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CURBING TEENAGE PREGNANCY AND UNSAFE ABORTION IN EAST  
MAMPRUSI DISTRICT: THE COMMUNITY PERSPECTIVES

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LEGON IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE  
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## **DECLARATION**

I Dubik Joshua Dindiok hereby declare that except for the references to other people's work which the researcher has duly acknowledged, this thesis is as a result of my own investigation under the meritorious supervision of Dr. Patience Aniteye and Dr. Daniel Kojo Arhinful in School of Nursing, University of Ghana–Legon and Noguchi Memorial Institute for Medical Research- Legon respectively. It must be noted that part of this study or in full has never been presented in this university or elsewhere for the award of another degree.

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## **DEDICATION**

I dedicate this research work to my family, especially to my wife (Mrs. Emelia Dubik) who took care of our children during my period of study. She is simply an amazing woman. I also dedicate this research work to my siblings and all who supported me in diverse ways.

## **ACKNOWLEDGEMENTS**

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## **LIST OF ABBREVIATIONS**

**CDC:** Centre for Disease Control and Prevention

**RH:** Reproductive Health

**SRH:** Sexual and Reproductive Health

**STIs:** Sexually Transmitted Infections

**HIV:** Human Immune Virus

**AIDS:** Acquired Immune Deficiency Syndrome

**LMIC:** Low and Middle-Income Country

**WHO:** World Health Organisation

**SRHS:** Sexual and Reproductive Health Services

**GHS:** Ghana Health Service

**EMD:** East Mamprusi District.

**NGO:** Non-governmental organisation

## **ABSTRACT**

Teenage pregnancy and unsafe abortion is a major problem in Ghana, Sub-Saharan Africa and by extension the world at large. The consequences of teenage pregnancy and unsafe abortion are inimical to the health and well-being of Ghana's teenage population. It leads to infant and maternal mortality, obstetric fistulas, severe bleeding, and school dropout among others. The study explored the community perspectives on curbing teenage pregnancy and unsafe abortion in East Mamprusi District. The approach of the study was qualitative research with exploratory descriptive design. Eighteen (18) participants in the district were purposively sampled after they met the inclusion criteria. Data collection was done by face to face interviews using interview guide. The interviews were audio recorded and transcribed verbatim. Analysis of the data was done using thematic content analysis. The study found that, polygamous families, parents' desire for grandchildren, and poverty were reportedly the causes of teenage pregnancy. The bid to establish close family ties also accounted for early marriages. The study found that there is a culture of silence on matters of sexuality in the community. Participants were in support of sex education for teenagers in spite of the cultural taboos on sex education. The study participants were however not in support of safe abortion services for teenagers. Safe abortion was viewed as a sin and murder of a defenceless child. The victims of abortion in the communities are stigmatised ('second witches' and devils). Participants had considerable knowledge and awareness about contraception. However, they were not in support of contraceptive use by sexually active teenagers. The study also established that night disco dance popularly called jams and night video shows organised in the community serve as a conduit for sexual misconduct and promiscuity among the teenagers. It was recommended that community durbars with chiefs, opinion leaders and parents should be organised by public health nurses to sensitise them on harmful cultural practices, dispel the myths and misconceptions about contraceptive use and the importance of safe abortion services.

## **CHAPTER ONE**

### **1.1 Background of the Study**

The World Health Organization (WHO) defined a teenager as an individual who is between the ages of 13 to 19 years and an adolescent as an individual between the ages of 10 to 19 years. Globally, the population of teenagers is 1.2 billion, which is 18 percent of the world population, with over 580 million being females (Williamson, 2013).

Adolescence is a period of psychological, physical, emotional, and social development where the person learns about making life decisions that are key and lead down a career path. It is mostly a difficult period where a number of issues may lead to sexual behaviours and reproductive health (RH) risks due to adolescents inexperienced and less informed about sexual and reproductive health services for utilisation (Tufail & Hashmi, 2008).

During this period of transition, teenagers engage themselves in boy-girl relationships and with the view that it is not enough to be referred as such. For that reason, the need for kisses, touches and unhealthy sexual relationships begins at this stage. They become sexually active at an early stage of life and without the use of contraceptive, they predispose themselves to teenage pregnancy, and sexually transmitted infections (STIs) (Makiwane, 2010; WHO, 2011).

Teenage pregnancy and early parenthood is a difficult task. It is characterised by unexpected responsibility of child care, with its consequences on the teenager, family, community and the nation at large (Whitehead, 2009). Pregnant teens are bedevilled with enormous health problems including preterm and low birth babies, maternal mortality, unsafe abortions, perinatal, neonatal and infant mortality, anaemia, prolonged labour, obstructed labour fistulas, puerperal sepsis, HIV/AIDS, school dropout and poverty (WHO, 2006). A study by American College of Obstetricians (2007) found that children who are born to teenagers are more likely to have low birth weight, have behavioural problems, become teenage

mothers themselves and grow up in poverty. In 2008, the rate of teenage pregnancy in the US was 67.8 per 1,000 teenagers between the ages of 15–19. In the Western Europe, the highest rate of teenage pregnancy is recorded in the UK. The rate of teenage conception in the UK was 40.5 per 1000 in 2008 (Cook & Cameron, 2015; World Health Organization, 2012).

Sub-Saharan Africa has the highest rate of teenage pregnancy. Evidence from research showed that globally, teenage conception and childbirth complications is the second cause of death among 15 -19 years old girls (WHO, 2014). However, there is a drop in death rate among teenagers in all regions from the year 2000, notably in South –East Asia, where mortality rate dropped from 21 to 9 per 100,000 teenagers (WHO, 2012). Williamson (2013), reported that out of twenty (20) countries with the highest rates of teenage pregnancy worldwide, 18 of the countries are in Africa with Niger leading. In Niger, about 51% of females give birth before the age of 18 years every year. It is estimated that Central and West Africa accounts for 6% of all reported births before age the age of 15 years. In Bangladesh, Mali, Chad, Guinea, Mozambique and Niger, one out of ten (10) girls gives birth before the age of 15 years (Williamson, 2013).

The World Health Statistics review (2011) revealed that across Africa, the rate of teenage pregnancy is about 118 per 1000 females on the average. These high rates have been ascribed to Africa being amongst the continents that are poor in the world with most countries being low and middle-income countries (LMIC). Factors contributing to high teenage pregnancies in LMIC include socioeconomic conditions, poor access to sexual health, low educational attainment; as well as cultural and family structure (Acharya, Bhattaria, Poobalan, Van Teijlingen, & Chapman, 2010). It is further pointed out in studies that teenage pregnancy, unsafe abortion, and sexually transmitted infections (STIs) among teenagers are due to

inadequate dissemination of information on sexual health and contraceptive use before they become sexually active (Solomon-Fears, 2011; Department of Health, 2004).

Studies have shown that teenage pregnancy is interwoven with human rights issues. A teenager who is pregnant is forced or pressured to drop out of school, thus this teenager is deprived of her right to education. A teenager who is prohibited from having access to family planning or information about preventing teenage pregnancy is equally being deprived of her right to health. A teenager who stays in school is less likely to become pregnant than her counterpart who is forced out or drops out of school. From human rights point of view, any teenage girl who becomes pregnant irrespective of the reasons or circumstances is the teenager whose rights are undermined (Jali, Phil, & Science, 2001; Williamson, 2013).

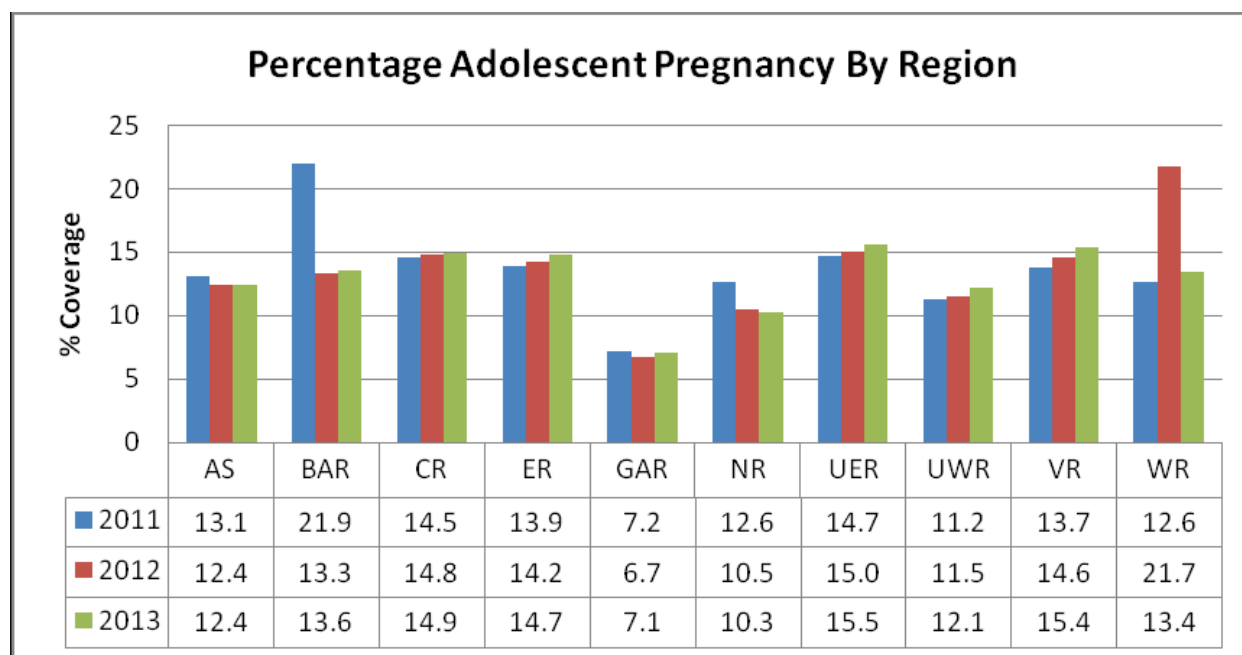
Abortion is one of the most debated issues in the world. Most of the debates focused on the morality of abortion. Some of the questions being raised are: is the foetus a person? When does it become a person? What differentiates between potential and actual life? There are two organisations that gave answers to these questions; pro-choice and pro-life groups. Pro-life have it that life starts from the time of conception and abortion is a murder of defenceless human beings whiles pro-choice also contends in favour of the woman's right to self-determination, thus termination of pregnancy cannot be a murder. Health service providers also have conflicts between their moral and religious beliefs regarding the sanctity of foetal life and their mandate to render safe abortion services (Aniteye & Mayhew, 2011; Jali, Phil, & Science, 2001). A supreme court in the U.S ruling in the case of Roe versus Wade, in January 1973 indicated that a state could not obstruct in the abortion decision between a female and her medical doctor during the first trimester. It was observed that foetuses are not complete legal persons and females have the right to privacy (Jali et al., 2001).

Unsafe abortion is the termination of unplanned pregnancy either by individuals without the requisite skills or in a place lacking minimal medical standards or both (WHO, 2014). On yearly bases, it is estimated that about 22 million unsafe abortions are done and one out of five pregnancies ends in abortion (WHO, 2015). Every year, 3million girls between the ages of 15-19 years undergo unsafe abortions and children born to mothers within this age group face to a large extent a very high risk of losing their lives than children born to women between the ages of 20-24 years. Ninety-five-percent (95%) of these births occur in LMIC (WHO, 2014).

In 2010, about 9.4 billion US dollars was spent on teenage pregnancy and childbirth for increased health care and foster care (Centres for Disease Control and Prevention, 2017). A study in Uganda on the cost of post abortion care revealed that the country spends about 151 dollars on individual clients on average and an annual cost estimate of 10.6 to 14.5 million dollars. Unsafe abortion is a major cause of maternal deaths in Uganda (Vlassoff, Mugisha, Sundaram, Bankole & Mirembe, 2014). It is evident that if more resources are channelled to providing contraceptive services and other sexual and reproductive health services (SRHS) geared towards preventing unwanted pregnancies, it will drastically reduce the huge health care costs for post abortion care.

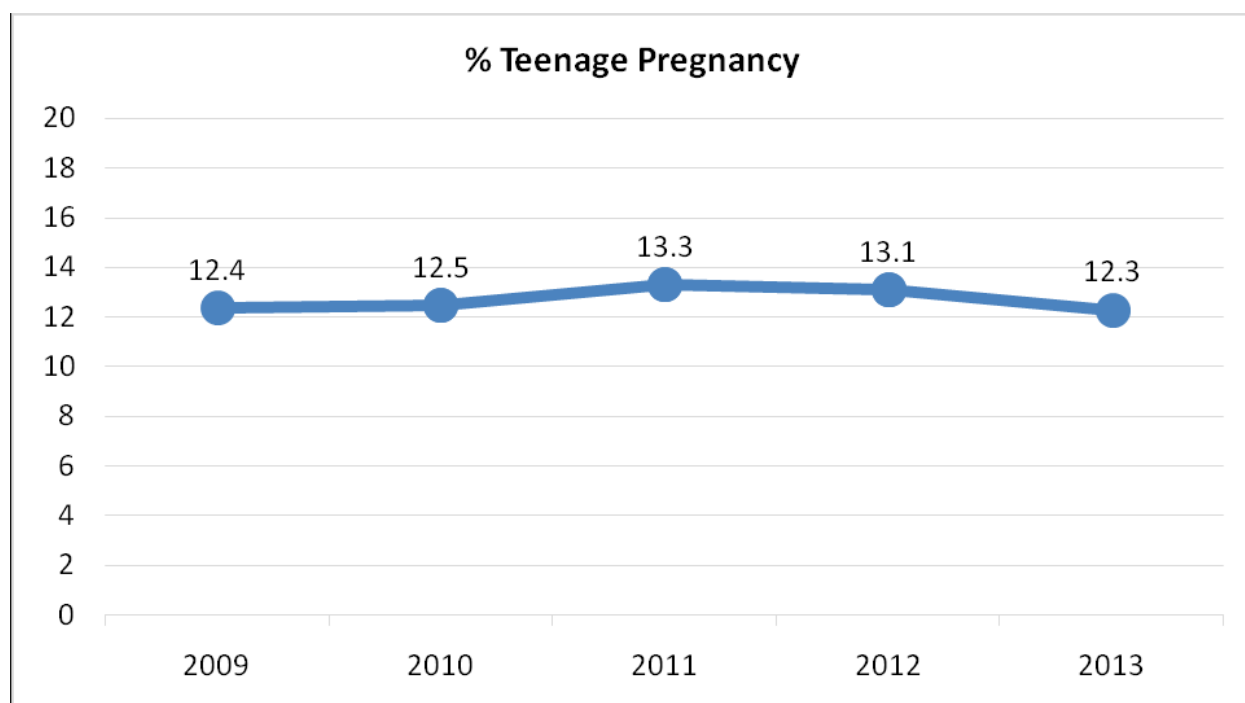
In Ghana, the total population of adolescents is 5,526,029 representing 23 percent of the total population in Ghana. That is a little less than a quarter (Ghana Statistical Service, 2013). This clearly shows how young the Ghanaian population is. Anything that is a threat or potential threat to this young generation should be given the necessary attention it deserves to enhance a bright future for the youth.

**Figure 1. 1 Distribution of Adolescent Pregnancy by Region in Ghana**



Source (RCH/GHS, 2013)

**Figure 1. 2 Percentage Distribution of Teenage Pregnancy in Ghana**



Source: (RCH/GHS, 2013)

**Table 1. 1 Distribution of Abortion Cases among Adolescents in Ghana**

ITEM	2009	2010	2011
10 – 14 years	216	331	582
15 – 19 years	5,525	6,679	7,800
<b>TOTAL</b>	5,741	7,010	8,382

**Source: Adolescent Health and Development Programme/MOH (2011)**

Unsafe abortion is an issue of great concern in Ghana; it is a major contributor of maternal deaths of 580 per 100,000 live births in the country. Unsafe abortion complications account for about 22% to 30% of maternal deaths, these complications include; severe bleeding, septicaemia, perforated uterus, anaemia, trauma to abdominal organs and sometimes death as a result of severe complications (Aniteye & Mayhew, 2011; Grimes et al., 2006; WHO, 2015). The records in table (1.2) clearly show that the government of Ghana spends a huge sum of monies in treating post abortion complications. In 2013, 3,100 maternal deaths occurred in Ghana with maternal death ratio of 380 per 100,000 live births; these figures indicate a reduction from 580 to 380 (WHO, 2014; Afulani, 2015). From the statistics above preventing teenage pregnancy and unsafe abortion will tremendously help to promote the health of teenagers, reduce infant mortality and maternal mortality in Ghana.

The consequences of teenage pregnancy and unsafe abortion are huge and inimical to the health and well-being of Ghana's teenage population and development in general. It leads to infant and maternal mortality, obstetric fistulas and stillbirths. Educationally, it results in school dropout. Teenage pregnancy and unsafe abortion affect everyone from the immediate family, local community, and the entire nation.



The model that is used to guide this study is Community-as-Partner Model (Anderson & McFarlane, 2010). This model centres on health promotion of individuals and families, in the context of the community. The model has community core, which deals with values, beliefs and ethnicity, community subsystems which are comprised of eight subsystems, which influence and are influenced by the community. In this study, three (3) of the eight subsystems and the community core were explored, which include, health and social services, education, recreation and the community core. These constructs were deemed fit to answer the research questions. A detailed description of this model is done in the literature review section in chapter two (2).

## **1.2 Problem Statement**

Grunseit, (2007), stated that one of the critical social issues facing most of the LMIC is teenage pregnancy. This menace is a source of worry for social workers, non-governmental organisations (NGOs), policy makers and many other human service providers; this is as a result of its enormous repercussions to the girl child education and their future. It is estimated that 13,000 student girls drop out of school due to unwanted pregnancies in Kenya. In every 1000 births in Kenya, 103 of the births are delivered to girls between the ages of 15–19 years. Unwanted pregnancy is a primary cause of termination of pregnancy in Kenya (Izugbara, Ochako, & Izugbara, 2011).

In recent times, there is a public outcry on the upsurge of teenage pregnancy in some parts of Ghana, notably Ningo-Prampram in the Greater Accra region, where school girls trade sex for fish (Myjoyonline, 2016). Volta Region health authorities recently declared their quest to curb teenage pregnancy in the region (Mawuli, 2016) and Journalists for Reproductive Health (RH)–Ghana; a network of journalists advocating for RH issues in the country bemoaned the ever increasing of teenage pregnancy in the Brong Ahafo region (Aboagyewaa,

2015). This menace hinders girl child education and serves as a great setback in achieving quality adolescent health in Ghana.

A study by Gyan (2013) in Chokor, a fishing community in the Greater Accra region of Ghana revealed that poor parenting, poverty, school dropout, peer pressure and watching of pornographic films and materials are the major causes of teenage pregnancy. It is imperative that communities are actively involved in finding solutions to address this problem. According to Ghana Health Service (GHS) (2012), 750,000 adolescents between the ages of 15 to 19 years get pregnant annually. The complications of post abortions complications recorded in Ghana are shown below.

**Table 1. 2 Number of Post Abortion Complications in Ghana**

<b>ITEM</b>	<b>2012</b>	<b>2013</b>
Haemorrhage/bleeding	2795	2175
Perforations	70	43
Sepsis/infections	535	454

**Source: (RCH/GHS, 2013)**

With over ten (10) years of working experience in the clinical area, the researcher can attest to some of the ramifications of teenage pregnancy and unsafe abortion in East Mamprusi District where the researcher works. The researcher has nursed teenagers with complications of unsafe abortion (septicaemia, anaemia, shock and haemorrhage) and death. On numerous occasions the researcher nursed teen mothers' children with malnutrition, anaemia and diarrhoeal diseases, partly due to their inability to meet the nutritional needs of their children. These are preventable problems if the right interventions are put in place within the community.

Records at the east mamprusi district health directorate in the northern region revealed the following;

**Table 1. 3 Adolescent Pregnancy Distribution in East Mamprusi District.**

ITEM	2011	2012	2013	2014	2015
<b>10 -14 Years</b>	4	66	83	119	15
<b>15-19 Years</b>	998	679	779	974	1019
<b>TOTAL</b>	1,002	745	862	1093	1034

**Source: East Mamprusi Health Directorate Annual Report (2015)**

**Table 1. 4 Distribution of Adolescent Abortions in East Mamprusi District.**

ITEM	2011	2012	2013	2014	2015
10 -19 Years	35	89	163	142	55

**Source: East Mamprusi Health Directorate Annual Report (2015)**

The above statistics from the district is an indication that adolescent health is at risk with the gravest repercussions on adolescents who are the least educated, poor and living in rural and isolated areas. Bringing an end to teenage pregnancy and unsafe abortion calls for engagement and support of families and community members to ensure a healthy future for the teenage girl.

The girl child education in the near future will be truncated and further paints a gloomy future about teenage girls in the country. After a review of literature on teenage pregnancy and unsafe abortion, it was found that most of the research work dwelled much on the risk associated with teenage pregnancy, causes, the impact of teenage pregnancy on teenage girls'

health, teenagers' experiences as young mothers and teens' perspectives on teenage pregnancy. However, less has been done on the critical role community members play/ought to play in combating this canker and that is what this research seeks to examine. The researcher has not identified any study on the subject done in East Mamprusi District hence buttressing the fact that it is worth conducting this research in the district.

### **1.3 Purpose of the Study**

The purpose of the study was to explore the community's perspectives in curbing teenage pregnancy and unsafe abortion in East Mamprusi District.

### **1.4 Objectives**

1. To explore socio-cultural factors (community core) that influence teenage pregnancy and unsafe abortion.
2. To identify the community's perspectives on sex education for teenagers.
3. To explore the community's perspectives on the provision of contraception and safe abortion services by health facilities to sexually active teenagers.
4. To identify the sources of recreational activities for teenagers in the community.

### **1.5 Research Questions**

1. What are the socio-cultural factors (community core) that influence teenage pregnancy and unsafe abortion?
2. What is the attitude of the community on sex education for teenagers?
3. What is the community's opinion on the use of contraceptives and safe abortion services for teenagers?
4. What are the sources of recreational activities for teenagers in the community?

## **1.6 Significance of the Study**

The findings have illuminated the need for community members as well as nurses of all categories to be actively involved in teenage pregnancy and unsafe abortion prevention programmes. The study has unravelled the bottlenecks to curbing teenage pregnancy and unsafe abortion hence a call for a holistic approach to mitigating this canker. The findings from the study will add value to the body of knowledge on teenage pregnancy and unsafe abortion. Additionally, the findings will be of immense help to the district health directorate and other non-governmental organisation (NGOs) involved in promoting adolescent health to restructure their approach tailored toward combating teenage pregnancy and unsafe abortion.

## **1.7 Operational Definitions**

1. **Teenagers:** People from the age of 13 to 19 years.
2. **Adolescents:** people from the age of 10 to 19 years.
3. **Unsafe abortion:** Is the termination of unplanned pregnancy either by individuals without the requisite skills or in a place lacking minimal medical standards or both.
4. **Pregnancy:** The period between conceptions to delivery.
5. **Perspectives:** The thoughts and views by the community members.
6. **Community:** A group of people living in one particular area because of their common interests, social group or nationality.

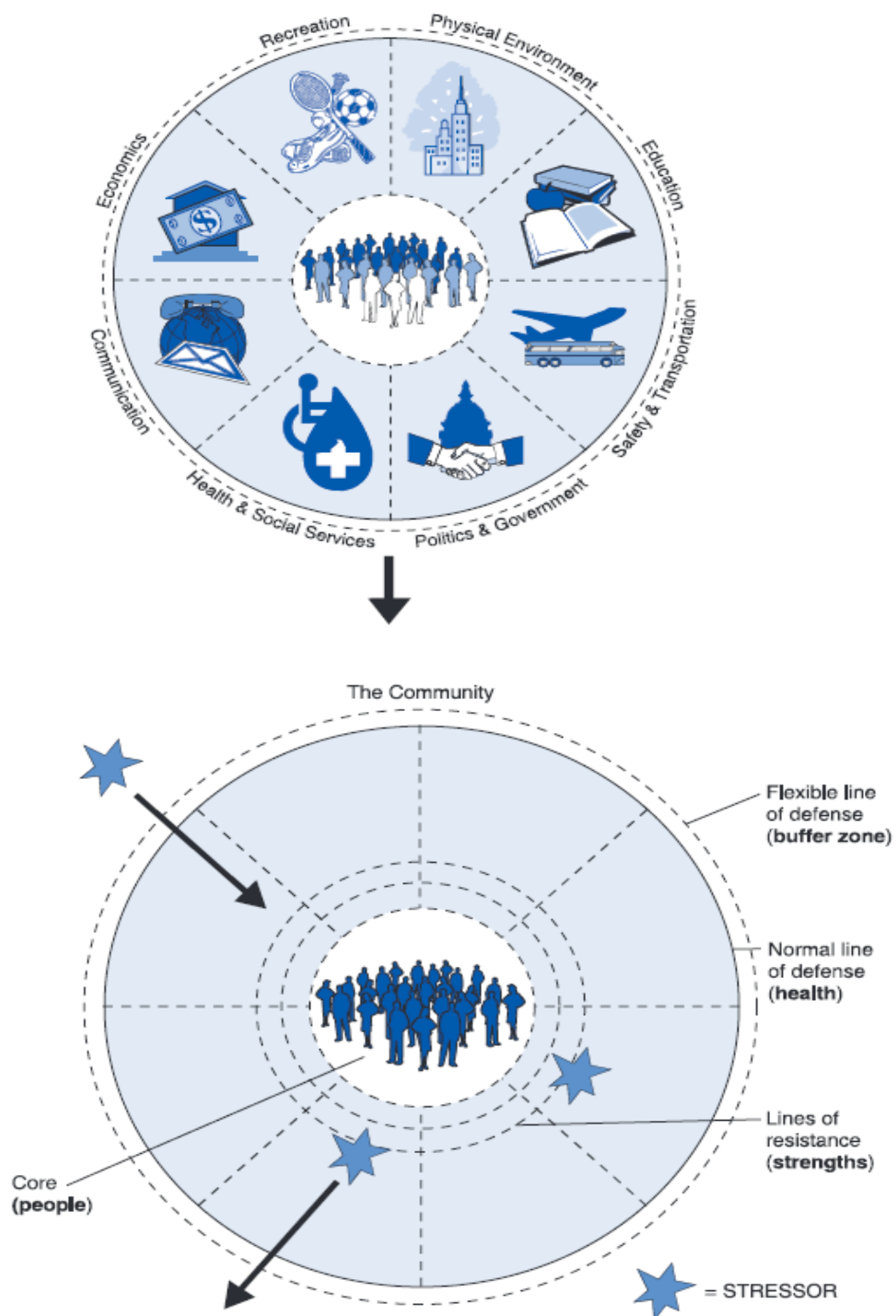
## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter presents a description of the Community-as-Partner Model which is used as the theoretical framework of the study. Literature relevant to the study objectives were guided by the constructs of the Community-as-Partner Model. A wide range of books, journals, papers and the internet were consulted for the appropriate information. For the review, the following databases were used: CINAHL, HINARI PUBMED, Medline, Science Direct, Sage, POPLINE and JSTOR. Key words such as teenage pregnancy, unsafe abortion, safe abortion services, in combination with terms such as “causes”, “sex education”, “sociocultural factors”, “contraceptive use”, “attitude”, “recreational activities”, “knowledge”, “preventive measures” were used in literature search . This was done to help identify relevant studies done on teenage pregnancy and unsafe abortion.

## 2. 1 Theoretical Framework of the Study: Community-as-Partner Model



**Figure 2.1** Illustration of the community assessment wheel

Source: Anderson and McFarlane (2010)

The theoretical underpinning of this study is Community-as-Partner Model (Anderson & McFarlane, 2010). The model is used to guide the study as the focus of the model is on health promotion of people and their families within the community. The model was developed based on Neuman's model of a total approach to viewing patient problems (1972), to emphasise the underlying philosophy of Primary Health Care. The Community-as-Partner Model works on the premise that, a stressor(s) is/are identified, that may originate in or outside the community and impinging on the health of the community. For example, unsafe abortion, air pollution from a nearby industry, closing of a clinic in a community, measles outbreak, meningitis outbreak among others are community stressors. The nurse collaborates with the community members to develop an intervention or solution to the stressor(s) impinging on the health of the community.

The person, nursing, health and the environment are the four concepts that are central to nursing and provide a framework for the model. Person- refers to a population. Everyone in a defined community. Environment- refers to the community, which is the network of people and their surroundings. Health- It is a positive concept emphasising social and personal resources as well as physical capabilities. Nursing - refers to prevention.

The focus on the community as a partner is represented by the community assessment wheel. Figure 2.1 illustrates the Community Assessment Wheel. Top of the wheel incorporates the people in the community as the core. As shown in (Fig2.1), the community assessment wheel denotes the individuals who form the community, which includes: the community core and the community sub-systems. The community core is the first part of the assessment wheel which is divided into four aspects: ethnicity, history, demographics, beliefs and values of the community. Application of this construct of the model in the study explored socio-cultural



factors that influence teenage pregnancy and unsafe abortion in East Mamprusi District. The community's belief systems, values and taboos are were explored.

The community subsystems are made up of eight (8) subsystems separated by broken lines indicating that they are not independent and separate but influence and are influenced by one another. This is in line with the principle of ecology that everything is connected to everything else (Jorgensen, 2009). The same applies to the community. These eight (8) subsystems include; Education, communication, physical environment, safety and transportation, politics and government, health and social services, economics and recreation. Physical environment assesses the outlook of the community, climate, natural resources and social system including housing, businesses, churches, mosques, and hangouts among others. How does this physical environment impact on the health of the community? Safety and transportation also assess how people get around the community, availability of buses, are the community members safe, are protective services available e.g. fire, police, sanitation including waste and water treatment plants etc. Politics and government assess whether there are signs of political activities in the community, do the community members take part in decision making in local government unit. Are government policies impinging positively or negatively on the health of community members?. Economics assesses the wealth of the community. Is it a thriving community or not, the poverty level of the community, industries, stores, places for employment etc. Communication assesses the availability of Televisions sets and radios stations. What are the means of communication? The researcher has the mandate of assessing how these community subsystems impinge on the health of the community to develop an appropriate community-based intervention to improve the health of the people in the community.

In this study, three (3) of the eight subsystems are explored, which include; education, recreation and health and social services. Education as a construct explored the community's perspectives on sex education for teenagers and girl child education. Health and social services as a construct have to do with the services rendered by the health facilities in the community. Application of this construct explored the community perspectives on provision of contraception and safe abortion services to teenagers by health facilities. Recreation as a construct in the model also identified recreational activities at home and within the community that teenagers engage themselves in at their leisure time. The assessment of the 8 community subsystems is done to ascertain how these subsystems influence the health of the community positively or negatively.

From the model, the solid line around the community represents its **normal line of defence**. It also represents the health of the community. E.g. high level of immunity, low infant mortality and absence of teenage pregnancy. The **flexible line of defence** which is symbolised by a broken line around the community (outside the normal line of defence) is significant as it symbolises the dynamic nature and changing state of the community's defences. It is also referred to as the "buffer zone". It is the level of health occurring after a temporary response to a stressor. It also promotes and protects the overall health of the community. The community has **lines of resistance** as shown in the model. The lines of resistance are the internal mechanism that act to defend against the community stressors, for example, programmes implemented to decrease sexually transmitted infections and teenage pregnancy and unsafe abortion are lines of resistance that will act against the high rate of teenage pregnancy, unsafe abortion and STIs. **Stressors**; as seen in the model are tension producing stimuli that have the likelihood of causing imbalance in the community health system. The **stressor** in the community is teenage pregnancy and unsafe abortion that has caused disequilibrium in the community health system.

The application of this model in the study provided the evidence needed to develop strategies for community-based intervention that can be implemented at the community level to help in the prevention of teenage pregnancy and unsafe abortion. The focus of this model is the preservation and promotion of community health and to maintain a system of equilibrium.

## **2.2 Socio-Cultural Factors that Influence Teenage Pregnancy and Unsafe Abortion**

Every society is characterised by customs, norms, beliefs and values that influence the behaviour of people in the society. Cultural and political attitudes toward sexual matters may impede the formulation of a resolute effort toward addressing the problem of teen pregnancy. Researchers, policy makers, educators and parents mostly focus on preventing teenage pregnancy itself rather than addressing the societal influences that may encourage teen pregnancy (Lieber, Chin, Rotheram-Borus, Detels, Wu, & Guan, 2009). The confluence of cultural, religious and geographical factors provides a sensitive environment where issues of SRH have persistently remained a taboo in most communities for years in Ghana (Nyarko, 2014). In China, teenage pregnancy and abortion are intolerable. With the Chinese social and cultural norms, the majority of unmarried young women with unplanned pregnancy must choose to terminate the pregnancy clandestinely or keep it. (Wu, 2010). It is therefore imperative to prevent the occurrence of pregnancy than to get pregnant and risk losing your life through unsafe abortion clandestinely.

A study among Latinos in America revealed that culture and taboos have a great influence on contraceptive use as most extended family members object to family planning. Mothers are seen to be teaching adolescents prostitution when some of them start to talk about sexuality. Adolescents seen using contraceptives are chastised and pressured to stop using it. talking about sexuality is equivalent to encouraging prostitution (Villar & Concha, 2012).

It has been demonstrated that cultural values are essential factors that affect the meaning people place on talking about teen sexuality and pregnancy (Murphy, Stauss, Boyas & Bivens, 2011). A Study on gender and sexuality in Nigeria revealed that youth do not openly talk about sex matters and desires. Common words used to represent sexual parts of the body, activities and desires among the youth are often ambiguous reflecting the cultural silence expected of them on sexual matters (Izugbara, 2005). This clearly shows that even though teenagers do not openly discuss issues of sexuality, they are deeply involved in premarital sex and other risky sexual behaviours. There is the need to teach or better still discuss with teenagers about issues of sexuality so that they do not fall prey to the dangers of premarital sex.

A qualitative study based on grounded theory conducted in five public high schools in Mexico found that the common preventive message that parents communicate to their teenagers is abstinence. Condom use and emergency contraception talks to teenagers are scarce or absent. Cultural issues in Mexico is dictated mainly by a Catholic morality, which makes it difficult for parents to accept that their teenagers are sexually active. The communication of concrete information on contraceptive use is limited (Rouvier, Campero, Walker, & Caballero, 2011). Notwithstanding, sexually-active teenagers may continue having premarital sexual activities with or without the approval of the society. Therefore, a concerted effort is needed to address cultural and religious beliefs that hinder access to SRH services or information among teenagers. According to Laila (2015), in Thailand talking about sexual matters are not allowed, particularly among women. The cultural values and norms of the Thai society considered sexual issues to be a secret matter which should not be discussed in public. Children are not given appropriate sex education at the family level in Thailand.

According to Were (2007), the problems among teenagers are partly due to the breakdown of societal moral structures and infiltration of the “western culture”. The traditional African culture that upheld and valued cultural virtues like virginity is eroded. The

study reported that the traditional African culture taught girls to keep their virginity until marriage. The extended family were in charge for guiding, counselling and monitoring the behaviours of children in the society. However, it is suggested that such institutions have run-down and were no longer effective, as a result, teenagers indulge in pre-marital sex leading to teenage pregnancy.

A case study conducted in Tanzania found that sexual exploitation, harassment and assault are some of the problems happening in the community. People do not really know their rights and some community members see it as a shame on the family to report such cases hence, it is kept secret. It was found that community members collaborate with the offenders of teenage pregnancy and matters are settled secretly usually by promising to take responsibility for the child after birth or marry the teenager (Mbeba et al., 2012). In addition, studies have shown that social norms in the society also influence teenage sexual activity. In communities where teenage pregnancy, early motherhood desire are common, adolescents may assume that the prevalent social norms favour adolescent sexual involvement and may indulge in early sex (Aparicio, Pecukonis & Zhou, 2014). Another related study conducted in Mtwara district in Tanzania underscored socio-cultural factors underpinning undesirable gender inequities in the home and the community. Practices such as initiation ceremonies, early and forced marriages contribute to teenage pregnancy in Tanzania (Bangser, 2010).

Regarding early marriages which lead to teenage pregnancy, it is reported in Sri Lanka that early marriage is common and most adolescents indulge early sex debut before the age of 18 years. Teenage pregnancy is associated with low sex education and socio-economic status of parents (Rajapaksa-Hewageegana, Salway, Piercy, & Samarage, 2014). In spite of the rising age of marriage and laws banning marriage before 18 years and 21 years for women and men respectively, a study in India observed that 44.5% of married women between the ages of 20 to 24 years were married by the age of 18 years. The study also found that 16% of the teenage

girls from 15-19 years were already pregnant or have given birth at the time of the study (Nath & Garg, 2008). The law prohibiting early marriages is good. It will help mitigate teenage pregnancy. However, the findings above suggest the law is being violated and calls for punishment of the perpetrators and stiffer policy measures in this regard.

A qualitative study on abortion experiences and needs among women in Malaysia suggested that religious and cultural biases against abortion made it tough for women to demand abortion services. Women felt stressed and humiliated seeking for abortion services. From the government health care setting, doctors were observed to be judgmental and viewed abortion as bad and a sinful act. Women seeking for safe abortion were asked not to abort the pregnancy and give out the baby for adoption after delivery (Tong, Low, Wong, Choong, & Jegasothy, 2012). This attitude by the community members and doctors will give more room for unsafe abortions which comes with severe ramifications. In spite of the availability of safe, legal abortion services in Ghana, high rate of morbidity and mortality from unsafe abortion still persist. A study conducted on factors accounting for deaths from unsafe abortion in Ghana revealed that the major barriers to the utilisation of safe abortion services are stigma, financial constraints, cultural and religious factors (Payne et al., 2013).

In 2006, the district socio-economic profile of Machinga in Malawi indicated that 8,197 pupils dropped out of school due to early marriages and poverty. In secondary school, 607 pupils also dropped out of school and out of these, 45.5% were boys and 54.5% were girls. From the 54.5% of teen girls who dropped out of school, 99 were due to pregnancy representing 30% of all drop outs (Muula, Lusinje, & Majawa, 2015). Similarly, a cross-sectional survey in Nigeria by Ochiogu et al., (2011) showed that poverty is a major cause of pregnancy among teenagers. Additionally, Whitehead (2009), also established that adolescents from socially deprived backgrounds, characterised by poverty are at an increased risk of teenage pregnancy.

In Western Europe, UK has the highest rate of teen pregnancies. A study on social issues of teenage pregnancy in the UK indicated that high rate of teenage pregnancy is due to family conflict and breakdown, lack of good role models in the society, low socioeconomic status, binge drinking of alcohol, low expectation and aspiration for the future (Cook & Cameron, 2015).

### **2.3 Sex Education**

Sex education comprises of components such as knowledge and understanding the reproductive cycles. Sex education provides guidance about pregnancy and birth, safe sexual practices, prevention of the incidence of STIs (Kippax & Stephenson, 2005). Sexuality education provides teenagers with SRH information that is accurate realistic and in non-judgemental manner that will enhance decision-making skills at a crucial developmental stage (Dake et al., 2014; UNESCO, UNICEF & UNAIDS, 2009).

The United States of America has made a significant progress in mitigating teen birth rates in the past decades. Currently, the teenage birth rate among girls aged from 15 to 19 years is 26.6 per 1000. Sexual initiation of adolescents before the age of 19 years has reduced to 43% from initial 51%. This is due to the introduction of sex education in schools and at homes and the availability of contraceptives for the sexually active adolescents (Martin, Hamilton, Ph, & Osterman, 2014). Similarly, it is worth noting that from 2014, the government of Zambia revised its curriculum with integrated comprehensive sexuality education introduced in Grade 5 to 12 in all schools in Zambia. This measure is to mitigate teenage pregnancy and improve sexual and reproductive health outcome in the country (Dake et al., 2014; Saili & UNESCO Zambia, 2015). This will help improve the health of teenagers in Zambia and should be emulated by other countries in their quest to curb teenage pregnancy and unsafe abortion.

In Netherlands where teenage pregnancy is low, it is attributed to high level of contraception use, comprehensive sex education at home and in schools. In Netherland, sex

education starts in preschool and is incorporated into all subjects and levels of schooling. Netherland has teen birth rate of 5.1 per 1,000 women aged 15–19 years (Cook & Cameron, 2015). Similarly, a quantitative study in Turkey explored the “causal relationship between female education and teenage fertility” by exploiting a change in the compulsory schooling law (CSL). The results of the study indicated that completing primary school decreases adolescent fertility by 0.37 births. After exploring the heterogeneous effect, it was found that girl child education decreases adolescent fertility more in areas with lower population and higher agricultural activity. Finally, the study established that the compulsory schooling law postpones teenage pregnancy by delaying early marriage (Güneş, 2013). A review of 41 randomised controlled trials in the US, Nigeria, Europe and Mexico provided the evidence that comprehensive sex education prevents unintended pregnancies among adolescents (Oringanje et al., 2009). Relatedly, a quantitative study in Kenya, involving 6,000 students revealed that students who had received sex education delayed sexual initiation and increased condom use as compared to more than 6,000 students who did not receive sex education (Maticka-Tyndale & Tenkorang, 2010).

A qualitative study involving 30 Latin America immigrant women in the US showed that for most of the immigrants, their first contact with sex education is when they are in need of help on prenatal and birth control. The participants revealed that they got to know about matters on sexuality when there were preparing for their wedding or when they were already married (Villar & Concha, 2012). Religious values and societal taboos on abstinence until marriage could be a reason for the late access to sex education among the immigrant women. However, the immigrant women alluded that sex education in the US is very comprehensive, vulgar in nature and as such distasteful while others considered it as positive (Villar & Concha, 2012). These findings cannot be generalised to all Latin America immigrants as the method used was qualitative research and the sample size was small. Further studies could be done



using a quantitative method to enable generalisation to all Latina America immigrants in the US.

On the importance of information on sexuality, the National Sexuality Education (2012) in the US stated that students should comprehend reproductive system and physiology by the end of 5th grade and be able to explain abstinence, the effectiveness of the various methods of family planning and be able to demonstrate how to use condom correctly by the end of the 8th grade. This is in view of further reducing teen pregnancy and STIs. In a related study involving 2,400 parents across 3 counties of a Midwestern State on sex education found that 36% of the participants support teaching of reproductive system in grade 3-5, 51% of the participants also supported teaching abstinence and refusal skills in grade 6-8 and 55% encouraged teaching of contraceptive methods and the use of condom in the middle school or earlier (Dake et al., 2014).

Research has shown that in China, sex education for teenagers has been available since 1983 but has always focused on the physiology and psychological development and provides little information on contraception (Lou, Wang, Shen, & Gao, 2004). According to Wu (2010), in China, educating adolescents about contraception and making contraceptives available would increase the likelihood that teenagers and young adults would involve themselves in early sex. In a similar research conducted in Ghana on parental attitude towards sex education established that most parents had unfavourable attitudes toward sex education of their wards in lower and upper primary with the reasons that they are too young for such information to be given to them (Nyarko, 2014). Similarly, Bastien, Kujula and Muhwezi (2011) reported that in South Africa, there is often no room or opportunity for girls at home to express their first discoveries, emotional wellbeing and experiences regarding sexuality. In the context where teenage sexuality is highly stigmatised, parents put more emphasis on life-threatening consequences on sex. This finding is consistent with a study in a low-income community in South Africa, where many parents use a ‘discourse of danger’ in relation to sexual behaviour

to prevent their teen girls from engaging in sex (Lesch & Kruger, 2005). It is therefore important to state that, forbidding statement is not the solution to stop risky sexual behaviour among teenagers. Instead, more communication about sexuality and openness is needed by parents at home.

In contrast to these findings, a cross sectional survey in Nigeria revealed that sex education was provided in schools. Most of the participants (teachers) (75% in private schools and 77% in public schools) opined that sex education was very important and should be done at homes and in schools to help reduce teenage pregnancy. However, participants were not clear in their minds about the class level at which sex education should be provided (Ochiogu, Miettola, Ilika, & Vaskilampi, 2011). A mixed method study could have helped to elicit in-depth information about the phenomenon being studied. Subsequent studies could involve parents to seek their views on the sexuality education since they play important roles in the upbringing of children.

A study conducted in Sydney by Carmody and Willis (2006) revealed that teenagers' parents appeared to be unwilling to talk about sex, or incapable of taking on the task of being primary educators of their adolescent children on sexuality. In another study, parents were willing to discuss matters of sexuality with their children at home but lack the requisite knowledge (Dyson & Smith, 2012; Bastien et al., 2011). Notwithstanding this finding, in Bolgatanga where parents educated their adolescents on sex, the adolescents viewed sex education as a lecture and wanted more information from their parents on sexuality (Krug, Mevissen, Prinsen, & Ruiter, 2016). Quite apart, it is cited in studies that, adolescents whose parents/guardians talk with them to be of good behaviour and provide sexuality education or family planning information at home are more likely than others to delay sexual activity. They have fewer sexual partners and are more likely to use family planning methods (Cubbin et al., 2005; Wang et al., 2013).

In as much as sex education at home is the responsibility of both parents, a qualitative study in Lome-Togo by Speizer, Mullen and Amégee (2001) established that women take the responsibility of educating their daughters on sexuality at home. It was found that when unwanted teen pregnancy happens, it is the girl's mother who is blamed and chastised severely for allowing her adolescent to be impregnated. This finding poses a question of why women should be blamed and not fathers or both for the occurrence teenage pregnancy.

#### **2.4 Contraceptive Use for Sexually Active Teenagers**

A descriptive quantitative study involving fifty-three (53) pregnant teenagers in Beijing revealed that 69.8% of teenagers had inadequate knowledge on contraception, 24.5% of participants' knowledge on contraception was obtained from parents and the school and 11.3% of the participants indicated it was unnecessary to obtain information on contraception (Wu, 2010). Contrary to these findings, a Demographic Health Survey (2014) and a study by Aniteye and Mayhew (2011) both in Ghana showed that contraceptive knowledge among the Ghanaian populace is high but low in utilisation of contraceptive services.

Studies have pointed out that awareness and knowledge of contraception do not translate to contraceptive use. It is reported in several studies that, contraception for young people is associated with promiscuity and straying. Teenagers are perceived as loose girls and stigmatised for using contraception. Fear of side effects (infertility) is a major barrier for utilisation (Mbeba et al., 2012; Ochako et al., 2015; Chandra-mouli, Mccarraher, Phillips, Williamson, & Hainsworth, 2014). It is found in a study involving 20 community leaders in Karachi-Pakistan that religious beliefs taboos and cultural pressures are the leading cause of non-utilisation of contraceptives among adolescents and adults (Khurram & Graham, 2009). This is in tandem with qualitative study findings that sampled teenagers, policy makers and service providers' on perceptions of youth-friendly SRHS in Vanuatu. It was observed that

cultural norms and taboos regarding teenage sexual behaviour were the important factors that hinder teenagers from accessing SRH services. This contributed to adolescents' own fear, shame and judgmental attitudes of service providers and disapproval from parents and community gatekeepers on service utilisation (Kennedy, Bulu, Harris, Humphreys, Malverus & Gray, 2013). These findings corroborate with a study findings by Kumi-Kyereme, Awusabosare, Kufuor and Darteh, (2014) where resistance from parents, attitudes of adolescents and negative attitudes of health care providers were cited as the challenges confronting adolescents' utilisation of contraceptive services. These findings suggest that people should be trained specifically to handle teenagers with SRH issues. This personnel will understand the needs and challenges of adolescents. This calls for attitudinal change of health personnel through workshops.

A study in Tanzania posits that family planning is the least discussed topic on sexuality compared to HIV/AIDS. Teenagers are viewed to be too young to be given information on contraception as it will lead them to indulge in sexual promiscuity. Contraceptives were viewed as the preserve of adults and not teenagers (Muthengi, Ferede & Erulkar, 2016). On the contrary, a study conducted in California explored "parental acceptability of contraceptive methods offered to their teen during a confidential health care visit". The study was conducted among parents/guardians with teenage girls aged 12–17 years. The study established that 59% of the participants endorsed oral contraceptive pills for teenagers while 18% endorsed intrauterine devices for teenagers. Parental approval of teenagers' autonomy was significantly associated with increased acceptability of all methods. It was also established by the majority of the participants (51%) that clinicians should provide condoms to sexually active teenagers (Hartman et al., 2013). Similarly, a mixed method study in Gwagwalada community in Nigeria involving community leaders, religious leaders, married couples and health care providers revealed that 65.1% of men stated they would go with their wives to family-planning units in

the future, 76.3% approve of the use of modern contraceptives by their wives. Meanwhile, 86.8% stated they wanted to know more about contraceptives (Akaba, Ketare & Tile, 2016). The study design was appropriate to allow for generalisation of finding and in-depth understanding of the phenomenon. Since the majority of the participants approved the use of contraceptives by their wives, the question is, will they equally approve the use of contraceptives by teenagers who are sexually active and at risk of teenage pregnancy and STIs? This question gives room for further studies with a focus on teenagers.

A mixed method research conducted in Ashaiman, Nima, Sunyani and Atebubu in Ghana explored parents, guardians and community leaders' perspectives on adolescent SRH. The study showed that 97% of the respondents wanted SRH information to be taught in schools while 87% of the respondents indicated they were comfortable talking about sexuality with adolescents. The study also provided evidence that parents and guardians were aware that adolescents are sexually active as evidenced by rising numbers of unintended teen pregnancies. On the use of contraceptives by teenagers, the respondents indicated they prefer the adolescents to use contraceptives than allowing adolescents get pregnant and attempting unsafe abortion. The participants also reported that they cannot imagine an adolescent going for family planning services and meeting her mother there for the same service. (Esantsi, Gertrude, Kusi-appouh, & Tapsoba, 2016). These findings call for further work to be done in wider context on adolescent SRH. The conditions in urban slums might be different from some rural communities with high numbers of teenage pregnancy and STIs. Additionally, willing to do sex education at home is one thing and having the requisite knowledge on the component of sex education is another. Further studies could be done on the knowledge level of parents and guardians on sexual and reproductive health. It is also envisaged from the findings that a gap exists for awareness creation on the availability of adolescent friendly health services (AFHS)

which is adolescent-specific for SRH services including contraceptives provision and counselling services.

Wood and Jewkes (2006) conducted a qualitative study in Limpopo Province in South Africa to investigate “barriers to adolescent girls accessing clinic services for contraception”. The findings suggested that the majority of the teenage girls were pressurised both from their parents and their male partners to prove their fertility. The fear of side effects of contraceptive use (infertility) and inaccurate information on how conception occurs were reported as barriers to contraceptive used by teenagers. The study observed that Nurses stigmatised, scolded and treated adolescent girls harshly. The inability of the nurses to recognise teenagers as sexually active and users of contraceptives creates a gap where they may indulge in sex without any form of protection because of the attitude by the Nurses in Limpopo province in South Africa.

Studies have revealed that contraceptives are not available to adults and teenagers in many poor communities in LMIC. Certain policies and laws also prohibit teenagers from using it. In instances where there are no legal limitations, health personnel in various places refuse to give contraceptive information or services to teenagers because they do not support premarital sex (Aniteye & Mayhew, 2011; Chandra-mouli et al., 2014; Chandra-mouli et al., 2013; Magnani, Gaffikin, Aquino, Seiber, Conceição Chaga, & Lipovsek, 2001; Pulerwitz, Barker & Segundo, 2004).

## **2.5 Abortion and Safe Abortion Services for Teenagers**

The abortion Law in Malaysia allows women to terminate pregnancy to save a woman’s life and to preserve her physical and mental health (Penal Code Section 312, amended in 1989). A study on “access to safe legal abortion in Malaysia” revealed that lack of understanding of the law and clear interpretation of the law results in women facing problems in accessing abortion information and services. Some of the health care providers were not aware of the legalities of abortion in Malaysia. Health care providers were influenced by their own beliefs

with regards to the provision of abortion services (Low, Tong, Choong, & Frca, 2015). From the study finding above, it is evident that one thing is government formulating policies and another critical thing to do is public education on the policy to enhance proper utilisation by the target group or population.

Guttmacher Institute (2012) reported that the more restrictive the grounds for allowing abortions, the more likely that women and for that matter, teenage girls are deprived of safe abortion services. Women inability to access safe abortion services lead them to seek clandestine abortion service providers who lack the skills and qualification to carry out such procedures. Social stigma and high costs of abortion services were also cited by Guttmacher Institute as factors that hinder women's utilisation of safe abortion services.

In Ethiopia, More than 32% of maternal mortality is due to unsafe abortions. The knowledge of women on abortion legislation is a key determinant of the utilisation of safe abortion services. A quantitative study involving 234 students in Dabat preparation school was conducted in Ethiopia. The study determined "knowledge of abortion legislation and associated factors among female students". It was found that the majority of the respondents, 62.8% knew that the law in Ethiopia permits safe and legal abortion under certain circumstances while 41.5% of the participants had poor knowledge towards the legality of induced abortion in Ethiopia. Higher family income, knowing the place where safe abortion can be performed and current use of contraceptive was significantly associated with knowledge of the abortion legislation (Kebede, Bazie, Abate & Zeleke, 2016).

A study conducted in Western Kenya to explore the perceptions women about abortion found that the most common unsafe methods used for induced abortion in the communities were tea leaves, quinine, herbs, a metal rod or wire inserted into the uterus through the vagina. Other methods were snake antidote and neem tree leaves (Marlow, Wamugi, Yegon, & Feters, 2010). Similarly, a cross-sectional study involving 278 women in rural and urban Tanzania

found that herbs, roots and catheters are the most common unsafe abortifacients used for induced abortions among women in rural and urban Tanzania (Rasch & Kipingili, 2009). The adoption of these unsafe methods by teenagers will undoubtedly suffer from severe health complications including death as having been reported in Ethiopia.

Some Study findings in Ghana, South Africa and Western Kenya posited that the majority of the participants were not in support of safe abortion services which was based on moral and religious grounds. Safe abortion was regarded as a sin/murder of defenceless foetus and 'baby killing' (Aniteye & Mayhew, 2013; Harries, Stinson, & Orner, 2009; Marlow et al., 2010). Similarly, in Zambia, abortion and safe abortion services are viewed as a sin and immoral (Waszak, Gebreselassie, Awah, & Pearson, 2012).

In Kenya, unsafe abortion is a major cause of maternal morbidity and mortality. A study by Marlow et al., (2010) in Trans Nzoia and Bungoma in Kenya showed that, safe abortion services were not supported by community members. Women seeking abortion or known to have had safe abortion services were accused of infidelity and the young unmarried ladies who have had abortion become poor candidates for marriage. These findings give an indication that there is a need for intensive public education on the consequences of unsafe abortion to the community members. They may be oblivious of the repercussions of unsafe abortion. Several studies have documented that abortion or safe abortion is heavily stigmatised in many societies. Victims of abortions are ostracised, labelled murderers and perceived by others as prostitutes. Women are also suffer accusations of being unfaithful to their sexual partners or husbands if they terminate pregnancy (Waszak et al., 2012; Marlow et al., 2010; Lee, Chou, & Chen, 2014). These social tags may account for the incidence of clandestine abortions among teenagers.



## **2.6 Recreational Activities**

Studies have reported that in a socially organised communities in which adults collectively monitor teenagers' activities and behaviours, it is likely to reduce teenage risky behaviours in the community (Browning et al., 2004; Kawachi & Berkman, 2000).

Television viewing is observed as a major form of indoor entertainment and diversional therapy at home. A study in Nigeria by Olumide and Ojengbede, (2016) cited that the likelihood of sexual intercourse was higher with mixed-sex peer co-viewing of television. However, parents watching with their teenagers and other restrictions by parents on media and sexual relationship movies were not associated with early sex. Parents co-viewing television with teenagers is likely to bring bonding between parents and teenagers in the community. Concerning folktales and storytelling, a study by Diala-Ogamba, (2015) on folktales established that folktales that once served as a form of entertainment and education for the children in African homes have been abandoned. The study cited that people no longer gather by the fireside in the evenings to tell and listen to stories that entertain and educates.

A qualitative study explored community members' opinion on the structural determinants of adolescent girls' vulnerability to HIV in Malawi, Botswana and Mozambique. The study involved teenagers and adults. The study results showed that majority of the participants in rural communities complained about the non-existence of recreational facilities, which was thought could minimise young people's susceptibility by keeping them engaged in positive activities. In Botswana, majority of the participants suggested that it was the responsibility of the government to provide venues where teenagers could exercise, enjoy an alcohol-free entertainment, take part in drama clubs or choirs; then when the teenagers finish these activities and come out, they are exhausted and will head straight to bed. The participants in their quest to minimise risky sexual behaviours among the teenage girls in the three countries outlined the following activities: positive leisure activities for girls such as recreational centres,

girls-only clubs, vocational training courses and economic opportunities for vulnerable girls. Law enforcement, particularly on access to alcohol and restrictions on the sale of alcohol to help protect girls from sexual violence and exploitation were the issues remarked by the participants (Underwood, Skinner, Osman, & Schwandt, 2011). The study design unearthed varied opinions from the young and the old on the phenomenon. Similarly, a qualitative research conducted in two rural African, American communities in the United States of America (USA) explored community members' perspectives on neighbourhood characteristics and teenagers' sexual behaviours among ninety-three (93) participants. The study revealed non-existence of diverse leisure-time recreational activities for teenagers (miniature gulf, amusement parks, drive in movie theatre, hockey field, art museums and ice-skating rink), limited safe environment for socialising and cost barrier to recreational activities for teenagers created conditions that encouraged sexual and other risky behaviour among teenagers. The study further indicated that, adolescent sexuality is abused by some entertainment joints in the community for economic gains, a situation adults felt powerless to change. Ineffective monitoring of adolescent social activities and inadequate parental supervision of teenagers' time alone were also linked to teenagers indulgence in risky sexual behaviours (Akers, Muhammad, & Corbie-Smith, 2011).

A qualitative study involving teenage girls, adults and community leaders in Tanzania revealed that businessmen in the communities organise video show in local night clubs for a fee where pornographic and sexual relationships films are shown. This was found among factors leading teenagers to engage in risky sexual behaviours in Tanzania. The study further revealed that, the local night clubs serve as a conduit for sexual promiscuity for various groups and putting teenage girls at risk of sexual harassment and rape (Mbeba et al., 2012). In a related study, it is reported that the growth of transport networks and communication channels in Nepal has created a different socio-cultural environment which is conducive for social interactions

leading to teenage pregnancy and STIs. In addition, exposure to western culture through Television and the Internet tends to encourage initiation of sexual intercourse among teenagers in many countries (Collins et al., 2004). A quantitative study was conducted in Scotland and UK to examine whether there is an association between sexual media content and contextual factors (co-viewing, parental media restrictions) and early sexual behaviour. The study involved 2,251 teenagers between the ages of 14- 15 years. Using a multivariate analysis, the likelihood of teenagers indulging in sexual intercourse was lower with parental/guardian restrictions and same-sex peer co-viewing. However, the likelihood of intercourse was higher with mixed-sex peer co-viewing. Parental co-viewing and other restrictions by parents on media and sexual relationship movies were not associated with early sex (Olumide & Ojengbede, 2016). However, a study conducted among teenagers suggested that parental restriction on watching TV and other movies may also have undesirable effects, encouraging less positive attitudes towards parents and frequent co-viewing with peers (Nathanson, 2001).

Some studies on adolescent television viewing suggested that parents who restrict adolescents from television viewing are protective against premature sex (Ashby, Arcari, & Edmonson, 2006; Bersamin et al., 2008). Additionally, a qualitative study involving 332 key informants and teenagers (aged 15–19 years) in Ibadan-Nigeria revealed that, a number of media technologies in the communities (such as computers, cell phones, television, and the Internet) that teenagers are exposed to in this modern times, had positive and negative influences on them. Teenagers often looked up information on the Internet although it was mostly used as a means of meeting and communicating with friends. Participants stated that the media had a strong influence on teenagers' SRH, especially regarding relationships and sexual practices. The media exposed them to internet fraud and pornography (Parkes, Wight, Hunt, Henderson, & Sargent, 2013).

Studies have argued that lack of recreational activities results to boredom in the communities and likely to increase teenage engagement in sexual relationships. Teenagers that had nothing to do, nothing to preoccupy themselves with end up talking about unhealthy sex matters. It is reported that neighbourhood recreational activities occupy adolescents' free time thereby reducing the amount of time available for adolescents to think about sex or indulge in sexual relationship (Oman et al., 2005; Akers et al., 2011). According to Cohen et al., (2002), teenagers who partake in school-based activities started sex at a later age, had fewer sexual partners, increased use of contraceptives and a lower rate of pregnancy.

A recent case study was conducted in Haizhu District in China, to analyse the spatial distribution of community recreational facilities. The study found that the quantity and service range of existing community recreational facilities are very limited with unequal access, which affects residents' exercise/sports activities. The study reported that teenagers' needs of daily exercise are hardly satisfied under the existing environment. The study suggested providing community recreational facilities in terms of financial investment and management to promote a healthy environment for the youth and the community at large (Chen, Hui, Lang, & Tao, 2016). The findings have provided evidence for equitable provision of recreational facilities in the community to support the formation of a healthy community.

## **2.7 Summary of Literature Review**

This chapter reviewed literature on curbing teenage pregnancy and unsafe abortion using community-as-Partner Model as an organising framework. A lot of research work has been done on teenage pregnancy and unsafe abortion both in quantitative and qualitative research in the developed countries and LMIC. However, there is paucity of knowledge on the perspectives of community members communities with high incidence of teenage pregnancy and unsafe abortion. Unsafe abortion is a global issue and in most of the studies reviewed participants had unfavourable attitude to safe abortion services for teenagers. It is worth noting

that not much has been done in Ghanaian context on teenage pregnancy and unsafe abortion especially the perspectives of community members on curbing this menace. It is therefore prudent to have a holistic approach to tackling this problem rather than seeking only the perspectives of teenagers who are victims of teenage pregnancy and unsafe abortion. The perspectives of community members are critical to the development of community-based interventions to curb this menace.

The next chapter presents the research methodology for the study.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This section of the study deals with how the study was conducted. It explains the design of the study, the setting, study population, inclusion and exclusion criteria, sampling method and sample size, data gathering tool and pre-testing. It also describes the data gathering procedure, data management, data analysis and methodological rigour as well as ethical considerations.

#### **3.1 Research Design**

Research Designs “are types of enquiry within qualitative, quantitative, and mixed methods approaches that provide specific direction for procedures in a research design” (Creswell 2013, p.12). Qualitative research studies people in their natural settings to ascertain how their behaviour and experiences are shaped by the context of their lives such as economic, social, physical or cultural circumstances (Denzin & Lincoln, 2008). The approach of this research was an exploratory descriptive qualitative study. The study explored and described the community perspectives in curbing teenage pregnancy and unsafe abortion in the East Mamprusi District

Qualitative research was chosen because it allows for flexibility in the collection of an array of perspectives from a number of participants in a study. Qualitative design allows the researcher to immerse himself/herself in the setting so as to understand the what, how, when, where and how of the social structure and action and interaction (Creswell, 2005). The use of this design gave the participants enough room to share their experiences and thoughts freely on curbing

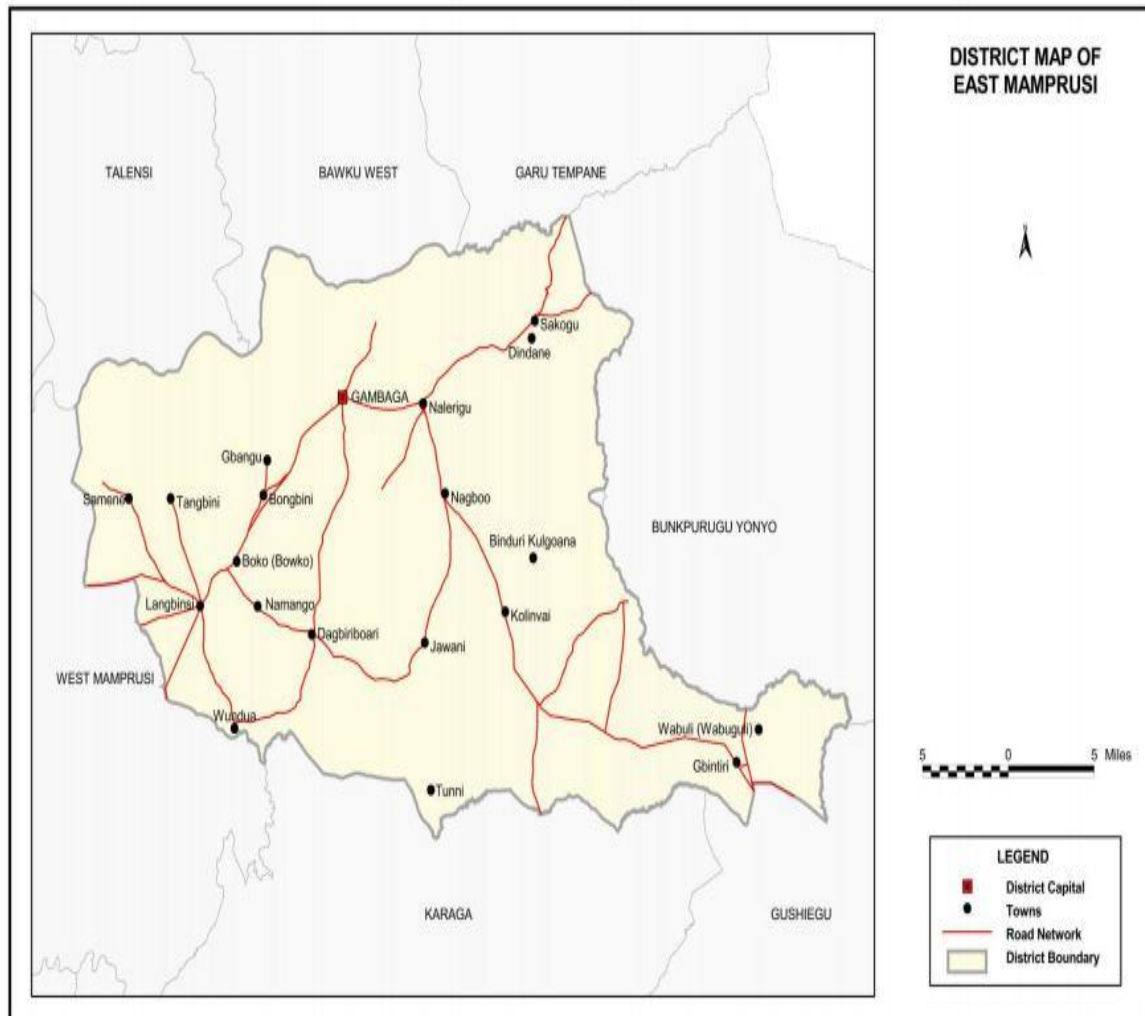
teenage pregnancy and unsafe abortion in the district compared to surveys with a structured questionnaire that is restrictive in nature.

### **3.2 Research Setting**

The study was conducted in the East Mamprusi District (EMD) of Ghana. It is located in the Northern Region of Ghana. It forms part of the 26 districts in the region. Gambaga is the district capital. Gambaga is a historic town close to the seat of the Nayiri, the king of Mamprugu land. Gambaga was the first headquarters of the Northern Territories during the colonial period. The West Mamprusi District was carved out of it in 1988. The Bunkpurugu-Yunyoo District was also created out of it in 2004, to promote developments. East Mamprusi therefore serves as the parent district for Bunkpurugu -Yunyoo and West Mamprusi District.

The population of EMD is 121,009. Males constitute 49% and females 51%. The EMD is located in the north-eastern part of the region. It shares boundary with Talensi and Nabdam district to the north and to the east it shares boundary with the Bunkpurugu-Yunyoo District. It is bordered in the west by the West Mamprusi District and Karaga District to the south. The district has a land mass of 1,706.8 square kilometres (Ghana Statistical Service, 2010). There is one district hospital situated in Nalerigu, two (2) clinics, two (2) health centres and eight (8) Community-Based Health and Planning Services (CHPS) which take care of the health needs of the people. The district hospital serves as a referral centre for other nearby districts e.g Gusheigu, Karaga, Bunkpurugu-Yunyoo, and the West Mamprusi District.

### Map of East Mamprusi District.



### Marriage

According to GSS fifty-seven percent (57%) of the populace 12 years and above are married. Early marriage is common in some of the communities e.g. Gbintir, Koligona and Nagbo. Teenagers who marry and cannot meet family needs economically go to the southern part of the country as head porters known in local parlance as ‘kayaye’. When these teenagers migrate to the urban cities, some of them go back home with children from other men. They



do menial jobs especially carrying of items (e.g. food stuff and all kinds of assorted goods) for shoppers who need assistance to carry them from one place to the other. They assist in carrying these items for a fee. Most of these women and teenage girls do not have comfortable places to sleep at night. They therefore sleep in front of shops in the night (Gbeze, 2014).

### **Education**

The 2010 Population and housing census revealed that 71% of the people in the district attending school are at the basic level (primary) and Junior High School (JHS) and 1.4% at the post-secondary level. More females attend primary than males, but 25.5% of males attend Senior High School (SHS) while 18.5% females attend SHS. More males progress to the tertiary level than females, representing 6.8% and 2.1% respectively.

### **Occupation**

Most of the residents in the district are engaged in skilled Agriculture, fishery work and forestry together representing 84.4%. Some (7.1%) are engaged in services and sales work and 3.9% are also engaged in craft and other related jobs.

### **Housing**

The district has about 10,625 houses. Women who are heads of homes have either lost their husbands or have divorced. It is very common to see women own houses as a source of pride and dignity irrespective of their marital status. Most houses are built with mud bricks/earth and there are few block houses.

### **Language, Culture and Ethnicity**

The major ethnic group in the district is Mamprusis. However, there are also Bimobas, Konkombas, Bisas, Talensis, Moshis, and Hausas who have settled in the eastern part of the District. The people of EMD celebrate Damba festival, “Bugum” (fire) festival. The District is a multi-religious one; the dominant religions are Islam, Christianity and Traditional religion.

Those who follow Islam faith constitute 58.1% while Christians and Traditionalist comprise 22.6% and 15.7% respectively.

### **Economic Activities**

The district has about three (3) functional markets where exchange of goods and services take place. These markets are in Langbensi, Gbintir and Nalerigu. Farming, livestock rearing, mechanic works and trading are the main economic activities in the district.

### **Tourism**

The East Mamprusi District is endowed with human and natural resources particularly tourists attraction sites such as the Naa Djerinda wall (which was built without water but only milk and honey in Nalerigu). Labourers who complained of tiredness during the building of the wall were killed and their blood mixed with mortar. The Gambaga Witches Camp and Moshe chiefs ancestry grave site in Gambaga are also tourist attraction sites within the district.

### **Naa Djerinda Wall**



### **3.3 Target Population**

According to Munhall, (2012), qualitative research participants are selected based on their unique knowledge, experiences or views related to the study. The target population for the study were opinion leaders in East Mamprusi District. Opinion leaders are well-known individuals in the community and have the ability to influence the community members. They include: assemblymen, chiefs, head teachers/mistresses and religious leaders (Pastors and Imams). Opinion leaders were chosen as participants for this study because they are important stakeholders in the community, known to be knowledgeable about their communities and with great influence in their homes and in community decision-making processes. They are highly respected in Ghanaian communities; community members listen to and pay attention to their directives. Since they are gatekeepers, knowledgeable and influential in the community, their perspectives on teenage pregnancy and unsafe abortion are most likely to be reflections of those of community members. Their views would most likely give the researcher more insight regarding the strategies to adopt for preventing teenage pregnancy and unsafe abortion.

### **3.4 Inclusion Criteria**

The study included: Opinion leaders who were residing in East Mamprusi District and opinion leaders who could speak English Language, Moar and Mampruli. Because the researcher was literate at those dialects.

### **3.5 Exclusion Criteria**

The criteria for exclusion were: opinion leaders who were native but are not residing in the district, participants who could not speak any of the three (3) languages and opinion leaders residing outside the district.

### **3.6 Sample Size and Sampling Technique**

Khan (2012) defined sampling as the process of selecting part of a group or population with the aim of collecting information which is used to determine the features of the entire population being studied. In most research work it is difficult to study the entire population hence the need for selecting part of the population to represent the entire population. Purposive sampling technique was used by the researcher to select the participants. Purposive sampling technique is a non-probability sampling technique. With this technique the researcher recruited study participants on the basis of personal judgement about which participant best fit to give the required information to meet the purpose of the research (Polit et al., 2001).

Qualitative research relies basically on the quality of the information obtained from participants rather than the size of the sample (Burns & Grove, 2001). Hence the researcher engaged a small number of people who gave in-depth and sufficient information on the phenomenon studied. The sample size was 18 opinion leaders from East Mamprusi District, this sample size was reached based on saturation. Saturation is the point at which the information the researcher collects begins to repeat itself (Bernard, 2000).

### **3.7 Tools for Data Collection**

An in-depth interview allows participants in a qualitative study to describe his/her experience/phenomenon in his/her own words (MacDougall & Fudge, 2001). An interview guide was used to help the researcher direct the conversation toward the objectives of the study. An interview guide help us know what to ask, in what sequence and how to ask follow-up questions. Observations of the participants and field notes were taken. Field notes enabled the researcher to record the activities, events, behaviours and other characteristics of the setting being studied. Field notes helps the researcher to produce meaning and an understanding of phenomenon being studied (Burgess, 1991). Audio tape recording was done with permission

of participants. This was because the researcher could not recall all information that the participants shared during the interview session.

### **3.8 Pre-testing**

The interview guide was pre-tested using two participants in Bunkpurugu-Yunyoo district, which is very close to the East Mamprusi District. The aim of the pre-test was to ascertain the correctness and consistency of the interview guide. It also ensured that the guide addressed all the research questions. After pre-testing, modifications were made to the interview guide in collaboration with the researcher's supervisors. Redundant questions were deleted and omitted ones were added to the topic guide. The modified interview guide was used for the actual study.

### **3.9 Procedure/Methods of Data Collection**

The researcher obtained permission from relevant opinion leaders, chiefs and the district director of health services in east mamprusi district and an ethical clearance was obtained from the Institutional Review Board (IRB) of the Noguchi Memorial Institute for Medical Research (NMIMR) (See appendix C). The researcher explained the rationale for conducting the study to the participants who met the criteria for inclusion. Participants who were within the inclusion criteria and agreed to take part in the study signed or thumb printed on the consent form before the researcher started the interview. Participants' right to withdraw in the course of the study were explained to them so that no participant would feel being coerced to be part of the study. The interviews were conducted at participants' place of choice. Some of the interviews were done in school offices, mosques, churches and homes as desired by the participants. After satisfying the above, the researcher established rapport with the participants who were ready to be part of the study. The interviews were done usually by first asking general questions and ending with sensitive questions. Permission was sought to do audio recording so that the exact words of the participant is transcribed. More importantly,

probing questions were used to elicit more information on the community's perspectives on curbing teenage pregnancy and unsafe abortion. Facial expressions, gestures, interruptions during the interview were documented as part of the field notes. The researcher intermittently during the interview encourage participants to feel free and share their opinions and feelings on the phenomenon. Each interview lasted between 45 minutes to 1 hour 15 minutes. When the session for the interview was over, participants were thanked by the researcher for their time with him.

### **3.10 Data Analysis**

Data collection and analysis were done concurrently. At the end of each interview, the audio recording was transcribed verbatim and compared with the field notes taken for more clarity of the data. This also aided in improving upon subsequent interviews with the study participants.

The data was analysed using thematic content analysis. After the transcription of the data, the entire transcripts were read severally to make a meaning out of the data and to identify codes, categories and the primary patterns in the data. Afterward, the transcripts were read line by line to determine the codes that capture the study objectives (Mayan, 2009). During the analysis, coding was done in phrases, sentences and paragraphs that are of interest to the researcher by highlighted and assigned label code. The coded passages were compared and codes that have common elements were grouped to form main themes and subthemes (Bradbury- Jones, 2007). The data was checked again to see if the right themes and sub-themes were formed. Once the researcher was satisfied with the codes, themes and sub-themes formed were finalised by ensuring that nothing was overlooked.

### **3.11 Data Management**

The audio recordings were downloaded into researcher's laptop computer. The recordings were listened to and transcribed verbatim in a word document by the researcher. All

the transcribed data, information sheets and field notes are kept safe in a file under lock and key in a drawer at home. The soft copies of the entire research work are put in a folder on my personal computer with a password.

### **3.12 Methodological Rigour**

Methodological rigour or trustworthiness is used in evaluating the findings of a qualitative research. It is the extent to which the study was rigorously conducted. Four criteria have been identified by Guba (1981) to promote trustworthiness; credibility, dependability, transferability, and confirmability.

**Credibility:** Is about the truthful description of the experience of the participants. It further assesses whether the findings make sense and are accurate representation of the participants (Rolfe, 2006). This was ensured by asking good questions, iterative questioning, and frequent debriefing sessions. Participants' validation was also done where some of the transcripts were given to the participants to confirm whether that is the exact information they gave as transcribed.

**Transferability:** It is the ability to move the findings of qualitative research to similar contexts within similar groups (Polit & Beck, 2004). This was ensured by giving a clear description of participants' selection and an in depth description of the research setting, the background of the participants and how the entire process of the study was done to enhance applicability of the study findings.

**Dependability:** This refers to the consistency of the data over time. Any researcher who follows the same audit trail of this study should come out with similar qualitative research findings (Polit & Beck, 2004). This was ensured through a detailed account of the processes involved; the research design, data gathering and analysis. The entire study was made available to my supervisors and they perused every stage of the study until the final report.

**Confirmability:** It is the objectivity or the neutrality of the data in a way that there would be a consensus between two (2) or more independent individuals about the relevance of the data. It is needed to ensure that findings are ideas and views of participants. Audit trail including field notes, audio recordings, coding, analysis with in-depth methodological description were utilised to ensure the relevance of the study.

### **3.13 Ethical Considerations**

The Institutional Review Board of the Noguchi Memorial Institute for Medical Research of the University of Ghana-Legon gave the researcher ethical clearance for the study. An introductory letter was also obtained from the school of nursing to the East Mamprusi District Director of Health Services. The over lord of the mamprugu kingdom (The Nayiri) was also informed about the study. The protection of human rights was ensured throughout the course of study. According to Scheyvens, Novak and Scheyvens (2003), there are three critical ethical concepts which should be included in a research. These are informed consent, privacy (especially confidentiality and anonymity) and conflict of interest. Informed consent was obtained from respondents and anonymity and confidentiality were also addressed appropriately. Participants were informed they can withdraw from the study if they could no longer continue without any penalty. All the participants were treated with dignity and utmost respect given them, participants were also made to understand that there is no direct benefit to them but the study will provide the evidence needed to develop strategies for community-based intervention that can be implemented in the community to help in curbing teenage pregnancy and unsafe abortion. Justice as an ethical principle was also ensured; all the participants were treated equally no matter the age or status in the community. The inclusion and exclusion criteria for selecting participants were strictly adhered to. The researcher provided sufficient information about the study to the participants before commencing with the interviews. Permission was sort from all the participants before the audio recordings done.



## **CHAPTER FOUR**

### **FINDINGS**

#### **4.0 Introduction**

This chapter presents the findings of a study on curbing teenage pregnancy and unsafe abortion in east mamprusi district; the community perspectives using interview guide. The chapter first highlights the demographic characteristics of the participants, followed by a presentation of the main themes that emerged from the data and their corresponding sub-themes. The presentation of the sub-themes are supported by selected verbatim quotes from the participants to illustrate the issues that emerged from the study.

#### **4.1 Socio-Demographic Characteristics of Participants**

A total of eighteen (18) opinion leaders participated in the study. Participants were interviewed on their perspectives on curbing teenage pregnancy and unsafe abortion in east mamprusi district. Out of the eighteen (18) participants, the majority, fifteen (15) were males and three (3) were females. The participants were of varied ages with the youngest age of 36 years and the oldest age being 76 years. All the participants were married with children and nearly half (8) of the participants were in polygamous marriages. Five (5) of the participants had two (2) wives each and three (3) participants had three (3) wives each. The remaining participants (10) were in monogamous marriages. In terms of religion, the majority, nine (9) of them were Muslims, six (6) were Christians and three (3) of the participants were traditionalists. With regards to ethnicity, the majority of the participants eleven (11) were Mamprusis, four (4) were Bimobas, two (2) were Kusasis and one (1) was a Konkonba. With regards to participants' educational level, five (5) of the participants had no formal education, three (3) participants had middle school education and the majority, ten (10) of the participants had tertiary education. Four (4) of the participants were farmers, eight (8) were teachers, two (2) were

Muslim clerics, three (3) were Christian clerics and one of the participants was a community volunteer. See appendix G for Socio-Demographic Characteristics

The ensuing section presents the main themes and corresponding sub-themes that emerged from the data analysis supported by verbatim quotes from the interview transcripts.

#### **4.2 Organisation of Themes**

Seven (7) main themes were generated from the data. Each of these main themes were further grouped under sub-themes. In all, twenty-seven (27) sub-themes emerged. Three (3) of the main themes (Community core, education and recreation) were consistent with the constructs of Community-as-Partner Model. For the selected quotes, pseudonyms were used to maintain anonymity of the participants. The participants are identified by the numerical order of the interviews. For example the first interview is referred to as OL1, second OL2 etc. The main themes and sub-themes are presented on table 4.1 in the next page.

**Table 4. 1 Main Themes and Sub-themes**

Main Themes	Sub-themes
Causes of teenage pregnancy and unsafe abortion	<ul style="list-style-type: none"> <li>• Family structure</li> <li>• family and peer pressure</li> <li>• Poverty</li> <li>• Influence of social and mass media</li> </ul>
Sociocultural factors associated with teenage pregnancy and unsafe abortion	<ul style="list-style-type: none"> <li>• Cultural beliefs, taboos and social norms</li> <li>• Early marriages</li> <li>• Family socialisation</li> <li>• Moral decadence</li> </ul>
Education	<ul style="list-style-type: none"> <li>• Formal Sex education</li> <li>• “Traditional” sex education</li> <li>• Community perception on girl child education</li> <li>• Educational policy on pregnant teenage girls</li> </ul>
Community perspectives on abortion/safe abortion services for teenagers	<ul style="list-style-type: none"> <li>• Abortifacients</li> <li>• Abortion as a sin/Murder</li> <li>• Myths and Misconceptions</li> <li>• The Abortion Law</li> <li>• Stigmatisation</li> </ul>
Contraceptive Use	<ul style="list-style-type: none"> <li>• Knowledge on contraceptives</li> <li>• Community attitude/perceptions on contraceptive use by sexually active teenagers.</li> <li>• Myths and misconceptions</li> </ul>
Recreational Activities	<ul style="list-style-type: none"> <li>• Indoor recreational activities</li> <li>• Outdoor recreational activities</li> </ul>
Preventive Measures	<ul style="list-style-type: none"> <li>• Sex education</li> <li>• Guidance and counselling services for teenagers</li> <li>• Good parenting</li> <li>• Adults as role models</li> <li>• Sanctions for sexual misconduct</li> </ul>

**Source:** Interview Data

The themes and their corresponding sub-themes are presented in turns.

### **4.3 Causes of Teenage Pregnancy and Unsafe Abortion**

Based on interviews with the participants, teenage pregnancy and unsafe abortion emerged as a common phenomenon in the East Mamprusi District community. From the analysis of the data, the following four (4) sub-themes emerged as the contributory factors to teenage pregnancy and unsafe abortion.

1. Family structure
2. Pressure from family and peer pressure
3. Poverty
4. Influence of social and mass media

#### **4.3.1 Family Structure**

The family composition (membership), organization and patterns of relationship among family members is vital to the health of the family. Most of the participants of the study stated that the nature of family structure is contribute to the problem of teenage pregnancy. Participants observed that polygamous marriages in the community, single parenting, broken homes and issues of close family ties had a negative influence on the sexual life of teenagers. Participants observed that in polygamous families, immoral behaviours of teenagers are shielded by their mothers because they do not want their rivals and other family members with whom they share the same compound with to know the immoral behaviours of their teenagers. A participant expressed how mothers in polygamous families in the community shield the bad behaviour of their teenagers because they do not want their rivals to know that their teenage girls go after men this way:

*“....Sometimes the calibre of parents is a factor. This community is an Islamic community and Islam does not measure the number of wives a Muslim man should marry, so if a Muslim marries up to four (4) wives and all his wives are having children, none of his wives will like to openly scold her child for her rivals to know that her teenage girl is chasing after boys or is a bad girl. So the teenagers go out and come back late at night but their mothers will not tell their husband about the behaviour of the children. They always shield their children’s bad behaviour. So children will continue to misbehave with impunity. These are some of the things. You see that?”*

**OL8, Age 39 years**

As a result of polygamous marriage parents sometimes share rooms with children. This lack of privacy for couples comes with negative consequence resulting from the sexual life of parents.

*“Some of these things, you know, our parents practise this polygamous marriage...Some of the men are having about 4 wives. I know they have a timetable for sex but how they do it I don’t know. At times parents will be having sexual intercourse while their children are in the room. Some parents will put video cassette and instead of asking their children to go out, they will allow them to watch whatever is going on. You know, these children will come out and you will hear them say last night we watched some film and it was like this like that so let us practice and see. So you see?”*

**OL11, age 58 years**

Single parenting and broken homes also emerged from the data as a cause of teenage pregnancy. This is evident in the following quotes:

*“Divorce is another area that contributes to teenage pregnancy and early marriage. If both parents are together it is more difficult for the teenage girl to go out at night to go after boys but where it is only a single parent, she gets the opportunity of sneaking out during the day time or night to misbehave (indulge in sex) with men”*

**OL 8, age 39 years**

*“About a year ago, one of my students in junior high school stopped coming to school. I enquired and her colleagues said she was impregnated by one man in town and when I made a follow-up to the house; I realised that the girl was actually pregnant but was staying alone with her mother. I gathered the information that her father passed on three years ago....I didn’t see her mother, she had gone to the market. She is a petty trader”*

**OL1, age 44 years**

Strong community ties is where the community members see themselves as one despite differences in the clans. The study revealed that teenage boys, adults and male teachers who

impregnate teenage girls do so with impunity. This is because the culprits (teenage boys and adults) are either related to the girls' families as distant relation or the fact that they see themselves as belonging to the same community. As a result, they would not want to disgrace them and their families. As a result disputes of teenage pregnancies are settled at home. This is evident in the following statements from two participants at separate interviews:

*"...An adult will impregnate a teenager and at the end of the day there is no punishment meted out to him. Yes nothing! They just say ooh we are one family, we know each other and so on and he is left to go unpunished for ruining the girl's education. At least some punishment should be spelt out to serve as a deterrent"*

**OL9, age 51 years**

*"We have reported teachers who impregnated teenagers in school to the chief but before you realise, parents of the girl will follow up and ask for the case to be settled at home because the perpetrator is a family friend or related to them by extension or whatever. This has happened more than thrice....that is why they continue to impregnate the girls. At a point, you feel reluctant to report such cases to higher authorities. Some of the community members call us bad men, meanwhile the education of these teenagers are ruined"!*

**OL15, age 55 years**

One of the participants who was a chief in one of the communities indicated that they know each other and it is a disgrace to the family or waste of time to send matters on teenage pregnancy to the court. He had this to say on close family ties.

*"When it happens that way and pregnancy comes, because of the way we have known each other in the community, I normally tell people not to waste their resources sending the case to court, even if it is not a teacher but a boy or man. If you come out like that to prosecute the perpetrator you are going to spoil your name, spoil the name of your daughter and your family as well".*

**OL5, age 76 years**

#### **4.3.2 Family and Peer Pressure**

Peer pressure is a common feature among teenagers. It is a situation where pressure is put on teenagers to copy some behaviours of their friends. Participants revealed that teenagers were influenced by their colleagues outside the home to engage in unhealthy sexual relationships.

The following statements corroborate the influence of peer pressure:

*“Most of these teenagers have friends who have boy or girl friends or have ever terminated pregnancy so they go to them for advice and that is where they pollute their minds and lure them to also get a boyfriend or girlfriend. Others too ask their friend or those who go around selling drugs about what drug to take to terminate it (pregnancy*

***OL12, age 56 years***

*“Sometimes the innocent ones are influenced by their peers and they end up getting pregnant and once she gets pregnant, she will have to marry the one who impregnated her”*

***OL3, age 51 years***

Family pressure was identified by participants as cause of teenage pregnancy. Parents put pressure on their teenagers to marry or get pregnant by insulting and comparing them to their colleagues who got pregnant and delivered or are married. The findings suggests that parents put pressure on their teenagers out of desire for them to get married or become pregnant with the motive of having grandchildren. Parents tend to do so by comparing teenagers with their colleagues who got married in their teen age and had children.

*“Parents also influence their teenagers into teen pregnancy and early marriage. Look! ...a parent can insult his/her daughter, stupid girl, look at the face like that, your colleagues have given birth and you are still there; what is your contribution?. Your junior sisters have given birth and their parents have grandchildren. So the teenage girl who was not ready for premarital sex will be forced to engage in early sex or marry just to satisfy her parents or be like her peers”*

***OL15, age 55 years***

Other parents also put pressure on their teen girls to get pregnant or marry early if they believe that the man she is courting is responsible. One participants also indicated that parents lure or put pressure on teenage girls to marry or get pregnant for men they are courting for monetary gains:

*“Sometimes too, when a girl is still courting a man and her parents realise that the guy is capable of taking care of her, they will put pressure on her to marry him or get pregnant for the man. You see, all these things? It does not help us”!*

***OL12, age 56 years***

### 4.3.3 Poverty

The majority of the participants revealed that economic hardships of some parents is the cause of teenage pregnancy, explaining that some teenage girls provide money for the families. It was also found that some parents find it difficult to meet the basic needs of their teenagers, so the girls exchange sex for money because their parents are unable to meet their basic needs. As one participant explained it the quotes below aptly portray the situation:

*“...a girl may be in primary five (5) about 13 or 14 years and her parents will ask her for money; where will this girl get money unless she “misuses herself with men” (chase after men)”*

**OL10, age 36 years**

Another participant a female teacher shared her experience with an adolescent mother who was providing the finances for the family up keep:

*“There was a girl in primary four (4) in my former school who gave birth. When we traced her house, her parents were poor, very needy. It was the girl who was taking care of the family. This one, we can’t do anything about it. We monitored her until she gave birth and went back to school. We supported her up to SHS and when she completed SHS, she got pregnant again. Can you imagine?”*

**OL11, age 58 years**

The study also found that some of the pupils do not get food to eat at home. As a result, they beg their friends for food. Some of the pupils’ walk bare footed to school.

*“A child will be asked to go to school without breakfast or lunch to eat on her return around 2pm. You can imagine. I know see them....these teenagers beg from their peers. Some children walk bare footed to school, you see, and the moment they attain puberty, men convince them with a token and they yield to it and when they start having sexual intercourse, you may not be able to control them again. It is a problem in this community”!*

**OL15, age 55 years**

One of the participants cited the case of a student who had successfully passed her Basic Education Certificate examination (BECE) could not continue her Senior Higher School education because her parents could not get money to pay her school fees. The option she was



left with was to get pregnant. This was captured in the conversation with the participant as follows:

*“I know of a man whose daughter completed Junior High School, she had placement in Senior High School but her parents were not having money to pay her school fees so before we could realise she had married. If her parents had managed to send her to Senior High School, it might have been difficult for her to marry early like that”*

**OL1, age 44 years**

#### **4.3.4 Social and Mass Media**

The common mass media platforms included; magazines, television, newspapers, radio and the Internet. The Mass media play a key role in educating the public. The electronic-based Social Media platforms or interfaces permit people to network with one another, exchanging details about their lives. The study findings showed that Social and Mass Media were good for teaching, learning and entertainment for children. They also served as a conduit that promoted sexual relationships in the community. One study participant shared his view on Social and Mass Media as follows:

*“...These teenagers have mobile phones and with the possession of the mobile phones, they watch love and pornographic materials on the internet and as they watch these things on the internet, they end up indulging in sexual relationships with the opposite sex. That is what is happening in this community! They have android supported phones”!*

**OL8, age 39 years**

Another participant expressed his sentiments about the use of WhatsApp supported mobile telephones this way:

*“Teenagers having access to phones is not good; they will be communicating with their boyfriend and doing other ungodly things with their phones like the WhatsApp or what do they call it?. You will be there as a parent thinking ooh, my daughter or boy is disciplined not knowing he is worse than you think. Men will call these girls to meet at a place and she will come and lie to you “dada”, ooh there is an interesting cultural dance /activity here or there and she wants to go and witness it, not knowing she had already planned with the man where they will meet. So she goes out and that ends it! She is gone to the boyfriend’s house. One day she comes home pregnant and you*

*wonder how! Hmm”*

**OL14, age 49 years**

Another participant who heads a local traditional area in the district had this to say on video shows and the modern society:

*“Now modernisation has come with its troubles. Now, we have record dance and video shows. Teenagers watch video shows on how people plan and steal things, watch films on love making, learn how to dress and attract men and it is through that medium that we get prostitutes, thieves and armed robbers in our communities. We had bad boys and girls back in the days, but now it is simply worse than one will expect”!*

**OL5, age 76 years**

In summary, the findings from the study showed that polygamous marriages, single parenting/broken homes, close family ties, economics (poverty), some parents’ desire for grandchildren, social and mass media, peer pressure and pressure from family members were observed by participants as causes of teenage pregnancy in the community.

#### **4.4 Socio-Cultural Factors Associated with Teenage Pregnancy and Unsafe Abortion**

Socio-cultural factors (Community Core) were identified as one of the main themes of the study and consistent with the community-as-partner model. The views of the participants revealed how socio-cultural factors had an influence on teenage pregnancy and unsafe abortion in the community. The following subthemes emerged:

1. Cultural beliefs, taboos and norms
2. Early marriages
3. Socialisation/family
4. Moral decadence

##### **4.4.1 Cultural Beliefs, Taboos and Norms**

Every society has its beliefs and taboos that it operates with and the community studied was no exemption. Participants of the study highlighted the culture of silence on matters related to

sex. They believed that discussing issues of sex with teenagers will lead them into sexual relationships. Sentiments against abortion was strong and abhorred in the community. Victims of abortions were seen as murderers and were stigmatised. Participants expressed taboos against open sex discussion and abortion as follows:

*“Look, if teenagers sit and discuss sex or vagina and penis matters and an adult hears, he will use a handle of a hoe and chase them away. It is believed that as they talk about it, they will develop some desire which will lead to; let me try and see. He will try and before you realise, he has ‘killed an elephant’ (that is impregnate a girl). You see? Another thing is that abortion is not accepted in this community; those who abort pregnancies are evil and murderers; how can you take away life when you have not created it? We don’t allow it even though they hide and do it (terminate pregnancy) secretly”.*

**OL7, age 62 years**

*“...No, no no, parents do not even want to talk about sex because they believe that telling your daughter that she is getting matured or matured and should not engage in early sex will give her the opportunity to indulge in it. So they normally say that the child will ‘spoil’ if such information is given to her.”*

**OL1, age 44 years**

One of the participants who heads a traditional area in the district indicated that back in the olden days, they dared not talk about sex as teenagers:

*“.... other elderly men will insult them as “spoiled” children and he will chase them away from where ever they are sitting. Look, in our days you feared to let vagina or penis slip out of your mouth. Should that happen, you will receive the wrath of your father”!*

**OL4, age 57 years**

Another participant also shared his views on abortion as follows:

*“For our culture, it is forbidden for teenagers to sit and talk about sex. Abortion is not also accepted per our tradition, you see that. As for sex matters, it is a type of conversation that will lead them astray and you cannot control them. Man and woman affair is a secret thing. Sexual intercourse is something that God has made which is highly secretive and should not be discussed anywhere, anyhow. It is a secret thing”!*

**OL13, age 53 years**

Every society is characterised by norms. Participants observed that the community’s cultural/social norms that were long cherished by community members are being infiltrated by

westernisation leading decline in pristine cultural heritage. Participants bemoaned the emergence of record dances (discos) which has now become an integral part of funeral performances, naming ceremonies, festivals and Muslim weddings in the community. They remarked that these record dances have almost taken a centre stage in social ceremonies and a platform for most risky sexual behaviours. The following are typical quotes from three selected participants to buttress how this new social norm has taken the centre stage of their social life:

*“Within the community, funeral performance poses a lot of risk to the teenager’s sexual health, especially the girls. The local funerals are performed in the evening. The in-laws of the bereaved will come to the house around 4pm and show the animals that they will slaughter for the funeral and after slaughtering the animals they will go and come back around 7pm to start the drumming and dancing and you will see many of these teenagers around standing at dark corners with men and by that time no parent is there to monitor his/her daughter or son who went out”.*

**OL16, age 58 years**

*“Now, there is no funeral in this community that they will not play jams, there is no wedding they will not play jams, there is no naming ceremony they will not play jams so because of that it is almost played every day! All these take place day time and late hours of the night and that is where the children get the opportunity to indulge in sexual relationships so before you realise your daughter is pregnant and you wonder how. You see?”*

**OL1, age 44 years**

To demonstrate how the new practice of jamming leads to risky sexual behaviours, a teacher (participant) in one of the communities had this to say:

*“For instance, if it is a naming ceremony the jams will be played from morning to about 6pm and they continue again from 8pm to somewhere midnight. Instead of the children to remain at home and learn, you will find them in such gatherings at night and during the day instead of the child to be in school, he/she is found at the grounds of the naming ceremony. Some of these students sleep a lot in class because they do not have enough rest at night. This contributes to their failure in basic certificate examination”*

**OL8, age 39 years**

#### **4.4.2 Early Marriages**

Findings from the study revealed that early marriages are a common phenomenon in the various communities. The majority of the participants stated that poverty and parents desire to keep

close family ties with other families were contributing to the problem of early marriages in the district.

**i. Poverty**

Poverty compel parents to give their girls out for marriage and in other situations to reduce the large family size to be able to feed the remaining children as shown by two participants

*“Early marriage is also common in this community; I will say very, very common. I will say the primary cause of it is poverty because we give out our girls for marriage for economic benefits. A child may be in JHS School and for one reason or the other you give her out to a man in order to get cows from that man.*

**OL3, age 51 years**

*“Early marriage is real here and it is happening because of poverty because if parents have more than 6 children and they are all attending school or some not in school and parents cannot get food for them to eat, he will be forced to let them marry early to reduce the family size. For us, our women can deliver as many as possible”*

**OL5, age 76 years**

**ii. Family Ties**

Participants also revealed that some parents, in an attempt to establish a close family relationship with a particular family, will give a daughter to an adult or teenage boy in that family to marry. This serves as a bond of friendship between the two families. Once the teenage girl gets married, the next thing is to start giving birth at that tender age. This practice is common among the Konkonbas. Three participants expressed it as follows:

*“Early marriages are common in this community and causing problems day in day out. One is giving girls out to the elderly persons to marry. It happens in situations where an old man will give out his teenage daughter to his friend who is also old in the name of establishing good relationship with the other family. Sometimes these teenage girls are forced into marriage and they have no turning point. Nobody can question him why he is giving her out for marriage to an old man”*

**OL16, age 58 years**

Another participant shared his experience on a marriage ceremony that was done in a bid to establish close family ties among the Konkonba tribe in the district.

*“...I know certain tribes also exchange wives like the Konkonbas, they will go to house A or tribe A for a wife and also give their sister to that very house in exchange and within that period the girls are not always up to the age of 18 years. I have seen that several times, especially with the Konkonbas. I witnessed a marriage ceremony with certain parents in the neighbourhood; a girl less than 15 years of age was given out for marriage to a boy under 18 years that was last year 2016. You can imagine”!*

**OL8, age 39 years**

#### **4.4.3 Family Socialisation**

The family is an important agent of socialisation that is expected to communicate good moral values and societal norms to the younger generation to help them integrate fully into the community. Families are also expected to socialise correctly with their children in and outside the home environment. However, this does not appear to be the case in most families from the revelations of the participants. Participants expressed their views on these gaps attributing it to parental show of irresponsibility at home. These were evident in some interviews typified in the following excerpts of two participants:

*“A girl can just decide to go and stay with a friend and her parents will not even bother to find out what the girl is doing there. They will say after all they are feeding her there. Look, a teenager can leave her house for 24hrs and her parents will not know where she is gone to and they will not bother finding out. You see all these things, we parents are not taking full responsibility of our children that is why some of these things are happening. Someone like that said ‘aaah’ “this my daughter, she does not go out in the night and she does not have a boyfriend”. Finally, her daughter was impregnated. When they asked the girl how she became pregnant, she said, “I do have sex during day time”*

**OL11, age 58 years**

*“I am a pastor and a professional teacher, we have been trying to see how best this teenage pregnancy can be reduced but it is rather on the increase and it is because of the way parents handle their children at home when they go to school and are taught or advised on good behaviour without any reinforcement from parents he/she will decide to go on her way which may be dangerous. There was a case of one pupil who got pregnant and when we traced to her house, we realised that her parents had no time for her at home. She goes out and comes back at any time and that might have led her to indulge in premarital sex resulting in pregnancy”*

**OL15, age 55 years**

It was obvious that the family is failing in its socialization role and contribute to moral decadence among the teenagers in the communities as elaborated in the ensuing section.

#### **4.4.4 Moral Decadence**

Upholding sound morality in the society is very important but this appeared not to be the case as emerged from the data. The majority of the participants observed a decline of morality among adults and teenagers in the community. A myriad of issues on morality were reported by participants including teenagers having multiple sexual partners, sexual misconduct of teachers, wayward teenagers, teenagers being sexually active, watching of pornographic films, incidents of discarding aborted foetuses in the open. This session focuses on moral issues in the community described by participants of the study.

##### ***i. Multiple Sex Partners***

Participants indicated that some of the teenage girls have multiple sexual partners. The following excerpts from a participant (local chief) illustrate the situation:

*“Some of the girls will not chase after only one man at a time; today it is Mr A tomorrow is Mr D and tomorrow next is Mr E, so when she finally gets pregnant, she will say Mr A is responsible for the pregnancy and Mr A will say, no I am not responsible you were also going out with Mr D. She goes to Mr D and Mr D denies responsibility of the pregnancy and truly she had sexual intercourse with all of them! I have had cases of that sort in my reign as a chief. They all denied taking responsibility of the pregnancy”*

***OL5, age 76 years***

An assemblymen recalled a case of teenage pregnancy where two boys were purported to have been chasing after the girl and both boys deny the responsibility of the pregnancy. He also shared his experience as follows:

*“I have two cases of teenage pregnancy, they are supposed to report here by 10am for us to preside over the issue to see how best we can solve it. One of the girls is attending Kongo senior high school in the upper east region..... So if the case is reported that the boy who impregnated her is not ready to show up and take responsibility of it then definitely the girl is going to give birth to a bastard. The girl as I am told was going out*

*with two boys secretly, but I cannot for now know who is responsible for the pregnancy until she and her parents come here”*

**OL3, age 51 years**

**ii. Sexual Misconduct of Teachers**

It was revealed from the data that some of the teachers were not holding themselves in high esteem in terms of their moral lives. Some of the teachers propose love to the teen girls in schools and harass them sexually. They also threaten they will fail them in their examinations if they do not yield to their sexual demands: A participant lamented in the following excerpts:

*“... You will see that this headmaster or teacher has a student as his girlfriend. You see? Who is teaching them not to follow boys or men? And who is following them to have sexual intercourse? You see all these things? Some of the teachers threaten to fail them if they don't yield to their sexual demands. One of my daughters ever reported a case of that sort to me about three years ago. You see? So if you do not teach your child at home the consequences of sex, they will be misled by some of their teachers with lustful desires”!*

**OL7, age 62 years**

A participant who is a teacher by profession buttressed the misconduct by some of his colleague teachers in the research setting. He shared his experience:

*“As a mentor for campaign for female education (CAMFED), I do interview teenage girls about us (teachers) and when I interview school girls, some of them will tell you that this is what this teacher has said (he said he loves me), this teacher also said this and so many other things. So when we have staff meetings we talk to our colleagues that it is not good to go in for a student whom you teach”*

**OL8, age 39 years**

**iii. Wayward Teenagers**

Wayward behaviour is doing only what you want and often changing your behaviour in a way that is difficult to control. Wayward children was observed as one of the moral issues among teenagers. Wayward behaviours were exemplified as teenagers who take alcohol and teen girls who do not sleep at home. The following were examples from interviews:

*“....One girl like that refused to go back to school and was hiding in a man's house and before we realised she was pregnant for that man and that was all for her*



*education! You see all these things?"*

**OL12, age 56 years**

*"...As they dance some of them drink alcohol and when they get drunk anything can happen like involving themselves in sexual activities. Some smoke "wee" too. These things make them lose control of themselves"*

**OL10, age 36 years**

Children as young as 10 years, also attend discos/record dance sessions in the community. A hint of record dance is enough for children to start dancing before they get there. Participants wondered what parents were doing about this. Two of the participants recounted as follows:

*"So most of our children nowadays if he/she just hears that there is a record dance, whatever it takes to go there, he /she will do. Men also take advantage of our small, small children; girls at that place"*

**OL6, age 71 years**

*"This time, the moment adolescents hear they are playing jams here or if they hear the sound of record dance, they will troop to the place and I wonder whether they have parents! You will see a very small child below 10 years and he/she is walking to the place they even start dancing on the way before they get there! You imagine?"*

**OL1, age 44 years**

#### **iv. Sexually Active Teenagers**

Findings from the study indicated that teenagers were morally corrupt. Teenagers were observed by participants to be sexually active a reason for the menace of teenage pregnancy. Two (2) participants shared their experiences about sexually active teenagers in schools as follows:

*"During second break, those who are sexually active will run away to their boyfriends. When that happens, I cannot leave the remaining students and go to look for those defiant students. With the teenagers, some of them understand what we tell them, but in the community, some of them are just misbehaving"!*

**OL11, age 58 years**

*"...A boy from primary 6 went home with his girlfriend from the same class; the boy's father was not around and the boy took the girl to his father's bedroom and locked it. The father came back and realised that his room was locked, the boy's father asked his wife and his wife said she does not know who locked the room. So he collected the spare key from his wife and when he opened the door, he saw his son and the girl lying on the*

*bed. Can you imagine this?"*

**OL9, age 51 years**

**v. *Pornographic Films***

The data revealed that teenagers had an affinity for pornographic movies as noted by most of the participants. Teenagers outwit their parents and go for such movies at night.

*"There are some corners in this community that they show pornographic films and that is where some of these teenagers go to when they dodge and go out at night. What will this add to their lives, if not to destroy them"*

**OL15, age 55 years**

*"A child can leave his/her house to a distant house just to watch video movies or films"*

**OL1, age 44 years**

**vi. *Indiscriminate Disposal of Dead Foetuses***

Abortion is another area of moral decadence that is rife in the community. Two (2) of the participants recounted how dead foetuses were disposed openly to the public in the community:

*"About three (3) months ago someone terminated her pregnancy and dropped the dead foetus at the primary school that is not too distant from us. The following morning, children had surrounded it and were looking at it. The foetus had developed!"*

**OL2, age 54 years**

*"Just last month, there was an incident of abortion just around Mr...house. There was a trench they dug and the person dumped the dead foetus there and people were coming from all sections of the community to look at it. Just imagine all these hmm, it is very bad!"*

**OL3, age 51 years**

In summary, there is a culture of silence on sexual matters by community members. The family as an agent of socialisation has become weak. The bid to establish close family ties and poverty lead to early marriages in the community. Findings from the study also revealed that teenagers are highly sexually active resulting in the number and frequency of teen pregnancies and early marriages in the community. Moral decay among the teenagers and the entire community was also highlighted by participants.

## **4.5 EDUCATION**

Under the main theme of Education, four sub-themes emerged comprising:

1. Formal Sex Education
2. “Traditional” Sex Education
3. Community Perception on Girl Child Education
4. Educational Policy on Pregnant Teenage Girls.

### **4.5.1 Formal Sex Education**

The majority of participants indicated that sex education for teenagers was very important to curbing teenage pregnancy and unsafe abortion. Participants viewed the home, school, churches and mosques as important places where sex education can be done for the benefit of teenagers. The majority of the participants were of the view that sex education for children should start when they are about 9 years and above. Few participants indicated that sex education should start when children are about 14 years and above and other participants were also of the view that sex education should start when girls begin to menstruate. The majority of the participants based their sex education on abstinence and the consequences of indulging in early sex. The participants bemoaned that there is a lack of sex education at home considering the rampant nature of teenage pregnancy in the community.

#### ***i. Perspectives on Formal Sex Education***

Even though participants stated that their culture does not allow matters of sexuality to be discussed with children or adults openly, the majority of the participants indicated that sex education is good for the teenagers. They stated that parents should be encouraged to educate their children about sex and teachers should also support in the education in schools as well as

in mosques and churches provided religious leaders will get resource persons to do the sex education. Participants of the study shared their opinions on sex education as follows;

*“For sex education, it is good we do it as parents, and forget about this cultural things. ...as for me, I think that the cultural aspect about sex matters is not helping us as a community”.*

***OL2, age 54 years***

*“Sex education should be done at homes, schools and the mosque that is if we can get people with adequate knowledge on sexuality to do that in the community. At home, when parents educate and the teachers also emphasise on it, the child will believe that what we are telling them is true and that will help them comport themselves and not indulge in early sex”*

***OL3, age 51 years***

*“Talking to the younger ones about sex and its effects on them as children is important. Mostly if it is a girl, you need to talk to her, especially if she is menstruating because it is dangerous to have sex when they start to menstruate and if it is a boy, you need to find out whether he has been having wet dreams and from there you can educate him to also stay away from girls otherwise the boy can impregnate a teenage girl or the teenage girl would become pregnant and it is me as a parent who will suffer taking care of them with their children.”.*

***OL9 Age 51 years***

## ***ii. Age Limits for Sex Education***

The majority of the participants indicated that sex education should start early, from 9 years and above. Participants underscored that girls mature very early than is expected and they get their menarche early these days. Therefore, it is better to talk to them about sex before they are deceived outside by peers and unsuspecting adults. There were a few disagreements on the age limit for sex education. A few participants indicated that sex education should start when children are above the age of 14 years with the view that children have other concerns than sex when they are below 14 years. They further opined that children begin to have sexual feelings when they are 14 years and above. For them, there was no need to bother children with sexual matters. Such views were shared as follows:

*“For me, I think that from the age of 7 years and above parents should start educating their children about sex because these children as they go to school they learn a lot of*

*things. As they grow, they get to know the difference between a man and a woman and they begin to get attracted to the opposite sex. They need to know the consequences of premarital sex early”*

**OL17, age 60 years**

One of the participants indicated that sex education should start early because children become sexually active at a tender age:

*“We, as parents should start to talk about sex to our children from the age of twelve years because that is the time that the teenagers start to engage themselves in those sexual activities and if you do not educate them properly on those issues and you want them to grow to a certain age like 16 years or more, they may go out of hand and indulge in the very sexual activities that we do not want them to engage themselves in”!*

**OL2, age 51 years**

Another participant opined that some of the children grow faster than their age and basing sex education on age might be difficult, but however indicated that 10 years is acceptable for sex education to begin.

*“If a child grows faster than expected, he/she is likely to mature very early. so it will be difficult to clearly state a particular age limit to start sex education but I will say that by the age of 10 years and above we will have realised that our daughters or boys are getting matured and should be given sex education”*

**OL6, age 71 years**

**iii. Participants’ Practice of Sex Education that is based on Abstinence and Consequences of Indulging in Early Sex.**

The majority of participants based their sex education on abstinence and the consequences of indulging in early sex. The quotes below portray their sentiments:

*“We abstained from early sex during our time until I married my first wife. I tell my teenagers to stay away from sex. Teenagers should be able to get to 20 years without impregnating girls or getting pregnant before 20 years. They should not just make any attempt to indulge in a sexual relationship at all. It is not good”!*

**OL6, age 71 years**

*“I encourage them to abstain from early sex even the Bible tells us that sex is solely meant for married couples and once they are not married, they must abstain until they*

*get matured and marry”*

**OL17, age 60 years**

One of the participants mentioned how he handled sex education at home. This was based on the consequences of indulging in early sex such as teenage pregnancy and HIV/AIDS:

*“As a parent, I tell my children about the disadvantages of early sex. If teenagers rush into indulging in early sex, they may die out of it or put themselves in trouble like this teenage pregnancy and the unsafe abortion and even HIV/AIDS which is everywhere. So it is good to educate them to take their time and not rush into early sex”*

**OL16, age 58 years**

Abstinence was one of the basic components of sex education that emerged from the data. One of the participants who is a religious leader, indicated that they preach on abstinence to the teenagers in the Church. He quoted a Bible verse to buttress it:

*“For us as Christians, we preach or talk about abstinence that is the only way to prevent teenage pregnancy. This will help teenagers grow up well and become responsible members of the society. So we forbid premarital sex as a church and we preach that to the youth. We support the campaign for abstinence with Bible verses. Colossians 3:5 put to death therefore what is earthly in you: fornication, impurity, passion, evil desire, and covetousness which is adultery. We tell them to abstain from premarital sex”*

**OL15, age 55 years**

#### **iv. Lack of Sex Education at Homes**

The family is known to be the basic unit of society and plays a critical role in the socialisation of individual members in society. However, the study participants opined that families do not educate children on sex and it is the reason why teenage pregnancy is rampant in the community. One participant thought that the Mamprugu Traditional area has a problem with sex education for teens.

*“In fact, this our community or the mamprugu land in general, we have a problem with sex education. Parents who educate their children about sexuality are very few because these days you will see children in primary schools being pregnant. It means that their parents have not given them information on sex and good moral advice at home that is why they are getting pregnant like that”!*

**OL18, age 46 years**

Another opinion leader, who is a teacher shared her experience with pupils on menstruation:

*“...I asked them (pupils) how many of you have started having your menses. All of them raised their hands. I asked them again how many of you have been educated by your parents on menstruation. Only one girl raised her hand up and said she told her mother and her mother said she is now a woman. The other girls said they asked their colleagues and they said when it happens like that, they should buy a sanitary pad. So apart from one, the rest of the students did not receive any form of education on menstruation or sex from their parents. You see that?”*

***OL11, age 58 years***

Traditional beliefs and perceptions about sex education make parents disinterested in sex education. One of the participants had this to say:

*“No, no no, parents do not educate their children on sexuality and they do not even want to talk about sex because of the belief that telling your daughter that she is getting matured or matured and should not engage in early sex will give her the opportunity to indulge in it. So they normally say that the child will ‘spoil’ (engage in sex) if such information is given to her”*

***OL1, age 44 years***

#### **4.5.2 “Traditional” Sex Education**

The study unearthed an approach to sex education by the participants which are not usual of what literature supports. Participants in educating their teenagers on sex put fear and panic in their teenagers to scare them from indulging in early sex. The majority of the participants viewed sex education at home to be the responsibility of the women since men do not have time for those things.

##### ***i. Putting Fear in Teenagers***

The study revealed that people, including the participants themselves scare teenagers with death threats when they have the opportunity of educating their teenagers on sexuality. Three (3) participants had these to say:

*“For teenagers, you have to scare and put fear in them, for instance, I tell my daughter you will die if you get pregnant at this age, or suffer all her life if she does not die. God*

*will punish her in addition”!*

**OL13, age 56 years**

*“Normally, we tell teenage girls going to school that if anyone makes a mistake to terminate a pregnancy she will die. In this house, we do not terminate pregnancies and if we say that, we put fear in them and they will not want to attempt to terminate pregnancy if they become victims otherwise these children hmmm”*

**OL5, age 76 years**

*“You know churches can also once in a while preach abstinence and the sin of premarital sex to scare these adolescents from indulging in early sex”*

**OL10, age 36 years**

**ii. Women as Sex Educators**

Some of the participants held the view that sex education for teenagers was the responsibility of women at home. Men were seen as busy people who would not have time to educate their children and women were usually blamed when a teenager was pregnant.

*“My daughter last asked me that a friend of hers last soiled herself and they were asking and her friend became annoyed and someone quickly whispered to her that she was menstruating. So she was asking me about it and I said ok you need to know that one. Go and see your mother, your mother can tell you how it is or when you will get your menses. All those things are not my business. I can’t!”*

**OL4, age 57 years**

Another participant explained how fathers always blamed their wives for not monitoring girls at home when their teenagers were impregnated.

*“.....because men are engaged in other activities, they go to the farm and do other things and so have limited time in checking on their teenage girls. Women are always with their daughters so it is expected that they guide and advise them. If a teenager becomes pregnant the blame will be on the woman; why has she allowed the girl to get pregnant? She has not been monitoring her that is why she is pregnant, so fathers are always wild on their wives when such unfortunate incidents does happen”*

**OL12, age 56 years**

Men reportedly have no time but women do. A 55 years old man affirmed this in separate interview that women have more time to talk to teen girls about menstruation at home than men.



*“At home, for instance, mothers have a greater responsibility of teaching our children to take better care of themselves than men. We, men have no time at all but women have enough time and can give pieces of advice to the children. Most men will not agree to teach their children on sexuality, especially issues of menstruation! It is the responsibility of his wife to do that. So we hold the view that women have to do this sex education that we are talking about rather than both parents. Women have more time than men at home and they have more contact hours with our children, especially the girls”*

**OL15, age 55 years**

#### **4.5.3 Community Perception on Girl Child Education**

The study findings revealed that a lot of support has been given to the girl child education in the community. Non-governmental organisations and the Ministry of Education have put in place programmes and supports systems for the girl child education. The community's perception on girl child education and the frustrations of parents about the conduct of their teenagers still pose a great challenge to the future of the girl child in the community. It emerged from the data that some parents in the community perceive the education of the girl child as a waste of resources. The participants added that, that notion is on the decline but still persistent in some of the households, especially in the hinterlands. It emerged that girls will marry and leave their parents' homes and will not support their families financially but the boys will, since they will remain at home. Participants shared these words with the researcher:

*“In this community, parents place more premium on the boy child education than the girl because we have the belief that the education of a girl is a waste of resources. Once the girl is not in school, she will marry early or be impregnated. This perception is even better now because the enrolment of girls in school has increased”*

**OL3, age 51 years**

It is believed that girls will at a point in their lives will marry and leave their families and they will not support their families with finance. The following excerpts illustrates the situation.

*“... Sometimes parents hold the view that girls will marry and leave their parents' house, so why waste money and resources on her education when you will not benefit from her. I have benefited from my daughter's education, so I think that it should be*

*discouraged”.*

**OL7, age 62 years**

A participant said this about the perception on rural girls.

*“We are always of the view that rural girls do not go higher in education, so it is not motivating some parents to send girls to school”*

**OL8, age 39 years**

The study findings also revealed that parents’ experiences of recurrent teenage pregnancies in their girls are frustrating to them and some of them see no need to send their children to school only for them to be impregnated in Junior High School (JHS) or Senior High School (SHS).

Some of the comments by the participants were:

*“..Look, a parent ever told me that he sent her girl to school and she got pregnant in JHS, because of that he will not send other girls to school saying if the ‘forelegs do not touch the water, the hind legs will never get there’ so parents under such circumstances think it is a waste and serves as a disadvantage for the younger ones... Once the younger ones are not in school they can easily be impregnated or marry. ... ‘The devil will find work for the idle man’ ha-ha”*

**OL2, age 54 years**

*“...teenage girls especially have been disappointing their parents a lot. After spending so much on their education they get to senior high school and get pregnant or even junior high school, so parents are now reluctant to invest in their girls’ education and some too, because the girl will eventually marry and leave her father’s house they see it as a waste of resources.”*

**OL6, age 71 years**

An opinion leader who is a teacher in one of the villages made this observation:

*“In cases where parents are grooming the girl in terms of her education and all of a sudden the girl gets pregnant, parents get frustrated and will even vow not to send their girl child to school you see what is happening? They do not see the importance of the girl being educated. Look when you check the number of girls in kindergarten up to primary four (4) the girls are more than the boys but from primary six (6) to JHS, you will see that the boys are more than the girls and when you ask them they will say the girl is pregnant or is married now”*

**OL10, age 36 years**

#### **4.5.4 Educational Policy on Pregnant Teenage Girls.**

The majority of the participants indicated that teenagers who become pregnant and are in school should be allowed to deliver instead of allowing them to go for safe abortion services.

Participants made this remark in relation to a new educational policy in Ghana that allows teenagers to continue attending classes while pregnant or allowed to continue school after delivery. Below are three typical quotes from participants concerning pregnant teenagers and schooling:

*“You know this time a pregnant teenager is allowed to continue going to school until she delivers and after delivery, she can go back and continue her education. We have had cases of teenage pregnancies in schools and they were allowed to continue attending classes. The only problem is that their colleague girls and boys make mockery of them”!*

**OL10, age 36 years**

Another participant remarked that girls can continue their education when they become pregnant therefore no need for safe abortion

*“Now Ghana education service allows teenagers who are pregnant to continue schooling, I have seen pregnant teenagers in school uniform writing Basic Education Certificate Examination (BECE) last year. That is better than murder (abortion)”*

**OL17, age 60 years**

In summary, the majority of the participants held the view that sex education for teenagers was very important and should be done at home, in schools, churches and in mosques. It was also stated by the participants that parents should start sex education for children by the age of 9 years and above. Findings from the study further revealed that the sex education given is mostly based on abstinence and consequences of indulging in early sex. Participants also adopted the ‘traditional’ method of sex education where they create fear and panic in teenagers with death threats to scare them from sexual acts. Education of the girl child was perceived as a waste of resources and parents get frustrated with recurrent teen pregnancies hence reluctant to send the girl child to school which invariably leads them into early sex and consequently teenage pregnancy. Lastly, the majority of participants indicated that teenage girls should deliver if they ever become pregnant since the Ghana Education Service (GES) allows pregnant teenagers to continue attending classes while pregnant.

#### **4.6 Community Perspectives on Abortion and Safe Abortion Services to Teenagers.**

Abortion was seen as a practice that the community frowns on and participants shared their observations about issues of unsafe abortions in the community. The majority of the participants indicated that they will not support/encourage safe abortion services for teenagers who find themselves in such situations and a few of the participants indicated their willingness to support safe abortion since the teenagers resort to unsafe abortions with serious consequences. Participants shared a lot about abortion. These are presented in the ensuing section:

##### **4.6.1 Abortifacients**

Teenagers, in their quest to terminate pregnancies, resorted to abortifacients. These abortifacients are sold by drug peddlers and some chemical shops in the community. The abortifacients included: ‘black power’, taking an overdose of paracetamol and chloroquine tablets, local herbs, and ground bottles. The unqualified abortionists also have drugs in their custody which they sell to innocent girls. Some participants had this to say on unsafe abortifacients in the community:

*“There are certain quack doctors in this community, their main business is termination of pregnancy and when you hear the kind of drugs they are using for this abortion you will marvel. Some of them grind bottles and add some tablets for the girl to drink and there is another drug called ‘black power’ I have seen that one; it is small like a stone but very black and heavy that the quack doctors give to girls to abort pregnancies”.*

**OL8, age 39 years**

One of the participants recounted his experience on abortifacients and the consequences on teenage girls:

*“.....they go to the drug store to buy drugs. Instead of telling the chemical seller that they want to terminate pregnancy, they will just buy plenty paracetamol tablets, buy aspirin and they will go and grind it and add it to alcohol and drink! This is unsafe method of terminating pregnancy but that is what young girls and women resort to, to get rid of pregnancy. Sometimes they grind bottles, they also use local herbs and so*

*many things. We had instances of this sort and the girls lost their lives not once or twice. You see that? Because we are opinion leaders we get to know some of these things”.*

**OL3, age 51 years**

It was also revealed from the data that teenage girls in their quest to terminate pregnancies, use Nescafe, alcoholic drinks (Guinness) large doses of chloroquine tablets and herbs to terminate pregnancies:

*These girls use Nescafe and Guinness and some also used in times gone by, chloroquine tablets. I understand there are some local leaves that they normally squeeze and put it in their vagina. I do not know that type of leaves. These innocent teenage girls get these substances for abortion from drug peddlers and quack doctors who do not even have the licence to sell those drugs”*

**OL2, age 54 years**

#### **4.6.2 Abortion as a Sin/Murder**

The study findings revealed that most of the participants were not in support of safe abortion services for teenagers. The negative attitudes of the participants had religious, traditional and moral pinnings. Most of the participants opined that safe abortion services for the teenagers is a sin and murder and the culture of the community also abhors the practice of abortion. The quotes below were selected opinions of participants to support the assertion:

*“Hmm, it is serious. For me, I am totally against the practice of abortion whether it is done safe or unsafe. I am totally against it. Period!. I am against it. Abortion is something that God forbids and as a religious leader, I do not stand for safe abortion a single bit! Our culture even does not allow it. If a teenager gets pregnant, she should give birth and if she wants to continue her education fine or she can also decide to marry”.*

**OL16, age 58 years**

*“Hmm, this safe abortion thing is hard to support or allow it because it is more or less killing even though the unsafe one is also killing. I will support that they deliver and go back to school if they have to”*

**OL7, age 62 years**

One of the participants used the researcher as an example to illustrate how bad it is to encourage safe abortion services for teenagers in the community:

*“Hmmm, you know, whatever that Allah has decreed in the Koran, when you look at it critically it is for our good as human beings. If abortion is allowed, you will not have been in existence and interviewing me this very day, do you understand that..? Since you were not aborted, nobody (teenager) should abort any live human being, period!”*

**OL13, age 53 years**

Other two (2) participants expressed their disgust for safe abortion services in the following quotes:

*“Safe abortion for teenagers ‘dierrr’ (local dialect) I don’t support it. For me, my teenage girl will deliver if she ever becomes pregnant; I will be very disappointed though, after spending a lot on her education”*

**OL1, age 44 years**

*“I don’t support that pregnant teenagers go for safe abortion services”*

**OL11, age 58 years**

#### **4.6.3 Myths and Misconceptions**

The majority of the participants stated that safe abortion services for pregnant teenagers will promote sexual promiscuity among them. It was also revealed from the data that teenagers known to have terminated pregnancy before will not get men to marry them. Some of the participants also viewed safe abortion services as a licence for teenagers to continue indulging in early sexual relationship with the notion that even when they get pregnant, they will go and have it terminated safely:

*“This safe abortion thing for teenagers, I think will rather encourage them to do worse things. Some of the girls know they don’t want to become pregnant, but if they now know that even if she becomes pregnant she can terminate the pregnancy safely, what do you think she will be doing? She will do worse things (chasing after men) that you cannot even imagine, I am telling you the truth. It is simply bad and should not be condoned in this community”!*

**OL4, age 57 years**

*“.... teenagers will say oooh, ooh even if I get pregnant, I will go to the hospital and the doctors will terminate it for me and years to come she will get married and will not be able to get pregnant because of the continuous abortions that she did while she was young and she may not last long in her husband’s house (Divorce)”*

**OL15, age 55 years**

One of the participants categorically stated that known victims of abortions in the community find it difficult to maintain marriageable relationships as all parents will not want their children to be associated with bad or spoiled girls:

*“...Sometimes, a young man who wants to marry does not go in for ladies known to have ever terminated pregnancy; because the parents of the boy will have to make certain recommendations before the boy will marry so if the recommendations are that she is a bad girl and has ever terminated pregnancy, the young man’s parents will never allow their boy to go ahead and marry her. She is seen as a bad and spoiled lady”*

**OL8, Age 39years**

Safe abortion services was viewed as a practice that will promote sexual promiscuity among teenage girls in the community. A 46 years old community volunteer (participant) expressed his views as follows:

*“...If the pregnancy is terminated for her, she will not stop chasing after men. It is better to let her suffer at least one year and that is all. Other than that, hmmm”*

**OL18, age 46 years**

#### **4.6.4 Abortion Law**

Just as the data showed that majority of the participants did not support safe abortions services for teenagers, it was also clear that the vast majority of the participants were unaware of the abortion law. The responses of five (5) selected participants are as follows:

*“I am not aware of any abortion law in Ghana. Never, never before”!*

**OL10, Age 36 years**

*“....In fact, I have not heard of the abortion law, I do not know such a law exists”.*

**OL6, Age 71 years**

*“I have not heard of the abortion law. You mean such laws exist? Hmmm, it is serious”.*

**OL17, age 60 years**

*“I have not heard of any abortion law but whatever it is, I will not encourage safe abortion in any circumstance”!*

**OL13, Age 53 years**

#### 4.6.5 Stigmatisation

Victims of abortions are given social labels within the community. The findings showed that victims of unsafe abortion become a laughing stock with demeaning accolades such as “second witches”. Community members insult and mock them. They extend insults to their parents. These were evident in three (3) quotes of selected participants as follows:

*“She is seen as a murderer. So victims of abortion are seen as bad girls. Community members call them “second witches”*

***OL8, age 39 years***

One of the participants recounted the experience of a teenager who was mocked after she terminated her pregnancy in the community. She was forced to flee to a nearby community to continue her education:

*“...Look when two or three people are gathered and she passes by, they will point accusing fingers at her; look at this small girl, she just terminated her pregnancy. Community members do not talk anything good about her. Look, because of this stigmatisation, one girl in JHS terminated her pregnancy and it leaked to most community members. When she went to the school, her colleagues were making a mockery of her and she said that she will not go to school around this area so she was sent to Walewale a nearby community for her to continue her education. They will make a mockery of you and you will never forget! A colleague will just tell you in the face you have terminated your pregnancy aah “God will ask you” you see all this? How will you feel if you were the one?”*

***OL1, age 44 years***

Another participant had this to say on stigmatisation by community members.

*“Unless people do not get to know otherwise, people will point accusing fingers at her anywhere she passes and because the community is small, most people will get to know about it. Community members will tell one another and it will spread very fast”*

***OL11, age 58 years***

#### 4.7 Contraceptive Use by Sexually Active Teenagers

This was one of the main themes that emerged with three (3) sub-themes presented as follows:



#### 4.7.1 Knowledge on Contraceptives

The vast majority of the participants knew the various types of contraceptives (Norplant, condom, intrauterine devices such as the copper T, oral contraceptive pills, and injectable such as Depo-Provera among others). Some of the participants stated that contraceptives are used to prevent pregnancy and others said they are useful for prevention of sexually transmitted infections. The most common sources of contraceptive knowledge were from friends, health personnel, mass media and workshops. Participants' knowledge was shared in these selected quotes:

*"Contraceptives are medicines used to prevent unwanted pregnancies and also prevent someone from sexually transmitted infections like HIV/AIDS. Everybody can use contraceptives for instance if teenagers are using contraceptives may be, this issue of teenage pregnancy will not have been rampant like it is. Condom, for instance, will prevent sexually transmitted infections and pregnancy. For this contraceptives, I know of condom we have male and female condom, the pills, the five years family planning method (Norplant) and the one that is inserted into the woman's vagina (intrauterine device). I got to know of these methods from the clinic here and training by one NGO. ...I got to know this from friends and the mass media"*

**OL1, age 44 years**

*"I have heard a lot about contraceptives, I know one is the condom that is put on the penis before having sexual intercourse. We heard there are drugs that are given to females and when they take it they will not become pregnant, there are also injectables as contraceptives and Norplant that is embedded in the arm for a number of years 3 or 5 years. We also have the oral pills that women take every day in order to prevent pregnancy"*

**OL12, age 56 years**

*"Contraceptives are things that people use to prevent unwanted pregnancy and some of the contraceptives are used to prevent sexually transmitted infections (STIs). I know of the condom, the pills, copper T....I have used some (condom) before and I know is good in terms of pregnancy prevention and STIs ... in some of the workshops that I attend, they do talk about it "*

**OL3, age 51 years**

#### 4.7.2 Community Attitudes/Perceptions on Contraceptive use by teenagers

Despite the level of participants' knowledge on contraceptives, the majority indicated they will not allow their sexually active teenagers to use contraceptives as a means to prevent

teenage pregnancy. The data showed that only six (6) participants supported sexually active teenagers use contraceptives to prevent pregnancy. The participants showed negative attitudes to provision and use of contraceptives by sexually active teenagers. They opined that providing those services will promote sexual promiscuity among the teenagers in the community as shown in these quotes:

*“...If my son or daughter is chasing after women or men and I send the girl to the hospital to get contraceptives or an injection, I have now given the girl the licence to chase after men or chase women here and there forgetting that there are STIs”*

**OL11, age 58 years**

*“For me, I will not allow that to happen, even if teenage girls hide and use contraceptives and I get to know, I will stop them”*

**OL9, age 51 years**

Contraceptive use by sexually active teenagers was viewed as giving teenagers the licence to indulge in sexual relationships. One of the participants shared his views as follows:

*“I will not tell my children who are sexually active to use condoms or other forms of contraceptives. Telling them to do so will mean I fully endorse promiscuous lifestyle and my conscience will not allow me to do that”*

**OL6, age 71 years**

The negative attitude towards the use of contraceptives by sexually active teenagers had religious reasons. The participants held the view that encouraging use of contraceptives amounts to encouraging sin and prostitution as shown by two participants:

*“My religion does not tolerate it (contraceptives use) because if that girl uses the contraceptives, she will continue to chase after men the way she likes; because she has taken something (contraceptive) that will prevent her from getting pregnant and that is a sin in my religion and they end up being prostitutes. They will get to the age of marriage, but they will refuse to marry. You see all these things. So we do not approve of our daughters who are sexually active to use contraceptives”*

**OL12, age 56 years**

*“If I allow my daughter who is sexually active to use contraceptives, it is a sin I have committed and she also commits a sin if she indulges in premarital sex and Allah will write the day and time of all the sins she has committed. You see that? On judgement day, Allah will mention in detail all the sins that each and every one has committed and she will not be left out”*

**OL13, age 53 years**

### 4.7.3 Myths and Misconceptions

Participants' unwillingness to support contraceptive services/use by sexually active teenagers is due to myths and misconceptions about contraceptives. The study findings revealed that contraceptive use will reportedly cause infertility among users and contraceptives in the form of implants disappear after they are inserted. These are evident in the following statements by the participants:

*"Hmm, these children do not know that it (contraceptive use) will affect them in the future if they marry. It may happen that they cannot give birth. Whom will they blame?"*

**OL11, age 58 years**

*"Hmm, for me I will not want my daughter to marry and will not be able to give birth. I want her to have her own children and for me to have grandchildren from her"*

**OL6, age 71 years**

Participants held the view that contraceptive use leads to infertility and contraceptives such as the Norplant disappears after it is being inserted in the arm. Excerpts from participants are as follows:

*"We have fears of these contraceptives because we heard when a woman takes contraceptives, it will come to a time that she will want to get pregnant and that will not happen because of the contraceptives. You see what I am talking about? The contraceptive that is inserted into the arm (Norplant) sometime nurses will want to remove it when the years are up and surprisingly nurses will look for it in the arm and not find it. That is why we are afraid to allow our wives or teenagers to take contraceptives"*

**OL13, age 53 years**

*"For contraceptives, am afraid for teenagers' use of contraceptive especially drugs like pills and injectable. Nurses do not give birth because of those drugs. Yes, that is what we have heard and some nurses will deliver one child and that is all because of the drugs...some men beat their wives for taking contraceptives without their knowledge"*

**OL14, age 49 years**

### 4.8 Recreation

Recreation was one of the main themes of the study and was consistent with the constructs of the model that was used to guide the study. Recreational activity is an activity in which an

individual or group of persons engage by choice to derive personal satisfaction in terms of relaxation, entertainment, personal development and well-being. The findings of the study revealed that the long cherished form of recreation ('Sempa' dance and storytelling/folktales) that once helped to keep children at home are no longer practised in the community. Most of the participants entertain their children with television programmes and "Ludo" games. The outdoor activities for teenagers were playing football in school and after school. Most of the communities had community football parks. Participants underscored the existence of night entertainment as a serious threat to the sexual lives of teenagers. Participants indicated that teenagers patronise nightly disco dances which serve as a platform for sexual promiscuity among the teenagers in the community. The majority of the participants also indicated that teenagers patronise pornographic video shows at designated centres in the community at night. Two (2) sub-themes emerged from this main theme namely:

- Indoor Recreational Activities
- Outdoor Recreational Activities

#### **4.8.1 Indoor Recreational Activities**

Indoor recreational activities are activities that take place at home to entertain, amuse, inform and educate teenagers. This section covers recreational activities that take place at home for the benefit of teenagers. The following were the common indoor recreational activities that were cited by the participants: folktales/storytelling, television viewing and playing of "Ludo" games.

##### ***i. Folktales/Storytelling***

From the data analysis, the majority of the participants observed that folktales/storytelling was an activity parents enjoyed in the past with teenagers at home. The findings of the study

revealed that in the past folktales were used by parents to entertain teenagers at home. Participants indicated that use of folktales at home was enough to prevent teenagers from going out in the night. They expressed that folktales/storytelling were no longer being done because of westernisation.

Three selected participants shared their experiences on folktales and their benefits:

*“One good thing we were doing was to engage children with folktales. We used to tell children and teenagers stories about our culture and tradition, hunting and other interesting stories. In the process of these tales, some of the children fell asleep and the grown-ups take them inside to sleep; it actually helped in keeping our children at home. Sometimes we sit under a local summer hat in front of the house to have these folktales. But times have actually changed and it is no longer done”*

**OL5, age 76 years**

*“For recreational activities, we used to have storytelling where old men and women will gather the children in the house and give them educative stories. It helped us a lot, especially at night. As a teenager, you hear interesting stories from parents and you will not want to even go out at night and miss these stories from the experienced old folks. So these storytelling events are not done again and has contributed to teenagers going out at night after meals because there is nothing to entertain them before they sleep”*

**OL18, age 46 years**

*“Storytelling that used to be the best form of entertainment has completely been wiped off by parents. Scarcely will you see parents or adults sitting children down at night to tell them interesting stories. You see. It (folktales) prevented teenagers from going out in the night”*

**OL6, age 71 years**

## **ii. Television Viewing and Ludo Games**

The majority of the participants indicated that their primary sources of indoor recreational activities for the teenagers were viewing television movies/programmes and Ludo games. These are what the teenagers are engaged in at their leisure time at home. The majority of the participants remarked that they watch television programmes together with their teenagers whenever they are free. Two (2) participants had these to say about indoor recreational activities:

*“The most common form of recreational activities is the television. Television is our number one recreational activity and we watch various programmes with our children.*

*For example, religious programmes, movies like the Nigerian and Ghanaian movies. Apart from that, I have Ludo too. The children play Ampe and 'kpasse too' "*

***OL12, age 56 years***

*"In my house, after close of school, the boys have football that they play outside and for the girls they like watching movies so much; so if we realise that there is a particular movie they like especially Christian movies we engage them with such movies for some time and after that they chat and crack some jokes. They are fine at home. Sometimes when there is "Ludo" they play it and entertain themselves "*

***OL17, age 60 years***

Two (2) other participants underscored the importance of indoor activities as diversional therapy that also keeps children occupied at home.

*"I have Ludo and television set, sometimes if my children are not studying, they are always out playing Ludo or watching television. ...In fact, it helps them a lot because when they are idle they engage themselves with those things...sometimes I join them to play Ludo game if I am free "*

***OL4, age 57 years***

*"...Ludo and some TV programmes can also help divert the mind of teenagers a bit. They can play Ludo and watch TV programmes after school during their leisure time; rather than sitting down idle and probably discussing sex and other unhealthy things. You see that?"*

***OL15, age 55 years***

#### **4.8.2 Outdoor Recreational Activities**

Outdoor recreational activities are entertaining activities for teenagers outside the home. They afford teenagers the opportunities to be busy with meaningful activities instead of roaming around and engaging themselves in dangerous drugs and unhealthy sexual relationships. The following were some of the outdoor recreational activities for teenagers shared by the participants.

##### ***i. Sporting Activities***

The study identified periodic sporting activities as the common outdoor recreational activities for teenagers, especially those in schools. The participants also indicated they have football

parks in the communities that teenage boys use to play football after closing from school. These were evident in quotes of selected participants:

*“We have sporting activities for the children, we just ended some sporting activities last week. They played football, athletics( 100metre, 200metres 400metres race among others) During that period their attention is always centred on the games until evening, so they are not engaged outside and little time to talk about immoral things”*

**OL10, age 36 years**

*“We have sporting activities for school children and cultural dance. The cultural dance is organised once in a year whereby the tribes in the school will compete among themselves with cultural dance to entertain themselves and by afternoon they are done”*

**OL1, age 44 years**

*“Within the community, we have a football park that the youth use to play football. Section A of the community can play against section B. The schools also organise some games or sporting activities but that one is done periodically which is helpful, it keeps the teenagers active”*

**OL14, age 49 years**

*“For recreational activities, we have football park where younger children go to play football in the evening. We also have sporting activities for the males and females especially football in the schools”*

**OL11, age 58 years**

**ii. Night Disco Dance**

Almost all the participants indicated that night disco dance, popularly called ‘jams’ which serve as a source of entertainment for the teenagers in the community leaves much to be desired. Participants observed that the night disco dances which are organised almost every market day have become avenues for sexual misconducts among the teenagers. Participants reported that teenagers pay before they are allowed to enter. Four (4) selected participants shared these on night disco dance in the community:

*“People looking for money from different communities will come and organise Jams at the community centre when they know students are on holidays. These students will go pay and enter for the Jams. Adults from the community also join them for the evening entertainment. The playing of Jams is the worse form of entertainment for the teenagers in this community; that is what is promoting this teenage pregnancy I should say, the*

*jams are where most of the young guys see the young ladies and that is actually where they start their relationships and some of them become pregnant and wee smokers. In fact, it is the worse place to go. I should say, because the kind of music played, they play with their emotions and the songs tell them what to do after the jams; that is to engage in sexual relationship”*

**OL12, age 56 years**

Participants observed that every market day and non-market days record dance is played which served as a platform for teenagers to engage in unhealthy relationship. This is clearly stated in the following excerpts from the participants.

*“...You know they always organise jams every market day and musicians will come in a group to perform. Teenage boys and girls will go pay money and enter. After the close of the jams, you will see the opposite sex moving together. You and I don’t know where they will end... before you realise a teenage girl is pregnant and parent will wonder how come she got pregnant. It is not easy. Disco dance is the order of the day in this community with a lot of negative effects like the teenage pregnancy”*

**OL6, age 71 years**

*“The most dangerous one is the record dance or Jams as popularly called here. With the record dance, teenagers and adults will be there dancing until 2:00am. Yes 2:00am! While their parents are sleeping, they are there making noise, who will monitor his fellow friend? A big problem for us as parents”*

**OL1, age 44 years**

### **iii. Night Video Show**

Related to the issue of night disco dance is night video show. Participants of the study revealed that pornographic films are shown at some designated corners in the community and underscored the negative impact it had on the lives of teenagers who patronise it. Participants indicated that love making movies and pornographic movies are shown at such venues in the community. Three selected participants opined that as teenagers watch the bad movies, they are lured to practise early sex. Participants shared their observations in the following quotes.

*“Another thing is video shows that are being organised at night. Young boys and girls patronise it a lot; they go and watch films that will not help them in any way. They watch blue films (pornographic films) and that sometimes leads them to want to practice early sex”*

**OL17, age 60 years**



*“... A house will be hired as a centre for video shows at night which is still happening in the villages I can say for a fact. Some of the video shows are love making films which lead them into promiscuous lives. You see people naked in the films, you see some people doing things that are not pleasant before the eyes of a man, yet children are sitting there. These are some of the bad aspects of it and you know whatever the child watches he/she may want to try and that will be the beginning of trouble for the teenager”!*

**OL12, age 56 years**

*“There are some corners in this community that they show pornographic films and that is where some of these teenagers go when they dodge and go out at night”*

**OL15, age 55 years**

**iv. ‘Sempa’ Dance**

‘Sempa’ dance is a local traditional dance that is organised for the youth and adults in the community. Participants of the study remarked that ‘Sempa’ dance was an interesting activity that brought young and old together to learn how to play the local drums and the teenagers also learnt how to dance. They stated that the ‘Sempa’ dance is no longer being organised in the community. The activity has been abandoned according to participants. Some selected participants recounted their experiences on ‘Sempa’ dance as follows:

*“In our teens, we had training on how to play local drums and how to dance. This was designed purposely for the youth. The programme will start in the evening and not exceed 9:00 pm so that all the teenagers who come can return home in time. It was full of fun and we used to enjoy it. It is no longer being done; I wish it is brought back. This will make the teenagers develop interest in the programmes and even renew our cultural heritage”*

**OL15, age 55 years**

*“...The cultural dance ‘Sempa’ is better. It involves all community members and parents can easily see and monitor their children. Teenagers will not wear short things that will expose their body parts. If adults are there the teenagers will fear to engage in unhealthy conversation with opposite sex. Yes they will not”!*

**OL12, age 56 years**

*“... during our youthful days, it was the ‘sempa’ dance that community members used to entertain themselves including us as youth at night. It was educative and we enjoyed it very much in our days. ...How dare you misbehave in such gathering as a youth! But it is completely abandoned and now replaced with western music (disco dance). We need to bring it back”!*

**OL9, age 51years**

In summary, the majority of the participants indicated that folktales/storytelling and the ‘Sempa’ dance are forms of entertainment that have been abandoned and should be re-introduced in the community to help keep teenagers at home at night and also renew their cultural heritage. The majority of the participants had television sets and Ludo games at home to entertain children. Most of the communities also had football parks for playing football. Night video shows and local disco dances were observed as a ‘breeding ground’ for risky sexual behaviours among the teenagers in the community.

#### **4.9 Preventive Measures of Teenage Pregnancy and Unsafe Abortion**

Preventive measures was another main theme that emerged from the data analysis. Preventive measures are things that can be done to stop the occurrence of teenage pregnancy and unsafe abortion. Participants shared their perspectives on what they thought could be done to reduce teenage pregnancy and unsafe abortion in the east Mamprusi District. This theme had five (5) subthemes namely:

- Sex education
- Guidance and counselling services for teenagers
- Adults as role models
- Good parenting
- Sanctions for sexual misconducts

##### **4.9.1 Formal Sex education**

The majority of the participants opined that sex education was important not only for the teenagers but for parents as well. Participants called for public sensitisation and education on sex as many of the participants felt that sex education was not being done at home. It must also

be noted that a few of the participants called for comprehensive sex education to be included in the school teaching and learning sessions:

One of the participants called for sex education for teenagers and parents to enable parents have the right information for their children on sex matters. The participant shared her views as follows:

*“Sex education should not be limited to only teenagers, older people can also benefit from sex education because sometimes mothers will want to talk to their children about issues of this nature like teenage pregnancy and the abortion but will not have the right information for their children. So parents should be well educated in order to educate their children on sexuality. Sex education should be reinforced in the various schools and the communities”.*

**OL10, age 36 years**

Two selected participants had a similar views on sex education and called for sex education to be taken serious by parents and community members as well as it being taught in schools.

*“Generally, I think sex education should be taken seriously by parents and community members and there is a need for community sensitisation on sex education and its importance. Sex education should be thoroughly taught in school. I wish it becomes a subject in the schools for teaching on teenage pregnancy and other things”*

**OL2, age 54 years**

*“For me, what I can say is that community members should be sensitised to know that it is not bad for parents to talk to their children about sex because that will even help reduce the burden of teenage pregnancy”.*

**OL1, age 44 years**

#### **4.9.2 Guidance and Counselling Services**

The need for guidance and counselling services for teenagers was an issue that was suggested by most of the participants. It emerged from the data that guidance and counselling services are needed at home and in school to help shape the lives of the teenagers who have messed up their sexual lives or at risk of messing up their lives in the community. These were evident in selected quotes from participants:

*“Teenagers who are sexually active and using contraceptives should be identified for advice or counselling otherwise they will mess their lives in the future. The other thing*

*is that you can organise those teenagers and call a health personnel to talk to them about it to see whether they can stop that kind of risky sexual behaviours and also make follow up to see whether there is a change in their behaviour”*

**OL16, age 58 years**

*“There should be counselling services available to teenagers all the time, so that teenagers with these problems can go for some guidance and counselling. They could also receive guidance and counselling in other areas like education and life challenges It will help them”*

**OL2, age 54 years**

#### **4.9.3 Good Parenting**

Participants indicated that good parenting was very important for parents to practise.

Participants opined that parents should meet the basic needs of teenagers, monitor and supervise the activities of teenagers at home and out of the home:

*“The responsibility lies with parents to monitor and observe very well the behaviour of our children so that when they are going wayward, we can easily detect and bring them back on track. If you are a parent and you do not know the places your child goes out to and you do not equally know the time he/she comes back home; how will you be able to shape his/her life better?”*

**OL14, age 49 years**

*“Parents need to take full responsibility for their children, provide their needs, and educate them on what they need to know about themselves. In fact, our children should see us as caring and responsible”!*

**OL3, age 51 years**

One of the participants remarked that parents should make children their friends as it will let them open up to them:

*“Most of us as parents do not sit with our children. Before you can advise your child, you first have to make him/her your friend otherwise if you shout at them all the time, they will fear you and if they have a problem, they won’t tell. You see that?”*

**OL7, age 62 years**

Another participant shared that he watches TV with his children and does not hesitate to discipline them whenever they went wrong themselves.

*“We sit together to watch TV and they ask me questions freely but when they misbehave, I don’t spare them. I make sure that where my children are attending school, I know*

*their teachers if they move to different class I still make effort to know their new teacher(s). I tell them this child is this or that so that teachers can help in training them”*

**OL14, age 49 years**

#### **4.9.4 Role Models**

Participants of the study also made a clarion call for adults to serve as role models for the teeming teenagers in the community. Participants indicated that adults’ lifestyles and behaviours in the community should be something that teenagers will admire and strive to be like them in the future. They indicated that prominent people should be used as examples to encourage teenagers to aspire higher.

*“...There are certain prominent people in the community and the country. This kind of people can be used as role models for the teenagers to know that those prominent people were also once like them, but through education or because they were able to handle themselves very well, they have been able to climb the academic ladder successfully. For instance, our current member of parliament is a female and she doubles as a minister for local government and rural development. She is a role model and it is enough to encourage teenage girls to remain focused and not mess up their lives with early sex”*

**OL8, age 39 years**

Two participants used themselves as role models to educate their children. They had this to say:

*“You see how am living happily with my wife, we disciplined ourselves until we were of age to marry; see how we have given birth to you and you are healthy and fine... so if we talk to them this way, they will think deeply about it and will wish that they grow to be like mama and dada and it will stop them from engaging in early sex”*

**OL1, age 44 years**

*“I do sit to chat with my children about important things in life and some of these things I let them know the dangers involved. If they want to become responsible men and women in future like I am or even better than me they have to take what I am telling them serious and if they do not want to earn respect in the society, then they should do whatever they like and see how their lives will end”*

**OL12, age 56 years**

#### 4.9.5 Sanctions for Sexual Misconduct

The majority of participants held the view that teenagers who misbehave themselves sexually should be punished by allowing pregnant teenage girls to pass through labour pain and delivery and be allowed to take care of their children to serve as a deterrent to other teenagers. Additionally, participants indicated that sanctions should be spelt out for the perpetrators of teenage pregnancy as well as drug peddlers who sell local abortifacients to teenagers to serve as a deterrent. Participants expressed their views on the sanctions as follows:

*“I prefer her to give birth and continue her education. Because if the pregnancy is terminated, she will not stop chasing after men, it is better to let her suffer at least one year and see how it is like to be a mother. Other than that hmmm.... As I said earlier on, one girl in a Junior High School got pregnant, her results came and she had passed so she left her baby with her grand mum and went to Secondary School and when she was in 2nd year she got pregnant again. If she had suffered taking care of the first child she will have learnt some lesson that it is not easy to give birth and take care of a baby, you see that? That particular girl did not experience any pain that is why she got pregnant the second time”*

**OL1, age 44 years**

*“... If some punishments are spelt out, people will know that if I am involved in matters of this sort I will be punished severely”*

**OL9, Age 51 years**

One of the participants also shared his frustrations with male teachers and teenage boys who impregnate students with impunity in the community:

*“...the boys are the most spared and so they do worse things. You see that... they will impregnate the girls and refuse to marry them but will boast of having children. All the time we have issues of teenage pregnancies. Look, as we speak now, some teenage girls are pregnant in the school that is close to the dam. I did some small enquiries from students and teachers about four days ago and they were telling me teachers are among the perpetrators of that problem why, why... because authorities do not discipline them. So teachers will impregnate teenagers, they drop out of school and they will continue to teach. If someone had also truncated their educational life, will they have been teachers? No! But the community members are not also seeing that. I do not know whether is out of fear or what or they just feel that if my daughter gives birth there is no problem so they do not care much about their female wards going to school”.*

**OL15, age 55 years**

In summary, participants underscored the need for sex education to be done in schools and at home. Monitoring and supervision of the activities of the teenagers as well as sanctions for sexual misconducts were suggested by participants as measures that can help curb teenage pregnancy and unsafe abortion. A call was also made for the establishment of Guidance and Counselling services Centres for teenagers. Lastly, adults in the community should comport themselves as role models for the teenagers and handle themselves as such for the teeming teenagers to emulate and also become responsible members of the society.

#### **4.10 Key Findings of the Study**

The participants interviewed in the study were eighteen (18) in number and aged between 36 and 76 years. They were from four tribes and all of them were married with children. Eight (8) of the participants were in polygamous marriages. Some of the participants had formal education others did not. The findings from the study showed that polygamous marriages, single parenting/broken homes, close family ties, poverty, some parents' desire for grandchildren, social and mass media, peer pressure and pressure from family members were observed by participants as the causes of teenage pregnancy in the community.

On socio-cultural issues, it emerged that there is a culture of silence on sex matters by community members. The community members have also lost touch with the family as an agent of socialisation. The bid to establish close family ties and poverty also emerged as causes of early marriages in the community. Findings from the study also revealed that teenagers were sexually active as evident in the occurrence of teen pregnancies and early marriages in the community. Moral decay among the teenagers was also highlighted by the participants.

The participants held the view that sex education for teenagers was very important and should be done at home, in schools, churches and in the mosques. It was however found that sex education given to teenagers was mostly based on abstinence and consequences of indulging

in early sex. Participants also adopted the ‘traditional’ method of sex education where they created fear and panic in teenagers with death threats to scare them from sexual acts.

It was found from the data that participants were not in support of safe abortion services for teenagers. Additionally, it was noted that participants were not in support of provision of contraceptives to sexually active teenager. They stated that contraceptives use causes infertility in girls or women and supporting sexually active teenagers’ use of contraceptives was a mark of giving them the licence for prostitution. The participants’ opinions on abortion and contraception had cultural, religious and moral underpinnings.

The majority of participants also indicated that folktales and the ‘sempa’ dance were forms of entertainment for the teenagers and should be brought to help prevent teenagers from going out at night as it used to be in the past. The majority of participants had television sets and “Ludo” games at home to entertain children. Most of the communities also had football parks for playing football. The study also established that night video shows and local disco dances were platforms for risky sexual behaviours among the teenagers in the community.

The next chapter presents a discussion of these findings.



## **CHAPTER FIVE**

### **DISCUSSION**

#### **5.0 Introduction**

This chapter presents a discussion of the study findings in relation to literature reviewed. The study set out to explore community perspectives on curbing teenage pregnancy and unsafe Abortion in East Mamprusi District. The objectives of the research were to:

1. Explore socio-cultural factors that influence teenage pregnancy and unsafe abortion.
2. Identify the community's perspectives on sex education for teenagers.
3. Explore the community's perspectives on the provision of safe abortion services and contraceptives by health facilities to sexually active teenagers.
4. Identify the sources of recreational activities for teenagers in the community.

The main themes and sub-themes that emerged from the analysis of data are discussed in this chapter. The study findings are juxtaposed with literature for a better discussion. The findings from the study are expected to help develop community-based interventions aimed at combating teenage pregnancy and unsafe abortion in the community. The first session discusses the causes of teenage pregnancy and unsafe abortion.

#### **5.1 Causes of Teenage Pregnancy and Unsafe Abortion**

This was one of the main themes that emerged from the data. This theme is discussed under the following sub-themes.

##### **5.1.1 Family Structure**

The present study indicated that teenage pregnancy and unsafe abortion were real and common phenomena in the community. Polygamous families, single parenting, broken homes and establishing of close family ties were observed by participants as the causes of teenage pregnancy. Rivals in polygamous families cover up the behaviours of their sexually active

children. The motivation of such mothers is to cover up their children from being seen as bad boys or girls in the eyes of their rivals. This finding appears to be consistent with the study findings by Hamdan, Auerbach and Apter, (2009) which posited that children in polygamous families have high attrition rate of school as well as sexual activity and abuse of drug and alcoholism partly due to the family structure.

It was also revealed from the present study that single parenting and broken homes were among the causes of teenage pregnancy in the community. Participants made these observations where headmasters went to the homes of students who were impregnated. They realised that some of the students were living with their mothers or fathers alone. This finding supports the findings of a study by Chen, Ward, Williams and Abdullah, (2013) where single parenting, family conflicts and breakdown in families in the United States were associated with teenage pregnancy. Similarly, studies by Adu-gyamfi, (2014) and Miller, (2002) also found that adolescents who live in incomplete families were likely to be sexually active than adolescents who live with both parents. The studies concluded that marital divorce during early adolescence has been linked with early onset of sexuality and pregnancy. Although, socio-culturally, the contexts of these studies are different from the present study, the similarity of the findings might not be a coincidence. It could be attributed to the inevitable nature of death of one parent and probably the immoral lifestyles of some couples. For instance, infidelity which Christians dislike could result in broken homes and single parenting. A Christian who is going after women or decides to marry a second wife might lead to marriage instability and may be consequently lead to divorce. When this happens, monitoring and supervision of the children at home might become difficult for a single parent giving chance for teens to misbehave.

The present study revealed that close family ties contribute to teenage pregnancy. Teenage boys, adults and teachers who impregnate teenage girls do so with impunity because the victims

are either related to the girls' families or the fact that they are in the same community with them, they will not want to disgrace them and their families, so issues of this sort or disputes of teenage pregnancies are settled at home. As a result, they continue to impregnate teen girls in the community. Relatedly, in Mtwara District in Tanzania, Mbeba et al., (2012) found that community members team up with the perpetrators of teenage pregnancy and resolve the disputes privately; usually by promising to take responsibility of the pregnancy and to support the teen girls and their children after delivery or marry the girls. The authors stated that this contributes to high illiteracy and early marriages among teenagers in Tanzania.

### **5.1.2 Family and Peer Pressure**

A research conducted in South Africa by Oyedele, Wright and Maja (2015) showed that, of the several factors causing teenage pregnancy, one of the causes is parents' desire to have grandchildren, so they support teenage pregnancy even though it is culturally unacceptable. Another study's findings in South Africa also revealed that the majority of girls are under pressure from men they are courting and family members to give birth or prove that they are fertile (Wood & Jewkes, 2006). These findings agree with the finding of the present study which reported that parents in their quest to have grandchildren, put pressure on their teenage girls or boys to marry and start producing children. The study also found that some parents put pressure on their teenage girls to marry if they realise that the men they are courting are responsible men. Participants reported that this behaviour of some parents increases teenage pregnancies in the area. This finding could be due to the fact that parents in Northern Ghana pride themselves with the number of children and grandchildren one has of which the study area, East Mamprusi District is no exception. It could also be due to cultural and religious (Islam) statutes that do not restrict the number of wives a man can marry.

Several studies have pointed out that peer pressure is a major cause of teenage pregnancy. Teenagers are influenced by their peers to indulge in sexual relationships or pressured to get married early. Studies have also cited that most sexual intercourse debut of adolescents is due to peer pressure (Ochiogu, Miettola, Ilika, & Vaskilampi, 2011; Gyan, 2013; Mothiba & Maputle, 2012; Izugbara, 2005; Bilal, Spigt, Dinant, & Blanco, 2015). This conforms with the present study's finding in which participants expressed that some of the teenagers have friends who influence them to indulge in sexual relationships as well as termination of pregnancy. The findings suggest that teenage pregnancy in the community is fast becoming a norm and teenagers are becoming more emboldened to engage in sexual activities because teenage pregnancy is seen as a normal thing amongst them. Peer influence among teenagers could be attributed to their immaturity and inability to make concrete decisions because of their age so they are easily convinced to do things against their will.

### **5.1.3 Poverty**

The findings of the present study showed that one contributing factor to pregnancy among teenagers is poverty. This finding corroborates the findings of a cross-sectional survey in Nigeria by Ochiogu et al., (2011), which showed that poverty is a major cause of pregnancy among teenagers. Another study by Whitehead (2009), established that adolescents from socially deprived backgrounds, characterised by poverty are at high risk of teenage pregnancy. Some participants (assemblymen and teachers) in the present study recounted that parents of some of the teenagers live in complete destitution; one of the participants observed that a teenage girl who had passed the Basic Certificate Examination could not go to secondary school because her parents could not afford to pay her school fees and before they realised she was pregnant. A similar view was expressed by Strauch (2003), whose study found that socio-economically, teenage girls who belong to poor families are more likely to become pregnant early.

Some studies in Sub-Saharan Africa, showed a large body of evidence where women between the ages of 15-24 years were at increased risk of unwanted pregnancies and STIs and HIV/AIDS in part, because they had exchanged sex for money, school fees, basic necessities and other things such as mobile phones (Jewkes & Morrell, 2012; Dunkle, Jewkes, Brown, Gray, McIntyre, & Harlow; 2004; Madise & Zulu, Ciera, 2007). This finding is in congruence with the current study's finding where some adolescents go to school without breakfast and lunch and so beg from their peers to eat; other school children walk bare foot to school hence they are easily convinced by men when they give them a token for sex. Participants of the present study also observed that some of the teenage girls serve as breadwinners of their families. A similar view was established by Strauch (2003), whose study posited that teenage girls indulge in sex in exchange for gifts, money and their parents support their promiscuous lives because they also benefit from that kind of relationship. It was noted that Northern Region, the region where East Mamprusi District (study area) is located is one of the worst poverty stricken regions of Ghana. Poverty is reportedly endemic in the three (3) regions of Ghana namely: Upper West, Upper East, and Northern Region (Naami & Mikey-Iddrisu, 2013). Poverty, according to the findings of the study could also be the reason why most teenage girls from the current study setting migrate to the southern part of Ghana (mostly to the cities) to become "Kayaye" (head porter) to earn a living. In the clinical area, the researcher had nursed children with malnutrition brought to the hospital by 60+ old women. These children were mostly children of young girls who had left the north to go to the south to work as "Kayayee" in the cities where they are homeless and fall prey men with pregnancy and reproductive health issues.

#### **5.1.4 The Influence of Social and Mass Media**

The study findings showed that Social and Mass Media served as a conduit that promote sexual promiscuity in the community. The study participants expressed that the mobile telephony

promotes and influences sexual promiscuity in communities. Through the use of the telephones, sexually active teenage girls are able to access pornographic materials, communicate with boys and book appointments at secret places. All these happens at the blind side of their parents. This finding supports the findings from a study by Olumide and Ojengbede (2016) which posited that the media has a great influence on teenagers' SRH particularly regarding sexual practices, dating and relationships. The internet has also exposed teenagers to pornographic films. In line with this finding are the findings of the study by Bandura, (2001) which opined that undue exposure of teenagers to sexually explicit content predisposed them to adopt risky sexual behaviours. The easy access to these materials could be attributed to the fact that the world has become a global village. Information could be accessed anywhere with technology. In Ghana, many of the young people have android supported mobile telephones which allow them to have access to all internet websites, including pornographic sites and the story might not be different in the case of East Mamprusi District.

## **5.2 Socio-Cultural Factors Associated with Teenage Pregnancy and Unsafe Abortion**

This was one of the main themes of the study which was consistent with one of the constructs of Community-as-Partner Model. This theme is discussed under the following headings:

### **5.2.1 Socio-Cultural Beliefs, Taboos and Social Norms**

The present study found that the culture of the people forbids parents to talk about sex to their children. It is believed that talking about sexuality to teenagers will let them develop the desire to indulge in sexual relationships. It was also found that talking about sexuality will 'spoil' the children. These findings are in congruence with the findings of studies in Asian American communities which showed that culture and taboos have influence on discussing matters of sexuality. The majority of the respondents reported there is a stigma attached to talking about issues of sexuality in their communities, which respondents stated was directly attributed to

their culture. This prevented community members from having a safe forum to discuss or ask questions on sexuality (Frost, Cares, Gelman, & Beam, 2016; Astbury-Ward, Parry & Carnwell, 2012). Nyarko (2014) also expressed a similar view where talks on SRH remained a taboo in most communities for years in Ghana preventing households from educating their wards on matters of sex.

The present study revealed that teenagers are chased away sometimes with a handle of a hoe if they are found discussing sex in a typical traditional setting. According to the participants, teenagers dared not let “vagina” and “penis” slip out of their mouths in the presence of an adult. This finding concurs with a study’s findings that; young people in Nigeria do not openly talk about sex matters and desires. Words that are used to represent sexual parts of the body, activities, and desires among young people are usually ambiguous and indirect, reflecting the cultural silence expected of them in matters concerning sexuality (Izugbara, 2005). Similarly, in Thailand, a study on “social and cultural dimensions of adolescent sexual relationships” found that conversation about sexual issues was intolerable, particularly among females, because the values, culture and norms of the Thai society considered sexual issues as a private matter which should not be discussed in public (Laila, 2015). Since issues of sexuality are shrouded in secrecy, teenagers are likely to be influenced by peers about sexual issues. The silence on sexual matters at home and in different geographical areas might be due to insufficient public and community sensitisation on the benefits of comprehensive sex education for the teenagers.

The present study also found that abortion is an act that the community abhors and those who participate in abortion are seen as evil and murderers and are often stigmatised in society. Some of the participants viewed abortion as taking away human lives they have not created. This finding agrees with a study findings conducted in Malaysia by Tong, Low, Wong, Choong and

Jegasothy, (2012) which indicated that religious and cultural biases against abortion made it tough for females to request for abortion services. Females felt stressed and humiliated and doctors in health care setting were judgmental and treated abortion as bad and a sinful act.

Participants in the present study observed that the long cherished community cultural/social norms are being infiltrated by westernisation leading to a decline in societal norms and values. The majority of the study participants bemoaned the emergence of local disco dance popularly called 'jams' which have now become an integral part of funeral performances, naming ceremonies, festivals and Muslim weddings in the community. The participants remarked that the "disco dance" has almost taken a centre stage in cultural/social ceremonies and serves as a fertile ground for risky sexual behaviours among teenagers. Similar to this finding, Were (2007) established that the problems among teenagers are partly due to the breakdown of moral structures in the society and adoption of the "western culture". The traditional African culture that promoted and valued cultural virtues such as virginity has been eroded with time. The African culture had well-organised structures that not only enhanced morality but also educated teen girls to uphold their virginity until marriage. The breakdown of culture and moral structures result in teenagers indulging in pre-marital sex leading to teenage pregnancy.

### **5.2.2 Causes of Early Marriages.**

Findings from the current study revealed that economic hardships compel parents to give their teenage girls out for marriage to reduce a large family size. In other instances, teen girls are given out in exchange of cows. It was reported that once the teen girls marry, the next thing is to become pregnant. This finding agrees with the findings of a study by Izeldeen (2014) which posited that poverty is one of the major causes underpinning early marriages in most rural communities in Sudan. Parents in "Alfath" village in Sudan support early marriage of their teen girls with the hope that it will benefit them both socially and financially. Relatedly, the government of Nepal in her quest to end child marriages has renewed its pledge to implement



marriage law and end child marriages. The Government of Nepal held its national “Girl Summit” in Kathmandu in March 2016. The participants of the Summit echoed that poverty and cultural norms are the major factors contributing to the persistent nature of child marriages in Nepal (UNICEF, 2016a; UNICEF, 2016b).

Participants of the current study also reported that some parents give their teenage girls for marriage in exchange of cows, a common practice among the Kosasis in the area. This finding is in line with other studies findings which showed that parents marry off their teen girls as a way of meeting the financial needs of the family through dowry (Gyan, 2013; Were, 2007).

A cross-sectional study on “socio-cultural and economic factors influencing adolescents’ resilience against the threat of teenage pregnancy in Accra- Ghana” recognised that, the policy to encourage teenagers to be readmitted in schools after delivery is not working. The study reported that most of the teen mothers marry after getting pregnant which affect their ability to go back to school or learn apprenticeship (Ahorlu, Pfeiffer, & Obrist, 2015). This finding agrees with the current study’s finding which established that the majority of teenage girls get married after they become pregnant.

The current study also revealed that parents, in an attempt to establish a close family relationship with another family, will give a teenage girl to an adult or teenage boy in that family to marry. This, according to the participants serve as a bond of friendship between the two families. The Konkonba tribe was noted for establishing this close family ties. This finding agrees with the study findings by Nour, (2009) which stated that there are three (3) main forces that drive child marriages namely: The desire to strengthen social ties, the belief that it offers protection and poverty. May be apart from poverty, the persistence of early marriages in east mamprusi district might be due to their way of life which is inherent in their culture and traditions. It could also be that people value and respect culture and traditions than the laws of the Republic of Ghana which is strongly against child marriage (The

Children's Act 1998, Act 560). A recent report by the Ghana News Agency (2017) indicated that many girls from 10 to 15 years are in polygamous marriages in Banda, Jaman North and Asutifi South Districts of the Brong-Ahafo Region of Ghana. These marriages according to the report were orchestrated by parents of the teenage girls and close relatives, ostensibly to preserve traditional values and heritage. Unless there is a paradigm shift where there is a total renewal of the mind of traditional rulers and members of the society, the fight against teen marriages might continue to persist. In all of these issues, the education of the girl child is ruined. Stiffer punishment ought to be meted out to families that encourage early marriage to serve as a deterrent to other families.

### **5.2.3 Family Socialisation**

The family is an important foundation of socialisation that is expected to communicate the cultural values and norms to the younger generation for them to be fully integrated fully into the society (Baferani, 2015). The present study revealed that it is not the case in most families, parents show of irresponsibility in the community was observed by most of the participants. Teenage boys and girls stay out of home late in the night; some parents have no time to monitor the behaviours of their children and there is no discipline in some homes. A report from a related study also showed that poor parenting and poor communication within the family is a major cause of pregnancy among teenagers (Adu-gyamfi, 2014).

### **5.2.4 Moral Decadence**

In relation to moral decadence, the study found that most of the teenagers in the community were sexually active evidenced by the prevalence of teenage pregnancies and unsafe abortions. The study also found that some of the teenage girls had multiple sexual partners as revealed in the narratives of some participants; here some pregnant teenagers found it difficult to identify the person responsible for the pregnancy. This finding supports the findings of a study in Nigeria among students in secondary school where 14% of the students had multiple sexual

partners (Ochiogu et al., 2011). The finding further affirms that of Emelumadu et al., (2014) which showed that many teenagers do not only indulge in premarital sex but have multiple sexual partners which predisposes them to pregnancy and consequences such as HIV/AIDS.

Furthermore, the current study also found that some teachers do not hold themselves in high moral esteem. They misconduct themselves with teenagers sexually (sexual harassment and impregnating teen girls) with impunity. This finding is in tandem with the findings of a study conducted among stakeholders in Gauteng Province of South Africa which found that 42% of the participants (stakeholders) indicated that class room teachers had sex with girls in schools which resulted in many teens becoming pregnant and dropped out of school (Oyedele et al., 2015). Even though the settings of the studies are different, teenagers becoming sexually active could be due to the way children are brought up in certain homes. In some homes, there is no supervision and no bonding relationship with children and these issues could predispose children to waywardness. There may be single parenting or broken homes as well, as pointed out by some studies (Chen et al., 2013; Miller, 2002).

### **5.3 Education**

Education was also a main theme and had four (4) sub-themes. This theme is consistent with Community-as-Partner Model. The discussion of this theme is based on the sub-themes: Formal Sex education, “Traditional” sex education, community perception on girl child education and educational policy on pregnant teenage girls.

#### **5.3.1 Formal Sex Education**

From the data it was found that sex education was seen as an important factor for reducing teenage pregnancy. The majority of participants opined that sex education will help reduce teenage pregnancy in the community. This finding is consistent with a study finding in Nigeria by Ochiogu et al., (2011) which indicated that sex education was very necessary for adolescents

and could help reduce risky sexual behaviours among teenagers as well as unwanted pregnancies.

The participants of the current study opined that sex education should be done in homes, in schools, churches and in the mosques for the benefit of teenagers. This is best practice since a study by Martin et al., (2015) in the United States found that the introduction of sex education in schools and homes reduced sexual initiation of adolescents before the age of 19 years to 43% from initial 51%. The introduction of sex education in schools and in homes and the availability of contraceptives for the sexually active adolescents yielded positive dividends. In a similar vein, in the year 2014, the government of Zambia revised its curriculum with integrated comprehensive sexuality education rolled out in Grades 5 to 12 in all schools across the country to mitigate teenage pregnancy and improve sexual and reproductive health outcomes in the country (Saili, 2015). The support for sex education by the opinion leaders who were the participants of the study could be attributed to their level of education, experience and probably benefits they could have derived from sex education. The majority of participants had tertiary education, they may have read widely and could have been exposed to the benefits of sex education. Although this study was a qualitative inquiry and used only a few participants, the findings have laid a foundation for a quantitative research to unearth the general views of community members on sex education.

The data showed that sex education should begin at the age of 9 years and above. Participants observed that girls get mature earlier than is expected and they get their menarche early in recent times. This finding is in line with the study findings by Dake, Price, Baksoovich and Wielinski, 2014 in the US, which indicated that pupils should understand reproductive anatomy and physiology by the end of 5th grade and be able to explain abstinence, the various methods of contraceptives, and how to correctly use condom by the end of the 8th grade to help further

reduce teen pregnancy and STIs. Similarly, Netherlands has the lowest teenage birth rates in the world and sex education in the Netherlands starts in preschool and is incorporated into all levels of schooling across the country (Cook & Cameron, 2015). Participants support for early sex education in the present study could be attributed to negative peer influence that teenagers are prone to as already discussed. Therefore giving adolescents information about sexuality might help them resist the temptation of being influenced by their peer into unhealthy behaviours. However, the present study findings support for sex education is in sharp contradiction to the study findings in Ghana by Nyarko (2014) which showed that most parents had unfavourable attitudes toward sex education of their wards in lower and upper primary with the reason that they were too young for such information to be given to them. This contradiction could be that the participants do not know what sex education entails and its importance. It could also be that they have not experienced teenage pregnancies, unsafe abortions and STIs including HIV/AIDS in their families hence their unfavourable attitude toward sex education.

The current study found that the participants based their sex education for teenagers only on abstinence and consequences of indulging in early sex including HIV/AIDS. In consonance with these findings is the report that where parents are involved in sex education, there is an over emphasis on abstinence and negative effects of indulging in premarital sex (Baxter, Blank, Guillaume, Squires, & Payne, 2011). This revelation is further supported by Kumi-kyereme et al., (2014) who posited that parents in their talks with adolescents on sexuality mainly talk about abstinence. The current study findings showed that nothing is said about contraceptive use which is part of the components of sex education. Parents might not want to talk about contraceptives for teenagers to know they can be protected even if they engage in sex. The silence on birth control measures could also be due to religious orientation that does not support contraceptive use as discussed in subsequent sessions.

In as much as participants based their sex education on abstinence and consequences of early sex, the majority of participants held the view that there is lack of sex education at homes and this is the main reason teenage pregnancy is rampant in the community even at the primary school level. Some of the participants noted that parents rarely make time to educate their adolescents at home on sex matters. This current study findings are consistent with Studies in different countries such as Sri Lanka, Nigeria and Ghana where the incidence of risky sexual behaviours among teenagers and teen pregnancy is associated with lack of sex education in most families (Rajapaksa-Hewageegana et al., 2014; Izugbara, 2005; Adu-gyamfi, 2014). Villar and Concha (2012) also had similar findings among Latina immigrant women in the US where adolescents were given vague information on sexuality by their parents to digest without giving further details. The authors also found that adolescent girls got to know more about sexuality when they got married. The issue of lack of sex education could be attributed to the culture of the people in East Mamprusi District (study area) that forbids talks on sex or simply due to a knowledge deficit on the components of comprehensive sex education as found in the studies by Dyson and Smith (2012) and Bastien et al., (2011). The authors revealed that parents have the desire to discuss matters of sexuality with their teenagers but lack the requisite knowledge to do so at home. This calls for public education and sensitisation on sex education in the study area (East Mamprusi District).

### **5.3.2 ‘Traditional’ Sex Education**

A study in Sub-Saharan Africa found that in the context where teenage sexuality is highly stigmatised, parents put more emphasis on life-threatening consequences of indulging in early sex (Bastien, Kajula, & Muhwezi, 2011). In support of this finding is a study by Lesch and Kruger (2005), which posited that many parents use a ‘discourse of danger’ in relation to sexual behaviour to prevent their teen girls from engaging in sex. These findings are in congruence with the current study’s findings which showed that participants put fear in teenagers with

death threats when they have the opportunity of educating their teenagers on sexuality. A participant, 70+ years old in the present study remarked that he tells his teenage girls in school that, if any of them makes a mistake and gets pregnant and wants to terminate it, she will die because in his family no one terminates pregnancy and survives. From this finding, it could be deduced that parents and the community as a whole need training on how to go about sex education and the components of sex education as reported in medical eligibility criteria for contraceptive use by World Health Organisation. WHO requires that persons involved in providing sex and relationship education should be trained and continue to receive education on sexuality and relationships matters to ensure that the information and counselling they offer are true, appropriate, and Evidence-Based (WHO, 2010).

A study conducted in Lomé-Togo, revealed that women take the responsibility of educating their daughters on sexuality because when unwanted premarital pregnancy occurs, it is the girl's mother who is blamed and chastised severely (Speizer et al., 2001). A similar observation was made in this current study. The participants held the view that sex education for teenagers was the responsibility of women at home. Men were seen as busy persons and would not have time for such talks and so women are blamed when a teenager is impregnated.

### **5.3.3 Community Perception on Girl Child Education**

It emerged from the data that some households in the community viewed the education of the girl child as a waste of resources. The participants indicated that, that notion is on the decline but still persists in some of the households. This finding corroborates the report by Muthoni (2010) which indicated that some parents were not ready to take the girls back to school because it was a waste of resources educating a mother. It could be deduced from the current study that the households with this perception would invariably contribute to teen pregnancy and early marriages. Once the girl child is not in school, she is likely to marry early. This attitude of some

of the households might be because they have not benefited from the education of the girl child. More campaign messages on the importance of female education should be intensified in the area to encourage community members to send their girls to school and keep them in school until they are mature enough to marry.

#### **5.3.4 Educational Policy on Pregnant Teenage Girls.**

Participants of the study demonstrated in-depth knowledge on a new educational policy on the girl child that allows pregnant teenagers to continue attending classes with their colleagues or allows them to be readmitted after delivery. The majority of the participants opined that because of this policy, pregnant teenagers should be allowed to attend classes until they deliver and not to be allowed to have safe abortion services. A similar educational policy was formulated in Kenya in 2003 (Gender and Education Policy) which allows pregnant girls to be re-admitted back to school or attend another educational institution (Mulama, 2010). On the contrary, the government of Tanzania recently made a public declaration banning teen mothers from admissions into public schools. The report indicated that the concept of allowing teen mothers back to school was a foreign concept. The statement added that allowing students to continue with education after giving birth will encourage premarital sex and teen pregnancies (The Citizen, 2017). This policy will undoubtedly affect the future of brilliant teenage mothers in Tanzania. It is also a bridge to the children right to education. The stand taken by the government of Tanzania should be reconsidered to give brilliant teen girls the opportunity to be readmitted into the public schools to enable them pursue the career dreams.

#### **5.4 Community Perspectives on Abortion and Safe Abortion Services.**

The study findings revealed that most of the participants were not in support of safe abortion services for teenagers. Their attitudes towards safe abortion services had cultural and moral



underpinnings. This theme is discussed under the following sub-themes that emerged from the data.

#### **5.4.1 Use of Abortifacients for Unsafe Abortion**

The current study revealed that teenagers in their quest to terminate pregnancies resorted to abortifacients. Abortifacients commonly used by teenagers included: ‘black power’, overdose of paracetamol and chloroquine tablets, local herbs and grounded bottles. These findings corroborate with the findings of a qualitative study conducted in Western Kenya on women’s perceptions about abortion. The study revealed that, the most common unsafe methods used for induced abortion in the communities were tea leaves, quinine, herbs and a metal rod inserted into the uterus through the vagina. Others were snake antidote and neem tree leaves (Marlow, Wamugi, Yegon, & Feters, 2010). Similarly, a cross-sectional study involving 278 women in rural and urban Tanzania that sought to describe “unsafe abortion methods and associated health consequences” indicated that herbs, roots and catheters were the most common abortifacients used for induced abortions among women in rural and urban Tanzania (Rasch & Kipingili, 2009).

#### **5.4.2 Abortion as a Sin/Murder**

The current study’s findings revealed that the vast majority of the participants were not in support of safe abortion services for teenagers. The negative attitudes had religious, cultural and moral undertone. Most of the participants opined that safe abortion services for the teenagers is a sin and a murder. The culture of the community abhors the practice of abortion. These findings concur with other studies conducted in Ghana, South Africa and western Kenya. The authors of these studies posited that the majority of the participants were not in support of safe abortion services which was based on moral and religious grounds. Safe abortion was regarded as a sin/murder of defenceless foetuses and ‘baby killing’ (Aniteye & Mayhew, 2013;

Harries, Stinson, & Orner, 2009; Marlow et al., 2010). Similarly, in Zambia, abortion and safe abortion services were viewed as sinful and immoral (Waszak et al., 2012). The stand taken by the participants of this current study on safe abortion services could be attributed to the Ghanaian society and its cultural norms and values that abhor abortion. It is often said by people in Ghana that “if you cannot create life then do not take someone’s life away” referring to abortion as a murder of human beings.

#### **5.4.3 Myths and Misconceptions**

The current study found that safe abortion services for pregnant teenagers would reportedly promote sexual promiscuity among them. It was also revealed that teenagers known to have terminated a pregnancy before will not get men to marry them. The majority of the participants also viewed safe abortion services as a licence for teenagers to continue indulging in early sexual relationships. These findings are in congruence with a study by Marlow et al., (2010). The authors found that in Trans Nzoia and Bungoma in Kenya, safe abortion services were not supported by community members. Women seeking abortion or known to have had safe abortion services were accused of infidelity and the young unmarried ladies become poor candidates for marriage. These findings call for intensive public education on the consequences of unsafe abortion to the community members in the East Mamprusi District. They may be oblivious of the repercussions of unsafe abortion. The community’s understanding of these facts may help save many lives that are lost due to clandestine abortion. Almost all the participants of the study were unaware of the abortion law in Ghana as discussed in the ensuing section.

#### **5.4.4 The Abortion Law**

In this study, the data showed that the majority of the participants did not support safe abortion services for teenagers. Similarly the vast majority of the participants were not aware of the

abortion law in Ghana. This finding is consistent with a study in Malaysia that explored access to safe legal abortion. The study revealed that lack of understanding of the law and clear interpretation of the law results in women facing problems in accessing abortion information and services. The study reported that some health care personnel were unaware of the legalities of abortion and were influenced by their own beliefs with regards to the provision of abortion services (Low, Tong, Choong, & Frca, 2015). Similarly, Waszak et al., (2012) also established that low awareness level/knowledge on abortion law served as a barrier to safe abortion services in Zambia. On the contrary, a study involving 234 students in Dabat preparation school in Ethiopia to determine “knowledge of abortion legislation and its associated factors” revealed that the majority of the respondents 62.8% knew that the law in Ethiopia permits safe and legal abortion under certain circumstances (Kebede, Bazie, Abate & Zeleke, 2016). These differences in the findings could be due to the low publicity and education given on the abortion law in Malaysia and Zambia. The high level of knowledge among the students could also be ascribed to education they received about the abortion law in school. The low level of awareness on the abortion law in the present study cannot be extended to the entire community because the approach of the study was qualitative research. This calls for a quantitative approach to explore the community’s knowledge on the abortion law. An increase in knowledge and awareness on the availability of safe, legal abortion services might have a positive influence on the community’s negative attitude which might go a long way to curb the problem of unsafe abortion in the community.

#### **5.4.5 Stigmatisation**

Several studies have documented that abortion or safe abortion are heavily stigmatised in many societies. Victims of abortions are ostracised, labelled as murderers, and perceived by others as prostitutes. Women seeking for safe abortion or known to have had an abortion were accused of infidelity and the young unmarried girls who had unsafe abortion became poor candidates

for marriage (Waszak et al., 2012; Marlow et al., 2010; Lee, Chou, & Chen, 2014). These findings are in line with the current study's findings which found that victims of abortions were given social labels within the community. It also emerged that victims of unsafe abortion became a laughing stock with demeaning accolades such as "second witches". Community members insult and mock them to the extent that their parents are also insulted. It suggests that these social tags could be reasons for the high incidence of unsafe abortions.

### **5.5 Contraceptive Use by Sexually Active Teenagers**

This was one of the major themes of the study. It was clear from the data that participants were not in support of contraceptive use by sexually active teenagers. This major theme is discussed under the following sub-themes.

#### **5.5.1 Knowledge on Contraceptives**

The majority of the participants demonstrated considerable awareness/knowledge on the various methods of contraceptives including Norplant, condom, intrauterine devices such as the copper T, oral contraceptive pills, and the injectables including Depo-Provera. Most of the participants were able to state that contraceptives are used for prevention of pregnancy and STIs. The most common source of knowledge were from friends, health personnel and mass media. These findings are in tandem with the study findings by Aniteye and Mayhew, (2011) and the Demographic Health Surveys in Ghana (2014, 2008) which showed that contraceptive knowledge among the Ghanaian populace is high but there is low utilisation of contraceptive services. The present study's finding is also analogous to the findings of Chipeta and Kalilani-phiiri (2010) from a study which investigated "contraceptive knowledge, beliefs and attitudes among men and women in rural Malawi". The study reported that there was a high contraceptive knowledge among men and women in rural Malawi. Their major source of knowledge was from the radio. However, the current study's findings contradict those of a

study in Beijing- China. The study explored knowledge, attitude, and behaviour regarding contraception in Beijing. The author of this study found that one of the leading causes of teenage pregnancy in China was the lack of knowledge on contraception and a low rate of contraceptive use among teenagers and adults (Wu, 2010). The high level of awareness and knowledge on contraceptives in this present study might be due to the increase in the awareness campaigns in the electronic and print media in the country. The availability of family planning units in most of the health centres and community-based health planning and services (CHPS) compounds and across the length and breadth of Ghana, that seek to meet the contraceptive needs of people could also be a reason for the high level of knowledge. However, there is need for this educational derive to focus on utilization (contraceptive use) if the goal on pregnancy prevention is to be achieved.

#### **5.5.2 Community Attitudes/Perceptions on Contraceptive use by Teenagers**

Despite the high level of participants' awareness and knowledge on contraceptives, the majority of the participants indicated they would not allow sexually active teenagers to use contraceptives as a means to prevent teenage pregnancy and STIs. This finding is analogous with the study findings in Vanuatu by Kennedy et al., (2013) where parents and community gate keepers disapproved teenagers' use of contraceptives. From the present study, participants indicated that providing contraceptive services to sexually active teenagers will promote sexual promiscuity among the teenagers in the community. Contraceptive use by teenagers was also viewed as a sin. These findings are in conformity with a study findings in rural Tanzania on "Parent-Child Communication and Reproductive Health Behaviours". The study found that family planning was the least discussed topic on sexuality compared to HIV/AIDS. Teenagers were viewed to be too young to use contraceptives or be given information on contraception because it would lead them into early sexual relationships. The study further showed that contraceptives were believed to be the preserve of adults and not

teenagers (Muthengi, Ferede & Erulkar, 2015). These findings are also supported by other studies which found that contraceptives for young people were associated with promiscuity and straying (Mbeba et al., 2012; Ochako et al., 2015; Chandra-mouli, Mccarraher, Phillips, Williamson, & Hainsworth, 2014; Wu, 2010).

Contrary to the current study's findings, a study in California randomly sampled 261 parents/guardians with teenage girls aged 12–17 years, through a telephone survey. The study sought to examine “parental acceptability of contraceptive methods offered confidentially to sexually active adolescent daughters”. The study revealed that parental approval was high for oral contraceptive pills (59%) and lowest for intrauterine device (18%). Fifty-one percentage (51%) found it acceptable for clinicians to provide their sexually active teens with condoms (Hartman et al., 2013). Similar results were shared by Afenyadu and Goparaju (2003) in a community survey conducted in Dodowa- Ghana. The authors of the study reported that the majority of opinion leaders and parents approved condom use by sexually active adolescents with the reason that it is better for sexually active adolescents to use contraceptives than allowing them to get pregnant and attempting to terminate the pregnancy. The negative attitudes of participants to contraceptives use by sexually active teenagers in this present study could be attributed to moral and religious rules that inhibit contraceptive use. Contraceptive use is often perceived as encouraging premarital sex among the teenagers. Most of the participants were Muslims, Christians and traditionalists hence religious reservations appeared to be the underlying reason for participants' perceptions and attitudes.

### **5.5.3 Myths and Misconceptions**

The majority of the participants were of the view that contraceptive use by teenagers will cause infertility. Some of the participants also stated that contraceptives in the form of implants disappear after it is inserted into the arm. These findings corroborate with several studies'

findings which showed that misconceptions associated with contraceptive use have led to underutilisation of contraceptives for the youth and adults in many communities. Some of these misconceptions included beliefs such as intrauterine devices and oral contraceptives cause cancer, contraceptive use before childbirth leads to infertility, condoms can vanish into the woman's body and prolonged menstruation (Capurchande et al., 2016; Chipeta & Kalilani-phiiri, 2010; Chonzi, 2000). Similarly, a systematic review of literature from 2005 to 2015 in sub-Saharan Africa to investigate factors influencing contraceptive use showed that, negative factors reducing or prohibiting contraceptive use were women's misconceptions of contraceptive side-effects and cultural/social norms surrounding fertility (Blackstone, Nwaozuru, & Iwelunmor, 2017).

## **5.6 Recreation**

This was one of the main themes consistent with the Community-as-Partner Model. The discussion of this construct is done under the following two (2) sub-themes:

### **5.6.1 Indoor Recreational Activities**

It was identified from the study that television viewing and ludo games were the predominant forms of recreational activities for teenagers at home in the East Mamprusi District. Consistent with this finding were other studies' findings that viewed television as a major form of indoor entertainment and diversional therapy for children in most homes (Parkes, Wight, Hunt, Henderson & Sargent, 2013; Nathanson, 2002; Ashby, Arcari & Edmonson, 2006; Bersamin et al., 2008; Cubbin et al., 2005).

In Nigeria, Olumide and Ojengbede, (2016) found that the likelihood of sexual intercourse was higher with mixed-sex peer co-viewing of television. However, parental co-viewing and other restrictions by parents on media and sexual relationship movies were not associated with early sex. Similarly, some of the participants in the present study shared that they sometimes joined

their teenagers to either watch television programmes or play ludo games whenever they were free. This is good practice and could bring more bonding relationships between parents and their children if parents could sustain this habit.

### **5.6.2 Outdoor Recreational Activities**

The Swedish Government established youth recreation centres to decrease youth antisocial activities by keeping teenagers out of trouble areas during the evening. An assessment of the centres showed that the presence of the centre reduced social vices among the youth in all the places the recreational centres were established. Typical activities at the recreational centres included a pool, ping-pong, video games, darts, television, music, and a coffee room (Haven, 2000). Relatedly, the present study also found that the teenagers were engaged periodically in sporting activities in their various schools. Another source of recreation observed by the participants was football games that the males engaged themselves in after school. With frequent engagement in these recreational activities, Cohen et al., (2002), posited that teenagers who took part in school-based activities started having sex at a later age, had less sexual partners, a high rate of contraceptive use and low rate of unwanted pregnancy and childbearing. Among the recreational activities participants in this study cited, it was found that drama and debating clubs, quizzes, volleyball and tennis ball were not mentioned. These activities are educative and are types of diversional therapy for teenagers. This finding calls for the need for comprehensive assessment of the preferences for recreational activities that would be of benefit to the teenagers in the community.

The study also found that folktales and storytelling that parents used to entertain children to keep them from going out at night was no longer being done at homes. This finding agrees with findings by Diala-Ogamba, (2015). The author's study on Folktales established that, folktales that once served as a form of entertainment and education for the children in African homes have been abandoned. People no longer gathered by the fireside in the evenings to tell and



listen to stories that entertained and educated them. Westernisation and the advent of advanced technology could be the underlying reason why parents have lost touch with folktales and storytelling in the homes. The level of family cohesion folktales might bring to the family cannot be compared to reading story books in isolation as the present westernised and modernised youth would do in our communities. The inability of families to sustain these evening entertainments for children and adolescents might have led to teenagers going out at night for a local disco dance and video show discussed in the next sections that follows.

Almost all the participants observed that the night disco dances popularly called ‘Jams’ which are commonly played at designated places every market day in the community were observed as entertainment grounds that influence teenagers into sexual relationships and misconduct in the community. It was found that teenagers could stay up until 2:00 am at the venues dancing to worldly music. This finding is in tandem with the study findings of Akers, Muhammad and Corbie-Smith (2011). The authors of this study found that in two rural African American communities, adolescents were abused sexually in local entertainment joints in the community for monetary gain, a situation the community members felt incapable to change. Similarly, in Kenya, Were (2007) also found that social environment-related factors such as inappropriate forms of recreation, unmonitored night partying forums or disco, act as secret meeting places for premarital sex among adolescents. Additionally, two other studies found that local nightclubs served as a conduit for sexual promiscuity for various age groups and put teenagers in danger of sexual harassment and rape (Mbeba et al., 2012; Masatu, Ndeki & Mwampambe, 2009).

A qualitative study involving teenage girls, adults and community leaders in Tanzania revealed that, businessmen in the communities organise video shows in local night clubs for a fee where pornographic and sexual relationships films are shown. This was found to be among the factors leading teenagers to engage in risky sexual behaviours (Mbeba et al., 2012). This is in tandem

with the current study's findings where the majority of the participants opined that some of the teenagers are influenced into having sexual relationships because of the pornographic movies they watch at some centres in the community. It was also found that some teenagers could leave their homes to different homes to watch video shows unknown to their parents. This lifestyle adopted by some of the teenagers could be attributed to ineffective monitoring of teenagers' social activities; and inadequate parental supervision of teenagers in the community.

## **5.7 Preventive Measures**

This theme discusses various preventive measures to curb teenage pregnancy and unsafe abortion as suggested by the participants of the study. The discussion is done under the following sub-themes:

### **5.7.1 Sex Education**

From the present study, the majority of the participants opined that to reduce the rate of teenage pregnancy, sex education was needed for the teenagers. Participants called for rigorous public sensitisation and education on sex because many of the participants felt that sex education was not being done in homes. A few of the participants also called for comprehensive sex education to be included in the school teaching and learning sessions. The call of the participants reiterates perhaps the success stories of Netherlands and Scandinavia where the low rate of teenage pregnancy is attributed to high levels of contraception use and comprehensive sex education at home and in schools (United Nations, 2012; Cook & Cameron, 2015). Additionally, the participants' opinions on sex education is in tandem with a review of 41 randomised controlled trials in the US, Nigeria, Europe, and Mexico which confirmed that comprehensive sex education prevents unintended teenage pregnancies (Oringanje et al., 2009).

### **5.7.2 Guidance and Counselling Services for Teenagers**

The need for guidance and counselling services for teenagers was suggested by most of the participants. It emerged from the data that guidance and counselling services were needed at home and in schools to help shape the lives of the teenagers in the community. This suggestion by the participants confirms a report by Adu-gyamfi (2014) who mentioned that state organisations with the mandate of seeking teenagers' welfare must promote career guidance and counselling events for adolescents at all levels of our educational hierarchy from primary to tertiary level. Similarly, in Vietnam, a qualitative study involving midwives and doctors showed that teenage girls needed counselling services on abortion which should focus on warning against the risks and dangers of abortion and pre-marital sexual relations (Klingberg-Allvin, Nga, Ransjö-Arvidson & Johansson, 2006).

### **5.7.3 Role Models**

According to Beaman, Chattopadhyay, Duflo, Pande, and Topalova (2009), providing mentors and positive role models to young people in many settings is key to improving sexual and reproductive health outcomes as well as aspirations for education, work and fertility. Studies by Svanemyr, Amin, Robles, & Greene (2015); Cubbin et al., (2005) and Bista, (2004) in their studies suggested that adolescents should be provided with positive women as role models who are engaged in a gainful employment and who may themselves have delayed childbearing and pursued higher education. These findings are in line with the current study's findings in which participants made a call for adults to serve as role models for the teeming teenagers in the community. They indicated that prominent people should be used as examples to encourage teenagers to aspire higher in education instead of dropping out of school which predisposes them to early sex and early marriage.

#### **5.7.4 Good Parenting**

Participants of the study opined that parents should monitor and supervise the activities of teenagers at home and out of the home. These views by the participants corroborate with the findings of studies by Olumide and Ojengbede (2016) and DeVore and Ginsburg (2005). These authors found that good parental monitoring, open parent-child communication, supervision of the teenagers' activities and high quality of the parent-child relationship deter teenagers from involving in high-risk behaviours.

It was also stated that in the current study that parents should meet the basic needs of teenagers at home to prevent them from exchanging sex for money to meet their basic needs. This call supports recommendation by Adu-gyamfi (2014) who stated that parents should meet the basic needs of teenagers to help prevent teen pregnancy. Good parenting, suggested by the participants of the study could be one of the positive measures to mitigate the effect of teenage pregnancy. Several studies found poor parenting as a major cause of teenage pregnancy in Africa and other parts of the world (Akers et al., 2011; Gyan, 2013; Olumide & Ojengbede, 2016).

#### **5.7.5 Sanctions for Sexual Misconducts**

The participants of this study held the view that teenage girls who misconduct themselves sexually and are impregnated should be punished. Participants indicated that pregnant teenage girls should be allowed to go through labour pains and delivery as well as take care of their children to serve as a deterrent to other teenagers.

It emerged from the data that sanctions should be spelt out for the perpetrators of teenage pregnancy as well as drug peddlers who sell local abortifacients to teenagers to serve as a deterrent. This finding is in line with the position of community leaders in Mtwara district – Tanzania. In their quest to reduce teenage pregnancy, they set bylaws which indicated that any

person who sexually abuses or impregnates a teenage girl will be sent to the lawful institutions for punishment to serve as a deterrent to other men since most of them escape and no actions are taken. The study findings also stated that the video shows in the community should be done 3 days per week within the period of 4.00 pm to 7.00pm (Mbeba et al., 2012). As previously discussed in the present study, participants observed that men who impregnated teen girls were left unpunished due to strong community ties. Possibly, the participants call for sanctions or punishment for perpetrators could be attributed to this observation they have made in the community.

The next chapter presents summary of the study, implications of the study, limitations, conclusions and recommendations based on the findings of the current study.

## **CHAPTER SIX**

### **SUMMARY, IMPLICATIONS, LIMITATIONS, CONCLUSION AND RECOMMENDATIONS**

This chapter highlights the summary of the research work and the conclusions drawn based on the findings. This chapter has also elaborated on the implications of the study for nursing practice, research and education. The limitations of the study have been clearly stated and the chapter ends with recommendations based on the key findings of the study.

#### **6.1 Summary**

Teenage pregnancy and unsafe abortion is a global issue. It comes with a lot of ramifications: school dropout, fistulas, infant mortality, severe bleeding, septicaemia, perforation of the uterus and death among others. The second cause of death among girls between the ages of 15 to 19 years globally is mostly due to pregnancy and childbirth complications (WHO, 2014). Unsafe abortion is a major cause of maternal mortality in Uganda (Vlassoff et al., 2014). Studies have shown that many countries spend millions of dollars on teenage pregnancy and child care and post abortion care (CDC, 2017; Vlassoff, et al., 2014). The study explored the community perspectives on curbing teenage pregnancy and unsafe abortion in East Mamprusi District. The Community-as-Partner Model was used as the organising framework for the study. The study utilised four constructs of the model which are consistent with the study objectives. These constructs were deemed fit to achieve the objectives of the study. The researcher did indicate in explaining the application of this model in chapter two that, the stressor in the community per the model is teenage pregnancy and unsafe abortion which have penetrated through the community flexible line of defence, the normal line of defence, through the community lines of resistance to affect the community core (people). The disruption of the community normal line of defence is clearly mirrored in the increased number of cases of teenage pregnancy and

unsafe abortion in the community. As the focus of the model is health promotion, the findings of the study have provided evidence for health promotion and education strategies to be implemented at the community level. Empirical literature was reviewed based on the objectives of the study to enable the researcher to discuss the study findings.

The study was qualitative in nature. A total of eighteen (18) opinion leaders in the community participated in the study after they met the inclusion criteria. The participants were from four tribes and all of them were married with children. Eight (8) of the participants were in polygamous marriages. The majority of participants were Muslims. After purposive selection of the participants, face to face interviews were conducted using interview guide based on the study objectives. Permission was sought from participants to record the interview. After each interview, a verbatim transcription was done and analysed using thematic content analysis. The main themes of the study were seven (7) and a total of twenty-seven (27) sub-themes were obtained.

Findings of the study showed that polygamous marriages, single parenting/broken homes, close family ties, economic hardships, parents' desire for grandchildren, family and peer pressure were observed by participants as the causes of teenage pregnancy in the community. It was found that there is a culture of silence on matters of sexuality by community members. It was also revealed that community members have lost touch with the family as an agent of socialisation contributing to high moral decadence. The bid to establish close family ties and poverty were found as causes of early marriages in the community.

The participants held the view that sex education for teenagers was very important and should be done at home, in schools, churches and in mosques. The girl child education was perceived as a waste of resources in some households in the community. It also emerged from the data that participants were not in support of safe abortion services for teenagers. Safe abortion was

viewed as a sin and murder. Additionally, the study found that participants were not in support of the provision of contraceptives to sexually active teenagers. Contraceptive use and safe abortion services were viewed as acts that will promote sexual promiscuity among teenagers in the community. Their perspectives on abortion and contraception had cultural, religious and moral underpinnings.

The study also established that night video shows and local disco dances were observed as activities that promote risky sexual behaviours among the teenagers in the community. The participants revealed that folktales and storytelling used to be forms of entertainment for teenagers and prevented children from going out at night. However, these forms of entertainment have been abandoned by parents in the community.

The following suggestions were made by the participants as measures that would help to prevent teenage pregnancy and unsafe abortion. They included sex education at home and schools for teenagers, guidance and counselling services for teenagers, adults to serve as role models, good parenting and sanctions for sexual misconduct.

## **6.2 Implications**

### **6.2.1 Nursing Practice**

The study established that there are myths and misconceptions about the use of contraceptives and safe, legal abortion services in the community. This is a wake-up call for all nurses in the curative area to inform and educate those who practice unsafe abortions about the availability of safe, legal abortion services and to dispel the myths and misconceptions about contraception through sensitisation. The nurses in the preventive area such as the community and public health nurses have an enormous task of embarking on a vigorous campaign on the importance of education on sexuality and to take the community members and stakeholders through the components of comprehensive sex education. Practising community and public health nurses



have yet another mandate of highlighting the harmful effects of primitive cultural beliefs and taboos on sexuality in the community. This should be done in community durbars, in churches and mosques. Community Health Education is key in this endeavour.

### **6.2.2 Nursing Research**

The nursing profession in Ghana can only work to meet international standards with practices that are evidence based. This current research has laid a foundation for additional research work in this area. A mixed method could be done with triangulation to involve other stakeholders e.g. health professionals, parents, politicians and adolescents to seek comprehensive views on curbing teenage pregnancy and unsafe abortion.

The study has also unearthed yet another area that has to be researched on. That is a quantitative study on the community awareness/knowledge on safe, legal abortion services in Ghana. The data indicated that almost all the participants were oblivious to the abortion law. Their awareness and knowledge might help in the fight against unsafe abortion which is the second cause of maternal mortality in Ghana as well as many other countries globally.

### **6.2.3 Nursing Education**

After reviewing literature on teenage pregnancy and unsafe abortion and adolescent sexual and reproductive issues globally, I have come to the realisation that, there is the need to add to the nursing programmes, adolescent health nursing. This programme will train adolescent health nurses to specifically meet the ever increasing challenges and health needs of adolescents. Adolescents' health and wellbeing are critical to the development of all countries, losing teenage girls through unsafe abortion is a depletion of the future human resource of the country.

## **6.3 Conclusion**

This research set out to explore the community perspectives on curbing teenage pregnancy and unsafe abortion in the East Mamprusi District. The study findings have shown clearly that

family structure and pressure as well as socio-cultural factors cause teenage pregnancy. It was largely proven that participants support sex education for teenagers even though this is culturally prohibitive in the community. Participants were not in support of contraceptive use and services for sexually active teenagers as well as safe, legal abortion services for teenagers. Nocturnal local disco dances and video shows were observed as platforms for sexual misconducts among the teenagers. However, good parenting styles, good role models, guidance and counselling, sex education and sanctions for sexual misconduct were prescribed by participants as measures to curb teenage pregnancy and unsafe abortion in the community.

The application of the Community-as-Partner Model, using the community assessment wheel provided the evidence for community strategies and interventions. The community lines of resistance (the internal mechanism that act to defend against the community stressors) have to be strengthened for prevention of teenage pregnancy and unsafe abortion. Teenage pregnancy and unsafe abortion must be addressed within the context of the individual, family, and community. It is important to state that community partnership and collaboration of efforts as well as resources are necessary to curb teenage pregnancy and unsafe abortion. This calls for nurses and other health professionals to engage community members and other stakeholders in training and workshops on the need for safe abortion services, contraceptive use by sexually active teenagers, guidance and counselling services and good parenting if teenage pregnancy and unsafe abortion have to be curbed in the East Mamprusi District.

#### **6.4 Limitations**

Owing to the use of a qualitative research design for the study, only a few participants (18) were interviewed to get in-depth perspectives of the participants on teenage pregnancy and unsafe abortion. To this end, the findings cannot be generalised to the larger population.

The perspectives of parents whose teenage girls have ever been pregnant or ever had an unsafe abortion could have added more meaning to the research but this was not specifically sought. It is often said that ‘he who feels it knows it better’. Due to their experiences as parents with teens who ever got pregnant or had unsafe abortion in the family, the study would have unravelled their position on the research questions.

Another short fall of the study is that the perspectives of health professionals, politicians and other stakeholders in the district were not sought. Their inclusion in the study could have added more meaning to the data.

## **6.5 Recommendations**

The following recommendations were made based on the study findings:

### **Ghana Health Service (GHS) and the Ministry of Health (MOH)**

- The GHS in collaboration with the MOH need to select and train health personnel to embark on creating awareness about the availability of safe, legal abortion services in health facilities in the cities and in the rural areas of Ghana to help mitigate the harmful effects of unsafe abortion
- School Health Services must be strengthened and qualified personnel available for regular dissemination of SRH information and services especially at the first and second cycle institutions in the country.
- The MOH, GHS and the Ghana Education Service should train personnel in the area of guidance and counselling to handle moral issues and health challenges of teenagers in the community.

### **Ministry of Education (MOE)**

- It is needful that there is strict enforcement of the laws against early and child-marriages and rigorous pursuance of the Free and Compulsory Universal Basic Education (FCUBE) programme.
- The Ministry of Education should provide the needed resources to revamp drama clubs, debating clubs and inter school quiz competitions.
- Additionally, the communities need tennis ball, basketball and volleyball courts in the community as a form of diversional therapy and entertainment for the teenagers.

### **Ministry of Chieftaincy and Culture**

- The ministry should organise periodic sensitisation workshops for chiefs on the harmful cultural beliefs and taboos since they are the custodians of the land and whatever they say is mostly obeyed by community members.
- The ministry of chieftaincy and culture should come out with measures that inhibit traditional rulers from the practice of early marriages in their communities.

### **East Mamprusi District Health Directorate**

- There is an urgent need for community and public health nurses to mount a campaign to educate the public on the dangers of abortifacients that are commonly used to terminate pregnancies in the community.
- A rigorous public campaign on the need for contraceptive use by sexually active teens, safe abortion services, and comprehensive sex education among others is necessary.

- It is also needful that the community and public health nurses organise durbars with the chiefs, opinion leaders and parents on the ramifications of teenage pregnancy and unsafe abortion to the teenage girl, her immediate family and the community.
- The overlord (the King of the mamprugu traditional area, chief Naboagu) should be informed on the promiscuous lifestyles the local night's entertainments (disco dance and video shows) are bringing in the community so that, a ban can be put on night entertainments.

**Non-Governmental Organisations (Marie Stopes International and Campaign for Female Education (CAMFED))**

- CAMFED should increase the support it gives to the girl child to cover more teenagers in the rural communities. This will help more teenage girls to be enrolled in schools.
- Marie Stopes International should also increase their campaign on the use of contraceptives in schools, market places and in the social and mass media for the prevention of teen pregnancies.

**Ministry of Gender, Children and Social Protection**

- Funding should be provided by this ministry to augment the efforts of poor parents by providing basic needs of school girls such as sanitary pads, books, uniforms sandals among others in the rural areas of Ghana where there are high economic hardships.

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[https://books.google.com.gh/books?hl=en&lr=&id=pouTfH33wF8C&oi=fnd&pg=PP2&dq=World+Health+Organization.+Reproductive+Health.+\(2010\).+Medical+eligibility+criteria+for+%09contraceptive+use.+World+Health+Organization.&ots=8XVRJQSpvR&sig=RFyFBR4eUgMi8slSLkJEcYAU7F8&redir\\_esc=y#v=onepage&q=World%20Health%20Organization.%20Reproductive%20Health.%20\(2010\).%20Medical%20eligibility%20criteria%20for%20%09contraceptive%20use.%20World%20Health%20Organization.&f=false](https://books.google.com.gh/books?hl=en&lr=&id=pouTfH33wF8C&oi=fnd&pg=PP2&dq=World+Health+Organization.+Reproductive+Health.+(2010).+Medical+eligibility+criteria+for+%09contraceptive+use.+World+Health+Organization.&ots=8XVRJQSpvR&sig=RFyFBR4eUgMi8slSLkJEcYAU7F8&redir_esc=y#v=onepage&q=World%20Health%20Organization.%20Reproductive%20Health.%20(2010).%20Medical%20eligibility%20criteria%20for%20%09contraceptive%20use.%20World%20Health%20Organization.&f=false)

Wu, L. (2010). A survey on the knowledge, attitude, and behavior regarding contraception use among pregnant teenagers in Beijing, China. *Clinical Nursing Research*, 19(9), 403–415. <http://doi.org/10.1177/1054773810375982>

Yusuf, J. B. (2014). Contraception and Sexual and Reproductive Awareness among Ghanaian Muslim Youth. *SAGE Open*, 4(3). <http://doi.org/10.1177/2158244014541771>

## Appendix A: Consent Form

### CONSENT FORM

Title: Curbing Teenage Pregnancy and Unsafe Abortion in East Mamprusi District: The Community Perspective.

Principal Investigator: Dubik Joshua Dindiok.

Address: School of Nursing, University of Ghana, [dubikjoshua@yahoo.com](mailto:dubikjoshua@yahoo.com). 0200196352

#### General Information about Research

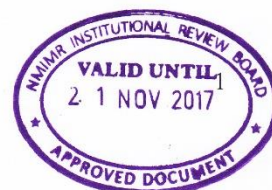
Teenage pregnancy occurs in girls between the ages of 13 – 19 years after having unprotected sexual intercourse. Teenage pregnancy and unsafe abortion is a major health issue. This project is intended to study the community's perspective on curbing teenage pregnancy and unsafe abortion. You are invited to participate in this study where you will be interviewed for about 45 minutes to 1 hour. You will be interviewed in English, Mampruli or Moar. So you are free to choose one of these three (3) languages that you are comfortable with. If you agree to participate, you will be required to sign a form before the interview and the interview will be conducted at a place you will feel comfortable. You are free to stop or withdraw during the interview if you like and you will not be affected in any way. The pieces of information you will share will be recorded since the researcher cannot recall all that will be shared. Aside, your name will never be mentioned in any part of the study.

#### Possible Risks and Discomforts

Some of the questions to be asked will be on sexual and reproductive health. If at a point during the interview you are uncomfortable and wish to discontinue, you have the liberty to opt out without any penalty. If you also wish to continue to the end of the interview, the choice is still in your hands.

#### Possible Benefits

There is no direct benefit to you as an individual but the study will provide the evidence needed to develop guidelines for community based intervention that can be implemented at the community level. The study will



help inform health professionals on adopting different strategies to curbing teenage pregnancy and unsafe abortion.

**Confidentiality**

Your name, signature and other information that will make you known will be excluded. Instead, false name will be used for identification purpose. Only the researcher and his supervisor will have access to the pieces of information and surely your name will not be mentioned in the research report. All the transcribed data, information sheets and field notes will also be kept safe in a drawer under lock and key for the purpose of an audit trail. All the study information will be destroyed five (5) years after the study. In addition, any publication about this study will not include any identifiable information about you.

**Compensation**

An amount of ten Ghana cedis, a drinking water and soft drink will be given to you after the interview.

**Voluntary Participation and Right to Leave the Research**

For your information, this research is absolutely voluntary and you have the right to either accept or refuse to be part of the study and haven accepted to participate, you still have the right to withdraw in the course of the interview without any penalty.

**Contacts for Additional Information**

If you need more clarification about this research, you can contact me or my supervisor through the following contacts:

**Researcher:** Dubik Joshua Dindiok, Community Health Nursing Department, School of Nursing, University of Ghana. Email: [dubikjoshua@yahoo.com](mailto:dubikjoshua@yahoo.com), 0200196352

**Supervisor:** Dr. Patience Aniteye, lecturer, Community Health Nursing Department, School of Nursing, university of Ghana, email: [patienceaniteye@yahoo.co.uk](mailto:patienceaniteye@yahoo.co.uk) 0244681352



**Your rights as a Participant**

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: [nirb@noguchi.ug.edu.gh](mailto:nirb@noguchi.ug.edu.gh)

**VOLUNTEER AGREEMENT**

The above document describing the benefits, risks and procedures for the research title “Curbing Teenage Pregnancy and Unsafe Abortion in East Mamprusi District: The Community Perspective” has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and signature or mark of volunteer

**If volunteers cannot read the form themselves, a witness must sign here:**

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Signature of Person Who Obtained Consent





## **Appendix B: Interview Guide**

### **Section A (Socio-Demographic Data)**

Age.....

Gender.....

Occupation.....

Marital status.....

Number of wives .....

Educational level.....

Ethnicity.....

Religion .....

### **SECTION B**

#### **Community Perspectives on Sex Education**

1. Tell me what you know about sex education?
2. What are your views concerning educating children on sexuality?

#### **Probes**

- I. When (age limits) should it start?
  - II. Where should it be done? (Home, school, church, market place)
  - III. Who should do it?
  - IV. How should it be done?
3. How have you been talking to your children on sexuality?

#### **Socio-Cultural Factors that Influence Teenage Pregnancy and Unsafe Abortion**

1. Can you share with me some of the common things that your community frowns on?

#### **Probes**

- I. Sex organs
- II. Abortions

2. Can you share with me the perception of the community on girl child education?
3. Tell me about early marriage in this community?

**Probes**

- I. When does it happen?
  - II. How does it happen?
4. What are the community's attitude and beliefs about abortion and teenage pregnancy?

**Provision of Contraceptives and safe Abortion Services to Teenagers**

1. Can you share with me what you know about contraception?

**Probes**

- i. What it is?
  - ii. Who can use it?
  - iii. Why do people use it?
  - iv. Where do you get it?
  - v. Benefits of contraceptives?
2. Can you share with me your views on provision of contraceptives to (sexually active teenagers) by the health facilities?
  3. Tell me about the attitude of the community on adolescents' patronage of contraceptives?
  4. Tell me what you know about abortion practice in this community?

**Probe**

- I. Incidence
- II. Who
- III. Where
- IV. How
- V. Abortion law

5. What do you think about safe abortion for teenagers in this community?
6. Can you share with me what you think the community can do to mitigate the effects of unsafe abortion?

**Recreational Activities in the Community.**

1. Can you share with me some of the forms of recreational activities available for teenagers in the community?

**Probes**

- I. Indoor recreational activities
  - II. Outdoor recreational activities
2. How do you supervise or monitor your children when they are engaged in these activities?
  3. What are some of the recreational activities that in your opinion put teenagers' sexual health at risk?

**Probes**


- I. Home
- II. Community

## Appendix C: Ethical Clearance

**NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH**  
*Established 1979*      *A Constituent of the College of Health Sciences*  
**University of Ghana**

**INSTITUTIONAL REVIEW BOARD**

Phone: +233-302-916438 (Direct)  
+233-289-522574  
Fax: +233-302-502182/513202  
E-mail: [nirb@noguchi.mimcom.org](mailto:nirb@noguchi.mimcom.org)  
Telex No: 2556 UGL GH



Post Office Box LG 581  
Legon, Accra  
Ghana

My Ref. No: DF.22  
Your Ref. No:

22<sup>nd</sup> November, 2016

**ETHICAL CLEARANCE**

**FEDERALWIDE ASSURANCE FWA 00001824**      **IRB 00001276**

**NMIMR-IRB CPN 046/16-17**      **IORG 0000908**

On 22<sup>nd</sup> November, 2016, the Noguchi Memorial Institute for Medical Research (NMIMR) Institutional Review Board (IRB) conducted expedited review and approved your revised protocol titled:

**TITLE OF PROTOCOL** : **Curbing Teenage pregnancy and unsafe abortion in East Mamprusi District: The Community perspective**

**PRINCIPAL INVESTIGATOR** : **Joshua Dindiok Dubik, MPhil Cand.**

Please note that a final review report must be submitted to the Board at the completion of the study. Your research records may be audited at any time during or after the implementation.

Any modification of this research project must be submitted to the IRB for review and approval prior to implementation.

Please report all serious adverse events related to this study to NMIMR-IRB within seven days verbally and fourteen days in writing.


This certificate is valid till 21<sup>st</sup> November 2017. You are to submit annual reports for continuing review.

Signature of Chair: .....  
Mrs. Chris Dadzie  
(NMIMR – IRB, Chair)

## Appendix D: Introductory Letter from School of Nursing

**SCHOOL OF NURSING**  
**COLLEGE OF HEALTH SCIENCES**  
**UNIVERSITY OF GHANA**  
**LEGON**

Telephone: 0302-513255 (Dean)  
                  Ext. 6206  
                  0302-513250 } Secretary  
                  028 9531213 }  
Fax: 513255  
E-mail: nursing@ug.edu.gh



P. O. Box LG 43  
LEGON, GHANA

Our Ref:.....SON/F.11.....  
Your Ref:.....

December 16, 2016

The District Director of Health  
East Mamprusi District  
P.O. Box 2  
Gambage-NR.

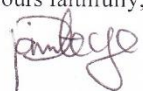
Dear Sir,

**INTRODUCTORY LETTER**

I write to introduce to you Dubik Joshua Dindiok, an MPhil Year II student of the School of Nursing, University of Ghana, Legon. He is conducting a research on **“Curbing Teenage Pregnancy and Unsafe Abortion in East Mamprusi Distric: The Community Perspectives.”**

I would be grateful if you could offer him assistance.

Thank you.

Yours faithfully,  


Dr. Mrs. Patience Aniteye  
SUPERVISOR

## Appendix E: Introductory Letter from EMD Director of Health

**OUR CORE VALUES**

1. People Centered
2. Professionalism
3. Team work
4. Innovation
5. Discipline
6. Integrity

**Our Ref No: GHS/NR/EMD/  
Your Ref No:**



**DISTRICT HEALTH DIRECTORATE  
GHANA HEALTH SERVICE  
P. O. BOX 2  
GAMBAGA**

**Tel: +233-71-23794**

**10<sup>TH</sup> JANUARY, 2017**

Dear Sir/Madam,

**INTRODUCTORY LETTER**

The bearer of this letter is Mr. Dubik Joshua Dindiok a second year Mphil Nursing student at University of Ghana- Legon. He is a nurse by profession working in this district but on study leave.

Mr. Dubik is conducting a research on: Curbing Teenage pregnancy and unsafe abortion in East Mamprusi district: The community perspective. This topic has been approved by Noguchi institutional review board and East Mamprusi District respectively. This research will be of significant benefit to the district as it is geared toward mitigating teenage pregnancy and unsafe abortion.

Please assist in giving information as will be requested by the researcher.

Thank you.

Yours Faithfully

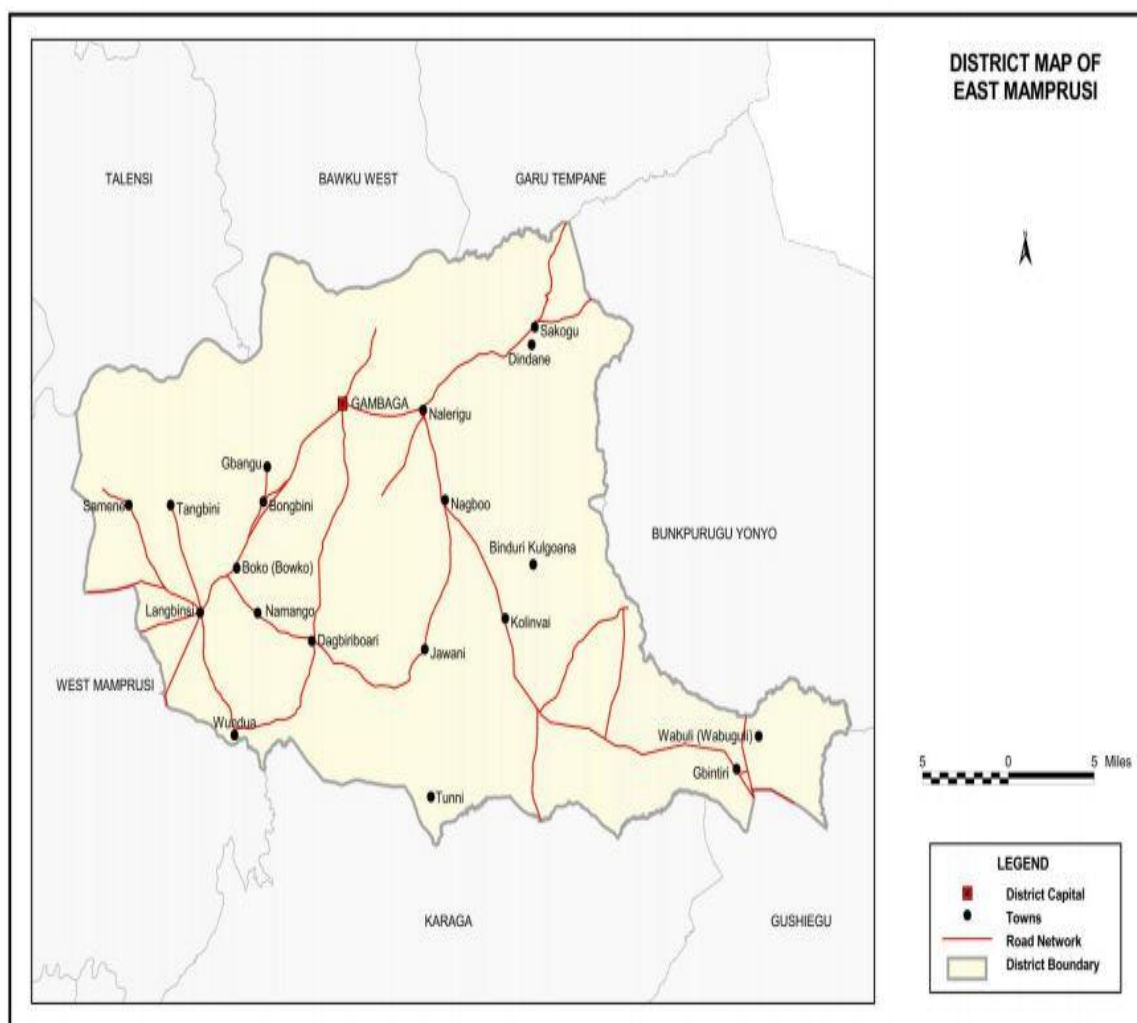
Mr. Moses Tibilla

District Director of Health Services

**Dist. Director of Health Services  
East Mamprusi District  
P. O. BOX 2 Gambaga**



## Appendix F: Map of East Mamprusi District



**Source:** Ghana Statistical Service (2013)

## Appendix G: Summary of Demographic Characteristics of Participants

Participants	Gender	Age in years	Ethnicity	Marital status	No. of wives	No. of husbands	Religion	Educational level	Occupation
OL6	Male	71	Bimoba	Married	3		Traditional	No formal education	Farming
OL2	Male	54	Mamprusi	Married	1		Muslim	Tertiary	Teaching
OL16	Male	58	Kusasi	Married	1		Christian	Tertiary	Chaplain
OL9	Female	51	Bimoba	Married		1	Christian	Tertiary	Teaching
OL8	Male	39	Mamprusi	Married	1		Muslim	Tertiary	Teaching
OL4	Male	57	Mamprusi	Married	2		Muslim	Middle school	Farming
OL1	Male	44	Mamprusi	Married	1		Muslim	Tertiary	Teaching
OL5	Male	76	Mamprusi	Married	3		Traditional	No formal education	Farming
OL15	Male	55	Bimoba	Married	1		Christian	Tertiary	Teaching
OL18	Male	46	Konkonba	Married	2		Muslim	Middle school	Community volunteer
OL11	Female	58	Mamprusi	Married		1	Christian	Tertiary	Teaching
OL3	Male	51	Mamprusi	Married	2		Muslim	Tertiary	Teaching
OL17	Male	60	Mamprusi	Married	1		Christian	Middle school	Pastor
OL12	Male	56	Mamprusi	Married	2		Muslim	No formal education	Imam
OL7	Male	62	Bimoba	Married	3		Traditional	No formal education	Farming
OL13	Male	53	Mamprusi	Married	2		Muslim	No formal education	Imam
OL10	Female	36	Mamprusi	Married		1	Muslim	Tertiary	Teaching
OL14	Male	49	Kusasi	Married	1		Christian	Tertiary	Pastor

Source: Transcribed Interview 2017



## Appendix H: Thematic Code Frame

<b>THEMES AND SUBTHEMES</b>	<b>CODES</b>	<b>DESCRIPTION</b>
<b>CAUSES OF TEENAGE PREGNANCY AND UNSAFE ABORTION</b>	<i>CAOPUB</i>	How teenagers become pregnant and what brings about abortion
<ul style="list-style-type: none"> <li>Family structure and associated issues</li> </ul>	<i>fsai</i>	The family type and attitude of parents
<ul style="list-style-type: none"> <li>Family and peer pressure</li> </ul>	<i>fpp</i>	Influence of parents on teens to do their will and pressure from teens to copy their peers
<ul style="list-style-type: none"> <li>Poverty</li> </ul>	<i>eco</i>	Financial and material situation of parents and families
<ul style="list-style-type: none"> <li>Influence of social and mass media</li> </ul>	<i>isomm</i>	The impact of information and materials from electronic and print media
<b>SOCIO-CULTURAL FACTORS ASSOCIATED WITH TEENAGE PREGNANCY AND UNSAFE ABORTION</b>	<i>SCFAPU</i>	These are the beliefs, taboos, norms and other issues in relation to teenage pregnancy and unsafe abortion in the community
<ul style="list-style-type: none"> <li>Cultural beliefs, taboos and social norms</li> </ul>	<i>cbtson</i>	These are things that the community beliefs in or frowns at and things they consider as normal within the community
<ul style="list-style-type: none"> <li>Early marriages</li> </ul>	<i>ema</i>	Teenage girls given out for marriage before the age of 19 years
<ul style="list-style-type: none"> <li>Socialisation and family</li> </ul>	<i>sofa</i>	Parents' relationship with teens and the training of children at home

<ul style="list-style-type: none"> <li>• Moral decadence</li> </ul>	<i>md</i>	Low moral standards in the community
<b>EDUCATION</b>	<i>EDU.</i>	Teaching and learning, including information on sexual and reproductive health (SRH)
<ul style="list-style-type: none"> <li>• Formal sex education</li> </ul>	<i>sedu</i>	Giving information to teenagers on matters of SRH
<ul style="list-style-type: none"> <li>• “Traditional” sex education</li> </ul>	<i>tsedu</i>	The use of threats in sex education
<ul style="list-style-type: none"> <li>• Community perception of girl child education</li> </ul>	<i>copgce</i>	These are the views of the community members on girl child education
<ul style="list-style-type: none"> <li>• Educational policy on pregnant teenage girls</li> </ul>	<i>eduppt</i>	Policy for teenagers who are in school and pregnant
<ul style="list-style-type: none"> <li>• <b>COMMUNITY PERSPECTIVES ON ABORTION/SAFE ABORTION SERVICES FOR TEENAGERS</b></li> </ul>	<i>COPAST</i>	These are views/opinions on abortion and safe abortion services
<ul style="list-style-type: none"> <li>• Abortifacients</li> </ul>	<i>usabortf</i>	These are various methods of terminating pregnancy
<ul style="list-style-type: none"> <li>• Abortion as a sin/Murder</li> </ul>	<i>absm</i>	Perspectives on abortion
<ul style="list-style-type: none"> <li>• Myths and Misconceptions</li> </ul>	<i>mmcep</i>	False beliefs on abortion and safe abortion services for teenagers
<ul style="list-style-type: none"> <li>• The Abortion Law</li> </ul>	<i>al</i>	Participants awareness and knowledge of safe, legal abortion law in Ghana
<ul style="list-style-type: none"> <li>• Stigmatisation</li> </ul>	<i>Stig</i>	Unfair treatment of victims of abortion or social label on

		abortion victims in the community.
<b>CONTRACEPTIVE USE</b>	<i>cu</i>	The views of participants about contraceptives use by sexually active teenagers.
<ul style="list-style-type: none"> <li>Knowledge on contraceptives</li> </ul>		The understanding of participants about contraceptives
<ul style="list-style-type: none"> <li>Community attitude/perceptions on contraceptive use by sexually active teenagers.</li> </ul>	<i>capcusat</i>	These are the opinions on the contraceptive use by sexually active teenagers
<ul style="list-style-type: none"> <li>Myths and misconceptions</li> </ul>	<i>mmcpcon</i>	Erroneous beliefs about contraceptive use
<ul style="list-style-type: none"> <li><b>RECREATIONAL ACTIVITIES</b></li> </ul>	<i>RA</i>	Sources of entertainments for teenagers
<ul style="list-style-type: none"> <li>Indoor recreational activities</li> </ul>	<i>ira</i>	Entertainment activities for teenagers at home.
<ul style="list-style-type: none"> <li>Outdoor recreational activities</li> </ul>	<i>ora</i>	Entertainment activities for teenagers outside the home environment
<ul style="list-style-type: none"> <li><b>PREVENTIVE MEASURES</b></li> </ul>	<i>PMTPUSA</i>	These are the things that to curb teenage pregnancy and unsafe abortion
<ul style="list-style-type: none"> <li>Formal sex education</li> </ul>	<i>sedu</i>	Giving information to teenagers on matters of SRH
<ul style="list-style-type: none"> <li>Guidance and counselling services for teenagers</li> </ul>	<i>gcst</i>	Helping teenager to make an informed decision in the area of health and education

<ul style="list-style-type: none"> <li>• Good parenting</li> </ul>	<i>gp</i>	Taking good care of teenagers, including monitoring and supervising their activities in and out of home
<ul style="list-style-type: none"> <li>• Adults as role models</li> </ul>	<i>arm</i>	Adults serving as good examples for teenagers to emulate their behaviour
<ul style="list-style-type: none"> <li>• Sanctions for sexual misconducts</li> </ul>		Punishments for perpetrators of teenage pregnancy and unsafe abortion.