

POST- NATAL DAILY LIVING EXPERIENCES OF UNMARRIED TEENAGE MOTHERS: A PHENOMENOLOGICAL STUDY IN ENYAN DENKYIRA IN THE CENTRAL REGION OF GHANA

ABSTRACT

This study looked into the daily living of teenage mothers in Enyan Denkyira, Ghana's central region, shortly after giving birth. The study used a phenomenological design with a sample size of 15 participants and employed the snowballing sampling technique. According to the findings, these mothers face hunger and nutritional deficiencies as a result of financial difficulties, which have compromised their health. The majority of the adolescent mothers are dropouts who have failed to learn any vocation, which has had a significant impact on their income and self-esteem. In light of the findings, stakeholders were advised to establish a "Teen Fund" to assist teenage mothers, as well as make scholarships available to those who wish to further their education or acquire a vocation. These would give them with a source of income while reducing their reliance on male predators.

Keywords: teenage mother, experiences, challenges

INTRODUCTION

Since the canker has spread throughout most industrialized and developing countries, issues of teenage pregnancy have gotten a lot of study attention. Despite the fact that teenage parenting is a public health concern with negative effects for both mother and child in Sub-Saharan Africa, notably Ghana, there are few studies that account for the daily lived experiences of teenage mothers after birth (Ganong & Coleman, 2004; Andres, 2005). Despite the fact that teenage pregnancy has gotten a lot of scientific attention around the world, the focus of these studies has been on preventing the problem. According to Barringer (1990), decreased sexual activity, higher use of contraceptives, availability or access to abortion, or a combination of these factors, the rate of teenage pregnancy and, by extension, teenage childbearing, is altered downward. On the other hand, the situation in Ghana and other Sub-Saharan African countries is different, with the majority of the population living in poverty (Ganong & Coleman, 2004; Andres, 2005).

According to evidence, over 16 million teenage girls become mothers each year around the world, with the United States having the highest rates of adolescent pregnancy and birth among developed countries (United Nations Statistics Division, 2006). On the contrary, Sub-Saharan Africa has the largest concentration, with 20 percent to 40 percent of teenagers being mothers or pregnant (Gyesaw & Ankomah, 2013). This is backed by Traffers' (2003) argument that Sub-Saharan Africa has the highest rate of teenage pregnancy in the world, owing to women's proclivity to marry young. According to data presented by the Provincial Department of Education, teenage motherhood increased by double in KwaZulu-Natal, South Africa, in 2006, compared to the previous year (Panday, Makiwane, Ranchod & Letsoalo, 2009). For example, in Niger, 87 percent of women surveyed were married, and 53 percent had given birth to a child before the age of 18 (Locoh, 2000).

In Ghana, over 57,000 teen pregnancies were reported in the first half of 2017. (Citi fm, 2017). In 2018, a total of 86,044 pregnant women were recorded in Ghana's Central Region's health facilities. There were 11,350 teens out of this total, accounting for 13.2% of the total (Ghana Health Service, Central Region Annual report, 2018). According to the report, out of the 20 districts in the Central Region, the Ajumako Enyan Essiam District, where the study was conducted, had a total of 612 teen pregnancies, accounting for 5.4 percent of the region's 11,350 teenage conceptions. The Ajumako Enyan Essiam District, with 5.4 percent, is one of the districts in the region with the highest percentage of teenage mothers.

According to literature, teenage motherhood is a complicated phenomena including a variety of economic, educational, and behavioral factors, as well as problems that arise as a result of early parenthood (Freire, 2005). These issues are losses that can affect the emotional field and lead to psychological concerns in teenage mothers, with indications and symptoms that might jeopardize a healthy motherhood experience and lead to high levels of stress and psychological discomfort. Because of the complexities of this situation, there are far too many problems that make teen motherhood a stressful experience by nature, with the possibility of alterations in family dynamics (Fricke, 2010). The impact of these changes, as well as their qualities, are determined by the beliefs and values that each family holds. As a result, teen motherhood is not always viewed as a negative situation, and many families strive to minimize the negative implications of the occurrence and turn it into a good experience for both family members and children.

According to Freire (2005), teenage mothers are unhappy with society's lack of attention and social prejudice. However, there is a scarcity of evidence to corroborate the lack of attention given to teenage mothers in traditional Ghanaian homes, where families are seen as social safety nets for the needy. Teenage mothers' frustration with lack of attention and social prejudice, according to Einstein and Albert (2006), rendered the experience emotional and

psychological. Social discrimination is another major concern that has a negative impact on their well-being. This might be attributed in part or entirely to factors such as socioeconomic conditions before and after birth. Due to immature parenting and low maternal competency, various psychological disorders, social issues, and pressures can have catastrophic impacts on teenage mothers in Ghana (King, 2007). They must adjust to altering life circumstances as a result of becoming a teen mother, while other potential stressors in life that create distress and anxiety are layered on the stress and worry arising from the occurrence of becoming a teenage mother.) Even if the direct relationships are unclear, Golan (2003) depicted teenage parenthood as one such outcome that links social disadvantages and leads to social marginalization. Coming from a socially poor family can put you at risk of increased social isolation later in life. Belonging to more or less advantaged social groupings that place individuals at different levels in the social hierarchy based on income, power, and status can be classified as social advantage or disadvantage (Carver & Scheier, 2000). The disadvantages exacerbate social exclusion, which in turn leads to wellbeing situations, which can exacerbate teenage adjustment issues (Billings & Moos, 2001).

As a result, it's possible that this type of youth disadvantage is linked to adolescent pregnancy, which leads to adolescent motherhood (Golan, 2003). According to Golan (2003), such seeming indifference and lack of acknowledgement for this unique stage of the human life-cycle is rare and frustrating for adolescent mothers, and it has an impact on their well-being. According to George (2003), solutions are needed to alleviate the negative impacts of adolescent motherhood experiences that impede their subsequent achievement. Loneliness, abandonment, status change, and financial insecurity may be issues for many teenage mothers nowadays (Beck & Konnert, 2007). According to Jakoby (2012), teenage mothers are ill-equipped, which makes life difficult for them subsequently.

In Ghana, for example, authors like Anane-Agyei (2011) and Twum (2003) have argued for the need of sex education in preventing teenage pregnancy. For example, Anane-Agyei (2011) believes that cultural traditions that ensure young girls' chastity should be supported in our communities, as well as sex education in our schools, in order to prevent the canker. In a similar vein, Twum (2003) advocated for the adoption of family planning tools to control teenage parenting. However, these studies fell short of addressing the threat faced by teenage mothers, especially in light of the socioeconomic position of both the teenager and the infant. It is critical to raise public awareness about the potential issues, hardships, stressors, and obstacles that teenage mothers face when having a child at such a young age, and it is this research gap that this current study aims to fill by examining the daily living experiences of teenage mothers in Enyan Denkyira in Ghana's Central Region, as well as how the challenges they face affect their lives.

2.0 LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Cumulative advantage/disadvantage theory

Derek Price and Robert Merton proposed this theory in the early 1960s, and it has since been expanded upon by a number of researchers, including Dannefer (2000). Inequalities, according to this theory, tend to become increasingly prominent throughout people's lives. The saying "the affluent become richer, while the poor get poorer" is the basis for this notion. Early in life, advantages and disadvantages have a significant impact on an individual's life span. This theory was employed in this study because the researchers believed that teenage mothers in Enyan Dekyira district who have had opportunities and advantages in life, such as proper parental care and support, access to government social interventions, institutional supports, and a good economic background of parents, among other things, do not face the same magnitude of challenges as less privileged teenage mothers when it comes to teenage motherhood. Such teenage mothers may have assistance to navigate through their challenges because of the presence of social and cultural capital. As a result their dependency and vulnerability to men will be minimal. On the other hand, those teenage mothers in Enyan Denkyira who have been disadvantaged in life, such as those who have never had parental care, and lacks social and cultural capital, lack institutional assistance from the government and other non-governmental organizations may have difficulties in life. This subjects them to curiosity and peer pressure, and makes them vulnerable to men.

2.2 The Understanding of Teenagehood

According to Bhana and Shefer (2008), adolescence is defined as a period of time between the ages of 13 and 19. According to Chigona and Chetty (2008), a teenager, often known as a teen, is a young person between the ages of 13 and 19. Because their age number ends in "teen," they are referred to as teenagers. Teenage or adolescent is a phrase used to denote a period of time between childhood and maturity. The acceptable ages for a teen or teenager, according to Chigona and Chetty (2008), are 13-19 years of age. In some contexts, according to Dennison (2004), adolescence encompasses the ages of 13 to 19. Teenage pregnancy is defined as being pregnant when in your adolescence or teenage years, which is between the ages of 10 and 19 (GSS, 2013). Teenage pregnancy, on the other hand, will be defined in this study as pregnancy in female adolescents aged 15 to 19. In general, the term "teenage pregnancy" refers to any pregnancy that occurs before a woman reaches the age of legal adulthood. The margin varies from country to country. Many factors contribute to the problem of teenage pregnancy. Pregnancy among teenagers has also been linked to a desire to meet fundamental necessities, sexual violence, and a need for self-respect (Gyesaw & Ankomah, 2013). Pregnancy in

adolescence has a slew of negative repercussions. In Ghana and other parts of Africa, teenage females who become pregnant are often ostracized in society, especially if the pregnancy occurs before marriage. In many countries, however, having a child or children before marriage is common.

2.3 Prevalence of Teenage Pregnancy

According to Save the Children (2009) report, 13 million children are born to women under the age of 20 every year around the world, with more than 90% of these children living in underdeveloped countries. Pregnancy and delivery complications are the major causes of death among women between the ages of 15 and 19 in these countries. According to Traffers (2003), Sub-Saharan Africa has the highest prevalence of teenage pregnancy in the world, owing to women's proclivity to marry young. According to Locoh (2000), 87 percent of women polled in Niger were married, and 53 percent had given birth to a child before the age of 18.

Furthermore, according to Mehta, Groenen, and Roque (1998), early marriage occurs in India as a result of adolescent pregnancy, particularly in rural areas where the prevalence is significantly greater than in urban areas. Early marriage and childbearing rates have dropped dramatically in Indonesia and Malaysia since the late 1990s, however they remain high in India. According to Mehta et al., teenage birth rates in industrialized Asian countries like South Korea and Singapore are among the lowest in the world. Teenage birth rates in the United States are the highest in the industrialized world, according to the United Nations International Children's Emergency Fund (UNICEF) (2001), and teenage abortion rates are similarly worrying. Although there has been an increase in out-of-wedlock births, the adolescent pregnancy rate in the United States surged in the 1950s and has since fallen. In the 1990s, the global rate of teenage pregnancy fell dramatically. This trend was seen across all racial groupings, while youth of African-American and Hispanic heritage had a higher rate than those of European-American and Asian-American descent. According to the Guttmacher Institute (2006), abstinence accounts for around 25% of the reduction, while effective contraception accounts for the other 75%. The adolescent birth rate began to grow around 2006. The increase was due to a drop in the number of abortions or miscarriages. It is important to stress that the prevalence of teenage pregnancy in Ghana and Sub-Saharan Africa should not be overlooked. According to data recorded at the Manhean Health Centre, 434 of the 941 women who gave birth there were teens, one of whom was a 13-year-old class six student (Agyemang, 2012). According to the research, 880 deliveries were documented between January and July 2009, with 350 of them involving teens (Gibbah, 2009).

Dr. Sylvester Ananu, the Regional Director of Health Services, claimed the Western Region has the highest rate of adolescent pregnancies in Ghana during the 19th annual national conference of the Public Health Nurses Group (PUBHENG) held at Takoradi in the Western

Region. He bemoaned the fact that teenagers had the country's lowest supervising rate (Ghana News Agency [GNA], 2009). According to the GNA data, the Western Region alone had 13,872 teenage pregnancies in 2004, accounting for 16 percent of the region's prenatal attendance.

2.4 Life Experiences of Teenage Mothers

Teenage years are extremely difficult, to the point where if necessary precautions are not taken, the young people's hopes and dreams would be shattered. Pregnancy in teenagers drives them to mature and face adult life before they are ready. In Ghana, a study by Baafi (2015) on adolescent pregnancy experiences in the Sunyani municipality discovered that socio-demographic factors such as the adolescent's residence, age, marital status, whether the adolescent is in school or not, the highest educational level attained by the adolescent, the adolescent's current occupation (whether they are working, in school, or unemployed), and parity are potential reproductive risk. This section examines research on adolescent mothers' life experiences and highlights important themes, including bad health outcomes, financial hardship, stigmatization, social obstacles, and school disruption.

2.4.1 Negative health outcomes

Pregnancy and childbirth during adolescence have been linked to a higher risk of poor health and wellbeing for both the mother and the child (Dangal, 2006). There was a higher rate of maternal illness and mortality, early and/or low birth weight babies, hypertension, anemia, dystocia, operative delivery, intra urinary growth retardation, and neo natal mortality, for example (American College of Obstetricians and Gynecologist [ACOG], 2007; Dangal, 2006; De Villiers & Kekesi, 2004). These hazards are substantially higher for youths under 15 years old, according to a research from the American College of Obstetricians and Gynecologists [ACOG] (2007).

In comparison to non-parenting teenagers and older mothers, young mothers have been reported to have a higher risk of psychiatric issues (Dommissse, 2007; Donald, Lazarus & Lolwana, 2006). Teenage mothers were found to have a high rate of depression (Fomenky, 2008; Hellemeier, 2004). One-third of the participants in Fomenky's study reported clinical levels of depression symptoms. This was similar to the rate discovered by Hindini and Fatusi (2009), who also discovered that life stressors, particularly homelessness, might lead to poor mental health. Social isolation, disruption, and maternal self-efficacy were all linked to depression in teenage mothers, according to Hindini and Fatusi (2009).

According to Sheikh (2009), expectant mothers should maintain a healthy nutritional condition throughout their pregnancy. It is the responsibility of pregnant women, their spouses, families, friends, and society at large to ensure that there is enough nourishment for women before,

during, and after pregnancy. Eating correctly throughout pregnancy will protect the health of both the mother and the baby. Starting a family is difficult for practically everyone, but it is more difficult for adolescents, who are still emotionally dependent on their parents.

Sheikh (2009) went on to say that adolescent mothers lack the necessary experience to make smart decisions for their unborn children and their families. When a teen girl becomes pregnant, she is thrust into a world of new challenges. Teenage mothers sometimes overlook their own nutrition due to their lack of understanding and maturity, and as a result, many of these babies are born with low birth weight or ahead of schedule. Teenage mothers typically have a tough time providing proper health care for their children after birth due to a lack of adequate health care for themselves. Obstacles to a young mother's health can develop during pregnancy, delivery, and subsequent years, according to Sheikh (2009). Young mothers are more susceptible to STIs, anaemia, and illnesses such as pre-eclampsia, which causes high blood pressure among other issues.

To increase their chances of having a healthy baby, some teenagers may need to adjust their lifestyle (Martin, Hamilton & Sutton, 2006). Eating unhealthy meals, smoking, drinking alcohol, and using drugs, according to these authors, can raise the likelihood of a baby being born with health issues, such as low birth weight. Teenagers are the least likely of all mother age groups to receive early and frequent prenatal care, according to the National Center for Health Statistics, at 3.7 percent for all ages. According to the American College of Obstetricians and Gynecologists [ACOG], a teenage mother has a higher chance of pregnancy issues than women over the age of 20 years, such as early labor, anemia, and high blood pressure. Teenagers under the age of 15 face considerably greater dangers, according to the same survey. This is supported by CDC (2007) that out of the 19 million cases of sexually transmitted infections (STIs) reported each year, more than 9 million affect young people aged 15 to 24 years. CDC for instance indicates that treatment during pregnancy greatly reduces the risk of an infected mother passing HIV to her baby.

2.4.2 Financial difficulty and welfare dependence

Being a teen mother has a lot of drawbacks, one of which being financial constraints (Neiterman, 2012; Unger & Powell, 2000). Unger and Powell also discovered that teenage mothers had long-term financial difficulties satisfying their own and their children's basic survival needs. According to Perper and Manlove (2009), being a teenage mother lowers annual income relative to other young adults, and as a result, teenage mothers are more likely to request monetary assistance.

A teenage mother may become financially dependent on her family or on state help, according to Agyemang (2012). A teenage mother may lack professional skills, making it difficult for her to

acquire and hold a job, according to the National Campaign to Prevent Teen Pregnancy (2009). An adolescent mother's financial dependence on her family or on government support is possible. Young mothers are more likely to be poor than women who put off having children, and more than 75% of all unmarried teen mothers are on welfare within 5 years of having their first child.

Mollborn also mentioned poverty among teenage mothers (2007). Because of their lack of preparedness for parenting and their dependency on welfare, he determined that becoming a single teenage mother was a difficult challenge for these young women. He stated again that young mothers' lack of money prevented them from using all of society's resources, and that their poverty placed them in an economically vulnerable position, and that their circumstances were less favorable. He reiterated that teenage mothers were more likely to be unemployed or out of the labor force throughout their careers.

It is evident from the foregoing that there is a direct link between poverty and teenage pregnancy. Adolescents who live in poverty confront much more difficulties. They may be overwhelmed by financial difficulties or their ability to manage family issues. Many teenagers who are parents or who are pregnant, according to Dryburgh (2012), face challenges related to parenthood. Whether it is emotional, social, or physical, all teenage mothers go through that. Some of the problems the pregnant girls go through are based on strict welfare requirements, lower education attainment, poor school experience, and false hopes and expectations. Many of the problems teenage parents face is reflected from the lifestyle of their parents. Dryburgh added that most often sources of income become a major problem for teen nursing mothers because their male accomplices who were responsible for the pregnancies do not have any sustainable jobs to keep.

Most of these teenagers have limited access to work because of their age range, their state of health and their capacity to work. Career prospects are limited, putting them in a bad financial situation. According to Odei (2007), in Ghana teenage females who fall pregnant are more likely to be dismissed from school, therefore completing their education at a young age. This, he claims, perpetuates a cycle of reliance and poverty by making them monetarily dependent on males, a burden on society and contributes to an overburdened public welfare system Odei (2007).

Also, the National Campaign to Prevent Teenage Pregnancy (2009) reported that about 64% of children born to unmarried teenagers of high-school dropout live in poverty, compared to 7% of children born to women over age twenty who are married and high-school graduates. A child born to a teenage mother is 50% more likely to repeat a grade in school and is more likely to perform poorly on standardized test and drop out before finishing high school. Teenagers in

such situations, according to Dryburgh (2012), suffer this fate due to financial and societal problems, fail to undergo good nutrition therapy and antenatal cares to enable them to have safe deliveries. In Ghana, apart from the loss of economic gains for the community, the country also loses the potential of having future leaders because of these pregnancies. After the birth of the babies some are not able to continue their schooling. And even when they do, they are not able to live normal life which affects their academic excellence in school (Dryburgh, 2012). Dryburgh further stressed that girls born to teen mothers are also likely (80%) to get pregnant because the economic, social, psychological strength and the education to properly provide and care for the girl is lacking in the teen mother.

2.4.3 Stigma and feeling of being devalued

Miller (2008) discovered that teenage mothers report feeling stigmatized and undervalued by society. While many forms of support were offered, Markus and Nurius (2006) discovered that the stigma of being on welfare and getting handouts worked against a teenage mother's goal for independence. Teenage mothers deal with the stigma by viewing assistance as a temporary financial safety net rather than a preferred way of life.

Some teenage mothers have described feeling devalued and having to deal with people considering them as bad mothers simply because they are teenagers and do not meet current social norms of parenthood (Kramer & Lancaster, 2010). Some women tried to conceal their postpartum depression symptoms for fear that healthcare experts would take their children away from them if they admitted to having postpartum depression and being judged unable to cope (Kramer & Lancaster, 2010). Miller (2008) also revealed that teen mothers were subjected to negative societal sentiments wherever they went. This was especially aggravating because it happened in common places like the streets, buses, supermarkets, health centers, medical facilities, welfare payment offices, and places where women congregate, such as playgroups. They were accused of intentionally becoming pregnant in order to profit financially, denied full participation in a society that failed to offer them with adequate social assistance, and informed that they were irresponsible parents (Miller, 2008).

2.4.4 Social challenges

According to Martin et al. (2006), people traditional and religious contexts are so unique that any behavior intended to cause injury or humiliation to the inhabitants is strongly discouraged and sanctioned. According to these authors, the first thing a girl or teenager faces when she becomes pregnant is social isolation. Because adolescent pregnancy is frowned upon and regarded as an abomination by society, the teen mother lacks the courage to confront society and is sometimes terrified of her own parents and friends.

Friends and colleagues are cautioned not to interact with her or be seen with her at a certain moment in time, according to Martin et al., since she has been cursed by the gods of the region. She thus becomes a source of debate and mockery wherever people congregate in the community. When this happens, they retreat to their rooms (if they have them) or seek refuge under trees or in other secluded locations to contemplate the tragedy that has befallen them. Most pregnant girls will voluntarily resign from school, according to Odei (2007), for fear of harassment, stigmatization, financial, health, and social constraints.

2.4.5 School interruption

According to several studies, teenage mothers have fewer school years than adult mothers, are less likely to get a high school diploma, have limited educational chances, and are more likely to drop out of school (Chigona and Chetty, 2008; Chohan and Langa, 2011). Even when some school programs and assistance were available, many teenagers found it difficult to strike a balance between their academic needs and the obligations of motherhood (Chohan, 2010). Their lack of education and training may limit work options, potentially continuing the cycle of poverty and adolescent pregnancy (Crowder & South, 2003). Due to a lack of child care, transportation, family support, and school social interventions and practices, attending high school is a big difficulty for many teenage mothers (Chohan, 2010). According to Dawson and Hosie (2005), infant and toddler child care was often a major determining factor in a teen mother's success or failure in high school classes (Dawson & Hosie, 2005).

Early childbirth, according to Dawson and Hosie (2005), was the major cause of teenage mothers' scholastic challenges and interruption. Dawson and Hosie went on to say that a teen mother's decision to quit school has less to do with her pregnancy and more to do with the school's strict policy of not allowing pregnant and parenting students on campus or their previous experiences in school. Furthermore, in Ghana, Odei (2007) claims that pregnant teenagers are more likely to be dismissed from school, therefore completing their education at an early age. Odei (2007), went on to say that in Ghana, even if teenage mothers are able to return to school later, there is at least a temporary break in their academic pursuit, which discourages them from continuing. In the long run, this has an impact on one's potential to build important life skills and opportunities. They have issues with their professors, at their churches, and being left out by friends.

3. METHODOLOGY

Because attention and value are placed on being close to the study participants, the researchers used a qualitative research approach with phenomenological design in this study (De Vos, et al., 2002). This is an appropriate approach since it allows teenage mothers who were participants in the study to have their perspectives heard. It also allows researchers to dig

deeper and focus on the participant's subjective interpretations, metaphors, definitions, symbols, and descriptions, as pure phenomenological research tries to describe rather than explain, and to begin without theories or preconceptions (Husserl, 1970).

Furthermore, the study's goal was not to determine the relationship between any variables, but rather to learn about the experiences of adolescent mothers. The population included all unmarried teenage mothers who are in the 10 purposively selected churches in Enyan Denkyira, namely: Roman Catholic, Methodist, Presbyterian, Christian Faith, Musama International Church and Christ Apostolic, Seventh Day Adventist, The Church of Pentecost, Apostolic Church and Assemblies of God. Church leaders from the 10 selected churches within the Ajumako Enyan Essiam District were also involved in the study. These churches were selected because they serve as organized institutions with cross-section of all manner of persons with different backgrounds and challenges. Among such persons in these churches are the teenage mothers who come to seek for joy and other personal assistance to cope with the challenges that come with teenage motherhood. The churches, according to the researchers, are a natural sampling of society since they contain people with a variety of cultural, economic, psychological, and emotional issues who can help with the study. Because of their accessibility, the researchers chose the participants from these churches.

Furthermore, as insiders in the research field, the teenage mothers from these churches confided in the researchers about concerns and obstacles of teenage motherhood, thereby motivating the researchers to include the teenage mothers from these churches. For this study, a total of 15 unmarried teenage mothers were chosen using the Snowballing technique. The researcher chose 15 teen mothers from the ten churches to participate in three focus groups, each with five members. The researcher contacted these 5 teenage mothers in other churches, who, through a snowball effect, guided the researcher to the other 10 teenage women who had been suspended from their churches due to pregnancy. The one-on-one interview included all 15 of the selected teenage mothers. When data saturation was reached, this sample size was determined. As a result, the researchers were able to collect data from one or more predetermined groups. One of the first things the researchers performed was double-check that the individuals met the requirements for inclusion in the sample (De Vos et al., 2002).

The researcher ensured that the participants met the following inclusion criteria: availability and willingness to engage in the study, adolescent mothers experiencing difficulties, permanent inhabitants of Enyan Denkyira, and members of any of the 10 community churches. Furthermore, the participants were given advance notice of the dates and times for the interviews and focus group discussion. The researchers confirmed these plans a day ahead of time to ensure that the participants would be accessible for the interviews and discussions.

Because some of the participants lived with their children, it was critical to guarantee that the settings were appropriate and that there would be no disruption during the interviews. There were three sections of focus groups, each with five members, consisting of 15 teenage mothers. All 15 adolescent participants were involved in the focus group discussions and the one-on-one interview. All of the interviews were audio-taped with the participants' agreement. The interviews were taped so that the phrases used by the participants could be preserved. The researchers had the opportunity to explore during the one-on-one interview. Each participant's interview session lasted around two hours. Each participant gave their permission for the researchers to record the interview conversations. This was done to prevent participants from claiming that they were unaware that the interviews were being videotaped. Field notes were used to supplement the information gathered during the interviews. To allow for a free flow of conversation, all discussions were held in Fante and Twi. The participants were able to provide extensive accounts of their experiences by using their "mother tongue," which they would not have been able to do if they had to use English. The tapes were converted to English and transcribed.

Participants were informed that they had the right to refuse to answer any questions with which they felt uncomfortable. In terms of potential emotional harm, the researcher informed the participants that the information gathered would not be used to directly enhance their lives (because this project is for academic purposes). The goal was to prevent instilling false hope in the research participants, which could result in emotional injury. The researcher supplied activities such as filtering out adolescent mothers who were at high risk of vulnerability to harm in order not to worsen emotional pain in those who participated in this study. During the interview, the researcher again intervened when participants became distressed during the course of administering the interview. These enhanced catharsis and increased self-awareness, a feeling of empowerment, and a sense of purpose among the participants (Draucker, Martsof, & Poole, 2009). It was made clear that participation was voluntary and that participants were free to withdraw from the research should they feel the need to. After collecting data, research participants were given an opportunity to reflect on their experiences during the research process, talk about their experiences, challenges they went through as well as their overall feelings about the research. This added a significant amount of rich information to the data. Braun and Clarke's (2006) approach to thematic analysis was used by the researchers. It outlines a six-step qualitative data analysis process that includes familiarizing with the data, generating initial codes, identifying themes that reflect, collecting codes, reviewing data for "internal homogeneity and external heterogeneity" (Braun & Clarke, 2006, p.91) to understand and explain the meaning and dynamics of themes, refining themes, and writing up the report. The participants' identities were kept confidential. Instead of using their true names, they were

given numbers to assure this. Finally, the study was assessed using Guba and Lincoln's (1985) criteria for determining the reliability of qualitative data collected: credibility, dependability, transferability, and confirmability.

4.0 FINDINGS AND DISCUSSIONS

This section presents findings on the research question; what are the daily living experiences of teenage mothers in Enyan Denkyira in the Central Region of Ghana? How are the challenges faced by teenage mothers in Enyan Denkyira in the Central Region of Ghana affect their lives? The sample characteristics of the teenage mothers aimed at providing the reader with significant information of the daily living experiences challenges and effects of these challenges on the teenage mothers. The study involved 15 teen mothers who were all single. The characteristics of the participants have been represented by the tables below:

Table 1: Demographics of Teenage Participants

Age (in years)	Frequency (N)	Percent (%)
11-13	1	6.7
14-16	2	13.3
17-19	12	80
Total	15	100

Educational Characteristics	Frequency (N)	Percent (%)
Basic (Primary and Junior High School)	12	80
Senior High School	3	20
Total	15	100

Occupational Status	Frequency (N)	Percent (%)
Unemployed	12	80
Petty Trading	3	20
Total	15	100

Source: Field Data, 2019

Table 1 shows that a relatively high percentage of 80 were aged between 17 and 19 years. The least reported age cohort was found to be those teenage mothers aged between 11 - 13 and 14-16 years representing 6.7 and 13.3 percent respectively. The table primarily displays result on two categories of educational level of participants. It was evident from the table that 3(20%)

participants had Senior High School education and 12(80%) of the participants had Primary and Junior High School education. This shows that most of the teenage participants had dropped out from school due to their situations which has affected education level and which will consequently affect their employment status and consequently their income levels. It indicates that an overwhelming 12 (80%) participants were unemployed. This is equally followed by a relatively small proportion of 3 (20%) of the participants who were found to be engaging in petty trading such as the selling of tiger nuts and fetching of water for construction works. The implication of this was that the teenage mothers lack adequate income since they do not have any reliable source of income to better their situations. This supports the study of Baafi (2015) that socio-demographic factors such as the adolescent's residence, age, marital status, whether the adolescent is in school or not, the highest educational level attained by the adolescent, the adolescent's current occupation (whether they are working, in school, or unemployed), and parity are potential reproductive risk

In order to find out the experiences of teenage mothers after they have given birth in Enyan Denkyira, the researchers asked the participants to share with them how they felt as teenage mothers, how their parents responded to them after giving birth, how the church accepted them after giving birth, how their friends socialized with them after giving birth, whether they regretted giving birth at this stage at times and whether they wished they were not in the condition they found themselves. From the responses of the focus group discussions and the one-on-one interview, all the 15 participants admitted that they had been facing bitter experiences after giving birth at that stage. From the responses from the participants, the themes and patterns discovered have been discussed as follows:

4.1 Social neglect

The teen mothers spoke about how their lives had become miserable due to the neglect they faced from parents, love ones and friends after giving birth. This was made evident because most of the participants admitted that they were suspended from their churches for becoming pregnant at that stage. Some of the participants admitted that their close friends shun their company and were no longer associating themselves with them. Moreover, family members, especially parents and siblings who were supposed to give them comfort and support also started withdrawing themselves from them. The participants share their life experiences in the following ways:

Participant 1, a 16year old teenage mother opined that, because she became pregnant and had no reliable source of income and her parents and closest friends deserted her, life had become miserable for her. She admitted that, even though she had elder siblings, none of them is taking care of her since they think she had disappointed them.

“...my whole family deserted me since I became pregnant till birth. Even my elder siblings who were caring for me before do not even respond to my calls any longer. All my friends disassociated themselves from me with the exception of one friend”.

She said only one of her friends' shows concern for her plight by giving her occasional support. She revealed that, her friend who she followed and became pregnant does not even want to see her. She opined that, her partner whom she became pregnant with is also a teenager who does not work so he too has decided not to take responsibilities, Due to this she always felt shy to socialize with her peers in the community.

Participant 5, a 19year old teenage mother also lamented that, since she became pregnant while in Senior High School, her parents became angry and decided to withdraw their support for her. This had made life difficult for her to cope with, especially in terms of finances. She commented that even though she tried her best to sell tiger nuts, the income she receives is meagre. She further lamented that the government had also neglected them since there is no available opportunities created by government for teenage mothers in the district. She complained that:

“...I have been neglected by family and friends because I became pregnant. Even though my mother at times assists me it is not enough as compared to the time I was in school. The government doesn't care about teenage mothers. We don't benefit from the government. In fact I have been neglected.”

The experiences from the lives of these teenage mothers reveal how teenage motherhood has contributed to their social neglect. Their experiences reveal the importance of family, friends and government support in the life of the teenage mothers. This is because since some of these teenage mothers assistance depends on family and community support systems, they feel neglected in the absence of these. This has led to the situation where these teenage mothers do not have any support and are therefore incapable of looking after themselves and their babies. This is consistent with the study conducted by Miller (2008) that teenage mothers are often accused of deliberately becoming pregnant to reap the financial benefits. These teen mothers are denied access to full participation in the same society that failed to provide them with full social support. Some teenage mothers reported the feeling of being devalued, neglected and have to cope with people perceiving them as being bad mothers just because they are teenagers and not fulfilling the contemporary social norms of motherhood (Kramer & Lancaster, 2010).

4.2 Regret

Regret also emerged as one of the themes during the focus group discussions and the one-on-one interview with the teenage mothers. Fourteen of the participants admitted that, they feel very bad about their situations and regret becoming pregnant at that stage. They expressed that they wish they do not find themselves in that situation and wish to continue school or vocation. Only one of the participants accepted that she doesn't feel bad about her situation and doesn't regret. The participants expressed their regrets as follows:

Participant 4, an 18year old teenage mother revealed that, even though she feels happy when playing with her child, she at times regret giving birth at that stage. She said:

"...yes, I regret becoming a mother at this stage because, even getting food for my child to eat is difficult. How I wished I was working and to receive enough income to enable me take better care for my child and myself. I always use the little money I received from passers-by to pay for my child's hospital bills".

She complained that since she does not have a husband she has been using the little money she receives from some benefactors who are mostly passers-by, to send her child to the hospital and when she has no money and her child is sick the child health keeps on worsening since she cannot afford to buy drugs. Due to this, she has stopped visiting the hospital.

Participant 5, a 15year old teenage mother also expressed similar concerns by lamenting that:

"...yes, I wish I am not in this situation. This is because I thought of waiting for a man to perform all marriage rites before birth".

Participant 7, a 19year old teenage mother had this to say:

"...yes, I wish I was still at School, I become sad anytime I see my mates in school uniform"

The experiences of the teenage mothers clearly show that, most of them have regretted giving birth at that tender age. This is because they are unable to bear the responsibilities associated with giving birth at that tender age. Due to this they are unable to seek medical treatment for themselves and their kids due to their inability to settle their hospital bills. The inability of these teenage mothers to get support in carrying out their day to day activities make them regret giving birth. This is consistent and supports the findings from Hindini and Fatusi (2009) that social isolation, disturbance and regret were associated with depression in teenage mothers. This also supports the fact that stress of teenage motherhood has negative impact on

the psycho-social health of teenage mothers (Cramer & McDonald, 2006). Teenage mothers in this study in Enyan Denkyira always regret due to poor family relations which leads to psychological health and socio-emotional problems such as low self-esteem and depression.

4.3 Feeling devalued

The feeling of been devalued also emerged as one of the themes during the focus group discussions and the one-on-one interview with the teenage mothers. Ten of the participants admitted that, they feel disappointed anytime they compare themselves with their peers who are in school. They expressed that since their peers live happy life, attend school, receive proper parental care and love than they receive, it always make them feel alienated and shy. Moreover, they admitted that the reactions of their peers and some people in the community and their churches towards them make them worry and feel devalued which makes them to always coil into their shells. The participants expressed their experiences as follows:

Participant 4, an 18year old teenage mother said:

“...hmmm, sometimes I feel devalued and lack confidence in myself. This is because when I compare myself with my reference group, they are in school and they are doing better. Due to this I always don’t see my worth. I don’t think I can ever make it in life again because of my situation.”

Participant 7, a 19year old teenage mother also said this:

“...at times when the few friends who care even try to associate themselves with me, I find it difficult to mingle with them. This is because when I compare myself with them now, I can see that they are living happy lives and are doing well in school. I don’t deserve to even mingle with them anymore. That is how I see it. I don’t deserve to be mingling with them.”

Participant 3, a 16year old had this to say:

“...yes, I regret becoming a mother at this stage because; some of my friend’s reaction towards me is so bad. My best friends have even rejected me when they saw me with my baby. Some look down on me all because of this. But I don’t blame them. That’s why I always coil into my shell.”

The experiences of the teenage mothers clearly showed that, most of them had developed low self-esteem since they feel devalued. In addition, this had affected their self confidence level.

This finding is consistent and supports the findings of Miller (2008) that teenage mothers experience stigma and feel devalued by their society and that negative public attitudes are always directed toward them wherever they went. This was particularly frustrating as it occurred in everyday locations such as in the streets, on buses, in supermarkets, in health centres, in medical facilities, in welfare payment offices, and in places where women themselves gather, such as playgroups. The teenage mothers in Enyan Denkyira are accused of deliberately becoming pregnant to reap the financial benefits. These teen mothers are denied access to full participation in the same society that failed to provide them with full social support. The society later on turned to call them irresponsible parents (Miller, 2008). This is again confirmed by Kramer and Lancaster (2010) that some teenage mothers reported the feeling of being devalued and have to cope with people perceiving them as being a bad mother just because they are teenagers and not fulfilling the contemporary social norms of motherhood.

In order to find out how the various challenges faced by the teenage mothers in Enyan Denkyira in the Central Region of Ghana affect their lives, the researchers asked the participants to share with them some of the difficulties they faced as they go through their daily lives as teenage mothers, other ways they thought these challenges affected them and their child or children, what they thought were the reasons why they faced these challenges and how those challenges affected them emotionally, economically, physically, and spiritually. From the responses of the focus group discussions and the one-on-one interviews, all the 15 participants admitted that they faced various challenges. From the responses of the participants, the themes that emerged have been discussed as follows:

4.4 Financial challenges

All the 15 participants spoke about how their lives have become miserable due to lack of money to care for the kids, buy food, buy clothing for themselves and their children, send their children to proper school and to settle their medical bills and to run their day to day activities. This was made evident because most of the participants admitted that they were unable to do any work which could generate income for them. Moreover, family members, especially mothers, fathers, siblings and their partners who were supposed to give them money were also not assisting since they claimed they do not have. The participants shared their life experiences in the following ways:

Participant 7, a 19year old teenage mother opined that, because she lacked money and had no reliable source of income, life had become miserable for her. She admitted that, even though she had family members, none of them is taking care of her. She said only one of her siblings' showed concern for her plight by giving her little support but she is jobless. She revealed that,

she wished to be sent to school or learn a vocation but due to her financial predicaments she is still at home.

"...I have really regretted giving birth at this stage, I want to go back to school but the financial support I received before dropping out of school is no longer coming. I fear I will be left behind in life without education or any vocation."

Participant 3, a 16year old also lamented that, since the death of her parents she had been staying with her grandmother and has been finding it difficult to cope with life especially in terms of finances. She complained that she had no money and that she has no one who would assist her with money. She commented that even though she tried her best to fetch water for construction works, she had to stop due to the absence of a caregiver to take care of her child in her absence. She complained that since she has no money, she has not been able to cater for her child's bills. She said:

"...sometimes I even can't afford meals for myself and the children. My second born usually falls sick. I have not been able to even take him to the hospital. He has no insurance. My child's father does not give me money too."

Participant 12, a 16year old teenage said:

"...in fact, I have serious financial challenges. I can't even afford two square meals a day all because I don't have money. I at times decide to borrow money but since I am unable to redeem it I am always denied."

The experiences from the lives of these teenage participants revealed how poverty has contributed to their plight. This was because most of them did not have any reliable job to do. It was also evident that, the boys who got these girls pregnant were unable to take care of them since they did not claim the paternity of the children. This had led to the situation where these teenage mothers faced economic hardship. From the findings, it was clear that, all the teenage mothers encountered financial challenges since they did not have any secured source of income support. They rather depended on unsustained support or gifts from other sources. It was evident that, for all the 15 participants, only one of them depended on the assistance of a relative which was not frequent. This presupposed that, the teenage mothers did not have any social security to depend on. This situation had lowered their standard of living thereby making majority of them becoming poorer and vulnerable. This is consistent with the study conducted by Twum-Barima (2014) that, in Sub-Saharan Africa, comprehensive social security programs do not exist thereby making living conditions of majority becoming vulnerable and poorer. This

also supports the cumulative advantage/disadvantage theory that individuals who lack parental supports and lacks social and cultural capital face challenges which makes them perpetually vulnerable to men.

The findings of the study also revealed that, poverty and lack of secured job facilitated the stress that teenage mothers faced. This confirmed that a huge number of teenage mothers show higher levels of parenting stress (Kalmuss & Namerow, 2004). This also is consistent and confirmed that teenage mothers often experience multiple stressors, including decreased financial resources, physical exhaustion, task overload, role restriction and confusion, social isolation and depression symptoms (Jaccard, Dodge & Dittus 2003). This also supported the study of Mollborn (2007) that becoming a single teenage mother was a difficult struggle for these young women because of their lack of preparation for motherhood and their reliance on welfare support. He again expressed that teenage mothers' lack of money denied them access to the full resources of society and their poverty placed them in an economically vulnerable position. He also indicated that throughout the teenage mothers' lives, they were more likely to be unemployed or out of the labour force. This supports the cumulative advantage/disadvantage theory that individuals who lack parental supports and lacks social and cultural capital face challenges which makes them perpetually vulnerable to men. The prevalence of poverty among teenage mothers in Enyan Denkyira was also linked to education or literacy levels since most of them were school drop-outs. This is consistent and confirmed the study conducted by Ahn and Kim (2004), that poverty and powerlessness create circumstances that predispose individuals to the highest incidence of social dysfunction, higher rates of morbidity and mortality and lowest access to primary care.

4.5 Health problems due to lack of money

Health problems also emerged as one of the themes during the focus group discussions and the one-on-one interview with the teenage mothers. Seven of the participants admitted that, they were facing infirmities of various kinds which had worsened their situation. These participants revealed that they were unable to go to hospital and also send their wards to hospital. Their health had been deteriorating due to their inability to afford their hospital bills.

Participant 12, a 16year old teenage mother confessed that she was sick and her child had also been sick. She noted that, even though her sickness worsened on daily basis, she had been unable to visit the hospital due to lack of money and the absence of a volunteer who would foot her hospital bill. This had worsened her plight. She confirmed that even though she had been using the little money she received from some benefactors, who were mostly passers-by to visit the hospital, it was not sufficient. She complained that:

“...my child usually falls sick and I am not able to take him to the hospital since I am not working. Again, I have no money to register for the National Health Insurance Scheme.”

Participant 14, a 17year teenage mother wept as she recounted her ordeal:

“...my child’s father died when I was three months pregnant, and I have no one to care for him. The little boy is suffering from hernia but how do I get the money for the surgery at the hospital.”

The experiences of the teenage mothers clearly showed that, most of them were unable to send their children or themselves to visit the hospital to treat their infirmities due to their inability to settle their hospital bills. This revealed that pregnancy and childbirth during the teenage years were found to increase the risk of poor health and wellbeing for both the mother and the baby (Dangal, 2006). For example, there was a greater incidence of pregnancy and birthing complications, including, maternal morbidity and mortality, premature and/or low birth weight babies (Dangal, 2006; De Villiers & Kekesi, 2004). This also is consistent and confirms that teenage mothers have also been found to be at greater risk of psychological problems compared to non-parenting teenagers and older mothers (Dommissie, 2007; Donald, Lazarus & Lolwana, 2006). The teenage mothers in Enyan Denkyira experience pregnancy and childbirth during the teenage years which was found to increase the risk of poor health and wellbeing for both the mother and the baby.

4.6 Hunger and lack of adequate nutrition

Another theme which emerged from the data was that the teenage mothers found it difficult to have access to nutritional food and determine the food they wished to eat. This problem was prevalent because most of the teenage mothers admitted that they depended on benevolent people for their daily meal. Some even admitted that they even slept without food. Due to this, they did not have a choice in determining the kind of food they would have loved to eat. The participants expressed their sentiments in the following ways:

Participant 2 is a 19 year old teenage mother. She commented that, she received her daily meal from benevolent sympathisers. She opined that, even when people especially men helped her they would want to sleep with her. She explained that as a result of her vulnerability, she sometimes had no option than to oblige. She said:

“...sometimes, things become too difficult that I fall on these benevolent sympathisers who are mostly men to get food for myself and my child. But you know some of these men, they never offer gifts without exchange for sex. I give them what they want for what I want.”

Participant 7 also expressed similar concern:

“...at times I do not get what I want to eat but I am compelled to eat because I do not have a choice. I have problems with food. If I have money, I would have had the best nutritional food to eat but in this time that there is no money what can I do? I sleep without food sometimes.”

The experiences of the teenage mothers showed that, financial constraints had influenced the choice and kind of food they ate. This has resulted in a situation where they were unable to acquire well-balanced diet. Some of them sometimes slept without food. All these had worsened their situations and had consequently affected their health and that of their children. This showed that the teenage mothers in Enyan Denkyira suffered from hunger and unbalanced food which had affected the health of their children and the teenage mothers themselves. This was because some of them slept without food and even the food they sometimes had access to, lacked the adequate nutritional quality. This had led to the situation where most of them suffered illness. Unfortunately, however, most of them were unable to visit the hospital due to their inability to secure money to settle their hospital bills. This confirmed the study of Agyemang (2012), that, the people's inability to access healthcare in Africa has been attributed to their low-income levels. The teenage mothers and their children's health deteriorate because they have no quality food to feed themselves and their children. This makes them vulnerable to all kinds of sicknesses which they are not even able to visit the hospital for treatment due to their low levels of income. This left them in their plight of destitution putting more burdens on the teen mothers' caregivers and the society.

4.7 Loneliness

Loneliness was one of the major concerns expressed by the participants as one of the emotional effects of their challenges. Thirteen of the participants complained that, since they did not have their partners to assist them and did not have their family members assisting, they always felt lonely. Two of the participants revealed that, they always felt unhappy when people shunned their company.

Participant 8, a 17year old teenage mother said:

“...there is no one to talk to at times. I feel lonely especially when I don't have any husband or any family member who cares. I don't also

have anything in my room such as radio or television to entertain myself. I always feel lonely. It is my child who makes me laugh at times.”

Participant 12, a 16 year old teenage mother also indicated that:

“...hmmmm it is not easy to be in this situation alone. People always shun your company. They don't want to talk to you because they see you to be a social deviant.”

The experiences of the teenage mothers showed the importance of family members and friends in the life of these neglected mothers. The presence of members of society in their lives provided them with some sense of belongingness as well as affection. This to a large extent affected the psychological well-being of these teenage mothers. This is consistent and supports the study of Anderson & Taylor (2001) that the family is the most important source of support. The role of the family as the basic unit of society is therefore noted to be a very vital ingredient in the accomplishment of the social integration process of these teenage mothers. But, the weakening of the traditional family structure from the nuclear and extended families poses a threat to the harmonious living of teenage mothers.

The situation on the ground points to the fact that, the family is generally incapable of providing comfort to the teenage mothers. That is, ideally the family is often regarded as the basic institution where the norms of behaviour are inculcated into the child about care and effective living with others. These societal values and customs are therefore passed on through the family system in which respect for one another is propagated. The seeming breakdown in the bond of relationship between parents and their children has resulted in the weakening of the traditional filial piety of individuals towards the teenage mothers in most families. This supports the cumulative advantage/disadvantage theory that individuals who lack parental supports and lacks social and cultural capital face challenges which makes them perpetually vulnerable to men. This is also consistent and confirms what Beck and Konnert (2007) expressed that, many teenage mothers today may face the challenges of loneliness, abandonment, status change, and financial insecurity due to the families inability to provide the needed care for these teenage mothers. The teenage mothers continue to be vulnerable and face challenges because both their nuclear and extended families are unable to render support to them.

5.0 CONCLUSION AND RECOMMENDATIONS

The study sought to explore the daily living experiences of teenage mothers in Enyan Denkyira in the Central Region of Ghana as well as how the challenges faced affect their lives. This study

has justified the cumulative advantage/disadvantage theory that individuals who have support and have social and cultural capital may not face challenges but those who lack the social capital may adopt several coping mechanisms which makes them perpetually vulnerable to men. The study had established that teenage mothers in Enyan Denkyira suffered various challenges since most of them did not have any reliable job. The teenage mothers suffered challenges due to their lack of awareness of government institutions and the insufficient government support to strengthen social welfare services in the community. The study therefore concludes that the destiny of these teenage mothers in Enyan Denkyira will continue to be in the hands of irresponsible men in the community as long as the teenage mothers do not have any business on which they can depend. In the same vein, if the family of these teenage mothers, government and non-governmental institutions do not put in place the support and provide the needed services to these teen mothers, this menace will continue to hurl its wings among the teenage mothers of Enyan Denkyira.

It is therefore recommended that Counsellors are pivotal in ensuring the psychological, social, emotional and personal development of individuals irrespective of their challenges. In view of this, counsellors are obliged to intervene for the betterment of the plights of teenage mothers since they work as educators, advocates and clinicians. Church counsellors should become familiar with the challenges and needs of teenage mothers by assisting them to identify and clarify their problems as well as assisting in mapping strategies and interventions to promote their wellbeing. Since majority of the teenage mothers encounter financial challenges it is recommended that the Ajumako Enyan Essiam District should create a "Teen Fund" to support the teenage mothers, who are prone to health, social, financial and or other challenges that could make them vulnerable.

In addition, the general public and other Non-Governmental Organizations (NGOs) could contribute to the "Teen Fund" as part of their social responsibilities to the society. In view of the fact that most of the teenage mothers are school drop outs and have regretted becoming pregnant at that age, there should be more sensitization for in-school teenagers in the community by National Commission for Civic Education (NCCE), Planned Parenthood Association of Ghana (PPAG) and other relevant agencies on the dangers of teenage pregnancy as well as the social interventions in place for the victims. This will help the youth in the community to be aware of the dangers and challenges associated with teenage pregnancies. As most of the teenage mothers have been neglected and suffer from loneliness which has affected their self-esteem and income levels, it is recommended that the Ministry of Gender and Social Protection should provide and advocate for community-based teenage facilities in the District. These include rehabilitation centres which will accommodate teenage mothers who are neglected and need immediate assistance. This will help provide an alternative to the weakened family and social care systems in Enyan Denkyira. Since most of the teenage mothers

are school dropouts and depended on sympathisers, borrowing and engaging in menial jobs for their livelihood, the government of Ghana through the Ministry of Gender and Social Protection should also make scholarships available for the teenage mothers who want to further their education or learn a vocation. Families should also up their game in taking care of their wards to protect them from falling prey to activities that expose them to teenage pregnancy in order to reduce or prevent the canker of teenage pregnancy.

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