INTRODUCTION

Adolescent childbearing is reported globally as a problem (Bearinger, Sieving, Ferguson and Sharma, 2007). In 2008, there were 16 million births 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). In Latin America, the average birth rate is 78 per 1000 among girls aged 15-19 years, North Africa and the Middle East 56 per 1000 and Europe 25 per 1000 (Bearinger, et. al., 2007). Alarmingly, in sub-Saharan Africa the average birth rate is at 143 per 1000; this is one of the highest compared to other parts of the world. A report from the National Research Council on adolescent childbearing shows an increase in childbearing among unmarried female adolescents in sub-Saharan Africa which raises religious and cultural concerns (Bledsoe and Cohen, 1993). Early childbearing shapes the mother and her child's opportunities; their subsequent life chances for good or bad depending on the socio-economic status of the adolescent's family.

The implications of adolescent fertility vary at different levels. At a global level, adolescent fertility contributes to rates of population growth. That is, early childbearing leads to high overall fertility rate in societies with low contraceptive use (Bongaarts, 1985). Furthermore, population growth rates are more rapid when adolescents' age at first birth is less than twenty years (Singh, 1998). A special world population report has estimated that births to adolescents 15-19 years will reach 4.8 million by the year 2020; this is an increase of 400,000 births compared to the 1996 recorded rate (Garenne, Tollman, Kahn, Collins and Ngwenya, 2001).

METHODS: The analyses done at three levels were based on a sample of 1,598 which comprised of married and unmarried female adolescents aged 15-19 years extracted from Zambia Demographic and Health Survey, 2007 data set. Multivariate logistic regression model was applied to identify socio-demographic determinants of adolescent fertility.

RESULTS: Out of the 1,598 adolescent females, 30 percent of married and 3.7 percent of unmarried adolescents were pregnant. The major factors associated with adolescent childbearing were age, age at first marriage, education, marital status, use of contraceptives and access to radio. The odds for increased adolescent childbearing were significantly higher among adolescents aged 18-19 years who were married and used contraceptives. Adolescents with primary education, in employment and dwelling in the rural areas had higher likelihood of adolescent childbearing than their counterparts.

CONCLUSION: Adolescents getting married have fertility and reproductive health implications. Thus, policies should be put in place to increase the minimum age required for marriage, improve access to contraceptive information and services. Furthermore, family planning programs focusing on adolescents, especially those dwelling in the rural areas will reduce adolescent childbearing. Sexually active adolescents should be encouraged to use contraceptives correctly and consistently. Female adolescent should be encouraged to attain secondary and higher education; this will lower the levels of adolescent childbearing.

ANALYSIS

TABLE 1: ADJUSTED ODDS RATIOS AND 95% CONFIDENCE INTERVALS OF SOCIO-DEMOGRAPHIC CHARACTERISTICS OF ADOLESCENT FERTILITY BY MARITAL STATUS IN ZAMBIA

Characteristics	AOR [95% CI]		
	Married	**Unmarried**	**All Adolescents**
Age group			
15-17	RC	RC	RC
18-19	4.02 [2.1-8.22]*	3.*73* [2.63-5.29]*	5.29[2.65-10.56]*
Education			
None	RC	RC	RC
Primary	1.59 [0.57-4.41]	0.59 [0.26-1.33]	1.80[0.67-4.85]
Secondary +	0.68 [0.20-2.35]	0.44 [0.19-1.03]*	0.94[0.28-3.14]
Wealth status			
Poor	RC	RC	RC
Medium	0.77 [0.34-1.77]	1.14 [0.68-1.90]	0.78[0.34-1.77]
Rich	1.21 [0.33-4.47]	0.96[0.52-1.78]	1.05[0.29-3.73]
Type of place of residence			
Urban	RC	RC	RC
Rural	1.34 [0.46-4.01]	1.19 [0.72-1.97]	1.19[0.43-3.31]
Employment			
Not working	RC	RC	RC
Working	1.09 [0.51-2.37]	1.19[0.79-1.78]	1.31[0.62-2.76]
Listens to radio			
No	RC	RC	RC
Yes	0.66 [0.33-1.29]	0.68[0.47-0.97]*	0.65[0.34-1.26]
Contraceptive use			
No	RC	RC	RC
Yes	38.79 [8.76-171.7]*	2.32 [1.38-3.90]*	3.75[2.46-5.73]*
Region			
Central	RC	RC	RC

Copperbelt	2.38 [0.47-11.8]	0.94 [0.44-2.00]	1.36[0.29-6.41]
Eastern	0.62 [0.16-2.30]	0.66 [0.31-1.42]	0.63[0.17-2.28]
Luapula	1.32 [0.34-5.01]	0.71 [0.32-1.57]	1.02[0.29-3.80]
Lusaka	0.75 [0.17-3.17]	0.86 [0.41-1.82]	0.68[0.18-2.56]
Northern	0.74 [0.20-2.67]	0.39 [0.16-0.98]*	0.73[0.20-2.58]
Northwestern	3.64 [0.71-18.6]	0.98 [0.46-2.05]	2.07[0.42-10.2]
Southern	1.21 [0.32-4.48]	1.23 [0.61-2.49]	1.18[0.33-4.22]
Western	1.24 [0.26-5.74]	1.81 [0.91-3.60]*	1.19[0.27-5.27]
Marital status			
Not married			RC
Married			7.05[0.08-1.08]*
Age at first Marriage			
<16			RC
≥16			0.31[0.15-0.67]*

***Statistically Significant**

RC = Reference category, CI= confidence interval, AOR= Adjusted odds ratio.

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