

UNIVERSITY OF CAPE OF COAST

THE INCIDENCE OF TEENAGE PREGNANCY AMONG J.H.S GIRLS IN
THE YILO KROBO MUNICIPALITY.

FELICIA KORYO QUAYSON

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THE YILO KROBO MUNICIPALITY

BY

FELICIA KORYO QUAYSON

Dissertation submitted to the Institute for Educational Planning and Administration, Faculty of Education, University of Cape Coast, in partial fulfilment of the requirements for award of Masters of Education Degree in Educational Administration.

JULY 2013

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: Felicia Koryo Quayson

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 the University of Cape Coast.

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

Name: Mr. J. M. Dzinyela

ABSTRACT

The study was to find out the incidence of teenage pregnancy among Junior High Schools girls in the Yilo Krobo District. The incidence of teenage pregnancy among school girls has been of great concern to government and other stakeholders in education in Ghana. Four research questions were formulated to guide the study. A questionnaire was designed for 360 JHS girls' students, 12 girl child coordinators and 30 sampled parents of the PTA. Random sampling and purposive sampling technique was used in sampling respondents for the study. Descriptive statistics was used for the analysis and discussion of data collected from the field.

The findings revealed that failure of parents to meet children's needs and broken homes are major causes of teenage pregnancy. Also, most of the students were of the view that parents encourage them to engage in sex which leads to teenage pregnancy among girls in the Yilo Krobo Municipality. According to the girl child coordinators, teenage pregnancy could be minimized through, intensifying guidance and counselling services in various schools.

Parents should work hard to provide the basic needs of their children and also to educate them about sex. Curriculum planners/developers should ensure that sex education is included in the curriculum. Through PTA meeting, parents should be made aware of the effect of teenage pregnancy on the parents themselves and the community as a whole.

ACKNOWLEDGEMENTS

My profound gratitude goes to my supervisor Mr. Joseph Mensah Dzinyela. I am also thankful to my husband Mr. Elias Nanor, brother Mr. Nathan T. Quayson and my children for financial support to complete this work.

DEDICATION

To my family

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CHAPTER ONE

INTRODUCTION

Background to the Study

The contributions of education to nation building are uncountable and very important to every nation in the world. A nation's education functions to maintain and integrate the national structure. It is through that a nation prepares its children, the essential conditions of its existence United Nations (2009).

The school system has the task of training the future leaders of the nation to be imbued with the right attitudes, values and skills that will help them to make intelligent decisions, be abreast with the fast moving and dynamic world around them. Education has therefore been identified by many as the vehicle through which socio-economic development of a nation can be achieved. To this end, many countries, including Ghana, have been making efforts to expand and improve upon the educational system as part of their overall development plans to related education to the programme of national economic and social development.

In Ghana, an attempt to expand and improve quality education led to a number of Education Acts and Reforms. These include the Accelerated Development Plan of Education in 1951, Education Act of 1961, the 1987 Educational Reform and the Free Compulsory Universal Basic Educational Policy. Governments continue to train a large number of teachers annually to impart knowledge to pupils for national transformation and development.

The 1992 Constitution of the Republic of Ghana also enjoins the government to put in place a programme under the Free Compulsory Universal Basic Education (FCUBE) which will enable all children irrespective of sex between the ages of six and fifteen to have access to basic education by the year 2005 (Article 38 (2) of 1992 Constitution of the Republic of Ghana). This had led to the Free Compulsory Universal Basic Education (FCUBE) as from 1996/97 academic year. This constitutional requirement coupled with the objectives of expanding access to basic education for Ghanaian children of school going age led to the establishment of many schools in the urban and rural areas of Ghana.

Government's efforts of providing education to all are being hampered by a number of challenges. One of which challenges is teenage pregnancy. The issue to teenage pregnancy has, in the recent years become a national problem due to the increasing number of teenagers becoming pregnant (Buor, 1994).

Teenage pregnancy related to pregnancy occurring to girls of age 19 or below. Teenage pregnancies in Ghana have increased from 20 to 30 percent with five period. According to Aboagye (1994). The 'Ghanaian Times' dated October 27, 1997 reports that 45 percent of first year female students enrolled in the Senior High Schools in the Akwapim North District of the Eastern Region, become pregnant before the end of the academic year. This was a research conducted in selected Senior High Schools by the District Directorate of Health Services. According to Aboagye (1994), the incidence of teenage pregnancy has been on the increase in Ghana. These pregnancies are reported all over the country. Studies also revealed that 80% of all such pregnancies are unwanted.

This means that these mothers were not prepared for child bearing and parenthood (Aboagye, 1994).

According to Benyin (1991), there are many causes of teenage pregnancy, some of which include the stoppage of the observance of puberty rites, ineffective parental care and control, resulting from poverty and broken homes, inadequate accommodation, lack of proper sex education, and lack of recreational facilities. The issue of teenage pregnancy is of much concern to the government and the people of Ghana because our quest to control population growth is necessary because teenagers form the greater percentage of women in their reproductive age. If a girl starts giving birth at the age of 15 years at a special interval of three years, by the age of 48, she will have about 10 children. The incidence of high birth-rate, increase in population and its social problems among others are the effects of teenage pregnancy.

In Africa, the girl-child education is cut short by unwanted pregnancies. In the absence of self-withdrawal from school, national pregnancy policies usually ensure that the pregnant girls are expelled from the educational system with little or no chance of entry after delivery (Wangui, Njau and Sheila, 1995). The fact is that the girls are forced to drop out of school due to pregnancy. Most drop-outs do not leave school voluntarily but are forced by social-economic and cultural barriers such as poverty, broken homes that impede their effective participation. Parents of these pregnant girls need to support their children and give them the opportunity to continue their education after delivery. Drop-out as a result of teenage pregnancy should not be considered as failure.

Studies in Sub-Saharan Africa testify to the magnitude of the problem of teenage pregnancy. It is estimated that between 10 and 20 percent of girls drop

out of school each year due to pregnancy related causes. In many African countries, for example, Togo, Malawi, Tanzania and Zambia, pregnant girls are required by law to drop out from school; they are forcefully expelled. Expulsion is a common policy and a common practice (Wangui, et. al., 1995). The question was why should pregnant school girls be expelled from school? The answers vary but it is clear that society's response is based often on false perceptions and assumptions.

It is argued that: (1) pre-marital pregnancy is caused by the pregnant school girls themselves who must be punished; (2) retention of pregnant girls will set bad examples and they must be removed to prevent contamination; (3) pregnant girls waste scarce resources by staying in school and (4) pregnant school girls are viewed as adults who have no business in school which is meant for children (Wangui et. al., 1995). The peak periods of pregnancy-related school drop-outs are the exist years at both the primary and second cycles of education (Ferguson, Gitonga & Kabira, 1988). It is disturbing that sometimes the very teachers entrusted with the care of school children are responsible for impregnating girls. Incidents of rape by teachers have been noted in various countries of Africa such as Ghana. Various forms of violence against girls by their male peers have further served as strengthen parental fear, and that of the girls themselves, of attending school. Several years ago, in the famous St. Kizito case in Kenya, male students went on an orgy of rape and destruction. Nineteen girls lost their lives in the process. However, the St. Kizito incident was by no means exceptional – it was the most outrageous (Njua, 1993).

According to Adepoju and Oppong (1994), about 73% of teenagers in Africa are mothers. Early pregnancies have a serious impact on opportunities

for education and employment. A growing number of governments in the region are becoming concerned about the negative effects of teenage pregnancies. Perhaps more importantly, teenage pregnancies are damaging to the health of girls and that of their children, and lead to repeated cycles of poverty and deprivation (Adepoju and Opong, 1994). Teenage parents are at risk to drop out of school, to experience long term financial difficulties, to have failed marriages and to demonstrate adequate parenting skills (Ascher, 1985; Robinson, 1988).

Yeboah (1993) observes that there is growing concern in most countries in West Africa regarding unsanctioned sexual intercourse and pregnancies among teenagers including school girls. The rate at which teenage pregnancies are being reported all over the place, including the Yilo Krobo Municipality of Ghana, is very alarming and unless serious attention is given to this phenomenon, the municipality will certainly be overtaken by population explosion which Ghanaians dread so much.

In the past, teenage pregnancy was virtually unknown and many factors accounted for this. The girls were trained to be respectful to the extent that they even slept before their parents went to bed. Parents or guardians specifically prepared their girls for marriage which was so revered and honoured at the time.

All rudiments of food preparation, farming, environmental and personal hygiene and so on, were taught. The girls, therefore, found themselves so busy that they hardly had the time to engage in love affairs. With their time always occupied, coupled with their high sense of submissiveness to their parents and elderly people, the possibility of being made pregnant before marriage was almost a fiction. Additionally, the moral side of their training was so strict that

a girl could be ostracized if she found pregnant before marriage. The elders used puberty rites to achieve their aim. A girl must go through such rites before she could 'sleep' with a man, otherwise she would be seen as committing a serious crime to the utter disgrace of herself and family.

The above societal norms are not no longer enforced in our societies today and most girls today behave contrary to these norms. These days' girls are seen to be disrespectful, arrogant and inherently lazy thus; they look up to men for almost all their needs, forgetting that some men do not give money and other material gifts without alteria motive.

According to Bala (2003) illegal abortions are said to be common because contraceptive are not readily accessible, particularly to young unmarried teenagers. Hospital statistics from cities in Kenya, Liberia, Mali, Zaire and Nigeria show that 38 to 68 percent of teenagers hospitalized with abortion complications were 19 years or younger. A research shows that in Ghana, 46% of 160 teenagers aged 19 years or younger who gave birth at the Korle-Bu Teaching Hospital report that their first pregnancy ended in induced abortion (Lamptey, 1985).

Apart from the pregnancy and induced abortion, sexual activity also brings the danger of sexually-transmitted diseases (STDs). These are the leading causes of miscarriage among teenagers, infertility and blindness in new-borns (Population Reports, 1985; Gyepi-Grabrah, 1985). Exposure to the dangers involved in sex abuse can help minimize, if not eliminate the problem among teenage girls. The exposure can take the form of guidance and counselling, talks and classroom instruction. The youth should feel free to express their sentiments

on sexual matters to medical authorities for appropriate counselling to avoid the dangers of pre-marital sex.

Statement of the Problem

The incidence of teenage pregnancy among school girls has been of great concern to government and other stakeholders in education in Ghana. In view of this, hardly a week passes without a mass media report or comment on the issue of teenage pregnancy. There are quite a number of young girls between the ages of 13 and 19 who are directly affected by teenage pregnancy; most of them are school girls, and some have left school as a result of pregnancy.

These girls become liabilities not only to their families but to the larger society. Teenage pregnancy in the last few years became a national problem due to the increasing number of teenagers becoming pregnant. Throughout Ghana, the aspirations of teenage girls are shattered by unwanted pregnancies, and they are forced to drop out of school. This has a serious impact on opportunities for education and employment among girls.

A thorough observation of teenage girls in the Yilo Krobo Municipality makes one ponder seriously on the kind of parental care and sex education given to the young girls in the district. The rate at which the girls get pregnant and drop out of school is alarming. The worst affected level is the Junior High School. Every year a number of teenage girls are not able to write the Basic Education Certificate Examination (BECE) due to teenage pregnancy. Very few of the pregnant girls are able to continue their education after childbirth. Teenage mothers remain entrapped in a cycle of deprivation and poverty; this is because they cannot compete in the job market since they have not completed school.

Most of the children born as a result of teenage pregnancies do not have fathers and therefore becomes the sole responsibility of the teenage mothers and their parents. In most cases, these teenage girls are impregnated by their male counterparts who are also dependents themselves. School drop-out in general results in wastage of scarce socio-economic resources. Teenage pregnancy is also responsible for lowering of morale in schools on one hand and in the community on the other.

It was in the light of this that the field officer has felt that something should be done to minimize the social menace, among others. By undertaking this project which when completed could hopefully provide recommendations for minimizing teenage pregnancy in our society.

By completing the research that has been undertaken, study would provide an opportunity to make a little contribution to the solution of some of the social problems.

Purpose of the Study

This research will be guided by some objectives, which will direct the activities of the research. The purpose of the research is to find out the incidence of teenage pregnancy among Junior High Schools girls in the Yilo Krobo Municipality. The study seeks to find out; the causes of teenage pregnancy among teenage learners in Junior High Schools in the Yilo Krobo Municipality, the experiences of teenagers in relation to being sexually active, the extent of students' knowledge and use of modern contraceptives, whether teenage mothers continue schooling after childbirth in the Yilo Krobo Municipality and sought pupils and teachers' views on whether sex education should be taught as a subject in schools.

Research Questions

1. What are the background characteristics of teenage girls' families?
2. What are the causes of teenage pregnancy among Junior High School girls in the Yilo Krobo Municipality?
3. How could teenage pregnancy be minimized among Junior High School girls in the Yilo Krobo Municipality?
4. How can sex education and family life be improved?

Significance of the Study

The significance of the study includes the following; first, it would serve as a contribution of knowledge since anyone who would have access to the findings and recommendations may derive a lot of benefits from it. The study will serve as a source of reference for future researchers who will carry out future studies on teenage pregnancy. Secondly, the findings of the study will help stakeholders in educational sector in the formulation of educational activities related to teenage pregnancy in the Yilo Krobo Municipality. It will, at least, correct the misinformation teenager receive from unofficial channels.

Also, the findings will call for intensification of sex education in Junior High Schools to educate teenagers on the effects of unwanted and unplanned pregnancies. The findings will also help other researchers who are carrying out the research to suggest to viable curriculum which will hopefully help to reduce the incidence of teenage pregnancy, its causes and effects.

Finally, curriculums experts will take due advantage of the study to revise the content of sex education in the curriculum; for example, curricular prevention programmes to meet the mounting needs and aspiration of the girl-child.

Delimitation of the Study

This study will be restricted on the incidence of teenage pregnancy in Yilo Krobo Municipality in the Eastern Region of the Republic of Ghana. It will be good to extend the study to other districts such as Lower Manya or Akuapem North districts but this will not be possible due to the time frame given for the completion of the study.

The study will cover only public Junior High Schools in the Yilo Krobo Municipality. The Yilo Krobo Municipality has eight circuits with a total of 40 Junior High Schools. However, due to constraints of time and other inputs, 20 schools in the four (4) circuits were selected for the study.

Limitations of the Study

Questionnaire were administered to respondents by the researcher, and spend time explaining questions to respondents. Even though explanation was done, there is the possibility of some respondents in separate groupings and friends sharing ideas. In such a situation, responses could contain some biases as a result of some influential respondents whose views might dominate the individual respondents. This will undermine the reliability of the final outcome of the study.

Enough was gathered by the study, so community agencies such as churches, District Education Oversight Committee (DEOC) and School Management Committee (SMCs) will not be included, though their ideas may contribute immensely towards the success of the research.

The generalization of the research is limited only to the circuits that will be included in the study. The findings might not therefore, be taken as what exists in all schools in the Yilo Krobo Municipality.

Organization of the Rest of the Study

The study has been put into five chapters. The introductory chapter deals with the background to the study, the research problem, purpose and objectives of the study, research questions, significance of the study, scope, delimitations and limitations of the study and terms with special or restricted meaning.

Chapter two has a review of available relevant to the study, while chapter three discusses the methods and techniques that were adopted to collect and analyze the data. Chapter four focuses attention on the analysis of data and discussion of findings and implications for curriculum development. Finally, a summary, conclusion and recommendations have been covered in chapter five.

Definition of Terms

Teenage pregnancy, as used in this study, relate to pregnancy occurring to a younger teenager within the ranges of 19 years and below.

Drop-out

The Oxford Advanced Learner's Dictionary defines a drop-out as "a person who withdraws from a course of instruction". Educational researchers are more specific. Rumberger (1987) states that a drop-out is "someone who has not graduated from, or is not currently enrolled in a full-time, state approved education programme" (pp. 105).

Sex Education

Sex education refers to the systematic attempt to promote the healthy awareness in the individual on matters of his or her sexual development, functioning, behaviour and attitudes through direct teaching.

Family Life Education (FLE)

The process of preparing one for marriage, parenthood and life in the family. It also includes contraceptive education, physiology and the human anatomy.

Cephalopelvic Disproportion

The mother's pelvic opening is too small for the infant's head to pass, can delay or prevent vaginal delivery.

Vesica Vaginal Fistula

A tear between the vagina and rectum or urinary tract, allows leakages of urine.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Over the years, the incidence of teenager/adolescent pregnancy and school dropout have occupied the minds and drawn the attention of the stakeholders of education as such, an extensive and detailed research need to be done on this subject matter. The chapter will essentially deal with the findings and views of some writers on female school dropout and related issues. This had been done under the following sub-headings:

1. Meaning of a teenager and teenage pregnancy.
2. Causes of teenage pregnancy.
3. Effects of teenage pregnancy.
4. Improving Sex Education and Family life to reduce teenage pregnancy.

Teenager

A teenager is an individual between the ages of 13 to 19. At this stage, such a person usually undergoes adolescences and the changes of turning into a young adult. Most of the teenagers in European societies are influenced by current trends especially those championed by celebrities. Jorgensen and Keiding (1991) also see a teenager, or a teen, as a young person whose age falls within the range from thirteen through nineteen (13–19). They are called teenagers because their age number ends in "teen". Someone aged 18 or 19 is also considered a young adult. Usage by ordinary people varies, and also varies in different societies. Most societies traditionally had a formal ceremony to mark the change from childhood to adulthood. During puberty, rapid mental and

physical development occurs. Adolescence is the name for this transition period from childhood to adulthood.

Teenage Pregnancy

The definition of teenage pregnancy may vary from one person to another depending upon the angle from which one looks at it. For example, according to Aboagye (1994), teenage pregnancy (or adolescent pregnancy), relates to pregnancy occurring to young women between 13 and 19 years of age.

According to the Newsletter: the menace of HIV/AIDS, teenage pregnancy is comprehensively described as a girl becoming pregnant in a very premature age hence the term teenage pregnancy is mainly becoming pregnant before adulthood. From Wikipedia, the free encyclopaedia teenage pregnancy is technically defined as girls younger than 18 years becoming pregnant.

According to Sadker and Sadker (1991) a live birth, fatal death or abortion occurring to a female under 20 years of age is the definition given to teenage pregnancy. Most of the girls who get pregnant while in school usually have no option than to discontinue their education or drop out of school. In some cases, they get married and do not go back to the classroom after giving birth. Sadker et. al. (1991) for example indicated Henry's mother left high school when she became pregnant and never returned.

Smith (1982) in presenting facts about teen parents curled from the "New York Times" and current life studies; indicates that, teen mothers get much less education than their classmates and that, their babies are two or three times more likely to die in their first year of life. Teenage pregnancy carries social stigma in many cultures of a developing country and it is mostly outside of marriage. It brings about high risk of poverty, illiteracy or lower educational levels and ones

it happens, such girl will ever have a mark that hinders her progress in future. Well as we go ahead, we will learn how to get this to a stop so that our young girls will stop falling victim of this stigma.

Some educationists and several authors believe that some psychological and morphological changes take place during the early adolescent period from about eleven to fifteen years of age (Orider, 1993). During this adolescence, these young adults experience critical life events – marriage, sexual intercourse, and parenthood. These life events were once considered inseparable but this no longer holds for many young people. 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 (Population reports, 1995).

According to the International Dictionary of Adult and Continuing Education (1990), a dropout refers to ‘one who fails to complete any schooling or fails to complete any other course of study’ (p.103). For the purpose of this study, a female school dropout shall refer to those females who have not been able to complete their basic and secondary education.

A joint research conducted by the Forum for African Women Educationists (FAWE) and the African Academy of Sciences (AAS) revealed that, in 1993, about fifty-two million (52m) eligible children in Sub-Saharan Africa were not attending basic school. Out of this number, thirty six million (36m) were girls. The research also indicates that while the same number of boys and girls enrolled in the first year, 50% of the girl’s dropout at the upper primary

level. It added that, 64% of those girls who enrolled left school before they acquired full literacy.

Causes of Teenage Pregnancy

In the views of Buck, 2008, in our world today most especially in the developing country, teenage pregnancy is as a result of traditional roles and early marriage, because teenage pregnancy is seen as a blessing and a proof that the young woman is fertile. In most cases, poverty contributes to this, when one does not have someone to take care of her at her early age. In the developed world, the causes of teenage pregnancy is different in the sense that it is mostly outside marriage and carries lots of social stigma. Thus, adolescent sexual behavior is one of the causes of teenage pregnancy.

In our world today, having sex before 20yrs is the in thing, it is even the normal all over the world and this brought about high levels of adolescent pregnancy which creates sexual relationship among teenagers without the provision of comprehensive information about sex. The in-take of drugs, alcohol etc. contributes a lot to teenage pregnancy meanwhile as a teenager you may not be ready for sexual intercourse at that moment but being intoxicated with drugs and alcohol makes you to be involved in unintended sexual activity just because sex at that time is less emotionally painful and embarrassing. To avoid this, eradicate anything alcohol or drugs. Furthermore, sexual abuse is also one of the causes of teenage pregnancy. Rape as a sexual abuse has more effect in the life of our teenage girls causing unwanted sex and teenage pregnancy.

Conclusively, age discrepancies also causes teenage pregnancy in the sense that a teenage girl with a partner much older than herself is more likely to get pregnant more often than a girl that have a partner of a close age, as she

prefers having the children than abortion since she is not educated enough to use contraceptives.

Gyepi-Grabrah (1985) asserted that, teenage pregnancy is on the ascending. According to him several reasons accounts for this unfortunate trend. These reasons could be classified under; biological, social, cultural and economic and psychological factors.

Biological Factors

One biological factor common to early sex activity and pregnancy is the increase in adolescent fertility rate. According to Jagdes (1981) fertility rate from Grenada, Guyana, Jamaica, Trinidad and Tobago were 135.7, 149.8, 154.4 and 132.6 per thousand respectively.

Dworetzky (1981) states that, both the primary and secondary factors of the teenagers are closely related to the action of sex to hormones. He defines hormones as some chemicals carried in the blood that affects psychological and physiological development.

Social Factors

According to Gyepi-Grabrah (1985) identified the drifting of rural girls to urban areas for white colour jobs as a social cause of teenage pregnancy. According to him, most of these teenage girls become disappointed due to non-availability of job opportunities in the urban centers, consequently, such teenagers in order to earn their daily bread engage in sexual activities without adequate contraceptive and counseling. This undoubtedly leads to teenage pregnancy.

Also, Akuffo (2000) contended that, some parents indirectly encourage their daughters to engage in sexual activities. According to him 30% of

teenagers studied in a sample claimed that, their needs are not met by their parents. Thus, they resorted to sexual activities with the hope that, they will meet some of their demands.

Cultural Factors

In articles published by the Daily Graphic on May 24th, 1992, page 5, Rose Nyarko Doki, a writer asserted that, some years back, some cultural practices were followed which guided the lives of teenagers from one development stage to another. These practices included: naming ceremonies, and puberty rites. Unfortunately with advent of Christianity and moreover due to dynamism of society, some of these cultural practices have been relegated to the background.

Consequently, teenagers are deprived of such experiences and depend on peers who sometimes misinform them. This leads to a state of ambivalence which may result in adolescent teenage pregnancy.

Economic Factors

Financial constraints were also identified by Akuffo (2000) as a contributory factor to teenage pregnancy. The study he conducted indicated that half of the adolescent girls interviewed encountered some difficulties in getting their school fees paid. 35% had difficulties in paying their text books whilst 60% had problems paying other fees. 80% of the parents agreed that, it was their duty to provide school kits, fees and food for their children. 75% of the mothers claimed that the girls between 15 and 19 years old were matured enough to provide their own cloths and pocket money. In such a situation some of the teenagers may seek other sources such engaging in sexual activities and their demands, which can also lead to teenage pregnancy.

Psychological Factors

Friedman (1994) has also observed that many teenagers have fallen into the net of teenage pregnancy because they have tried to experiment with information on sex, which they have acquired from friends, books and the mass media. Lack of sex education from close family members at home and from teachers at school has no doubt resulted in teenage pregnancy for the adolescent girl.

In a survey conducted by Ooms (1981) eighty percent (80%) of parents want schools to provide sex education to children curiosity and the basic ignorance about the facts of sex are two strong factors that lead to teenage pregnancy. Birmingham (1967), he attributed this to the strong urge in man to seek and find out new things, whether they are worthwhile or not. Curiosity to find out more on what they have read and ignorance in the use of truthful but inaccurate information has resulted in teenage pregnancy. Nerquaye Tetteh (1996) also observed that teenagers watch films and adverts on love, read books and observe adults' relationships around them. She also said that, to the teenager, everything is about love and sex looks nice and exciting. Teenagers want to ask questions but cannot talk to adults about sex because for many, this is a taboo. Many therefore get the information they want from their friends and those with sexual experience influence them. Curiosity drives them to experiment with the information acquired.

Nerquaye (1996) identifies ignorance as another cause of teenage pregnancy. She cites an example of many teenage girls who become pregnant and do not even know till four to seven months later. In most cases, it is even parents who detect the pregnancy.

Adomako (1984) also conducted a study and revealed that about 20% of the teenage girls between thirteen and fifteen years said they did not know that pregnancy was the result of sexual intercourse. They said they thought you could get pregnant if you were married as an adult.

Another identified cause of teenage pregnancy is the acceptance by peers and peer influence. Lawton (1977) wrote that people in peer group transmit an extraordinary amount of information to one another on a whole variety of subjects including sex. Very often, information supplied by the peer group is more strongly believed than that offered by teachers and parents. In the same way as the family and other agencies of socialization shape and influence the behaviour of individuals, the peer group also plays a very crucial role in maintaining and directing behaviour positively or negatively among group members. Many teenagers want to be accepted as part of the group and soon conform to “ideas” of the group whether good or bad Ginder, (1980).

Lack of affection from parents and other family members have also driven unsuspecting teenage girls into the arms of irresponsible men who made them pregnant and not marrying them. Birmingham (1984) in a research concluded that loneliness, lack of confidence, insecurity and lack of affection have always driven teenagers who lack these to seek them in boys.

Adomako (1984) says most of these teenage girls who lack affection may be from broken homes. Each parent sees the child as part of the cause of the break in relationship. It is even more serious when both parents get married to different spouses. The children are then not welcomed in any of the homes, either fathers or mother’s and are seen as interference. Stepmothers especially do not help in solving the situation in any way. (Nerquaye Tetteh, 1996).

In homes where there are tensions and quarrels, attention is shifted from the welfare of children to solving marital problems. Since the children do not get the necessary attention they become rebellious and find outlets in sexual relationships and friends. (Nerquaye Tetteh, 1996).

Adomako (1994) also concludes that several studies have shown that many pregnant teenagers are from broken homes. This means that a break in family relationships has increasingly led adolescents to seek a source of belonging from man.

Effect of Teenage Pregnancy

The effects of teenage pregnancy are many and come in several forms. According to Irving R. Dickman (1981) in a public pamphlet on teenage pregnancy, teenage pregnancy is a major cause of school dropout of adolescent female students. This affects the social and economic advancement of the victims.

According to Gyepi-Grabrah (1985) adolescent teenage pregnancy brings about illegal abortion, a practice which is very common among Junior and Senior High School girls. Abortion could result in serious complications, which could raise maternal mortality and divert limited resource.

Oppel and Roystone (1974) observed that teenage mothers often abandon their children. Also, as compared to older mothers, teenage mothers are less able to provide the necessary financial and emotional security for their children. Moreover, they are unable to carryout effectively their parental responsibilities and the cycle continues.

To Lowe (1977) Teenagers are most likely to suffer from anemia during pregnancy. To him, they experience a higher incidence of toxemia, which in its

most serious forms may lead to high blood pressure, seizures and sometimes death. There is a greater likelihood of prolonged labour, which multiplies the hazards to the baby and the mother. Lowe (1977) further conceded that babies born to young mothers are three times likely to die in the first year of life and more than twice as likely to be weighing less than 2.50 grams which is the normal birth weight. He further states that “low birth weight including those born to teenage mothers are likely to suffer from birth related defects such as mental retardation, deafness, seizure disorders, blindness and other congenital abnormalities.

He is of the view that a teenage mother’s first born child faces a lot of obstacles at the beginning of life but the adverse effects of teenage pregnancies multiply when those mothers have a second child before the age of twenty. Lowe is of the view that infant and mortality rates increase with successive births and short intervals between births.

Lowe (1977) blames the suicide rate among pregnant adolescents in the society. This is seven times the age specific rate of non-pregnant adolescents. This demonstrates what can happen when society’s generally conflicting norms about sexual behaviour impinge on the lives of teenage girls.

Lowe stresses further that the sexual mores of a culture may be first, which are intensely experienced and restrictive. Calderone is convinced that it is towards this direction that the individual begins to question the validity of conventional definition of right and wrong.

Again, according to Gyepi-Grabrah (1985), adolescent teenagers are at risk of contracting sexual transmitted diseases due to ascendancy in teenage sexual activities. This was confirmed by Dickman (1981) when he observed that

more than 2.5 million teenagers contracted sexually transmitted diseases each year in America.

Furthermore, Gypi-Grabrah (1985) noted that, due to pregnancy is common among teenage expectant mothers between 15 and 19 years old worldwide. Sam E. A. in an article entitled “Korle-Bu records 20% teenage deliveries” which was published in the Daily Graphic of 20th November, 1991 edition pages one and eight stated that, statistics gathered between 1985 to 1990 indicated that, even though few expectant teenage mothers had birth complications, almost all teenage expectant mothers were giving labour enduring drugs or went through caesarean operation.

The People’s Daily Graphic of July 9th 1987 reported that Kano’s main hospital in Northern Nigeria has more than 2000 names on waiting list for an operation. Sam E. A. (Daily Graphic 20th November, 1991) further observed that, about 20% deliveries at the Korle-Bu Teaching Hospital were cases of teenage pregnancies and that about half the blood at the Korle-Bu Blood Bank was given out to teenage expectant mothers to save them from birth complications.

Prevention of Adolescent Pregnancy

Kearney (2008), co-chairperson, Deeper World Population Fund is of the view that having a child does not make one a mother. Motherhood, he states imposes a lot of burden, that is, if responsibilities are assumed. But few teenagers have any concept of the commitment of care, love and attention that is involved in motherhood. Every teenage girl, whether pregnant or not should be provided with realistic understanding of the cost of child bearing both

immediately and long term and especially of its implication of the sudden termination of adolescence.

This Duke is convinced, would help a great deal in making adolescent mothers realize the responsibility and obligations that motherhood entails. He points to face these things and does not even understand the full implication of motherhood. According to Piaget's model of adolescent thinking, cited by Roberts (1994), adolescents do not have the ability to construct models of action and to visualize a situation before implementing it. Robert is also of the opinion that teenagers should be made to listen to guest speakers who are teenage parents, or interview teenage parents who will provide concrete evidence of the outcome of pregnancy and a realistic concept of being a parent. This, she feels a powerful way of making an impact of teenagers to make them formulate concrete solutions to their own sex related problems.

Realistic programmes to prevent early pregnancy among adolescence is to encourage young teenagers to delay intercourse and also aim to improve contraceptive use among adolescents who are sexually active, such programmes include education about sexually and acquisition of skills for responsible sexually decision making and communication with partners. The programmes must provide information about risks and consequences of teenage pregnancy, about birth control methods and about where to get medical and contraceptive help (Roberts, 1994).

Parents are young people's first and often best teachers. Teenagers whose parents have talked with them about sex from an early age, have communicated healthy attitudes, and have been available to answer questions

tend to wait longer for sexual activity. (Conger, 1988; Jaslow, 1982) however, many adolescents are uncomfortable talking about sex with parents.

Community programs can help young people stand against peer pressure to be more sexually active than they want to be, and can teach how to say no gracefully. (Howard, 1983). The two arguments for delaying sex that teenagers find most convincing are the risk of Sexually Transmitted Diseases (STDs) such as Acquired Immune Deficiency Syndrome (AIDS) and the danger that pregnancy will ruin their lives (Louis, 1986). The media should present sexual situation responsibly and should permit advertising of contraceptives (U.S. Department of Health and Human Services, 1998).

In the long run, preventing and controlling adolescent pregnancy requires attention to underlying factors that put adolescent and families at risk; reducing poverty, school failure in terms of academic performance, family problems and also expanding employment, social and recreational opportunities (UNICEF, 2005).

Adolescent who have high aspirations for the future or role modeling a professional person in their community are less likely to become pregnant; Programs that focus on motivating young people to achieve and raising the self-esteem, rather than merely relying on the mechanics of contraception, have achieved some success (Graham, 1986).

Also according to the U.S. Department of Health and Human Services, (1998), the following measures can be taken to reduce the incidence of teenage pregnancy;

Teens and Sex Education

Educating teens about sex is an important part of teen pregnancy prevention. Education for teen pregnancy prevention should start well before a person is a teen, however, with age appropriate discussions about:

1. Healthy relationships and how they relate to love and sex
2. How their bodies work, and how to respect their bodies and the bodies of others
3. How contraceptives work and what side effects and limitations they might have, such as not preventing some STDs. For instance, condoms, when used correctly and consistently, are the best form of birth control for preventing STDs, but are still not completely effective.
4. The fact that abstinence is the only guaranteed way to prevent pregnancy and STDs, and that people should wait to have sex until they are ready for the responsibilities of parenthood that can result.
5. The reality that most teens who get pregnant face significant health risks as well as diminished economic and social opportunities

Teen pregnancy prevention education should target boys and girls so that both understand the potential consequences of sexual activity.

Teen pregnancy prevention can involve a number of concerned people and programs working together, including parents, schools, religious organizations, medical professionals, communities, businesses, and government organizations. Parents, however, are the most important influence on a teen's choices regarding sexual activity. Teens rate the importance of their parents' opinions very highly when deciding whether or not to have sex, and parents have

the opportunity to teach their children about responsible relationships beginning at a young age.

1. Parents should teach teens about their values regarding relationships and teen sex, and emphasize the importance of waiting for sex until they are married, or until they are older.
2. Teens should be given reasons for why they should not become pregnant or be sexually active, for instance, because it goes against their family's values or can diminish a teen's opportunities in life.
3. Parents should let teens know that they can ask questions about sex.
6. Parents should start early with honest, age-appropriate conversations about love, relationships, values, and sex. For instance, if something comes on the television that parents are uncomfortable with or disagree with, they can explain to their child why what they saw was wrong or unrealistic.

An ongoing conversation about relationships, values, and sex is much more effective than having "the talk."

Skills and traits teens need to make wise choices

In addition to teaching their teens about values and sex, parents can help teen pregnancy prevention by building the skills and traits teens need to make wise choices regarding sex:

1. Encourage your teen to develop self-discipline and the ability to delay gratification by setting small goals, such as saving money to buy something they want.
2. Emphasize the importance of getting an education and setting long-term goals, and set a good example by taking an interest in your teen's

schoolwork and being involved in ongoing educational activities like reading or taking classes.

3. Help your teen develop a sense of his or her own value and potential. Be supportive of your teen's positive activities, and spend time everyday listening to your teen and expressing your interest, support, and love for him or her.
4. Help teens feel strong ties to their family, school, and community. Teach them about their heritage and do things together as a family. Encourage teens to be involved at their school or place of worship and in positive activities like volunteering in their community.
5. Set clear, consistent rules for your teens and enforce consequences when the rules are broken. The consequences should be fair, and should not involve yelling or hitting. For instance, set a rule with the teen that if he or she misses curfew then he or she is grounded for a week or may not drive the car. Then if the teen does break curfew, enforce the punishment you agreed on.

Parents' role in teen pregnancy prevention

Parents also play a role in reducing risk factors for teen pregnancy:

1. Teens should never be left unsupervised after school - this is the most dangerous time for teenagers, not only for sex, but also for drugs and violence. Parents should know where their teens are, whom they are with, and what they are doing every day.
2. Do not allow dating before age 16, and always discourage teens from dating anyone much older or much younger than they are 2 or 3 years apart is probably the most you should allow. Encourage group dating.

3. Pay attention to the media your teens watch and listen to, including movies, television, music, and the Internet and tell them what is and isn't appropriate. Consider keeping TVs and computers in public places so you can monitor what your teens are doing or watching and talk to them about it.
4. Set a good example of healthy, responsible relationships in your marriage or dating life.

Other adults and organizations can also help teens to avoid the above risk factors and to develop a sense of the importance of education, long-term goals, and their own self-worth. Parents, schools, health clinics, and trained mentors can all help teens understand the importance of waiting to have sex, of practicing safer sex, and of the life-altering consequences of teen pregnancy.

Improving Sex Education and Family Life in School

Burt, 2001 defined sex education as the study of the characteristics of beings; a male and female. Such characteristics make up the person's sexuality. Sexuality is an important aspect of the life of a human being and almost all the people including children want to know about it. Sex education includes all the educational measures which in any way may of life that have their centre on sex. He further said that sex education stands for protection, presentation extension, improvement and development of the family based on accepted ethical ideas.

Kearney (2008) also defined sex education as “involving a comprehensive course of action by the school, calculated to bring about the socially desirable attitudes, practices and personal conduct on the part of children and adults, that will best protect the individual as a human and the family as a social institution. Thus, sex education may also be described as

"sexuality education", which means that it encompasses education about all aspects of sexuality, including information about family planning, reproduction (fertilization, conception and development of the embryo and foetus, through to childbirth), plus information about all aspects of one's sexuality including: body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted infections (STI's) and how to avoid them, and birth control methods. Various aspect of sex education are considered appropriate in school depending on the age of the students or what the children are able to comprehend at a particular point in time. Kearney further expressed that sex education is not merely a unit in reproduction and teaching how babies are conceived and born. It has a far richer scope and goal of helping the youngster incorporate sex most meaningfully into his present and future life, to provide him with some basic understanding on virtually every aspect of sex by the time he reaches full maturity. According Kearney, 2008, sex education and family life and be improved through;

1. A community involvement team, or school health advisory board, should be identified and should include individuals such as a person from the central office, an elementary school principal, a middle school principal, a high school principal, teachers, a school board member, parents, one or more members of the clergy, a member of the medical profession, a mental health practitioner, and others in the community.
2. Those individuals selected by the localities to teach the local Family Life Education program should participate in training programs sponsored by the Department of Education. The training program

should include training in instructional elements to support the various curriculum components.

3. A Family Life Education leader from each grade level should be identified to assist in training individuals who will be teaching, to work with a community involvement team or school health advisory board, and to assist in program implementation and evaluation.
4. Medical and mental health professionals must be involved, where appropriate, to help teach the content of the Family Life Education curriculum and to serve as a resource to students and to parents.
5. Local training and follow-up activities must involve the community in understanding and implementing the Family Life Education program.
6. Local agencies/organizations/support systems should be identified and used as resources for the Family Life Education program.

Summary

A teenager is an individual between the ages of 13 to 19. The definition of teenage pregnancy may vary from one person to another depending upon the angle from which one looks at it. Gyepi-Grabrah (1985) asserted that, teenage pregnancy is on the ascending and reason that contribute to this can be classified into biological, social, cultural and economic and psychological factors.

Teenage pregnancy results in school dropout, illegal abortion, teenage mothers abandoning their children and suicide. Educating teens about sex is an important part of teen pregnancy prevention. Parents should teach teens about their values regarding relationships and teen sex.

CHAPTER THREE

METHODOLOGY

This chapter deals with the research design selected for the study. It describes a number of issues which include; the research design, population, the sample and sampling procedure, instrument for data collection, data collection procedure and data analysis procedure.

Research Design

Descriptive survey design was employed for the study. Descriptive research is research which specifies the nature of a given phenomena. It determines and reports the way things are. Descriptive research, thus, 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 gathers data from a relatively large number of cases at a particular time. It is concerned with generalized statistics that result when the data is abstracted from a number of cases (Fraenkel and Wallen, 2003).

According to Best and Khan (1998), descriptive research is concerned with the conditions or relationships that exist, such as determining the nature of prevailing conditions, practices and attitudes; opinions that are held processes that are going on; or trends that are developed. Amedahe (2002) also maintains that in descriptive research, accurate description of activities, objects, processes and persons is the objective. Amedahe also noted that research is not fact finding per se. In fact, there is considerably more to the descriptive research than just asking questions and reporting answers. Descriptive survey gathers data at a

particular point in time with the intention of describing the nature of existing conditions or identifying standards against which existing conditions can be compared or determine the relationship that exist between specific events (Cohen and Manion, 1994).

Descriptive survey design has numerous advantages. This type of design provides a more accurate and meaningful picture of events and seeks to explain peoples' perception and behaviour on the basis of data gathered at a particular time (Fraenkel and Wallen, 2000). This allows for in-depth follow-up questions and items that are unclear to be explained. The main advantage of descriptive survey design is that it has the potential to provide a lot of information from a large sample of respondents (Fraenkel and Wallen, 2000).

Notwithstanding the advantages, the descriptive survey design has some deficiencies. Fraenkel and Wallen (1993) argued that it may be difficult in ensuring that the questions answered using the descriptive survey design are clear and not misleading. This is because survey results can vary greatly due to the exact wording of questions. Hence, it may produce unreliable results and there may be difficulty obtaining adequate number of completed questionnaire and returned for meaningful analysis to be made in some cases. The design will enable the research to evaluate the extent to which teenage pregnancy is affecting the girl child education in the Yilo Krobo Municipality. Being aware of these weaknesses, efforts were made to reduce the magnitude of these problems.

Population

The target population for the study is Junior High Schools in the Yilo Krobo Municipality as well as Parent Teacher Association (PTAs) and 43 Girl

child coordinators. The Yilo Krobo Municipality is divided into eight (8) circuits with a total of 43 Public Junior High Schools, with an enrolment of 4750 pupils made up of 2755 males and 1995 females according to the 2010/2011 academic year census. The drop-out themselves may be included.

Sample and Sampling Procedure

Sampling refers to the process of selecting a portion of the population to represent the entire population (Polit and Hungler, 1997). A sample consists of a carefully selected subset of the units that comprise the population. Sarantakos (2005) advised that in the process of sampling, one should ensure that the procedure is systematic, objective, clearly defined, independent of each other, and should appear only in the population. He noted that once a sample is accepted, it should not be changed and must be used till the end of the study. He also noted that it should be based on sound criteria and devoid of any form of errors, bias or distortions. According to Amedahe (2002) sampling enables the researcher to study a relatively small number of units in place of the target population, and to obtain data that are representative of the whole target population.

Random sampling method was used to select 4 circuits from 8 circuits in the Yilo Krobo Municipality for the study. They are; Somanya North, Somanya South, Nkurakan and Oterkporlu circuit. The simple random method is conducted where each member of a population has an equal chance to become part of the sample. As all members of the population have an equal chance of becoming a research participant, it is said to be most efficient sampling procedure (Cohen, Manion & Morrison, 2000). Simple random technique was used to select 3 JHS from the 4 circuit randomly selected. School were given a

code according to their circuit. Schools code were placed into a basket according to their circuit and 3 schools were randomly selected from each circuit. All girl child coordinators 12 of sampled schools were selected for the study because for their number. Also 30 parents were randomly selected for the study.

Purposive sampling procedure was used to select JHS girls for the study. In purposive sampling, researcher handpicks the cases to be included in the sample on the basis of their judgment of their typicality or particularly knowledgeable about the issues under study (Cohen, Manion & Morrison, 2000). Purposive sampling is often used when the researchers want a sample of experts as in the case of a need assessment, using a key informant approach. Girls were purposively selected because of the purpose of the study which looks at the incidence of teenage pregnancy among JHS girls in the Yilo Krobo Municipality. Simple random sampling technique was used to select 30 JHS girls 10 each from JHS 1 to 3. In all 360 JHS girls were selected for the study.

Research Instrument

The questionnaire was the main instrument used for collecting data for the study. According to Best and Kahn (1993), the questionnaire serves as the most appropriate data-gathering device in a research project when properly constructed and administered. Further, Sarantakos (2005) asserts that the coverage of questionnaire is wide as researchers can reach respondents more easily and is unaffected by problems of 'non-contacts'.

Osuola (1993) views research instrument as a device of any kind used in collecting facts and figures relating to population. Questionnaires are research tools through which people are asked to respond to the same set of questions in a predetermined order. They are one of the most widely used primary data

gathering techniques. The popularity of questionnaires is probably based on some advantages among which are its low cost in terms of both money and time involved and also, it covers many people and its inflow is quick (Gillham, 2000). The researcher believes that with the large number of respondents involved in the study, the questionnaire served as the most appropriate instrument for the study, having considered the advantages it offers as research tool. It is, however, limited to literate population and does not provide an opportunity to collect additional information (Fraenkel & Wallen, 2000).

The instrument had closed and open-ended items. The closed form provides fixed-alternative questions that can be answered easily. The closed form questionnaire has the following strength; it is easy to answer by respondents, it is time saving, it is easy to code and analyse, and it facilitates the answering of sensitive questions. The open ended questions provided the respondents to give their views on the topic. It provided the researcher with a wide range of views. The researcher tried to make the questionnaire simple by making the items short and clear. The items in the questionnaire were phrased to avoid ambiguity and technical jargons. The researcher avoided questions that were too personal that would elicit reactions of embarrassment, suspicious or hostility in the respondent.

The instrument for parents, girl child coordinators and girl students consisted of 4 sections. The section A of the parents questionnaire obtained information on age and marital status whiles girl child coordinators background characteristics was on their experience as girl child coordinator and education Level. Also Section A of students questionnaire obtain information about their background characteristics on age, type of house they live in, number of siblings,

occupation of parents and education of parents. Section B of the instrument for all respondents was on a 4 point likert-scale structured questionnaire on the causes of teenage pregnancy among Junior High girls in the Yilo Krobo Municipality. Section C of the instrument for all respondents was also on a 4 point likert-scale structured questionnaire on issue of how teenage pregnancy can be minimized among Junior High girls in the Yilo Krobo Municipality. Section D of the instrument for all respondents was also on a 4 point likert-scale structured questionnaire on addresses improving sex education and family life education among Junior High girls in the Yilo Krobo Municipality.

Pilot testing of Instrument

Pre-testing helps to refine and check clarity and suitability of the questions in line with Borg, Gall and Gall (1993) statement that a pilot study permits a thorough check of planned statistical and analytical procedures, allowing an appraisal of the inadequacy in treating data and needed alterations made, in order that the main study may be analysed more efficiently. Pre-testing was conducted in Klo-Agogo L/A JHS in the Klo-Agogo circuit. In all, 30 JHS girls, 1 circuit supervisor and 3 parents were selected for the Pre-test.

Validity of Instrument

To strengthen the content of the items in the questionnaire, the supervisor read through the questionnaire and made suggestions for improvement that enhanced the instruments validity. The basic aim was to make sure that the items in the questionnaire were clear and relevant. It ensured negative and biased items were avoided. It also ensured respondents' competency to answer the questions.

Reliability of Instrument

Reliability is important to social researchers. The reliability of the instruments was established using the Cronbach's Alpha measure of internal consistency. This statistic provides an idea of the average correlation among all of the items that make up the scale of the instrument. In the view of Ary, Jacobs and Razavieh (1990), the Cronbach Alpha measure of internal consistency is useful when measures have multiple scored items such as attitudinal scale. The reliability co-efficient of the instrument was determined after correlating the results from the data collected for the Pre-test. A Cronbach's Alpha of 0.80 was obtained from the Pre-test.

Data Collection Procedure

The self-developed likert structured questionnaire was administered by the researcher to girl students, girl child coordinator and parents personally. A letter was obtained from the Institute for Educational Planning and Administration to be given to various schools headmasters or mistresses for permission to do data collection. These letters were given to the various heads personally and explain to them the purpose of the study and the time for the data collection. After establishing the necessary contacts with the headteachers and teachers of the selected schools, permission was granted for the administration of the instrument to girl students. The researcher explained the purpose of the study and procedure for responding to the questionnaire to girl students.

Data Analysis Procedure

The data, once collected, were sorted, organized and loaded on the SPSS data sheet. The organised and summarised data were analysed using the Statistical Package for Service Solutions (SPSS) version 15.0 software. The

software was used because it is the most used package for analysing data (Gravetter & Wallnau, 2004). Descriptive was used for the analysis and discussion of data collected from the field. The questionnaires administered to students were given serial numbers for easy identification. It was edited to eliminate errors.

CHAPTER FOUR

RESULTS AND DISCUSSION

This chapter provides the analysis of responses and discussion of the findings from the study. The presentation is under two main headings. The first part covers an analysis of demographic data of the respondents while the second dealt with the main data.

The analysis and discussion focuses on the background characteristics of teenage girls' family, causes of teenage pregnancy, how to minimize teenage pregnancy among Junior High School, how to improve sex education and family life education among Junior High School girls in the Yilo Krobo Municipality. Tables and figures are used to support the research findings where they are deemed appropriate.

Analysis of Demographic Data

The sample consisted of 30 parents of students, 12 girl child coordinators and 360 JHS girls in the Yilo Krobo Municipality. Table 1 shows the age distribution of parents.

Table 1: Age Distribution of Parents

	Age
Maximum	50
Minimum	24
Mean	36
Standard Deviation	6.7

Table 1 shows that the maximum age of the parents involved in the study is 50 years while the minimum is 24 years. Also Table 1 showed that the average age of parents involved in the study is 36 years with a standard deviation of 6.7. This shows that all the parents involved in the study are fully matured

Marital Status of Parents

I asked respondents (parents) to indicate their marital status. The marital status of parents is shown on Table 2.

Table 2: Marital Status of Parents

Marital Status	Frequency	Percent
Single	9	30.0
Married	21	70.0
Total	30	100.0

The marital status of parents as reported in Table 2 shows that 21 (70%) parents are married while the remaining 9 (30%) are not married or are single. Therefore on the average, most of the parents were married and had marital responsibilities in addition to their profession

Years of Experience as Girl Child Coordinators

Information on the years of experience of girl child coordinators involved in the study is presented in Table 3.

Table 3: Years of Experience as Girl Child Coordinators

Years of Experience	No of Years of Experience
Maximum	7
Minimum	1
Mean	3.4
Standard Deviation	1.8

Table 3 shows that the maximum number of years that girl child coordinators have spent in their field is 7 years while their minimum working experience is one. The average working experience of the girl child coordinators selected for the study is 3 years with a standard deviation of 1.8. This shows that the coordinators selected for the study have at least three years working experience.

Educational Level of Girl Child Coordinators

The educational levels of girl child coordinators selected for the study are presented in Table 4.

Table 4: Educational Level of Girl Child Coordinators

Educational Level	No.	%
Undergraduate	4	33.3
Graduate	8	66.7
Total	12	100.0

Table 4 reveals that 8 (66.7%) girl child coordinators were graduates while the remaining 4 (33.3%) girl child coordinators were undergraduates. These suggest that all the coordinators have attained some level of education.

Analysis of Main Data

Research Question 1: What are the background characteristics of teenage girls' family in Junior High Schools Girls in the Yilo Krobo Municipality?

Background Characteristics of Teenage Girls' Family

The background characteristics of the teenage girls' family were on age, number of siblings, types of house they live in, occupation of parents and parent's educational background. The age distribution of the students involved in the study is presented in Table 5.

Table 5: Age Distribution of Teenage Girls

Age Range	No	%
10 - 15	156	43.3
16 - 20	204	56.7
Total	360	100.0

Table 5 shows that majority 204 (56.7%) respondents are between the ages of 16 – 20 years old. Also, 156 (43.3%) respondents were between the ages of 10 – 15 years old.

Type of House Students Live in

The type of houses students live in is shown in Table 6.

Table 6: Type of Houses Students Live in

	Frequency	Percent
Live in house with other families	160	44.4
Live in a house with only parents	200	55.6
Total	360	100.0

From Table 7, it is seen that 200 (55.6%) students are living in houses with only parents while the remaining 160 (44.4) are also living in houses with other family members.

Occupation of Parents

Respondents were asked to state the occupation of their parents. Their responses are shown in Table 7.

Table 7: Occupation of Parents

Occupation	Frequency	Percent
Farming	101	28.1
Trading	153	42.5
Fishing	13	3.6
Civil service	93	25.8
Total	360	100.0

An observation of the Table 7 reveals that, 101 (28.1%) parents are farmers. Also 153 (42.5%) and 93 (25.8%) students' parents are into trading and civil service respectively. Only 13 (3.6%) students indicated that their parents are in the fishing industry. The responses by the students suggest that at parents are striving hard to support their children.

Educational Level of Parents

The respondents (students) were further asked to indicate the educational level of their parents and their responses are presented in Table 8.

Table 8: Educational Level of Parents

Level of Education	Frequency	Percent
JHS	96	26.7
O or A Level	58	16.1
SHS	72	20.0
Tertiary	106	29.4
No education	28	7.8
Total	360	100.0

From Table 8 it is seen that 96 (26.7%) students said their parents have attained the junior high school level of education. Also 58 (16.1%) students also said their parents have attained the ordinary or the advance (O or A) level of education. Also 72 (20%) students said their parents have attained the senior high school level of education, while the majority of students 106 (29.4%) students said their parents have attained the tertiary level of education. Only 28 (7.8%) student respondents said their parents have no educational background. Therefore on the average it is seen that most of the students' parents have acquired some level of education and can therefore read and write.

Research Question 2: What are the causes of teenage pregnancy among Junior High School girls in the Yilo Krobo Municipality?

Research question 2 examined respondents' knowledge on the causes of teenage pregnancy among Junior High School girls in the Yilo Krobo Municipality. The responses to items in Section B of parents, girl child coordinators and students' questionnaire were used to answer the research

question. For ease of analysis, parents, girl child coordinators and student responses were grouped under “Agree (A)” and “Disagree (D)”

Table 9 provides information on girl child coordinators’ responses on the causes of teenage pregnancy among Junior High School girls in the Yilo Krobo Municipality.

Table 9: Girl Child Coordinators’ Views on the Causes of Teenage Pregnancy

Causes	A		D	
	No.	(%)	No.	(%)
Parental encouragement to engage in sex	6	50.0	6	50.0
Failure of parents to meet children’s needs	12	100.0	-	-
Lack of job opportunities for parents	12	100	-	-
Lack of affection from parents	10	83.3	2	16.7
Poor parental control and attention	11	91.7	1	8.3
Broken homes	12	100	-	-
Peer influence	11	91.7	1	8.3
Experimenting with information on sex	12	100	-	-
Poverty	11	91.7	1	8.3
Increased fertility rate	9	75.0	3	25.0
Lack of sex education in home and school	8	66.7	4	33.3
Curiosity about what sex is all about	11	91.7	1	8.3
Media influence	11	91.7	1	8.3
Ignorance about sex and its consequence	12	100	-	-

It is observed from the Table 9 above that 12 (100%) coordinators agreed to the statements that, failure of parents to meet children’s needs, lack of job opportunities for parents, broken homes, experimenting with information on sex

education and ignorance about sex and its consequence are major causes of teenage pregnancy in the Yilo Krobo Municipality. When parents are not meaningfully employed, it results in failure to meet the needs of the girl child thereby resulting to the girl child seeking financial assistants from other meaningfully employed men with sex in exchange. Broken homes results in parents not able to provide enough sex education for the girl child resulting to them lacking enough education about sex.

Also 6 (50%) coordinators believe parents encouragement on sex issues results in the level of teenage pregnancy, however 6 (50%) girl child coordinators also disagreed that parents do not encourage their wards into sex activities which will results in teenage pregnancy. Also 11 (91.7%) girl child coordinators agreed that peer influence, poor parental control and attention, poverty, teenage girls' curiosity about sex and media influence are the causes of teenage pregnancy respectively.

Teenagers or students' views on the causes of teenage pregnancy are presented in Table 10.

Table 10: Teenagers' Views on the Causes of Teenage Pregnancy

Causes	A		D	
	No.	(%)	No.	(%)
Parental encouragement to engage in sex	91	25.3	269	74.7
Failure of parents to meet children's needs	212	58.9	148	41.1
Lack of job opportunities for parents	212	58.9	148	41.1
Lack of affection from parents	159	44.2	201	55.8
Poor parental control and attention	226	62.8	134	37.2
Broken homes	249	69.2	111	30.8
Peer influence	221	61.4	139	38.6
Experimenting with information on sex	219	60.8	141	39.2
Poverty	188	52.2	172	47.8
Increased fertility rate	220	61.1	140	38.9
Lack of sex education in home and school	216	60.0	144	40.0
Curiosity about what sex is all about	226	62.8	134	37.2
Media influence	245	68.1	155	31.9
Ignorance about sex and its consequence	164	45.6	196	54.4

An examination from Table 10 reveals that 269 (74.7%) students disagreed to the statement that parental encouragement to engage their children in sex causes teenage pregnancy, while the remaining 91 (25.3%) students respondents agreed that parental encouragement to engage their children in sex causes teenage pregnancy. Also, on the issue of whether lack of affection from parents and other family members causes teenage pregnancy, 201 (55.8%) students agreed while 159 (44.2%) students also disagreed. Furthermore, 219 (60.8%) students agreed that teenage girls wanting to experiment sex

information results in teenage pregnancy, while 134 (37.2%) students said teenage girls wanting to experiment sex information does not result in teenage pregnancy. Teenage girls 245 (68.1%) indicated that the media influences them to engage in sex activities which then results in teenage pregnancy.

A large number of the student students, 249 (69.2%) agreed that broken homes is a major cause of teenage pregnancy in the Yilo Krobo Municipality while 111 (30.8%) students also disagreed to that effect. Also 226 (62.8%) teenage girls agreed that poor parental control and attention from parents causes teenagers to get pregnant. Peer influence was also indicated by 221 (61.4%) teenage girls as a cause of teenage pregnancy among them. Two hundred and twelve (58.9%) students indicated that failure of parents to meet children's needs and lack of job opportunities for parents respectively cause teenage pregnancy.

Parents' responses on the causes of teenage pregnancy in the Yilo Krobo Municipality are also presented in Table 11.

Table 11: Parents' Views on the Causes of Teenage Pregnancy

Causes	A		D	
	No.	(%)	No.	(%)
Parental encouragement to engage in sex	20	66.7	10	33.3
Failure of parents to meet children's needs	30	100	-	-
Lack of job opportunities for parents	28	93.3	2	6.7
Lack of affection from parents	26	86.7	4	13.3
Poor parental control and attention	29	96.7	1	3.3
Broken homes	28	93.3	2	6.7
Peer influence	30	100	-	-
Poverty	29	96.7	1	3.3
Lack of sex education in home and school	27	90.0	3	10.0
Curiosity about what sex is all about	29	96.7	1	3.3
Media influence	28	93.3	2	6.7

Table 11 above reveals that all the parents involved in the study agreed that failure of parents to meet children's needs and peer influence are major causes of teenage pregnancy in the Yilo Krobo Municipality. In addition to this, more than 80% of the parents respondents agreed that lack of job opportunities for parents, lack of affection from parents and other family members, poor parental control and attention, broken homes, poverty, lack of sex education in home and school, curiosity about what sex is all about and influence of the media are factors that lead to teenage pregnancy in the district. But on the issue of whether parents encourage their children to engage in sexual activities, 10 (33.3%) parents disagreed whiles 20 (66.7%) parents also agreed to that effect.

Research Question 3: How could teenage pregnancy be minimized among Junior High School girls in the Yilo Krobo Municipality?

Research question 3 examined respondents' views on how teenage pregnancy could be minimized among Junior High School girls in the Yilo Krobo Municipality. The responses to items in Section C of parents, girl child coordinators and students' questionnaire were used to answer the research question. For ease of analysis, parents', girl child coordinators' and students' responses were grouped under "Agree (A)" and "Disagree (D)"

Table 12 provides information on girl child coordinators' responses on how teenage pregnancy among Junior High School girls in the Yilo Krobo Municipality could be minimized.

Table 12: Girl Child Coordinators' Views in Minimizing Teenage Pregnancy

Minimizing teenage pregnancy	A		D	
	No.	(%)	No.	(%)
Having easy access to contraceptive	5	(41.7)	7	(58.3)
Intensifying sex education	10	(83.3)	2	(16.7)
Intensifying guidance and counselling	12	(100)	-	-
Encouraging parents to talk to their children	12	(100)	-	-
Presenting sexual situations responsibly	11	(91.7)	1	(8.3)
Supplying the basic needs of the girl child	12	(100)	-	-
Providing programs aimed at motivating the girl child	12	(100)	-	-
Showing parental care and concern	12	(100)	-	-
Serving as Role Models	10	(83.3)	2	(16.7)

An examination of Table 12 reveals that all the coordinators agreed that intensifying guidance and counselling services in various schools, encouraging parents to talk to their children about sex, supplying the basic needs of the girl child, providing programmes aimed at motivating young people to achieve and raise their self-esteem and showing parental care and concern are major ways of minimizing teenage pregnancy in the district. But on the issue of having easy access to contraceptives as a way of reducing teenage pregnancy, most of the coordinators 7 (58.3%) disagreed while 5 (41.7%) of them agreed to that effect. Table 13 provides information on parents' responses on how teenage pregnancy among Junior High School girls in the Yilo Krobo Municipality could be minimized.

Table 13: Parents Views in Minimizing Teenage Pregnancy

Minimizing teenage pregnancy	A		D	
	No.	(%)	No.	(%)
Having easy access to contraceptives	14	(46.7)	16	(53.3)
Intensifying sex education	26	(86.7)	4	(13.3)
Intensifying guidance and counselling	30	(100)	-	-
Encouraging parents to talk to the girl child	28	(93.3)	2	(6.7)
Presenting sexual situations responsibly	26	(86.7)	4	(13.3)
Supplying the basic needs of the girl child	28	(93.3)	2	(6.7)
Providing programs aimed at motivating the girl child	29	(96.7)	1	(3.3)
Showing parental care and concern	28	(93.3)	2	(6.7)
Serving as Role Models	29	(96.7)	1	(3.3)

From Table 13 above, it is seen that all the parents involved in the study agreed that when guidance and counselling activities in the various schools are

intensified, it will help minimize teenage pregnancy in the district. But when on the issue of whether access to contraceptives help reduce teenage pregnancy, 16 (53.3%) parents disagreed while the remaining 14 (46.7%) also agreed that easy access to contraceptive help minimize teenage pregnancy. Also more than 90% parents also agreed that showing parental care and concern, role models exhibiting model of good examples for the children to follow, supplying the basic needs of a child, encouraging parents to talk to their children about sex are all ways that can help minimize teenage pregnancy.

Table 14 provides information on students' responses on how teenage pregnancy among Junior High School girls in the Yilo Krobo Municipality could be minimized.

Table 14: Teenagers Views in Minimizing Teenage Pregnancy

Minimizing teenage pregnancy	A		D	
	No.	(%)	No.	(%)
Having easy access to contraceptive	206	(57.2)	154	(42.8)
Intensifying sex education	311	(86.4)	49	(13.6)
Intensifying guidance and counselling	342	(95.0)	18	(5.0)
Encouraging parents to talk to the girl child	339	(94.2)	21	(5.8)
Presenting sexual situations responsibly	186	(51.7)	174	(48.3)
Supplying the basic needs of the girl child	307	(85.3)	53	(14.7)
Providing programs aimed at motivating the girl child	334	(92.8)	26	(7.2)
Showing parental care and concern	342	(95.0)	18	(5.0)
Role models (Significant adults)	340	(94.4)	20	(5.6)

Table 14 above reveals that, 340 (94.4%) students agreed that role models exhibiting model of good examples for the children to follow help minimize teenage pregnancy but 20 (5.6%) students also disagreed to that same statement. It was also observed that, 342 (95%) students said when guidance and counseling activities in the various schools are intensified would reduce teenage pregnancy in the district. But when it came to the issue of whether presenting sexual situations responsibly by media would reduce teenage pregnancy there weren't any much differences between students' views as 186 (51.7%) students agreed to that effect while 174 (48.3%) also disagreed. There wasn't also much

differences in the views of students concerning easy accessibility to contraceptives as 206 (57.2%) students agreed while the remaining 154 (42.8%) also disagreed to that same effect.

Research Question 4: How can sex education and family life be improved?

Research question 4 examined respondents' views on how sex education and family life could be improved in schools in the Yilo Krobo Municipality. The responses to items in Section D of parents, girl child coordinators and students' questionnaire were used to answer the research question. For ease of analysis, parents, girl child coordinators and students, responses were grouped under "Agree (A)" and "Disagree (D)".

Improving sex and family life education

Table 15 provides information on girl child coordinators' responses on how sex education and family life education could be improved in schools in the Yilo Krobo Municipality.

Table 15: Girl Child Coordinators' Views on Improving Sex and Family Life Education

Improving sex and family life education	A		D	
	No.	(%)	No.	(%)
Resourcing the guidance and counselling	11	(91.7)	1	(8.3)
Including sex education in the curriculum	12	(100)	-	-
Intensifying moral education in schools	12	(100)	-	-
Educating pupils through drama/play	12	(100)	-	-
Taking advantage of PTA meetings to educate parents	11	(91.7)	1	(8.3)
Inviting NGO's to schools to talk to the girl child	11	(91.7)	1	(8.3)
Inviting role models to talk to pupils	12	(100)	-	-

Table 15 reveals that all the child coordinators agreed including sex education in the curriculum, intensifying moral education in schools, educating pupils through drama/play and inviting role models to talk to pupils on issues pertaining to life are important ways in improving sex and family life education in schools within the Yilo Krobo Municipality. In addition to this, 11 (91.7%) girl child coordinators agreed that taking advantage of PTA meetings to educate parents on the effects of teenage pregnancy and resourcing the guidance and counselling units in various schools also help improve the sex and family life education among junior high school girls in the Yilo Krobo Municipality.

Table 16 provides information on parents' responses on how sex education and family life education could be improved in schools in the Yilo Krobo Municipality.

Table 16: Parents' Views on Improving Sex and Family Life

Improving sex and family life education	A		D	
	No.	(%)	No.	(%)
Resourcing the guidance and counselling	30	(100)	-	-
Including sex education in the curriculum	29	(96.7)	1	(3.3)
Intensifying moral education in schools	27	(90.0)	3	(10.0)
Educating pupils through drama/play	28	(93.3)	2	(6.7)
Taking advantage of PTA meetings to educate parents	27	(90.0)	3	(10.0)
Inviting NGO's to schools to talk to the girl child	27	(90.0)	3	(10.0)
Inviting role models to talk to pupils	28	(93.3)	2	(6.7)

An examination Table 16 revealed that, all the parents (30) agreed that, Resourcing the guidance and counselling units in various schools also help improve the sex and family life education among junior high school girls in the Yilo Krobo Municipality. Also 29 (96.7%) parents agreed that including sex education in the curriculum in the curriculum will help improve the sex and family life education among teenage girls in the Yilo Krobo Municipality whiles 1(3.3%) parents also disagreed to that effect. Also 27 (90%) parents agreed that inviting NGO's to schools to talk to the pupils on issues relating to sex, taking advantage of PTA meetings to educate parents on the effects of teenage pregnancy and resourcing the guidance and counselling units in various schools also help improve the sex and family life education among junior high school girls in the Yilo Krobo Municipality whiles 3 (10%) also disagreed to that effect.

Table 17 provides information on students' responses on how sex education and family life education could be improved in schools in the Yilo Krobo Municipality.

Table 17: Teenagers/Students Views on Improving Sex and Family Life

Improving sex and family life education	A		D	
	No.	(%)	No.	(%)
Resourcing the guidance and counselling	333	(92.5)	27	(7.5)
Including sex education in the curriculum	315	(87.5)	45	(12.5)
Intensifying moral education in schools	332	(92.2)	28	(7.8)
Educating pupils through drama/play	299	(83.1)	61	(16.9)
Taking advantage of PTA meetings to educate parents	304	(84.4)	56	(15.6)
Inviting NGO's to schools to talk to the girl child	323	(89.7)	37	10.3)
Inviting role models to talk to pupils	347	(96.4)	13	(3.6)

From Table 17, a higher percentage of the students, 347 (96.4%) parents agreed that inviting role models to talk to pupils on issues pertaining to life is the best way to improve sex and family life among teenage girls in the district, while 13 (3.6%) of them also disagreed to that effect. Again 333 (92.5%) parents agreed that resourcing the guidance and counselling units in various schools will also help improve the sex and family life education among junior high school girls, but 27 (7.5%) parents were also against that statement. Therefore on the average it is seen from the table that inviting NGO's to schools to talk to the pupils on issues relating to sex, taking advantage of PTA meetings to educate parents on the effects of teenage pregnancy, Educating pupils through

drama/play and including sex education in the curriculum are all ways that can help improve the sex and family life of teenage girls.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the summary of the study. It highlights the findings from the study about the incidence of teenage pregnancy among Junior High Schools girls in the Yilo Krobo Municipality. It also draws conclusions and recommendations based on the study/findings.

Summary

Overview of the study

The purpose of the study was to find out the incidence of teenage pregnancy among Junior High School girls in the Yilo Krobo Municipality. The study focused on the causes of teenage pregnancy among teenage learners in Junior High Schools in the Yilo Krobo Municipality, the experiences of teenagers in relation to being sexually active, the extent of students' knowledge and use of modern contraceptives, it also sought pupils and teachers' views on whether sex education should be taught as a subject in schools..

A descriptive survey design was adopted for the study. Twelve girl child coordinators were purposively selected, while 30 parents and 360 teenage girls were randomly selected for the study. A Likert-type scale structured questionnaire was used for the data collection.

Main Findings

The major findings of the study are as follows:

1. Failure of parents to meet children's needs, lack of job opportunities for parents, broken homes, experimenting with information on sex education

and ignorance about sex and its consequence are major causes of teenage pregnancy in the Yilo Krobo Municipality according to the girl child coordinators.

2. Most of the 269 students (74.7%) were of the view that parents encouraging their children to engage in sex cause teenage pregnancy among girls in the Yilo Krobo Municipality, but rather broken homes is the major causal agent of teenage pregnancy in the Municipality.
3. All the 30 parents selected for the study indicated that failure of parents to meet children's needs and peer influence are major causes of teenage pregnancy in the Yilo Krobo Municipality.
4. According to the girl child coordinators, teenage pregnancy could be minimized through, intensifying guidance and counselling services in various schools, encouraging parents to talk to their children about sex, supplying the basic needs of a child, providing programs aimed at motivating young people to achieve and raise their self-esteem and showing parental care and concern. From the parents' point of view it was seen that when guidance and counselling activities in the various schools are intensified, it will help minimize teenage pregnancy in the Municipality. The students also indicated that the best way to minimize teenage pregnancy in the Municipality is that role models should exhibit good examples for the children to follow.
5. Also from the parents, resourcing the guidance and counselling units in various schools will also help improve the sex and family life education among junior high school girls. Finally, the students themselves revealed that inviting role models to talk to pupils on issues pertaining to life is

the best way to improve sex and family life among teenage girls in the Municipality. Including sex education in the curriculum, intensifying moral education in schools, educating pupils through drama/play and inviting role models to talk to pupils on issues pertaining to life are important ways in improving sex and family life education in schools within the Yilo Krobo Municipality from the girl child coordinators points of view.

Conclusions

Based on the findings from the study, the following conclusions were made:

1. Teenage pregnancy in the Yilo Krobo Municipality is as a result of broken homes and parents in ability to meet children's needs.
2. Teenage pregnancy in the Municipality is common because of failure of parents to meet children's needs, lack of job opportunities for parents, broken homes, experimenting with information on sex education and ignorance about sex and its consequence.
3. Parents don't talk or discuss sex with their girls.
4. Teenage pregnancy could be minimized through intensifying guidance and counselling services in various schools.
5. Encouraging parents to talk to their children about sex and supplying the basic needs of the girl child would help prevent teenage pregnancy.
6. Inviting role models to talk to pupils about sex will help minimize teenage pregnancy.

Recommendations for Policy and Practice

Based on the research findings and conclusions, the following recommendations have been suggested.

1. The various headteachers/headmistresses should ensure that guidance and counselling services are intensified in their schools.
2. Parents should work hard to provide the basic needs of their children and also to educate them about sex.
3. The communities should also provide programs aimed at motivating young people to achieve and raise their self-esteem
4. Curriculum planners/developers should ensure that sex education is included in the curriculum.
5. Through PTA meeting, parents should be made aware of the effect of teenage pregnancy on the parents themselves and the community as a whole.
6. NGOs should organize sex education for students for them to become aware of the problems associated with teenage pregnancy to help reduce its occurrence.
7. Parents should also make sure to address all their marital issues in order to avoid broken homes which are a major cause of teenage pregnancy.

Areas for Further Research

1. A replication of the study on teenage pregnancy could be undertaken nation-wide.
2. A study to determine effect of teenage pregnancy on the girl child, parents and the community as a whole in the Eastern Region of Ghana.

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APPENDICES

Appendix A

University of Cape Coast

Faculty of Education

Questionnaire for Girl Child Coordinators

The purpose of this research is to find out the incidence of teenage pregnancy among Junior High School girls in the Yilo Krobo Municipality. Please, you are assured of confidentiality and anonymity in whatever information you provide for this research work which is purely an academic exercise. Please respond to all items.

Section A

Background Characteristics

1. Years of experience as girl child coordinator
2. Education Level i. O or A Level [] ii. Undergraduate [] iii. Graduate []

Section B

Causes of Teenage Pregnancy

This section addresses the causes of teenage pregnancy among Junior High girls in the Yilo Krobo Municipality. Please you are to indicate by ticking (√) the appropriate option where SA – Strongly Agree, A – Agree, D – Disagree and SD – Strongly Disagree.

	CAUSES	SA	A	D	SD
3	Parental encouragement to engage in sexual activities				
4	Failure of parents to meet children’s need				
5	Lack of job opportunities for parents				
6	Lack of affection from parents and other family members				
7	Poor parental control and attention				
8	Broken homes				
9	Peer influence				

10	Experimenting with information on sex education				
11	Poverty				
12	Increased fertility rate				
13	Lack of sex education in the home and school				
14	Curiosity about what sex is all about				
15	Influence of the media				
16	Ignorance about sex and its consequences				

Section C

Ways and means of minimizing Teenage Pregnancy

This section addresses the issue of how teenage pregnancy can be minimized among Junior High girls in the Yilo Krobo Municipality. Please you are to indicate by ticking (✓) the appropriate option where SA – Strongly Agree, A – Agree, D – Disagree and SD – Strongly Disagree.

		SA	A	D	SD
17	Having easy access to contraceptive				
18	Intensifying sex education				
19	Intensifying guidance and counselling activities in the various schools				
20	Encouraging parents to talk to their children about sex				
21	Presenting sexual situations responsibly by media				
22	Supplying the basic needs of a child				
23	Providing programmes aimed at motivating young people to achieve and raise their self-esteem				
24	Showing parental care and concern				

25	Role models (Significant adults) exhibiting model of good examples for the children to follow				
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Section D

Improving Sex and Family life Education

This section addresses improving sex education and family life education. Please you are to indicate by ticking (√) the appropriate option where SA – Strongly Agree, A – Agree, D – Disagree and SD – Strongly Disagree.

		SA	A	D	SD
26	Resourcing the guidance and counselling units in the various schools				
27	Including sex education in the curriculum				
28	Intensifying moral education in the schools				
29	Education pupils through drama/play				
30	Taking advantage of PTA meetings to educate parents on the effects of teenage pregnancy				
31	Inviting NGOs to schools to talk to the pupils on issues relating to sex				
32	Inviting role models to talk to pupils on issues pertaining to life.				

Appendix B
University of Cape Coast
Faculty of Education
Questionnaire for Parents

The purpose of this research is to find out the incidence of teenage pregnancy among Junior High School girls in the Yilo Krobo Municipality. Please, you are assured of confidentiality and anonymity in whatever information you provide for this research work which is purely an academic exercise. Please respond to all items.

Section A

Background Characteristics

1. Age
2. Marital Status. A. Single [] B. Married C. Divorced

Section B

Causes of Teenage Pregnancy

This section addresses the causes of teenage pregnancy among Junior High girls in the Yilo Krobo Municipality. Please you are to indicate by ticking (√) the appropriate option where SA – Strongly Agree, A – Agree, D – Disagree and SD–Strongly Disagree.

	CAUSES	SA	A	D	SD
3	Parental encouragement to engage in sexual activities				
4	Failure of parents to meet children’s need.				
5	Lack of job opportunities for parents				
6	Lack of affection from parents and other family members				

7	Poor parental control and attention				
8	Brocken homes				
9	Peer influence				
10	Poverty				
11	Lack of sex education in the home and school				
12	Curiosity about what sex is all about				
14	Influence of the media				

Section C

Ways and means of minimizing Teenage Pregnancy

This section addresses the issue of how teenage pregnancy can be minimized among Junior High girls in the Yilo Krobo Municipality. Please you are to indicate by ticking (✓) the appropriate option where SA – Strongly Agree, A – Agree, D – Disagree and SD – Strongly Disagree.

		SA	A	D	SD
15	Having easy access to contraceptive				
16	Intensifying sex education				
17	Intensifying guidance and counselling activities in the various schools				
18	Encouraging parents to talk to their children about sex				
19	Presenting sexual situations responsibly by media				
20	Supplying the basic needs of a child				
21	Providing programmes aimed at motivating young people to achieve and raise their self-esteem				
22	Showing parental care and concern				
23	Role models (Significant adults) exhibiting model of good examples for the children to follow				

Section D**Improving Sex and Family life Education**

This section addresses improving sex education and family life education. Please you are to indicate by ticking (√) the appropriate option where SA – Strongly Agree, A – Agree, D – Disagree and SD – Strongly Disagree.

		SA	A	D	SD
24	Resourcing the guidance and counselling units in the various schools				
25	Including sex education in the curriculum				
26	Intensifying moral education in the schools				
27	Education pupils through drama/play				
28	Taking advantage of PTA meetings to educate parents on the effects of teenage pregnancy				
29	Inviting NGOs to schools to talk to the pupils on issues relating to sex				
30	Inviting role models to talk to pupils on issues pertaining to life.				

Appendix C

University of Cape Coast

Faculty of Education

Questionnaire for Teenage Girls

The purpose of this research is to find out the incidence of teenage pregnancy among Junior High School girls in the Yilo Krobo Municipality. Please you are assured of confidentiality and anonymity in whatever information you provide for this research work which is purely an academic exercise. Please respond to all items.

Section A

Background Characteristics

1. Age
2. Which type of house do you live in?
 - i. Live in a house with other families []
 - ii. Live in a house with only parents []
 - iii. Others.....
3. What is the occupation of your parents?
 - i. Farming []
 - ii. Trading []
 - iii. Fishing []
 - iv. Civil service []
 - v. Others.....
4. Level of education of parents:
 - i. JHS
 - ii. O or A Level []
 - iii. SHS
 - iv. Tertiary []
 - v. No education []
 - vi. Others.....

Section B

Causes of Teenage Pregnancy

This section addresses the causes of teenage pregnancy among Junior High girls in the Yilo Krobo Municipality. Please you are to indicate by ticking (✓) the appropriate option where SA – Strongly Agree, A – Agree, D – Disagree and SD – Strongly Disagree.

	CAUSES	SA	A	D	SD
5	Parental encouragement to engage in sexual activities				
6	Failure of parents to meet children's need.				
7	Lack of job opportunities for parents				
8	Lack of affection from parents and other family members				
9	Poor parental control and attention				
10	Broken homes				
11	Peer influence				
12	Experimenting with information on sex education				
13	Poverty				
14	Increased fertility rate				
15	Lack of sex education in the home and school				
15	Curiosity about what sex is all about				
16	Influence of the media				
17	Ignorance about sex and its consequences				

Section C

Ways and means of minimizing Teenage Pregnancy

This section addresses the issue of how teenage pregnancy can be minimized among Junior High girls in the Yilo Krobo Municipality. Please you are to indicate by ticking (✓) the appropriate option where SA – Strongly Agree, A – Agree, D – Disagree and SD – Strongly Disagree.

		SA	A	D	SD
18	Having easy access to contraceptive				
19	Intensifying sex education				
20	Intensifying guidance and counselling activities in the various schools				

21	Encouraging parents to talk to their children about sex				
22	Presenting sexual situations responsibly by media				
23	Supplying the basic needs of a child				
24	Providing programmes aimed at motivating young people to achieve and raise their self-esteem				
25	Showing parental care and concern				
26	Role models (Significant adults) exhibiting model of good examples for the children to follow				

Section D

Improving Sex and Family life Education

This section addresses improving sex education and family life education. Please you are to indicate by ticking (√) the appropriate option where SA – Strongly Agree, A – Agree, D – Disagree and SD – Strongly Disagree.

		SA	A	D	SD
27	Resourcing the guidance and counselling units in the various schools				
28	Including sex education in the curriculum				
29	Intensifying moral education in the schools				
30	Education pupils through drama/play				
31	Taking advantage of PTA meetings to educate parents on the effects of teenage pregnancy				
32	Inviting NGOs to schools to talk to the pupils on issues relating to sex				
33	Inviting role models to talk to pupils on issues pertaining to life.				