

**UNIVERSITY OF GHANA
COLLEGE OF HUMANITIES**

**THE LIVED EXPERIENCES OF TEENAGE MOTHERS AND THE ROLE OF
GOVERNMENT SOCIAL PROGRAMMES DURING COVID-19 PANDEMIC: A CASE
STUDY OF THE YILO KROBO MUNICIPALITY**

BY

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**THIS DISSERTATION IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON,
IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF M. A. IN
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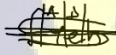
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DECLARATION

I, Elizabeth Darkoah Yeboah, hereby declare that this dissertation, "The Lived Experiences of Teenage Mothers and the Role of Government Social Programmes During the COVID-19 Pandemic: A Case Study of the Yilo Krobo Municipality," completed under the supervision of Dr. Ama Pokuaa Fenny, is the result of my original work and that no part of it has been submitted for another degree at this university or elsewhere. All references have been duly recognised and acknowledged in this work.

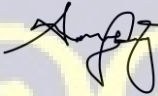
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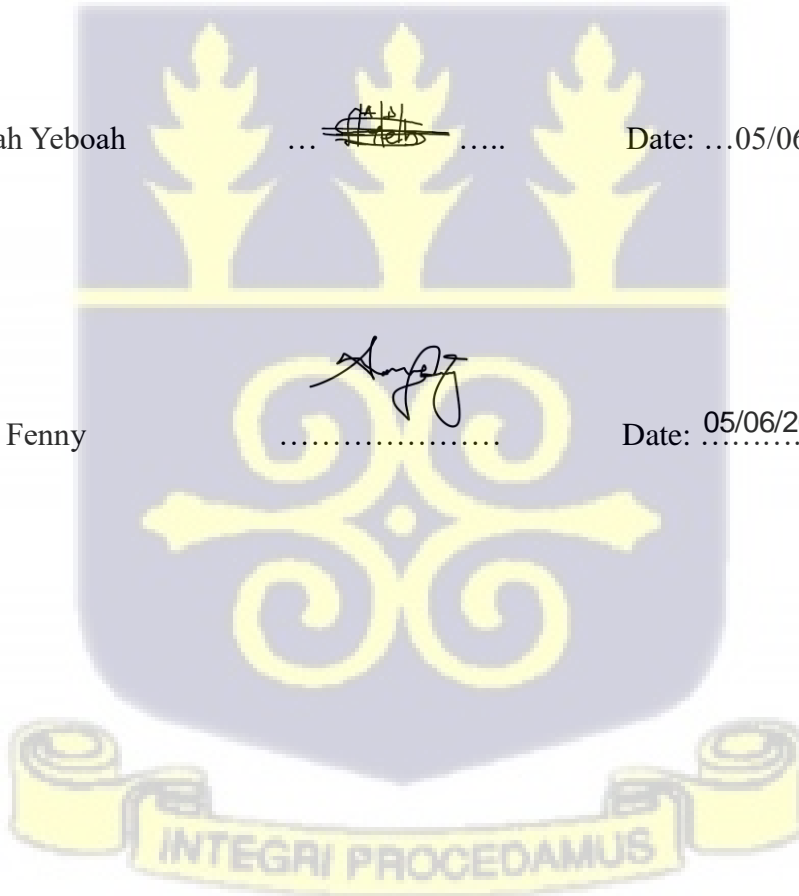
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ABSTRACT

Teenage pregnancy poses many challenges to adolescent mothers. And with the inception of the COVID-19 pandemic, poses a double threat to these adolescent mothers. The study sought to ascertain the experiences and challenges of teenage mothers during the COVID-19 pandemic and the roles government social programmes played in reducing their burden and also helping them in enjoying their fundamental right to education and health care as well as programmes designed to reduce their vulnerabilities. The study used a qualitative research design, specifically a phenomenological approach, to capture the participants' subjective experiences in their own words. A sample size of 20 participants was selected using a combination of purposive, convenience, and snowball sampling techniques. In-person interviews in English and Twi were used to collect the data, which was then analysed using thematic analysis. The study's findings shed light on the challenges faced by teenage mothers during the COVID-19 pandemic, which include disruption of education, overwhelming household responsibilities, financial insecurity, emotional distress, and limited access to adolescent reproductive health education and services. From the study, it is found that teenage mothers were not aware of the Livelihood Empowerment against Poverty and the Back-to-School programmes, however, the study revealed that participants were benefitting from the National Health Insurance Scheme but the scheme did not cover all expenses and they needed to pay for laboratory tests and prescribed medications. A few participants were also enrolled under the Free Senior High School programme, yet, beneficiaries paid for other expenses including books, feeding and transportation. These findings underscore the need for the Ministry of Education, and the Ministry of Gender, Children and Social Protection to increase awareness of government social programmes for teenage mothers, and review their programmes to be more targeted, and effective to reach a large number of teenage mothers.

DEDICATION

This research is dedicated to my family and friends, who in various ways, have helped me with support in pursuing my Master's Degree.



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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
BECE	Basic Education Certificate Examination
CHPS	National Community Health Planning and Services
COVID-19	Coronavirus Disease of 2019
ECH	Ethics Committee for the Humanities
FMHCP	Free Maternal Health Care Policy
GDP	Gross Domestic Product
GES	Ghana Education Service
HCP	Healthy Child Programme
HIV	Human Immunodeficiency Virus
ID	Identification
JHS	Junior High School
LEAP	Livelihood Empowerment against Poverty
LI	Legislative Instrument
NGOs	Non-governmental Organizations
NHIS	National Health Insurance Scheme
SDGs	Sustainable Development Goals
SHS	Senior High School
SRH	Sexual and Reproductive Health
STEM	Science, Technology, Engineering, and Mathematics
TV	Television
TVET	Technical and Vocational Education and Training
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USA	United States of America
WASSCE	West African Senior School Certificate Examination

WHO
YKMA

World Health Organization
Yilo Krobo Municipal Assembly



CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Globally, teenage pregnancy remains a major threat to girls' education, health, and future achievement because many teenage mothers drop out of school and are unable to return to complete their studies; others die as a result of complications during pregnancy and childbirth (Plan International, 2022; UNFPA, 2017). Adolescents have fewer options for safe, legal abortions. Those who wish to terminate their pregnancies may end up choosing unsafe methods, with an estimated 3 million girls aged 15 to 19 years undergoing unsafe abortions each year, which may harm their health (World Health Organization, 2011; 2014). These young mothers are also less likely to receive good prenatal, childbirth, and postnatal health care, and many research studies link teen pregnancies to an increased incidence of hypertensive disorders, anaemia, and low birth weight (WHO, 2011; Mahavarkar et al, 2008). Adolescent pregnancy continues to present social, emotional, and financial challenges to adolescent mothers and society (Black et al, 212).

According to global statistics, approximately one in every six people between the ages of 10 and 19 years are adolescents (WHO, 2017 as cited in Kassa et al, 2018). In addition, 42.5 births per 1000 women were recorded in 2021, down from 64.5 in 2000. (WHO, 2022). However, the factors influencing teenage pregnancy rates differ between developed and developing countries. This is primarily due to sociocultural factors such as early marriages and cultural practices unique to certain parts of the world, which also account for global variations in teen pregnancy rates (Black et al, 2012; Mahavarkar et al, 2008). As stated in Sully et al., (2020) 21 million girls aged 15-19 in developing countries become pregnant, with approximately half of them giving birth. In

addition, the estimated number of births among adolescents aged 10 to 19 years in Sub-Saharan Africa in 2021 is 6,446,000 (WHO, 2022).

Transactional sex, sexual violence and abuse, adolescent sexual exploration, and a desire to be a teenage mother are all reasons for teenage pregnancy (Gyesaw and Ankomah, 2013). Teen pregnancy is also associated with a lack of sexual and reproductive health education and services, child marriage, and increased poverty and insecurity (World Vision, 2020). According to World Vision (2020), Sub-Saharan Africa stands to lose US\$ 10 billion in GDP if African countries fail to ensure that teenage mothers continue their education. Adolescent childbearing is highly probable among girls with lower educational levels and incomes (Singh et al, 2001; WHO, 2022).

In Ghana, the adolescent birth rate was 60 per 1,000 women in 2011 (Ghana Statistical Service, 2011 as cited in Gyesaw and Ankomah, 2013). According to UNFPA (2022), between 2016 and 2020 Ghana recorded 555,575 pregnancies among girls from 10-19 years old, and a 78 birth rate per 1,000 girls between 15-19 years old. Despite declining fertility rates in Ghana, teen pregnancy rates remain high (UNICEF, 2021; Yussif et al, 2017).

According to (WHO, 2014), adolescent pregnancy is a major cause of maternal and child mortality, and the United Nations Secretary-General recognises the importance of addressing adolescents' health and welfare to achieve the Millennium Development Goal 5. The Sustainable Development Goals (SDGs) of the United Nations By 2030, Goal 3 Target 7 aims to achieve "universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes" (WHO, 2016). The World Health Organization also emphasises the importance of improving young people's health. It consists of actions such as reviewing and revising policies to protect

young people from early pregnancy, providing access to contraception and reproductive health care services, and promoting access to sexual and reproductive health knowledge (WHO, 2014).

In 2017, Ghana launched the Adolescent Health Service Policy and Strategy 2016-2020 to address the issue of teenage pregnancy. The goal was to offer directions for adolescent health and development services (UNICEF, 2021). Ghana also has several policies such as the National Reproductive Health Service Policy and Standards (Ghana Health Service, 2014), the Sexual and Reproductive Health Policy for Young People in Ghana (National Population Council, 2015) and the (2018-2022) Adolescent Strategic Plan (Ministry of Gender, Children and Social Protection, 2017). This has resulted in some improvements in areas such as sexual behaviour, fertility, family planning, and HIV infection rates. However, gaps exist because adolescents are not a homogeneous group; there are differences in rural-urban communities, gender disparities, and income gaps that must be addressed (Melesse et al., 2020; UNICEF, 2021).

Adolescents living in low-and middle-income countries struggled with accessing sexual and reproductive health services, and COVID-19 escalated the problem Meherali et al., (2021). The lack of specific policies on adolescent sexual health education and restrictive rules for schools showed that sexual health issues were not prioritised in developing programs by government authorities in the Ministry of Health and Medical Education and the Department of Education Alamolhoda et al., (2022).

1.2 Problem Statement

Sub-Saharan Africa, including Ghana, has made strides in improving Adolescent and Sexual Reproductive Health (ASRH) outcomes which includes there being a decline in adolescent fertility rate from 126 per 1000 live births during 2000-2005 to 103 per 1000 live births from 2015-2020.

There has been progress also in reducing child marriage and Human Immunodeficiency Virus (HIV) cases among adolescents (UNDESA, 2019; UNICEF, 2018; Melesse et al., 2020). However, research also shows that the COVID-19 pandemic has amplified challenges including but not limited to poverty and economic inequalities, limited access to technology, child marriage, malnutrition, depression, teenage pregnancy and the limited ability of adolescents to exercise their sexual and reproductive rights (UNICEF, 2021).

Ghana reported its first case of COVID-19 in March 2020, and the government took several steps to limit the virus' spread. Border closures, a ban on public gatherings, the mandatory wearing of facemasks, lockdowns in cities such as Accra and Kumasi, and school closures were among the measures implemented. This, however, has increased the prevalence of teen pregnancy in the country (Addae, 2021), as well as poverty, food insecurity, and domestic violence among teen mothers (Gittings et al., 2021).

The closure of schools began March 16, 2020, and ended February 2021. Final year Junior and Senior High School students returned to school 3 months later to complete their Basic Education Certificate Examination (BECE) and West African Senior School Certificate Examination (WASSCE) respectively. Schools were closed for 50 days at all levels, with the majority of the remaining days only partially opened depending on location and grade level and this resulted in adolescents' education being affected (UNICEF, 2021). 29% of primary and junior high school adolescents and 20% of senior high school adolescents reported no participation in any learning activity. A small percentage also stated that they would not return to school after the COVID-19 restrictions were lifted.

According to Aidspace (2020), school closures deprived children of the security that school provides and exposed them to the risk of sexual abuse at home. Girls' access to sexual health care

was also hampered as a result of the lockdown. Teenage pregnancy rates increased in Kenya, with 3,964 pregnancies recorded among girls aged 10 to 19 between January and May 2020. Teenage pregnancies also increased nine (9) times in Karachi West, Ghana, during the COVID-19 pandemic between March and May 2020. This was due to poverty, sexual exploitation, abuse, parental neglect, and risky adolescent behaviour.

The direct health impacts of the COVID-19 pandemic have been well documented and observed in older age groups vis-à-vis younger age groups. Other publications, surveys and research have been conducted on the impact of COVID-19 on women and children, as well as its impact on adolescents' education, vulnerability, and nutrition, among other topics. (UNICEF, 2021). However, there are evidence gaps in teenage mothers' lived experiences during the pandemic which need to be explored. In this regard, it is important to investigate how the COVID-19 pandemic has affected adolescent mothers considering their vulnerability, how they survived during those times, and how government programmes were able to support them and lessen the COVID-19 impact. Seeing as childbearing and child caring is difficult, especially for teenage mothers, the pandemic adds to their burden (Derasin et al, 2022).

Government interventions, such as cash transfers like the Livelihood Empowerment against Poverty (LEAP) programme, the Free Maternal Health Care Policy (FMHCP) under the National Health Insurance Scheme (NHIS), and remote education initiatives, which were implemented to mitigate the pandemic's impact. When examining government social programmes, it is essential to assess both successes and gaps. For example, cash transfer programs in various African countries, including Ghana, Kenya and Zambia have been demonstrated to enhance both the quantity and quality of food while reducing the prevalence of food insecurity (Tiwari et al., 2016). However, uncertainties persist regarding their accessibility and effectiveness in addressing the

unique challenges faced by teenage mothers during the pandemic. Similarly, although remote learning initiatives were introduced to sustain educational engagement, disparities in access to devices and internet connections persist, particularly among girls in the least developed countries (UNICEF, 2020; UNESCO et al., 2020).

Thus, the purpose of this study is to investigate how the COVID-19 pandemic has affected adolescent mothers in Ghana, with an emphasis on their coping mechanisms and the effectiveness of government assistance programmes in alleviating their challenges. The study will provide insights into the adequacy of current social programmes and recommend adjustments to better support vulnerable teenage mothers in future crises.

1.3 Research Objectives

The study seeks to capture teenage mothers' lived experiences and acquire a better understanding of their perspectives and knowledge about both the direct and indirect effects of COVID-19 on their lives. Furthermore, the study aims to explore social protection programmes available to assist teenage mothers during challenging times.

Specifically, the study will:

1. Document the experiences of teenage mothers in the Yilo Krobo Municipality during the COVID-19 pandemic.
2. Identify the challenges that teenage mothers in the Yilo Krobo Municipality face because of the COVID-19 pandemic.
3. Identify the measures put in place by the government to reduce the direct and indirect effects of the COVID-19 pandemic on adolescent mothers in the Yilo Krobo Municipality.

1.3.1 Research Questions

1. What were the experiences of teenage mothers in the Yilo Krobo Municipality during the COVID-19 pandemic?
2. What are the challenges teenage mothers in the Yilo Krobo Municipality face as a result of the emergence of the COVID-19 pandemic?
3. What social programmes are in place in the Yilo Krobo Municipality to ensure their well-being during this crisis?

1.4 Rationale for the Study

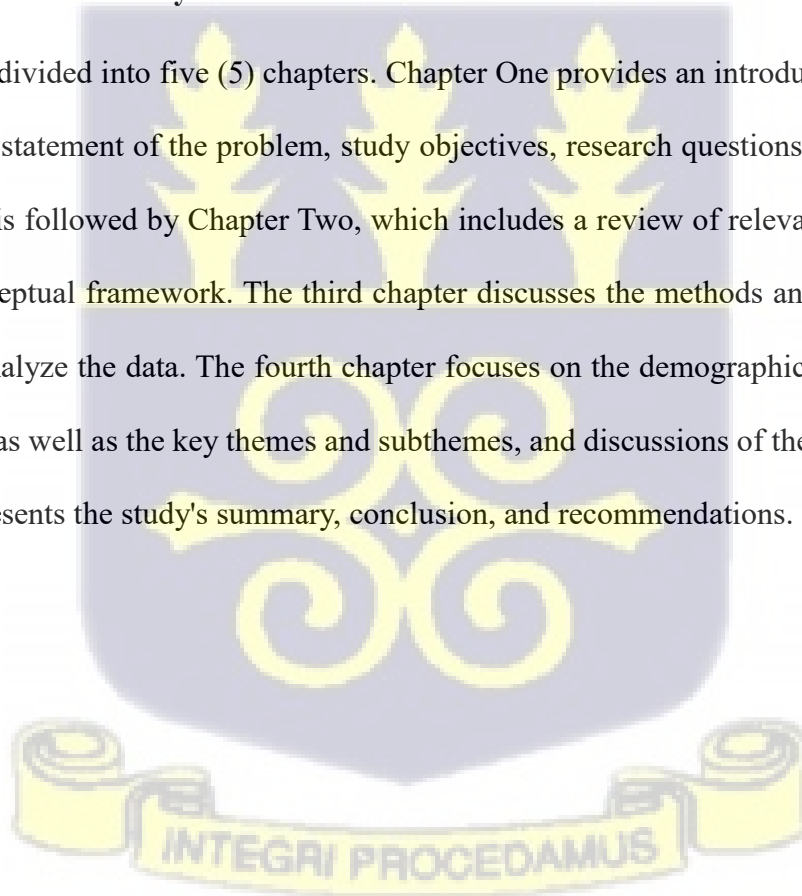
Population policies have a significant impact on people's attitudes in a country. Demographic processes have implications for future development, which can be influenced by national population policies (May, 2012). Legal backing enshrined in Ghana's 1969 Population Policy revised in 1994, objective 4.3.7 seeks "to educate young people about population issues that directly affect them, such as sexual relationships, fertility regulation, adolescent health, marriage, and childbearing, to guide them toward responsible parenthood and small family sizes". The policy is necessary because developing a programme that delays childbearing by girls will help improve both individual and societal well-being (National Population Council, 2000).

Adolescent needs are not fully understood and met in many settings globally (Adokiya et al., 2021). According to the Population Reference Bureau (2013), as cited in Adokiya et al. (2021), adolescents account for approximately 25% of the world's population. Adolescents and young people account for nearly one-third of Ghana's total population, with those aged 10 to 19 years accounting for one-quarter (UNICEF, 2019). Thus, adolescents' physical, emotional, and psychological well-being is dependent on their knowledge of and access to reproductive health services (Adokiya et al., 2021).

Teenage pregnancy is frequently associated with numerous disruptions for the girls involved especially in terms of education (Theron & Dunn, 2006). Adolescent mothers require enormous assistance to untangle the interruptions that normally condemn them and their children to the vicious cycle of poverty and ignorance (Kunio & Sono, 1996 cited in Chigona & Chetty, 2008). As a result, this study is motivated by the fact that young mothers are in a critical stage of their lives, and they and their children are among the most vulnerable groups in society. They are at a point in their lives when their circumstances may lead to poverty and dependency (Chigona & Chetty, 2008; Chevalier & Vitonen, 2001; Stephens et al., 1999).

1.5 Organization of the Study

This research is divided into five (5) chapters. Chapter One provides an introduction to the study, a background, a statement of the problem, study objectives, research questions, and the rationale for the study. It is followed by Chapter Two, which includes a review of relevant literature and a connecting conceptual framework. The third chapter discusses the methods and techniques used to collect and analyze the data. The fourth chapter focuses on the demographic characteristics of the respondents as well as the key themes and subthemes, and discussions of the findings. Finally, Chapter Five presents the study's summary, conclusion, and recommendations.



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The objective of a literature review is to provide an overview of what has been done in the area of study and the basis of justification of the researcher's contribution (Young, 2017). This chapter presents a review of related studies on teenage mothers and teenage pregnancy. Some research shows that teen pregnancies spiked during the COVID-19 pandemic and its associated school closures. This has serious effects on the efforts made so far in reducing teenage pregnancies globally. This literature review will also discuss the contributing factors to teenage pregnancy, the effects on adolescent girls, the experiences of teenage mothers, and government social programmes. A conceptual framework is also provided in this chapter.

2.1 Defining Adolescence and Teenage Pregnancy

Adolescence is generally defined as the period of life from the onset of puberty to adulthood that is marked or accompanied by specific events such as marriage, childbirth, and parenthood, completion of formal education, or the acquisition of employment that leads to financial independence from parents, or a combination of these (Lansford & Banati, 2018). It also implies the concept of 'grow to maturity' (Shute and Slee, 2015). Adolescence is defined by the World Health Organization (1986), as cited in (Robards & Bennett, 2013), as the period between the ages of 10 and 19 years. Adolescence is a time when a person undergoes many physical, mental, emotional, and social changes, as well as develops skills that will prepare him or her for adulthood (Ahorlu et al, 2015). Adolescence is the period when individuals transition from childhood to adulthood. This is also the stage where one experiences rapid change and growth physically,

emotionally, and psychologically (WHO, 2022). Individuals are heavily influenced by their culture, norms, and environment at this stage, and gender roles are solidified.

Adolescence now occupies a larger portion of the life course than in the past due to the earlier onset of puberty and the delayed transition to marriage and parenthood, putting a greater emphasis on adolescence for human capital development (Schlegel and Barry, 1991 cited in Lansford & Banati, 2018). Adolescence is commonly associated with the adolescent years; a teenager is a person aged 10 to 19 years (Lansford & Banati, 2018). In this research, the terms adolescent and teenager are used interchangeably.

The term teenage pregnancy is defined in Baafi (2015) as pregnancy between the adolescent ages 10-19 years. Any pregnancy that occurs before the age of 20 is considered a teen pregnancy (Ghose & John, 2017). However according to UNICEF (2009), as cited in Ochen et al., 2021, teenage pregnancy is defined as a pregnancy conceived between the ages of 13 and 19 years. Save a Child Report (2000) defines teenage motherhood as birth in a young woman before the age of 20 years, regardless of the woman's marital status or legal adulthood (Save a Child Report, 2000 as cited in Quaye & Attom, 2019). The term is also used to describe a person who becomes pregnant or gives birth before reaching the legal adulthood age of a country, which varies from one country to another (Ochen et al., 2021; Hayward, 2011). In this study, however, teenage pregnancy will be defined as pregnancy occurring between the ages of 10 and 19 years regardless of marital status. The term teenage mother will be used synonymously with adolescent mother.

2.2 Contributing Factors to Teenage Pregnancy during a Pandemic

Most studies show that poverty, family background, lack of sexual knowledge and contraception, sexual violence, desire to be a mother, and sexual promiscuity are some of the factors that lead to

teenage pregnancy (Obeng, 2020; Konadu Gyesaw & Ankomah, 2013; Pogoy et al., 2014; Quaye & Attom, 2019). However, this study will discuss the factors of teenage pregnancy as a result of the COVID-19 pandemic and its associated school closures, such as transactional sex, a lack of sexual and reproductive education and services, sexual experimentation, sexual violence and abuse, and early marriages.

2.3 Transactional Sex

Transactional sex refers to engaging in sex or sexual activities in exchange for money or other benefits due to financial constraints (Konadu Gyesaw & Ankomah, 2013). It is also referred to as consensual sexual activities with the intent of obtaining material or non-material benefits (Stoebenau et al., 2016 as cited in Jacobson et al., 2020). Because of a lack of options or exposure to unsafe environments, poor women may be more likely to have multiple partners, engage in transactional sex, or be placed in sexually compromising relationships (Handa et al., 2015). In a study by Konadu Gyesaw & Ankomah, (2013), some teenage girls stated that they engaged in transactional sex to meet their basic or material needs, and as a result, they became pregnant. According to Meyer et al., (2022), the lack of employment opportunities increased anxiety, particularly among adolescent girls who were unable to provide for themselves with items such as soap and menstrual supplies, which led them to exchange sex for money to obtain those items. Some female respondents revealed that this is also a major issue for adolescent boys. According to Konadu Gyesaw & Ankomah (2013), other girls in the study felt compelled to engage in transactional sex because their wealthy mothers refused to provide for them.

According to a report by Jacobson et al., (2020), the COVID-19 pandemic would increase the incidence of transactional sex due to research from previous outbreaks such as Ebola. They also warned of the economic conditions that the COVID-19 pandemic would create, which were likely

to encourage more transactional sex, which would have a negative impact on adolescents' sexual and reproductive health. According to Addae (2021), the implications of school closure include the loss of several school protective functions and exposing adolescents to issues such as transactional sex.

During the lockdown, 1.4% of 518 gay and bisexual men reported having their first transactional sex experience during the COVID-19 lockdown (Stephenson et al., 2021). In a nationally representative survey conducted in South Africa, nearly half of those polled stated that they had lost their primary source of income and had run out of money during the first month of the lockdown (Schotte & Zizzamia, 2022). One of the causes of adolescent pregnancy is transactional sex, which is caused by poverty (Konadu Gyesaw & Ankomah, 2013). In addition to poverty, food insecurity, and hunger, displacement of people resulted in the occurrence of transactional sex during a crisis, with some experiences documented during the Ebola outbreak in West Africa, where people engaged in transactional sex for survival. (Jacobson et al., 2020).

2.4 Lack of Sexual and Reproductive Health Education and Services

The lack of Sexual and Reproductive Health (SRH) education and services is also linked to teen pregnancy (World Vision, 2020). The COVID-19 pandemic response has been shown to have an indirect effect on sexual and reproductive health, resulting in a reduction in sexual and reproductive health services (Burt et al., 2021). Prior to COVID-19, access to SRH education and services was limited; however, due to the pandemic, access became more difficult due to strained health facilities, which limited the number of services provided (UNFPA, 2020). Because so much attention was focused on responding to the Ebola outbreak in Sierra Leone, sexual reproductive services were reduced (Lokot & Avakyan, 2020). Even after the COVID-19 pandemic restrictions were lifted, there was a decrease in the number of women receiving the contraceptive pill (Burt et

al., 2021). According to Burt et al., (2021), data from the study revealed that the COVID-19 pandemic restrictions imposed by the Ugandan government had a significant impact on maternity, newborn, and child health services, as well as sexual and reproductive health services. Also, facilities in Kenya and Ethiopia reported that contraceptive services were limited and that attendance at family planning clinics had decreased due to service closures (Burt et al., 2021; Thorne et al., 2020). The COVID-19 pandemic lockdown measures and school closures resulted in fewer interventions for comprehensive sexuality education, a disruption in the contraceptive supply chain, and limited access for young people to health facilities (Sadinsky et al., 2020).

Meyer et al., (2022) discovered that the COVID-19 pandemic has exacerbated the sexual and reproductive health needs of adolescents, which are frequently overlooked during a crisis, in a study of refugee adolescents and youth in Rwanda. Many study participants reported significant difficulties accessing SRH information and services; they were unsure how to access SRH services or where to go. They also stated that social norms and stigma hampered their ability to access health care. Others revealed that they were stigmatised and treated negatively by the service providers themselves.

Joannie Marlene a public health expert, researcher and advocate for women's health and rights described schools as “places of empowerment and learning, including about relationships, reproductive health and risk of pregnancy” (Bulletin of the World Health Organization, 2021). Schools also provide students with sexual knowledge about the consequences of sexual activities, as well as confidence to repel unwanted sexual advances (Bulletin of the World Health Organization, 2021). However, according to Human Rights Watch (2018), a comprehensive scientific curriculum is not implemented in schools to provide adolescents with age-appropriate education. During a crisis, adolescents' sexual and reproductive needs increase as they are exposed

to a variety of risks and conditions (Meyer et al., 2022; Desrosiers et al., 2020), family and social structures are disrupted, which may include a sudden loss of resources and the protection of family and friends, heightening insecurity (Meyer et al., 2022; Desrosiers et al., 2020). These conditions raise the barriers to adolescent access to sexual and reproductive health services and information (Meyer et al., 2022).

2.5 Idleness and Sexual Experimentation

There was a significant increase in consensual sexual activity or sex that was associated with idleness or boredom (Bulletin of the World Health Organization, 2021). According to a World Vision (2020) report, school closures as a result of the crisis resulted in an estimated 65% increase in teenage pregnancies because many of the adolescents had a lot of free time to engage in risky sexual behaviour. Most teenagers were not involved in healthy, meaningful activities, so they channelled their free time into sex as recreation, resulting in teenage pregnancies (Akinyelee, 2021 as cited in Olufunke Aruna, 2022). Prolonged school closures rendered young girls idle and redundant, allowing them to engage in sexual activities. During the COVID-19 pandemic, some teenagers expressed interest in sex because they had nothing else to do and they were curious. They were forced to remain at home to contain the pandemic's spread (Derasin et al, 2022). Due to the loss of family care, some girls were idle. When a family member or parent is quarantined due to the disease (COVID-19), they are unable to care for their children, and the child who has lost family or parental care ends up engaging in sex due to the freedom (Olufunke Aruna, 2022). Teenagers go through bodily changes and sexual urges that can easily lead to risky sexual behaviour when they are bored (Olufunke Aruna, 2022). Teenagers are easily exposed to and influenced by social media and pornography to begin to experiment and question social norms,

which further deteriorates morals and leads to an increase in teenage pregnancy cases (Ndlovu et al., 2021 as cited in Olufunke Aruna, 2022).

2.6 Child Marriage

The COVID-19 pandemic could have a significant impact on the global prevalence of child marriages. According to UNICEF (2021), global progress has been made to reduce the prevalence of child marriage from one in every four girls to one in every five girls; this progress has prevented an estimated 25 million child marriages. The COVID-19 pandemic impact could undo the gains made in reducing the harmful practice of child marriage (Yukich et al., 2021). According to Yukich et al., (2021), the relationship between early pregnancy and child marriage varies depending on the setting. Adolescent pregnancies are most common shortly after the girls marry. Furthermore, because girls are getting their menarche at younger ages and delaying marriages, premarital sex and unintended pregnancies may be more common.

Poor families, or girls themselves, may initiate early marriage as an economic strategy to reduce the household's consumption burden, secure future well-being, and increase their chances of success (Handa et al., 2015). Following the COVID-19 crisis, there has been a massive increase in child marriages. Children from low-income families are more vulnerable to the effects of the COVID-19 pandemic (Rahiem, 2021). Children are more likely to be affected by the COVID-19 pandemic's indirect effects, such as child labour, trafficking, and child marriage (Ghosh et al., 2020) Child marriage is frequently associated with unintended pregnancies and abortions (Raj et al., 2009 as cited in Rahiem, 2021; Bellizzi et al., 2021). Due to the pandemic, 2.5 million girls will be at risk of marriage by 2025, with an estimated 1 million more girls at risk of becoming pregnant in 2020 alone (Save the Children, 2020).

Any union where at least one partner is below the age of 18 years is referred to as child marriage (Paul & Mondal, 2021; Masaba et al., 2022; Bellizzi et al., 2021). According to Paul and Mondal (2021), the pandemic poses a serious threat to the safety and dignity of children, girls, and women. As a result of the COVID-19 pandemic, much-needed interventions to combat child marriage have been halted. The Maharashtra Women's Department reported a 78.3% increase in child marriages by September 2020 compared to 2019 (Chakraborty, 2020).

Even before the COVID-19 pandemic, teenage pregnancy and child marriage were persistent public health issues. In sub-Saharan Africa alone, an average of 41% of women from the ages of 20-24 were married for the first time before the age of 18 (Handa et al., 2015). The pandemic is currently exacerbating several complex factors that contribute to child marriage and adolescent pregnancy (Masaba et al., 2022). According to a UNFPA/UNICEF projection cited in Musa et al., (2021), the impact of COVID-19 could lead to another 13 million child marriages occurring between 2020 and 2030. As a result of the pandemic's disruptions, vulnerabilities associated with child marriage and adolescent pregnancy have been reinforced (Okeke et al., 2022).

2.7 Sexual Violence

Children have been subjected to sexual violence as a result of COVID-19 lockdown measures (Sserwanja et al., 2021). A review conducted in 2011 found that 12.7% of children in the world had been sexually abused before reaching 18 years (Stoltenborgh et al., 2011 cited in Owusu-Addo et al., 2023). A recent review by UNICEF (2020) states that about 13 million girls aged 15-19 years will experience forced sex at some point in their lifetime (Owusu-Addo et al., 2023). Roca et al. (2020) highlight that 275 million children worldwide are exposed to domestic violence with girls being more likely to be affected by child sexual abuse than boys (Owusu-Addo et al., 2023). 30%-40% of adolescent girls experience sexual violence before the age of 15 whilst 20% of boys

experience child sexual violence before 19 years (Singh et al., 2014 as cited in Owusu-Addo et al., 2023). According to the Uganda Child Helpline, sexual abuse cases were the third most reported type of child abuse in March 2020. 98% of the victims were female, while 17% of the perpetrators were family members (Sserwanja et al., 2021).

A recent study in two districts in Ghana's Ashanti region by Owusu et al. (2023) found that sexual abuse prevalence was 32.5%, implying that 3 in 10 adolescent girls had ever experienced at least one type of sexual abuse during the COVID-19 lockdown and school closures, which was higher than previous estimates of 27%. According to the study, the majority of perpetrators were adults over the age of 18. Further research revealed that adult perpetrators use gifts to entice the girls.

During disease outbreaks, such as the Ebola outbreak in Sierra Leone, Liberia, and Guinea in 2014-2016, sexual and gender-based violence increased, as well as teenage pregnancies (Rockowitz et al., 2021). Child sexual abuse generally increases during disruptive events, such as the 2010 Haiti earthquake, which resulted in a 41% increase in the number of adolescent sexual abuse cases reported (Sloand et al., 2017).

2.8 Experiences of Teenage Mothers

Teenage mothers face challenges including physical, psychological, and social. They are exposed to changes that increase their risk of pregnancy and birth complications as well as mental health issues such as anxiety, depression and isolation. In addition, education and employment disruptions, financial issues, and social stigma further make their lives difficult (Mangeli et al., 2017).

2.8.1 Psychological Challenges

A study (Gselamu et al., 2019) discovered that, as teenage mothers' depression increased, they displayed less positive parenting practices, as well as more maladaptive behaviours and a higher risk of postpartum depression. The psychological impacts emerge from teenage mothers transitioning to motherhood with a sense of complex emotions from caring for and meeting the needs of the infants. Some felt unprepared for the pregnancy and the role of motherhood, and others experienced suicidal thoughts. Factors including pain from giving birth, limited access to health care education and economic strain heighten their vulnerability and challenges (Erfina et al., 2019).

2.8.2 Educational Disruption

Teenage pregnancy has been identified as one of the leading causes of school dropout and a major impediment to girls' educational attainment (Adu-gyamfi, 2014; Malahlela, 2012; World Vision, 2020). According to the Ghana Health Service's 2014 Regional Reports, teenage pregnancy is the leading cause of school dropout among adolescent girls. School closures due to a crisis can result in a 65% increase in teen pregnancy (World Vision, 2020). Gyan (2013), states that 86% of adolescent mothers drop out of school. Most pregnant girls drop out of school to give birth and are too embarrassed to return. Others stated that due to their pregnancy, they spent less time on studies from an average of 3-4 hours to 1-2 hours. According to Adu-Gyamfi (2014), adolescent pregnancy interrupts adolescents' preparation for higher education.

The minority of teenage girls who conceive before the age of 16 and whose schooling was disrupted by pregnancy had a limited range of options for continuing their studies. (Hosie, 2002 as cited in Adu-Gyamfi, 2014). According to Adu-Gyamfi (2014)'s study on teenage pregnancy and attainment of Universal Basic Education, 96.25% of respondents said they had dropped out of

school because they had a few months to complete the Basic Education Certification Examination. 97.75% thought there was no chance of returning to school. They were criticised, scorned, and ridiculed, and they received no assistance in returning to school.

According to (Chag'ach, 2012) 60% of 42 million children are girls who do not attend school as a result of teenage pregnancy. However, a study by (Macedo, 2003 as cited in Malahlela, 2012) postulates that rural secondary schools are attended by children from poor homes who are deprived of necessary services, live below the poverty line, and have higher school dropout rates and grade repetition, with only a small proportion of the population completing secondary education.

World Vision (2020) estimates that during the COVID-19 pandemic school closures, up to one million girls in Sub-Saharan Africa may be prevented from returning to school due to pregnancy. This could be due to stigma, the high cost of education, social norms, and beliefs that encourage women to stay at home and care for their children. Policies in Kenya allow pregnant girls to be expelled from school if it is believed that they will influence other girls to engage in pre-marital sex (Human Rights Watch, 2018).

Studies conducted in the United States of America and Canada have shown that young mothers are more likely to drop out of school or lose their jobs (Tipper, 1997), as cited in Malahlela (2012). According to the Australian Bureau of Statistics (2009), one of the most long-term consequences for teenage mothers is not completing school, which can result in long-term unemployment and work choices that are low-paying and insecure.

Globally, teenage pregnancy remains a major threat to girls' education, and future achievement because many teenage mothers drop out of school and are unable to return to complete their studies (Plan International, 2022).

2.8.3 Increased Health Risk

The consequences of adolescent pregnancy include health risks both during and after childbirth. Maternal mortality and high anemia rates due to iron deficiency, cervical injury, high blood pressure, and even death are some of the health risks associated with teenage pregnancy (Gwido & Alemu, 2018; Gselamu et al., 2019). Preterm labour, intrauterine growth retardation, obstructed labour, genital fistula, and eclampsia are some of the other complications associated with teenage pregnancy (Ochen et al., 2021). Furthermore, unsafe abortions, sexually transmitted diseases, and limited access to medical care have a negative impact on their health (Josephine & Premraj, 2016). Teenage girls who give birth before 15 years are 5 times more likely to experience complications or die during delivery as compared to women in their twenties (WHO, 2016 as cited in Ampadu, 2017). A study conducted by the National Campaign to Prevent Teen Pregnancy (2002), showed that teenage mothers are exposed to significantly higher rates of clinical depression during pregnancy and after childbirth. Teenage pregnancy has negative birth outcomes for both the mother and the child. Premature births, low birth weight, respiratory distress syndrome, and birth injury are all possibilities for the newborn (Ampadu, 2017). Furthermore, neonatal mortality, postnatal mortality, and stillbirths are outcomes strongly linked to infants born to young mothers (Wong et al., 2020).

2.8.4 Social Stigma and Isolation

Unmarried pregnant adolescents may face social stigma and discrimination from their relatives, peers and community members. These negative attitudes from society, including those from healthcare providers, may discourage adolescent mothers from seeking essential maternal care services. Social stigmatisation exacerbates their existing emotional challenges, as criticisms from different sources can lead to isolation. As a result of this isolation, these adolescent mothers may

choose not to seek necessary support, affecting their mental health and limiting access to crucial assistance and resources, further compromising their overall well-being. (Amoadu et al., 2022; Muneer, 2023).

2.9 Teenage Pregnancy Interventions

Early interventions in the lives of teenage and young mothers lead to better chances in life for both the mother and the child (Robling et al., 2016). Several interventions have been introduced to support families and young mothers globally. According to Chandra-Mouli et al. (2017), many national government-led efforts are addressing adolescent pregnancy prevention and achievements are beginning to emerge. In England, the Healthy Child Programme (HCP) is available for children and families during pregnancy, while several home-visiting interventions have been implemented in the United States (Robling et al., 2016). The Kenyan Cash Transfer for Orphans and Vulnerable Children, which is a form of the National Unconditional Cash Transfer Programme was an intervention implemented in 2007. As of 2014, it had a coverage of about 24,000 households nationwide. It was to support on-pregnancy and reduce early marriage among females from ages 12-24 years (Handa et al., 2015). Evidence suggests that the programme increased household financial stability, which aided in the student enrolment of young women and delayed the age of sexual debut. This reduces the likelihood of households being forced to marry their daughters or subject them to child labour. Furthermore, when girls receive direct cash transfers, they are less likely to feel the need to work and take part in transactional sex (Handa et al., 2015).

In the 2011-2020 National Health Plan, the Chilean government set a 10% reduction in adolescent fertility as a goal (Chandra-Mouli et al., 2017). According to Chandra-Mouli et al. (2017), the interventions committed adequate resources and effectively managed implementation by involving relevant government departments, NGOs, and other professionals.

A review paper by Oluwaseyi et al. (2015) of 20 articles from 1999 to 2012 on intervention programmes for the prevention of teenage pregnancy in five (5) countries (USA, United Kingdom, Canada, South Africa and Tanzania) showed that except two (20) of the reports, all the interventions were considered successful. Major stakeholders of national and international intervention programmes identified in the reports were government and non-governmental organizations, educators, community health workers, youth workers and parents.

The Adolescent Health Services Policy (2016-2020) was implemented to address the wide range of sexual health issues that Ghanaian adolescents and young people face. The policy's goal is to prevent HIV/AIDS and unintended pregnancies. Re-enrollment of primary and secondary school students, particularly adolescent mothers, has been aided by the Re-entry Policy (2018) and the Back-to-School Campaign (2021). As a result of these policies, approximately 10,869 teenage or pregnant mothers completed their primary and secondary education between the academic years 2017/2018 and 2019/2020. (Africa Education Watch, 2022).

LEAP 1000, a new version of the Livelihood Empowerment against Poverty (LEAP) programme, has been launched specifically for pregnant women and children (Tette et al., 2016). The LEAP programme provides bimonthly cash payments and premium waivers for enrollment in Ghana's National Health Insurance Scheme (NHIS) to extremely poor households with vulnerable members such as orphans, elderly without productive capacity, and people with severe disabilities. In 2015, the LEAP 1000 programme expanded eligibility to include households with a pregnant woman or a child under the age of one year (Palermo et al., 2019). Rates of adolescent pregnancy and early marriage were significantly lower among girls who dropped out of school, demonstrating the effectiveness of cash transfers, regardless of form, in reducing vulnerabilities for at-risk populations (Abukari & Kreitzer, 2016).

The Ghanaian government also implemented the Free Maternal Health Care Policy (FMHCP) in 2008, which allows expectant mothers who enrol in the National Health Insurance Scheme (NHIS) to receive free maternal healthcare services, including antenatal care (ANC) (Anaba et al., 2022). Anafi et al. (2018) found that, while the NHIS maternal health-care fee exemption policy increased the use of antenatal checkups and deliveries due to lower costs, study participants acknowledged that the direct costs associated with antenatal care, such as laboratory tests, ultrasound tests, patients' registration ID cards, and providers' care, remained significant barriers for pregnant women who wanted to use these services. These costs were not covered by the NHIS's free maternal care package, and pregnant women were required to pay for them for the healthcare facilities to remain operational.

2.10 Experiences of Teenage Mothers during the COVID-19 Pandemic

The social harms of teenage pregnancy can trigger depression, anxiety and loss of earning opportunities for young mothers (Zulaika et al., 2022). Others also reported delays in receiving mental health care during the COVID-19 pandemic (Moltrecht et al., 2022), Some teenage mothers reported increased stress levels as a result of the interrogations they experience, which can have an impact on their mental health.

They were also dealing with the stresses of parenting and motherhood. as well as the financial difficulties that come with it, particularly when partners or families do not support them (Ndlovu et al., 2021). Low & Mounts (2021) found that many families faced financial stress during the COVID-19 pandemic, struggling to meet basic needs like food and bill payments. A study about teenage mothers during the COVID-19 pandemic by Derasin et al (2022) shows that due to financial constraints, some teenage mothers expressed the fact that they could not afford prenatal

check-ups and others could not afford to meet their needs as well as that of their children. Others expressed concern about the future.

In a World Vision (2020) study, one adolescent mother expressed uncertainty about returning to school and even how she would raise her child. On the contrary, a 19-year-old teenage mother in a study conducted by Ndlovu (2021), reported being excited about her pregnancy; she had a job and was married, so she had the support of her husband, family, and friends.

Pregnant women in general were under intense stress during the COVID-19 outbreak due to the uncertainty created by the pandemic (Mortazavi & Ghardashi, 2021; Moltrecht et al., 2022). Their stress rose as infection and mortality rates increased. They were also afraid of contracting the disease during their time of pregnancy and childbirth (Mortazavi & Ghardashi, 2021). On the contrary, a study by (Perez et al., 2023) looked at maternal and mental health, birth experiences, and early motherhood adaptation, comparing women who gave birth before and during the early COVID-19 pandemic in Germany. They found no major differences in depression or anxiety levels between the two groups. In a study by Moltrecht et al., (2022), some teenage and young mothers up to the age of 24 expressed their experiences, with some reporting uncertainty about modified hospital rules that might affect their maternity care. However, mothers who gave birth during the pandemic felt less satisfied with their roles as mothers.

Other parents with newborn babies reported having difficulty obtaining baby supplies during the pandemic. In addition, some reported difficulties accessing online support due to a lack of internet connection or being unable to afford data connections due to financial constraints aggravated by the pandemic.

2.11 Theoretical Underpinnings

Theoretical underpinnings help in directing the method and direction of a research study (Ampadu, 2017). The Theory of Investment in Human Capital by Gary Becker (1962) and Theodore W. Schultz (1961) and the Life Course Theory by (Elder jr et al., 2003) are used in this study. These theories help explain social programmes' significance in human capital development and protection. These also help us understand the roles that government programmes and policies play in the development of people and societies.

2.11.1 The Theory of Investment in Human Capital

The human capital investment theory argues that investments in education, training, and health can lead to improved economic outcomes such as higher productivity and economic growth. This theory entails investing in people, which has an impact on their earnings (Becker, 1962). According to Becker (1962), some methods of investing in people include education, on-the-job training, healthcare, vitamin consumption, and learning about the economic system, all to improve physical and mental abilities and thus raise real income prospects. Other than physical resources, factors such as knowledge acquisition play a significant role in people's well-being. On-the-job training, on the other hand, involves gaining hands-on experience and differs from formal education or schooling. According to Becker (1962), a school specialises in training production by providing a large and diverse set of skills, as opposed to on-the-job training, which provides a specific skill related to the job. Human capital investment has been shown to have a significant impact on earnings.

According to Schultz (1961), investment in human capital accounts for the majority of the increase in income earnings. People are important components of a country's wealth. They can increase the number of opportunities available to them by investing in people. It is a method for people to

improve their well-being. Many economic paradoxes and puzzles can be resolved when human investment is prioritised. The large disparities in earnings appear to reflect primarily differences in health and education. Almost all studies show that earnings profiles tend to be steeper among more skilled and educated persons (Becker, 1962).

The Human Capital Investment Theory serves as the foundation for a variety of policies and programmes that promote the acquisition of skills and knowledge while also improving people's health and nutrition, allowing them to participate in the productive economy and experience improvements in their standard of living (Midgley, 2014).

While the Human Capital Theory provides valuable insights into the economic benefits of investing in people, it has several limitations when addressing complex social phenomena, such as teenage mothers' lived experiences during the COVID-19 pandemic and the impact of government social programmes.

2.11.2 The Life Course Theory

This theory directs research into human lives in context. The life course framework allows for the investigation of social pathways, developmental trajectories, and social change. The theory offers five general principles which are as follows: (1) Principles of life-span development; (2) principles of agency; (3) principles of time and place; (4) principles of timing; and (5) principles linked lives.

The first principle of life-span development, according to Elder jr et al. (2003), suggests that human development and ageing are lifelong processes that do not end at the age of 18. He emphasises the importance of understanding developmental processes and studying people's lives over long periods. Longitudinal studies are important in this regard, but more data on changing environments, such as relationships, workplaces, schools, and communities, is needed to better

understand how they affect individual lives. The theory suggests that late-life adaptation and ageing patterns are generally linked to the formative years of life course development.

The Principle of Agency states that individuals construct their life course through the choices and actions they take within the opportunities and constraints of history and social circumstances. People do not simply accept social influence and structural constraints; instead, they make decisions and compromises based on perceived alternatives. Individuals plan and make decisions within the limitations of their world that can affect future trajectories.

The third principle which is the Principles of Time and Place states that individuals' life paths are influenced and shaped by the historical times and places they encounter throughout their lives.

The Principles of Timing emphasises that the developmental impact of life transitions, events, and behavioural patterns is determined by the order in which they occur in a person's life. For instance, early adulthood transitions, such as marriage or cohabitation or becoming a parent, can negatively impact one's mental health. Additionally, these transitions may have different effects on people depending on their stage of life. This means the timing of life events can have various consequences, with early transitions leading to different outcomes as compared to those occurring later in life.

Lastly, according to the Principle of Linked Lives, lives are interdependent and socio-historical influences are expressed through shared relationships. This principle encourages a comprehensive understanding of people's lives, not in isolation, but in the overall historical and social conditions in which people live.

While the HCT provides insights into the economic benefits of human capital investments, it falls short of addressing larger, nuanced aspects of lived experiences, especially in circumstances like

a pandemic. The LCT complements the HCT by providing a comprehensive framework that considers the timing of life events, individual agency, social contexts, interconnectedness of lives, and the developmental impact of transitions. This combined approach provides a richer understanding of the experiences of teenage mothers during the COVID-19 pandemic and the role of government social programmes in their lives.

2.12 Conceptual Framework

The life course theory and the theory of investing in human capital are linked to create a conceptual framework for government social programmes that assist adolescent mothers in crisis by focusing on the long-term outcomes of their investments.

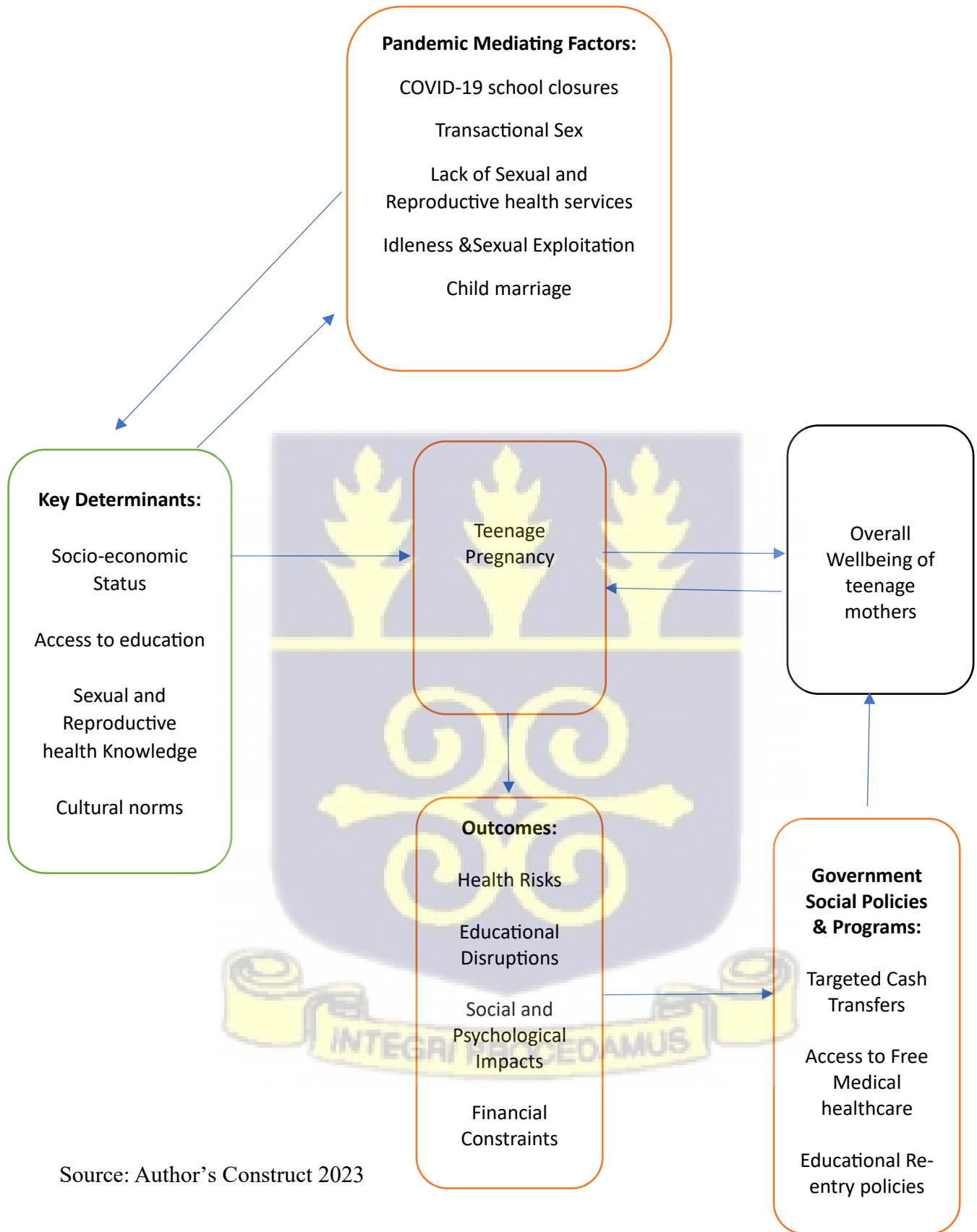
The life course theory emphasises the significance of early life experiences, transitions, and events in determining later outcomes. Teenage motherhood is a critical life event that can have long-term consequences for a young woman's educational and occupational opportunities, income, and health outcomes. According to the theory of investing in human capital, individuals can improve their outcomes through education and skill development, which leads to better employment opportunities, higher income, and better health. Social programmes that invest in the education and skills of teenage mothers can help them break the cycle of poverty and provide a better future for themselves and their children.

Therefore, a conceptual framework for government social programmes that assist teenage mothers during a crisis could include giving them access to educational and vocational training programmes, financial assistance, and healthcare resources to help them achieve their long-term goals. These programmes can assist adolescent mothers in developing their human capital, improving their economic outcomes, and improving the well-being of their families. In this way,

the programmes can help to break the intergenerational cycle of poverty and improve overall social welfare.



2.12.1 Figure 1: Conceptual Framework



Source: Author's Construct 2023

2.13 Conclusion

Many studies have been conducted in Ghana on the experiences of teenage mothers, the causes of teenage pregnancy, and the consequences. However, a few studies have been conducted on the experiences of teenage mothers in Ghana during the COVID-19 pandemic, as well as the impact of government social programmes on their lives. As a result, the purpose of this study is to investigate the experiences of teenage mothers during COVID-19, as well as to determine whether they were aware of the government social programmes available to them and how they benefited from them.



CHAPTER THREE

METHODOLOGY

3.0 Introduction

The research methodology used in this study is explained in depth in Chapter Three (3). Following a brief description of the study area, the study's research design, data gathering process, data analysis processes, and ethical considerations are described.

3.1 Study Area

Yilo Krobo Municipality was established by the legislative instrument LI 2051 on 6th February 2012 (Yilo Krobo Municipal, 2021). The Municipality has an estimated area of 511 square kilometres.

Yilo Krobo Municipality has a total population of 122,705, comprising 59,656 males (48.6%) and 63,049 females (51.4%). It has an urban population of 58,096 (47.3%) and a rural population of 64,609 (52.7%) (Ghana Statistical Service, 2021).

The Yilo Krobo Municipality in Ghana is located in the Eastern Region and is bordered to the north and east by the Lower and Upper Manya Krobo Districts. Dangme West and Akwapim North districts are to the south, while New Juaben and East Akim are to the southwest. Furthermore, the Municipality has a western boundary with Fanteakwa District. Its coordinates are about between latitude 60.00'N and 0.30'N and longitude 0.30'W and 10.00'W. The Municipal Capital is Somanya (Ghana Statistical Service, 2014). Below is a map of the study area:

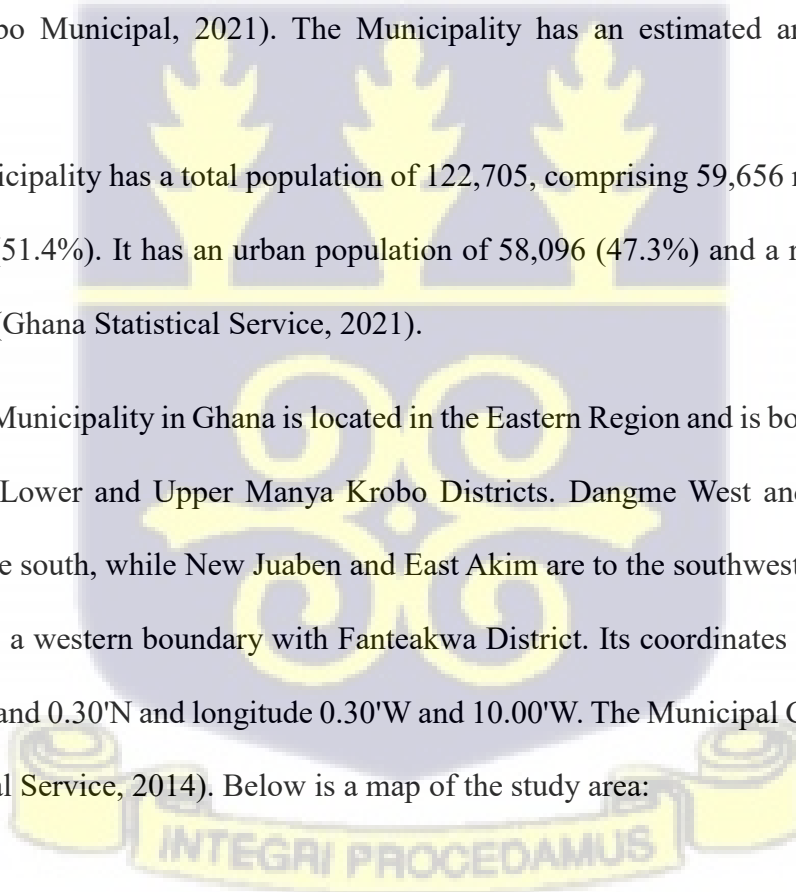
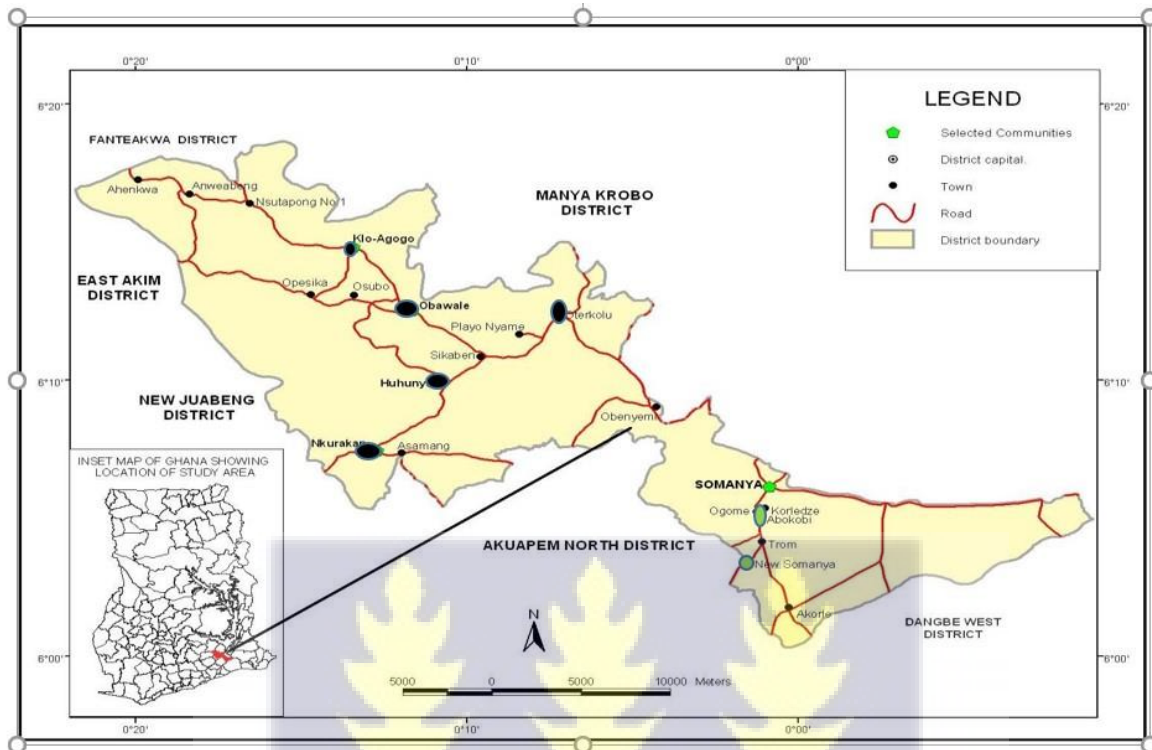


Figure 2: Map of Yilo Krobo Municipality



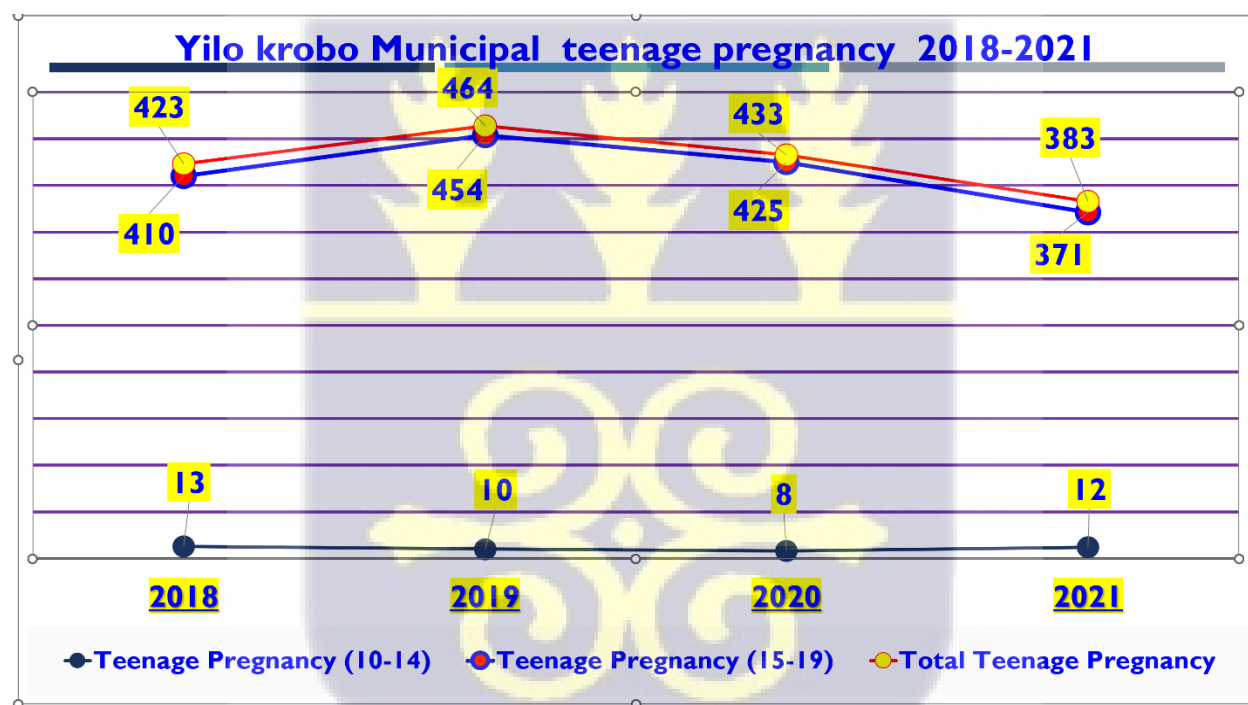
Source: The Municipal Profile of Yilo Krobo; 2022

From the Yilo Krobo Municipal, (2021) Food crop cultivation, animal raising, and cash cropping are the three main farming activities practised by the Yilo Krobo Municipality. The most prevalent activity is food crop farming. Maize, tubers, plantain, vegetables and mango are the principal crops farmed in the area. There are 82 Kindergarten/nursery schools, 84 Primary schools, 49 Junior High Schools, 2 Senior High Schools, 1 private Senior High Technical School, and 1 College of Education in the municipality. There are 11 health centres, 1 polyclinic, 9 National Community Health Planning and Services (CHPS) Centres, and 4 private hospitals in the health sector. Rivers/streams, pipe-borne water boreholes and wells are some of the water sources for

households in the municipality. Boti waterfalls, umbrella rock, three-headed palm trees, and Krobo Mountains are among the municipality's tourist attractions.

Yilo Krobo Municipality face challenges such as inadequate and substandard transportation and road infrastructure which poses significant obstacles to agricultural output. Due to poor feeder roads connecting fields to villages, this has hampered agricultural growth and development, particularly in high-potential areas. Aside from poor road links, there is also the issue of teen pregnancy in the municipality, as shown in the four-year trends below from 2018 to 2021.

Figure 3: Teenage Pregnancy Data of YKMA



Source: Yilo Krobo Municipal Health Administration

3.2 Research Design

A qualitative research design using a phenomenological approach was employed in this study. Creswell (2013) defines phenomenology as a research methodology that tries to understand the meaning and core of human experiences through in-depth examination and analysis of lived

experiences. A phenomenological study, thus involves looking at how different people experience a similar phenomenon which aims to find commonalities in the experiences. It gathers data from several cases or participants typically through interviews, but can also include observations and documents.

There are two main types of phenomenology, they are hermeneutic phenomenology and transcendental or psychological phenomenology. The hermeneutic phenomenology by van Manen, (1990) focuses on understanding and interpreting people's lived experiences where the researcher tries to understand the different meanings behind the experiences. On the other hand, the transcendental or psychological phenomenology by Moustakas (1994) focuses on describing the experiences of participants rather than interpreting them. Here the researchers set aside their own experiences to have a fresh perspective on the phenomenon. It involves identifying important statements or quotes, finding themes and describing how the participants experienced the phenomenon. For this study, transcendental or psychological phenomenology was employed.

Phenomenology has numerous advantages. This approach provides clear, systematic steps for analysing data and creating descriptions of people's experiences which can help develop better policies and practices. This approach is also suitable for the study because the researcher tries to set aside her own experiences to focus on those of the participants. Data gathered often involves in-depth interviews with 5 to 25 participants.

Notwithstanding the advantages, phenomenology has some deficiencies. First, it involves a few interviews with participants who have experienced the phenomenon being studied. Finding the right participants can be challenging. Also, researchers have to set aside their experiences. However, this can be challenging because researchers' views can influence their interpretation of the data.

Nevertheless, the research design will enable the research to capture the subjective experiences of teenage mothers in their own words and provide an in-depth insight into their experiences using this approach. Being aware of the challenges, efforts were made to reduce their impact on the study.

3.3 Sample Size

According to Bernard (2013), 10-20 key participants in lived experience research studies are sufficient to identify and understand the core issues. Saturation is an important factor in determining when to stop recruiting new participants. It signifies the point at which the researcher no longer discovers new information and when the occurrences observed consistently match earlier data (Glaser and Strauss, 1967). Data collection and analysis for this study used a sample size of 20 participants to ensure a comprehensive understanding of the lived experiences of the participants. The research used a sample size of 20 participants due to no additional information being obtained from the inclusion of more subjects beyond this number. This sample size was necessary to provide an in-depth analysis of the data.

3.4 Sampling Technique

To select participants for this study, a combination of purposive, convenience, and snowball sampling techniques was utilised. First, the researcher established a set of criteria: participants between the ages of 10 to 19 years who were pregnant or had a child between March 2020 and December 2022 and lived in the Yilo Krobo Municipality. Purposive sampling was used to select this group, resulting in fourteen (14) participants. Following that, convenience sampling was used to select four (4) participants who were readily available or accessible. Participants were recruited through the Somanya Polyclinic. Purposive sampling involves selecting individuals based on a

specified set of criteria, whereas convenience sampling involves choosing people who are readily available or easily accessible (Etikan et al., 2016).

Finally, snowball sampling was used to find two (2) new participants through referrals from current participants. Snowball sampling includes choosing participants based on referrals from other study participants (Etikan et al., 2016). Participants were asked to recommend friends who met the study's criteria. This approach helped in identifying people who were missed by the initial purposive and convenience sampling methods—the combination of sample techniques aimed to provide a diverse range of participants.

3.5 Data Collection Procedure

The study obtained ethical clearance from the University of Ghana Ethics Committee for the Humanities (ECH 110/ 22-23).

Before the research began, an introductory letter was obtained from the Institute of Statistical, Social and Economic Research which was also sent to relevant departments in the study area, including the Health Administration and the Social Welfare Department at the Yilo Krobo Municipality, as well as to the Administrative Director of the Somanya Polyclinic. The researcher contacted the nurses at the Somanya Polyclinic who facilitated in providing the list of teenage mothers who had been pregnant or given birth from March 2020 to December 2022. These nurses served as gatekeepers in helping the researcher identify potential participants and building trust and relationships with them (Creswell, 2014).

Participants who agreed to participate were included in the study, and the researcher explained the study's goal, benefits, and risks to them. The participants were assured strict confidentiality and their real names were changed to pseudonyms. The researcher sought formal consent from both

the participant and their guardian before conducting in-person interviews that were scheduled at a mutually agreed-upon time. The participants' transportation was reimbursed, and refreshments were provided following the interview. Each participant was informed that they could withdraw from the study at any time. The interviews lasted between 20 and 30 minutes. The study ensured that ethical considerations were followed and the participant's rights and welfare were maintained throughout the research process.

3.6 Data Collection Instruments and Approach to Interviews

A semi-structured interview guide was used for the data collection. A semi-structured interview is a qualitative data collection method. Participants were asked open-ended questions from an interview guide and probed further to explore their responses on a particular topic. Open-ended questions were designed to explore the lived experiences of the participants. The interviews were conducted in a conversational manner, which allowed the participants to share their stories in their own words. The interviews were conducted in English and Twi to ensure that participants fully understood the questions and could express themselves comfortably.

3.7 Inclusion and Exclusion Criteria

The inclusion criteria for the study included participants who were either pregnant or had a child between March 2020 and December 2022 and were aged 10 to 19 years during the defined period. The participants should be residents of the Yilo Krobo Municipality as well as understand and speak either English or Twi, or both. Exclusion criteria included individuals outside the specified age range, those who did not experience pregnancy, childbirth or motherhood during the defined period, as well as those who did not reside in the Yilo Krobo Municipality and those who did not speak English or Twi.

3.8 Non-Responses and Data Gaps

Some participants were unavailable or unwilling to participate in the study. Other participants' contacts were not active as well, thus they could not be reached. Additionally, some participants chose not to answer certain questions, leading to inadequate data in those areas.

3.9 Limitations

There were several limitations in the fieldwork. First, the use of convenience and snowball sampling might have led to a sample that is not entirely representative of the target population. Also, language barriers or misunderstandings might have affected the depth and clarity of some responses. In addition, some participants might have felt uncomfortable sharing sensitive information, despite assurance of confidentiality. Another limitation of the study is the potential for selection bias as a result of the exclusion of key stakeholders such as parents, teachers, health workers, and social welfare workers. These groups may have distinct viewpoints and experiences about the pandemic's effect on adolescent mothers that were not captured in the study. Furthermore, the study's small sample size of only 20 participants may limit the study's transferability to other contexts beyond the Yilo Krobo Municipality, especially urban areas where adolescent mothers' experiences may differ. Finally, because qualitative research is often context-specific and subjective, using a qualitative approach may limit the generalizability of the findings.

3.10 Data Analysis

Qualitative data analysis involves the process of identifying, categorising, and interpreting patterns and themes in the data collected during a study. There are several methods for qualitative data analysis, including content analysis, thematic analysis, and grounded theory (Creswell, 2014). Thematic analysis was used to identify themes and patterns in the data in this study.

The thematic analysis involves identifying and coding recurring patterns or themes in the data, subsequently categorised and analysed for meaning and significance (Braun & Clarke, 2006). The data collected during the study was transcribed and coded by the researcher, identifying major themes and patterns in the data. The themes were then organised into a coherent narrative that described the participants' experiences. The coding process commenced with open coding, which involved reading through the transcripts to identify and label significant sections of the data with descriptive codes. The codes were then categorised, which created the basis for subsequent rounds of coding. Axial coding was then conducted, to find links between groups by further grouping and re-grouping them. Finally, selective coding was used to generate the final themes and sub-themes by selecting the most relevant and representative codes.

3.11 Ethical Consideration

Ethical consideration is an important aspect of any research study because it ensures that the research is done in a morally acceptable manner while also protecting the rights and dignity of all participants. The following ethical considerations were applied:

Informed consent was sought from participants. Participants were fully informed about the nature of the research and what their participation entailed before they provided their consent. They were informed of any potential risks or discomfort, as well as the benefits of participating in the study. Their voluntary, informed consent was acquired. Participants were informed of their right to withdraw from the study at any point. They were also informed that they were not required to answer any questions that made them feel uncomfortable. Additionally, their consent was obtained before recording the interviews.

The participants' confidentiality was ensured throughout the research process, including the protection of their identities and ensuring that data obtained is kept private and only accessible to authorised personnel. During the data analysis phase, pseudonyms were used instead of their real names to maintain anonymity further.



CHAPTER FOUR

FINDINGS

4.0 Introduction

This chapter presents the main findings and analysis of the data gathered. First, the participants' demographic characteristics and key themes and subthemes have been highlighted to demonstrate the experiences and challenges of teenage mothers during the COVID-19 pandemic and government social programmes. The second part thematically analyses the findings to answer the study's research questions.

4.1 Socio-Demographic Characteristics of Participants

The socio-demographic characteristics of the participants are described in Table 2. Twenty (20) respondents participated in the in-depth interviews. The participants were teenage mothers in the Yilo Krobo Municipality from the ages of 10-19 years who were pregnant or mothers from March 2020 to December 2022. The study also included females who were above 19 years old but were teenage mothers from March 2020 to December 2022. The ages of the participants ranged from 13 to 21 years. Except for 4 participants all of them were out of school. There was a mixture of participants who understood and spoke English and Twi. Except for one participant who lost her pregnancy after 5 months, 5 participants were pregnant at the time of the interview, and the rest of the participants had at least one child. The educational background of the participants of the study included primary, junior and senior high school education. Yet only 4 out of the 20 participants had returned to school after delivery.

Table 1: Socio-Demographic Characteristics of Participants

Variables	Categories	Frequency
Age	10-14	2
	15-19	10
	20-24	8
Educational level	Primary	1
	Junior High	17
	Senior High	2
School status	In-school	4
	Out-of-school	16
Number of children at the time of the interview	0 (pregnant with 1 st child)	5
	1	12
	2	2
	Lost Pregnancy	1
	Living situation	Living with a parent
	Living with both parents	1
	Living with a grandparent	1
	Living with partner	8
	Living with a sibling	1
Relationship Status	Single	20
	Married	-
Relationship with partner	Yes	14
	No	6

Source: Researcher's Field Work, 2023



4.2 Challenges of Motherhood during the COVID-19 Pandemic

The participants highlighted increased difficulty during the pandemic. They faced extra challenges such as increased household responsibilities, financial issues and dependency, and emotional distress.

4.2.1 Overwhelming Household Responsibilities

Participants expressed difficulties in managing domestic duties alongside motherhood. The constant reminder of the presence of the pandemic such as the dos and don'ts added more layers of stress. Three (3) respondents expressed the challenge of having to juggle caring for their young children and having other duties done simultaneously. Participant #9 explained: "That one was not easy...Even in the house, it is not easy. Besides that, being a mother is difficult for me. The baby will be crying while you are cooking. Yeah... let's just say that being a mother, is challenging on its own, and with COVID around so ...oh don't do this, and don't do that because of COVID... you won't talk". Many teenage mothers found themselves struggling to balance their responsibilities as caregivers and students. This was partly due to a lack of support.

4.2.2 Financial Insecurity

Financial insecurity was another significant challenge that adolescent mothers encountered throughout the pandemic. Many jobs were lost as a result of the epidemic, making it difficult for teenage mothers who were already trying to make ends meet. The participants mentioned a variety of difficulties, including a lack of money to pay school fees, buy food, and acquire essentials for themselves and their children. COVID-19 has aggravated an already difficult situation by raising costs and making it more difficult to find work. Participant #16 states "When COVID came things became difficult. Everything became expensive. Even currently prices are not low and so times

are difficult.” Unfortunately, many teenage mothers like Participant #16 expressed similar experiences:

Yes. It got to a point when I had a little money shortage, and so for two weeks, I did not go to school. I did report early but it was after the Easter break...mmm, there was a point when things were challenging. (Participant #14)

The challenge I face is that sometimes I do not have enough to eat. And sometimes when I need to go to the clinic, I do not have money. Yes, they take care of me at the clinic, but my mom won't give me money when I ask her. She would tell me to get it from my partner, but he doesn't have it. (Participant #12)

School fees, and the money I need for school, I feel it is difficult for me...I don't have anything. I have five younger sisters so I am the eldest. My father doesn't have a job, so when I work and earn money I give some to them. When I was pregnant, I couldn't give them the money they needed any more. (Participant #2)

A few respondents (3) employed various strategies to deal with their financial difficulties, such as selling, sending their children to live with relatives, and seeking jobs. These strategies, however, were not always sustainable, and some students had to miss school or prenatal checkups due to a lack of cash.

Yes, it was not easy to get money like this I had to get up around 3, or 3:20 to go and prepare something, maybe porridge or ice kenkey. I would cook rice and yam. I have been sending my baby to his (the father of the child) place so they can take care of him while I go to school. And when I go, I take money, food, pampers - everything the baby will need - and send it there. sometimes I sell them (slippers), but unless you pay half in advance I can do it. I don't have any capital to do those things, because people are not buying things and I don't want to waste my money because I have other responsibilities to take care of. (Participant #13)

Hmm.... it's very difficult but I'm managing. After completing school I have been searching for a job and I have not gotten it yet. During that time I got pregnant. I wanted to continue my education, so I was searching for a monthly job that they could pay me. It is through that they are saying there is no work now (Participant #10)

When it comes to finances, it is quite difficult...I used to work a little initially, but after giving birth I'm not working. Since COVID, things have been difficult a little...In finances, feeding and a few things (Participant #8)

4.2.3 Emotional Distress

One of the emotional challenges faced by teenage mothers during the pandemic is worry. The pandemic made everything more difficult, which posed a challenge for pregnant women. As one of the respondents stated, "When COVID came, it destroyed a lot of things. It makes one worry. Because everything has become difficult and so it has come to cause a lot of trouble" (Participant #16). Most were concerned about their current state of being teenage mothers which impacted their education, and access to other necessities, especially if they or their partners have lost their employment as a result of the pandemic.

Because... it is not easy. You can ask my friend; I was not like this, No, I was slim. It's just recently that I have not been thinking clearly. Sometimes, I would be walking by the roadside cars would be passing by. Then, people would shout, "Can't you hear that cars are passing by? I will just be walking I won't hear them. So, I was not even learning much but by God's grace I got a good grade and I had the opportunity to go to school (Participant #13)

You see, for me, my challenges are different. As an 18-year-old girl who was pregnant and about to give birth, I saw my age mate going to school it hurt me because I never dreamed that I was going to get pregnant (Participant #9)

Sometimes maybe when I am going to buy something and someone comments that I am a young child who is pregnant, I get worried. But I don't have a choice it has already happened. I encourage myself. Many things affect me. For instance, if I am watching a movie and see a young person who is pregnant and her mother is screaming at her, I feel bad because it is the same thing, I have experienced. It is difficult because I am young and got pregnant. People often say, "You should have been going to school, you should have been doing this." When I was not working they were also complaining about it... Because I was not working and I have gotten pregnant and so how am I going to buy things? And so, it all relied on my partner and his mother. (Participant #16)

There was also distress over the fear of COVID-19. According to Participant #16 "Because of the nature of the disease, I was scared." She was afraid of contracting the virus, especially while going out in public. The fear of COVID-19 has affected parenting as well, with one of the participants becoming overly careful and restricting her child's activities:

I didn't let my child play. When COVID-19 came, I didn't want my child to get the disease. Madam, I was scared but when I needed something, I went out. (Participant #20)

Yeah... being a mother is difficult by itself, and then COVID is around, so... 'Oh don't do this, don't do that, COVID is around,' so... you won't talk. Yeah... like let's say you are going to the market, you are selling water... it will be difficult for you to go to the market because they say COVID is around, so my child will get it...yeah... here... I have not been going to the market for three years. (Participant #9)

However, the fear of the pandemic which made other participants anxious, did not apply to Participant #7, she stated: "During the COVID they used to say, when you go out you will contract it, but for me, I used to go out. I wasn't scared of contracting it."

4.3 Impact of COVID-19 on Education

The participants revealed that COVID-19 affected the education of young mothers in Ghana. It was harder for young mothers during the pandemic, and some couldn't complete their education because of their pregnancy and the disruption caused by the pandemic. Schools had to close for 11 months, students had to adapt to new learning methods or cope with the lack of education access. Some participants (7) were able to continue their studies by learning independently, using educational channels or arranging for private tutoring. However, many found it hard to keep up with their studies. Additionally, participants also mentioned the issue of school dropout. The reasons for dropping out included pregnancy, financial difficulties lack of support, and struggling with schoolwork. Some participants had already left school before the pandemic due to family issues and a lack of resources. The pandemic made it even harder for them to return, as long breaks made it tough to start learning again.

4.3.1 Disruption of Education

Some individuals (7) stated they were also unable to complete their education because of the pregnancy and pandemic. Participant #8 explained: "It has been difficult. Times were hard, and

that led me to get pregnant. It is challenging for me, and I cannot continue with my schooling.” Participant #6 described her experience: “It was bad because I thought I would continue my school, but since we are not going anywhere, I can’t.”

4.3.2 Adapting to New Learning Methods

The COVID-19 pandemic had a wide-ranging impact, particularly on schooling. Schools and educational institutions had to close to prevent the virus from spreading. As a result, many children had no access to education, while others had to adjust to new learning methods. Participant #20 stated she was learning with one of her siblings. The experiences of these young mothers in Ghana in terms of access to education and learning opportunities during the COVID-19 pandemic are expressed below:

At that time, we were told we couldn’t be in class in large numbers and learn. During COVID-19, we were not going to school. But when the cases were reduced, we started going to school again. (Participant #8)

No, but sometimes at home, I go through my books and my child’s weighing card. With the weighing card, I sometimes look at the food recommendations and see when to give certain foods to my child. (Participant #7)

Despite the challenge, some participants (10) also learnt on their own by watching Joy Learning- an educational learning channel- and going through their books and other resources at home to keep up with their education:

For me, I learn on my own...Yes, they organised classes, but I did not attend. Sometimes I used to watch Joy Learning. At other times, I take my textbooks and learn, asking myself questions. (Participant #14)

Sometimes I watch Joy Learning and watch the quiz show. They announce awards, which school won the quiz. (Participant #9)

Yes, they asked us to buy textbooks, so I could read at home. I also know of someone who comes to teach me the ones I do not know. My friend, she is in SHS 1...When we were in school and they announced the lockdown, the teachers told us that they didn’t know when we would resume, so we should learn on our own. We were also learning independently. I

was concerned, but it was not their fault. They are all concerned about our health which is the reason. (Participant #3)

Two of the participants had learning arrangements with teachers to guide their studies:

I am studying at home. I have a teacher and I want to become a lawyer. If I come home from school and I don't have any work to do, then I study my books. (Participant #6)

I was learning and I had someone who was my 'classes' teacher. No, I was attending the class, unless I was not feeling well. I wanted to write the WASSCE, and I didn't want to stop schooling, that is why I went with it [the pregnancy]. They were aware. I told the teachers and so they were aware. (Participant #4)

4.3.3 School drop-out

This subtheme delves into the lives of school dropouts during the pandemic. The reasons stated in this include the pregnancy, lack of support, financial challenges, and an inability to cope with academic work. One participant dropped out of school for an extended time due to a lack of support, while three participants had to drop out due to pregnancy:

No, please. I had stopped going to school for a long time before getting pregnant. Things were difficult. Nobody was supporting me which is why I stopped. My mother had nothing to take care of me, and when I went to stay with my father, he treated me badly so I stopped schooling. I had been out of school for about 4 years before getting pregnant. My mom took me to school early, but when my parents separated, things got worse. So, I stopped going to school before I got pregnant...I was not attending school. (Participant #16)

I don't have anybody taking care of me and helping me go to school. I don't have the money for school fees or for the other expenses needed to attend school. (Participant #2)

When COVID-19 came, I stayed home and I didn't go out. I went to school for a while, but in my 5th month of pregnancy, I stopped because my stomach was showing. Nobody talked about it. But I decided to stop. After giving birth I went back to school, but after staying home for a while, couldn't grasp the lessons anymore, so I stopped. When they taught I could understand, but when they gave exercises, I couldn't do them because I had been out of practice. I told my mom I would stop, and I did. They found an extra class teacher for me, but I said I wouldn't go because I was the only tall person among them; everyone else was short. All the people I knew in that class had moved ahead, which is why I stopped going to school. (Participant #5)

4.4 Healthcare Experience

A few participants mentioned adopting preventive measures to protect themselves and their newborns. They were careful not to contract the virus. The healthcare experiences of these young mothers were largely positive. Despite the pandemic, they continued to receive medical attention and good services from healthcare personnel. The medical staff provided COVID-19 guidance and ensured safety were in place.

4.4.1 Adopting Preventive Measures

During the pandemic, however, two (2) individuals were able to cope and care for themselves and their newborns. They started wearing nose masks, using hand sanitisers, and washing their hands often to protect themselves and their newborns. One participant stated that she was cautious about the plates she used in eating to avoid acquiring the virus.

It was difficult at first, but I tried to take care of myself well. Because of the nature of the disease, I was scared initially. However, eventually, I wasn't scared anymore because I learned to manage it, and it became normal for me. When I went out, I used the nose mask and hand sanitizer. At home, I wash my hands often. Because I was pregnant, I was careful with the plates I used. After giving birth everything returned to normal for me. (Participant #16)

4.4.2 Positive Healthcare Experience

The participants' healthcare experience during the COVID-19 pandemic was largely positive. The pandemic did not prevent teenage mothers from accessing medical attention. They also stated that they received good services and hospitality from the healthcare personnel. Also, the medical staff took good care of them, offered COVID-19 guidance when needed, and ensured safety measures were in place:

When I come to the hospital, I am treated fine. (Participant #8)

When I go to the hospital, I'm treated fine. Oh when I gave birth, they treated me fine. (Participant #7)

They took care of us well and they advised us that the disease was there and so we should be careful. They were good. They also pampered us. Anytime they call on us I come. Anytime it was time for weighing I came. (Participant #16)

I could come to the hospital alright. They made sure we sat spaced out and ensured and wore face masks, and they spoke to us about COVID-19. We should be careful because COVID-19 can kill you and the child. (Participant #15)

Two of the participants also received extra care and attention from healthcare providers, such as meals and personal attention:

At that time, I was not feeling well, When I went to the hospital, they diagnosed me with malaria, so I stayed there for three days before I was discharged. It was cool; my mother was not there in the morning, and they bought food for me. (Participant #6)

Yeah, they gave me good treatment. There is a madam here, who is a friend of my mom when I come, she takes care of me well. (Participant #5)

4.4.3 Limited Access to Adolescent Sexual and Reproductive Health Education and Services

Some teenage mothers stated they did not have access to accurate sexual and reproductive health knowledge, which could result in negative health outcomes. Some participants (5), for instance, expressed that they were not educated about family planning in school, while others stated that they did not receive any sexual and reproductive health information during antenatal care visits.

I think I was five months pregnant before going to the health facility. When I even came for antenatal care here, they didn't teach us anything about that. I can't remember, them teaching me anything like that. (Participant #13)

When I go to the health facility, they don't teach us about that. Because if they teach us, anything it is about our diet. (Participant #14)

In the school at that time family planning was not part of the curriculum. They only taught us about condoms. (Participant #9)

On the other hand, some participants (9) received information on adolescent sexual and reproductive health through family, friends, school, social media and health facilities.

Some students in my vicinity have been teaching me when they close from school. They discuss what they learned in class at home. They are in class 6 and JHS 1. (Participant #15)

Yes, I have knowledge about it from school and some of my friends...Yes. And on the television and the internet as well. I don't search for it but sometimes people post things online. (Participant #13)

I was taught it in school, such as how HIV can be contracted through sexual intercourse with an infected person or by sharing a blade with a person who has it. If the blade cuts them and then cuts you, you can get infected (HIV). The information taught in school is the same as what is taught at the hospitals. (Participant #7)

4.4.4 Limited Access to Counselling Services

Nine (9) participants in the study expressed having limited access to counselling, while others had no idea what counselling was. One individual mentioned having a family member to turn to for advice.

Yes, counsellors used to come to our school, but not all the time...yes sometimes they would come and after a month they would be gone. (Participant #4)

No, since I started attending my school, I have not heard of anything like that. (Participant #14)

We don't have it anymore. At first, we used to have it, but not now. They stopped before we went there [school]. Yes, because the rooms are there but no one is even there. (Participant #13)

Yes, I have someone I go to for advice. My aunt and my brother. (Participant #8)

4.5 Social Support System

This theme will look at the experiences of those who got help from their relatives, friends or other people during the pandemic. According to the data from the interviews, Four (4) participants received assistance from their mothers, with others (3) obtaining support from other family members. However, other individuals reported receiving little or no support from their relatives or losing a family member.

4.5.1 Family Support

The study reveals the crucial role of family support for the participants, particularly from their mothers. Four (4) participants highlight the unwavering support from their mothers, describing how their mothers helped by taking care of their children. These types of support helped them navigate the pandemic's problems.

It was just my mother; my mother is the one who supports me. It was just my mother, she was good to me (Participant #17)

My mother also did a little, but after a while when I started school in form one after Easter-break she also stopped...When I went, I used to leave my child with my mother, I pumped my breast milk in a feeding bottle, and also he (the child) had food (Participant #14)

Participant #7 points out the support she received from her sister and her partner's mother highlighting the role women play in the lives of teenage mothers as major sources of help. She stated: "My sister and my partner's mother. It was like my family was not here, and so when I gave birth, I went to my partner's mother's place"

Aside from receiving help from parents and relatives, one participant also mentioned receiving help from her partner, who was the sole provider for the family. She stated: "My partner is the one working to help." (Participant #20)

4.5.2 Community Support

Four (4) participants claimed receiving help from their social circle including friends, and community members. One mentioned that friends were available to provide companionship, while community members and neighbours assisted when needed. Participant #16 stated: "My mom sells by the roadside and when I'm at the roadside they (friends) come by, and we all have a chat." The other participants expressed similar experiences:

My friend is the only one who supports me...if I need anything if he has two he will give me one. (Participant #2)

They (community members) said I should ask them if I need something or anything I see. (Participant #6)

In the village, the people will come because there are not many of them, so if something happens, everyone contributes, unlike in the city. Yes, because my mother also contributed (Participant #13)

4.6 Government Programmes to Support Teenage Mothers

The government programmes discussed under this theme are Livelihood Empowerment against Poverty (LEAP), the Free Senior High School programme, the Back-to-School programme, and the National Health Insurance Scheme: participants expressed their level of awareness of the programmes and the effectiveness in assisting them decrease their vulnerability.

4.6.1 Lack of Awareness and Access to Government Programmes

Nine (9) participants were not aware of specific government programmes like LEAP and did not benefit from the LEAP during their pregnancy or as teenage mothers. Only one mentioned hearing of programmes that provide cash transfers or financial assistance, but there is no clear indication that these programmes are targeted specifically at teenage mothers.

I heard about it on radio and TV. (Participant #8)

Yes, I have heard of something like that. In my vicinity, a certain girl told me about it (Participant #4)

Some participants (7) revealed they were aware of the Free SHS programme. They acknowledged the benefits associated with the programme but noted that some costs, like textbooks, were still involved. Participant #13 and Participant #14, both in senior high school, confirmed they were beneficiaries of the programme, mentioning that while tuition was covered, there were other costs and that it wasn't entirely free due to additional expenses. One noted that the free lunch programme for day students was limited to a small number of students, causing some inconvenience:

For books we buy...Yes, at the initial stage. When we went, they said for the day students' lunch was for just 20 people. Yes, so they said the first 20, and so if you do not go early,

you won't get food. After a while, they stopped. Now it is just the boarders. (Participant #14)

It is okay but money is also involved...It is free but not free, like textbooks and a few things you must buy. (Participant #13)

Three (3) participants stated they had heard about the Back-to-School programme but had forgotten or ignored them. Only one person said she was aware of the back-to-school programme.

The findings suggest that greater communication and awareness-raising techniques for government initiatives may be required.

I have not heard of anything like that. (Participant #14)

The back-to-school, yes...Yes, I saw that, I think I saw the advert but I ignored it. If it wasn't for the fact that you are speaking about it now, I ignored it. (Participant #16)

I have heard but I have forgotten...I don't remember where I got that information. (Participant #18)

4.6.2 Effectiveness of the National Health Insurance Scheme

Many (14) of the participants acknowledged that the NHIS (National Health Insurance Scheme) helped lower their medical costs, even though it did not cover the entire cost. The NHIS often covered basic medical services but required them to pay for medications themselves. Participant #11 shared that while she paid only GHC 5 for her hospital folder, she had to pay for some medications, although these costs were low. Others stated that they paid very little or nothing at all, depending on the type of medication or treatment they required. They explained that they benefitted mostly during pregnancy and childbirth. The participants described their experience

When I was pregnant, I only needed to pay for the folder, which wasn't much. Maybe I had to buy some medicines or pay for lab tests, but the prices were lower with health insurance. It helps us. (Participant #16)

They will say the health insurance covers some of the cost, and so you will pay part of it. If it's expensive, there is nothing that you can do about it, you need to pay. (Participant #9)

I was not going to the hospital until I got pregnant. Then they enrolled me on it (NHIS), and so when I was going to deliver, I benefitted from it. (Participant #7)

When we were going to the hospital, we left my health insurance card at home. At one point, my mother went to ask about the cost, they said it was over GHC 1000. They asked if I had health insurance, and when we said yes but explained it was at home, they later called and brought it to the hospital. The cost was then reduced to about GHC 500 to GHC 600 (Participant #14)

4.7 Assistance

This theme focuses on the needs of teenage mothers and the kind of support they require. They highlighted the need for childcare support, financial assistance for education and skills training, employment opportunities, and healthcare. They expressed ways in which the government can intervene to improve their well-being and prospects.

4.7.1 Need for Childcare Support

The theme provided relates to the topic of needing support in caring for their children. The participants expressed a desire for assistance to send their children to school or provide childcare. One participant raised the issue of teenage mothers abandoning their babies and suggested that the government establish a childcare centre to assist adolescent mothers who may need to pursue other goals such as school or work but do not have someone to care for their child. This would keep them from abandoning their children.

I want them (the government) to help me so I can send my child to school (Participant #20)

Yes. Sometimes they (teenage mothers) end up even killing the children. They put them in toilets, dustbins and similar places because there is nobody to take care of the babies. If the government had a place where teenage girls could send their babies, you would send the babies when they have no one to care for them, it would help. (Participant #13)

Another participant talked about her experience with an uncooperative partner in taking care of their child and expressed her wish to take him to a welfare facility:

For me, the guy I was with when I told him I was pregnant denied that the baby was not his. I told my mother what he said. So, we to his place with my mother, and he later called to admit that it was his baby. Even now, he doesn't take care of me and says he doesn't have money. I told my mom that we should take him to WAJU, but my mother is saying nothing about it. For me, I would like him taken to WAJU (Participant #5)

4.7.2 Financial Assistance for Education and Skills Training

The participants in this study expressed the need for government support with education and skills training. Specifically, they mention the need for financial support for school tuition and skill learning, as well as the importance of having these skills to lessen life's hardships.

For me, I think the government can help us by providing money or support for those of us who want to learn a skill or go to school, but lack the resources. If the government can help in these ways it will be helpful. Because having a skill means you will not struggle, and if you are in school, wherever you want to get to you can get there. I think that can help us. (Participant #16)

Oh okay. Maybe the government can help with school fees and other expenses we must pay. (Participant #12)

4.7.3 Government Job Opportunities

Most participants mentioned that the lack of financial support is a major hindrance to achieving their goals. Overall, half of the participants (10) expressed a desire for government assistance to help them improve their lives and achieve their aspirations. Some participants emphasised several methods the government can help, such as offering job opportunities and providing financial assistance for beginning a business. The sentiment is that government assistance can have a substantial impact on people's economic well-being and create opportunities for them to improve their situation:

I wish the government would create more work opportunities. Some, of us are in this situation because there are no jobs. If there were jobs, we would not focus on a man to get money from him. (Participant #10)

Hmm, we want jobs... We will soon finish school, maybe in September. We need jobs that we can easily do so that we can earn income for ourselves (Participant #13)

If you are going to learn a skill and you have bought your machine and everything else but need the seed money to start, the government can assist in that (Participant #18)

A participant touches on the topic of occupational discrimination faced by young mothers in the job market. She expressed the desire to work and suggested the intervention of the government in

providing her employment opportunities. However, her statement highlights a problem where employers are hesitant to hire young women with children, making it harder for young mothers to find work: “I want to work. The government can do a lot to help by providing jobs. Many people do not have work, and some employers say they can’t hire you because you have a child.”

(Participant #4)

4.7.4 Healthcare Needs

In relation to healthcare, some participants expressed several facets that teenage mothers face, such as financial challenges, access to essential supplies for teenage mothers during childbirth, and the lack of mental health support. They also proposed alternative solutions to these problems, such as the hospitals being equipped with basic supplies, especially for adolescent mothers who may not have access to them during childbirth, and counselling services in clinics to address mental health issues to prevent severe outcomes like suicide:

You see, some of the teenage mothers who are going to give birth don’t have anything, so when they are coming to the hospital, items like power-zone and other essential products should be provided. (Participant #15)

We need counselling. Mm... we need counsellors, not only in the schools but also in clinics, especially in our areas. We have things that bother us, and sometimes we end up committing suicide because of some things like this. (Participant #13)

For some of the medicines, the government has to pay because the prices are high, the government has to pay for that one. (Participant #6)



DISCUSSIONS OF FINDINGS

This section presents the findings from in-depth interviews with teenage mothers in the Yilo Krobo Municipality, focusing on their experiences during the COVID-19 pandemic. These findings are discussed with the literature reviewed in Chapter Two, providing a comprehensive understanding of the challenges faced by teenage mothers, the impact of the pandemic, and the effectiveness of government social programs.

4.8 Socio-Demographic Characteristics

The socio-demographic characteristics of the participants show that most of the participants were aged 15-19 years (10 participants). Except for one participant who had a Primary level of education, most participants had a Junior High level of education (17 participants), and a smaller number had completed Senior High (2). In addition 16 out of the 20 participants were out of school. This implies that the majority of the participants' educational level is low which could have significant implications for their education and career opportunities. With majority of the participants with Junior High education suggests that many of the young individuals might have left school early, due to pregnancy or child-rearing responsibilities. This could reflect a need for educational programs targeted at young parents. A diverse range of living situations is observed, with many participants living with their parents (9 participants) or partners (8 participants) which shows varying levels of support and stability, which might affect their ability to manage parenting responsibilities. Although all participants were single, 14 out of the 20 participants had cordial relationships with their partners.

4.9 The Challenges of Motherhood during the COVID-19 Pandemic

The study showed that some teenage mothers found it difficult to cope with the demands of parenting, especially during the pandemic: Overwhelming household responsibilities, financial insecurity, and emotional distress.

Participants reported difficulties managing domestic duties alongside motherhood during the pandemic. This highlights the added burden on adolescent mothers since they have to juggle between childrearing and household chores. When they do not have someone to care for their children, they must handle everything on their own. The study found that teenage mothers struggle to balance their roles as caregivers and academics, with many struggling due to a lack of assistance. Despite this, some participants were able to cope and care for themselves and their newborns during the pandemic.

This study also discovered that adolescent mothers experienced financial uncertainty during the pandemic, making it harder to meet necessities and care for their children (Ndlovu et al., 2021). Job losses and rising living costs exacerbated the situation, forcing people to employ a variety of ways to make ends meet. These techniques, however, were not always sustainable, and some participants missed school or prenatal visits due to a lack of money. This reflects the study by Low & Mounts who found that many families faced financial stress during COVID-19 struggling to meet basic needs. The financial constraint also resulted in the participants experiencing emotional distress. This finding highlights the social harms of teenage pregnancy which can trigger depression and anxiety (Zulaika et al., 2022).

The emotional challenges, including anxiety and worry, were also heightened due to the presence of the pandemic. Teenage mothers' emotional discomfort during the pandemic is a critical concern

that influences their well-being and ability to care for themselves and their children. Concerns about their future as adolescent mothers, education, and access to necessities are all typical concerns. Fear of getting COVID-19 while out and about is another major issue, with some parents becoming overly cautious and restricting their children's activities. This confirms a similar study by Mortazavi & Ghardashi, (2021) where the participants also stated that they were afraid of contracting the disease during their time of pregnancy and childbirth. The emotional impact of the pandemic on adolescent mothers highlights the need for assistance and tools to help them navigate these difficult times.

The COVID-19 pandemic had a huge effect on adolescent mothers' education and learning prospects in Ghana. Due to school closures, some participants lost access to education, while others had to adapt to new learning techniques. Some individuals had to rely on self-paced learning at home, using television programmes like Joy Learning. Others had teachers or tutors to help guide their learning. Despite the difficulties, some participants were determined to continue their studies, with hopes of having a career or pursuing other jobs.

Some participants also discussed their difficulty in finding someone to care for their child, which impacted their ability to finish their education. Due to a lack of childcare options, several adolescent mothers have been forced to take a break from school. Participants struggled to continue their studies due to pregnancy and the transition to new learning methods during school closures. This aligns with the literature, which indicates that teenage pregnancy is a leading cause of school dropout and that the pandemic has further complicated educational attainment for young mothers (World Vision, 2020; Gyan, 2013). The study found that the research participants dropped out of school for various reasons, including financial challenges and a lack of support. Very few participants from the study became pregnant due to the school closures. The effect of the COVID-

19 pandemic was also evident in the experience of one participant, who had to discontinue school due to the pandemic when pregnant and struggled to catch up with her academics even after giving birth. Despite efforts to provide additional assistance, she eventually dropped out. There is however a link between teenage pregnancy and the high probability of school dropout which confirms the study by Adu-Gyamfi, (2014),

From the study the participants' healthcare access and experience during COVID-19 was mostly positive, despite challenges, healthcare providers worked hard to provide quality care during the pandemic. It is encouraging to observe that the pandemic did not significantly hinder teenage mothers from receiving medical care. Some participants received additional care and attention from healthcare providers, such as meals and personal attention which may have contributed to their good experiences. During the pandemic, the healthcare system may have had to adjust and develop safety measures to protect patients and healthcare employees such as wearing masks, practising social distancing, and sharing information on the COVID-19 pandemic.

Adolescents, who are usually considered a vulnerable group, may have limited access to accurate sexual and reproductive health information throughout pregnancy. In addition, the study revealed that some adolescents lacked proper sexual and reproductive health knowledge, which could lead to negative health outcomes. For example, some participants in this study stated that they were not educated on ASRH in school or during antenatal care visits. This is supported by the findings by (UNFPA, 2020; Lokot & Avakyan, 2020) which discuss how access to sexual and reproductive health education became more difficult due to strained health facilities, which limited the number of services provided (UNFPA, 2020).

Participants expressed that they did not have access to professional counselling services or were unaware of such services, whilst relying on friends and relatives for advice. Gselamu et al., (2019) emphasise that teenage mothers face significant psychological challenges, including depression, anxiety, and social stigma, which can hinder their mental health and overall well-being. A participant talked about how some teenage mothers have suicidal thoughts which influence their decision to dump their babies at refuse sites. Hence, Erfina et al., (2019) highlight the role of counselling in reducing negative outcomes by offering mental health support and addressing issues such as suicidal thoughts and emotional distress.

4.11 Social support system

Family, friends, and other loved ones play a critical role in offering emotional assistance. Data from interviews suggested that mothers were the primary source of support for most of the participants. Some of the participants were additionally helped by other family members, partners, and friends. This reflects the findings that state strong family support can mitigate some of the negative impacts of teenage pregnancy (Mangeli et al., 2017). Some individuals, however, reported receiving little or no support from their relatives or losing a family member, both of which had a major influence on their well-being. During a crisis, a lack of support from loved ones can lead to feelings of isolation and helplessness, which can compound the stress and anxiety of the situation.

4.12 Government programmes and policies to support teenage mothers

The government social programmes that the participants accessed are discussed under two themes: (1) Lack of awareness and access to government programmes and (2) effectiveness of the government social programmes

Livelihood Empowerment Against Poverty (LEAP) cash transfer programme provides financial assistance to vulnerable households, including those headed by teenage mothers. The findings indicate a lack of awareness of the LEAP (Livelihood Empowerment against Poverty) 1000 programme, which is specifically developed for adolescent mothers. This lack of awareness can be related to the programme's limited dissemination of information. The LEAP programme is an important initiative for eliminating poverty and creating financial stability for vulnerable groups such as adolescent mothers. Participants stated they did not benefit from the programme during their pregnancy or as teenage mothers. Only a few had heard of such programmes through radio or television, but there was no clear indication that these programmes targeted teenage mothers specifically. This suggests a gap in communication and outreach efforts by the government.

While participants were aware of the Free SHS programme, they noted that it did not cover all costs associated with education. Few participants who were presently enrolled in or had completed senior high school reported to have benefited from the non-payment of school fees, but they identified certain limitations to the Free SHS programme. For example, the cost of textbooks and other supplies, transportation, as well as the restricted free meal programmes for day students may have affected the policies' ability to achieve the intended goals. Despite such limitations, many participants lauded the government's efforts to make education more accessible and affordable, suggesting that more effective communication strategies are needed to raise awareness and ensure these programmes reach the intended beneficiaries.

It is worth noting that the Back-to-School Programme was less known among participants as well, implying that government communication and awareness-raising strategies may need to be improved. Increased awareness-raising initiatives could boost the programme adoption and guarantee that more individuals benefit from them.

According to the data, the NHIS is an important source of financial support for many Ghanaians seeking medical treatment. Pregnant women, in particular, tend to gain considerably from the scheme. However, there are some concerns regarding the cost involved, and some participants have said that despite being enrolled in the plan, they still had to pay for certain medical treatments. Some interviewees stated that the NHIS had lowered the overall cost of medical treatment, making it more affordable for them. Overall, the NHIS appears to be well-liked by participants, and it serves an important role in expanding access to healthcare in Ghana.

Generally, it appears that the participants were not aware of government programmes designed purposely for only teenage mothers, however, they indirectly benefit from government programmes such as the National Health Insurance Scheme (NHIS) which provides health insurance to all Ghanaian residents, including teenage mothers and the Free Senior High School (SHS) policy. Furthermore, government interventions aimed at supporting teenage mothers, such as cash transfer programmes and re-enrollment policies (Handa et al. 2015; Chandra-Mouli et al. 2017) reduce the economic burden on young mothers and encourage them to continue their education. However, the findings suggest that these interventions are not adequately reaching all intended beneficiaries, highlighting the need for improved implementation and communication.

4.12 Assistance

Young mothers require help in caring for their children. Participants stated a desire for help, such as sending their children to school or providing childcare. One participant proposed that the government build a childcare centre to assist adolescent mothers who may need to pursue other goals such as education or career but lack someone to care for their child. The views of the participants make it evident that a lack of financial support is a key impediment to their aims, and many express a desire for government assistance in job creation and entrepreneurship.

Participants in this study additionally shared their need for government assistance with education and skill development. Studies (World Vision 2020; Adu-Gyamfi 2014) show that the pandemic led to prolonged school closures, increasing the risk of teenage pregnancies and further disrupting education. They emphasised the significance of financial assistance for school tuition and skill learning, as well as the importance of having these abilities to lessen life's difficulties. There is also the issue of occupational discrimination particularly towards teenage mothers with few participants expressing their desire for job opportunities and noting that certain jobs are not given to them due to their parental status. Some participants advocated for alternate solutions, such as having necessities available in hospitals, particularly for young mothers who may not have access to them, as well as counselling services in clinics.

Overall, the statements of the participants emphasised the necessity of government aid in providing financial assistance, job opportunities, education, and healthcare to improve their lives and attain their goals.



CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.0 Introduction

The primary goal of this thesis was to get an in-depth understanding of adolescent mothers' experiences during the COVID-19 epidemic and government social programmes aimed at highlighting the problems faced by young mothers during these challenging times. This chapter presents a summary of teenage mothers' experiences during the pandemic, a conclusion and recommendations.

5.1 Summary of Findings

The study sought to document and understand the lived experiences of teenage mothers during the COVID-19 pandemic and explore the social programmes available to assist teenage mothers. The study focused on the challenges they experienced, and the social support available for them. The study also sought to evaluate the awareness and effectiveness of the government social programmes particularly, the Livelihood Empowerment against Poverty (LEAP), the National Health Insurance Scheme (NHIS) and the Free Senior High School (SHS) programme as well as the Back-to-School programme. The main source of data employed in the study was primary data from teenage mothers from the Yilo Krobo Municipality. In addition, the study used a thematic analysis method to present the findings.

From the study, it was found that participants during the COVID-19 pandemic experienced challenges such as educational disruption, financial insecurity, and emotional distress. Many participants also struggled with balancing motherhood and household responsibilities, leading to increased stress and anxiety. However,

The study also revealed that participants did not receive counselling from professionals. They relied on family and friends. They also had limited access to adolescent reproductive health education and services. Despite these challenges, participants reported receiving positive services from healthcare providers. They also had access to the healthcare facilities during the lockdown period, however, they observed social distancing and wore face masks to prevent further spread of the COVID-19 pandemic.

The study found that there were available government social programmes such as the LEAP and the Back-to-School programme, albeit, the majority of the mothers were unaware of the programmes. Those who knew of it did not benefit from it. However, the study revealed that participants were benefitting from the National Health Insurance Scheme but it did not provide comprehensive healthcare services; teenage mothers still paid for laboratory tests and medications. Likewise, participants in the Free SHS programme had to pay for certain costs.

5.2 Conclusion

This study aimed to understand how teenage mothers in the Yilo Krobo Municipality were affected by the COVID-19 pandemic and government social programmes. The study found that the pandemic had effects on the lives of adolescent mothers, with some struggling to balance their roles as caregivers and students, leading to challenges with education and learning prospects. Additionally, the participants had inadequate access to counselling services and sexual and reproductive health knowledge and services. The pandemic further exacerbated their challenges, including financial instability, higher costs, fear, and distress about COVID-19.

Despite these challenges, some participants could cope with their responsibilities, and their experiences with healthcare providers were generally positive. The study identified a need for

improved counselling services and support systems for adolescent mothers. It also highlighted the importance of improving awareness and increasing participation in government programmes and policies aimed at supporting teenage mothers, such as the Back-to-School and LEAP programmes.

In summary, the study's findings show that a more holistic approach is necessary to support the well-being and health of adolescent mothers during and after a crisis, focusing on improving health, education, and financial support.

5.3 Recommendations

Based on the study's findings, the researcher recommends that the Ministry of Education revise the Free SHS programme from being all-inclusive to targeted to enable teenage mothers from deprived communities to cater for their complete educational needs. They should ensure that it is available to disadvantaged teenage mothers.

Again, creative publications on posters, flyers, TV, radio, and social media should be employed by the Ministry of Education to create awareness of the government's social programmes such as the Back-to-School programme and the Livelihood Empowerment against Poverty and also to reach a large number of these teenage mothers in deprived communities.

The Ministry of Gender, Children and Social Protection should extend the Livelihood Empowerment against Poverty (LEAP) programme to additional areas so that more adolescent mothers facing financial difficulties might receive assistance including adolescent mothers would relieve their financial burden while encouraging human capital development (Okine et al., 2020).
LEAP.

Ghana Education Service should set up counselling units in junior and senior high schools to provide accurate information, help students in distress, and refer them to ASRH units if necessary.

The Ministry of Education should also focus on non-traditional education through technical and vocational education and training (TVET) to provide teenage mothers with skills for employment and entrepreneurship, as well as investing in science, technology, engineering, and mathematics (STEM) education to increase teenage mothers' knowledge and job opportunities in STEM.

The study suggests that the Ghana Health Service establish counselling units at health facilities and engage with non-governmental organisations to train nurses in ASRH to provide essential services to young mothers. This will allow nurses to deliver extensive and accurate information and counselling on ASRH while also promoting the health and well-being of young mothers.

Counselling is critical in allowing young people to make informed decisions about their sexual and reproductive health by giving accurate and dependable information. Inadequate access to counselling services can lead to poor decision-making and also affect the mental health of young people. It is vital to allow adolescents to have free access to counselling services to improve their sexual and reproductive health outcomes. Schools and healthcare facilities can substantially assist adolescent counselling services.

The study highlights the need for ongoing family and community assistance in assisting teenage mothers in returning to school (Okine et al., 2020). To do this, families and communities should be sensitized on the need to support teenage mothers rather than discriminating against them, thereby providing an enabling environment for them to finish their studies.



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APPENDICES

APPENDIX1: SEMI-STRUCTURED INTERVIEW SCHEDULE

Preliminaries

- Double-check that the participant is fully aware of the informed consent.

Demographic

- Age
- Level of education
- Number of children
- Marital Status

Living Situation

- Alone with child(ren)
- With partner and child(ren)
- With family/parent and child(ren)

Relationship with partner

- In relationship with partner
- Separated from partner.

Number of children at the time of the interview

- Pregnant with 1st child and/or has one child.
- More than one child and/or pregnant with the next child

Parenting Situation

- Pregnant at the time of the interview
- Pregnant during COVID-19 pandemic
- Post-natal during COVID-19 pandemic

(* 'During COVID-19 pandemic' refers to the period from March 2020-December 2022)

Lived Experience during the COVID-19 pandemic.

- What was your experience of becoming or being a parent like during COVID-19?
- How was your access to healthcare during the pandemic?
(Including pregnancy, childbirth, and postpartum)
(Did you receive more attention at the healthcare facilities during the pandemic?)
(Did you have alternative healthcare support?)
- How did you access education during the pandemic?

- Are you currently in school?
(How was your return to school experience?)
- Do you receive Adolescent Sexual and Reproductive Health Knowledge and Services?
- How was your use of online and digital resources?
- How did you find family and social support during the COVID-19 pandemic?

Challenges

- Tell me about the challenges you face as a teenage mother.
- How has the COVID-19 pandemic exacerbated your challenges?
- How has the COVID-19 pandemic affected your mental health?

Government Programmes

- Did you have access to any counselling services?
- Were there any government programmes or assistance available to you?
- What government assistance do you require as a teen mother?



APPENDIX 2: ETHICAL CLEARANCE



UNIVERSITY OF GHANA

ETHICS COMMITTEE FOR THE HUMANITIES (ECH)

P. O. Box LG 74, Legon, Accra, Ghana

My Ref. No...ECH 110/ 22-23

December 19, 2022

Elizabeth Darkoah Yeboah
Institute of Statistical Social and Economic Research
University of Ghana
Legon.

ETHICAL CLEARANCE (ECH 110/ 22-23)

The Ethics Committee for the Humanities (ECH) conducted a full board review and approved your protocol titled:

THE LIVED EXPERIENCES OF TEENAGE MOTHERS AND THE ROLE OF GOVERNMENT SOCIAL PROGRAMS DURING COVID-19 PANDEMIC: A CASE STUDY OF THE YILO KROBO MUNICIPAL ASSEMBLY

PRINCIPAL INVESTIGATOR: ELIZABETH DARKOAH YEBOAH

Please note that the final review report must be submitted to the Committee 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 ECH for review and approval prior to implementation.

Please report all serious adverse events related to this study to ECH within seven (7) days verbally and in writing within fourteen (14) days.

This certificate is valid till December 18, 2023. You are required to submit annual reports for continuing review.

Please accept my congratulations.

Yours Sincerely,

Professor C. Charles Mate-Kole
ECH Chair

Cc: Dr. Ama Pokua Fenny, Institute of Statistical Social and Economic Research, UG

Tel: +233-303933866

Email: ech@ug.edu.gh