

TEENAGE PREGNANCY AND GIRL CHILD EDUCATION IN GHANA: IMPLICATIONS FOR COUNSELLING

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ABSTRACT

The purpose of this research is to examine the perceived influence of teenage pregnancy on the academic performance of female students at a Senior High School (SHS). Descriptive survey methodology was used. There were 1,200 pupils in the pool of people who could participate. A total of 100 students were selected through a snowball sampling procedure. A modified questionnaire was used to compile the data quantitatively, and its reliability was calculated to be .85. Descriptive statistics were used to examine the demographic data collected from the respondents and the data collected to answer the four study questions (frequencies, percentages, means, and standard deviations). Teenage pregnancy is not caused by parents' incapacity to provide for their children, according to the study's findings. Girls are more likely to go to school if there is no teen pregnancy, according to the study. As a result, it is crucial to implement effective policies that prevent pregnancies among adolescents. Research indicated that interventions such as advising parents to support their daughters, passing laws to protect them, creating a welcoming school climate for girls, etc., were effective. It was suggested that Ghana Education Service (GES) update curricula to make basic sex education mandatory, and that it be taught with more emphasis and by subject matter specialists.

Keywords: Teenage, Pregnancy, Education, Counselling, Ghana

Introduction

Several immaturity-related challenges plague young parents. The sexual revolution, which began as a form of social protest on 1960s college campuses, has now reached elementary and middle schools. More and more kids are having sexual relations at younger ages. The fact that roughly 1.2 million teenage girls get pregnant every year is a worrying result of both early menstruation and the push toward increased sexuality. Many of these young women are between the ages of 10 and 14. It is estimated that roughly 100,000 miscarriages and stillbirths occur each year among the 1.2 million teen and preteen pregnancies (WHO, 2022). The annual abortion rate among adolescent females is at 449,000, while the annual birth rate among this age group is around 560,000. The vast majority (97% according to one study) of these parents opt to keep their newborns (Zigler & Finn-Stevenson, 2017).

Girls under the age of twenty are the ones who typically become pregnant as teenagers. Unwanted, unintended, and illegitimate pregnancies are the norm. It is not shocking to find that many teenage females become pregnant due to the high rate of sexual activity and low rates of contraception use among today's adolescents. United States teen birth and pregnancy rates remain the highest among developed nations (United Nations Statistics Division, 2016). In addition, 2016 marked the first year in which the national teen pregnancy rate rose (Moore, 2018).

Increases in sexual activity, decreased use of contraceptives, restricted access to abortion, and other variables may have contributed to the rise in the adolescent birthrate reported by Barringer (2010). Again citing Holmes (2014), we learn that the rate of adolescent pregnancy and birth among single women increased by 70% between 2013 and 2013. It's important to remember that teen pregnancy is not just a problem in the Western world. Statistics reflect a worrisome trend throughout the developing world, and Ghana is no exception. According to research reported by Wangui, Beth, and Karanja (2015), between 10% and 20% of girls in South-Saharan Africa drop out of school annually because of pregnancy.

Aboagye (2014) states that in just five years, the rate in Ghana has risen from 20% to 30%. Other research shows that when students take the Basic Education Certificate Examination (BECE) at the end of the school year, some female students show up pregnant while writing their papers. The numbers vary among Ghana's several regions. For instance, in 2019, 33 pregnant female students were reported to have missed examinations in the Eastern area. Girls as young as ten got pregnant and dropped out of school in the Western region, which recorded 572 teenage pregnancies. In the Ashanti area once again, at least five women have taken the BECE examination while pregnant, and at least three have done so while already mothering a young child. It is estimated that these girls have an average age of 12. Other parts of Ghana have considerably more alarming rates. The number of teen pregnancies in the Eastern area increased to 8,174 in 2021 from 7,976 in 2022 (Prempeh, 2022). Teenage pregnancies among females aged 10 to 14 increased by 20 percent in the Birim North district in 2017, from 280 to 309. Mr. Thomas Azurago, director of health for the district, made the announcement at a meeting with parents to raise awareness about the problem (Agyemang, 2020). Again, in 2019 the district recorded a total of nine teenage pregnancies (Akaa-Frempong, 2021). As a result, further investigation into the matter is now required.

Many individuals are troubled by the prevalence of teen pregnancies. The frequency with which it happens, as well as the fact that it affects both school-aged and non-school-aged females, is particularly worrisome. Pregnancies among young women in school, or the termination of a girl's education as a result of a pregnancy, are becoming increasingly common. Teenage pregnancy is rampant in the Birim North District, therefore this blight is not exclusive to that region. The district had 23 pregnant 15–17-year-olds taking the Basic Education Certificate Exam (BECE) in April 2019. (Situational Report). This is a worrying trend, as just five or six females have been reported sexually active each year over the past four or five years, suggesting that young people in the area are engaging in sexual behaviour at an earlier age than in the past. From this, one can infer that many young girls have their academic dreams and goals cut short or put in jeopardy due to pregnancy at an early age. Because of this, girls continue to be stuck in a cycle of poverty.

According to research by Hayes (2017), women who start having children at a young age are more likely to experience setbacks in their academic and professional pursuits. Adolescent moms are disproportionately from low socioeconomic status and are more likely to continue in poverty than their similarly situated counterparts who beat the odds by waiting to have children until they have finished their education (Moore, Myers, Morrison, Nord, Brown & Edmonston, 2013). The impact of adolescent pregnancy on girls' schooling in Birim North District has not been studied. In light of these findings, it is clear that more research into the topic of the "impact of teenage pregnancy on girls' education" is necessary to bring about a paradigm shift in favour of excellent girl child education. The disparity prompted us to investigate the impact of adolescent pregnancy on girls' access to and completion of school in the Birim North District of Ghana's Eastern Region.

Research Questions

The study, therefore, sought answers to the following questions:

1. What are the causes of high teenage pregnancies among SHS girls and out-of school teen girls?
2. To what extent is the education of girls affected by teenage pregnancy?
3. What measures can be used to minimise teenage pregnancy among SHS girls?

Concept of Teenage Pregnancy

Most teen pregnancies are unplanned and unmarried. Nowadays, 11- or 12-year-old females get pregnant. Teenage pregnancy is worse among 15–19-year-old girls. Teenage girls are pregnant (Atta & Wilson, 2012). Teen pregnancy and parenthood are serious global issues. As in Africa, Western industrialised nations like the US have analysed and debated the issue. One survey suggests that approximately one-third of public hospital deliveries in Ghana were to women under 19 (Xinhua, 2016). Rural and small-to-medium towns, which are underrepresented in hospital birth statistics, are considerably worse.

The UN Regional Institute for Population Studies found that one in three girls aged 15–19 in Ghana's Central Region has had a child. The fertility rate is 5.6 percent, compared to 5.5 percent nationally (Xinhua, 2016). In other rural communities, financial hardships and social norms force females to drop out of school and pursue exploitative sexual relationships. Other African nations describe similar conditions (Mwansa, Mufune, & Osei-Hwedie, 2014). One in twenty schoolgirls will give birth. By 2014, 25% of Botswanan girls 15-19 became moms (Curtis, 2018). In 2016, 56% of girls dropped out of secondary school owing to pregnancy (Mashalaba, 2019).

Cultural Perception of Female Child Education

Amoah (2017) quotes an old Chinese proverb: "ten fine girls are not comparable to one disabled boy" (p. 23). The assumption that girls are less valuable than boys underpins many traditional practises that marginalise and ignore girls. The girl-child has little chance until nations and cultures embrace the true, inherent equality of everyone. Female circumcision, bride burning, female infanticide, sex tourism, and servile marriage all damage girl-children.

She is vulnerable in many societies since she is feminine and a youngster. They proclaim the worthlessness of the girl child and underline the universality of marginalisation, exploitation, and neglect of many communities around the world. Traditional norms favour marrying girls at a young age. After getting married and having children, these girls usually quit education. Some cultures, notably Muslim ones, marry females in late adolescence after betrothing them at birth. Thus, early marriage generally ends a girl's formal schooling and her chance to learn literacy and get a career.

Some parents encourage early marriage for young girls to escape the humiliation of unwed pregnancy. Many African households marry off girls to receive the dowry. Ghana's traditional norms limit girls' education and empowerment. Rural villages use the Trokosi system. Benin, Togo, and Nigeria also practised trokosi, according to research (Bilyeu, 2019). "Tro" means gods, and "Kosi" means virgin wife or slave, implying slavery and religion. The Trokosi cult's "priests" force parents to give their daughters as unpaid workers and sex slaves to atone for their families' transgressions against traditional gods and spirits.

Causes of Teenage Pregnancy

Modern teenage pregnancy has several causes. That example, many myths surround adolescent pregnancy reasons, complicating a straightforward issue. Steinberg (2016) attributes teenage pregnancy to sexual activity and contraception use inequalities. Young Americans are sexually active and utilise contraception inconsistently. Teens are uninformed about safe sex. They may not know about typical pregnancy prevention measures because they are too embarrassed or afraid to ask. Studies of adolescent contraceptive use imply that misinformation about sex and pregnancy, lack of access to contraceptives, and the personal belief that unprotected intercourse would not result in conception contribute to teenage pregnancy. Steinberg (2016) reports that 20% of 17–19-year-old girls had not used contraception the last time they had sex, 40% of sexually active teens used birth control intermittently, and only one-third always used birth control.

Thus, U.S. discussions about teenage pregnancy and childbirth tend to focus on the impoverished. Early sexual activity, lack of sex education, parental neglect, peer pressure, low self-esteem, and the urge for self-fulfillment are typical of the culture of

poverty perspective (Lewis, 1959; 1965). Miller and Moore (2010) ascribe high teenage pregnancy rates to many sexually active young people not using birth control frequently. 40% of late adolescent males used no contraception or an inefficient approach, such as withdrawing before ejaculating, the first time they had intercourse. Only half of young women reported using birth control frequently during their first year of having intercourse, and nearly one-sixth of 15- to 19-year-old sexually active women never used contraception.

Peer pressure leads teens to engage in sexual activity. Early dating, as young as 12, contributes to teen pregnancy. Due to peer pressure, many teenagers got pregnant. Without sex education at home or school, a girl or boy may be motivated to practise sex ignorantly to fulfil their curiosity, fearing their parents or teachers will find out (Atta & Wilson, 2012).

Misinformation, peer pressure, physical changes, poverty, the desire to know about sexual development, and inefficient contraception use can lead to teen pregnancy. Teenage females in long-term relationships get pregnant due to all the negative factors affecting them. Some girls get pregnant from rape or hooking up with men. Sexual activity causes all adolescent pregnancies.

Effects of Teenage Pregnancy

In today's society, educational attainment is a measure of social prestige, and when pregnancy forces one to withdraw from school, employment chances are typically threatened. Teens with several pregnancies were also prone to struggle with schooling and economic independence (Manlove, Mariner, & Romano, 2010). Thus, post-natal multiservice programmes have been studied to minimise recurring teenage pregnancies. Some of these programmes have reduced repeat teenage pregnancies (Black, Bentley, Papas, Oberlander, Teti, McNary, Le, & O'Connell, 2016; Klerman, Baker & Howard, 2013), while others have not (Scott, Amodeis & Hoffman, 2014).

As a result of the pregnancy, the youngster may be forced into early marriage and have psychological and emotional issues. Early marriages generally fail. Teen pregnancy and childbearing create a welfare dependency cycle, according to Moore et al. (2013). They highlighted that welfare-dependent children are more likely to have children early in life, which limits their economic potential by forcing them to shift educational and career plans. The adolescent mother and kid commonly remain on public support.

Elster, Lamb, Peters, Kahn, and Tavare (2017) found that adolescent girls' sexual partners are generally young adult males with school, work, and legal issues, often related to alcohol or drug usage. They added that marrying this type of man worsens a young mother's troubles. They say such marriages generally end in divorce, stressing the adolescent mother and her kid. They also noted that if she had another child during the marriage, her financial and emotional loads increase. Early pregnancy may put a young woman's life at risk, as well as her baby's, including low birth weight, hyperactivity, and misbehaviour that can lead to juvenile crime and poor scholastic performance.

Statistics imply that teenage babies are at danger, according to Dubois and Miley (2015). They are more likely to drop out of high school, have infants before 20, and not work. Pregnant teenagers lose educational prospects, social relationships, and identity, especially their physical appearance. Pregnancy problems, low birth weights, and infant death are hazards. Teen births, especially young ones, pose health and psychological concerns. Unplanned pregnancies usually disrupt teens' scholastic and career ambitions, increase health risks, and cause economic stress (Berk, 2014).

Prevention of Teenage Pregnancy

Any teenager is curious, especially about forbidden subjects. At that age, children act like adults and assume they can do everything except take care of their needs. Even if it is common for youth to go astray, a right-thinking youth must consider what she may lose in the long run. If teens don't follow guidance, national efforts against adolescent pregnancy won't help. The kids should stop waiting to be told what's good and wrong. Why risk unprotected sex when one knows the consequences? If the victim has dreams, teenage pregnancy can ruin them. "Curiosity killed the cat," so don't be curious now. Having sex to experience it is natural, but abstinence is healthier.

Avoiding early sex prevents pregnancy and STDs. Puberty rites used to protect women's chastity. According to the Ghana News Agency (GNA) (2015), the Chief of Abesim, Nana Kumi Akyeaw II, proclaimed that any young woman who could maintain her virginity until she graduated from university would receive a free plot of land in the Dormaa Traditional Area. That statement supported the "bragoro" system. It would also reduce teenage pregnancy, which is rising in our communities, as well as STDs and premarital sex (GNA, 2015).

Teen pregnancy rates have been reduced in places with a variety of variables. Delivery partners are the first suggestion. Health, education, social services, youth support agencies, and the voluntary sector, such as NGOs, must actively engage to reduce adolescent pregnancies (Agyei, 2016). Experts say this strategy reduces teen pregnancies 100%. Second, good sexual health education reduces teen pregnancy in schoolgirls. A prominent contraception and sexual health advising service targets youth. The service must promote health and provide reactive services.

Education is the best strategy to prevent teenage pregnancy for society and parents. Sex education is crucial but uncomfortable for many. Sex education teaches you about your reproductive system, how to prevent pregnancy, how to get pregnant when you're ready, how to avoid STDs, and how to control your sex life. Sex and relationship education reduces teenage pregnancy, according to studies. The local authority supports comprehensive sex and relationships education (SRE) programmes in all schools and prioritises Peoples' Sexual Health Education (PSHE) (Kankam, 2018).

Abstinence-only sex education fails. Some kids don't recognise they're not ready for sexual activity. Abstinence-only sex education misses young teens who will try sexually. These teens need reliable information about preventing pregnancy and STDs. Sex education helps abstinent teens. Knowledge only empowers young women to make responsible sex decisions. Parents who don't know how to talk to their kids about sex should refer them to expert teen resources. If needed, provide your adolescent daughter birth control (Cobold, 2019). Only condoms prevent STDs. Even if your daughter takes the birth control pill, she should use a condom for casual intercourse. Condoms and other birth control methods safeguard against unplanned pregnancy (Frimpong, 2019).

Many believe that men should buy condoms and women should use other birth control. However, casual sexual interactions put women at risk. If the pair only uses condoms, the woman may want to have a stash of good ones. Twum (2013) says young people need sex and reproductive health education, commonly called family life education. Thus, youth will receive biological, moral, and spiritual education. Studies show that sex education prevents sexual behaviour, despite parental opposition. Twum suggests leisure activities, family support, coping with feelings, and clinical attention to reduce teenage pregnancy if not eliminate it.

Methodology

Research Design

Survey data were collected for the purposes of description, explanation, exploration, and answering research questions. Descriptive studies identify and present the characteristics of a phenomenon as they currently exist. In order to put theories to the test or to answer questions about the current state of the study's topic, researchers must collect data (Gay, 2012). It can also evaluate and forecast the opinions, responses, or positions of a sizable population on a specific topic.

Frankel and Wallen (2013) argue that this design is superior because it allows for a more precise simulation of events and because it aims to provide explanations for the attitudes and actions of respondents using data collected at a single moment in time. However, Seifert and Hoffnun (2014) pointed out that there is another possibility: that the possible mistakes occur due to various people being selected by chance. Again, because it probes sensitive topics about which people may or may not be totally forthcoming, it may yield incorrect results.

However, this method is regarded as the most effective for collecting data on the consequences of teen pregnancy on girls' academic success in the Birim North District, including the degree to which the girls' future economic security has been jeopardised as a result of their lower than expected grades.

Population

According to Rubin and Babbie (2011), a population is the theoretically determined aggregation of study elements. The sample is a subset of the bigger population. The study's sample comes from what Ary et al. (2015) call the accessible population. High school (SHS) and non-SHS pregnant and parenting teenagers in the Birim North District of Ghana's Eastern Region were the study's subjects. We needed to cover all the circuits because teenage pregnancy is a problem everywhere in the district. Girls from New Abirim SHS were the available population. Approximately 1,200 of the students were female (Education Management Information System, 2021).

Sample and Sampling Procedure

One hundred female students from Abirim SHS in the Birim North District were used as a sample for the study. The research team used a snowball sampling strategy. Finding a small sample of pregnant or recently-delivery teenage girls was the goal of this method. These individuals served as sources for finding additional participants for the study. This approach proceeded until no new, useful information could be gleaned from respondents or until no new respondents could be located. Because we didn't know how big our sample population would be, we decided for this method instead of relying on random sampling. However, there had been no documentation of numbers, thus the snowball sampling method was used to collect data on the issue of teen pregnancy at the SHS level and outside of school in the Birim North District.

Data Collection Instrument

Multiple factors influence which method of data gathering is selected. Possible variables include money, time, study goals, study design, and success in recouping lost funds. A questionnaire was utilised for this study after careful deliberation of the criteria that make it a good research instrument. According to Twumasi (2011), a questionnaire's efficacy in gathering data regarding processes and conditions and enquiring into subjects' thoughts and attitudes explains why it is so commonly employed in educational research. He emphasised once more that the procedure is highly efficient because a large number of respondents might be contacted in the allotted time. Therefore, a survey was developed for the research that had 23 questions broken up into three parts: A, B, and C. Section 'A' asked about the respondent's demographics, Section 'B' about the reasons of teen pregnancy, sex education in schools, and modern contraception use, and Section 'C' about the health of new teen mothers. Therefore, whether or not they are ready to return to school, the availability of support networks, and the extent to which the pregnancy affects their education. Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD) are the four Likert scales used for this survey's quantitative analysis (SD).

The item's internal consistency was measured through a pre-test at a sister SHS with 10 teenage mothers. The Cronbach Alpha r was 0.85 which is sufficient (Ary, Jacobs & Razavieh, 2012), any $r \geq 0.60$ is appropriate for the internal consistency of the instrument.

Data Analysis

The data were analysed using frequencies which were converted into percentages. Percentages were used for the data analysis because it is simple to use and helps in representing facts. Tables were built from the responses made by the respondents and the percentages computed. The completed questions were carefully numbered and considered one after the other. To conclude the results, the responses obtained from the survey were summarized. The conclusions were used to make the recommendations for the study.

Results

Background Information of Respondents

Type	Frequency	Per cent
Pregnant	2	2

Teenage Mother	4	4	Table 1: Type of Respondents
Potential Victim	94	94	
Total	100	100	

Table 1 shows the type of respondents in relation to teenage pregnancy. The table indicates that potential victims (n=94, 94%) are more than those who are pregnant or teenage mothers. This implies that potential victims were the most respondents for the study.

Table 2: Age Range Distribution of Students

Age Range	Frequency	Per cent
10 – 13	4	4
14 – 17	46	46
Above 17	50	50
Total	100	100

From Table 2, it is evident that the majority of 50 per cent of students were aged between above 17 years while four students were aged between 10 and 13 years. It can be concluded that most of the students were aged above 13 years.

Analyses of Research Questions

The data was collected with four Likert scale questionnaires. The scales were coded as SA-4, A-3, D-2, and SD-1. Based on this, the baseline of respondents was 2.50 where a Mean \geq 2.50 indicates the majority of agreement and a Mean $<$ 2.50 indicate the majority of disagreement. This is applicable through the analyses.

Research question 1: What are the causes of high teenage pregnancies among SHS girls and out-of-school teen girls?

Table 3: Causes of Teenage Pregnancy

SN	Statement	Mean	SD
1	Parents discourage early marriage.	3.08	1.098
2	Parents give the girl child a psychological need for love.	3.16	0.838
3	Parents hold	2.86	0.853
4	Parents pay teachers for extra classes.	2.92	0.939
5	Parents motivate the girl child to attend school.	3.26	0.917
6	Parents provide learning materials like toys and computers.	2.78	0.949
7	Parents pay T & T and give money to the canteen.	2.72	0.986
8	Parents provide resources (textbooks, uniforms, desk).	3.20	0.943
Mean of means/SD		3.00	0.940

Table 3 depicts results that answer research question one. The table shows that the majority of the respondents agree that parents motivate the girl child to attend school (Mean = 3.26, SD = 0.917). Similarly, the majority of respondents agree that their parents provide resources (textbooks, uniforms, desk) (Mean = 3.20, SD = 0.943). This was followed by the majority of respondents agreeing to the statement “Parents give the girl child a psychological need for love” with (Mean = 3.16, SD = 0.838). Finally, the majority of the respondents agree that their parents pay T & T and give money to the canteen (Mean = 2.72, SD = 0.986). The results show that the causes of teenage pregnancy are not attributed to parents’ inability to provide students with basic needs and care (Mean of means = 3.00, SD = 0.940).

Research question 2: To what extent is the education of girls affected by pregnancy?

Table 4: Effects of Teenage Pregnancy on Girls’ Education

SN	Statement	Mean	SD
1	High girl’s enrolment and retention in schools.	2.82	1.019
2	The girl child has higher aspirations and attains higher qualifications.	2.72	1.223
3	Encourages students to learn seriously.	2.84	1.229
4	Motivates the girls to attend school regularly.	2.94	1.162

5	Promotes good morals and social behaviour.	2.86	1.189
6	Girls have high- esteem, self-confidence, and respect among peers.	2.66	1.233
7	Instills high discipline among girls.	2.58	1.191
8	Low dropout rate.	2.70	1.142
Mean of means/SD		2.77	1.174

Table 4 depicts results that answer research question two. The table shows that the majority of the respondents agree that girls are to be motivated to attend school regularly (Mean = 2.94, SD = 1.162). Similarly, the majority of respondents agree that there is high girl’s enrolment and retention in schools when they are not pregnant (Mean = 2.82, SD = 1.019). This was followed by the majority of respondents who agree that high discipline among girls should be instilled (Mean = 2.58, SD = 1.191). The results indicate there is good girls’ education if there is absence of teenage pregnancy. It is, therefore, important to ensure good measure to discourage teenage pregnancy (Mean of means = 2.77, SD = 1.174).

Research question 3: What measures can be used to minimise teenage pregnancy among SHS girls?

Table 5: Measures to Minimise Teenage Pregnancy

SN	Statement	Mean	SD
1	Teachers should educate parents on the need to support the girl child.	3.66	0.655
2	State policymakers to create conditions and bye-laws to ensure parents support the girl child.	3.60	0.636
3	Providing supplementary funds for high-poverty families.	3.44	0.671
4	The school environment should be girl-child friendly.	3.02	1.073
5	The girl child unit of GES designs programmes to bring parents on board.	3.46	0.702
6	Facilitating good communication between schools and parents.	3.56	0.756
7	Teachers to advocate for females to serve on some school committees.	3.24	0.976
Mean of means/SD		3.43	0.781

Table 5 depicts results that answer research question three. The table shows that the majority of the respondents agree that teachers should educate parents on the need to support the girl child (Mean = 3.66, SD = 0.65). Similarly, the majority of respondents agree that state policymakers to create conditions and bye-laws to ensure parents support the girl child (Mean = 3.60, SD = 0.636). This was followed by the majority of respondents who agree that facilitating good communication between schools and parents (Mean = 3.56, SD = 0.756). The results indicate measures like parents being advise to support their girls ward, law enactment to protect them, friendly school environment for girls, etc (Mean of means = 3.43, SD = 0.781).

Discussion

Causes of Teenage Pregnancy

The results from the study show that the causes of teenage pregnancy are not attributed to parents’ inability to provide students with basic needs and care. The findings confirm the fact that Steinberg (2016) asserted that the differences in adolescent sexual activity and contraceptive use account for teenage pregnancy. Sexual activity among American young people is high, and contraceptive use is sporadic and inadequate. Similarly, Steinberg (2016) states that, 20 per cent of 17 to 19-year-old females had not used contraception the last time they had sex while about 40 per cent of sexually active teenagers reported using birth control sporadically, only one-third sexually active adolescents always used birth control. The findings, therefor, prompt to believe that in the absence of sex education at home or school, the girl or boy would be tempted to practice sex ignorantly to satisfy his or her curiosity as he or she may fear finding out the truth from her parents or teacher (Atta & Wilson, 2012).

Effects of Teenage Pregnancy on Girls’ Education

The study found that there is good girls’ education if there is absence of teenage pregnancy. It is, therefore, important to ensure good measure to discourage teenage pregnancy. The findings agree with the findings that teenagers who have repeat pregnancies were likely to face many obstacles to education and economic self-sufficiency (Manlove, Mariner, & Romano, 2010). , does it agrees with the fact that unplanned and unwanted pregnancies disrupt adolescents’ educational and Career plans, increase health risks and precipitate economic stress (Berk, 2014).

Measures to Minimise Teenage Pregnancy

The study found that measures like parents being advise to support their girls ward, law enactment to protect them, friendly school environment for girls, etc. The findings agree with the findings that high priority is given to Peoples’ Sexual Health Education (PSHE) in schools, with support from the local authority to develop comprehensive programmes of sex and relationships education (SRE) in all schools (Kankam, 2018). Cobold (2019) reported that parents who do not know how to talk to their children about sex

are to point them to resources written by experts for teens. It is, therefore, very important to give your teenage daughter access to birth control methods if she needs them (Cobold, 2019).

Conclusions

Based on the findings, the study comes to the following conclusions. Parental negligence and poverty are major determinants of teenage pregnancy. Although there are few success stories where teen mothers get back to school with support from their parents, teenage parents are more likely than their peers to experience disruptions in their education and occupational development. Moreover, adolescents in the district are taught sex education at school, they are infamously dysfunctional regarding the usage of contraception. Majority of the teenage mothers are willing to go back to school after delivery. There are no rehabilitating centres to cater to the needs and address the psychological, emotional, and economic needs of teenage mothers.

Counselling Implications

1. Schools counsellors should adhere to developmental and preventive approaches to counselling in order to help teenage girls be aware of themselves and the need to abstain from unwanted sex.
2. In order to get parents and guardians on board in preventing teenage pregnancies, school counsellors should incorporate family counselling into their activities.
3. The provision of sexuality education and reproductive health care to young people ought to be at the top of the agenda for counsellors who works with adolescents.

Recommendations

1. The district assemblies should enact bye-laws that will educate parents and guardians about the parental and adult responsibility towards. Girl child education should be given much attention in the district as this will help reduce teenage pregnancy to the barest minimum. School authorities must make sure that the schools are made girls' friendly by the provision of separate urinals and toilets for the students at school.
2. The GES should revise educational syllabuses to make sex education at the basic level compulsory and the teaching of it should be given prominence and be taught by people who are experts in it.
3. Parents, churches, youth associations, and social clubs should talk freely and effectively about sex education, teenage pregnancies, and their associated consequences. The key stakeholders in the locality, that is, the District
4. Assemblies, the Traditional authorities, the Judiciary, the Ghana Education Service (GES), Ghana National Association of Teachers (GNAT), Guidance and Counselling Unit, and Religious Organizations, should all join forces in the education and shaping of lives of the youth, and girls in particular, in the localities on the dangers of early sex and unwanted pregnancies.

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