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**DEPARTMENT OF POPULATION, FAMILY
AND REPRODUCTIVE HEALTH (PFRH)**

**COMMUNITY AND PARENTS PERCEPTION TOWARDS
TEENAGE PREGNANCY AND TEENAGE MOTHERHOOD AT
KORLE – GONNO**

BY

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**THIS DISSERTATION SUBMITTED TO THE SCHOOL OF PUBLIC
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DECLARATION

I, Janet Bridget Aidoo, confirm that this thesis presented for the degree of Masters in Public Health has been composed entirely by me and that it has not been submitted, in whole or in part, in any previous application for a degree. Except where stated otherwise by reference or acknowledgment, the work presented is entirely my own.

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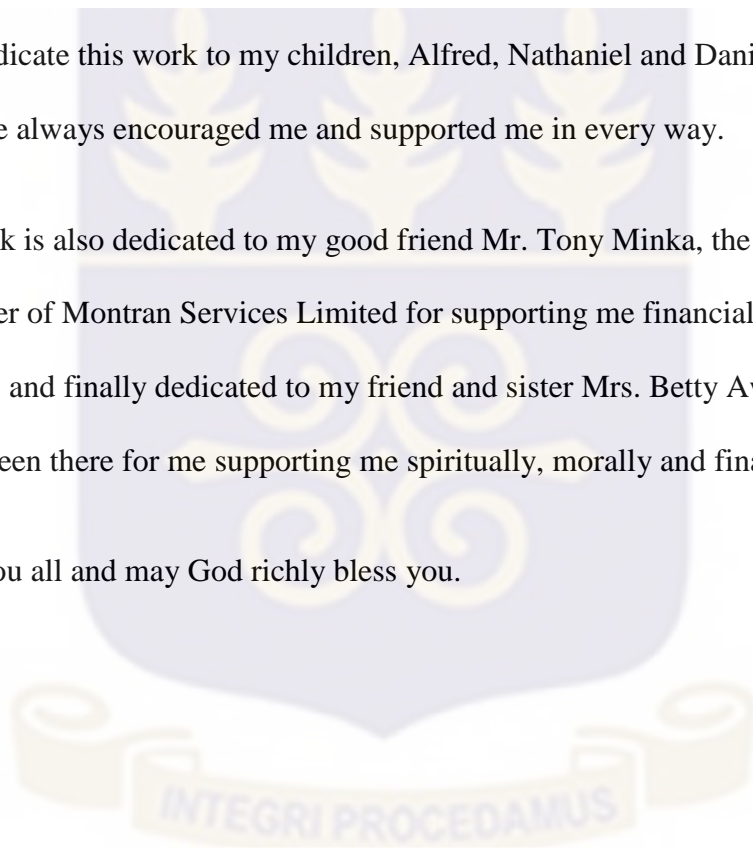
DEDICATION

I dedicate this to God Almighty for given me the grace, been my source of inspiration and provided me with wisdom, knowledge and understanding throughout the program. I also dedicate this work to Professor Ankomah, former Head of the Department of Population, Family and Reproductive Health, School of Public Health, University of Ghana, but for your inspiration and support I would not have enrolled in this program.

I also dedicate this work to my children, Alfred, Nathaniel and Daniel (Darling Boy) who have always encouraged me and supported me in every way.

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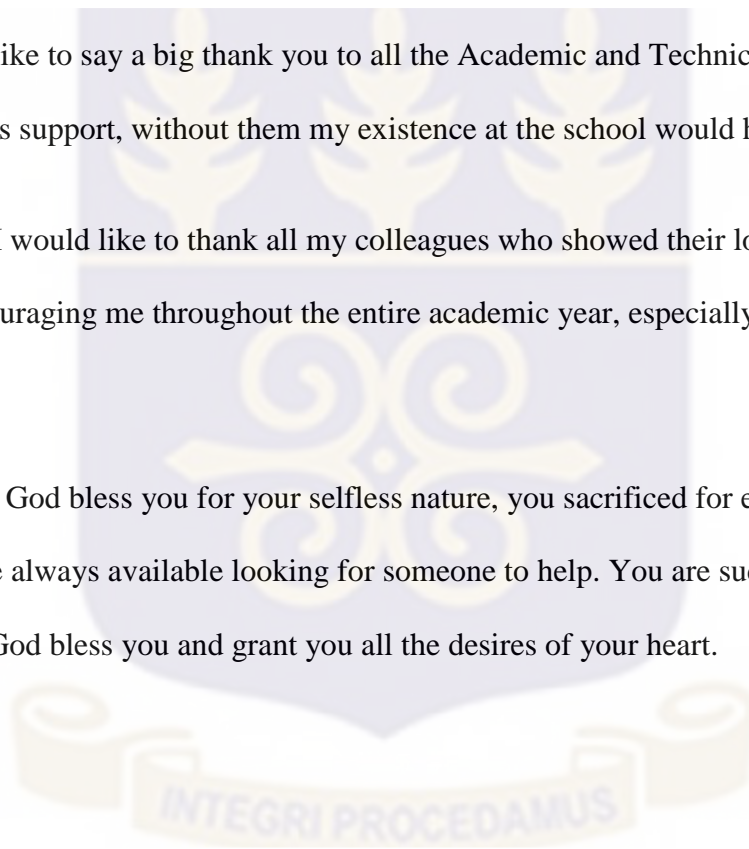
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ABSTRACT

Teenage pregnancy is the situation in which a girl gets pregnant between the ages of 13 to 19 years. Teenage pregnancy and teen motherhood are global matters of public health concern.

The aim of the study was to investigate the perceptions of teenagers and parents toward teenage pregnancy and teenage motherhood in Korle-Gonno, in the Greater Accra Region.

The study generally explored the community knowledge and attitude towards teenage pregnancy and teenage motherhood, examined the socio-cultural factors that influence teenage pregnancy and finally assessed the social and economic aspects of teenage pregnancy among teenagers and parents.

The study adopted a qualitative method using focus group discussion (FGD) and in-depth interview techniques to gather data. A sample of 40 participants was involved in the study. Out of this number, four (4) FDGs were done, comprising one (1) male group of artisans, one (1) male group organized from the community, one (1) female group and the final group made of students of adolescent age. In addition, a total of eight (8) in-depth interviews (IDI) were also conducted. Transcription was done verbatim after interviewing participants and the data analysed by qualitative methods to draw conclusions.

It was observed that the most common reasons for girls to engage in sex at a young age are poverty, the desire for material goods, family and peer pressure and to a much lesser extent pleasure. This study also found the teenagers involved in sexual activities are misinformed or do not like the idea of using contraceptives. The study also revealed that lack of proper parental control was also a major factor contributing

to teenage pregnancy in the community. Lack of reproductive health education was also a major contributing factor.

The study concludes that unstable marriages, unemployment, lack of sexual reproductive health education, low –income and peer pressure are major factors that cause the high rate of teenage pregnancy in the Korle-Gonno Community. Although the youth have negative attitude towards teenage pregnancy, their perception and understanding of sexuality and contraception is very poor. There is therefore the need for serious teen pregnancy prevention intervention programmes to address specific needs and priorities of the Korle- Gonno Community

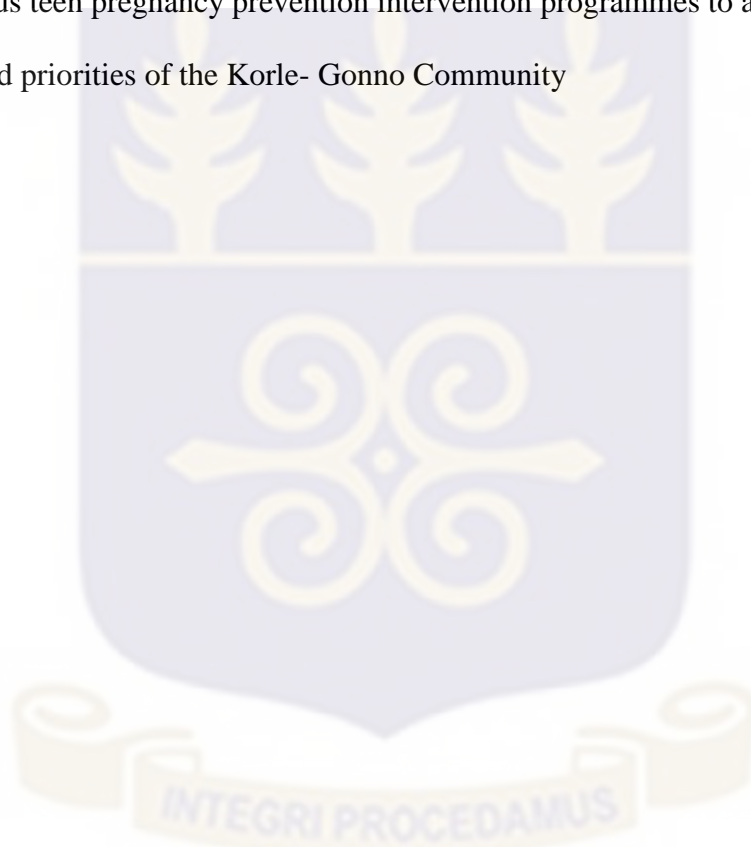


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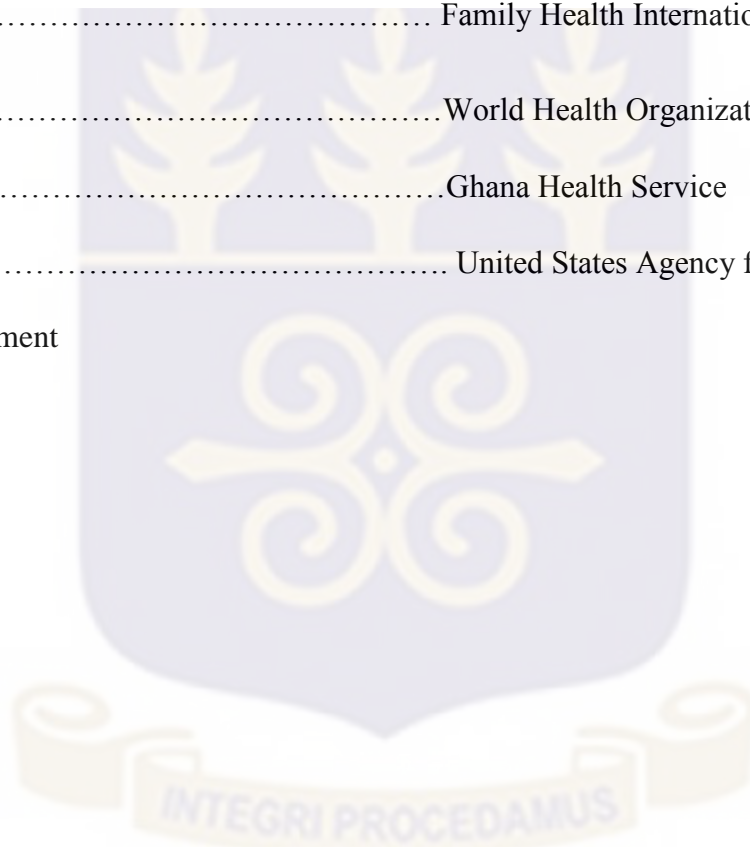
Figure 1 Conceptual Framework**Error! Bookmark not defined.**

Figure 2 Map of Korle - Gonno**Error! Bookmark not defined.**



LIST OF ABBREVIATIONS

FGD	Focus Group Discussion
KII	Key Informant Interview
IDI	In-Depth- Interview
UNICEF	United Nations Children Fund
GDHS	Ghana Demographic and Health Survey
'YOLO'	You Only Live Once
Fhi 360.....	Family Health International
WHO.....	World Health Organization
GHS	Ghana Health Service
USAID	United States Agency for International Development



CHAPTER ONE

INTRODUCTION

1.1 Background

Teenage pregnancy is described as pregnancy involving a teenage girl between the age of thirteen (13) and nineteen (19). Globally, teenage pregnancy can also be described as girls who have not reached adulthood and get pregnant (UNICEF, 2008). Although a lot of research has been done on the topic of teen pregnancy and births, the social and psychological issues surrounding the phenomena are not well understood by teens (Gilbert, 2011).

The rate of birth of teenage girls is the number of live births in a particular geographical area per 1000 teens ages 15-19 years, using the midyear 15-19-year-old female population in the same geographical area to allow for comparisons between different geographical locations and groups, for example between the rural and urban areas (Gilbert, 2011).

From literature, teenage mothers are difficult to study because there has not been a clear definition of this group. This has led to comparisons across studies being difficult. A clear definition of age groups will help in determining the factors which put early teenage mothers at risk whether socially or biologically (Phipps & Sowers, 2002). Traditionally, in the Ghanaian society, girls mostly tend to marry at an early age especially after their basic education. With the adoption of the western culture, more Ghanaian girls seek to achieve a higher education, whilst others tend to learn some sort of trade.

The extended families provide moral and financial support to these teenage pregnant girls and teenage mothers. As the years go by, the cost of living keeps on increasing and the socio-economic support given to the teenage pregnant girls and the teen mothers keeps on crumbling. Due to this, there might have been changes in the perception of early child bearing.

A lot of studies have shown that the rate of teenage pregnancy reduces significantly as education on adolescence reproductive health increases. According to literature, sex education programs that are well organized and depict real characters, encourage students to delay having sex until they are matured. These programs also promote safer-sex practices among the teenagers who want to be sexually active, and it has been proven effective at delaying first intercourse and increase the use of contraceptives among sexually active youth, (Kirby, 2007; Kohler et al., 2008). Generally, women with high level of education get married four years later and have fewer children than those who do not have education. (UNICEF, 2001)

Now the question arises whether the community and the parents of these teen mothers know the consequences of early childbearing? Do they know they have a role to play in the solution of these problems associated with the early childbearing? What are possible recommendations by way of intervention to solve these problems?

1.2 Statement of Problem

Teenage pregnancy and teen motherhood is a major public health problem globally. Globally childbirth is one of the leading causes of death among teenage girls, according to a UN report calling for greater action against adolescent pregnancy. 200 teenage girls die every day in childbirth Every day, 20,000 girls below the age of 18 give birth in developing countries, according to a report released today by the UN

Population Fund (UNFPA). Nine out of ten of these occur within a marriage or union, and of the 7.3 million adolescent mothers giving birth each year, 2 million are under the age of fifteen. Every day, 200 adolescent mothers die in childbirth, making childbirth one of the leading causes of death among teenage girls. It is estimated that 95 per cent of adolescent pregnancies are in developing countries, but in every region of the world, impoverished, poorly educated and rural girls are more likely to get pregnant than their wealthier, higher educated counterparts. (UNFPA, 2013). Teenage pregnancy is very high in the United States of America than any other western industrialized nation in the world (Health teens, Healthy Communities). As reported by the World Health Statistics in the year 2014, the average birth rate globally among 15 to 19 years old is 49 out of 1000 girls, sixteen (16) million girls 15-19 years old give birth each year; 3 million 15-19-year-old girls have unsafe abortions every year. Complications of pregnancy are the second highest cause of death in 15-19-year-old girls. Highest birth rates per 1000 girls are found in the sub-Saharan Africa including Ghana (Fact Sheets, WHO/ Adolescent Pregnancy, Media Centre).

Recent studies suggest that after 15 years of steady decline, the rate of teenage girls giving birth are on the increase again (Kost, Henshaw, & Carlin, 2010).

According to Khatiwada (2013), despite the growing body of knowledge about adolescent and youth reproductive sexual behaviour, teenage pregnancy has become a major challenge for developing nations as reported by and Ghana will not be an exception.

According to studies conducted over the years on teen pregnancy, babies born to teenage mothers are at high risk for a number of health complications. Some of these

risk factors include low birth weights which lead to childhood hood disorders and high infant mortality. There is the likelihood of smoking of cigarettes, malnutrition in the teen mothers, drinking of alcohol which eventually affect the unborn and born babies, (“Teen Pregnancy,” n.d.), (Stanley J. Swierzewski, 2000).

Teenage pregnancy occurs due to a lot of factors like the lack of education, single parenthood, and poverty are compounded and perpetuated in families with teenage parents. Current studies on children of teenage parents found lower levels of basic school readiness skills in children of adolescent mothers (Terry-Humen, Manlove, & Moore, 2005; Troccoli, 2006). Teenage pregnancy can be very painful and difficult for everyone involved.

According to studies, it has been found that teenage pregnancy affects society in various ways especially in the form of public expenses. Examples of these expenses are incurred in foster care, educational programs, and health related issues. There is lack of employment, poverty and discrimination which is spread unevenly on the basis of socio-demographic characteristics such as socio-economic position, ethnicity, educational level, and place of residence.

1.3 Objectives of the Study

1.3.1 General objective

To investigate the perceptions of teenagers and parents toward teenage pregnancy and teenage motherhood in Korle-Gonno, in the Greater Accra Region.

1.3.2 Specific objectives

1. To explore the community knowledge and attitude towards teenage pregnancy and teenage motherhood.
2. To examine the socio- cultural factors that influence the teenage pregnancy
3. Assess social and economic aspects teenage pregnancy among teenagers and parents

1.4 Research Questions

- What knowledge, attitudes and perceptions does the community and parents have about teenage pregnancy and teenage motherhood?
- What are the cultural factors that influence teenage pregnancy?
- What social and economic factors affect teenage pregnancy?

1.5 Justification

Several studies have focused on addressing problems of adolescent age at first birth and ever use contraceptives. Notwithstanding the research work of these researchers, limited attention has been focused on the knowledge, attitude and perception of teenagers and parents to teenage pregnancy and teenage motherhood. It is therefore very necessary to seek the understanding of teenagers' and parents' perceptions concerning this issue. For a lot of teenagers who are involved in sexual activities end up getting pregnant have abortion or decide to have their babies.

To address these issues, health professionals, demographers and planners admit that the involvement of community leaders is crucial to ensure community participation

and the sustainability of any programme of action. Involvement of the leaders will depend on how they perceive the problem - its effect on the people, the severity of the problem and the expected benefits of their actions.

According to statistics in the year 2008, 262 teenagers gave birth, 116 were admitted with incomplete abortions, and 38 had legal abortions (GDHS, 2008). These figures are the bases of seeking an understanding of teenagers' perceptions and attitudes towards teenage pregnancy and their knowledge about contraceptives. Health care workers in Ghana are greatly concerned about parents and teenagers' perceptions of teenage pregnancy. Recommendations will be made for the development of interventions and programmes to promote good health and well-being that could help to reduce the rate of teenage pregnancies in the study area.

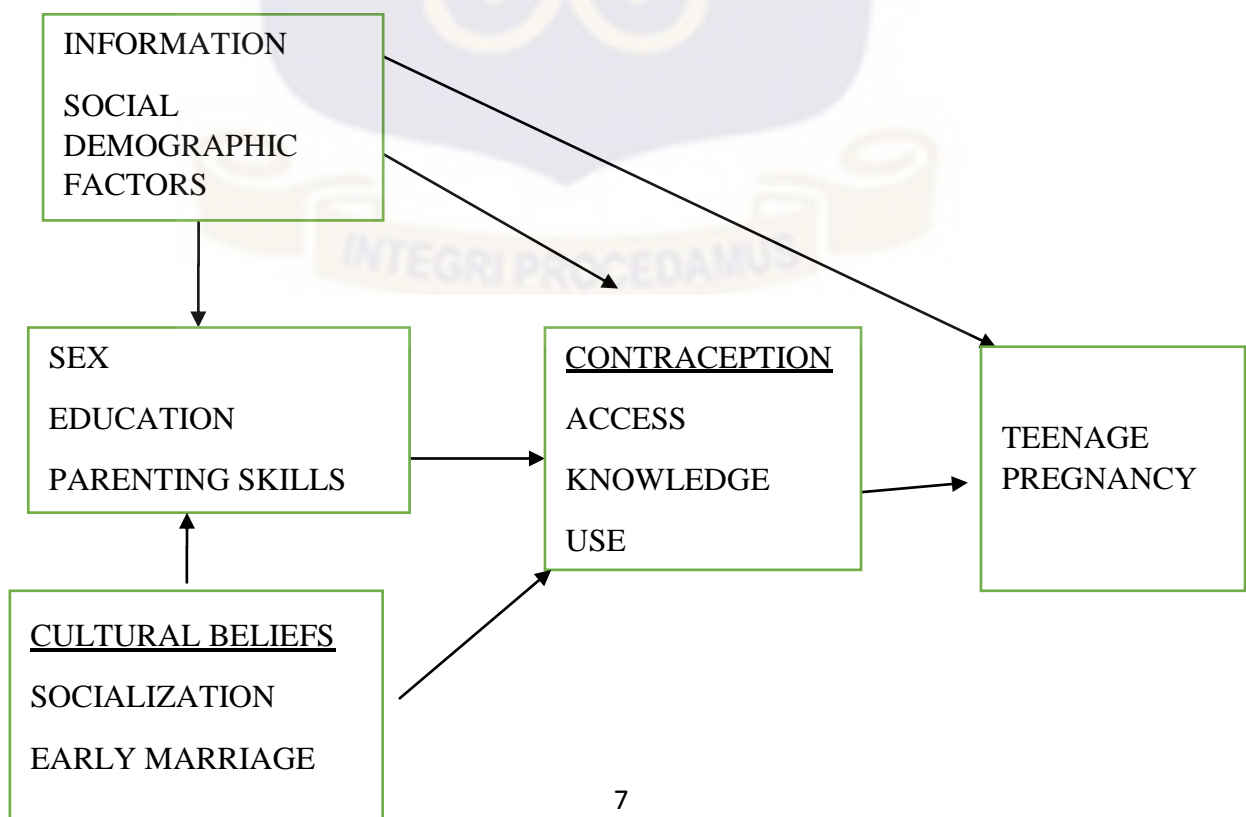
The study will be of great importance to various stakeholders. The findings of the study will give community leaders an idea about the increasing trend of teenage pregnancy at Korle-Gonno. It will indicate clearly the causes of teenage pregnancy within the Korle-Gonno community, so as to help the opinion leaders to adopt necessary measures to curb the problem. It will enlighten community leaders on the increasing number of teenage pregnancy among teenagers in the study area. The study will again create awareness among families at Korle-Gonno community on the increasing trend of teenage pregnancy. It will bring to the notice of teenage mothers, the effect of teenage pregnancy on teenage mothers and their children. The study will also serve as data baseline for future researchers and a reference point for policy makers to use in terms of issues relating to teenage pregnancy.

1.6 Conceptual framework

Teenage pregnancy has an overwhelming impact on the mind. There are several social, economic and psychological factors which must be taken into consideration when conceptualizing a study of this nature. Factors contributing or resulting from teenage pregnancy are interconnected and reliant; with the end goal that once these factors exist teenage pregnancy is unavoidable or as teenage pregnancy pertains, its related factors will undoubtedly happen. This can be observed in figure 1 below.

From the framework, individual factors, family background, friends and peers impact, community components, poor parenting, cultural beliefs, access to contraceptives are the fundamental drivers of high teenage pregnancy. Inside the individual, ones sexual conduct and perception on sexual encounters can increase or decrease the individual probability of getting pregnant at a teen age. Additionally, the peer teens relate themselves with can be a contributing element for teenage pregnancy.

Figure 1. Conceptual Framework



Teenage pregnancy has related impacts, for example, low educational background for teenage mother and child, poor health for the mother and the child due to malnutrition, and also low financial status. Teenage pregnancy influences the education and in addition the well-being of the teenage mother and the child, as a result the teen pregnant girls drop out from school.



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section looks at related research from books, internet, articles, journals, and periodicals. It also highlights theories that would help analyse finding that may come out of the study. The chapter discusses the prevalence of teenage pregnancy, key factors that influence the level of teenage pregnancy in Ghana, the perception of community and parents to teenage pregnancy and the challenges of teenage motherhood. The chapter will also discuss the need for qualitative methods in studying parental perceptions and attitudes towards teenage pregnancy.

2.2 Status of Teenagers and Teenage Pregnancy

About 1.2 billion people in the world are between the ages of 13 and 19 years (UNICEF, 2012a). This is about 17% of the world population of 7 billion people.

The English Oxford dictionary defines teenage as any person between 13 and 19 years old (<https://en.oxforddictionaries.com/definition/teenage>). It is indicated by a remarkable pace in growth and change. Biological processes drive many aspects of this growth and development (WHO, 2014). Teenagers rarely have clear roles of their own in society but instead occupy an unclear period between childhood and adulthood. According to the United Nations Children's Fund (UNICEF) the pregnancy that occurs within the ages of 13 and 19 is teenage pregnancy (UNICEF, 2008).

Teenage pregnancy is sometimes used interchangeably with “adolescent pregnancy”. The latter refers to all pregnancies occurring among girls who are below the age of 20 years (WHO, 2014).

Teenagers differ from adults because they are not matured to understand complicated concepts, or the relationship between behaviour and consequences, or the degree of control they have over health decision making including those related to their attitude towards sex (WHO, 2014). Teen motherhood, which occurs at a critical developmental stage of teenagers’ lives, has been identified as having adverse social and health consequences. Lack of correct information on the risk of early pregnancy, lack of family support and parenting, peer pressure (peer conformity), poverty, school dropout, unstable family, unstable adolescent relationship and attitude of the community increases the vulnerability of teenagers to engage in unsafe sex (Panday et al, 2009; Moore & Rosenthal, 2006; Bezuidenhout & Joubert, 2008). Due to this reason, teenagers need more attention from guardians, teachers and the whole communities in terms of education to raise awareness and guidance which ultimately will help them to understand the transition period which they are going through and be able to overcome all challenges occurring during this period.

2.3 Factors influencing Teenage Pregnancy

Teenage pregnancy is affected by the following factors: social, cultural and economic status of communities and families. Low socio-economic status and unpreparedness for high school contribute to high rate of teenage pregnancy in Ghana. Ghana has a high dropout rate of senior high school students and low level of college enrolment. Most teenagers do not have access to adequate health care and this prevents a lot of them from participating in teen pregnancy intervention programs (Castro, 1999).

Programs are needed to promote family relationships and communication on the issues of teenage sexuality. Providing birth control as an option is very critical for teenagers in Ghana who may have been discouraged or forbidden to do so because of religious or family cultural beliefs (Castro, 1999). Among the factors that influence the level of teenage pregnancy are influence of peers, early marriage, teenage sexual behaviour, socio-economic factors and environment.

2.3.1 Low socio-economic status

Teenagers who get pregnant mostly come from homes with low socio-economic status. These children often come from very poor homes and do not have enough resources to cater for their children. Due to the lack of parental involvement, the children grow up with low educational goals. These young children are at risk because they are exposed to a negative environment which leads to less ambition to succeed in school. These children then turn to associate themselves with their peers who are going through similar situations as them. These groups of teenagers begin to experiment with drugs and alcohol and as a result affect them negatively in school (UNICEF, 2008).

Low socio-economic status directly destroys unity among family members. The children growing up in these families and communities do not have strong role models or individuals to look up to for a bright future. These families with low socio-economic status, abuse are often prevalent and exposes these children to unsafe and unstable conditions. The children being abused or witnessing domestic abuse and the adolescents are separated and disconnected from their families and as a result they are not able to make right decisions as they are growing up (Clarke, 2015).

Due to lack of education and knowledge about sexual reproductive health, teenagers are engaged in unsafe and unprotected sexual activity. These teenagers do not know about the availability of different types of contraceptives and so do not have the opportunity to make other choices. Even if the adolescents have some form of contraception they do not use them correctly and this makes them useless during sexual activity. These teenagers are engaged in sexual activities at very young ages, and are motivated by their peers to have multiple partners which further leads to increased chances of pregnancy.

2.3.2 Peer Pressure on Sexual Behaviour and Abuse

Peer pressure is one of the main factors of sexual abuse; generally, females may be coerced by an older male partner to engage in sexual activity. These young girls out of fear may feel forced to engage in unprotected sex without a choice (UNICEF, 2008). Often teenagers experience pressures to engage in high risk behaviour and venture into sex unprepared. A lot of these girls are influenced to use alcohol, cigarettes, or other drugs and are initiated to sexual relationships at earlier ages, which put them at high risk of intentional and unintentional injuries and unintended pregnancies.

While in relationships adolescents may be coerced by their partner to have unsafe and unprotected sex in order to express their "love" and "true feelings" for their partner. Their partners are able to convince them to have sex without any means of contraception and this leads to unintended pregnancy.

Sexual abuse is also another reason why teenagers may become pregnant. Children who are sexually abused at an early age have been linked to later teen pregnancies.

Some children have unfortunately been sexually abused by predators or even family members prior to entering puberty. These children who are sexually abused are unable to inform a trusted adult about the situation because they are afraid of being harmed by their predator.

2.3.3 Drugs and alcohol

During adolescence, teenagers indulge themselves in drinking and experiment with drugs very often with their peers at social gatherings and parties. Teenagers, however, do not realize the negative effect alcohol and drugs have on their brain, especially the effects of binge drinking. Excessive drinking, as well as abuse of drugs may lead to unwanted and unintentional pregnancy. These substances seriously affect a teenager's ability to think logically and carry out general thinking processes, thus increasing the chances of engaging in unprotected and unsafe sexual activity.

These teenagers people who drink are more likely to use tobacco and other drugs and engage in risky sexual behaviour, than those who do not drink (Hibell et al., 2000; Bonomo et al., 2002). A lot of studies have shown that there are relationships between teens' use of alcohol and illegal drugs and increased likelihood of having sex, having sex more often, having sex with multiple partners, and pregnancy. Studies have also found that those teenagers who use drugs are less likely to use condoms and highly at risk to contract an STD. It is very possible that drinking alcohol and using drugs may lower inhibitions, reduce ability to assess risks, or increase sexual aggression (Kirby, Lepore, & Ryan, 2005, p.11).

2.3.4 Media influence

“The media has a great influence on teen pregnancy, especially television series such as "Teen Mom" and "16 and Pregnant. These shows often portray pregnancy as a good thing and hide the difficulties associated with pregnancy. As a result, these teenagers are encouraged to become pregnant. Some teenage females become pregnant so that they will be able to drop out of high school or force their partners into a deeper commitment. Rebellion is also another reason why some teenagers will become pregnant. In order to show their independence and deem themselves as having more control over their lives, a teenager may decide to have a child. These programs glamourize the idea of having a child through the promotion of the youth having a more adult lifestyle, with more responsibility and decision-making power.”

NEWSTRIBUNE *“16 & Pregnant and Teen Mom: Do These Shows Hurt or Hel”*
(2012, September 29)

2.4 Perception about Teenage Pregnancy

Qualitative studies done, showed people perceived becoming pregnant not immoral and highlighted poverty, peer pressure, alcohol use as among the main factors influencing teenage pregnancy. Even though findings were relevant, the report dwelt more on the factors related to teenage pregnancy and left issues of attitude unaddressed (Kanku & Mash, 2010). Low self-esteem has been also associated with teenage pregnancy (Flishera & Aarob, 2002).

A qualitative study by (McManus & Dhar, 2008), reported poor knowledge on STI's and contraception as the setback toward safer sex practice among teenagers. Both genders were involved in premarital sex and there was the perception that teenage girls cannot remain virgin before marriage. It pointed out poverty as the main factor that encouraged sexual practices among adolescent. Safer sex practices and

pregnancy were not adequately studied and was not able to capture views and feelings from teenagers.

A study done by Chacko et al., (2007) found a high level of lack of knowledge on dual protection of pregnancy and sexual transmitted infection. There was also misinformation or wrong perception on condoms as not effective. Also, adolescents stressed that, condoms promote promiscuous behaviour and lower trust in a relationship. The findings were more or less similar to the study conducted in Kenya among adolescent boys between 15-19 years who perceived condoms as the method to be used by adults alone and promiscuous boys. They counted condoms as an ineffective method to protect against (Nzioka, 2001).

A review study by Koenig, Nesheim, & Abramowitz (2011) reported the mean age at first sex as fourteen (14) years for females and thirteen (13) years for males. It also showed that, one in two of teenagers who got pregnant were sexually experienced and normally engage in unsafe sex. This agrees with studies done in China, Kenya, Nigeria which emphasized that, teenagers are involved in unsafe sex and are frequently victims of coercion (Zheng et al., 2001; Nzioka, 2001; Ajuwon et al., 2001). All these studies left the attitude issues related to unsafe sex and teenage pregnancy unaddressed.

2.5 Perception about Teenage Motherhood

Teens and parents have a variety of attitudes about teenage motherhood. Popillion (1997) interviewed a score of pregnant or parenting teenagers about their past experiences and their perception of motherhood. These participants had a history of emotional, sexual and physical abuse, had come from broken homes and had used drugs, but they recognised the role of mother as positive. They really loved to give

their baby the kind of love and life they themselves did not have as a child. Experience of motherhood was seen as an opportunity to start their own lives again. Various types of social support from numerous people are given to these expectant mothers once they decide to keep their babies. Ex and Janssen (2000) examined self-image and concept of motherhood in young women from Netherlands. The young women were traditional in their view of what a mother should be, such as being responsive and emotionally attached to her child. Apart from these traditional characteristics, young women saw mothers as being independent outside the home. Those with higher levels of education also perceived motherhood as being centred on the child and family; young women's age and level of education appeared to strongly influence their perception towards motherhood. Ex and Janssens (2000) found that young women with lower levels of education viewed the ideal mothers as being the centre of the family and children and as being less independent or individual. Participants' perception of mother roles seemed to be a reflection of their observation of their own mother.

In earlier research, Ex and Janssens (2000) found a connection between mothers' parenting skills and their daughters' attitudes toward motherhood. Using various education backgrounds, the authors found that mothers' parenting style and perception of motherhood greatly influenced their daughters' ideology of motherhood.

Condon, Donovan, and Corkindale (2001a) investigated teenagers' attitude about motherhood and pregnancy. Results showed that participants had high idealization statements in the pregnancy subscale (men feel closer to partners during pregnancy, pregnancy is the happiest time, couple's relationship is closer during pregnancy, and women instantly love their baby on sight) and parenthood subscale (generally men do

not resent attention given to baby, parenting is fun, it is unusual for parent to want to hurt baby, and children will turn out well if they have good parents).

Jaccard, Dodge, and Dittus (2003) explained why the intervention that Condon et al. (2001b) used may not have been successful. Jaccard et al. studied attitudes toward pregnancy and found most pregnancies occur because of teens' uncertain feelings about motherhood. Family demographics and education seemed to be important factors as well; family demographics such as teens' ethnicity affected their attitude toward early pregnancy (e.g., American families were more accepting than African families of teenage pregnancy). The teen's own mother's education level influenced her attitude toward motherhood, whether it was more accepting or not to be pregnant (i.e., teens who were more accepting of their pregnancy had mothers with lower education). In addition, Stevens-Simon, Kelly, and Singer (1996) examined the inconsistency of contraceptive usage among 200 teenagers from 13 to 17 years old at the Colorado Adolescent Maternity Program which provided medical care for teens and their babies. They found that girls did not always use contraception because of their ambivalent feeling toward being pregnant (i.e., some did not mind becoming pregnant).

Merrick (1995) reviewed literature which may explain why some teenagers have ambivalent feelings toward motherhood. Due to culture and ethnicities, women and children seem to be associated with each other; therefore, some teenagers gain a higher status once they have a baby, which may cause certain teens to strive to become mothers earlier in life. It seems that lower socioeconomic-status minorities (e.g., African teens) were more likely to choose this path than other groups. Rosengard et al. (2004) investigated female participants from a health clinic in a longitudinal study on the intention of motherhood and found that there was a split in

percentage where nearly half wanted to be pregnant but a little over half did not see pregnancy in their future. However, almost all the participants indicated that they were likely to use contraception. Those who wanted to be pregnant were less likely to use contraception as frequently as the ones who did not plan to become pregnant. From these findings, the researchers explained that half of these participants in both groups would likely be pregnant whether they plan to or not due to their inconsistent attitude about using contraception. Other interesting findings were that those who planned pregnancy and those unsure of pregnancy were more willing to report their pregnancy than those who had no plan for it and those who wanted to be mothers continued in their pregnancy while those who did not want to be pregnant or felt they were not ready were more apt to terminate their pregnancy.

Wahn and Nissen (2005) studied teenagers in Sweden who were either pregnant or already a parent (already given birth). When they looked at the teens' attitudes and knowledge about motherhood, they found those who looked at pregnancy as a better lifestyle actually felt that way about it at first, but once the child arrived they found it more difficult than they thought it would be. The majority chose to continue with pregnancy because they either wanted it or were unsure about it. However, some mentioned that they became more responsible and mature as a result of getting pregnant and having a baby but it was difficult to adjust with the new financial problems and taking care of a baby.

CHAPTER THREE

METHODOLOGY

3.1 Study Design

The study used a descriptive design that employed qualitative methodology to achieve the study objectives. The research approach is adopted when attributes like perceptions and views of human sources are studied (Brink & Wood, 2001:135).

3.2 Study area, population and sampling

Korle – Gonno is situated in Ablekuma sub- locality, Accra locality, Accra Metropolis District Greater Accra Region of Ghana. The Accra metropolis is the most populated and fast growing in Africa with an annual growth rate of 3.36 percent (Ghana Districts, 2016). In 2000, the population of AMA was 1,695,136 people with females constituting 51.9 percent of the population. As at 2010, the population of AMA was 1,665,086: females constituting 51.9 percent while males formed 48.1 percent.

The population is dominated by age group 20-24 (12.4 percent of the entire population) followed by age group 25-29 (11.5 percent of the entire population) (GSS, 2014). The youthful nature of the population could be explained by the influx of migrants from other regions in search for jobs in the capital (GSS, 2014). There are more females in almost all quinary age groupings. The sex ratio in 2010 was 93 males to every 100 females. This is lower compared to the national sex ratio of 95.2 (GSS, 2014). According to GSS (2014), the reason for fewer males in the metropolis could be attributed to male out-migration and mortality. The metropolis has a total fertility rate of 2.2 lower than the regional average of 2.6. Females at their reproductive age (12-54 years) constitute 514,523 of the population with general

fertility rate of 63.1 (GSS, 2014). About 7,276 people died in 2010, most of whom were males aged 0-4 years (GSS, 2014).

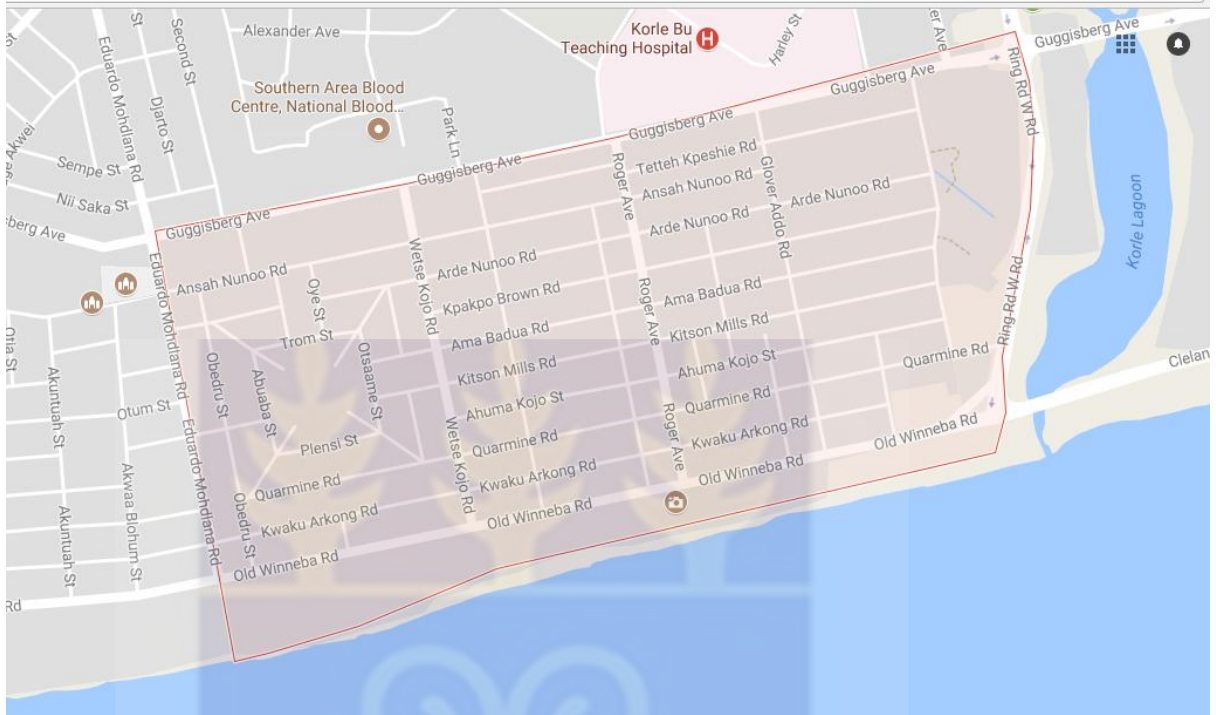


Figure 2: Map of Korle - Gonno

The study population involved community leaders, parents, teenage mothers, teenagers from the ages of thirteen to the age of nineteen and parents in the Korle-Gonno community. A convenient sampling technique was used.

3.3 Data gathering Technique

A face-to-face in-depth interview was conducted with each participant. An open-ended question: “What is your perception on teenage pregnancy and teenage motherhood?” was used to obtain information from the Community leaders, Church leaders, Headmasters of Junior Secondary School, teenagers and parents. The

interviews were audiotaped and transcribed verbatim. Field notes were also taken throughout each interview. The questions that were asked included socio-demographic characteristics, knowledge of the health implications of teenage pregnancy and the attitude of the community towards teenage pregnancy, social and economic issues. Focus Group Discussions (FDG) and In-depth Interviews (IDIs) were conducted with the teenagers using FDG guide.

3.4 Focus Group Discussion

Focus group is a type of qualitative research in which a group of people are asked about their perceptions, beliefs, opinion and attitudes towards a service, concept, product, an idea, advertisement, or packaging. Series of questions are asked in an interactive group setting where participants are very free to talk with other group members.

Focus groups are used to generate information on collective views and the meanings that lie behind those views. The composition of a focus group needs great care to get the best quality of discussion. It is very important that the researcher gives consideration to the impact of group mix, for example, how they may interact with each other before the focus group proceeds. Interaction is key to a successful focus group. Group size is also another very important key to consider in focus group research.

According to Stewart and Shamdasani, it is better to slightly over-recruit for a focus than under-recruit to avoid unsatisfactory discussion. According to literature, the optimum size for a focus group is six (6) to eight (8) participants, excluding the researchers, but focus group can also work successfully with as few as three (3) and as many as fourteen (14). In preparing an interview for focus groups, according to

Stewart and Shamdasani, the questions should move from general to more specific questions, and the order of the questions should be relative to importance of issues in the research agenda. The venue for the discussion should easily be accessible, comfortable, private, quiet and free from distraction. Focus groups are usually recorded, observed and sometimes videotaped.

With the FDG's, a total of four group discussions were conducted with parents and teenagers. Both parents were recruited with the assistance of community opinion leaders. Research assistants with the support of the community leaders, two male groups were organised. One group consisted of artisans and the other randomly picked from the community. The research topic was introduced to them and assured them that every conversation would be kept confidentially. The respondents then were relaxed to contribute. An interview guide was used to conduct the conversation. An open-ended questions were asked to bring out more views and opinions about teenage pregnancy in the community. All the participants were motivated to contribute enough to the conversation. The conversations were recorded and later transcribed verbatim. The same procedure was repeated for the rest of remaining groups.

3.5 In-depth Interview

In-depth Interview is a qualitative research technique which involves a process of conducting interviews of individuals with a small number of group to explore their attitudes and perceptions on a particular idea or situation.

In-depth interview is very useful when detailed information about a person or an individual's thoughts and behaviour is explored in-depth. The interviews are normally

used to give a complete picture of what happens during the research. In-depth interviews are used when potential participants are not comfortable talking openly in a group like focus group discussion. In- depth interviews provide a more relaxed and conducive environment to collect information, in other to provide a more detailed and rich data from the interviewee. The interviewer must use effective interview techniques such as a 'yes' and 'no' and leading questions. The interviewer / researcher must also use the appropriate body language.

A total of 8 IDI's were also conducted with community leaders and elders, older women, teenagers who had been pregnant and those who had not been pregnant. The researcher with the research assistants chose a very popular Junior High School in the Korle-Gonno Community and the Head Master of the school was interviewed regarding the perception towards teenage pregnancy and teen motherhood. Two (2) community leaders were interviewed separately and they were assured of confidentiality. With the help of one of the community leaders, one (1) woman who had a child at a teen age was identified and she was also interviewed, one (1) Reverend Minister also was introduced to the research team and she was also interviewed one- on- one. Finally, with the help of a key informant, three (3) teenage mothers were identified and selected for the in-depth interview. An interview guide was used to interview all the participants. The participants were assured of ethical clearance prior to the interview. All the interviews were recorded and notes were taken and later transcribed verbatim for analysis.

For good results, the researcher and the assistant swapped roles of the notes taking and the tape recording. This was done because different interviewers think differently and may have different style of conducting the interview. At the end of the interviews

notes were compared and discussed to add on and to improve upon subsequent interviews.

3.6 Data Analysis

Data gathered in local language were first translated into English by two independent people. The transcription was compared for consistency. The translators discussed any inconsistency with a third person helping as a mediator. The qualitative data were analysed using Nvivo` 11. The framework and thematic content analysis was adopted for the analysis.

All recorded interviews were transcribed verbatim and the transcripts were read through, noting the emerging issues which were turned into main themes and sub-themes. The data was then imported into Nvivo 11 version. Within the Nvivo, main nodes and sub-nodes based on the themes and sub-themes were created and also coded. The Nvivo saves researcher's time and boost up the process of the analysis.

3.7 Inclusion criteria

Inclusion criteria are as follows:

- i. Teenage mothers between 13 to 19 years.
- ii. Mothers of teenage pregnant girls.
- iii. Community Leaders
- iv. Church Leaders

3.8 Exclusion criteria

- i. Non- pregnant teenage girls.
- ii. Mothers of non-pregnant teenage girls.

3.9 Ethical consideration

The researcher adhered to ethical issues such as confidentiality, anonymity (relating to participants) and freedom of participation. The benefit of participation was explained and informed consent obtained in writing. Participants were free to terminate the interviews at any stage without any consequences. Audiotapes were deleted as soon as the data analysis was completed. Steps to address ethical concerns were as follows:

First, an introductory letter from the School of Public Health was sent to the District assembly to inform and seek permission for the study to be carried out in the community.

Also, the purpose of the study was explained to participants. A consent form was designed to capture participants consent.

Participants were informed that their opinions would be recorded strictly for research purposes and thus any information they provided in the study would be handled with care. Participants were assured of confidentiality and anonymity of all information they provided in the study.

3.10 Quality control

A well-designed interview guide containing all the details needed to answer the objective of this study were used to ensure reliability and validity of data. People with knowledge on the teenage pregnancy in the community were interviewed. Adults with good communication skills were trained to assist in data collection. Moreover, daily checking and monitoring of data collected were done to ensure high quality.

3.11 Privacy and Confidentiality

Research objectives and procedures were explained to participants. This was done to enable potential participants to make an informed decision to voluntarily participate in the study or not. There was no possible harm of the study to participants. Participants were assured of confidentiality verbally and through a consent form. Additionally, anonymity was observed throughout the study. Due to the shame that teenage pregnancy brought to the family of victims, participants were assured of the use of numbers instead of names for identification. This was ensured so that participants were not tagged with their experiences.

3.12 Data usage/storage/destruction

The consent forms and tape recorders and all study materials were kept in a locked cabinet accessible to the principal investigator only. Data entered in would only be accessed by the research team. Data collected would be used only for academic and publication purpose. Electronic and transcribed data would be kept for two years for use in a publication. It would be deleted permanently after the publication.

3.13 Compensation

Participants were informed that their participation in this study would not lead to any harmful effect. Thus, participation did not attract any compensation.

3.14 Conflict of interest and funding

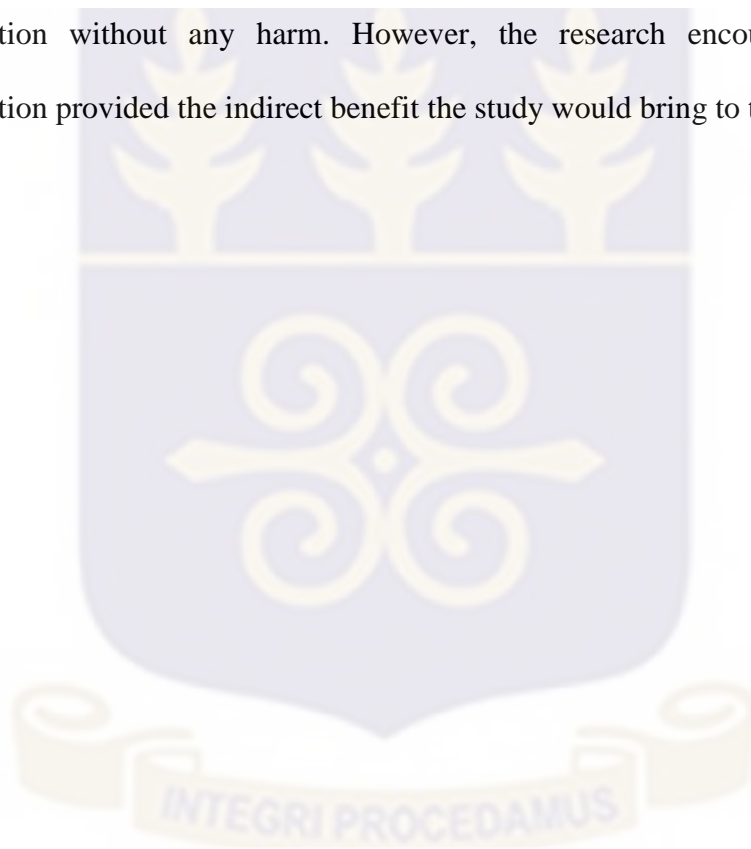
The researcher had no conflict of interest with regards to the study. Moreover, the study was funded by the researcher.

3.15 Risk and benefits

The participants were informed that information they provided would help the researcher to understand the perceptions of teenage pregnancy in the community. This information in the long run would arouse the interest of policymakers to give considerable attention.

3.16 Participation in the study

Participation in the study was voluntary, thus study subjects were free to quit participation without any harm. However, the research encouraged participant participation provided the indirect benefit the study would bring to them.



CHAPTER FOUR

4.0 Results

The aim of the study was to establish the perceptions of teenagers and parents toward teenage pregnancy and teenage motherhood in Korle-Gonno. This chapter presents the data and also discusses the findings of the study.

The general/emerging themes or pre-determined descriptive categories below mainly emerged from the interview schedule and are validated by direct quotes from interview transcripts to verify their authenticity. The sub-themes were also derived from the data after an exhaustive reading of the interview transcripts.

4.1 Presentation and Analysis of Data

The results are presented under the objectives of the study which include exploring the community knowledge and attitude towards teenage pregnancy and teenage motherhood, examining the socio-cultural factors that influence the teenage pregnancy and assessing the social and economic aspects of teenage pregnancy among teenagers and parents.

4.1.1 Knowledge of participants on teenage pregnancy

4.1.1.1 General knowledge on teenage pregnancy

It was observed that most of the study participants perceived teenage pregnancy to be a young girl who gets pregnant before the age of 18 years. The following verbal quotes reflect the above idea:

“Teenage pregnancy refers to pregnancy of a woman of less than 19 years.....” (FGD Korle Gonno Women's Group)

During the in-depth interviews with the teenage mothers in Korle-Gonno Community, some perceived teenage pregnancy as a young girl who is not matured enough to be pregnant. The following were their views:

“Teenage pregnancy is when a girl from the ages of 12 to 19 years gets pregnant.....” (IDI Teenage mother, 17 years of age, Korle-Gonno)

“Teenage pregnancy is by someone who is small and got pregnant, I think from age 14 to 18 or even 19. Sometimes you see a small girl 12 years and 13 years.....”

(IDI Teenage mother 17 years, Korle-Gonno)

During the FGD with teenagers from the Korle Gonno, some perceived a teenage mother/pregnancy to be a school dropout who gets pregnant before 16 years of age.

“.....a dropout from school who gets pregnant at age 12 to 16 years old” (FGD Teenage boys and girls, Korle Gonno)

Some respondents also perceived teenage pregnancy as not a normal phenomenon, however, but it is necessitated when a young girl tries to be curious or promiscuous.

“Teenage pregnancy is not a normal thing. Sometimes done because of necessity. Teenage pregnancy is like a young girl trying to be curious or promiscuous and then

gets pregnant. It is between the ages of 10 and 18” (IDI Community leader, 70 years, Korle Gonno).

Some of the teenage mothers shared their experiences when they were pregnant and believe that the right age for a girl to get pregnant is from twenty- one years and above. They think that at that age they are matured to handle pregnancy with no complications and would be able to take care of themselves and their new born babies. The following were some of the statements made:

“From the age of 19, I think a girl is matured enough to get pregnant and can take care of her child. When I got pregnant it was really difficult for me. My mother was taking care of me mostly.....” (IDI Teenage mother 17years, Korle-Gonno)

“I think getting pregnant from 14 to 19 years isn't good, 21 years and above is good and you should be married too.....” (IDI Teenage mother, 17 years Korle-Gonno)

“It is best for girl to get pregnant from 25 years going, because at that time your body will be well developed and will be ready for the pregnancy.....” (IDI Teenage mother, Korle- Gonno)

4.1.1.2 Teenage pregnancy as a teen issue in Korle-Gonno

Most of the participants in this study seem to be aware of the magnitude of teenage pregnancy issues within the community. Some participants also bemoans the fact that

the issue affects the education of the teenage mothers as well as teenage mother's inability to cater for the babies. During the interview, some participants noted:

"It is a great worry to us in this community because someone can be 18 years with 2 children due to high rate of illiteracy and loss of parents and we don't understand" (FGD Korle Gonno Men's Group).

"It is a very big issue in this community. Most of the teenagers are not capable to care for the children the children they give birth to, especially when they fall sick" (Key informant interview, Korle Gonno)

"Yes, I think so. Sometimes you can see a pregnant girl at 14 years and she's suffering. And when your parents talk to you and you don't listen and you get pregnant they abandon you and won't mind you so you end up suffering. So, it is a problem for the community." (IDI Teenage mother, Korle-Gonno)

"It is a problem in the community. It happens a lot here. When I was in JHS 1 a lot of girls aborted, but getting to JHS 3 only a few were pregnant." (IDI Teenage mother, 17 years- Korle-Gonno)

"There are a lot of cases of teenage pregnancy in the community" (IDI Community leader, Korle Gonno)

Some participants noted that the issue of teenage pregnancy does not affect just the teenage mother and family but the wider community as well. Some teenage mothers are also perceived to be bad role models for other younger girls.

The following quotes support this finding:

“It is a very common issue in the community. They (teenagers) don’t even complete Junior High School. It affects a majority of the girls this is also a bad example they set for the younger ones growing up” (FGD Mechanics group, Korle Gonno)

“It is a big issue that people talk about. It is a big problem to the community for both parents and society. It is also a problem to the church as the church has a role in everybody’s life especially church members”-Community leader, Korle Gonno)

4.1.1.3 Detection of teenage pregnancy

Respondents’ stated that they easily notice when a teenage girl is pregnant from the changes in their body, signs of morning sickness, they tend to grow lean since they’re unable to cater for themselves. Others also noted that they detect the pregnancy by looking into their eyes, palm and neck.

“Because we live with them and know them, we notice changes in their body like the size of their breasts” (FGD Korle Gonno Men's Group).

“They also grow lean because they don’t have enough money to buy food to eat which shows in their physical appearance” (FGD Korle Gonno Men's Group).

“Very sharp at detecting. I can see at a glance when I look at their eyes, palms and necks.....” (FGD Mechanics group, Korle Gonno)

“The pregnancy is easily recognized by the mothers. We the men can only detect when we see the girl has morning sickness. The mothers are better at detecting the pregnancy” (IDI Community leader, Korle Gonno)

“I would be able to recognize a teenager if she is pregnant, the colour of her eyes becomes different, she also feels lazy most of the time. The symptoms I experienced

were fatigue and vomiting when I was pregnant.....” (IDI Teenage mother, Korle-Gonno)

“Personally, I know a lot because of the time I was pregnant my stomach was very small and it was around 5 months’when I was pregnant I used to eat unripe mangoes, I didn’t like the ripe one so I will just go and pluck it and be eating. My face also become red, my forehead and my cheeks so you’ll see some signs there and my neck too you could see that my pulse was pumping very fast. I had appetite for unripe mangoes and chips but for others they have appetite for banana and if they see someone eating they will have appetite for it.....” (IDI Teenage mother, Korle-Gonno)

4.1.2 Attitude towards teenage pregnancy

4.1.2.1 Condom usage

Most respondents seem to know about condom usage and its benefits. Respondents further revealed that teenage boys did not visit family planning clinics and were reluctant to use condoms as a form of contraceptive and a method of infection control. The teenage boys refused to use condoms because they commented that sex with a condom was not enjoyable.

“..... we prefer flesh to flesh for pleasure. Using a condom is like eating a toffee without removing the wrapper and so it is better to remove the wrapper” (FGD Korle Gonno Men's Group).

“It is safe to use condoms because it is safe against STIs and birth spacing. Prevention they say is better than cure” (FGD Korle Gonno women's Group).

“Condoms are used for protection. Programmes are organized to teach them to protect themselves from pregnancy” (Key informant interview, Korle Gonno)

According to one of the key respondents interviewed, though was aware of the benefits of condom use, reiterated that it is not good as a Christian to use condoms since it is likened to abortion and the prevention of Gods work.

“To prevent pregnancy and for family planning. Apart from that in your Christian life it is wrong to use condoms to prevent Gods work but if you make it an intention to stop God’s work then it’s like causing an abortion and so I do not encourage the use of condoms” (IDI Community leader, Korle Gonno)

“The only protection I know of are condoms. I don’t have knowledge about the condoms, I did not use a condom when I had sex. I would use a condom now.....” (IDI Teenage mother, Korle-Gonno)

“Contraception is about family planning. We have male and female condoms. The males use it to have sex for the prevention from pregnancy and any disease. Some teenagers don’t use condoms. Some guys will say they want to have sex with you raw and don’t want to use the condom.....” (IDI Teenage mother, Korle-Gonno)

“Some of the men are bad they can decide to cut the mouth of the condom if they want to do something bad to you. Some too will put the light off and I will not allow that. When they put the light off they remove the condom then when you get pregnant they will deny it because you didn’t know they removed it.....” (IDI Teenage mother, Korle-Gonno)

4.1.2.2 Pregnancy at young age

Most respondents indicated that they feel bad and embarrassed whenever they see a teenage mother. Some mothers also pressure the girls to abort the pregnancy while others believe teenage pregnancy has become a normal occurrence within the community. The following verbal quotes reflect the above idea:

“When the teenagers get pregnant they will go for abortion even if it is ten times because their mothers do not encourage them to give birth and prefer they abort” (FGD Korle Gonno Men's Group).

“.....but their parents make them abort the child. They don't allow them to give birth” (IDI Teenage mother)

“They take it as a normal occurrence. It is the order of the day. They only pray for safe delivery” (FGD Korle Gonno women's Group).

“I feel hurt and disappointed because they(teenagers) are not of age” (IDI Community leader, Korle Gonno)

“I felt disappointed, I wanted my daughter to avoid teenage pregnancy so that she would be better than me and help” (IDI Mother of a teenage mother, Korle Gonno)

“I would feel sorry for a pregnant teenage girl if I see one because she would have to take care of the baby and would not have money for anti-natal care.....” (IDI Teenage mother, Korle-Gonno)

4.1.3 Social and cultural factors

4.1.3.1 Reasons for teenage pregnancy

Several aspects emerged during the interview on some reasons for teenage pregnancy. Notable among them are some men taking advantage of the vulnerability of the teenage girls' social and economic position, lack of proper parental control, family involvement, poverty and pressure from peers. The following verbal quotes reflect the above idea:

“The girl may be from a poor home and the parents are not able to take care of them. Secondly the parents are not able to control them. Some of the parents also encourage them to go outside and get money. And sometimes when they come home late with the money they don't ask them where they got the money from.....” (IDI Community leader, Korle Gonno)

“Poverty because when the parents are unable to take care of the girl child they are tempted to seek outside help to get what they couldn't get” (IDI Community leader, Korle Gonno)

“The older men lure them into having sex and get them pregnant. They con them with money, sweet talk and gifts.” (FGD Korle Gonno women's Group).

“The children are inspired to get pregnant because of the items they would receive at the out-dooring. They can even go after somebody's husband because of that” (Key informant interview, Korle Gonno)

“Well, these girls have fellow friends who are involved in love with men. If the other is not in a relationship with a man and sees that her friend who is in a relationship with a man, and that man buys gifts, provide her money, they tend to

convinced by their colleagues to also get a man whenever they have needs” (FGD Korle Gonno Men's Group).

“Sometimes it is not some people’s fault, some go in for men because of money and for what they will eat. Some too it is because of the way their parents treat them in the house and feel it is better to go out of the house.....” (IDI Teenage mother, Korle-Gonno)

4.1.3.2 Special festival for teenage girls

The community of Korle-Gonno is characterised by poor socio-economic conditions which include unemployment, poverty, poor social amenities and limited opportunities for teenagers. These circumstances provided substantial reasons for and pressure on teenagers to get pregnant. The mothers were interviewed on the kinds of support or how they think teenage mothers should be handled. Views of study participants regarding how teenage mothers should be handled:

“Individual families have some practices. There is no common cultural initiation practice for teenagers. However, some families practice “Okyenkye” which is a rite practice for girls performed at the beach, they bath them and dress them beautifully with beads before marriage. “Otofo” is only for twin girls whereas “Dipo” is practiced by the Krobo’s who live among them” (FGD Korle Gonno women's Group).

“They do not have any customary rites for the teenage girls. All the tribes in Accra have customary rites/festival. There are certain families that perform rites called “Okyenkye”, they put the girl in a room for about a period of two weeks and they are

not allowed to eat fish, they eat only meat, they are not allowed to eat goat meat only mutton. They take the girls to the beach at midnight to bath them and the young men around mould sand with stones and throw them at the girls after that they are bathed, brought home and dressed in white clothes. This is mostly performed by girls from fetish families” (IDI Community leader, Korle Gonno)

“There are really no special festivals for teenage girls in this community. The ‘Homowo’ festivals are done in James Town, Accra where the traditional chief palace is, but not in this community because we do not have a Traditional chief. During the festival, we go to the small clubs and pubs. In Accra, the traditional ceremony is conducted at the chief’s palace. The drinking bars and clubs in this community affect the teenagers” (IDI Teenage mother).

4.1.4 Socio-economic challenges as an enabler of teenage pregnancy

4.1.4.1 Economic challenges

Participants during the interviews pointed out that the teenage girls had become promiscuous, and consequently ended up becoming teenage mothers due to several reasons. Study participants blamed the parents of these teenage mothers for the pregnancy that would bring an extra economic burden to the family because their partners or those who got them pregnant do not take care of them. In almost all the interviews it was mentioned that irresponsible parenting, lack of job opportunities and poverty as reasons for teenage pregnancy. Also, parents especially fathers of these teenage girls resent them for ending up pregnant and refuse to cater for them.

“The problems from teenage pregnancy do not make the parents happy because the parents work hard to take them to school and they get pregnant. The parents also don’t get money to buy food for the girl. The fathers sometimes get angry and do not really bother to take care of the pregnant girl but the mothers try to take care of the girl till delivery and sometimes if they want to continue school they are allowed to. The teenage pregnancy is a big burden in the community and education level is very low here. It also increases the population faster” (IDI Community leader, Korle Gonno)

“There is no money here, money is at East Legon. They only have Korle Lagoon. It is difficult taking care of the children. They gave advice to be God fearing, be content with what you have. Girls should wait till the right time to marry. Those who cannot go to school should learn a trade/ hand vocational” (IDI Community leader, Korle Gonno)

“Hunger causes them to sleep with men indiscriminately.....” (FGD Community group, Korle Gonno)

“The economic situation of the community is not good. Most teenage mothers cannot cater for their children due to the lack of money and lack of jobs.....” (IDI Teenage mother, Korle- Gonno)

“There is no money at all and money is key to everything these days’’. (IDI Teenage mother, Korle- Gonno)

Others also reiterated the need for government support in term of creating more job opportunities.

“..... government should create job opportunities for them” (FGD Korle Gonno Women's Group)

“There are no jobs so the government should come to our aid and create jobs for us in the community.” (IDI Teenage mother, Korle -Gonno)



CHAPTER FIVE

DISCUSSION

The purpose of this research was to determine the perceptions of teenagers and parents toward teenage pregnancy and teenage motherhood. From this study, most respondents perceived teenage pregnancy as a girl who gets pregnant before eighteen (18) years, and some also said up to nineteen (years). Some of the respondents also said they have seen twelve- year old girls get pregnant. From the results, there were different ages given by the participants. During the focused group discussion with teenagers from the Korle Gonno, some perceived a teenage mother/pregnancy to be a school dropout who gets pregnant before 16 years of age. There was not a consistent definition of the ages by the respondents. Some respondents also perceived teenage pregnancy as not a normal phenomenon, however, but it is necessitated when a young girl tries to be curious or promiscuous.

From literature, teenage mothers are difficult to study because there has not been a clear definition of this group. This has led to comparisons across studies being difficult. A clear definition of age groups will help in determining the factors which put early teenage mothers at risk whether socially or biologically (Phipps & Sowers, 2002).

From this study, most of the participants seem to be aware of the magnitude of teenage pregnancy issues within the community. During the interview, some participant said that It is a great worry to the community because there are even 18 year- old girls with 2 children due to high rate of illiteracy and loss of parents. They do not understand why this happens a lot and it is a very big issue in this community.

From the findings of this study, most of the teenagers are not capable of taking care of themselves and the children they give birth to especially when they fall ill. Previous studies have also shown that *“most teenage girls do not plan to get pregnant, but many do. Teen pregnancies carry extra health risks to both the mother and the baby. Often, teens don't get prenatal care soon enough, which can lead to problems later on. They have a higher risk for pregnancy-related high blood pressure and its complications. Risks for the baby include premature birth and a low birth weight.”* MedlinePlus (U.S. National Library Medicine) Teenage Pregnancy. Retrieved from <http://medlineplus.gov/teenagepregnancy.html>.

From this study, respondents mentioned that teenage boys were reluctant to use condoms as a form of contraceptive and a method of infection control. The teenage boys refused to use condoms because they commented that sex with a condom was not enjoyable. In a study by Mwaba (2000) teenage girls expressed a preference for receiving the injectable contraceptive and stated that condoms were not their birth control method of choice.

The most common reasons for girls to have sex at an early age are poverty, the desire for material goods, family and peer pressure and to a much lesser extent pleasure.

Previous studies have shown that for girls who participate in these relationships, they are a means to secure financial necessities such as food or luxury goods that their parents may not be able to afford. (Frost et. al, 2007)

Findings from the FGDs and key informant interviews suggest that the community is not appreciably concerned about girls having sex at an early age. Our results show that having sex at an early age only becomes a problem when the girl gets pregnant. This is especially so if the pregnancy is not recognised by the impregnator. At

community level, teenage pregnancy is clearly seen as a problem by all groups, however, among some (age) groups, having a child has become a social desire that influences girls to get pregnant (Whitehead 2007). From this study reasons for teenage pregnancy are influenced by financial and increased social standing considerations by the parents and guardians. There is no support mechanism in communities for teenage mothers. Teenage mothers are mostly dependent upon help and (financial) support from their own or the impregnator's family. A study by UNICEF indicated that teenage girls who get pregnant usually come from homes of low socio-economic status. Growing up, these children often come from families who are suffering from poverty and do not have all the necessary resources to raise their child (UNICEF, 2008).

This study shows that peer group influence is the major contributing factor to teenage pregnancy. According to Kaplan (2004), during teenage years' peer groups seem to influence the dressing code, music choice, types of recreational activities and the dating teenagers can be involved in whether a sex based one or an abstinence sexual practices. Peer groups influence provides a strong conviction on teenagers to accept the desires of peer mates. Most sexual and behavioural activities adopted by teenagers are been imposed on them by their peers such as having the left eye tattooed. (Tomé et al, 2006, Roberts, 2002 and UNICEF 2008). Thus, incorrect information received about sex from the peer group, peer pressure or the need of the teenager to be like his peers all contribute to causing unwanted pregnancies (Bezuidenhout, 2008).

Previous studies have shown that during teenage, your teen may often suffer the pressure to make more friends and become one similar to their peers. Several times you will find that a teen may let her friends in the group influence her decision to involve in the sexual activity even though she lacks understanding of the

consequences of the act. Often, teens have sex just to project that they are cool and sophisticated and end up with unintended teenage pregnancy. As a result, many teens become involved in a sexual relationship under peer pressure even though they are not ready for one (Kochrekar, 2017).

According to findings of this study, teenagers involved in sexual activities are misinformed or do not like the idea of using contraceptives. For instance, some were of the view that using condoms do not give the maximum pleasure derived from sex. Jewkes and Christofides (2008) confirmed that unwillingness to use contraceptive and misinformation about sex amongst teenagers put teenagers at risk of pregnancy. Some studies also revealed that limited information on sexuality and contraception also account for increase teenage pregnancy among girls (Arai 2003; Bankole, Ahmed, Ouedraogo, Neema & Konyani 2007).

Majority of respondents who partook in the research said lack of proper parental control was also a reason for girls ending up as teenage mothers. Parents' normally lost the time and opportunity to speak to their children and restrict their movements. Also, the inability of parents to demand their teenage daughters about the source from where their finances were coming from also gave them the impression that their actions were being supported by their parents who in some cases even borrowed money from them. Teenagers who have close relationships with parents, characterized by strong emotional bonds, shared activities and open communication about sex and related issues are less likely to engage in risky sexual behavior (Albert 2005).

Parents have a strong impact on whether a teenager makes healthy decisions for himself or herself. This goes for making healthy decisions about sex, as well.

Research shows that teens who talk with their parents about sex, relationships, birth

control and pregnancy begin to have sex at later age, they use condoms and birth control more often if they do have sex, have better communication with sexual partners and have sex less often.

Findings from this study shows that there is lack of sexual reproductive education in the community and comments from the community leader and some of the teenage mothers suggested that church leaders and tutors in the schools should include this in the school curricula. This will help to increase the level of knowledge about teenage pregnancy and its consequences.

According to literature, lack of adolescent health education leads to pregnancies among adolescent mothers who are not married are more likely to be unintended and end up in abortion; coerced sex (reported by 10% of girls who first had sex before age 15) contributes to unwanted adolescent pregnancies, the teenage girls also face a higher risk of health complications and death as a result of pregnancy than older women. Pregnancy and delivery for girls whose bodies have not reached maturity are exposed to health problems more and are less common in adult women; 9% – 86% of women with obstetric fistula develop the condition as adolescents, with traumatic, usually lifelong consequences (Morris & Rushwan, 2015).

CHAPTER SIX

6.1 CONCLUSION

From the findings of the study, it was revealed that a lot of the adolescent are engaged in behaviours such as unprotected sex and substance use like alcohol intake. These increase their risk of getting pregnant at early age and risk for sexually transmitted infections (STI's). From the study, we realised that the youth that are sexually active do not use any method of contraceptives. Although they have knowledge about condoms they refuse to use them.

Lack of parental control is very high in the Korle-Gonno, and this is one of the key factors that encourages the high rate of teenage pregnancy in the community.

The consequences of these high levels of teenage pregnancy in Korle-Gonno impose appreciable burdens on the children, the teen mothers, parents of the teen mothers, families and the entire community.

6.2 RECOMMENDATION

From this study, it is recommended that the teen mothers should be encouraged to continue their education after delivery, so that they can achieve their original goal for their future, and they must be protected from being stigmatized by parents and peers.

Community leaders should take the issue of teenage pregnancy and childbearing as a great responsibility.

Lack of parental control was a key contribution to the high rate of teenage pregnancy in the community due to poor communication between parents and the teenagers,

therefore parents should be educated on adolescent sexual reproductive health (ASRH) to help the youth to transit smoothly into adulthood.

School management needs to look at the opportunities to educate teenagers on the implications of premarital sex at an early age.

Schools, churches and homes should ensure that teenagers have all the support they need to keep them academically focus.

There should be long-term campaigns to educate the community about the major social and public health burden of teenage pregnancies. These programmes should stimulate a comprehensive set of activities at the national and community level to reduce teenage pregnancies, for example ‘‘YOLO’’(You Only Live Once) a Ghanaian TV series and educational programmes organized by Family Health International (Fhi 360) and funded by United States Agency for International Development (USAID) and World Health Organization (WHO) United Nation Children’s Education Fund (UNICEF) in collaboration with Ghana Health Service (GHS) and Government of Ghana.

These programmes will improve knowledge about contraception, unintended pregnancies and reproductive health in general. Adolescent friendly corners should be provided to increase access to contraception. The education campaigns should strongly address the major roles that feelings, attitudes and motivation play in using contraception and avoiding unintended pregnancies.

There should be national development to create employment for the youth in the community to improve their economic status because there is high rate of unemployment in the community which leads to idleness. Due to this a lot of the young men are indulged in sexual activities as their social activities.

Policies regarding education of the adolescents who drop out of school because of pregnancy should be made to allow the victims return to school after delivery, and the must be protected from being stigmatized by parents and peers.

Laws which deal with irresponsible men who impregnate the teen girls must be made and make sure they are enforced.

These programs and policies will increase knowledge among the youth and healthy relationship will be adopted. Finally, there should be monitoring and evaluation of the programmes to achieve positive outcomes.



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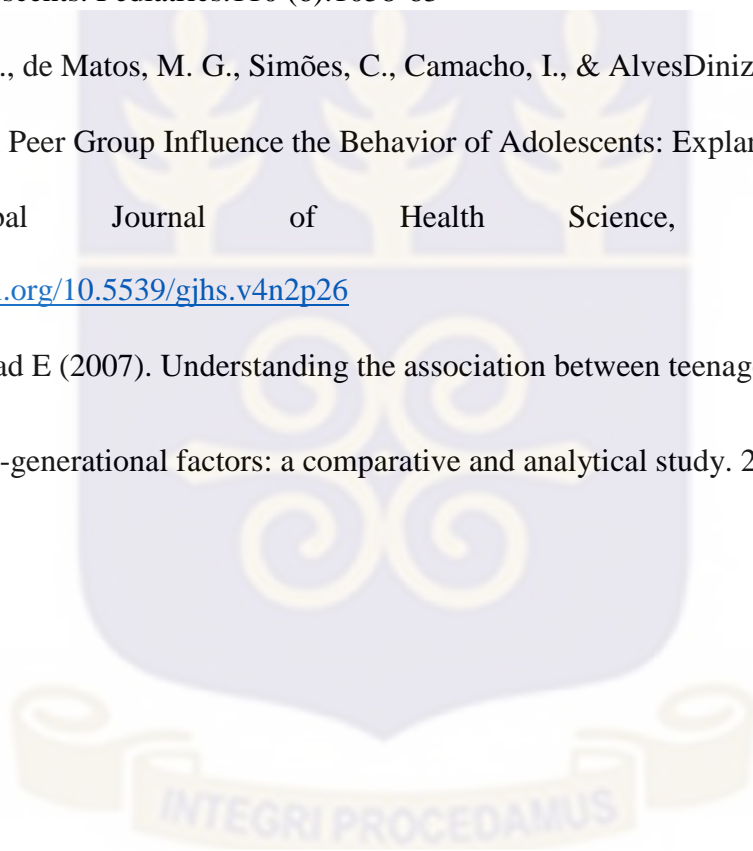
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Appendix I

CONSENT FORM

Title:

Community and Parent's Perception Towards Teenage Pregnancy and Teenage Motherhood in Korle – Gonno.

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General information about the research

The study seeks to determine to explore and describe the perceptions of the community towards teenage pregnancy.

The perceptions of people concerning teenage pregnancy.

Possible risk and discomfort

The research will pose a minimum of risk on the respondent. There is no foreseeable discomfort to participant with regards to this study.

Permission

You have been selected to participate in this study. The objective of the study is to investigate the perceptions of teenagers and parents about teenage pregnancy and teenage motherhood in Korle-Gonno. Your consent is therefore required. However, you can refuse to or withdraw from participating from the study at any time without fear of stigmatization or harm.

Confidentiality

All information you provide in this study will be kept confidential. Numbers will be assigned to questionnaire not names. Thus, you are assured of anonymity.

Benefits with participating

This study seeks to find out perceptions on teenage pregnancy. Although there will no direct benefit for participating, the findings are expected to inform sound policy decisions and programs aimed at addressing the rate of teenage pregnancy in this community.

Undertaken

I have read and understand the above information. I am satisfied and therefore consent to participant in this study.

.....

Code of participant

.....

Date and signature of participant

.....

.....

Name of researcher/research assistant

Date and signature of researcher/assistant



Appendix II

INTERVIEW GUIDE

KNOWLEDGE

1. What do you consider as teenage pregnancy?
2. Is pregnancy among teens an issue in this community?
3. How can you detect if a teenager is pregnant?
4. At what age do you think a teenaged can become pregnant?

ATTITUDE

1. What do you use condoms for?
2. Will you use condoms when you're going to have sex with your boyfriend?
3. How will you feel if a young girl at your age becomes pregnant?

SOCIOAL AND CULTURAL FACTORS

1. Why do you think a teenaged should get pregnant?
2. Do you of any special festival for teenage girls?

ECONOMIC

1. What work do you do?
2. What economic challenges do you face as a result of teenage pregnancy?