

# CAUSES AND EFFECTS OF TEENAGE PREGNANCY AMONG PUBLIC BASIC SCHOOL LEARNERS

## ABSTRACT

The study examined the causes and effects of teenage pregnancy among public basic school learners at Sekyere Afram Plains, Ejura Sekyedumasi and Ahafo Ano North districts of Ashanti Region, Ghana. The design used was descriptive survey. The study population comprised of public basic school learners with pregnancy and their parents and teachers in the three districts. There were about 421 registered public basic school learners with pregnancy in the three districts. The sample was 127, made up of 103 learners, 49 teachers and 15 parents. Both respondents and participants were selected purposively. Questionnaires for learners and teachers and an interview guide for parents were the instruments used. Frequency count and percentage were used to analyse the quantitative data while the qualitative data were analysed manually using open and thematic coding systems. The study revealed that learners, teachers and parents have significant idea as to what causes teenage pregnancy and its related negative consequences. Within the districts, poverty, lack of parental care, disvaluing of Ghanaian cultural practices, ignorance about the use of contraceptives and peer influence were the major causes of teenage pregnancy among the learners. This menace could lead to dysfunctions such as health problems, termination of educational career and child neglect. However, the menace can be narrowed by respecting our Ghanaian cultural values which ensures that members of the community abstain from premarital sex. Also, the menace can be reduced through effective education in order to spread the knowledge about sexual and reproductive health. The study recommends that the Ministry of Education through the director of Ghana Education Service should ensure that there is proper sex education based on Ghanaian cultural values and norms in our basic schools. However, these rich cultural values and norms should not infringe on the basic human rights of the girl-child.

**Keywords:** Community; Learners; Public basic schools; Teenage pregnancy; Teenagers

## 1. INTRODUCTION

Globally, education is considered as a basic human right for all children and has been enshrined in several international policy documents since the universal declaration of human rights in 1948. In line with this global consideration, Ghana has drafted and implemented several policy documents at both local and national levels pertaining to education as a basic human right. An example is the pre-tertiary education Act of 2020 (Act 1049), which commenced on 29<sup>th</sup> December 2020. This Act guarantees the right to free compulsory universal basic education (FCUBE) for every Ghanaian child (Government of Ghana [GoG], 2020). The act aims at producing individuals with the requisite knowledge, skills, competencies and values to become functional and productive citizens for national development (GoG, 2020). To achieve this, there is the need to ensure that all learners complete their pre-tertiary education with ease.

Unfortunately, some emerging socio-economic and socio-cultural challenges such as teenage pregnancy are making it difficult for Ghana to realise fully the objective of the Act (Donkor & Lariba, 2017; Gyan, 2013; Mutaka, 2021). Even though the country has been able to record a net enrolment of 87 percent at the basic level (Ministry of Education [MoE], 2020), it appears the menace of teenage pregnancy is narrowing this achievement. Also, most of the effort of the government and other stakeholders regarding the education of the girl-child and the provision of basic education for all are being threatened by this menace of teenage pregnancy, a phenomenon which is reducing female learners' completion rate at the basic level of education (Amoah-Saah, 2018). This has once again renewed calls for stakeholders to pay attention to teenage pregnancy in order to make education accessible to all.

A teenager can simply be described as a person in his or her teens. It is a stage seen as the onset of adolescent development that comes between childhood and adolescent (Musick, 2019). During this period boys and girls develop sexual feelings. Also, hair grows under their armpits and pubic regions. The girls experience their menstrual period, a biological condition which signifies that they can become pregnant when they are involved in sexual intercourse. Getting pregnant at this stage is what we refer to as teenage pregnancy. According to World Health Organisation (WHO, 2009), teenage pregnancy is pregnancy in a female under the age of 20. However, in Ghana, a teenager is a person between the ages of 10 – 19 years (Ghana Statistical Service [GSS], 2015). This presupposes that in Ghana it is pregnancy in a female between the ages of 10 and 19 years.

In most emerging economies such as Ghana, teenage pregnancy is a social menace increasing rapidly at a pace of about 85.5 percent than in 10 years ago (Ghana Health Service [GHS], 2021). This danger appears to be as a result of population increase and lowering of Ghanaian cultural values. It constitutes a major public health problem to most developing communities in Ghana (GHS, 2021; Mensah, 2010). In most cases, girls who fall within this problem have fewer or no marketable skills. Others are financially dependent on their parents and continue to live at home. Some of these girls sometimes are mentally immature despite the fact that they are regarded as matured citizens who can get married and also exercise their political right through voting (Musick, 2019; Olaitan, 2010). As a girl child is very essential to the development of the country, its value cannot be overemphasised as it can be summarised in the words of the renowned educationist, Dr. James Aggrey, as follows "if you educate a woman you educate the nation but if you educate a man you educate an individual" (Anochi & Ikem, 2007, p.63). Therefore, factors that are making the girl-child not educated should be a concern to all. This makes the phenomenon of teenage pregnancy a menace.

Teenage pregnancy is seen by most researchers as one of the social plague in emerging communities (Madume & Dibia, 2021; Walden et al., 2021; Nang-Bayi et al., 2021). In such communities, modernisation, advancements in technology and innovation, and access to internet are increasing at an alarming rate; a situation that has put much pressure and responsibilities on parents, teachers and other responsible members of the society. Factors that are seen as leading cause of teenage pregnancy including the adoption of western culture, uncontrolled sexual behaviour by some adults, lack of parental care, glamorisation, peer influence, lack of education in sex and relationship, broken homes, watching of pornographic films and booklets, financial needs/poverty, parental pressure, alcohol/drug abuse and immoral practices among others (Baloyi et al., 2020; Madume & Dibia, 2021; Walden et al., 2021).

This menace brings untold hardship to the individual and the society as a whole. This is so because pregnant teenage girls are not able to acquire any meaningful skills and competencies to make a living. Educationally, pregnancy is the major known cause of high interruption of education and school dropout, especially among females relating to unemployment (Adikwu & Okafor, 2017; Madume & Dibia,

2021). Medically, pregnant teenage girls are at a high risk of having health complications during and after pregnancy, leading to health hazards such as obstetric fistula, infant mortality, psychological and physical trauma, and also maternal death (GHS, 2021). Socially, it increases frustration, abortion, alcohol/drug abuse, prostitution and poverty (Alabi & Oni, 2017; Baloyi et al., 2020; Madume & Dibia, 2021). It also results in child abandonment and proliferation of bastard children with an uncertain future (Walden et al., 2021).

However, the menace of teenage pregnancy can be minimised by teenagers living a chaste life. Thus the act of abstinence from sexually related activities. Furthermore, teenage pregnancy can be narrowed or eliminated through proper education on reproductive health and sex, financial and material support, and counselling of teenagers (Baloyi et al., 2020; Madume & Dibia, 2021; Walden et al., 2021). The main avoidance is to teach oneself about undesirable pregnancy and to have the option to seek early guidance and medical help.

The phenomenon of teenage pregnancy is becoming one of the major headaches to educators, parents, school authorities and other stakeholders. This incident is more severe in deprived and less developed communities in Ashanti (17,802), Eastern (10,865) and Central (10,301) regions, the three regions with the highest recorded cases of teenage pregnancy in Ghana for the year 2015 (United Nations Population Fund [UNFPA], Ghana, 2016). According to GHS (2021), in 2020 nearly 301 girls were impregnated daily in Ghana while 13 teenage pregnancies recorded every one hour per the data, girls between the ages of 10 and 14 years accounted for 2,865 pregnancies recorded in 2020 while another 107,023 girls between the ages of 15-19 were impregnated within the same year.

The Ashanti region alone recorded 89,856 teenage pregnancy cases in 2016 and 18,080 in 2019, with Sekyere Afram Plains (59.6%), Ejura Sekyedumasi (47.0%) and Ahafo Ano North (46.4%) districts leading in the region (GHS, 2021). This trend seems to suggest that the menace of teenage pregnancy is very alarming in these three districts in the Ashanti region of Ghana. This means, most school going age females in these districts survival and education may be in jeopardy. This assertion supports the submission of WHO country's director who indicated that approximately 12 million girls aged 15-19 years and at least 777,000 girls under 15 years give birth each year in developing regions and complications during pregnancy and child birth are the leading causes of death for these girls globally (WHO, 2009).

In most cases, these girls indulge in unprotected sex, a situation which may results into sexually transmitted diseases such as HIV/AIDS infection (Adikwu & Okafor, 2017; Alabi & Oni, 2017; Madume & Dibia, 2021; Walden et al., 2021). Also, most of these female learners who are involved in sexual activities usually drop from school after getting pregnant. Records show that there are over 192,500 school dropouts in Ghana, with over 102,000 being girls (GSS, 2015). Up to 35.3 percent of school dropouts occurring among girls is attributed to teenage pregnancy (Walden et al., 2021).

The closure of pre-tertiary schools as a result of the COVID-19 pandemic has also aggravated the problem of teenage pregnancy. A COVID-19 School Re-opening report by Africa Education Watch during their monitoring of the partial re-opening of schools for finalists indicates that, 20 percent of schools recorded between 1-3 girls not returning to school due to teenage pregnancy (Mutaka, 2021). The menace of teenage pregnancy has been on an alarming rate in districts such as Sekyere Afram Plains (SAP), Ejura Sekyedumasi (ES) and Ahafo Ano North (AAN). This may mean that meaningful number of teenage girls in these districts are losing the opportunity to take advantage of FCUBE and free Senior High School policy. These interventions are Ghana government's effort in promoting pre-tertiary education, particularly among girls as a social engineering tool to bridge the gender disparity in the formal sector.

Furthermore, most of the studies that investigated causes and effects of teenage pregnancy used quantitative approach as a result failed to look at the issues from both the perspectives of the larger society and the individuals. Likewise, they did not consider SAP, ES and AAN districts of Ashanti Region which are the districts with leading figures regarding teenage pregnancy in Ghana. Consequently, there is the need to pragmatically examine the causes and effects of teenage pregnancy among learners in these districts. Specifically, the study identified the causes of teenage pregnancy among learners, determined the negative consequences of teenage pregnancy among learners, and find out measures that can be adopted/adapted to minimise the rate of the menace among basic school learners in the three districts. Conducting this study will help provide relevant information that will help basic school learners to avoid pre-marital sex despite several influences by men. Teachers will also understand the behaviours of the learners better and assist in offering guidance and counselling services during teaching and learning. The

outcome of the study will also help parents to beware, appreciate and understand their rights and responsibilities in order to prevent their daughters from being victims of teenage pregnancy.

## **2. METHODOLOGY**

Philosophically, what counts as knowledge within the context of this study, the assumptions made in order to make sense of teenage pregnancy, and the ethical issues that were considered were underpinned by the assumptions of pragmatism. The pragmatists argued that it is not possible to access the 'truth' about the real world solely by virtue of a single scientific method as advocated by the Positivist paradigm, nor was it possible to determine social reality as constructed under the Interpretivist paradigm (Kivunja & Kuyini, 2017). According to Kivunja and Kuyini, they called for pragmatism, which is a non-mono paradigmatic orientation that is more practical, pluralistic and allows a combination of quantitative and qualitative methods. The mixed methods approach was, therefore, used for this study. In relation to design, descriptive survey was used. It is a design that determines and reports the way things are (Cohen et al., 2018). This design was employed in order to better describe, explain and validate the research findings. This type of research is popular with non-quantifiable incidents.

### **2.1 Population, Sample and Sampling Procedure**

The study population comprised of public basic school learners with pregnancy, their parents and teachers in SAP, ES and AAN districts of Ashanti Region of Ghana. There are about 421 registered public basic school learners with pregnancy in the three districts (GHS, 2021). A sample of 103 learners, 49 teachers and 15 parents were used. Specifically, in relation to the learners with pregnancy, 41, 32 and 30 were sampled from SAP, ES and AAN districts respectively. Also, 14, 16 and 19 teachers were sampled from SAP, ES and AAN districts respectively. For the parents, five (5) were sampled purposively from each of the districts. The samples of learners and teachers used were based on the recommendation that a sample size of 5 – 15 percent in a cross sectional survey study is appropriate (Adam, 2020; Cohen et al., 2018). However, in the case of parents, they were sampled theoretically. This sample procedure created room for me not to have a specific sample for the parents but continue to collect data from them until I got to the point of saturation (Cassell et al., 2018). In each of the district, a point of saturation settled in after interviewing the third participant. In all, a justifiable sample of 127 was used.

In relation to sampling procedure, purposive sampling technique was used to select both respondents and participants. These sampling techniques were used because teachers in schools with recorded pregnant learners, the learners themselves and the parents of these learners were considered to have the requisite information needed. Also, they were the direct bearer of the consequences of teenage pregnancy menace and its related issues. The sampling began in each district and school with the assistance of headteachers of the various public basic schools that had learners with pregnancy. These headteachers assisted as informants. They assisted in providing the needed information leading to the identification of the learners, their parents and teachers for their consents and participation. Most of the respondents and participants identified in turn confirmed the identification of others in the catchment area who were not yet captured.

All in all, the couple of respondents accessible were approached to suggest others who met the rules of the exploration and who were ready to partake in the study. Individuals who were prescribed by the sources were drawn closer to gather the information required and to ask them to likewise suggest others. The interaction went on until not any more significant data was accomplished through extra respondents. The chosen respondents/participants had the option to give information that helped me in analysing the circumstances and end results of young pregnancy among public basic school learners in the three districts.

### **2.2 Instrumentation and Data Collection Procedure**

Questionnaires for learners and teachers and an interview guide for parents were the instruments used to collect the data. I first made an informal familiarisation visit to the three districts for the confirmation of the number of respondents and participants and to seek for their consents. The Directors

in charge of public basic schools and girl-child education in the districts and the local legislative officials were written to for authorisation to administer the instruments. For the surveys, I and three trained field assistants organised meetings with the teachers and learners after getting permission from the directors. These platforms were used to discuss the significance of the research to the respondents, seek their consents and administer the questionnaire print-outs to them.

The interview sessions were done using both face-to-face and electronic platform such as zoom. This was done after writing to the participants and scheduling meetings with them. These procedures were done taking into consideration the Covid 19 protocol of the country. I and the field collaborators initially made sense of the motivation behind the study and also guaranteed respondents and participants of secrecy prior to booking a period with them for the meeting. Before the start of each interview meeting, I guaranteed that the members were taking through every one of the singular things and things that were not satisfactory were further explained to satisfactory. Data acquired during the interview sessions were all recorded. This was with the assent of the participants. Both respondents and participants were urged to partake in the study by giving reliable data as expected. Likewise, they were urged to feel free and air their perspectives as unbiased as could be expected and that they had the freedom to withdraw at any stage of the research work with no type of antagonistic result. Namelessness and confidentiality were ensured and the research did not inflict any kind of damage or mental pressure to the people who decided to partake. Three months was spent in gathering the necessary information from both the respondents and participants.

## **2.3 Data Analysis**

The returned questionnaire print-outs were organised, categorised, and coded into sub-headers based on the emerging themes of the research objectives. Frequency count and percentage were used to analyse the quantitative data. However, the qualitative data were analysed manually using open and thematic analysis coding systems. That is, I first broke down the qualitative data into discrete excerpts that represent labels, descriptions, definitions, and category names. Recurring patterns and themes were identified and coded uniformly. Similarly coded excerpts were put into one overarching code to describe an emerging pattern. In some cases, there were re-coding of the qualitative data to better understand the emerging incidents symbolically. The emerging codes were related to one another for meaningful explanation.

## **3. RESULTS AND DISCUSSION**

The rationale for the first specific objective was to *determine the causes of teenage pregnancy among basic school learners in the three (SAP, ES and AAN) districts*. Data were collected from both respondents (teachers and the learners) and participants (parents). The views of the respondents are presented in Table 1. As indicated in the table, most of the learners agreed that financial needs/poverty (96.1%), lack of parental care (96.1%) and lack of sex and relationship education (88.3%) were some of the major causes of teenage pregnancy in the districts. Furthermore, majority of the learners agreed that peer influence (70.9%), alcohol/drug abuse (68.9%) and broken homes (67.0%) are also some of the factors causing teenage pregnancy in the districts. On the part of the teachers, they agreed that the six most important factors that cause teenage pregnancy in the districts are financial needs/poverty (95.9%), lack of parental care (91.8%), peer influence (85.7%), lack of sex and relationship education (81.6%), alcohol/drug abuse (79.6%) and ignorance about the use of contraceptives (79.6%).

**Table 1: Learners and Teachers' Views on the Causes of Teenage Pregnancy**

| Causes of teenage pregnancy                          | Learners (N1 = 103) |           | Teachers (N2 = 49) |           |
|--|---------------------|-----------|--------------------|-----------|
|  | Agree               | Disagree  | Agree              | Disagree  |
|  | No. (%)             | No. (%)   | No. (%)            | No. (%)   |
| Financial needs/poverty                              | 99 (96.1)           | 4 (3.9)   | 47 (95.9)          | 2 (4.1)   |
| Lack of parental care                                | 99 (96.1)           | 4 (3.9)   | 45 (91.8)          | 4 (8.2)   |
| Parental pressure                                    | 57 (55.3)           | 46 (44.7) | 30 (61.2)          | 19 (38.8) |
| Ignorance about the use of contraceptives            | 59 (57.3)           | 44 (42.7) | 39 (79.6)          | 10 (20.4) |
| Peer influence                                       | 73 (70.9)           | 30 (29.1) | 42 (85.7)          | 7 (14.3)  |
| Uncontrolled sexual behaviour by some adults         | 52 (50.5)           | 51 (49.5) | 25 (51.0)          | 24 (49.0) |
| Alcohol/drug abuse                                   | 71 (68.9)           | 32 (31.1) | 39 (79.6)          | 10 (20.4) |
| Western glamorisation (dressed to look non-Ghanaian) | 52 (50.5)           | 51 (49.5) | 34 (69.4)          | 15 (30.6) |
| Broken homes   | 69 (67.0)           | 34 (33.0) | 30 (61.2)          | 19 (38.8) |
| Watching of pornographic films and booklets (media)  | 60 (58.3)           | 43 (41.7) | 33 (67.3)          | 16 (32.7) |
| Lack of sex and relationship education               | 91 (88.3)           | 12 (11.7) | 40 (81.6)          | 9 (18.4)  |

Source: Field survey, 2021                      Where N1 = sample for learners, and N2 = sample for teachers

The views of the learners and teachers are consistent with that of the parents. Generally, the parents indicated that poverty, ignorance about the use of contraceptives, peer influence and drug usage are some of the major causes of teenage pregnancy. Specifically, PESD1 said: *In this community breakdown of the Ghanaian family values is the main reason for the increasing rate of teenage pregnancy. Most of our nowadays youth are clamouring for western lifestyle including dressing style, food, music and even walking style. They do not put value on our cultural practices and beliefs. They rather associate elitism and class to western culture. They also anglicised most Ghanaian values and norms, including taboos. They no more respect our cultural practices. As a result, they prefer watching western movies and listening to western songs, a phenomenon which I think is the reason for the increasing rate of teenage pregnancy in this community. The drive to have modern electronic gadgets such as mobile phones, laptops and tablets is worsening the situation. I do not think is the exposure of some part of our ladies as said by some people. This is so because, years back our people were dressing half naked and our people did not see anything wrong with that not to talk about recording high number of teenage pregnancy.*

Also, PAAN4 said: *Lack of weism in this community may be the reason for this menace. Most members of this community are now moving to individualism such that they care less about the children and property of other community members. Even in some cases, parents will insult you for trying to correct or advice their teenage girls. To some extent, I do not blame them because some elders in this community are not responsible and cannot better advice our teenagers. Also, our marriage institution has been infiltrated by the churches. Some members of this community get married to each other without the approval of their parents. Culturally, men who impregnate girls who are not up to the marriage age are to provide four sheep or a cow, and 40 tubers of yam to pacify the gods and also to cleanse the land. In some cases, they are allowed to pay one ounce of gold which is now equivalent to \$1,762.00. Now a day, the people in this community do not subscribe to this practice. They do not even respect the chief who is to enforce this mores not to talk about the chief priest. The issue of democracy and human right in this community and the country at large has also aggravated the situation.*

The findings from both the quantitative and qualitative data are consistent with the assertions of most researchers (Baloyi et al., 2020; Walden et al., 2021) who aver that increasing teenage pregnancy among basic school learners is associated with many social issues, including lower education level, higher rate of poverty, lack of parental care, peer influence, breakdown of family values, and drug abuse. Baloyi et al. also indicate that parents do not take time to teach the correct things about sex to their children. Most teenage girls learn about sexual matters from their friends, books or novels and from watching television. The knowledge that adolescents gained from friend, books, television, and so on is usually grossly inadequate, leading to inappropriate sexual behaviours.

Madume and Dibia (2021) added that teenage pregnancy among learners is also caused by lack of education in sex and relationship, peer pressure, and negative influence of media. According to Nang-

Bayi et al. (2021), the problem of teenage pregnancy can be due to poverty, ignorance of the parents on sex education and lack of adolescent interest on sexuality and fertility in the school. They further aver that the causes of teenage pregnancy include the crave for money and materialism in the country; broken/separated homes, inadequate or absence of sex education, influence of pornographic materials, ignorance among the teenage girls on the use of contraceptives and the general moral laxity in the country.

The second specific objective of the study was to *examine the negative consequences of teenage pregnancy among basic school learners in the three districts*. There are many social, economic, cultural and health negative implications of teenage pregnancies among learners. Respondents were asked to indicate their level of agreement to the statements exposed to them regarding the dysfunctions of the menace. The results are presented in Table 2. As indicated in the table, most of the learners (98.1%) and all the teachers (100) agreed that one of the negative consequences of teenage pregnancy is health related problems. These problems include increased exposure to mental health disorders, substance use, sexually transmissible infections, and pregnant related problems such as obstetric fistula, infant mortality and also maternal death. The learners further agreed that social negative consequences such as shamefulness and withdrawal from the society (87.4%), termination of educational career (80.6%) and child neglect or abandonment (69.9) which may lead to homelessness are some of the dysfunctions of teenage pregnancy.

**Table 2: Learners and Teachers' Views on the Dysfunctions of Teenage Pregnancy**

|  | Learners (N1 = 103) |                     | Teachers (N2 = 49) |                     |
|--|---------------------|---------------------|--------------------|---------------------|
|  | Agree<br>No. (%)    | Disagree<br>No. (%) | Agree<br>No. (%)   | Disagree<br>No. (%) |
| Dysfunctions of teenage pregnancy among learners |                     |                     |                    |                     |
| Health related problems                          | 101 (98.1)          | 2 (1.9)             | 49 (100)           | 0 (0.0)             |
| Termination of educational career                | 83 (80.6)           | 20 (19.4)           | 34 (69.4)          | 15 (30.6)           |
| Child neglect or abandonment                     | 72 (69.9)           | 31 (30.1)           | 41 (83.7)          | 8 (16.3)            |
| Low economic status (poverty)                    | 57 (55.3)           | 46 (44.7)           | 33 (67.3)          | 16 (32.7)           |
| Low prestige (social status)                     | 59 (57.3)           | 44 (42.7)           | 39 (79.6)          | 10 (20.4)           |
| Prostitution and other deviance behaviours       | 62 (60.2)           | 41 (39.8)           | 29 (59.2)          | 20 (40.8)           |
| Suicidal attempt and other psychological traumas | 57 (55.3)           | 46 (44.7)           | 26 (53.1)          | 23 (46.9)           |
| Shamefulness and withdrawal from the society     | 90 (87.4)           | 13 (12.6)           | 40 (81.6)          | 9 (18.4)            |

Source: Field survey, 2021      Where N1 = sample for learners, and N2 = sample for teachers

Furthermore, as indicated in Table 2, preponderance number of the teachers also agreed that child neglect or abandonment (83.7%), shamefulness and withdrawal from the society (81.6%), and low social (79.6%) and economic (67.3%) statuses are some of the dysfunctions of teenage pregnancy. The findings show that teenage pregnancy is not seen as a phenomenon with positive consequences to the society but rather a menace. The views of the learners and the teachers corroborate with that of the parents. Most of the parents indicated that teenage pregnancy brings shame to the family and the teenager, and other health and psychological problems. One of the participants, PSAP1 said: *In some cases some of the learners who get pregnant at their teen age try to commit suicide as a result of the labelling they face in the community.*

Also, PESD2 said: *Some parents even send their pregnant teenagers to distance families and friends to avoid the shame that comes with the menace. As a parent, it makes you feel useless, irresponsible and with no principles and values when your teen daughter gets pregnant while schooling. It is not only the community that labels you; the church members also do same. I think it is the shamefulness and labelling that forces some mothers to force their pregnant teen daughters to get abortion clandestinely.* In addition, PSAP3 also said: *Some community members, including parents, may even label the child that comes out of such pregnancy. In most cases, they insult such children and they call them all kinds of names which cause psychological trauma and stress to the mothers.* In addition, PAAN said: *Teenage pregnancy has a lot of social related problems in the community. It increases frustration and a high rate of attempted suicide, abortion and drug abuse among our teenagers. Many such individuals are automatically forced out of school, few have adequate parental care. Some parents*

even go to the extreme by abandoning their pregnant teen children leading to proliferation, and bastard children with an uncertain future. Usually, this is due to inability of the affected teenage mothers to care for their babies.

The findings are consistent with the assertions of Gyan (2013), Alabi and Oni (2017), and Amoah-Saah (2018) who all outlined the effects of teenage pregnancy as interruption of education of education, prolonged labour and health hazards, social exclusion, labelling and prostitution. Also, Madume and Dibia (2021) posit that teenage pregnancy leads to high rate of school dropout among girls. The menace of teenage pregnancy is affecting the country's target of meeting the Sustainable Development Goal four (4) which ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. This menace causes psychological and physical trauma to girls, forcing them often to commit suicide especially in the conservative families of developing countries where it looks upon with hate (Alabi & Oni, 2017; Baloyi et al., 2020). The findings further corroborate with the submission of Walden et al. (2021) who outlined the problems associated to the menace as school dropouts, school misfits, reduce career opportunities, health problems, abandoned babies, prostitution, and finally increase in dependency rate.

The last specific objective of the study looked at measures that should be adopted/ adapted to minimise or alleviate the menace of teenage pregnancy among basic school learners. The results are presented in Table 3. As indicated in the table most (98.1%) of the learners and all (100%) the teachers agreed that abstaining from premarital sex would help prevent teenage pregnancy. Also majority of the learners (95.1%) and teachers (95.9) agreed that adequate knowledge about sexual and reproductive health in schools would help prevent teenage pregnancy. Most of the teachers further agreed that establishing family planning programmes /clinics in schools and communities (91.8%), introducing and teaching of sex education in schools (85.7%), inculcating religions and moral value into learners (79.6%), and controlling the media from exposing learners to western negative lifestyles (79.6%) will help to minimise or prevent teenage pregnancy among basic school learners. The views of the teachers corroborate with that of the learners who also agreed these indicated measures (Table 3) will help prevent teenage pregnancy in our schools and communities largely.

**Table 3: Respondents' Views on Measures that can be adapted to Minimise or Alleviate the Menace of Teenage Pregnancy among Female Learners**

| Measures to minimise or prevent teenage pregnancy                           | Learners (N1 = 103) |                     | Teachers (N2 = 49) |                     |
|---|---------------------|---------------------|--------------------|---------------------|
|   | Agree<br>No. (%)    | Disagree<br>No. (%) | Agree<br>No. (%)   | Disagree<br>No. (%) |
| Abstinence from premarital sex  | 101 (98.1)          | 2 (1.9)             | 49 (100)           | 0 (0.0)             |
| Adequate knowledge about sexual and reproductive health                     | 98 (95.1)           | 5 (4.9)             | 47 (95.9)          | 2 (4.1)             |
| Inculcating religions and moral value into learners                         | 71 (68.9)           | 32 (31.1)           | 39 (79.6)          | 10 (20.4)           |
| Establishing family planning programmes/clinics in schools and communities  | 73 (70.9)           | 30 (29.1)           | 45 (91.8)          | 4 (8.2)             |
| Introduction and teaching of sex education in schools                       | 62 (60.2)           | 41 (39.8)           | 42 (85.7)          | 7 (14.3)            |
| Controlling the media from exposing learners to western negative lifestyles | 60 (58.3)           | 43 (41.7)           | 39 (79.6)          | 10 (20.4)           |

Source: Field survey, 2021

(N1 = 103; N2 = 49)

Further data were obtained from the parents regarding the measures that can be adapted to minimise or alleviate the menace of teenage pregnancy among female learners. One of the participants, PESD5 said: *Our youth do not value our cultural and that may be the main reason for this menace. If they are able to identify themselves with our ways and appreciate the Ghanaian cultural norms and values, this menace will subdue significantly. This menace is increasing in this community because of our youth crave and clamour for western way of life or lifestyle. There must be a conscious effort by National Commission for Civic Education to socially re-orient members of the community and Ghanaians as a whole. I think this will make them feel a strong sense of belonging to our ways as people.*

Also, PSAP2 said: *Elders in this community must be responsible and they must know and adhere to their assigned social roles and responsibilities. This can best be done when members of the community value our cultural practices and lifestyle. Also, elders in this community must respect our*

*family and marriage institutions. Marriage should be between families and not individuals. Also, the church should not be playing leading role in marriage related issues. They should allow families to play their assigned roles. However, the church can come even to provide needed support and guidance.*

To sum it up, most of the participants (PAAN2, PESD3, PAAN3 and PSAP5) were of the view that adults in the various communities must be responsible and discipline. They added that there is the need to constantly educate members of the community, including the teenagers, on sex education and the negative consequences of teenage pregnancy. Also, counselling of teenagers and moral education should be strengthened in our schools and religious institutions. PESD4 also said: *Parents and teachers must relate to teenagers, giving them love and acceptance for academic work. Sex education for our school children and sex education for parents will help expose them to the dangers of teenage pregnancy. According to PSAP4, the community should institute stiff punishment for irresponsible men who lure all these teenagers in to temptation as thereby retard their academic performances. This should be done in an overt manner such that most members of the community will witness or hear of the punishment so they can orient themselves with this punishment.*

The findings are in line with the submission of Baloyi et al. (2020) who asserted that peer pressure, parent, lack of knowledge, glamorisation, sexually abuse and or drug abuse are some of the leading factors of teenage pregnancy. Therefore, increasing pupils' knowledge level with regard to their sexuality through education is important in helping to minimise the menace of teenage pregnancy. In addition, Walden et al. (2021) opined that most basic school students at Adawomase do not have knowledge on the nature of sex and reproduction. They do not have the experience or maturity it takes to avoid unwanted pregnancies, some of them may have access to contraceptives, but they may not know their correct uses or their possible side effects. Therefore, society must put measures in place to ensure that the female adolescents in the society are abreast with current issues regarding their sexuality and consequences of teenage pregnancy.

Furthermore, the findings support the assertion of Madume and Dibia (2021) who posit that some of the important tips to follow in order to help prevent girls from becoming pregnant are to discourage early steady dating, encourage platonic friendship and group activities, counselling programme should be established and extended to the grassroots by professional healthcare sectors to protect unwanted pregnancy in schools. Also, family planning programme and contraceptives should be made available to everybody especially the adolescents in order to prevent unsafe abortion and unwanted pregnancies, introduction and teaching of sex education in schools by the teachers, health educators or health workers and at homes by parents (Baloyi et al., 2020; Madume & Dibia, 2021; Walden et al., 2021).

#### **4. CONCLUSIONS**

From the findings and literature it was concluded that learners, teachers and parents in SAP, ES and AAN districts have significant idea as to what causes teenage pregnancy and its related negative consequences. Within the districts, poverty, lack of parental care, disvaluing of Ghanaian cultural practices, ignorance about the use of contraceptives, peer influence and lack of sex education are the major causes of teenage pregnancy among basic school learners. The menace of teenage pregnancy could lead to dysfunctions such as health problems, termination of educational career, child neglect or abandonment, low economic status and shame and withdrawal from the society or even suicidal attempt. However, the menace of teenage pregnancy can be narrowed or eliminated first by respecting our Ghanaian values which ensures that members of the community abstain from premarital sex. Also, through effective education to spread the knowledge about sexual and reproductive health, inculcating of religious and moral value into children, establishing family planning programmes in schools and introduction and teaching of sex education in schools we can help deal with teenage pregnancy in the districts.

#### **5. RECOMMENDATIONS**

Based on the key findings and conclusions of the study, the following recommendations were made to help mitigate the menace of teenage pregnancy:

1. The Ministry of Education through the director of Ghana Education Service should ensure that there is proper sex education based on Ghanaian cultural values and norms in our basic schools. It should be

- entrenched in the school curriculum and should be encouraged at homes by parents or guardians. These rich cultural values and norms should not infringe on the basic human rights of the girl-child.
2. Also, district directors of education should create room for biannual seminars to be organised in basic schools on sex education to properly orient the learners on sex and its related issues. They can do that by partnering non-governmental organisations that are into girl-child education and other gender-based civil society organisations. This intervention can be incorporated into the schools' extra-curricular activities.
  3. Furthermore, management of NCCE should collaborate with the media, Ghana Health Services and Ghana Journalists Association to support the dissemination process of this proper sex education that is based on Ghanaian cultural values in addition to the teaching of the family planning methods in schools to prevent teenage pregnancies in our schools and communities. Also, the dangers of unprotected sex should also be projected by the media in order for students to be more aware of them.
  4. Headteachers in the various schools should constantly encourage learners to seek mentorship and guidance from responsible teachers and other people within their locality who have attained good reputation in the community. Also, the headteachers should create an enabling environment at the schools for learners to comfortably discuss sexual and reproductive health issues with their teachers and other schools authorities. Also, they should educate parents during their Parent Teacher Association (PTA) meetings to create same enabling environment in their respective homes for their children to comfortably discuss sexual and reproductive health issues.
  5. Again, management of schools should ensure that parents are educated at the various PTA meetings on the dangers of teenage pregnancies and its negative consequences on the child, parents and other stakeholders. Also, they should be educated on how to regularly provide psychological, social and economic needs of their children and wards so that they are not lured into immoral sexual activities in school or outside school as a result of their lack of continuous psychological, social and economic supports. This education will help them to not to be harsh on their teenagers but rather be approachable so as the children can confide with them whenever there is inappropriate pressure from peers or irresponsible adults.
  6. Learners should also take note of the type of friends they move with and should caution themselves from moving alone especially late in the night to avoid rape. Also, they should abstain from sexual experimentation, where it is not possible they should be conscious of various contraceptives available and make good use of them.
  7. Traditional leaders in the three districts should review and amend the old-age traditions which directly or indirectly suppress the girls' rights to decide her sexual and reproductive wishes. Likewise, they should expose people who impregnate teenagers to members of the community for social labelling. This will serve as punishment for them and also deter will be predators from doing same.

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