

Knowledge Base, Causative Factors and Challenges of Teenage Mothers' Re-entry in Senior High Schools

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Abstract:

Teenage pregnancy has been a major setback to the overall development of the girl child in various communities in Ghana. The study adopted the qualitative research approach and used case study design to explore the experience of teenage mothers in selected senior high schools in the Abura-Asebu-Kwamankese District. The target population of the study consisted of teenage mothers and their teachers in two senior high schools in the district. Purposive and snowball sampling techniques were adopted to select twenty participants comprised of 16 teenage mothers and 4 teachers for the study. Semi-structured interview schedule and focus group discussion guide were used to collect data from the participants and the data analysis was done through thematic procedure. The study revealed that teenage mothers had fair knowledge on teenage pregnancy before they became pregnant. The study found that poverty, negative peer influence, permissive behaviour of some parents among others were the contributing factors to teenage pregnancy in Abura-Asebu-Kwamankese District. It was also revealed that teenage mothers faced challenges which include financial burden, unfriendly school environment and stigmatization in their bid to continue their education. It is recommended that endowment fund should be established by the district to support girls including teenage mothers who are serious with their academic pursuit.

Keywords:

Adolescent Pregnancy, Senior High Schools, Teenage, Teenage Mothers, Teenage Pregnancy

1. Introduction

Teenage pregnancy and subsequently teen motherhood are among the major societal problems that confront various countries of the world. According to Papri, Khanam, Ara and Panna, teenage pregnancy constitutes a public health concern throughout the world [1]. Teenage pregnancies occur among girls below the age of twenty. Such pregnancies are normally unwanted, unplanned and out of wedlock. Given the high rate of sexual activity and poor records of contraceptive use among

contemporary adolescents, it usually not surprising that many young girls become pregnant before the end of their teens or adolescence [2]. These phenomena have engendered many studies in most western industrialized societies like United States of America as in the less developed countries in Africa of which Ghana is of no exception. In large regions of the world (e.g. South Asia and the Middle East), age at marriage has traditionally been low in kinship-based societies and economies [3]. In such cases most girls married soon after menarche, fertility was high, and consequently many children were born by adolescents. On the contrary, in Europe during the 18th and 19th centuries, age at marriage was relatively high, and social control strongly discouraged premarital sex. In instances where conception occurred, this was usually followed by an early marriage [3]. Social and economic control by parents and family declined as economies developed. According to Kassa, Arowojolu, Odukogbe and Yalew, reducing age at menarche, improved nutrition and healthier lifestyle of adolescents were some of the factors contributing to teen pregnancy and motherhood [4]. The education and training of young people was also extended and arguably this undermined parental control and authority. In many Western societies over the last century, the incidence of sexual intercourse among adolescents and the number of pregnancies sharply increased, especially after the Second World War [3].

In the 1960s and 1970s society at large increasingly viewed the growing numbers of adolescent pregnancies as a problem related to development and changes in family system. Comparable developments took place in many developing countries (e.g. in sub-Saharan Africa and Latin America) and in many of these countries there has been a gradual shift away from extended family structure towards nuclear families. With this change in family structure and way of living, the role of members in the hitherto extended family in educating and acting as role models for young people in terms of sexual behaviours has disappeared [3]. This has affected moral training of young ones leading to adolescents' undesirable behaviours such as sexual exploit and prostitution.

In recent times, the World Health Organisation (WHO) figures reflected that the global average number of births per every 1000 girls in the 15-19 age groups was 65. Asia had 56 per 1000 girls in the same age group and this statistic rose to 70 per 1000 girls in Thailand [5]. According to the WHO, about 16 million adolescent girls of the ages 15 and 19 years gave birth each year [5]. The babies born to these adolescents constituted approximately 11% of births worldwide. Out of this, 95% occurred in developing countries or low-middle income countries [5]. WHO stipulated that 10% of girls in low-middle income countries became mothers before age 16 years with the highest rate occurring in south-central and south-eastern Asia and Sub-Saharan Africa [5]. Similarly, the Guttmacher Institute in the United States of America studies found out that teenage pregnancy and child birth are disproportionately common among poor people of all races [6]. National Campaign to Prevent Teen and Unplanned Pregnancy Report suggests that while large numbers of teenagers of all classes and races are sexually active, most poor teenagers may be initiated into sex relationship at slightly younger age than the non-poor [7]. Odei found that in poor neighbourhoods, people experience less control over many aspects of their lives than the non-poor. Teenagers in the poor neighbourhoods, therefore, felt less controlled over whether or not they got pregnant and were less likely to try to prevent pregnancy. In the United States in general, sex and contraception are not discussed frequently, although the media and the culture repeatedly bombard teenagers with sexual messages [8]. Odei further reported that impoverished teenaged girls consider childbirth as a rare source of self-esteem, or a sign of growing up, while sexual

conquest brings a feeling of accomplishment to some teenage boys to whom legitimate opportunities may be blocked [8].

The issue of teenage pregnancy is not restricted to the Western world and records show quite an alarming rate in the developing countries such as Zambia, Nigeria, Togo and Ghana. It is stated that 50% of the proportion of births in adolescents occur in Sub-Saharan Africa whilst that of Latin America including the Caribbean, and China constitute 18% and 2% respectively [5]. Sub-Saharan Africa recorded the highest prevalence of adolescent pregnancy in the world in 2013 with half of all the births which occurred recorded among teenagers aged 15 to 19 years [9]; [10]. Prevalence of teenage pregnancy in sub-Saharan African countries is 19.3%, higher than overall prevalence of teenage pregnancy in Africa which is 18.8% [3]. Maduforo and Oluwatoyin posit that, teenage pregnancy constitutes 21.5% in East Africa sub-region, 20.4% in Southern Africa and 17.7% in West Africa with Nigeria recording 22.5% [11]. Out of the 15 countries in the world that had more than 30% young women aged 20-24 years giving birth before the age 18, 14 were in sub-Saharan Africa [12]. In Mali, the percentage of teen mothers at age 18 years was 46.3% from 2008 to 2012. The adolescent rate of birth was also purged at 189.6 per 100 000 live births from 2006 to 2010 [13]. UNICEF, also states that 10% to 40% of young unmarried girls have had unplanned or unwanted pregnancy and about 14 million children are born every year to unmarried women who are normally teenage mothers between the ages of 15 and 19 years globally [14]. A survey conducted in Ghana, in 2017 by Ghana Statistical Service and Ghana Health Service revealed that 14% of 15-19 year-old females had experienced pregnancy with 12% of them already had a child and 2% being pregnant with the first baby [15].

Teenage pregnancy may have a negative impact on girls' education. Throughout Africa, girls' education is usually shortened by unplanned pregnancies and its associated childbearing consequences. Some of the challenges come from the state or the country in which the girls live. According to a study by Wangui, Beth and Karanja, cited in Anane-Agyei, pregnant girls in Togo, Malawi, Zambia and Tanzania are obliged by law to withdraw from school, so they are compulsorily debarred from school after they are found to be pregnant [16]; [3]. In Ghana, young girls are expelled from school when they are found to be pregnant, with the excuse that other girls may emulate the bad practice. Such actions negatively affect teenagers who get pregnant and render them failures in their academic pursuits. Although there are stories of young women whose lives are not devastated by early pregnancy and childbearing, studies suggest that there are few successes. The report of Steinberg in Anane-Agyei stated that "a girl who has an illegitimate child at the age of 16 suddenly has 90% of her life's script written for her" [3].

The Ghana Statistical Service emphasised in the 2010 Population and Housing census that adolescent female constituted 8.2 percent of the Total Fertility Rate (TFR) of Ghana in 2008 [17]. The Guttmacher Institute stipulated that, 12% of girls between 15 and 19 years have ever given birth in Ghana [6]. The Institute also recorded that one out of every ten births that occur in the country is from an adolescent mother. Notwithstanding the efforts put in place through education in the mass media and incorporation of reproductive health education in the Ghana Education Service syllabus, and Non-Governmental Organizations' (NGO's) participation in curbing the menace, the incidence of teenage pregnancy and teen motherhood has become common in the country [18]. In Ghana, as high as 16.2% of adolescent girls give birth by age 18 years with the birth rate of 69.7 per 100,000 from 2006 to 2010 [13].

According to Vibe Ghana, the director in charge of the Centre for Migration Studies of the University of Ghana was concerned about the spate of teenage pregnancy and stated that “teenage pregnancy is a threat to girls education and national development and that if concerted efforts and pragmatic solutions were not found to address the issue, it would be a disaster preventing the growth and development of the country” [18]. Deducing from these expositions, it is clear that many are the young girls whose educational aspirations are terminated and jeopardized as a result of teenage pregnancy. Teenagers who bear children early are likely to suffer disruptions in their education and these disruptions can have dire long-term consequences on their academic achievements [7].

Early unprotected sexual activity which is usually associated with teenage pregnancy may also come with sexually transmitted diseases, such as gonorrhoea, chlamydia, herpes, HIV and AIDS. For example, the American Medical Association Reports that 2.5 million adolescents contract a kind of sexually transmitted disease each year, and 1 in 4 teenagers contract a sexually transmitted disease before graduating from high school [5].

Despite the challenges associated with unprotected sexual activities, some scholars believe teenage motherhood is no longer unintended and unplanned, but a purposeful act. Ritcher and Mlambo confirm that teenage motherhood is intentional, the greater the positive consequences of motherhood to a teenager, the less likely that they will engage in protective sexual activity [19]. The desire to become mothers is due to the fact that teenagers see motherhood as a positive choice and a way to acquire more adult role [20]. According to Awortwi, in Ghana, for example, one report estimates that nearly one-third of the childbirths recorded in public hospitals occurred to women less than 19 years of age [2]. A report by Vibe Ghana stated that, 750,000 teenagers between the ages of 15 and 19 years get pregnant every year. In the year 2013 alone, 14,000 adolescents got pregnant in the Central Region [18]. Gomoa West District of the Central Region recorded a total of 762 teenage pregnancies in the year 2013. Out of the 762 teenage mothers, 17 were between the ages of 10 and 14 years. The situation is even more dramatic in the rural areas and towns. These figures are often under-represented by the hospital birth statistics because some of the cases are not reported at hospitals. The Ghana Demographic Health Survey (GDHS) indicates that one out of three girls aged 15 to 19 living in Ghana’s Central Region has had a child. The area's total fertility rate is 4.7 birth per woman compared to the national rate of 3.93. In other predominantly rural communities, family financial exigencies and social custom induce girls to stay out of school and enter into early sexual relationships, most of which are exploitative [21].

Studies reveal that at the end of the academic year when students take their Basic Education Certificate Examination (BECE), some pregnant girls turn up to write their papers whilst other girls fail to write the examinations because of pregnancy. Statistics differ in different regions of Ghana. For example, in the Eastern region alone, 33 girls were reported to have failed to write examination as a result of pregnancy in 2009. The Western region also recorded five hundred and seventy-two (572) teenage pregnancies with girls as young as ten years getting pregnant and dropping out of school. Again, in the Ashanti Region, at least 5 pregnant girls have sat their BECE and a minimum of 3 have written their papers as mothers. The average age of these girls is put at 12. The statistics are much more worrisome in other regions of Ghana [22].

Teenage motherhood has been studied by different researchers who attempted to look at the causes of teenage pregnancy and teenage motherhood, and strategies as well as programmes to prevent teenage pregnancy and teenage motherhood [24,11,23,25,1]. However, little is known about lived experiences of teenage mothers re-entry in second cycle schools and the associated challenges they face in the Abura-Asebu-Kwamankese District of Ghana. It is, therefore, pertinent to undertake a study to unearth the lived experience of teenage mothers in selected senior high schools in the Abura-Asebu- Kwamankese District. The following research questions guided the study: (1) What is the knowledge of teen mothers on teenage pregnancy? (2) What factors contribute to teenage pregnancy in the Abura-Asebu- Kwamankese District? and (3) What are the challenges faced by teenage mothers in the course of pursuing secondary education in Abura-Asebu- Kwamankese District?

2. Theoretical Perspective, Factors, Challenges and Effects of Teenage Pregnancy and Motherhood

2.1. Theoretical Perspective

The study was located within Martin Fishbein's theory of reasoned action. The theory was developed in the 1960s, revised and expanded in the 1970s by Fishbein and Icek Azjen [26]. The theory of reasoned action predicts motivational effects on behaviour and focuses on a person's intent to act in a particular way, attitude towards a behaviour and subjective norms of influential people that could influence that attitude [27]. It emphasises that attitude and norms are the main influence of intention [28]. According to the theory of reasoned action, attitudes are predisposed by the belief about the result of the behaviour and appraisal of the possible outcome. Attitude is based on different factors including past experiences and sense of the consequence [29]. Attitude can be positive, negative or neutral. The belief that a behaviour will bring expected outcome will motivate the person to have a positive attitude towards the behaviour. On the contrary, the belief that the outcome of the behaviour will be undesirable will discourage the person and lead to negative attitude. According to the theory, subjective norms are influenced by people around us such as parents, friends, and partners [28]. The belief that these individuals will approve the action will motivate the person to show positive attitude toward the behaviour. Better understanding of attitude and norms that influence intent will lead to accurate desired results leading to healthier behaviour. The theory was applicable in this study because the teenage mothers found themselves in situations that demanded them to behave and act in ways that compromised their academic pursuit in favour of teenage motherhood [27]. Besides, lived experience of teenage mothers reflected their behaviour and attitudes towards their situation.

2.2. Teenage Pregnancy and Motherhood

World Health Organisation (WHO) defines a teenager as a person aged between 13 and 19 years [5]. Anane-Agyei believes persons within the age range of 13 to 19 years are teenagers and identified some of the activities they engage in such as watching of films, reading magazines and attending discotheque [3]. Odei defines pregnancy as the state or period of being pregnant. Thus, teenage pregnancy is defined as a teenaged or underage girl, usually within the ages of 13 and 19 becoming pregnant [8]. The term in everyday speech usually refers to females who have not reached legal adulthood and have become pregnant. Legally, onset of adulthood varies across the world. In the United States of America, it is defined as an underage girl becoming

pregnant. However, in the United Kingdom, there is a legal definition whereby a woman is considered to be a pregnant teenager if she becomes pregnant before her 18th birthday.

Teenage pregnancy is the pregnancy among girls within the ages of 13 and 19 [30]. The situation of teenage pregnancy is worse among young girls between the ages of 15 and 19. These age groups are quite critical in the life of many adolescent girls, who may experience marriage, sexual intercourse and parenthood. Aboagye argues that these life events were inseparable but no longer hold for many young people of late. Age at puberty is falling while age at marriage is rising. The amount of time young people spend between puberty and first marriage has increased [31]. This means that first sexual experience and childbearing may take place in different personal and social context.

Teenage pregnancy subsequently leads to teenage motherhood. Odu and Ayodele are of the opinion that women have tended to begin child bearing during their early twenties [32]. According to Save a Child Report, teenage motherhood is formally defined as birth in a young woman, who has not reached her twentieth birthday when the birth occurs, regardless of whether the woman is married or is legally an adult [33]. Johns, Moncloa and Grong state that teenage motherhood is when a teenaged or under aged girl in the teenage years of 13 - 19 becomes a parent [34]. The United Nations' Children's Fund (UNICEF) alludes that teenage motherhood is when a woman aged between 15 and 19 has a baby. According to their statistics, 67% of women of child bearing age are aged between 15 to 19 years [35]. Similarly, Health-Cares Net explains that teenage motherhood is a birth that occurs in an adolescent. An adolescent is a male or female who has reached puberty and is 19 years old or younger [36]. Teenage motherhood is the phenomenon of teenage girls giving birth and is a contemporary social issue in some nations, especially in the USA, while in developing countries teenage birth is for most part, not an issue, since many women are expected to be married before their twentieth birthday.

Yutokoutreach defines teenage motherhood as an under aged girl becoming a mother. The author further mentioned that the term is restricted to those under the age of legal adulthood of 18 years in most countries in the world including Nigeria, Namibia and Ghana [37]. According to Fox, teenage motherhood can be loosely defined as a girl giving birth before reaching the legal age of adulthood [38]. Fox further states that, while teenage motherhood is looked down upon by most developed countries, certain ethnic groups in less developed world actually welcome and celebrate the phenomenon because it is seen as a clear sign of fertility in the young female [38]. Motherhood confirms that the female is perfectly capable of bearing children.

Sams concur with Fox, and Yutokoutreach that, teenage motherhood is whereby an under aged girl gives birth, and the term applies to those under the age of threshold of legal adulthood [39,38,37]. Coley and Chase-Lansdale also define teenage motherhood in terms of legal adulthood. According to the law in the USA, teenage motherhood is when a minor under aged girl gives birth. In United Kingdom (UK), there is a legal definition whereby a woman is considered to be teenage mother if she gives birth before her 18th birthday [40]. The term teenage motherhood in everyday speech usually refers to pregnancy among women who have not reached the age of legal adulthood. Most policy studies have shown that adolescent pregnancies in the developed world mostly appear to be unplanned [41].

2.3. Factors contributing to teenage pregnancies

Numerous factors have been reported to influence the level of adolescent pregnancy. Among these factors are adolescent sexual behaviour, influence of peers, sexual abuse, low contraception use, age discrepancy in relationships, early marriage, family systems, societal norms, inadequate support systems, socio-economic factors and environment. A study conducted by Gunawardena, Fantaye and Yaya classified these predictors of teenage pregnancy into six themes namely personal predictors, parenting and family related predictors, sexual health knowledge, attitude and behaviour related predictors, partner and peer related predictors, quality of health care predictors and economic, environmental and cultural predictors [42].

Societal and traditional norms such as early marriage are key factors contributing to adolescent pregnancy. Certain ethnic groups see teenage marriage as a positive choice in life. It is known that child bearing is common in many developing countries due to diverse cultures. Most traditions and cultures in Sub-Saharan Africa encourage teenage marriage and parenting [32]. In Nigeria, due to divergent culture of the Christians in the South and Muslims in the North, there are differences in teenage marriage and parenting. Some traditions use physical development as the measurement of maturity in adolescents [32]. Adolescent pregnancy rate among some South Asian ethnic settlers in the United Kingdom is high [43]. In Yemen, there is a high rate of early marriage which keeps increasing due to factors such as poverty, low level of education and dominance of traditional beliefs [44]. Ghana has been found to be among countries with the highest child marriage prevalence rates in the world. It has been revealed that 12% of adolescent girls between the ages of 15 and 19 years have become pregnant or already given birth [45]. In the 2010 Population and Housing Census, it was revealed that 5.2% of adolescents between ages 12 and 14 are married. Nine percent of adolescent girls who are between the ages of 15 and 19 years are also married [15]. Early marriage of adolescent girls is seen as a means of protection for young adolescent girls from engaging in inappropriate sexual behaviours.

Adolescent sexual behaviour is a key contributing factor to the level of adolescent pregnancy. Sexual activities of adolescents within or without marriage can have many adverse effects on their reproductive health outcomes. Studies have shown that adolescents with negative psycho-social circumstances are more vulnerable to risky sexual behaviour such as prostitution, rape, etc [40]. As a way to prove their fertility, some adolescent girls involve themselves in risky sexual activities. Most of these risky sexual activities were done with or without contraceptives [46]. Adolescents become sexually active at an early age and most of them do not use any form of contraceptives [47]. Unprotected sex exposes the adolescent to unintended pregnancies, unwanted child bearing, abortion which can even claim their lives and sexually transmitted infections [48].

Low or no use of contraceptives is another factor mostly associated with the high level of adolescent pregnancy. Johns, Moncloa and Grong indicated that most sexually active adolescents do not use any means of contraception during their first sexual intercourse [34]. There is therefore a 90% chance of these sexually active adolescents conceiving each year [32]. They further revealed that most adolescents feel embarrassed discussing matters concerning contraceptives than talking about sex. Some adolescents do not use contraceptives due to lack of knowledge about its use or even the type of method to use [49]. According to Odu and Ayodele, adolescents are

confused as to whether they have the legal right to use contraceptives and even if they have the right, which type of contraceptive to use and where to get it from [32]. They are also concerned about how to use contraceptives. There is an indication that adolescents were misinformed and had misconceptions about contraception, pregnancy and parenting. A review of studies on young unmarried women in sub-Saharan Africa revealed that lack of family planning education and information on contraceptives use were barriers to them [50]. The review further indicated that the young women were concerned about presumed side effects and health risks of contraceptives. These views presuppose that teenagers lack adequate knowledge on contraceptives and they are afraid to use them due to their misconceptions about the side effects.

Another contributory factor is lack of communication on sexuality. Walker, in his study revealed that some parents feel uncomfortable or embarrassed talking about sexuality with their children to educate them on such issues [51]. Melgosa posits that some parents have permissive life style; they contribute much emotional support but exhibit very little control. They are ready to listen to their children and talk to them but they set virtually no restrictions for them [52]. Parents who monitor their children's behaviour can help to delay their sexual debuts [53]. Adolescents resort to peers on sexual related issues and share their experiences with them. Colin asserts that several polls have indicated that peer pressure is a factor encouraging both girls and boys to have sex which result in teenage pregnancy [54]. Marsiglio, Day and Lamb maintain that variables such as personality and family relationships determine who has the greater influence, parents or peers [55].

Besides, the world has become a global village due to the advent of technology. The need for information on issues around the world has been made easy and possible through the mass and social media such as television, newspapers, internet and radio. The mass media, according to the Ghana MICS, is a pre-requisite for living a meaningful life. The mass media has become a tool for learning and behavioural change [56]. Adolescent are not left out when it comes to accessing information through the mass media. It has been reported that 9.5% of adolescent girls between 15 and 19 years in Ghana have access to three mass media at least once a week and that of adolescent boys between 15 and 19 years is 12.5% [56]. This means that adolescents are privy to programmes with adult or sexual content and this may influence their sexual behaviour and lead to adolescent pregnancy. The media normally portrays the exciting aspect of sex which lures the adolescent into perceiving sex to be some form of fashion. Since most adolescents have magazines and internet as their vital source of sex education, they rely on such information and they are enticed to engage in early sex not thinking about the consequences of it such as unwanted pregnancies and sexually transmitted infections [32].

2.4. Challenges and effects of teenage mothers

According to Dryburgh, many teenagers who are parents or are pregnant experience challenges of parenthood. Starting a family is challenging for almost everybody, but it is extremely challenging to adolescents since many of them are still emotionally dependent on their parents. They lack enough experience to make sound decisions for their unborn children and the family [57]. When a teenage girl becomes pregnant, she is faced with emotional, educational, social, economic and health challenges. They face problems in school, their communities and churches and are being left out by friends. According to Martin et al, the traditional and religious settings of people are

structured to conform to strict morality so any behaviour that perpetrates shame and harm to the inhabitants is frowned upon and sanctioned in no uncertain terms [58]. Martin et al. further stated that when a girl or teenager becomes pregnant, she encounters social isolation. Some societies frown on teenage pregnancy and considers it as an abomination [58]. The teen mother lacks the courage to face society and at times becomes afraid of her own parents and friends. At a point in time, friends and colleagues are warned not to associate or be seen around her; for she has been cursed by the gods of the land [58].

There is also a definite link between poverty and teenage pregnancy. Adolescents who are living in poverty face even more severe challenges. They can be overwhelmed with financial problems or capacity to manage family problems. Gallagher affirms that teenage pregnancy occurs in all types of communities, but teenagers who give birth are more likely to come from economically disadvantaged families and neighbourhoods [59]. This confirms the study of Amoako that, the contributing factor to teenage pregnancy is poverty [60].

The effects of teenage pregnancy are enormous. In the contemporary social environment, educational attainment has become a yardstick with which one's status in society is measured. However, pregnancy forces girls to withdraw from school resulting in at least a temporary or, in most cases, permanent halt to their education and their career opportunities are often jeopardized. Strains of adjusting to parenthood at a very tender age may cause the teenager to experience psychological and emotional disturbances, as they may be forced into early marriage as a result of the pregnancy. These early marriages usually become fiasco and do not last. Awortwi explained that the sexual partners of adolescent girls are frequently young adult males who have had problems at school, at work, and with the law, often related to alcohol or drug abuse [2]. Marrying this type of men tends to add to, rather than diminish a young mother's problems. Such marriages often end in divorce, creating more stress for the teenage mother and her child [2].

Makoko wrote on the effects of teenage pregnancy and stated that adolescent pregnancy and childbearing contribute to a vicious circle of poverty [61]. The economic opportunities of pregnant girls are limited by having to change educational and occupational plans. Makoko further argued that although, in theory the effects of poverty on children can be separated from the effects of adolescent childbearing, in reality, the two usually go together [61]. The end result is that children born to adolescent mothers are more likely than other children to suffer the effects both of malnutrition within and outside the womb as well as in the world. Such children experience environmental deprivation. Stier, Leventhal, Berg, Jonhson, and Mezger noted that children born to adolescent mothers may be at greater risk for abuse and neglect [62].

Again, other factors that affect the development of babies born to teen mothers are related to the health of the mother and the child. The consequences of adolescent pregnancy rate are of great concern. Pregnancy in adolescence increases the health risks of both the child and the mother. Infants born to adolescent mothers are more likely to have neurological problems as well as childhood illness. Early childbearing diminishes a young woman's life and also put her baby at a higher risk than the normal associated with growth and development. Among the health risks are pregnancy complications such as still-birth, giving birth to babies with low birth weights, and infant mortality. Further, teenage mothers, especially young teens

experience health risks and challenges related to their psychological well-being. Problems including hyperactivity, misbehaviour sometimes leading to juvenile delinquency and poor academic achievement in school are common with such children. Usually unplanned and unwanted pregnancies disrupt adolescents educational and career plans, increase health risks and precipitate economic stress [44].

According to Odei, pregnant teenagers are likely to be expelled from school, thus ending their education at an early age [8]. Odei adds that even if they are able to go to school later, at least there is a temporal halt in their academic pursuit which discourages their interest in continuing. In the long run this affects the ability and opportunity to develop meaningful life skills [8]. Although some adolescent mothers resume their education later in life, they generally do not catch up with their mates who postponed childbearing. Shuaib, Frass, Al-harazi and Ghanem found that only half of women 20 to 26 years of age who first gave birth at age 17 had completed high school by their twenties. The percentage was even lower for those who gave birth at a younger age. By contrast, among females who waited until age 20 to have a baby, more than 90% had obtained a high school education. Among the teenage mothers, almost half had obtained general equivalent in diploma which does not often open up good employment opportunities [44]. These educational deficits have negative consequences for the young women themselves and for their children. According to Lee, teenage mothers often have poor future prospects including school dropout [63]. Consequently, adolescent parents are more likely than those who delay childbearing to have low-paying, low-status jobs or to be unemployed [39]. For example, the mean family income of white Hispanic females who give birth before age 17 is approximately half that of families in which the mother delays birth until her mid or late twenties [39]. Stromquist, also reports of similar effects of teenage pregnancy on the young girls, indicating that babies born to teenagers are at risk. They are more likely to drop out of high school, less likely to find employment, and more likely to have babies before age 20 years [64].

There is also the issue of teen mothers' school re-entry and educational attainment. The critical role and impact of education has been advanced by various researchers from different fields of studies. Education has been described as the means by which countries equip and unearth the potentials of their citizens [65]. Sen emphasizes the important role of education to development and notes that people tend to experience increased freedom when there is development [66]. Girls' education has been found to be the most cost-effective measure a developing country can take to improve its standard of living [67]. Consequently, various stakeholders have made huge investment in education however, the path to educational accomplishment and success among girls in Ghana and Abura-Asebu- Kwamankese District to be specific is flagged with several challenges, key among them is teenage pregnancy which is a developmental challenge. Aikman and Unterhalter agree that, barriers such as inequalities are faced by girls inside the school setting [68]. The school re-entry policy is one of the key strategies that has been employed to control the scourge and negative impact of the teenage pregnancy in countries such as Kenya, Zambia, Swaziland and Tanzania [69]. In Ghana, even though the policy exists, it seems there is lack of commitment and strategies that can facilitate easy re-integration of teenage mothers to ensure prospects for girls' educational attainment and success.

3. Methodology

The qualitative research approach was used to ascertain the knowledge of teenage mothers on teenage pregnancy and to explore contributing factors and the challenges experienced by them in secondary schools. A qualitative approach was employed because the researchers wanted to obtain the teenage mothers' experiences first hand, so the optimum way was personal involvement within their natural setting [70]. A case study was conducted as a basis for identifying and understanding the challenges experienced by the teen mothers in the secondary schools. Case studies provide an understanding of why the instance happened as it did, and what might become important to look at more intensively in future [71]. A case study was used to explore and deeply understand the experiences of teenage mothers as individuals and as group of participants.

The participants were sampled from two secondary schools in the Abura-Asebu-Kwamankese District. Purposive and snowball sampling techniques were used to select 16 teenage mothers, eight from each of the two schools for the study. Most of the participants were teenage mothers, aged between 13 and 19 years and were in secondary schools. Through purposive sampling, two teachers were also selected from each of the two schools to form part of the sample on the basis that they were subject teachers of the teenage mothers. This was intended to provide data on teen mother's interactions with their classmates and teachers in order to understand their challenges. The researchers used semi-structured interview guide to enable them probe during the interview [72]. The teenage mothers were further grouped into two for focus group discussion with each group comprising the eight teenage mothers selected in the school. The data collected were transcribed and analysed into categories based on the themes that emerged from the data. To ensure consistency and accuracy, the data obtained from the focus group discussion were used to cross-check the interview data and new issues that emerged from the focus group discussion were incorporated.

Ethically, the British Sociological Association highlights, the relationship between the researchers and the participants to be characterized by trust, integrity and confidentiality adopting methods to store the research data in a secure manner [73]. Therefore, the priority of the researchers was to respect and protect the ethical rights of the participants. Their physical, emotional and psychological wellbeing was maintained and any act that would cause harm to their confidence and self-esteem did not occur. They were informed that their participation was entirely voluntary. The participants were also fully aware about the nature, the process and the content of the research since letter of consent was given to each of them before the interview. The letter also outlined the goals and objectives of the study and provisions were made to secure their rights.

4. Findings and Discussions

4.1. Demographic Characteristics

The demographic data of the teen mothers gathered included their age, level at school and number of children. It was necessary to collect these data in order to understand the background situations of the participants. The participants were within the age range of 14 to 19 years. It was revealed that 7(44%) were within the category of 14-16 years whilst 9(56%) were within 17-19 years. Respondents' level in school indicated that 1(6 %) was in Form 1 whilst 6 (38%) were in Form 2. The rest of them 9(56%) were in Form 3, thus final year. Again, the responses revealed that 12(75%) of the participants gave birth before proceeding to SHS whilst the remaining 4 (25%)

gave birth whilst in the secondary school. The participants further revealed that each of them had one child. This is quite understandable because considering their ages all of them were in their teens. There were 4 teachers, 2(50%) females and 2(50%) males who were also involved in the study. They were subject teachers of the teenage mothers.

4.2. Knowledge on Teenage Pregnancy

Knowledge is very important and it forms the basis upon which decisions are made. It is also important as it helps shape an individual's orientation and reality. Sexual knowledge is vital not only to adults but to teenagers as well. In the absence of adequate and factual knowledge, teenagers are bound to make uninformed decisions that have a bearing on their lives. Participants indicated that they had knowledge on teenage pregnancy, contraception and condom use. The participants were required to share their knowledge on teenage pregnancy. All the participants indicated that teenage pregnancy happens when one gets pregnant in the teen years. This indicates that teenage mothers who participated in the study had idea about when pregnancy is considered teenage pregnancy. The participants shared their views and stated:

“Teenage pregnancy is when a girl gets pregnant while she is still a teenager”.

“Teenage pregnancy is when a girl has unprotected sex and becomes pregnant”.

Teenage pregnancy occurs when there is unprotected sex and when people do not use contraceptive pills.

First and foremost, the participants had the idea that when a girl in her teen years gets pregnant that is referred to as teenage pregnancy. Secondly, participants knew that teenage pregnancy is the result of unprotected sex. It was revealed by all the participants that before they got pregnant, it was clear to them that unprotected sex can result in teenage pregnancy. However, their knowledge did not translate into affirming the right behaviour. While teenagers may have knowledge that pregnancy occurs as a result of unprotected sex, they were not cautious in the engagement of sexual activities. In an attempt to explore where they acquired this information from, the participants stated they learnt from their friends in school and the community.

Again, the study revealed that most of the participants knew when they got pregnant. The information elicited was that once they did not experience their menstruation in a month in which they had sexual intercourse; they knew what was at stake. Also, pregnancy was associated with physical changes in women. Pregnant women change physically as their stomach increases. Some participants recounted the following during the interview:

“After I had sex with my boyfriend and when my menses were not coming, I realized that I was pregnant because I learnt that when you engage in sexual activity and you miss your menses it means you are pregnant. When I experienced that it was clear to me but I was scared...”

“When someone is pregnant you can see because the person gains weight and after sometime the pregnancy shows by having a bulging stomach. I realized that my menses stopped and in three months' time, my stomach started coming out. I knew from there that I was pregnant”

The findings show the level of understanding of when one becomes pregnant. From the narratives, the participants indicated that they got this information through speculations from some of their friends in school and within the community. In furtherance to ascertain the age the participants got pregnant, most of them indicated that they were between the ages of 14 to 17 years. Also, during the interview, it came to light that out of the 16 teen mothers who participated in the study, 11 were engaging in sexual activities for some time before getting pregnant. This implies they got pregnant not as the result of the first-time experience in sexual related activities. The remaining 5 participants indicated that their first sexual encounter with men resulted in pregnancy.

Moreover, the participants were asked whether they resorted to the use of any contraceptives. The indication was that none of them used contraceptives before the pregnancy. The reasons given was that most of them were not aware of contraceptives at that time. That is, they lacked knowledge about the use of contraceptive and its importance. This falls in tandem with Ginsburg, Slap, Cnaan, Forke, Basley and Rouselle who found in their studies that teen mothers did not know about contraception prior to their pregnancies [74]. Some of the participants were informed at the clinics during their pregnancies, some by their mothers, sisters and other relatives during their pregnancies, and the rest had obtained knowledge about contraceptives through health care professionals during their pregnancies. The participants recounted that from their experience now, there are side effects to the use of contraceptives but it is better. In support of the assertion, the following views were expressed by the participants during the interview:

“Initially, I did not know about any contraceptive. I only heard of family planning after getting pregnant. I know about contraceptives now and it is good”.

“When you use contraceptives especially the pills, it distort your menstrual cycle. It shortens the number of days of experiencing your menstruation, you may gain weight, you may be infertile and it will prevent pregnancy”

The views expressed by the participants indicated that even though they are using contraceptives they are not happy with the effects. This presupposes that some of them did not get adequate knowledge on the effects of contraceptives before their decision to use. This finding corroborates Goldberg et al, view that adolescents were misinformed and had misconceptions as well as negative attitudes towards contraception, pregnancy and parenting [75]. For example, they believed that using contraceptives made one fat, caused sterility or infertility, interfered with menstrual cycle and sexual pleasure. During the focus group discussion, they indicated that some people believe that girls who use contraceptives are promiscuous. There was also uncertainty about who should use contraceptives, the boy or the girl and that some adolescents and their parents believe that the pill can cause serious side-effects, such as high blood pressure and infertility. A study by Jemmot found that many African-American adolescents were concerned about side-effects of contraceptives [76]. Misconceptions include beliefs that the pill caused cancer or made the user fat, and that condoms reduced pleasure during intercourse [77].

The views expressed by the participants further indicated that even though they had misconceptions about the negative effects of contraceptives they were using them. It

was revealed that based on their past experience that without contraceptives usage they can get pregnant, they were compelled to use them to avoid pregnancy. Their attitude and behaviour were in line with Martin Fishbein's theory of reasoned action which stipulates that attitude is based on factors including past experiences and sense of the consequence [29]. Moreover, their subjective norms were influenced by people who were around them such as parents, sisters, other relatives, and health care providers. Unfortunately, they got information on contraceptives during their pregnancy period.

4.3. Factors Contributing to Teenage Pregnancy among Students

The researchers were interested in finding out the causes of teenage pregnancy among students in the district. The participants identified wide range of factors responsible for teenage pregnancy. These include lack of education on pregnancy from authentic sources, negative peer group influence, permissive behaviour adopted by some parents, parents' negligent attitude toward their children, parents forcing their children to enter into early sexual relationship, inadequate knowledge on contraceptive use among the youth, poverty and sexual abuse. Most of the youth have been saddled with teenage pregnancy for one reason or the other due to lack of education on teenage pregnancy at home and at school. The participants said that they had not obtained adequate knowledge about sexuality; the functioning of their bodies, handling of emotions and managing relationships. It was concluded during the focus group discussion that parents and teachers avoided discussion on sexuality.

Most of the teenagers' time is spent in school, thus the school plays an important socialising role. It helps inform and shape teenagers' sense of reality while at the same time creates an atmosphere for ideological exchange. Since it is an environment that allows ideological exchange, it becomes a site for struggle as realities are negotiated, changed and adopted. The following views were expressed by participants during both the interview and the focus group discussion sessions on lack of sex education at home and in schools.

"Nobody at home discussed sexual matters with me before the pregnancy. I only got the information from my friends and my 'boyfriend'. He is the one who showed me how to make love. My parents are very busy people."

Another participant recounted:

"Teachers avoid issues related to sex education. They assume that we already know even though we do not know. If a teacher talks about sex you can see that he/she is uncomfortable. Teachers do not answer questions related to sexuality. So, we don't know much about that. No one bothers to tell us the right thing".

The participants during the focus group discussion talked about the avoidance behaviours exhibited by parents and teachers. They indicated that parents do not talk about sex and teachers are also reluctant to discuss issues related to sexuality. This apparent discomfort that educators and parents have over sex is attributed to the moral atmosphere that sex talk is approached with. Adults assume that sex talk is meant for adults, thus negate any sex talk with teenagers. The finding revealed that parents' inability to talk about sex related issues including contraceptives were as a result of their fear that teenagers would interpret it as permission to engage in sexual activities. Walker's study revealed that some parents feel uncomfortable or embarrassed talking about sexuality with their children to educate them on sexual

issues [51]. This is confirmed by the fact that some parents feel shy to talk about sexuality while others are too engaged with daily work schedules, hence they do not have the time to talk to their wards on matters concerning teenage pregnancy. Teenagers felt more comfortable talking about sex with their friends and some read about it from magazines. These sources often spread misinformation on certain pertinent issues such as contraceptives use. Findings from the study indicated that negative peer influence is one of the main causes of teenage pregnancy in Abura-Asebu-Kwamankese District. The participants shared their views and said:

“It was my first time of having sex and I got pregnant. I have some friends who have boyfriends so they told me about their experience. Based on that, I decided to take a boyfriend and unfortunately for me I got pregnant. I wish it never happened”

“My parents are not rich so I always find it difficult to get money for school needs. My friend who knows about my situation advised me to take a ‘boyfriend’ who can be helping me financially. I heeded to her advice because she was following a certain man who was giving her money and she was enjoying herself so I also wanted to be happy like her. I entered into a relationship and the result of that was pregnancy hmm...”

The study revealed that majority of the participants that is nine (9) out of the sixteen (16) teenage mothers involved in the study were compelled by their friends to engage in sexual activity. A lot of teenagers indulge in early sexual behaviour due to peer pressure. The finding support Martin Fishbein’s theory of reasoned action. The participants indicated that their friend encouraged them to be involved in sexual relationship so their action portrayed motivational effects on behaviour. Their intent to act by being involved in sexual relationship was based on their attitude towards the behaviour and subjective norms of influential people such as their peers and partners [27]. The finding of the study confirms the studies of Afenyadu and Gaporadu that one of the very important factors driving the sexual behaviour of many male and female adolescents is peer influence. Teenagers growing up in largely promiscuous societies tend to engage in sexual relationship earlier than others in slightly or more conventional setups [78]. Peer pressure is a significant factor in the initiation of smoking, drug use and sexual involvement among adolescents. Children spend a lot of time with their peers. Joffe examined why adolescents became sexually active and found that peer pressure was a significant factor in teenage sexual behaviour [79].

During adolescent stage, teenagers often feel pressured to make friends and fit in with their peers. In many instances, these teenagers are influenced by friends in their decision to have sex even when they do not fully understand the consequences associated with the act. Teenagers have sex as a way to appear cool and sophisticated. But in some cases, the end result is an unplanned teenage pregnancy. Kaisar Family Foundation in their studies stated that more than 29 percent of pregnant teenagers reported that they felt pressured to have sex and 33 percent of the pregnant teenagers stated that they felt that they were not ready for sexual relationship but proceeded any way because they feared being rejected by the friends [80]. Peer pressure is a major factor of influence in the early onset of sexual activity among teenagers. This finding confirms Colin’s study that several polls have indicated that peer pressure as a factor in encouraging both girls and boys to have sex which result in teenage pregnancy [54]. The study, therefore, revealed that negative peer group influence as social factor is one of the major causes of teenage pregnancy in Abura-Asebu-Kwamankese District.

Contrary to what the study revealed, Awortwi indicated that the apparent lack of sanctions for offenders that is, the one who impregnates and the impregnated give room for more people to indulge in sexual immorality without regret [2].

The participants revealed that some parents' attitudes towards their female children contribute to teenage pregnancy. Such parents are negligence about their ward's behaviour, thus what they do, where they go, who they walk with are not known to them and they are not concern about that. This stem from the fact that some parents are too busy with their work. Some are also not financially sound to take care of their wards therefore, they do not really care about their relationship with boys and men. These views were recounted by the teachers:

“You see! The parents of most of these teenage mothers are not well to do. So, these teenagers are left to manage and get money for their upkeep. This situation prompted most of the girls to follow men for money. The school dropout rate in our community is high because most of the people cannot afford the basic prospectus for school”

“Some parents are more concern about their business than their wards. They leave their children in the care of their grandparents who sometimes do not have a strong grip on them. These children who are teenagers especially the girls do whatever that pleases them. You know, in teen years they become sexually active so they engage in sexual activities which finally result in pregnancy”

This finding is in support of the views expressed by Melgosa that some parents have permissive life style, they contribute much emotional support but exhibit very little control and set virtually no restrictions for them [52]. Parents who monitor their children's behaviour can help to delay their sexual debuts [53]. High levels of parental monitoring among teenagers were associated with a lower likelihood of very early sexual debuts and reduced rates of sexual initiation [55].

Poverty as socio-economic factor is one of the causes of teenage pregnancy in Abura-Asebu-Kwamankese District. There are few jobs in the district and most of the residents are subsistence farmers. During the interview all the four teachers and some of the teen mothers gave credence to economic hardship as one of the major drivers of teenage pregnancy in the district. A teacher recounted:

“In this area, there are no viable economic activities that can enhance income of the people. Farming on subsistence level is the only thing here so there is limited income avenue which does not enable parents to provide the needs of their wards especially the girls. In an attempt to deal with the issue, the girls engage in early sexual activities for money which eventually results in teenage pregnancy”

A teenage mother also stated:

“My parents were not able to provide my needs and I needed money for my upkeep... I met this man who proposed love to me and promised to take care of me and give me money for my upkeep. I was scared but I accepted him and within two months, I got pregnant. I believe if my parents were rich to take care of me, I would not have given in to the man. The disappointing aspect of it is that after I became pregnant, he abandoned me”

This finding supports the claim by Gallagher that teenage pregnancy occurs in all types of communities, but teenagers who give birth are more likely to come from economically disadvantaged families and communities [59]. The finding also confirms a study conducted in Ghana by Amoako which revealed that the contributing factor to teenage pregnancy is poverty. Many children in Ghana are victims of teenage pregnancy with the reason that their parents do not have enough money to provide meals for the family [60]. Based on this, they are forced to engage in premarital sex to earn some money to support their education, provide meals for themselves and sometimes for their families. Considering the economic situation in the district, it is obvious that poverty among families serves as a driving force which push many girls into early sexual relationship and marriage. Similarly, parents' inability to provide the basic needs of girls drives them to accept gifts from the opposite sex which invariably lured them to pay back with sexual activities.

4.4. Challenges Confronting Teenage Mothers Re-entry in SHS

The study identified quite a number of challenges confronting teenage mothers in their attempt to continue their schooling after delivery.

4.4.1. Financial Burden

Though the 1992 Constitution of Ghana enjoins every child of school going age to enjoy free compulsory universal basic education (FCUBE), there are still challenges encountered by the children. Currently, there is policy on free education at junior and senior high school levels and the government is providing free tuition for all children in public schools. The absorption of tuition fees is an aspect when it comes to educational financing. The demand for school uniforms, text books, exercise books and school levies had made education even in public institutions an economic commodity instead of a public good. For most teenage mothers who are left to their fate after child birth, meeting their educational needs and caring for their children is daunting challenge. One teenage mother recounted her experience and said:

“I was unable to pay the registration fee because I couldn't afford it. I was lucky that before the closing date for registration someone paid for me. I'm not working but I have to take care of my child and pay for other school levies. It is not easy but I'm determined to finish the school because I know I will have a glorious future through education”.

Another teenage mother stated:

“It is difficult for me to take care of my child and pay for school levies. Even though we don't pay school fees, I have to buy books and other stationery. It is embarrassing when I am unable to afford these items. It is my father that has been helping me even though his support is inadequate. To be frank with you, financially, I am struggling”.

Teenage mothers who were involved in the study had difficulties providing their educational needs such as exercise books, text books, etc. They were of the view that provision of financial support and day care centres for their babies will enable them cope with the demands of their decision to return to school. Provision of financial support for their basic needs and that of their children will give them peaceful mind to pursue their education.

4.5.2. Unfriendly School Environment

The Ghana Education Service, as part of its policy directives on girls' education, provides that every child irrespective of sex, skin colour, religion etc has the right to

quality education devoid of any form of discrimination or abuse. It further provides for pregnant girls and or teenage mothers to remain and complete their education. However, all the teenage mothers who re-enrolled in various schools indicated that they faced many challenges; teased by friends, sacked by teachers and had difficulty coping in class. A participant indicated:

“I don’t really feel comfortable but I’m coping with the situation. Sometimes some of my colleagues mock at me by calling me “born one”. It makes me feel bad and uncomfortable”

Another indicated:

“I had to change my school because where I was at first my colleagues knew that I had a child and they were always making fun of me especially the boys. They were always referring to me as ‘born-one’. I nearly stopped school completely but my auntie encouraged me to enrol in another school to continue my education. She helped me to change the school.

Most of the participants indicated they had to re-enrol in different schools. This was confirmed by the teachers that most of the teenage mothers came from different schools. Though teachers play critical role in the educational and personal development of students, some teenage mothers were discouraged from continuing their education due to poor teacher-students relationship in their previous schools.

4.4.3. Stigma

Some teenage mothers noted that they were stigmatized by colleagues and teachers.

The following statements were recounted by the teen mothers:

“Most of the time, they make mockery of me about my status as a teen mother. They isolate themselves from me as if I have committed a crime. I even heard that teachers have been advising them not to mingle with me because I will influence them negatively. I don’t know if that is true but I can see that most of the girls are avoiding me. If you are not mentally sound you will give up schooling”

“A teacher humorously passed some comments about my condition as teen mother. Even though he may be joking, I felt embarrassed about it. There was nothing I could do so I just kept quiet”

According to the teachers, some of the girls were seen as bad influence to their peers and as such were mostly not welcome by teachers in their previous schools when they made the attempt to return to school after delivery. They were also mocked by their colleagues and their friends avoided their company. Although these were some of the challenges the policy on re-entry of girls sought to address, it appeared much more education was needed in this area since teachers who were expected to uphold and instil good interpersonal relationship among all students were themselves sources of stigma. This finding supports Stromquist’s argument that, girls and women continue to face discrimination in the educational systems of their respective countries and studies focusing on access have failed to document these statistics [64].

5. Conclusions and Recommendations

Teenage mothers had fair knowledge about pregnancy and how it occurs. They believe absence of menstruation after unprotected sexual encounter is an indication of occurrence of pregnancy and they knew when they became pregnant for the first time.

Parents and teachers are reluctant to talk to teenagers about sexuality, consequently, teenagers resort to friends and other media to learn about such issues. Most teenage mothers are not aware of the use of contraceptives at the beginning of their sexual activity and information on contraceptive use are normally communicated to teenagers after pregnancy.

Teenage pregnancy is mainly caused by lack of education on contraceptive use, peer group influence, permissive behaviour adopted by some parents, parents' negligent attitude toward their children, and poverty. Thus, the causes of teenage pregnancy in Abura-Asebu-Kwamankese District are socio-economic in nature. A person's socio-economic environment influences his/her attitudes and approach to issues of life. The challenges teenage mothers face in an attempt to return to school after delivery includes financial burden, unfriendly school environment and stigmatization.

Factors militating against smooth re-entry of teenage mothers in school are emanating from multi-faceted sources such as the home, school and society. Teenage mothers' re-entry challenges in senior secondary schools should be solved using collaborative approach. These challenges call for supportive programmes and interventions that would help address the contextual challenges of teenage mothers and also step up efforts to decrease the prevalence of teenage pregnancy in Abura-Asebu-Kwamankese District and Ghana in general.

It is therefore, recommended that agents of socialization including parents, teachers, pastors should provide sexuality education with emphasise on maturation and negative effects of teenage pregnancy. The government through the mass media should intensify education on sexuality including the use of contraceptives. This will enable teenagers to get access to sexual related information to enable them make informed decisions. Sex education should be introduced in the school curriculum by the government through the Ministry of Education and be enriched with reproduction health aspects, values and attitudes that would enable students stand against the pressure for sex. This will help broaden the scope of sex education and enlightened people on the effects of teenage pregnancy.

It is suggested that the government should promote income generating activities such as trading by providing loans to parents in the district to enable them support their children in school. Women traders and farmers should be the target of such a scheme. This will empower the women financially to help improve girl child education in the area of teen mothers' re-entry to senior high schools. Endowment fund for girl child education should be established by the District for girls including teenage mothers who are serious with their academic pursuit.

Conflicts of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

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