

# INVESTIGATING THE INCIDENCE OF TEENAGE PREGNANCIES IN THE PENKYI COMMUNITY IN THE EFFUTU MUNICIPALITY: A SYSTEMATIC REVIEW

## ABSTRACT

**Introduction:** Babies should be born to developed and well-adjusted parents in safe relationships with the means to support and care for them to enable them have a better atmosphere for proper growth and development. Such a conducive atmosphere is mostly not available for babies born to teenagers. Teenage pregnancy is a global problem that occurs in high, middle, and especially low-income countries.

**Aim:** The research sought to investigate the incidence of teenage pregnancies in Penkye community, a coastal community in the Effutu Municipality in the southern part of the Central Region of Ghana.

**Method:** A descriptive cross-sectional design was employed for the study. A well-structured questionnaire was used to collect data from sixty (60) respondents through a purposive sampling technique. Data were analysed with the aid of SPSS version 19 and presented using quantitative metrics.

**Results:** The study found that teenage pregnancy was on more ascendancy among teenagers between the ages of 17 and 19 than those between the ages of 13 and 16. The study also identified that all the teenagers knew of contraceptives but only a few used contraceptives. However, the majority (70%) of the respondents never used contraceptives. Peer influence, broken homes, and poverty were identified as the main factors contributing to the incidence of teenage pregnancy in the study area.

**Conclusion:** Teenage pregnancy has an adverse effect on the physical, social, mental health and socio-economic status of the mother, her infant and community at large. Therefore, it is worth putting strategic efforts in place to if not wipe out the occurrences of teenage pregnancies in the society; at least reduce its incidence significantly to the optimum bearable level.

**Recommendations:** Based on findings of the study, there is the need for government through the Ministry of Health and Ministry of Education to incorporate adolescent health programmes in the school curriculum to empower teenagers to make better life choices and develop social support systems to assist teenage mothers.

**Keywords:** teenage pregnancy, incidence, broken homes, peer influence, contraceptives and adverse effect.

## INTRODUCTION

Children are engaging in sexual activities at younger ages than ever before and much more frequently. Even though, we are also in times where it is necessary for babies to be born to mature well-adjusted parents or couples in a secured relationship with the means to support and care for them to enable these babies to have a better atmosphere for proper growth and development. Teenage pregnancy is a global problem that occurs in high, middle, and most especially low-income countries. For example, a report by Save the Children (2009) reveals that annually 13 million children are born to women under age 20 worldwide and more than 90% are in this low-income countries. One-sixth of the world population are said to be adolescents, which is often used synonymously with teenagers (WHO, 2017). Adolescence is the period when a child transits into adulthood and is characterised by various transformations in the make-up of the individual in the areas of psychological, social, and biological changes, and among others (WHO, 2009). Adolescence is also a period when the individual is most exposed to the risks in the environment due to the innate desire to experiment, natural tendency to go against parental advice and the pseudo-feeling of maturity. Prominent among these risks is adolescent pregnancy (Garfield, 2017). This period is often associated with sexual socialisation and experimentation, and through these, pregnancies may occur.

Teenage pregnancy is defined to be pregnancy in a woman 19 years of age or younger (Carey and Seladi-Schulman, 2018). Such pregnancies are usually unwanted, unplanned, and out of wedlock. According to World Health Organisation (WHO), 16 million births occur among mothers between the ages of 15 and 19 and this number of births constitutes 11% of total births worldwide (WHO Fact Sheet, 2014).

According to Traffors (2013), the highest rate of teenage pregnancy in the world is in Sub-Saharan Africa, where women tend to marry at an early age. In Niger, for example, 87% of women surveyed were married and 53% had given birth to a child before 18 years (Locoh, 2015). UNFPA also reported that, every year, an estimated 21 million girls between the ages of 15 and 19 in developing regions become pregnant and approximately, 12 million of them give birth. At least 777,000 births occur to adolescent girls younger than 15 years in developing countries, and 10 million unintended pregnancies occur each year among adolescent girls aged 15–19 years in the developing region (UNFPA, 2016).

Meanwhile, early childbearing is linked with higher maternal mortality and morbidity rates and increased risk of induced mostly illegal and unsafe abortions. Maternal deaths constitute the leading cause of death among adolescent females (Statista, 2015).

In attempt to reduce teenage pregnancy and its related problems, a number of initiatives have been undertaken in Ghana since 1980 culminating the launching of the National Adolescent Health and Development Programme (ADHD) in 2001. A seven year (2009-2015) National ADHD Strategic Plan was developed in 2009 to provide a multi-sectorial support to every young person living in Ghana with education and information that will lead to the adoption of a healthy lifestyle physically, sexually, psychologically and socially. Although many gains have been made over the past decades because of such initiatives, for example, the rate of new HIV infections among 15-19 year adolescents has decreased by 40%. The proportion of females aged below 20 years who deliver with the assistance of a skilled provider increased has increased to 72 percent however; birth rate among adolescents aged 15-19 remains high. Central region consistently ranked as the second region with highest prevalence rate in teenage pregnancy in Ghana for example, recorded more than 13,000 teenage pregnancies in 2016 (GHS, 2016). Notwithstanding, current data from Ghana Health Service (GHS, 2020) depict that teenage pregnancy is still a big challenge in Ghana in general. According to GHS, Ghana recorded 1,098,888 teen pregnancies with the lowest girls to be put in the family way being ten years old despite governmental and stakeholders' efforts to curb the problem of teen pregnancy in the country. It is against this background that this study generally seeks to explore the prevalence of

teenage pregnancies among adolescents in Central Region of Ghana. In addition, this study specifically sought to achieve the following objectives:

1. Examine the factors contributing to teenage pregnancies in Penkye, a coastal community in Winneba in the Effutu Municipality.
2. Identify the effects of the incidence of teenage pregnancies on the socio-economic lifestyle of young people of Penkye, a coastal community in Winneba in the Effutu Municipality.
3. Explore the health implications of teenage pregnancies for teenage mothers and their babies in Penkye, a coastal community in Winneba in the Effutu Municipality.
4. Propose solutions to the effects of teenage pregnancies on the youth of Penkye, a coastal community in Winneba in the Effutu Municipality.

## **LITERATURE REVIEW**

### **Factors Contributing to Teenage Pregnancies**

Several factors contribute to adolescent pregnancies and births. In many societies, girls are under pressure to marry and bear children early. In the least developed countries, at least 39% of girls marry before they are 18 years of age, and 12% before the age of 15 (World Bank, 2017). In many a case, girls choose to become pregnant because they have limited educational and employment prospects. Often in such communities, motherhood is valued and marriage or union and childbearing may be the best of the limited options available (WHO, 2013). In some societies, early marriage and traditional gender roles are important factors in the rate of teenage pregnancy. For example, in Sub-Sahara African countries, early pregnancy is often seen as a blessing because it is a proof of the young woman's fertility (Locoh, 2000). Another factor that causes teenage pregnancies is sexual abuse and sexual violence (Boyer and Fine, 1992). Studies by Guttmacher Institute (2016) for example, found that 60% of girls who had sex before age 15 were coaxed by males who on average were six years their seniors. The institute added that one (1) in five (5) teenage fathers admitted to forcing girls to have sex with them. Odei (2017) opines that broken homes and poverty are major causes of teenage pregnancies, especially in developing countries. Unplanned pregnancy has been also found to have a direct link with poor sexual health knowledge (SRH) and access to SRH services by Awusabo et al.; 2016, Chandra-Mouli et al. 2013, Watt et al., 2014, Taffa et al., 2017 among others. The United Nations Commission for Human Rights posits that unimpeded access to family planning and reproductive health also account for high teenage pregnancy (National Association of Social Workers, 2014).

### **Effects of the Incidence of Teenage Pregnancies on the socioeconomic lifestyle of young people in the Penkyi Community.**

Globally, it appears that the adverse effects of teenage pregnancy have very sharp similarities (Walker, 2012). Teenage pregnancy poses a significant economic burden to the immediate family of the teenage girl and the society as a whole (Wilson et al., 2017). According to World Health Organisation (2011), about 10.9 billion US Dollars is lost yearly in the United States due to lost tax revenue, public assistance, child healthcare, foster care, and crime as a result of teenage pregnancy in the United States alone. Most teen mothers do not engage in any income-generating activities and usually do not have the financial resource to take proper care of themselves and their babies, leading to a financial burden on the immediate family (Jonas et al., 2016). According to Fenn et al., (2015), the children of teen mothers were most likely to live in poverty and may actually be prone to cyclical poverty and social neglect.

Researches have shown that teenage pregnancy has very devastating effects on education. Walker (2012) observes that teenage pregnancy leads to school dropout and lower girls' level of educational attainment. Cook and Cameron (2015) assert that young women who have babies are less likely to finish high school, as compared to their colleagues who delay childbearing. In addition, adolescent mothers are more likely to have children who have poorer behavioural, health and educational outcomes and more likely to be poor as adults.

The educational disruption caused by teenage pregnancy mostly results in low socioeconomic status and cyclical poverty within a teenage mothers' generation (Fenn et al., 2015). In Ghana, teenage pregnancy remains the greatest threat to achieving universal basic education even though the government has rolled out a free basic education policy (Gyan, 2013). Young girls are mostly not able to complete school and the very few that do so after getting pregnant end up with very bad results that do not qualify them for tertiary education thereby truncating their education along the line even though most teen fathers are able to continue with their education (Gyan, 2013; Biney and Nyarko 2017). A qualitative study in the Volta Region in Ghana which is the focus of this study by Lotse (2016), revealed that teenage mothers faced financial difficulties as a result of abandonment by parents, significant others, and boyfriends due to anger and perception of shame brought on by the pregnancy. In addition, the teenage mother's economic challenges are worsened because of her inability to engage in economic activity due to the baby she must care for or the community's unwillingness to engage with her. Other challenges include shame, rejection, emotional and psychological problems, educational constraints and cultural and religious challenges resulting from the community norms that classify teenage sexual activity and pregnancy as unacceptable.

### **Health Implications of Teenage Pregnancies for Teenage Mothers and their Babies in the Penkye Community**

Pregnancy-related deaths are found to be the leading cause of mortality among adolescent girls between the ages of 15 and 19 years worldwide (Isa et al., 2012). WHO also reported that perinatal deaths among infants born to mothers who are below the age of 20 are 50% higher compared to infants born to mothers who are above 20 years. The adverse effect of poor newborn health resulting from adolescent pregnancy can have an inter-generational effect and long-term effects, which may result in adulthood diseases (Foetal Origins of Adulthood Diseases) (WHO, 2018). In Ghana, it is revealed that birth to adolescent mothers between the ages of 15 and 19 years have the highest rate of infant and child mortality (GSS, 2010). Teenage pregnancy is associated with diseases such as HIV, anaemia, malaria as well as diseases such as postpartum hemorrhaging and obstetric fistula. Additionally, teenage mothers are at heightened risk of mental health disorders such as depression in comparison to women who bear children at an older age (Sedgh et al., 2015). Sedgh et al further posit that, teenage mothers are also more likely to smoke and ingest alcohol during pregnancy, and thus experience preterm labour. Teenage childbearing also poses risks to their young ones, including a pre-eminent risk for low birth weight and asphyxia. Children of teen mothers are also at heightened risk for physical abuse and other conditions that carry long-term developmental consequences, as well as other health-related risks that can affect their overall well-being (GHS, 2008).

### **Propose Solutions to the Effects of Teenage Pregnancies on the Youth of Penkye Community**

Teenage parenting is overwhelming. Social support is therefore, an important component of the emotional and physical wellbeing of teenagers and teenage mothers especially, just after childbirth (Negron, Martin, Almog, Balbierz, & Howell, 2013). Sims and Luster (2012) after conducting a cohort study in the United States reported that personal resources for teenage mothers in terms of support and motivation decreased the risk of having another pregnancy. Meanwhile sexual and reproductive health education is also repeatedly acknowledged to help curb the issue of teenage pregnancy (Mueller et al., 2018). Providing adequate access to reproductive and sexual health services, which includes providing adequate education and counseling on human sexuality, reproductive health especially to young adults is a policy created by many governments and one of the main goals of the International Conference on Population to help curb the issue of teenage pregnancy (Chandra-Mouli et al., 2013). Adolescents who are provided with a conducive environment including adequate information and counselling are found to make better choices, restrain and delay the age of sexual debut, prevent early-unwanted pregnancies and sexually transmitted infections (Kaye, Suellentrop & Sloup, 2009, Strasburger and Brown 2014, Mueller and Kulkarni 2018).

## MATERIALS AND METHODS

The study employed a quantitative method with a descriptive cross-sectional design. The descriptive cross-sectional design is a type of research that aims at obtaining information about the present position of an organisation, institution, or society (Cohen, Manion & Morrison, 2007). The study was conducted in Penkye in Winneba in the Effutu Municipality, Central Region of Ghana. Penkye is a coastal community in Winneba with a female dominated population and the major occupation of the indigenes is fishing.

The sample size for this study comprised of purposively selected 60 pregnant teenagers and lactating teenage mothers who were residents of Penkye, seeking medical care from health facilities in Winneba and they were willing to participate in the study. Non-pregnant and non-lactating teenagers were excluded from the study.

The main instrument used to collect data in this study is a structured questionnaire. These structured questionnaires were read and filled for respondents who could not read, and write after they had been explained in the local language. For respondents who could read and write, the questionnaires were given to them to answer by themselves or with assistance from the researchers. Data from the study was inputted into the SPSS software; version 19. Descriptive statistics were used to analyse the data with the results presented in tables.

The study obtained ethical clearance from Effutu Municipal Assembly. Also, prior to data collection, participants, parents and guardians of adolescents below the age of 18 years gave an informed written consent. Confidentiality and anonymity were strictly adhered to throughout the study.

## FINDINGS

### Demographic Characteristics of Respondents

As shown in **Table 1**, a total of 60 pregnant teenagers and lactating teenage mothers participated in the study. Out of this sample, a greater proportion of them (73.3%) were from the ages of 17 to 19, with the remaining 13 to 16 years constituting 26.7%. The majority of the participants (80%) attested to be Christians whilst a few of the participants (6.7%) claimed to be Muslims. Only a little above one-tenth of the respondents (13.3%) stated that they did not belong to any religion. Again, a greater number of the participants (66.7%) attested that they had attained primary education, the remaining (n=20, 33.3%) confirmed to had attained Junior High School education. Also, majority of the participants (80%) attested that they were not married whilst one-sixth of the participants (16.7%) affirmed to be cohabitating. Only a few of the participants (n=2, 3.3%) stated that they were married.

**Table 1: Demographic Characteristics of Respondents**

VARIABLE	FREQUENCY	PERCENTAGE (%)
<i>Age (years)</i>		
13 – 16	16	26.7
17 – 19	44	73.3
<b>Total</b>	<b>60</b>	<b>100</b>
<i>Religious Affiliation</i>		
Christianity	48	80
Islamic	4	6.7
African Traditional	0	0
Others	8	13.3
<b>Total</b>	<b>60</b>	<b>100</b>

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*Level of education*

No basic education	0	0
Primary school	40	66.7
JHS	20	33.3
SHS	0	0
Others	0	0
<b>Total</b>	<b><u>60</u></b>	<b><u>100</u></b>

*Marital status*

Married	48	80
Not married	10	16.7
Co-habiting	0	0
Divorced	0	0
Separated	<b><u>60</u></b>	<b><u>100</u></b>
<b>Total</b>		

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*Source: field survey, 2021.*

**Factors Contributing to Teenage Pregnancies**

All the respondents (100%) indicated that they had heard of contraceptives and they knew condom as a contraceptive. The most known contraceptive after condoms was found to be the morning after pill ( 86.6%) followed by oral contraceptive pills (73.3%) with the least known contraceptive being intra-uterine device (n=20, 33.3%). As to whether they have ever used contraceptives, the study revealed that a greater proportion of the participants (70%) had never used contraceptives before with the remaining (30%) attesting to have used contraceptives before. Of the 18 participants who had used contraceptives before, fourteen (14) of them confirmed to use it occasionally whilst the remaining four (4) said they used it often representing 6.7% of the total participants of the study. The study also revealed that a little more than half of the respondents (53.3%) had their parents living together, while quite a few of them (26.7%) had their parents divorced or separated. Nonetheless, one-fifth of the participants (20%) were found to have lost a parent or both.

As indicated in **Table 2**, half of the participants (50%) also admitted that their parents or guardians provided them with guidance and counselling on sexual and reproductive health, with the remaining half (50%) affirming that their parents or guardians did not provide them with any guidance and counselling on sexual and reproductive health. Friends were found to influence the majority (60%) of the participants to engage in sexual relationships and other sexual expeditions whilst the minority (40%) engaged in sex on their own. It was also shown by the study that, a little more than half of the participants (53.3%) said that their parents or guardians were able to provide all their basic needs.

**Table 2: Factors Contributing to Teenage Pregnancies**

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VARIABLE	FREQUENCY	PERCENTAGE (%)
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<i>Ever heard of contraceptives</i>		
Yes	60	100
No	<u>0</u>	<u>0</u>
<b>Total</b>	<b><u>60</u></b>	<b><u>100</u></b>
<i>Known contraceptives</i>		
Condom	60	100
Intrauterine device (IUD)	20	33.3
Oral contraceptive pills	44	73.3
Morning after pills	52	86.7
Injectable	28	46.7
Others	00	00
<i>Ever used contraceptives</i>		
Yes	18	30
No	<u>42</u>	<u>70</u>
<b>Total</b>	<b><u>60</u></b>	<b><u>100</u></b>
<i>Frequency of Contraceptive use</i>		
Often	4	6.7
Occasionally	14	23.3
Never	42	70.0
<b>Total</b>	<b><u>60</u></b>	<b><u>100</u></b>
<i>Forced into having sex</i>		
Yes	16	26.7
No	44	73.3
<b>Total</b>	<b><u>60</u></b>	<b><u>100</u></b>
<i>Parents living status</i>		
Living together	32	53.3
Divorced or separated	16	26.7
Others	<u>12</u>	<u>20.0</u>
<b>Total</b>	<b><u>60</u></b>	<b><u>100</u></b>
<i>Parent(s) or guardian(s) provide guidance and counselling on sexual and reproductive health</i>		
Yes	30	50
No	<u>30</u>	<u>50</u>
<b>Total</b>	<b><u>60</u></b>	<b><u>100</u></b>
<i>Friends influence to engage in sexual relationships and other sexual expeditions</i>		
Yes	36	60
No	<u>24</u>	<u>40</u>
<b>Total</b>	<b><u>60</u></b>	<b><u>100</u></b>
<i>Parents or guardians able to provide all basic</i>		

<i>needs</i>		
<b>Yes</b>	32	53.3
<b>No</b>	<u>28</u>	<u>46.7</u>
<b>Total</b>	<u>60</u>	<u>100</u>

*Source: field survey, 2021*

### **Effects of Teenage Pregnancies on the Socio-Economic Lifestyle of Young People**

The results of the study showed that a majority of the respondents (90%) strongly agreed with the fact that teenage pregnancy results in school dropouts. More than two-fourth of them (43.3%) also strongly agreed with the statement that teenage pregnancy increased the rate of streetism. Again, a greater proportion of the respondents (63.3% and 30%) also strongly agreed and agreed respectively that there were high levels of stigmatisation and rejection by peers and others in society affecting social life of teenagers who became victims of teenage pregnancy. Similarly, almost three-quarters of the participants (73.3%) strongly agreed that many teenage mothers end up unemployed because they do not have the requisite skills to get a job. Quite a number of them (23.3%) also agreed to this claim. It was also found that more than half of the respondents (53.3%) strongly agreed that in the bid to survive in the hard-economic life, teenage mothers and their children were most likely to engage in social vices or delinquent behaviour. This proclamation was also agreed on by more than two-thirds of the respondents (36.7%). Finally, the majority of the respondents (73.3% and 20%) further strongly agreed and agreed respectively with statement that teenage pregnancy posed a significant economic burden on the immediate family of the teenager and the society as a whole with exactly two-third of the participants also strongly agreeing to the assertion that children from teen mothers were most likely to live in poverty and might be prone to cyclical poverty and social neglect. **Table 3** presents this finding.

**Table 3: Effects of the Incidence of Teenage Pregnancies on the Socio-Economic Lifestyle of Young People**

<b>VARIABLE</b>	<b>FREQUENCY</b>	<b>PERCENTAGE (%)</b>
<i>Teenage pregnancy results in school drop-out</i>		
<b>Strongly disagree</b>	0	0
<b>Disagree</b>	0	0
<b>Undecided</b>	0	0
<b>Agree</b>	6	10
<b>Strongly agree</b>	<u>54</u>	<u>90</u>
<b>Total</b>	<u>60</u>	<u>100</u>
<i>Teenage pregnancy increases the rate of streetism</i>		
<b>Strongly disagree</b>	0	0
<b>Disagree</b>	0	0
<b>Undecided</b>	14	23.3
<b>Agree</b>	20	33.3
<b>Strongly agree</b>	<u>26</u>	<u>43.3</u>
<b>Total</b>	<u>60</u>	<u>100</u>
<i>High levels of stigmatisation and rejection by peers and others in society affects the social life of teenagers who become victims of this canker</i>		
<b>Strongly disagree</b>	0	0
<b>Disagree</b>	0	0
<b>Undecided</b>	4	6.7

Agree	18	30.0
Strongly agree	38	63.3
	<u>60</u>	<u>100</u>
<b>Total</b>		
<i>Many teenage mothers end up unemployed because they do not have the requisite skills to get a job</i>		
Strongly disagree	0	0
Disagree	0	0
Undecided	2	3.3
Agree	14	23.3
Strongly agree	44	73.3
	<u>60</u>	<u>100</u>
<b>Total</b>		
<i>In the bid to survive in the hard-economic life, teenage mothers and their children are most likely to engage in social vices or delinquent behaviours</i>		
Strongly disagree	0	0
Disagree	0	0
Undecided	6	10
Agree	22	36.7
Strongly agree	32	53.3
	<u>60</u>	<u>100</u>
<b>Total</b>		
<i>Teenage pregnancy poses a significant economic burden to the immediate family of the teenage girl and the society as a whole</i>		
Strongly disagree		
Disagree		
Undecided	0	0
Agree	0	0
Strongly agree	4	6.7
	12	20.0
	44	73.3
	<u>60</u>	<u>100</u>
<b>Total</b>		
<i>Children from teen mothers are most likely to live in poverty and may be prone to cyclical poverty and social neglect</i>		
Strongly disagree		
Disagree		
Undecided	0	0
Agree	0	0
Strongly agree	4	6.7
	16	26.7
	40	66.7
	<u>60</u>	<u>100</u>
<b>Total</b>		

Source: field survey, 2021

### Health Implications of Teenage Pregnancies for the Teenage Mother and Baby

The results of the study as indicated by **Table 4** showed that the majority of the participants either agreed or strongly agreed to the assertion that teenage pregnancy caused many health problems including anaemia, mental illness (puerperal psychosis), malaria, and obstetric fistulae with remaining few (23.3%) being undecided about the assertion. Participants (90%) also strongly agreed that teenage pregnancy resulted in unsafe abortion which even if they survived left permanent marks or adverse effects on their reproductive life. Most of the participants (46.7% and 46.7%) also agreed and strongly agreed respectively that teenage pregnancy contributed immensely to maternal mortality, perinatal mortality and infant mortality with the remaining participants (6.7%) unsure about the claim respectively. Likewise, 40% and 50% of the participant also agreed and strongly agreed to the fact that babies born to adolescent mothers had the likelihood of developing childhood health problems than babies born to older mothers with the remaining participants (10%) unsure of the fact respectively. All the participants also recognised pregnancy and delivery complications as health implications of teenage pregnancy. Psychological and emotional imbalances were associated with teenage pregnancy by most of the participants.

**Table 4: Health Implications of Teenage Pregnancies for the Teenage Mother and Baby**

VARIABLE	FREQUENCY	PERCENTAGE (%)
<i>Teenage pregnancy causes many health problems including anaemia, mental illness (puerperal psychosis), malaria, and obstetric fistulae</i>		
Strongly disagree	0	0
Disagree	0	0
Undecided	16	26.7
Agree	14	23.3
Strongly agree	30	50
<b>Total</b>	<b>60</b>	<b>100</b>
<i>Teenage pregnancy results in unsafe abortion which even if they survive leaves permanent mark or adverse effect on their reproductive life</i>		
Strongly disagree	0	0
Disagree	0	0
Undecided	0	0
Agree	6	10
Strongly agree	54	90
<b>Total</b>	<b>60</b>	<b>100</b>
<i>Teenage pregnancy contributes immensely to maternal mortality, perinatal mortality and infant mortality</i>		
Strongly disagree	0	0
Disagree	0	0
Undecided	4	6.7
Agree	28	46.7
Strongly agree	28	46.7
<b>Total</b>	<b>60</b>	<b>100</b>

*Babies born to adolescent mothers have the likelihood*

*of developing childhood health problems than babies born to older mothers*

Strongly disagree	0	0
Disagree	0	0
Undecided	6	10
Agree	24	40
Strongly agree	30	50
<b>Total</b>	<b>60</b>	<b>100</b>

*Teenage pregnancy can result in pregnancy and delivery complications*

Strongly disagree	0	0
Disagree	0	0
Undecided	0	0
Agree	20	33.3
Strongly agree	40	66.7
<b>Total</b>	<b>60</b>	<b>100</b>

*Psychological and emotional imbalances are associated with teenage pregnancy*

Strongly disagree	0	0
Disagree	0	0
Undecided	4	6.7
Agree	16	26.7
Strongly agree	40	66.7
<b>Total</b>	<b>60</b>	<b>100</b>

*Source: field survey, 2021*

#### **Propose Solutions to the Effects of Teenage Pregnancies**

Almost all of the participants (76.7% and 20%) strongly agreed and agreed respectively that there was the need for social support/ intervention systems to help teenagers who fell victims to teenage pregnancy with only 3.3% of the participants undecided about the need for social support/intervention. Almost the same was recommended for increased accessibility to contraceptives. Authentic information on sexual and reproductive health issues were also proposed by most of the participants in curbing the issues of teenage pregnancy as well as reinforcing and strategising sex and adolescent education issues, establishment of more adolescent centres for increased access to sexual and reproductive health services, parents avoiding shyness and being the primary educators on the matters of sexual and reproductive health and education and finally sensitisation of the public being intensified to help prevent the issue of stigmatisation attached to teenage pregnancy. **Table 5** depicts detailed information on participants' responses.

**Table 5: Propose Solutions to the Effects of Teenage Pregnancies**

VARIABLE	FREQUENCY	PERCENTAGE (%)
<i>There is the need for social support/ intervention systems to help teenagers who fall victim to teenage pregnancy</i>		
Strongly disagree	0	0
Disagree	0	0
Undecided	2	3.3
Agree	12	20

<b>Strongly agree</b>	46	76.7
<b>Total</b>	<b>60</b>	<b>100</b>
<i>Increase accessibility to contraceptives, example condom</i>		
<b>Strongly disagree</b>	0	0
<b>Disagree</b>	0	0
<b>Undecided</b>	4	6.7
<b>Agree</b>	30	50
<b>Strongly agree</b>	26	43.3
<b>Total</b>	<b>60</b>	<b>100</b>
<i>Increase accessibility to authentic information on sexual and reproductive health issues</i>		
<b>Strongly disagree</b>	0	0
<b>Disagree</b>	0	0
<b>Undecided</b>	4	6.7
<b>Agree</b>	10	16.7
<b>Strongly agree</b>	46	76.7
<b>Total</b>	<b>60</b>	<b>100</b>
<i>Reinforcing and strategising sex and adolescent education issues</i>		
<b>Strongly disagree</b>		
<b>Disagree</b>	0	0
<b>Undecided</b>	0	0
<b>Agree</b>	6	10
<b>Strongly agree</b>	16	26
<b>Total</b>	38	63.3
	<b>60</b>	<b>100</b>
<i>Establishment of more adolescent centres to increase access to sexual and reproductive health services</i>		
<b>Strongly disagree</b>		
<b>Disagree</b>	0	0
<b>Undecided</b>	0	0
<b>Agree</b>	2	3.3
<b>Strongly agree</b>	16	26.7
<b>Total</b>	42	70
	<b>60</b>	<b>100</b>
<i>Strongly disagree Parents should avoid the shyness and be the primary educators on the matters of sexual and reproductive health</i>		
<b>Strongly disagree</b>	0	0
<b>Disagree</b>	0	0
<b>Undecided</b>	0	0
<b>Agree</b>	4	6.7
<b>Strongly agree</b>	56	93.3

<b>Total</b>	<b><u>60</u></b>	<b><u>100</u></b>
<i>Education and sensitisation of the public should be intensified to help prevent the issue of stigmatisation attached to teenage pregnancy</i>		
<b>Strongly disagree</b>	0	0
<b>Disagree</b>	0	0
<b>Undecided</b>	0	0
<b>Agree</b>	18	30
<b>Strongly agree</b>	<u>42</u>	<u>70</u>
<b>Total</b>	<b><u>60</u></b>	<b><u>100</u></b>

*Source: field survey, 2021*

## **DISCUSSIONS OF THE FINDINGS**

### ***Incidence of Teenage Pregnancies***

The results of the study indicated that a greater proportion of the participants were between the ages of 17 and 19, with the remaining (26.7%) between the ages of 13 and 16 years. This finding has a direct correlation with UNFPA, 2016 findings where it was found that most unintended pregnancies (about 10 million) occur each year among adolescent girls aged 15 – 19 years in the developing region with at least 777,000 births occurring in adolescent girls younger than 15 years. It is however not surprising to observe such an age range of adolescents getting pregnant more often in such a coastal community. Adolescents in such age group are more likely to be more sexually active and have some level of autonomy than their counterpart. This level of autonomy especially in most rural communities in Ghana comes with an economic responsibility on the part of the adolescents thus; it is not uncommon to see most of these unemployed female adolescents in those age range feeding themselves in most fishing communities of Ghana. This economic burden coupled with biological inducement for sex, inadequate sexual and reproductive health knowledge and other social factors triggers these adolescents to engage themselves in mostly unprotected sexual activities. The same can be true for those under 15 years of age.

### **Factors Contributing to Teenage Pregnancies**

The result of the study revealed that all the respondents had a level of education though the majority of them (66.7%) attained only primary school education. This is an indication that the educational levels of the respondents is low and as such possess poor knowledge and other misconceptions on issues concerning their sexual and reproductive health. Hence, they are bound to making wrong choices. This may account for why even though, all of them knew at least one contraceptive (example, condom) yet, only 6.7% of them were often using contraceptive(s) during sex just like what was observed in Eliason et al. (2014) study which found that a little over 90% of young women of reproductive age knew at least one method of modern contraceptives yet only a few were using it.

This study also revealed that almost half of the respondents (46.7%) attested that their parents were unable to provide their basic needs and 26% of the parents being divorced, this lack of parent financial support and care can contribute to their pregnancy. Therefore, Odei (2007) may be right to associate poverty to teenage pregnancy in teenagers. Half of the participants also claimed to be uninformed on matters concerning their sexual and reproductive health (SRH) by their parents. This is so because parents themselves may not have had adequate knowledge on SRH or perhaps their culture, which prevents the adult from sharing such information with the younger ones, may have played a role in parents withholding such relevant information from them. Even though previous studies as evidenced in Boyer and Fine (1992) and Guttmacher Institute (2016) has (have) identified rape and other forms of sexual abuse to be a major cause of teenage pregnancy, however that was not reflected in the study since the minority (26.7%) got pregnant through force sex with the majority engaging at their free will. Meanwhile, peer influence was however, found to play a major role, thus, 60% of study participants were influenced by friends to engage in sexual related activity. In such a slummy settlement, where the adolescents play, eat together and do many things together it is highly possible that they are being influenced by each other.

### **Effects of the Incidence of Teenage Pregnancies on the Socio-Economic Lifestyle of Young People**

Globally, it appears that the adverse effects of teenage pregnancy have very sharp similarities (Walker, 2012). This is evidenced by the results of the study, School dropout, streetism, stigmatisation and rejection by peers and society, which in turn affects the social life of the teenagers, unemployment, and engagement in social vices, economic crisis and poverty were all recognized by the study participants to be major effects of teenage pregnancy on the teenagers. These effects had also been confirmed in previous studies. For example, Wilson et al. (2017) found teenage pregnancy to pose a significant economic burden to the immediate family of the teenage girl and the society as a whole. Similarly Fenn et al. (2015) also, found that teen mothers were most likely to live in poverty and may actually be prone to cyclical poverty and social neglect as well as social misconduct. Girls who get pregnant in their teens are mostly unlikely to complete school. The very few that do so after getting pregnant may end up with very bad results that do not qualify them for tertiary education, thereby truncating their education along the line, and this in part, may account for why none of the participants in the study had attained tertiary education.

### **Health Implications of Incidence of Teenage Pregnancy**

The study found teenage pregnancy to be associated with diseases or health conditions including anaemia, mental illness (puerperal psychosis), malaria, and obstetric fistulae. Such finding does not deviate from the health implications revealed by WHO, 2018 concerning early childbearing. Just like what was indicated by Ghana statistical service (2010) that most girls who get pregnant seek different means to commit unsafe abortions for several reasons, the study also found teenage pregnancy to be associated with unsafe abortion, which even if they survive, leaves a permanent mark or adverse effect on their reproductive life. Again, early pregnancies were also found to contribute immensely to maternal mortality, perinatal mortality and infant mortality by 93.4% of the study participants. In 2018 for example, WHO stated that adolescent pregnancy contributed to 13% of all deaths and 23% of all disability-adjusted life years. Adolescent pregnancy was also recognized by study participants to contribute to a rancorous cycle of ill health and poverty as it was indicated by findings of WHO, 2018. High death in teenage pregnancy may not only be because of immaturity of the teenagers' biological system but may also stem from the stigma attached to teenage pregnancy and hence deterring the teenage girl to go in public and seek early appropriate medical care. This may explain why the study further revealed that babies born to adolescent mothers have the likelihood of developing childhood health problems than babies born to older mothers and that teenage pregnancy result in pregnancy and delivery complications. Psychological and emotional imbalances were also associated with teenage pregnancy by the study participants. These emotional imbalances may result from their unpreparedness to receive a baby in their life as well as biological, economic and social burden imposed on them by the pregnancy.

### **Proposed Solutions to the Effects of Teenage Pregnancies**

A little above three-quarter of the respondents (76.7%) strongly agreed that there was the need for social support/ intervention systems to help teenagers who fell victims to teenage pregnancy. Negron et al., 2013, also acknowledged this. The authors emphasized that social support is an important component of the emotional and physical wellbeing of mothers especially during pregnancy and just after childbirth. Such support is solely expected to come from the teen's immediate family and the people in the society, but this can only be realized fully if efforts are put in place to remove cultural barriers and sensitise the public about the consequences of stigmatizing these teens for carrying babies just as the result of the study depicted. Even though the study proposes the need to increase accessibility to contraceptives, putting efforts to increase accessibility of contraceptives must be done together with educating the public about the need to patronize them on regular basis since it was observed that all of the participants knew at least one contraceptive (example condom) yet only few (6.7%) were using it often. Efforts must be put in place to make it a norm for the use of contraceptives just like being in an intimate relationship in this twenty-first century. Increased accessibility to authentic information on sexual and reproductive health issues, reinforcing and strategising sex and adolescent education issues, the establishment of more adolescent centres to increase access to sexual and reproductive health services were all also recognized by almost all of the study participants. These

solutions are necessary to ensure that teens get access to reliable and accurate sexual and reproductive health information in order for them to make healthy and better choices within and after the pregnancy period. It will also ensure that these teens get the needed healthcare.

Parents/guardians recommended by most study participants to remove shyness and be primary educators on the matters of sexual and reproductive health to the teens by the result of the study is one area that government and stakeholders must look into. This is because these parents/guardians are mostly the ones who take care of these teens and hence make most of the decisions for these teens because of the social expectation and trust the teens have for them. Training and sensitizing these parents on matters of sexual and reproductive health will be a good option in addressing the effects of teenage pregnancy.

## CONCLUSION

The results of the study revealed that teenage pregnancy is on a high ascendancy, especially among girls between the ages of 17 to 19 years. Majority of teenagers are knowledgeable about contraceptives but only a few of them use family planning methods. Hence, there is the need for government through the Ministry of Health (MoH) and the Ministry of Education (MoE) to incorporate adolescent health programmes in the school curriculum to empower teenagers to make better reproductive health choices. There is also the need to establish social support systems to assist victims of teenage pregnancy as well as the create of jobs, involve parents and the community in formulating and implementing policies concerning teenage pregnancy. Future research must look into specific barriers preventing teenagers from using contraceptives beyond accessibility

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