups among other recommendations.*

Keywords: *Reproductive, decision-making dynamic, adolescent street hawkers, southwestern Nigeria*

Contact details of the author(s): Email: bolaji.oluwasanmi@uniosun.edu.ng

INTRODUCTION

Street hawking has long been a prevalent informal economic activity in many parts of the world, particularly in developing countries like Nigeria. It features individuals selling a range of goods and services on the streets, many of whom lack access to official work opportunities. Although it is commonly believed that individuals who are struggling financially engage in street hawking, a worrying trend has been noticed recently as adolescent girls are increasingly participating in the practice (Yizengaw & Gebrewold, 2018). A complex issue, the surge in street hawking among adolescent street hawkers is caused by a confluence of social, cultural, and economic reasons (Omolara, 2022).

According to Okafor (2020), street hawking among adolescent females is the practice of young girls, usually between the ages of 13 and 19, selling goods or merchandise informally on the streets or in public areas without a permanent retail location. Teenage females selling goods on the street is a serious problem in Nigeria, especially in urban regions and low-income neighbourhoods. Adjei (2015) claimed that a large number of teenage girls from low-income homes rely on street hawking as a source of revenue because there are no many other options for them to support their families.

Similarly, most teenage girls and young women in sub-Saharan Africa are navigating challenging circumstances marked by limited opportunities, socioeconomic hardship, and rapid sociocultural change (Azanaw et al., 2022). Okafor and Onyemechi (2017) found that many young girls who work as street vendors in developing countries have left school because of financial difficulties or other socioeconomic issues, which has limited their opportunities for the future. This means that Street hawking puts these girls at danger for sexual harassment, exploitation, and possible engagement in criminal activity and above all adolescent pregnancy (Kowo, et al., 2019).

The reproductive decision-making dynamics among adolescent street hawkers in Southwestern Nigeria pose a significant concern, as these vulnerable individuals face intersecting challenges of poverty, limited access to education and healthcare, and societal pressures that compromise their autonomy in making informed reproductive health choices, ultimately affecting their health outcomes, well-being, and future prospects.

The reproductive decision-making dynamics among adolescent street hawkers in Southwestern Nigeria is closely linked to the Sustainable Development Goals, particularly Goal 3 on Good Health and Well-being, Goal 4 on Quality Education, Goal 5 on Gender Equality, and Goal 10 on Reduced Inequalities, as addressing the reproductive health needs and promoting the empowerment of these adolescents can contribute to improved health outcomes, increased educational attainment, enhanced gender equality, and reduced social and economic inequalities. Attention has not been directed towards understanding the complex reproductive decision-making dynamics among adolescent street hawkers in Southwestern Nigeria, highlighting a significant knowledge gap that warrants further investigation.

Objective of the study

The study's general objective was to investigate the reproductive decision-making dynamics among adolescent street hawkers in southwest Nigeria, while specific objectives are to;

i. determine the reproductive decision and antennal information of the adolescent street hawkers in southwestern Nigeria; and
ii. investigate the role of socio-economic factors in shaping antenatal care utilisation and maternal health outcomes among adolescent street hawkers in Southwest Nigeria.

Research Questions

The following questions guided the study.

i. What is the reproductive decision and antenatal information of the adolescent street hawkers in southwestern Nigeria?
ii. What role do socio-economic factors play in shaping antenatal care utilisation and maternal health outcomes among adolescent street hawkers in Southwest Nigeria?

METHODOLOGY

Study design, population, sample size and sampling techniques

The study employed a cross-sectional survey research design. All adolescents not only between 10-19 years of age but also involved in street hawking in Oyo and Osun States formed the target population. Both probability and non-probability sampling techniques were employed to selected two-hundred and eighty-one participants.

Inclusion and exclusion criteria

Inclusion criteria consisted of the female adolescent street hawkers within the reproductive age group (10-19 years) in the selected area. Exclusion criteria comprised female adolescent street hawkers not only outside the reproductive age group (10-19 years) but also outside the two sampled states in southwestern Nigeria.

Instrument, validity and reliability

A self-designed questionnaire was used to obtain information from the respondents. These instruments were validated by the expert and administered on respondents with similar attributed. The reliability coefficient from Cronbach's Alpha produced 0.79 which indicated that the instrument was considered reliable for the study.

Methods of data administration and analysis

The administration of the instrument was done in company of the trained research assistants. The data obtained were analysed with the aid of inferential statistics embedded in Statistical Package for Social Science (SPSS version 27) software.

Ethical consideration

In carrying out this study, the researcher ensured that the confidentiality of participants and data collected were strictly observed. One of the ways to ensure this was to make sure the research

instrument did not bear respondents names or any other means of identification. Besides, the researcher ensured that participation in the study was voluntary by securing the verbal consent of the participants

CONCLUSION

Results

Research Question 1: What is the reproductive decision and antenatal information of the adolescent street hawkers in southwestern Nigeria?

Table 1: Reproductive decision and antenatal information of the adolescent street hawkers in southwestern Nigeria.

Variable	Frequency (n=281)	Percentage (%)
How old was the pregnancy when you registered/first received antenatal care?		
Median (min – max)	4(0-20)	
<10 weeks	187	67.0
≥10 weeks	94	33.0
How many antenatal visits did you make during your last pregnancy		
Median (min – max)	4(0-8)	
<5 visits	202	72.0
≥5 visits	79	28.0
Number of times ever pregnant		
Median (min – max)	2(0-5)	
<3 times	252	90.0
≥3 times	29	10.0
Number of miscarriages and/or spontaneous abortions		
Median (min – max)	1(0-3)	
<2 times	271	96.0
≥2 times	10	4.0
Number of times ever delivered		
Median (min – max)	1(0-2)	
<2 times	198	70.0
≥2 times	83	30.0
Number of children ever born		
Median (min – max)	1(0-2)	
<2	201	72.0
≥2	80	28.0
Number of surviving living children		
Median (min – max)	1(0-2)	
<2	251	90.0
≥2	30	10.0

The results in Table 1 indicated the median gestational age of the adolescent street hawkers at first antenatal care registration is 4 weeks (range 0-20 weeks), with 67% (187/281) of them registering before 10 weeks and 33% (94/281) registering at or after 10 weeks. During their last pregnancy, adolescent street hawkers made a median of 4 antenatal visits (range 0-8), with 72% (202/281) making fewer than 5 visits and 28% (79/281) making 5 or more visits.

The median number of times adolescent street hawkers were ever pregnant is 2 (range 0-5), with 252 (90% of 281) of them having been pregnant fewer than 3 times and 29 (10% of 281) adolescent street hawkers having been pregnant 3 or more times. The median number of miscarriages and/or spontaneous abortions is 1 (range 0-3), with 271 (96%) women having experienced fewer than 2 times and 10 (4%) women having experienced 2 or more times out of 281 women.

The median number of times adolescent street hawkers had ever delivered is 1 (range 0-2), with 198 (70%) of them having delivered fewer than 2 times and 83 (30%) of them having delivered 2 or more times out of 281 women. The median number of children ever born is 1 (range 0-2), with 201 of adolescent street hawkers (72%) having <2 children and 80 of them (28%) having ≥2 children out of 281. The median number of surviving living children is 1 (range 0-2), with 251 adolescent street hawkers (90%) having fewer than 2 children and 30 of them (10%) having 2 or more children out of 281 women.

The results imply that most adolescent street hawkers register for antenatal care relatively early in their pregnancy, which is crucial for early detection and management of potential complications. However, a significant proportion register late, which may increase the risk of undiagnosed complications and poor pregnancy outcomes. This highlights the need for targeted interventions to encourage earlier registration among this vulnerable population.

The adolescent street hawkers had suboptimal antenatal care attendance during their last pregnancy, suggesting inadequate prenatal care, which may increase the risk of adverse pregnancy outcomes. The adolescent street hawkers had a relatively low number of pregnancies, but a subset of this population had experienced multiple pregnancies, potentially increasing their risk for pregnancy-related complications.

The adolescent street hawkers experienced miscarriages/spontaneous abortions, with most having few instances and a small proportion experiencing recurrent events. The adolescent street hawkers had limited childbirth experience, with most having delivered only once and a significant proportion having had two or more deliveries. The adolescent street hawkers had relatively small family sizes, with most having one child and a smaller proportion having two or more children. The adolescent street hawkers mostly had one surviving child, with a small proportion having two or more living children.

A study in Ghana found that adolescent girls in street situations had limited access to antenatal care, leading to poor pregnancy outcomes, which aligns with the current study's findings on suboptimal antenatal care attendance among adolescent street hawkers (Kyei *et al.,* 2017). Similarly, research in Kenya highlighted the importance of early antenatal care registration among adolescents, particularly those in vulnerable populations, supporting the current study's emphasis on encouraging earlier registration (Mutiso *et al.,* 2018).

A study in South Africa found that adolescent girls in urban areas had relatively good antenatal care attendance, contradicting the current study's findings on inadequate antenatal care attendance among adolescent street hawkers (Mchunu *et al.,* 2019). Another study in Ethiopia suggested that adolescent girls in rural areas had better access to antenatal care than their urban counterparts, further challenging the current study's results (Tadele *et al.,* 2020).

A study in Tanzania found that while adolescent girls had limited access to antenatal care, those who did access care had better pregnancy outcomes, highlighting the importance of targeted interventions to improve antenatal care utilization (Mwanga *et al.,* 2019). This mixed finding underscores the complexity of reproductive health outcomes among adolescent girls and young women in sub-Saharan Africa.

Research Question 2: What role do socio-economic factors play in shaping antenatal care utilisation and maternal health outcomes among adolescent street hawkers in Southwest Nigeria?

Table 2: Role of socio-economic factors in shaping antenatal care utilisation and maternal health outcomes among adolescent street hawkers in Southwest Nigeria.

Variable	Frequency (n= 281)	Percentage (100%)
Who usually decides the time you should go for pregnancy-related hospital matters (antenatal, postnatal clinics, delivery?		
My self only	167	59.4
My husband	75	26.7
My mother	28	10.0
My mother-in-law	1	0.4
Both of us	10	3.6
Who usually pay your medical /hospital bills for pregnancy related issues?		
My self only	112	39.8
My husband /partner	109	38.8
My husband /partner and I share the cost	43	15.3
My Mother	16	5.7
My mother-in law	1	0.4
Have you ever used any method of family planning		
Yes	151	53.7
No	130	46.3
If yes, which method?		
Condom	99	65.6
Pills	42	27.8
Copper T	10	6.6
Who made the decision for the use of family planning		
Myself only	99	65.6
My husband/partner	30	19.9
Joint decision of my husband/partner and I	15	9.9

My mother	2	1.3
My mother-in-law	5	3.3
Have you experienced any of the following due to health issues?		
Loss of income.		
Yes	80	28.5
No	201	71.5
Increased medical expenses.		
Yes	230	81.9
No	51	18.1
Difficulty providing for your family		
Yes	201	71.5
No	81	28.5

The results in Table 2 show that among 281 respondents, 59.4% (167) decide on pregnancy-related hospital visits independently, 26.7% (75) rely on their husbands, 10% (28) on their mothers, 0.4% (1) on their mothers-in-law, and 3.6% (10) make joint decisions. This suggests a significant level of autonomy among respondents in making healthcare decisions. The findings indicated that financial responsibilities for pregnancy-related healthcare are primarily borne by the respondents themselves (39.8%) or their husbands/partners (38.8%), with shared costs (15.3%), and some support from mothers (5.7%) and mothers-in-law (0.4%).

Among 281 respondents, 53.7% (151) have used family planning methods, while 46.3% (130) have not. Among those who have used family planning, the most popular method is condoms, used by 65.6% (99), followed by pills at 27.8% (42), and Copper T at 6.6% (10). This suggests that condoms are the preferred choice for family planning among respondents. The decision to use family planning is primarily made by the respondents themselves (65.6%, 99 out of 151 users), followed by their husbands/partners (19.9%, 30), joint decisions between respondents and their partners (9.9%, 15), mothers-in-law (3.3%, 5), and mothers (1.3%, 2). This indicates that most respondents take charge of their family planning decisions.

Moreover, about 28.5% of respondents (80 out of 281) experienced a loss of income due to health issues, meaning they likely had to take time off work, reduce hours, or could not work at all. Meanwhile, 71.5% (201 out of 281) did not experience income loss due to health issues. A significant majority, 81.9% of respondents (230 out of 281), experienced increased medical expenses, likely due to costs associated with treatments, medications, or hospitalizations. In contrast, 18.1% (51 out of 281) did not face increased medical expenses. About 71.5% of respondents (201 out of 281) struggled to provide for their families, likely due to the financial impact of health issues. Meanwhile, 28.5% (80 out of 281) did not experience difficulty providing for their families. This suggests that health issues significantly affected the ability of most respondents to care for their families.

The study's findings suggest that women have a significant level of autonomy in making healthcare decisions, particularly regarding pregnancy-related care. This autonomy is likely to positively impact their health outcomes, as they can seek medical care when needed. However, the fact that some adolescent street hawkers rely on others, such as their husbands, for decision-making highlights the ongoing influence of societal and relationship dynamics on women's healthcare choices.

The findings suggest that financial responsibilities for pregnancy-related healthcare are largely shouldered by the respondents and their husbands/partners. This highlights a significant financial burden on families, particularly women and their partners, during pregnancy and childbirth. The study reveals that more than half of the respondents have used family planning methods, with condoms being the most preferred choice. This suggests that respondents are taking steps to manage their reproductive health, with a notable reliance on condoms as a family planning method.

The findings suggest that the majority of respondents who use family planning methods make the decision to do so independently, this indicates a significant level of autonomy in reproductive choices. Husbands/partners also play a role in decision-making, but to a lesser extent, with some joint decision-making also occurring. The study reveals that health issues had a substantial financial impact on respondents, with over a quarter experiencing income loss and a significant majority incurring increased medical expenses. This showcases that the dual burden of reduced income and increased healthcare costs that many respondents face due to health issues. The findings indicate that health issues had a profound impact on respondents' ability to provide for their families, with nearly three-quarters struggling to do so. This buttresses the far-reaching consequences of health issues on family well-being and financial stability.

Damtew *et al.,* (2025) corroborated that unmet need for family planning arises from various factors, including limited access to healthcare facilities, inadequate knowledge about contraceptive methods, cultural and religious barriers, health concerns, and above all partner disapproval. This indicates that unmet need leads to unintended pregnancies, which can have severe consequences such as increased maternal and child mortality, poverty, and limited opportunities for adolescent street hawkers.

A study in Bangladesh found that women's autonomy in healthcare decision-making was associated with improved maternal health outcomes, supporting the current study's findings that autonomy positively impacts health outcomes (Ahmed et al., 2010). Similarly, research in Kenya highlighted the importance of women's autonomy in reproductive health decision-making, including family planning, which aligns with the current study's results (Mutiso et al., 2018).

A study in Pakistan found that women's autonomy in healthcare decision-making was limited due to patriarchal societal norms, contradicting the current study's findings on women's autonomy (Sultan et al., 2017). Another study in Ethiopia suggested that husbands/partners played a dominant role in healthcare decision-making, including family planning, which challenges the current study's findings on women's autonomy (Tadele et al., 2020).

A study in Ghana found that while women had some autonomy in healthcare decision-making, societal and relationship dynamics still influenced their choices, highlighting the complexity of women's autonomy and the need for nuanced understanding (Kyei et al., 2017).

Conclusion

The study discovered concern trends in reproductive health among adolescent street hawkers which include suboptimal antenatal care attendance and late registration. This can increase the risk of pregnancy-related complications. While the majority had relatively few pregnancies and small family sizes, a subset experienced multiple pregnancies, miscarriages, or deliveries, potentially increasing their vulnerability. Besides, the study concluded that women's autonomy in healthcare decision-

making coexists with significant financial challenges related to health issues. This highlights the need for support systems to alleviate these burdens and promote overall well-being.

Recommendations

Based on the findings of this study, the following recommendations are made:

Government

The government should develop and implement policies to improve access to healthcare services for adolescent street hawkers. This should include youth-friendly antenatal care and education programs. They should also allocate resources to support NGOs and community-based initiatives that cater to this population, and ensure that healthcare facilities are accessible, affordable, and non-judgmental.

Street Hawkers

Adolescent street hawkers should prioritize their health by registering for antenatal care early in pregnancy and attending regular check-ups. They should also seek out youth-friendly healthcare services and support groups that can provide them with emotional support and connection. Additionally, they should take advantage of prenatal education programs to learn about healthy pregnancy practices and child care.

Healthcare Providers

Healthcare providers should offer youth-friendly and non-judgmental services to adolescent street hawkers, providing them with comprehensive antenatal care and education. They should also be trained to address the unique needs and challenges of this population, and work to establish trust and rapport with their adolescent patients. Furthermore, healthcare providers should advocate for policies and programs that support the health and well-being of adolescent street hawkers.

REFERENCES

Adjei, P. O. (2015). Street children in Ghana: A social psychological perspective. Journal of Social Science Education, 14(1), 44-58.

Ahmed, S., Creanga, A. A., Gillespie, D. G., & Tsui, A. O. (2010). Women's autonomy and maternal health care utilization in Bangladesh. Journal of Biosocial Science, 42(3), 311-325.

Azanaw M. M, Fentie D. T, Bukayaw Y. A, Lakew A. M, & Sisay M. M. (2022). Spatial distribution and determinant factors of unmet need for family planning among all reproductive-age women in Ethiopia: a multi-level logistic regression modelling approach. Contracept Reprod Med. (2022) 7(1):13. doi: 10.1186/ s40834-022-00178-9

Damtew B. S, Abdi HB, Hussien B. A, Tiruye G, Urgie N. T, Yigezu B, Mohammed S. A & Fente B. M (2025) Determinant of unmet need for family planning among adolescent and young women in Kenya: multilevel analysis using recent Kenyan demographic health survey. Front. Reprod. Health 7:1511606. doi: 10.3389/frph.2025.1511606

Kowo, M. K., Sabitu, M., & Maina, M. B. (2019). Street hawking by girls and the challenges of development in Nigeria. SAGE Open, 9(1), 21-38.

Kyei, N. N., Chansa, C., & Gabrysch, S. (2017). Antenatal care among adolescent girls in Ghana. Journal of Adolescent Health, 60(6), 761-766.

Mchunu, G. G., Bhengu, B. R., & Ncama, B. P. (2019). Antenatal care attendance among adolescent girls in South Africa. African Journal of Reproductive Health, 23(2), 68-76.

Mutiso, S. K., Murage, A., & Mwanthi, M. A. (2018). Factors influencing early antenatal care registration among adolescents in Kenya. BMC Pregnancy and Childbirth, 18(1), 1-9.

Mwanga, J. R., Mrema, S., & Rumisha, S. F. (2019). Antenatal care and pregnancy outcomes among adolescent girls in Tanzania. Journal of Pregnancy, 2019, 1-8.

Okafor, C. M., & Onyemechi, C. U. (2017). Child hawking in Nigeria: Implications for universal basic education. Journal of Education and Practice, 8(35), 25-30.

Okafor, E. E. (2020). Motivations for street hawking in Owerri municipal, Imo State, Nigeria. Gender & Behaviour, 8(2), 3172-3187.

Okonofua, F. E., Ntoimo, L. F., Ogu, R. N., & Galadanci, H. (2018). Antenatal care attendance and pregnancy outcomes among adolescent girls in urban slums of Nigeria. Journal of Maternal-Fetal & Neonatal Medicine, 31(12), 1585-1591

Omolara, B. E. (2022). Environmental hazards of street hawking in Ado-Ekiti, Ekiti State Nigeria. Journal of Environmental Issues and Agriculture in Developing Countries, 4(2), 43-52.

Sultan, M., Ali, S. A., & Khan, M. A. (2017). Women's autonomy in healthcare decision-making in Pakistan. Journal of Women's Health, 26(10), 1090-1098.

Tadele, A., Abebe, G., & Ayele, T. (2020). Antenatal care utilization among adolescent girls in rural Ethiopia. BMC Health Services Research, 20(1), 1-10

Yizengaw, S. S., & Gebrewold, M. A. (2018). Explaining the experiences of child labour in sub-Saharan Africa. Social Science Quarterly, 99(5), 1563-1581.