

UNIVERSITY OF CAPE COAST

**EFFECTS OF TEENAGE PREGNANCY ON GIRLS EDUCATION IN
THE TANO NORTH DISTRICT**

MARGRET ANANE-AGYEI

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TANO NORTH DISTRICT

MARGRET ANANE-AGYEI

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DECLARATION

Candidate's Declaration

I hereby declare that this dissertation is the result of my own original research and that no part of it has been presented for another degree in this University or elsewhere.

Candidate's Signature:..... Date:.....

Name : Margaret Anane-Agyei

Supervisor's Declaration

I hereby declare that the preparation and presentation of the dissertation were supervised in accordance with the guidelines on supervision of dissertation laid down by University of Cape Coast.

Supervisor's Signature:..... Date:.....

Name : Prof. Frederick Ocansey

ABSTRACT

The objective of the study was to find out the extent to which girls' education is being affected by teenage pregnancy in the Tano North District of the Brong Ahafo Region. The study employed the survey method which basically aimed at gathering facts, opinions and attitudes for the purpose of description, explanation, exploration and to answer questions concerning the subject under study.

The population of the study comprised young girls who had suffered teenage pregnancy and teenage mothers in and out of Junior High Schools (J.H.S.) within all the five educational Circuits in Tano North district of the Brong Ahafo Region of Ghana. The sample for the study comprised 30 pregnant teenage girls and teenage mothers in and out of Junior High School in the Tano North District. The study employed the snowball sampling technique. A 23-item interview guide questions was used to collect the data. Frequencies and percentages were used to analyze the responses.

The results of the study indicate that parental negligence is a major cause of teenage pregnancy in the district. Also, the results showed that adolescents in the district are poor users of contraception

It was therefore recommended that the district assemblies should enact bye-laws which will educate parents and guardians about the parental and adult responsibility towards proper education of the girl child. Also, parents, churches, youth associations and social clubs should talk freely and effectively about sex education, teenage pregnancies and its associated consequences.

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DEDICATION

To my loving husband, Hon. Nicholas Lenin Anane-Agyei, for his love and support throughout my educational endeavours.

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CHAPTER ONE

INTRODUCTION

Background to the Study

Babies should be born to mature well-adjusted parents and or couples in a secure relationship who have the means to support and care for babies. Early parenthood is beset by a number of problems associated with immaturity. The sexual revolution, spawned as a social protest on college campuses in the 1960's, has filtered down to high schools, and even elementary schools. Children are engaging in sex at younger age than ever before, and much more frequently. One disturbing consequence of both early menstruation and the trend for advanced sexuality is that about 1.2 million young girls become pregnant each year. Many of these girls are between 10 to 14 years of age. Of the 1.2 million preteen and teen pregnancies, about 100,000 end in miscarriage or still birth. About 449,000 preteen and teenage girls choose abortion while over half of the girls, that is 560,000, give birth each year. Of these, 97% decide to keep the babies (Zigler & Finn-Stevenson,1987).

Teenage pregnancies occur among girls below the age of twenty. Such pregnancies are usually unwanted, unplanned and out of wedlock. Given the high rate of sexual activity and poor records of contraceptive use among contemporary

adolescents, it usually comes as no surprise to learn that many young girls become pregnant before the end of their teens or adolescence.

The United States continues to have the highest rates of teenage pregnancy and birth among developed countries (United Nations Statistics Division, 2006). Moreover, the first increase in the national teenage pregnancy rate in 15 years occurred in 2006 (Moore, 2008). Approximately 750,000 teenagers become pregnant at least once before age 20 (Alan Guttmacher Institute, 2006). In 2005, teenage birth rates for girls ages 15 to 19 in Maryland, for example, were 31.8% per 1,000, indicating a decrease of 41% between 1991 and 2005 (National Campaign to Prevent Teen and Unplanned Pregnancy, 2007). Yet data from 2004 indicate that “Washington County had the fourth-highest teen birth rate in the state with a rate of 48.6% births per 1,000 female teens and the highest birth rate in Maryland among white teens” (Bowman, 2008).

Schellenbach, Whitman and Borkowski (1992) report that about one million American adolescents become pregnant each year. That is the highest rate of teen pregnancy in the industrialized world. It has been on record again, that nearly one fourth of American young women experience pregnancy before the age of 18, and the number increases to about 45% before the age 21. Also among the black youth, over 40% experience pregnancy by age 18 and nearly two thirds by age 21 (Hayes, 1987).

Barringer (1990) reports that the rate of teenage pregnancy and for that matter teenage childbearing increased in 1988, either because of increased sexual activity, decreased use of contraceptives, decreased access to abortion, or some

combination of these factors. Again, according to Holmes (1994) the rate of teenage pregnancy and childbearing among unwedded women between 1983 and 1993 soared by 70%.

It is worth stating that the issue of teenage pregnancy is not restricted to the Western world. Records show quite an alarming rate in the developing world such as Africa and Ghana is not an exception.

Wangui, Beth and Karanja (1995) reports of pregnancy studies in South-Saharan Africa with estimates that ranges between 10% and 20% of girls drop out of school each year due to pregnancy.

Aboagye (1994) reports of 10% increase from 20% to 30%, within a period of 5 years in Ghana. Other studies reveal that at the end of the academic year when students take their Basic Education Certificate Examination (BECE), some girls turn up to write their papers pregnant. 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 girls have sat their BECE while pregnant 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. (www.amplifyyourvoive.com). The situation may not be different from what pertains in the Tano North District. During the 2009 Basic Education Certificate Examinations (BECE) period, the District recorded 23 pregnant girls

writing the examination. The age range of these girls was between 15 and 17. This may be the tip of the iceberg, as there might be many others who for one reason or the other decided not to write the examination because they were pregnant or had aborted the pregnancy due to public ridicule or fear of their parents. To buttress this assertion is a study by Steinberg (1996) which stated that about 40% of all teenage pregnancies are aborted while slightly more than 10% end in miscarriage.

Teenage pregnancy occurs among school going girls. A lot of school girls have dropped out of school with pregnancy due to a number of factors. Among these are:

- 1) Early exposure to sex through the influence of pornographic materials, video and television shows, songs and literature.
- 2) Ignorance due to lack of sex education in schools and from parents at homes.
- 3) Poor financial condition of the family.
- 4) Broken families or homes.
- 5) Lack of parental care and love
- 6) Peer group influence, among others.

In the face of the aforementioned factors, many myths permeate discussions of the causes of adolescent pregnancy and complicate what is actually a fairly simple matter. The most important difference between young girls who do and those who do not become pregnant during adolescence are in their sexual behaviour and contraceptive use. Steinberg, Belsky and Meyer (1991) opined that, sexual activity among American young pupils is high and contraceptive use is

sporadic and inadequate. They further state that misinformation about sex and pregnancy, lack of access to contraceptive and adherence to what they call 'personal fable', that unprotected intercourse is not going to result in conception, all contribute to teenage pregnancy. In effect they are saying that though there may be other factors to teen pregnancy, ineffective use of contraceptive and lack of sex education in the face of high sexual activity cause high incidence of teenage pregnancy among young girls of today.

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 et al. (1995) pregnant girls in Togo, Malawi, Zambia and Tanzania are compelled by law to withdraw from school, so they are forcibly expelled from school after they are found to be pregnant. 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 become inimical to their success and render such pupils failures in their academic pursuits and their prospective societies.

Although there are stories of young women whose lives are not devastated by early pregnancy and childbearing, studies suggest that there are not many such successes. The report of Steinberg (1996) that nearly 30 years ago by Campbell that, "a girl who has an illegitimate child at the age of 16 suddenly has 90% of her life's script written for her" may still be true today. In general, the successes are

young girls who have avoided dire poverty, rather than those who have achieved great economic success and for that matter academic excellence (Steinberg, 1996).

Early high unprotected sexual activity which is usually associated with teenage pregnancy may also come with sexually transmitted diseases, such as gonorrhea, Chlamydia, herpes and the deadly HIV and AIDS. According to the American Medical Association Reports, 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 (Gans, 1990).

The records may even be higher these days as more youth have become sexually active, a situation which may not be different from what pertains in Ghana, including the Tano North District as well, where every parent may wish to hear of a total eradication or a minimized teenage pregnancy situation in the District.

Statement of the Problem

The issue of teenage pregnancy is of much concern to many people. A more worrying aspects of it is the rate at which it occurs and the fact that it occurs amongst both girls at school and those out of school. It is increasingly not uncommon seeing a young school going girl carrying pregnancy or a girl terminating education as a result of pregnancy. This canker is not different from what is happening in the district under study as the incidence of teenage pregnancy in the Tano North District is very high. The District recorded 23 girls aged between 15 and 17 years writing Basic Education Certificate Examination

(BECE) with pregnancy in the April, 2009 examination period (Situational Report). This is against the records of between 5 or 6 girls recorded every year in the last 4 or 5 years, an indication of an increase of early sexual activity among the young people in the District. Many may be those who might have suffered teenage pregnancy and could not reach that level (Junior High School 3), as some girls dropout of school at early stages of education, like class five and six. Deducing from the above situation may be that many are the young girls whose educational aspirations or academic endeavors are terminated and jeopardized as a result of teenage pregnancy. Girls therefore remain entrapped in a cycle of deprivation and poverty. A study by Hayes (1987) show that women who bear children early are likely to suffer disruptions in their educational and occupational careers and these disruptions can have dire long-term consequences. Not only are adolescent mothers more likely to come from poorer backgrounds, but they are also more likely to remain poor than their equally disadvantaged peers who defy the odds and delay childbearing until after their schooling is completed (Moore, Myers, Morrison, Nord, Brown & Edmonston, 1993).

Much research work has not been conducted to find out the effect of teenage pregnancy on girls' education in the Tano North District. In view of these revelations it should be appreciated that the 'effect of teenage pregnancy on girls' education phenomenon needs to be studied comprehensively to affect a paradigm shift towards quality girl child education. It is against this gap that has urged the researcher on to undertake a study to unearth the extent of damage, consequences

and effects of teenage pregnancy on girl's education in the Tano North District of the Brong Ahafo Region of Ghana.

Purpose of the Study

The purpose of the study is to find out the extent to which teenage pregnancy negatively affects young girls' educational lives and their educational dreams.

Specifically the study seeks to:

- (1) identify the causes of high early sexual activity among teenage girls in the Tano North District.
- (2) identify the causes of teenage pregnancy among Junior High School girls and out of school teen girls in the Tano North District.
- (3) find out whether Junior High School girls and school drop-out teenage mothers get back to school after child-birth.
- (4) determine the effects of teenage pregnancy on girls education in the Tano North District.
- (5) ascertain the extent to which girls who drop out of school are encouraged to get back to school after child-birth.
- (6) determine girls knowledge on sex education and the use of contraceptives.

Research Questions

The study therefore seeks answers to the following questions.

- (1) What accounts for the high early sexual activities among young girls?
- (2) What are the causes of high teenage pregnancies in the Tano North District?

- (3) What proportions of the respondents were taught sex education?
- (4) What proportion of the Junior High School girls are familiar with the use and practice of contraceptives?
- (5) What proportions of teenage mothers sampled are willing to go back to school after birth?
- (6) What proportions of the respondents know about supporting agency available in the community?
- (7) To what extent is education of girls affected by pregnancy in the Tano North District?

Significance of the Study

The study will expose the dangers and the negative effects that teenage pregnancy has on girls' socio-economic lives, higher academic achievements, material and childbirth conditions and other Sexually Transmitted Infections (STIs). If a girl could become pregnant unexpectedly, it implies the girl has no protection and the possibility of contracting HIV and AIDS is very high. The findings of the study will therefore prompt parents, guidance and counseling practitioners, concerned citizens and educators to take proper care of young girls while at school as well as home.

The findings will serve as a guide for the school going teenagers to suspend any intention to indulge in sexual activities till they complete their education first, as they might have learnt the implications of their actions from the study. Again, the results of the study will enable law makers at the district and national levels to

make rules and regulations that will seek to reduce and or to eradicate teenage pregnancy in our communities.

Moreover, the findings from the study will serve as reference to guidance and counseling practitioners to assist victims of teenage pregnancy to get back to school and get better education. The findings will also create awareness in women development activists to take up the issue of 'nudity' and 'pornographic' films, songs on some of our electronic media such as Televisions which seek to entice and push our girls, especially, into immoral acts.

Last but not the least, the study is a contribution to knowledge on the repercussions of teenage pregnancy on girls' education at the local communities and the country as a whole. Researchers, who want to know more about this social canker in the country and in the Tano North district in particular, can use this study as a source of reference to save many innocent girls who are falling prey to teenage pregnancy.

Delimitation of the Study

The study was restricted to the Tano North District of the Brong Ahafo Region. The researcher being an officer at the District Education Office in charge of girls' education is quite familiar with the teenage pregnancy situation in the District. As such the research was carried out within the five educational circuits in the District to ascertain how teenage pregnancy was impeding the smooth completion of girls' education in the Tano North District.

Again people find it quite comfortable discussing issues of such nature with people they are familiar with rather than those they hardly know. Consequently

the researcher used the advantage of being a native and also an officer whom both adult and the young respect so much to delve into this social canker.

Limitations of the Study

The attitude of human beings pretending to improve upon their natural way of behaving is expected to affect findings. Also, The researcher had a tough time reaching out to the respondents as people were not willing to direct the researcher to teenage mothers or teenage pregnant girls for fear of being labeled as gossips in their various communities. Again, Since the study was conducted in a particular District, effective generalization of the findings to other settings cannot be guaranteed.

Organization of the Rest of the Study

Chapter Two is devoted to review of related literature in relation to what the various researchers and authorities have said about the topic. Chapter Three also deals with the methodology for the study such as the research design, research population, and sample and sampling procedure, research instruments used, data collection procedure employed, limitation of the study and the data analysis procedure used. In Chapter Four, the researcher presents and discusses the findings. Chapter Five also dealt with discussion of findings, conclusion and recommendations.

Definition of Terms

Teenage Pregnancy defined as a teenaged or underage girl, usually within the ages of 13 and 19 becoming pregnant

HIV- Human Immunodeficiency Virus

AIDS- Acquired Immune Deficiency Virus

CHAPTER TWO

REVIEW OF RELATED LITERATURE

The need for girls to acquire higher and quality education has come to lime light of late and it is of much concern not only to parents but social activists, educational policy makers and governments both locally and internationally. Any situation that will serve as stumbling block to the realization of this dream is therefore unacceptable. This chapter presents a review of related literature to the topic being studied.

Teenage Pregnancy Defined

The Oxford Dictionary, defines a teenager as a person aged between 13 and 19 years. *The Collins CoBuild Learners' Dictionary (Concise Edition)*, equally gives the age range between 13 and 19 years and associates the teenager with things such as films, magazines, bands or activities that are aimed at or done by teenagers, for example, teenage pregnancies.

The Oxford Dictionary 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. The term in everyday speech usually refers to women who have not reached legal adulthood, which varies across the world, who become pregnant. 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 falls pregnant before her 18th birthday.

A large proportion of teenage pregnancies is unwanted, unplanned and out of wedlock. It is not uncommon these days to find young girls becoming pregnant at the ages of 11 or 12. The situation of teenage pregnancy is worse among young girls between the ages of 15 and 19. It is the pregnancy among these girls that consists of teenage pregnancy (Wilson & Atta, 2002).

Aboagye (1994) states that adolescent pregnancy relates to pregnancy occurring to young women between 13 and 19 years of age. These age groups are quite critical in the life of many adolescent girls, who may experience marriage, sexual intercourse and parenthood. Aboagye feels 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. This means that first sexual experience and childbearing may take place for many in a different personal and social context.

Teenage pregnancy is a worldwide phenomenon, but some countries manage it better than others. Generally the rate is higher in developing countries. According to a UN Report (1988), Ghana is among a group of countries with high pregnancy rate of 10% in women aged 15 to 19. The 1993 demographic and health survey in Ghana also showed that over one fifth that is 22% of all teenage girls aged 15 and 19 years, had started childbearing. Recent evidence confirms that on average, 1 out of 10 pregnant women in Ghana is a teenager, while in

some areas of the country the occurrence is as high as three out of ten representing (33%). Again, in a 1993 study in Kumasi, it was observed that over 75% of these teenagers were unmarried (Twum, 2003).

Teenage pregnancy and the consequent teen motherhood are among the major societal problems confronting the contemporary global community. The problem has engendered as much analysis and policy discussions in Western industrialised societies like the United States as in the less developed nations of Africa. 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 (Xinhua, 1996). The situation is even more dramatic in the rural areas and small-to medium-sized towns which are often under-represented in the hospital birth statistics. A survey conducted by the UN Regional Institute for Population Studies reported that one out of three girls aged 15 to 19 living in Ghana's Central Region has had a child. The area's fertility rate is 5.6%, compared to the national rate of 5.5% (Xinhua, 1996). 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.

Similar situations have been described for other African countries (Mwansa, Mufune, & Osei-Hwedie, 1994). One study in Swaziland found that about two decades ago females aged 15-19 years accounted for 32.8% of the total fertility (Gule, 1985). Another study reported that females in the same age group contributed 103 births per 1000 women in the country (Gatara & Muriuki, 1985). It has been estimated that at least one out of twenty girls is likely to give birth

during the school-going age. Data for Botswana also show that by 1984, about 25 percent of girls 15-19 years old were already mothers (Curtis, 1988). Two years later, in 1986, 56% of the girls had dropped out of secondary schools in the country due to pregnancy (Mashalaba, 1989).

In the United States, where the problem has been more extensively studied and documented, it has been reported that more than one million teenage pregnancies occur annually, and that the problem has been rising or exploding dramatically (Males, 1992). In 1987, it was estimated that the rate of births to unwed teenage mothers (15-19) had changed significantly since 1950. In 1950, girls 15-19 accounted for 40% of unmarried births. The figure was 48 percent in 1970 and 31% in 1987. The 31% unmarried teenage births among all unmarried births have been consistent within racial subgroups (Males, 1992).

Causes of Teenage Pregnancy

Many factors may account for teenage pregnancy in the contemporary world. That is to say, many myths permeate discussions of the causes of adolescent pregnancy and complicate what is actually a fairly simple matter. According to Steinberg (1996) the differences in adolescent sexual activity and contraceptive use account for teenage pregnancy. Sexual activity among American young people is high, and contraceptive use is sporadic and inadequate. Most adolescents are unaware of safe sex. They probably have no access to the traditional methods of preventing pregnancy, and the main reason behind is that they are either too embarrassed or fear to seek information about it. Studies of adolescent contraceptive use suggest the misinformation about sex and pregnancy,

a lack of access to contraceptives, and adherence to the personal fable that, unprotected intercourse is not going to result in conception, contribute to teenage pregnancy. Throwing more light on ineffective use of contraceptives, Steinberg (1996) states that, 20% of 17 to 19 year old females had not used contraception the last time they had sex while about 40% of sexually active teenagers reported using birth control sporadically, only one-third sexually active adolescents always used birth control.

For the United States, it has been reported that teenage pregnancy and childbirth are disproportionately common among poor people of all races (Farley, 1995). A National Research Council (1987) report suggests that while large numbers of teenagers of all classes and races are sexually active, most poor teenagers may be initiated into sex at a slightly younger age than the non-poor. Anderson (1991) however, 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 control 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 discussed infrequently, although the media and the culture repeatedly bombard teenagers with sexual messages. Anderson (1991) has further reported that some 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 teenaged boys to whom legitimate opportunities may be blocked (Farley, 1995).

The discussion of teenage pregnancy and childbirth in the U.S., therefore, tends to characterize the problem as mainly a feature of the poor segment of society. In the typical mode of the culture of poverty perspective (Lewis, 1959; 1965) are evoked detrimental images and themes, such as early exposure to sexual activity, lack of sex education, weak parental control and supervision, peer pressure, low self-esteem and the need for self-fulfillment.

Miller and Moore (1990) attribute the cause of high teenage pregnancy among the youth to the failure of many sexually active young people to use birth control measures regularly. In their study among the late adolescent males, 40% reported using either no contraception or an ineffective method, that is withdrawing before ejaculating, the first time they had sex. Only half of all young women reported having used some method of birth control regularly during their first year of having intercourse, and nearly one-sixth of all 15 to 19-year old sexually active women reported never having used any contraception at all.

Bumpass and McLanahan (1987) opined that, the main reason for the high rate of non-marital pregnancy and childbearing among African-Americans is the high proportion of adolescents growing up in single-parent homes, which experience more stress. Atta and Wilson (2002) report that ignorance due to lack of sex education in schools and homes account for high teenage pregnancy, in our time. Most people evade their children from talking about sex. In some cases, they provide false information regarding sex and discourage their children to participate in any informative discussion about sex. In some cases also, teenage mothers are not well educated about sex before getting pregnant and this leads to

lack of communication between the parents and the children. The ignorance that a single sex act cannot result in pregnancy is turning many teenagers into mothers; this is as a result of lack of sex education. Teenagers are influenced a lot by their peers and are given false information about the changes that are taking place in their bodies during the adolescent stage, which in most cases lure them into pre-marital sex and unwanted pregnancies.

Among the adolescents, peer pressure is a major factor that encourages the teenage boys and girls to indulge in sexual activities. Early dating, as early as 12 years of age, is another factor that contributes to teen pregnancy. Many teenagers had been lured into pregnancy because of the existing stories from their peers, such as if they abstain from sex they would be dull and silly when they grow up. In the absence of sex education from the home or school, the girl or boy would be tempted to practice sex ignorantly to satisfy his or her curiosity as he or she may fear to find out the truth from her parents or teacher (Atta & Wilson, 2002).

Still on sex education, Twum (2003) observed that most adolescents tend to have little knowledge of their reproductive health. He noted that neither the parents nor the teachers feel committed to impart the needed knowledge. Adolescents are therefore compelled to receive information on their reproductive health from peers and other unformed sources. Lack of proper information leads them into unwelcome behaviours which tend to hamper their development. As the adolescents mature and become sexually active they face serious health risks. Many of them face these risks with too little factual information, too little guidance about sexual responsibility and too little access to health care resulting

in irresponsible sexual relationship, adolescent pregnancies and school dropout (Twum, 2003).

Teenage pregnancy and childbearing tend to go hand in hand with variety of other problems, the most critical of which is poverty. Some parents, because of poverty, encourage their teenage daughters to go after rich men for money to cater for themselves and the family. Others even give their daughters out for marriage too early in order to get money. Some parents, especially women, allow their teenage daughters to trade to supplement the income of the family. Such girls fall easily to the advances of unscrupulous men, since such girls leave home early and return home late. When they are out for longer part of the day, their parents exercise little control over them and so they easily become prey to unsuspecting men who entice them with gifts and money.

The problem of teenage childbearing is densely concentrated among economically disadvantaged black and Hispanic youth. Among white young women, 41% of all births occur outside of marriage; among black women of the same age, the figure is nearly 90%. For many in this group, with its high rate of school failure and drug abuse, child upbringing occurs in the context of limited social and economic resources. Studies suggest that these young women perceive themselves as having few career options and so feel they have little to lose by having a child at an early age. Thus, their decision to bear and raise an infant is partly a product of the social environment in which they live, an environment that has a profound impact on both the mother and her child (Steinberg, Belsky & Meyer, 1991).

Some writers attribute early pregnancy to body changes that occur during adolescent period. Arkutu (1995) explained that during adolescence, both boys and girls generally grow and gain weight quickly. These body changes come with strong desire for sexual intercourse which many youth find extremely difficult to control, hence they resort to indiscriminate sexual activities which usually results in pregnancies. The physical changes that occur at pubescence are responsible for the appearance of the sex drive. The gratification of sex drives is still complicated by many social taboos, as well as by a lack of accurate knowledge about sexuality. Since the 1960s, however, sexual activity has increased among adolescents; recent studies show that almost 50% of adolescents under the age of 15 and 75% under the age of 19 report having had sexual intercourse. Despite their involvement in sexual activity, some adolescents are not interested in, or knowledgeable about, birth-control methods or the symptoms of sexually transmitted disease. Consequently, the rate of illegitimate births and the incidence of sexually transmitted disease are increasing.

Teenage pregnancy, as aforementioned, may occur as a result of misinformation, peer pressure, body changes, poverty and the desire to know about one's sexual development, and inefficient use of contraceptives among others. All said and done, and putting all the unfavourable conditions affecting teenage girls together, teenage girls become pregnant while involved in long-term dating relationships. Other girls become pregnant after hooking up onto men, while some girls may become pregnant as a result of a rape situation. All teenage pregnancies are as the result of sexual activity, whether voluntary or involuntary.

Effects of Teenage Pregnancy

In the contemporary social environment, educational attainment has become a yardstick with which one's status in society is measured, and as pregnancy forces one to withdraw from school resulting in at least a temporary or, in most cases, permanent halt to her education, career opportunities are often jeopardized.

Evidence also suggests that teenagers who have repeat pregnancies were likely to face many obstacles to education and economic self-sufficiency (Manlove, Mariner, & Romano, 2000). Consequently, some researchers have focused on evaluating the effectiveness of post-natal multiservice programmes to reduce repeat teenage pregnancies. Some of these programmes have reported successes in reducing the rate of repeat teenage pregnancies (Black, Bentley, Papas, Oberlander, Teti, McNary, Le, & O'Connell, 2006; Klerman, Baker & Howard, 2003) while others have reported a lesser degree of success (Scott, Amodeis & Hoffman, 2004).

Again, strains of adjusting to parenthood at a very tender age may cause the teenager to develop 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.

Moore et al. (1993) on the effects of teenage pregnancy, stated that adolescent pregnancy and childbearing contribute to a vicious circle of welfare dependency. They explained that individuals who grow up in families dependent on welfare are more likely to have children early in life, which generally means

that their economic opportunities will be limited by having to change educational and occupational plans. The result often is continued dependence on public assistance by the adolescent mother and the child.

Moore et al. (1993) argued that although, we can in theory, separate the effects of poverty on children from the effects of adolescent childbearing, in reality, the two usually go together, and 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 and of environmental deprivation.

According to Hayes (1987) women who bear children early are likely to suffer disruption in their educational and occupational careers and these disruptions can have dire long term consequences. Such mothers are not only to have poor background, but they are also more likely to remain poor than their equally disadvantaged peers who delay childbearing until their schooling is completed.

Furstenberg, Morgan and Alison (1987) suggested that, children born to adolescent mothers are more likely to have school problems, more likely to be involved in misbehavior and themselves to be sexually active at an early age. Moreover, Stier, Leventhal, Berg, Jonhson, and Mezger (1993) noted that children born to adolescent mothers may be at greater risk for abuse and neglect.

Furstenberg et al. (1987) again stated that, life of unwedded mothers is filled with stress, uncertainty and lack of assistance from others. Unmarried teenage mothers are much more likely than their peers to drop out of high school,

to go on welfare, and to have trouble finding and keeping a job. They are also more likely to fall into a vicious circle of poverty and dependence on public assistance. If they drop out of school their occupational opportunities are so limited that they may never find a job that pays enough to cover both child care and running a household.

Elster, Lamb, Peters, Kahn and Tavare (1987) 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. They explained further that marrying this type of men tends to add to, rather than diminish a young mother's problems. Such marriages, they argue often end in divorce, creating still more stress for the adolescent mother and her child. Furthermore, they pointed out that if she has had another baby during the marriage, the mother's financial and emotional burdens increase even more. In their view, not only does early childbearing diminish a young woman's life, it may also put her baby at a higher than normal risk for certain developmental problems, including low birth weight, hyperactivity, misbehaviour sometimes leading to juvenile delinquency and poor academic achievement in school.

According to the Center for Disease Control and Prevention's 1980 report, as cited in Steinberg, 1996, there are many problems associated with the phenomenon of children bearing children, both for the young mother and for the baby. The mother is at risk for health complications as well as other problems that may stem from her emotional immaturity and the fact that she is young and without the financial resources necessary to be able to take care of herself and her

child. The child born to the young mother is equally at risk. Infants born to preteen and teenage mothers show deficits in physical health and in socio emotional and cognitive development. These deficits may be related to the fact that young mothers are emotionally immature and therefore unable to provide nurture for their babies.

Again, other factors that affect the development of babies born to teen mothers are related to the economic and educational disadvantages of the mother. 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.

Although some adolescent mothers resume their education later in life, they generally do not catch up with women who postpone childbearing. Santrock (1997) 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 younger adolescent mothers, almost half had obtained general equivalent in diplomat, which does not often open up good employment opportunities.

These educational deficits have negative consequences for the young women themselves and for their children. As Shaffer (1999) noted, adolescent parents are more likely than those who delay childbearing to have low-paying,

low-status jobs or to be unemployed. 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.

Dubois and Miley (2005) also report of similar effects of teenage pregnancy on the young girl, saying that statistics suggest 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. In addition to the loss of educational opportunities, pregnant adolescents frequently deal with losses in social relationships and identity, particularly their physical appearance. Among the health risks are pregnancy complications such as giving birth to babies with low birth weights, and infant mortality.

Furthermore, births to teenagers, especially young teens are associated with risks to the teenagers' health and psychological well-being. Usually unplanned and unwanted pregnancies disrupt adolescents educational and Career plans, increase health risks and precipitate economic stress (Berk , 2004).

Prevention of Teenage Pregnancy

During the teenage period of any human, curiosity comes in mind, especially about certain things he or she has been warned not to get close to. Children at that stage, begins to act like adults, thinking they are capable of doing whatever an adult can do, except taking care of their material needs. Even though it is a natural phenomenon for the youth, at this stage to go wayward, the youth as a right thinking member of the society must have it in mind what she might be losing in the long run. There might be a series of campaigns all over the country

to educate the youth on teenage pregnancy, but all will be of no use, if the youth do not take the advice given to them. It is about time the youth took their destiny into their own hands, and not wait to be told what is right from wrong. Why have unprotected sex when one knows perfectly that the consequences cannot be handled? Teenage pregnancy has the tendency of ruining the future of the victim, that is, if really, the person in question has future dreams.

As the saying goes “curiosity killed the cat”, being curious at this stage should not be applied in every situation. For instance, having sex to know how it feels like is a natural feeling though, but abstaining from it, is better option than knowing how it feels like. Abstaining from early sex will not only prevent pregnancy, but also go a long way in preventing sexually transmitted diseases. In the past, certain cultural practices like the puberty rites, was put in place just to protect the chastity of women. Not long ago, it was reported by the Ghana News Agency (GNA) that the Chief of Abesim, Nana Kumi Akyeaw II, as a way of instilling chastity in the ladies in his community, announced that any young woman who was able to keep her virginity till she graduates from the university, would be given a free plot of land at any place of her choice within the Dormaa Traditional Area. He made that pronouncement to reinforce the bragoro system. Apart from it preventing sexually transmitted diseases and premarital sex, it would as well prevent teenage pregnancy, which is on the increase in our societies.

Evidence from areas with the largest reductions on teen pregnancy has identified a range of factors that need to be in place to successfully reduce teenage

pregnancy rates. First among these is the the suggestion of the engagement of delivery partners. Active engagement of all of the key mainstream delivery partners or stakeholders who have a role in reducing teenage pregnancies such as health, education, social services, youth support services, and the voluntary sectors that is Non-Governmental Organizations (NGOs). This strategy, according to experts, works perfectly to the reduction of teenage pregnancies.

Secondly, effective sexual health education does go a long way in reducing teen pregnancy among the school going girls. The availability of a well-publicized contraceptive and sexual health advice service which is centered on young people. The service needs to have a strong remit to undertake health promotion work, as well as delivering reactive services. The most important way to prevent teenage pregnancy as a society and as individual parents is education. Although many people are squeamish about sex education, it is an incredibly important topic to discuss. Thorough sex education imparts knowledge not only about sexual intercourse itself, but about how your reproductive system works, how to prevent pregnancy, how to get pregnant when you are ready, how to avoid sexually transmitted diseases, and how to be in control of your own sex life.

Also, studies have proved that prioritization of sex and relationships educations reduce teenage pregnancy. High priority given to Peoples Sexual Health Education (PSHE) in schools, with support from the local authority to develop comprehensive programmes of sex and relationships education (SRE) in all schools. Teaching abstinence - only sex education does not work. Not all teens

are sexually active, and some do not know that they are not ready for sexual activity yet. However, abstinence-only sex education ignores the teenagers who are going to experiment sexually at a young age. These teenagers deserve the important knowledge of how to prevent pregnancy and sexually transmitted infections from reputable sources. Even abstinent teenagers benefit from comprehensive sex education. Knowledge only empowers young women to make responsible decisions about their sex life. Parents who do not know how to talk to their children about sex are to point them to resources written by experts for teens.

It is very important to give your teenage daughter access to birth control methods if she needs it. Condoms are the only method of birth control that protect against sexually transmitted diseases. Even if your teenager is on another form of birth control like the birth control pill, it is important for her to understand that if she is having casual sex, it is a good idea to use a condom anyway. The added protection against unwanted pregnancy is also a benefit to using a condom and another method of birth control. Many people might feel that it is up to the man to buy condoms, and the woman to take care of other forms of birth control. However, in casual sexual encounters, the woman is more at risk. Especially if the couple is relying on condoms alone, it may be a good idea for the woman to have a stash of condoms that she knows are in good shape.

Furthermore, training on sex and relationship education (SRE) for partner organizations is one of the strategies which help in reducing teen pregnancies in both school and communities. The availability and consistent take-up of SRE training for professionals in partner organizations who work with the most

vulnerable young people, such as Conations personal advisers, Targeted Youth Support (TYS), lead professionals, youth workers and social workers.

Again, there is the need to providing things to do and places to go for young people, with a clear focus on addressing key social issues affecting young people, such as sexual health and substance misuse. Evidence shows that children whose parents talk to them openly and honestly about sex and relationships have 'first-sex' later and are more likely to use contraception when they do become sexually active.

The strategy also includes action to improve outcomes for teenage parents and their children. The range of poorer outcomes they experience in comparison to older mothers includes poor child health outcomes. Thus Children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birth-weight which impacts on the child's long-term health.

Moreover, poor emotional health and well-being, experienced by teenage mothers are usually very high as teenage mothers are 3 times more likely to suffer from post-natal depression and experience poor mental health for up to 3 years after birth. Teenage parents' poor economic well-being increases after birth and their children are at increased risk of living in poverty. No matter what measures are taken for birth control, the only 100% effective way to prevent pregnancy and for that matter teen pregnancy is abstinence from all sexual activities.

Vecchiolla and Maza, as cited in Dubois and Miley (2005), list a number of voluntary sectors which give assistance to teenage mothers. These include women and infant and children food supplement program, department of health and

human services, and job training services. Among the services in the voluntary sector is supportive counseling for young parents including fathers, educational programs for new parents, and adoption services. Exemplary programmes for adolescent parents emphasize interdisciplinary cooperation, prevention of additional pregnancies, and expansive services that extend into early infancy. They consider longer term goals for the adolescent, such as return to school, preparation for employment, economic self-sufficiency, and enhanced parent, child interaction as important for the mother as good prenatal care and obstetrical outcomes.

According to Franklin and Corcoran (2000) prevention efforts need to be comprehensive. Effective prevention programs to address motivational issues and provide hope, opportunity, information and skills. Such efforts should include opportunities for experiencing success in academic and non academic areas to build adolescent self esteem. Additionally, prevention programs can develop employment related skills and provide family life education and comprehensive adolescent health services, including assistance in family planning and sex education.

Steinberg (1996) has proposed some ways of combating teenage pregnancy and its consequences. One approach that he was optimistic of involved a combination of school-based sex education and school based health clinics through which adolescents can receive information about sex and pregnancy as well as contraception. To him, this combination of sex education and clinic actually diminishes the rate of teen pregnancy, even within inner-city

communities characterized by high rates of adolescent pregnancy and childbearing.

Seitz and Apfel, as cited in Shaffer (1999) has documented many calls by policy makers for changes in the way that schools treat pregnant students and for changes in provision of day care. Among the most important ones are adaptations in school schedules and the development of school-based child care centres so that pregnant students can remain in school and after the birth of their children, the expansion of subsidized child care for young mothers who are out of school, so that the economic benefits of having a job are not out-weighed by the costs of suitable child care during the day, and the expansion of family planning services to adolescent mothers so that they can prevent yet another pregnancy.

In a nutshell, the prevention of teenage pregnancy could be looked at from the following angles. According to Twum (2003) young people must be provided with necessary sex and reproductive health education also called family life education. This must come from parents at home, teachers at school and from the church. The youth will therefore get the biological, the moral and the spiritual teaching they need on the subject. Though this sex education according to studies meet resistance from parents, the evidence however, is that sex education rather delays the onset of sexual activity. Twum has recommended recreational activities, parental support, dealing with feelings and clinical attention as ways of reducing teenage pregnancy if not total eradication of the menace.

Summary of Literature Review

Teenage pregnancy is defined as a teenaged or underage girl usually within the ages of 13 and 19 becoming pregnant. The term in every day speech usually refers to women who have not reached legal adulthood, which varies across the world, who become pregnant.

Teenage pregnancy, according to the aforementioned writers, may occur as a result of misinformation, peer pressure, body changes, poverty and the desire to know about one's sexual development and inefficient use of contraceptives. Women who bear children early are likely to suffer disruption in their educational and occupational careers and these disruptions can have terrible long term consequences. Again, it is believed that adolescent pregnancy and childbearing contribute to a vicious circle of welfare dependency. Pregnancy at an early age may cause the teenager to develop psychological and emotional disturbances as they may be forced into early marriage as a result of the pregnancy.

The prevention of teenage pregnancy could be looked at from the angles of providing the girl child with necessary sex and reproductive health education. This must come from parents, teachers, and the church. Finally, recreational activities, parental support, dealing with feelings and clinical attention have proven to be an effective means of preventing teenage pregnancy menace.

CHAPTER THREE

METHODOLOGY

This chapter describes the methods used to execute the study. It describes the research design, the population sample and sampling techniques, and the data gathering instruments. Also described are the data collection and analysis procedures.

Research Design

The study employed the survey method which basically aimed at gathering facts, opinions and attitudes for the purpose of description, explanation, exploration and to answer questions concerning the subject under study. Descriptive research specifies the nature of a given phenomena, determines and reports the way things are. It involves collecting data in order to test hypothesis or answer research questions concerning the current status of the subject of the study (Gay 1992). It is also used to assess and predict the views, reactions or standings of a large number of people on a limited topic.

This design, according to Frankel and Wallen (1993) has the advantage of providing more accurate practice of event and seeks to explain respondents' perception and behavior on the basis of the data gathered at a point in time. Seifert and Hoffnun (1994) however state that there could be other side of the story as possible error could occur as a result of different individuals selected by

chance. Again, it may produce unreliable results because it delves into private matters that people may not be completely truthful about.

The design however, considered the best to use to ascertain facts on the negative effects of teenage pregnancy on girls' educational development in the Tano North District, in relation to the level and extent to which girls economic lives have been jeopardized as a result of unplanned teenage pregnancy resulting in low academic achievements.

Population

Rubin and Babbie (2001) defined population as “the theoretically specified aggregation of study elements.” The population is a larger group from which the sample is selected. According to Ary et al. (1985) the accessible population is the group from which the researcher takes the sample for the study (p.139).The population of the study comprised young girls who had suffered teenage pregnancy and teenage mothers in and out of Junior High Schools (J.H.S.) within all the five educational Circuits in Tano North district of the Brong Ahafo Region of Ghana. The incidence of teenage pregnancy was found in all communities of the district hence the need for the researcher to cover all the circuits.

Sample and Sampling Technique

The sample was selected from all the five educational circuits in the district. The sample for the study comprised 30 pregnant teenage girls and teenage mothers in and out of Junior High School in the Tano North District.

The study employed the snowball sampling technique. The technique involves identifying a small number of individual teenage girls who were

pregnant or had delivered. The persons were then used as informants to identify others who qualified to participate in the study. The process continued until no more substantial information was obtained through additional respondents or until no more respondents are discovered.

The researcher adopted this technique due to lack of sampling frames as the size of the target population of the study was unknown. Although the issue of teenage pregnancy at the Junior High School level and out of school in the Tano North District seemed to be high and on the increase, yet there had not been any documentation of figures hence the snowball sampling technique.

Research Instrument

The choice of the data collection instrument is invariably determined by a number of circumstances. It could be cost, time availability, purpose of the study, type of the research and the recovery rate. After a thorough consideration of the factors that determine the appropriateness of an instrument for research, structured interview guide was used. Twumasi (2001) opined that questionnaire is widely used for collecting data in educational research as it is very efficient for securing data about procedures and conditions and for inquiring into the opinions and attitudes of the subjects. He again stated that it is very effective method as many respondents could be reached within time limit. A comprehensive interview guide comprising of 23 items in three sections of A, B, and C was therefore designed for the study.

Section 'A' sought information from the demographic profile of the respondents, section 'B' focused on the factors accounting for highly sexual

activities among young girls, causes of teenage pregnancy, teenage sex education and experience in relation to the use of modern contraceptives while 'C' sought information on teenage mothers condition after birth. Thus, whether they are prepared to go back to school, the support systems available and the extent to which the pregnancy affects their education.

In order to ensure validity of the instrument used, the researcher discussed the questionnaire with her project work supervisor for corrections, suggestions, recommendations and approval.

Data Collection Procedure

The researcher visited all the 30 girls in and out of school who had suffered teenage pregnancy at their various residences upon information from informants. The arrangement was as a result of the fact that, respondents were not clearly defined at a particular point. As the sample size was not that large, the researcher personally administered the interview guide at the convenience of the respondents. This was to ensure confidentiality and 100% participation and to assist the respondents to understand the items in order to get the right answers to the questions.

Data Analysis

The statistical tool used in analyzing the data collected from this research was the Software Package for Service Solution (SPSS) in the form of organized tables. The data were analyzed using frequencies which were converted into percentages. Percentages were used for the data analysis because it is simple to use and helps in representing facts clearly. Tables were built from the responses

made by the respondents and the percentages computed. The completed questions were carefully numbered and considered one after the other. In order to draw conclusions from the results, the responses obtained from the survey were summarized. The conclusions were used to make the recommendations for the study.

Ethical Issues

The guidance and counselling relationship is a moral enterprise which is guided in thoughts and actions by values, ethical code of conduct, legal procedures and precedents.

According to Gibson and Mitchell (1990) and Gladding (1992) these code of ethics are there to identify practitioners' expectations and provide the framework for professional practice and responsible behaviour. They are also there to respect clients' rights and vulnerability, and to protect them from manipulation and exploitation. This is because clients disclose very intimate issues in their lives and must have the assurance that such risk-taking will be respected and dealt with in a professional manner.

This study therefore took the following ethical guidelines:

Confidentiality

This protected the respondents in this study from unauthorized retrieval and disclosure of any sort of information from and about them without their informed consent. It also protected their privacy.

Competence

This ethical conduct is guided by the kind of degree acquired, experience and consultation with supervisors and more experienced colleagues. In Ghana, the recognized degree for practicing guidance and counselling is second degree in Master of Arts (M.A.), Master of Education (M.Ed.) or Master of Philosophy (M.Phil.) in Guidance and Counselling. In this vein, I employed the services of a practicing counsellor who holds M. Phil. degree in guidance and counselling to help me during the treatment period of this study. My supervisor was also immensely consulted with regard to appropriate ethical conduct within the research.

CHAPTER FOUR

RESULTS AND DISCUSSION

This chapter focuses on the key findings and discussions of emerging issues. The data in this chapter concern the demographic data, which is the background information of the respondents, the analysis of the main data which centers on the challenges and effects of teenage pregnancy on girls' education in the Tano North District.

Personal Background Information

The data for the study was collected from teenage pregnant girls as well as teenage mothers who are in school and out of school. The background information was collated to determine the age at which each one of them became pregnant, the level they got at school and whether they completed Junior High School or they dropped out as a result of unplanned pregnancy. This is what I termed the background information.

The age range of the girls was analyzed to enable conclusions to be drawn on the age at which girls could become pregnant in the district. Table 1 shows the age ranges of the respondents.

Table 1: Distribution of Respondents by Age

Age	Number	Percentage
10-13 years	5	16.7
14-16 years	10	33.3
17-19 years	15	50
Total	30	100

Table 1 shows that 5 respondents fell within the age brackets of 10-13 years which represents 16.7%. Between 14-16 years were 10 respondents representing 33.3% while 15 of the respondents representing 50% fell within the age brackets of 17-19 years.

Respondents Educational Status

Teenage pregnancy and early childbirth compel some girls to drop out of school, against their hopes and that of their entire family. Table 2 tries to give answers on the schooling status of these young girls.

Table 2: Distribution of Respondents by Schooling Status

Schooling Status	Number	Percentage
School dropout	26	86.7
Completed school	4	13.3
Total	30	100

Table 2 reveals the status of the respondents in relation to schooling, whether they dropped out of school due to pregnancy or did not. Out of the 30 respondents, 26 representing 86.7% dropped out of school while 4 of them, that is

13.3% becoming pregnant at Junior High School 3, and did not drop out. The statement that teenage pregnancy interrupts girl's education is just an understatement regarding responses from the study. Having 26 out of 30 not being able to complete basic education due to unplanned pregnancy with only 4, who did not even complete well, but completing with pregnancy. Looking at the level of their academic attainment, little could be said about them attaining high academic and economic success, not to talk of responsible husbands and better living conditions of their newborn babies. Generally what happens is that, most of these girls could not continue with their schooling due to financial constraints both on the part of their families and the men who impregnated them.

Respondents' Educational Level

All the respondents have had a form of formal education and got to different levels of the educational ladder before becoming pregnant. Table 3 describes the level at which respondents got to before becoming pregnant.

Table 3: Distribution of Respondents by Educational Level

Educational Level	Number	Percentage
Class 4	2	6.7
Class 5	3	10.0
Class 6	2	6.7
J.H.S. 1	4	13.3
J.H.S. 2	8	26.7
J.H.S. 3	11	36.7
Total	30	100

Free compulsory Universal Basic Education is for every school going child in the country. Parents and guardians therefore send their wards to school hoping they would complete and become responsible citizens in society; most girls however do not realize these dreams. Though basic education is compulsory, higher education is the ultimate. Therefore, a girl therefore dropping out of school at a class as low as class 5 lives much to be desired. Many pregnant girls in the Tano North District may have basic education but not have higher academic achievements, as Table 3 shows, the educational levels of these girls is nothing to write home about. Many of the girls manage to reach Junior High School 3, and then become pregnant. This is evidenced in the table, as 11 (36.7%) of the respondents became pregnant at J.H.S.3.

**Research Question 1: What Accounts for the High Early Sexual Activities
Among Young Girls?**

Different people have different reasons for doing what they do at any given time in life. To this end various reasons may account for why young girls indulge themselves in early sexual activities before marriage. Responses from the question on what causes early sexual activities among teen girls in the district are as provided in Table 4.

Table 4: Causes of Early Sexual Activities Among Young Girls in the Tano North District

Causes of Early Sex	Number	Percentage
Peer pressure	4	13.3
Lack of parental control	10	33.3
Lack of monetary support or poverty	11	36.7
Curiosity	3	10.0
No apparent reason	2	6.7
Total	30	100

Table 4 gives a vivid picture and the reasons why many young girls get themselves involved in early sexual activities. Eleven of the respondents, representing 36.7% attributed their early sexual activities to poverty or lack of financial support from their parents. This situation vindicates the accounts in the 1991 study by Meyer, Belsky, and Steinberg, that limited social and economic resources coupled with unfriendly environment account for high early sexual activities which eventually result in pregnancy. Again, broken homes associated with lack of parental control, according to Table 4, accounts for 33.3% of early sexual activities among teenage girls. This situation agrees with Bumpass and McLanahan (1982) studies, which stated that, the high rate of non-marital pregnancy and child bearing among African-Americans is the high proportion of adolescents growing up in single parent's homes. Such conditions associated with poverty give the single parent little control over the child, or little financial support leading to unplanned and unwanted pregnancy.

Curiosity, the elderly say kills the cat. This statement did not prove to be true in this study. One would have considered curiosity to be one of the major causes of early teenage pregnancy in the local communities and schools. On the contrary, 3 out of the 30 study sample, representing 10.0% attributed early sexual activities among the youth to curiosity. It is a fact though, however that, the study does not totally agree with Atta and Wilson's (2002) assertion that adolescents practice sex ignorantly to satisfy their curiosity.

Research Question 2: What are the Causes of High Teenage Pregnancy in the Tano North District?

Because young girls indulge themselves in early sexual activities, the likelihood of them becoming pregnant unknowingly is very high. Table 5 was to establish pupils' opinions on what brings about early pregnancy. Below are some of the responses which emerged.

Table 5: Causes of High Teenage Pregnancy in the District

Causes of High Teenage Pregnancy	Number	Percentage
Love for money	4	13.4
Peer influence	2	6.7
Parental negligence	16	53.3
Lack of sex education	7	23.3
Curiosity	1	3.3
Total	30	100

Parents are responsible for sending their wards to school, but some basic needs of a child not seem to be provided as Table 5 is informing us that parental irresponsibility is doing more harm to the youth, most especially the girl child. These girls are left on their own at early stages in life to fend for themselves. Having no better alternatives, they resort to sexual behaviours. Certain basic social needs are not provided for these girls by their parents. This same assertion was highlighted in Table 4, as 70% of the respondents attributed their pregnancy to lack of monetary support and lack of parental control. Apparently parents are not being responsible enough so they have lost control over their own children.

Research Question 3: What Proportion of the Respondents were Taught Sex Education?

Many people go into sexual activities with little or no knowledge about their sexual and reproductive health. Table 6 therefore seeks to access the respondent’s knowledge in sex education.

Table 6: Young Girls’ Knowledge on Sex Education

Knowledge in Sex Education	Number	Percentage
Have knowledge	22	73.3
No knowledge	8	26.7
Total	30	100

As shown in Table 6, as many as 22 pupils representing 73.3% of the respondents claim to have had some form of sexual education as against 8 representing 26.7% of the study sample have no knowledge on sex education. It is

therefore surprising to have these girls becoming pregnant at tender age indiscriminately.

The information provided in Table 6 however contrasts with the assertion in a 2002 study by Atta and Wilson that lack of sexual education accounts for high teenage pregnancy among the youth. The observation above notwithstanding, 8 (26.7%) of the respondents not having knowledge in sex education is still an issue to be looked into and this may restrict one from total disagreement to Atta and Wilson. Probably the observation by Twum (2003) that adolescents tend to have little knowledge of their reproductive health is true. That is, they may not have enough information about their reproductive health. So, these girls seem to know little about what makes them become pregnant. Some of them even think that one could become pregnant through sexual intercourse, but not the first attempt or once, as observed by Sternberg in his 1996 study. So lack of proper information probably leads them into sexual activities which tend to hamper their development.

Research Question 4: What Proportion of the Junior High School Girls are Familiar with the Use and Practice of Contraceptives?

The effective and consistent use of contraceptives of any kind helps to prevent sexual related infections and unwanted pregnancies. Table 7 shows the sampled teenagers' use of contraceptives.

Table 7: The Use of Contraceptives

The Use of Contraceptives	Number	Percentage
Yes, I use contraceptives	7	23.3
No, I don't use contraceptives	23	76.7
Total	30	100

Table 7 gives very interesting but important facts about the practice of contraception by the girls sampled. Seven of the respondents representing 23.3% practice some form of contraception when having sexual intercourse as against 76.7 of the study sample. In Table 6 it was evident that 73.3% of the study sample had knowledge on sex education while 26.7% did not have. These girls have acquired some knowledge on sex education but seem not to put their knowledge into practice. The finding by Steinberg in his 1996 study that adolescents are infamously poor users of contraception, which most experts agree to, has come true in this study. The fact may be either contraception are not accessible as they might be, that adolescents are insufficiently educated about pregnancy and contraception, that adolescents seldom anticipate having sexual intercourse until they become sexually active on a regular basis or that using birth control requires the sort of long term practice which many young people are reluctant or unable to engage in. These and many other assumptions may be right. The contrast between Tables 6 and 7 actually requires many questions and answers. Most teenagers have some sort of sexual education but are poor users of contraception. This situation may confirm the study by Miller and Moore (1990) when they observed that high teenage pregnancy among the youth is the failure of many

sexually active young people to use birth control measures regularly. They opined in the study that 40% reported using either no contraception or ineffective method, such as withdrawing before ejaculating during sexual intercourse.

Research Question 5: What proportion of Teenage Mothers Sampled are Willing to go Back to School After Birth?

Education is the means by which an individual could develop the full potentials in him or her, in order to fit well in society. Cultural, social and economic empowerment depends much on the individuals academic achievements. These adolescents were sent to school by their parents to realize these dreams, which they decided not to make it a reality. The study by Table 8 is to find out if these girls are willing to get back to school once they are given the second chance.

Table 8: Willingness on the Part of Teen Mothers to go Back to School

To Go Back to School	Number	Percentage
Yes	23	76.7
No	3	10.0
Completed school	4	13.3
Total	30	100

People who have made it in society through higher educational achievements are highly respected in society. These girls see such celebrities and wish they had reached there. Cutting their dreams short, sometimes become a source of worry to them. Table 8 shows some answers by these girls in relation to their willingness to get back to school. Twenty three representing 76.7% of them

expressed their interest in going back to school as against 3 representing 10% who feel they have had enough with education, and that they cannot cope with child bearing and education. Education, they say has no end. Meanwhile, 4 (13.3%) of these girls had already completed school

Research Question 6: What Proportion of the Respondents Know About Supporting Agency Available in the Community?

Dubois and Milley (2005) list a number of voluntary sectors which give assistance to teenage mothers. The study therefore sought to know if there exist such opportunities in the communities or the district under study. From the study, it was clear that the respondents were not aware of any single organization in the Tano North district which rehabilitates teenage mothers back to normal life. This revelation from the study is in contravention to the study by Dubois and Milley (2005), where some organizations prepare young girls who have been put in the family way before their time, to get back to school, or learn a trade to be gainfully employed afterwards.

Research Question 7: To What Extent is Education of Girls Affected by Pregnancy in the Tano North District?

The lives of many girls in the district are negatively affected through early parenthood. This situation impacts negatively on educational aspirations of many innocent girls. Table 9 gives readers the hardships most girls go through with teenage pregnancy and early child birth which adversely shortens their educational dreams.

Table 9: Life After Dropping Out of School with Pregnancy

Life	Number	Percentage
Very Difficult	18	60.0
Difficult	10	33.3
Not Difficult	2	6.7
Total	30	100

According to Hayes (1987) women who bear children early are likely to suffer disruption in their educational and occupational careers and these disruption

ns can have dire long term consequences. Such mothers are not only to have poor background, but they are also more likely to remain poor than their equally disadvantaged peers who delay childbearing until their schooling is completed. From Table 9, this study agrees with Hayes (1987) report which states that, about 93.3% of the respondents suffer untold hardships when they give birth at early age. On the contrary, 2 (6.7%) saw their condition as normal. Many people do not treat their daughters badly if they can afford to look after them. The two may be the few lucky ones whose lives are not devastated by early child birth.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter summarizes the study based on the findings and the conclusions drawn from the study. On that basis, suggestions and final recommendations for improving the situation are presented. Suggestions for further research are also provided.

Summary

The study intended to find out the effects of teenage pregnancy on girls education in the Tano North District of the Brong Ahafo Region of Ghana. It focused on factors that account for the high early sexual activities among teenage girls, what accounts for high teenage pregnancy among girls in the district, knowledge and use of modern contraceptives and their knowledge on support for teenage pregnant girls and teenage dropout mothers in the Tano North District.

Relevant literature to the study was reviewed which really gave a broader outlook to the topic. The literature focused on the definition of teenage pregnancy, causes of teenage pregnancy, effects of teenage pregnancy on girls' education and the prevention of teenage pregnancy.

Descriptive design was used to find out the effects of teenage pregnancy on girls' education in the Tano North District. The study employed snowball

sampling technique to sample 30 pregnant teenage girls and teenage mothers in and out of Junior High School, who were drawn from the five educational circuits of the district. A structured interview questionnaire was the instrument used for the study and was divided into sections A, B and C, touching on the demographic aspects of the respondents, their knowledge about the effective use of contraceptives, their educational level and knowledge of support for teen mothers in the locality, while the section C touched on the effects of teenage pregnancy on these young girls and the support they are receiving after dropping out of school as result of childbirth.

The statistical tool used for the analysis of the data was frequency counts, which were converted into percentages. The data collected from the field were analyzed immediately after collection and were presented hand in hand with interpretation and discussion. The findings that emerged are summarized in the next section.

Findings

The following key findings emerged from the study.

1. The study revealed that all the respondents have had some level of education, which is an indication that community members know the need of sending their children to school, which they religiously do.
2. It was found out that lack of monetary support or poverty and broken homes associated with lack of parental control contributed to the early sexual activities among young girls in the district.

3. Stemming from the above point is a fact that though parents send their children to school, especially girls, they refuse to live up to their responsibilities of catering for and meeting the needs of these young girls. This assertion was evidenced in the respondents responses as many as 16 of them representing 53.3% percent blaming the high incidence of teenage pregnancy in the District to parental negligence.
4. The study also revealed clear that although rudiments of sex education are taught in our schools even at the basic levels, however, the extent to which the subject is taught is not known. This is so because 73.3% of the respondents claimed they were taught sex education at school, but when a question of the use of contraceptive was posed, 76.7% responded in the negative indicating non use of contraception, which invariably accounted for high pregnancy rate among them. These conflicting responses could be interpreted as a challenge on the part of the girls, as they may not have control over their male counterparts who have sex with them, to negotiate the use of birth control method when the need arises.
5. The study again revealed that though many teen mothers are prepared to get back to school after delivery, respondents are not aware of any single organization in the district to take up such responsibility of offering support for such mothers to realize their dreams of attaining greater heights academically.
6. The educational levels and lives of these young girls are jeopardized since most of them do not further or get back to school after delivery. It was

evident that many of the respondents suffer untold hardship when they give birth at early age.

Conclusions

On the basis of the findings from the study, the following conclusions could be made;

1. Parental negligence and poverty are major causes of teenage pregnancy in the Tano North district.
2. Although there are few success stories where teen mothers get back to school with support from their parents, teenage parents are more likely than their peers to experience disruptions in their education and occupational development.
3. Although adolescents in the district are taught sex education at school, they are infamously poor by users of contraception.
4. Majority of the teenage mothers are willing to go back to school after delivery.
5. There are no rehabilitating centres to cater for the needs, and to address the psychological, emotional and economic needs of the teenage mothers in the Tano North district.

Recommendations

Based on the findings of the study and the conclusions drawn from them, the following recommendations are being made for consideration:

1. The district assemblies should enact bye-laws which will educate parents and the guardians about the parental and adult responsibility towards

2. The GES should revise educational syllabuses to make sex education at the basic level compulsory and the teaching of it should be given prominence and to be taught by people who are experts in it.
3. Parents, churches, youth associations and social clubs should talk freely and effectively about sex education, teenage pregnancies and its associated consequences.
4. Girl child education should be given much attention in the district as this will help reduce teenage pregnancy to the barest minimum. School authorities must make sure that the schools are made girls' friendly by the provision of separate urinals and toilets for the pupils at school. If possible part of capitation grant sent to the school be allocated to girls' unit to meet some of the menstrual needs.
5. The key stake holders in the locality, that is, the District Assemblies, the Traditional authorities, the Judiciary, the Ghana Education Service (GES), Ghana National Association of Teachers (GNAT), Guidance and Counseling Unit, Religious Organizations, should all join forces in the education and shaping of lives of the youth, and girls in particular, in the localities on the dangers of early sex and unwanted pregnancies.

6. Also philanthropic organizations such as Non-Governmental Organizations (NGOs), Social Welfare and others that seek to promote and rehabilitate teenage pregnant girls and teenage mothers should ensure that girls grow up value added.

Suggestion for Further Studies

It is worth stating that what has been presented in this study is not exhaustive in so far as the effects of teenage pregnancy on the development of girl's education are concerned. If the study could be replicated, it could go a long way to help researchers bring out information that will help review the generalization of these findings. The study could be modified and the scope widened to cover all the many schools and districts in the country.

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APPENDICE
UNIVERSITY OF CAPE COAST
FACULTY OF EDUCATION
GUIDANCE AND COUNSELING UNIT
INTERVIEW GUIDE FOR IN-SCHOOL AND OUT-SCHOOL TEENAGE
MOTHERS

The effects of teenage pregnancy on girls' education in the Tano North District.

This exercise is purely an academic one and you will be contributing immensely by responding adequately and truly to all the questions below.

Section A

1. Age

10-13

14-16

17-19

2. Have you been to school before?

Yes () No ()

3. Are you a school drop out?

Yes () No ()

4. What class did you reach?

Class 4 ()

Class 5 ()

Class 6 ()

JHS 1 ()

JHS 2 ()

JHS 3 ()

Section B

5. What do you think make girls get involve in early sex?
6. What accounts for high teenage pregnancy in the Tano North District?
7. Were you taught about sex Education at school?
Yes () No ()
8. Do you use any contraceptive?
Yes () No ()
9. If yes which type are you comfortable with?
 - a) Tube
 - b) Injection
 - c) Condom
 - d) Others, specify
10. When were you first introduced to contraceptives?
 - a) Before I got Pregnant
 - b) After my first pregnancy
 - c) I do not use any contraceptive
11. Did you drop out of school due to teenage pregnancy?
Yes () No ()
12. Who was responsible for the pregnancy?
 - a) My senior at school
 - b) My class mate

- c) A teacher
- d) A responsible worker
- e) A married man
- f) Any other (specific)

13. Did the man accept responsibility of the pregnancy?

Yes () No ()

14. If no to number 13, who took care or is taking care of the pregnancy?

- a) My parents
- b) My church
- c) Philanthropist
- d) Social Work Department
- e) Any other (Specify)

15. How are you supporting yourself now?

- a) I am doing petty jobs
- b) My fiancée' parents are helping
- c) My parents is taking care of me
- d) Others (specify)

16. Are you willing to go back to school?

Yes () No ()

17. If no give reasons

- a) My parents are not willing to send me back to school
- b) My fiancée cannot help me back to school
- c) Nobody will take care of my baby

d) I cannot learn again

e) I will be teased if I go back to school

18. Are you aware of any support for girls who want to go back to school in your Community after giving birth?

Yes () No ()

19. Have people been encouraged you to go back to school after delivery?

Yes () No ()

20. How has life been after dropping out of school with pregnancy?

a) Very difficult

b) Difficult

c) Not difficult

21. Are you aware of some girls who have dropped out of school due to teenage pregnancy?

Yes () No ()

22. Can you estimate the number of such drop out girls?

a) Less than 3

b) About 4

c) 5 to 10

d) 11 to 15

e) 16 plus

23. Can you tell of the life situation of such people now?

a) Very poor

b) Poor

c) Good

d) Very good