

UNIVERSITY OF CAPE COAST

CAUSES, EFFECTS, AND PREVENTION OF TEENAGE PREGNANCY  
AMONG STUDENTS IN SENIOR HIGH SCHOOLS IN THE AGONA  
WEST MUNICIPALITY IN THE CENTRAL REGION, GHANA

ISAAC AMOAH-SAAH

2018

UNIVERSITY OF CAPE COAST

CAUSES, EFFECTS, AND PREVENTION OF TEENAGE PREGNANCY  
AMONG STUDENTS IN SENIOR HIGH SCHOOLS IN THE AGONA  
WEST MUNICIPALITY IN THE CENTRAL REGION, GHANA

BY

ISAAC AMOAH-SAAH

Thesis submitted to the Department of Guidance and Counseling of the  
Faculty of College of Education Studies, University of Cape Coast in partial  
fulfillment of the requirements for award of Master of Philosophy Degree in  
Guidance and Counseling

APRIL 2018

DECLARATION

**Candidate's Declaration**

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature: ..... Date: .....

Name:.....

**Supervisors' Declaration**

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Principal Supervisor's Signature: ..... Date: .....

Name:.....

Co-supervisor's Signature: ..... Date: .....

Name:.....

## ABSTRACT

The main objective of this study was to examine the causes, effects, and prevention of teenage pregnancy among students in Senior High Schools in the Agona West Municipality in the Central Region of Ghana. Four research questions guided the study. The study employed cross-sectional descriptive survey design. The target population of the study consisted of all third year Senior High School (SHS) students (1,370) in Agona West Municipality during the 2013/2014 academic year. A sample size of 300 students was selected for the study. Descriptive and inferential statistics was used to analyze the research data. It was concluded that teenage pregnancy is mainly caused by lack of education on the causes, effects and prevention of the phenomenon. It was also concluded that negative peer group influence and poverty can lead to teenage pregnancy. It was observed from the study that the main source of education on teenage pregnancy is the parents. Furthermore, it was observed that poverty is one of the effects of teenage pregnancy. It was recommended that parents should ensure proper supervision and monitoring of their children. Parent should give their children appropriate sex education and sanction them when necessary. Sex education should be taught as a stand-alone subject instead of being integrated into other subjects such as religious and moral education as is found in the current curriculum. This will help broaden the scope of teenage pregnancy education and also increase the time allocated for its teaching and creating room for parents and other resource persons to share their rich experiences with the school children.

## ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to my supervisor, Prof. Frederick Ocansey and Dr. Kofi Krafona, for assisting and directing me through this thesis. I also appreciate their marvelous encouragement and support which sustained me throughout the period of this work.

I am also grateful to my siblings, parents, my wife, Mrs. Baaba Amoah-Saah who sacrificed so much to read through this work. My children Anansewa Amoah-Saah, Obiri Amoah-Saah, and Esi Amoah-Saah, are not left out.

My special thanks also go to my advisors: Prof. Emmanuel Kofi Gyimah, Prof. Godwin Awabil, Dr. Mark Amponsah, and Mrs. Rose Nyarko Baasi, for their assistance and guidance. I cannot forget my friends, especially, Mr. Annor Adjei, Seth Akye and Douglas Akye, for their support during my two-year study in the University of Cape Coast.

Finally, to the staff of the Department of Guidance and Counselling. I say, may God bless you all for making my post graduate study at the University of Cape Coast successful.

DEDICATION

To my father, Mr. Michael Nyarko Baasi and other members of the family.

TABLE OF CONTENTS

	Page
DECLARATION	ii
ABSTRACT	iii
ACKNOWLEDGEMENTS	iv
DEDICATION	v
TABLE OF CONTENTS	vi
LIST OF TABLES	ix
CHAPTER ONE: INTRODUCTION	
Background to the Study	1
Statement of the Problem	7
Purpose of the Study	11
Research Questions	11
Research Hypotheses	12
Significance of the Study	13
Delimitations	13
Limitations	14
Operational Definition of Terms	14
Organisation of the Study	15
CHAPTER TWO: LITERATURE REVIEW	
Theoretical Framework	16
Concept of Teenage Pregnancy	25
Premarital Sex Experience	26
Causes of Teenage Pregnancy	28

Effects of Teenage Pregnancy	38
Sources of Information on Sex and Sexuality	42
Sex Education	45
Sources of Education on Teenage Pregnancy	52
Sex and Family Life Education in SHS	53
The Role of Sex Education in Reducing Teenage Pregnancy	56
Parents' Role in Reducing Teenage Pregnancy	57
Teachers/School Role in Reducing Teenage Pregnancy	59
The Role of Counseling in Reducing Teenage Pregnancy	60
Preventions of Teenage Pregnancy	61
<b>CHAPTER THREE: RESEARCH METHODS</b>	
Research Design	64
Population	64
Sample and Sampling Procedure	65
Research Instrument	67
Validity and Reliability of the Instrument	68
Pilot-testing of the Instrument	70
Data Collection Procedures	71
Data Analysis Procedures	72
<b>CHAPTER FOUR: RESULTS AND DISCUSSION</b>	
Background Data of Respondents	75
Research Question 1	76
Research Question 2	83
Research Question 3	88



Results of Hypotheses	94
CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	
Summary	110
Overview of the Study	110
Conclusions	113
Recommendations	114
Suggestions for Further Research	115
REFERENCES	116
APPENDICES	128
APPENDIX A	129
APPENDIX B	133

LIST OF TABLES

Table	Page
1 Distribution of Prevalence of Teenage Pregnancy from 2012 to 2015 in Central Region	9
2 Distribution of Prevalence of Teenage Pregnancy from 2012 to 2016 in the Agona West Municipality	10
3 Distribution of Students' Enrolment (final year) of the Selected Senior High Schools and Sample Chosen for the Study	66
4 Gender Distribution of Students	75
5 Age Distribution of Students	76
6 Distribution of Students by Type of Home	76
7 Causes of Teenage Pregnancy in Senior High School	78
8 Effects of Teenage Pregnancy in Senior High School	84
9 Preventions to Teenage Pregnancy	90
10 Results of t-test comparing students' perception of causes of teenage pregnancy based on gender	94
11 Results of t-test comparing students' perception of the Consequences of teenage pregnancy based on gender	95
12 Results of t-test comparing students' perception of the prevention of teenage pregnancy based on gender	96
13 Results of t-test comparing students' perception of the causes on type of home	97
14 Results of t-test comparing students' perception of the consequences of teenage pregnancy based on type of home	98

15	Results of t-test comparing students' perception of the Prevention of teenage pregnancy based on type of home	99
16	Results of One-way ANOVA comparing students' perception of the causes of teenage pregnancy based on age	100
17	Multiple Comparisons (The Post-Hoc Tests)	101
18	Results of One-way ANOVA comparing students' perception of the consequences based on age	102
19	Multiple Comparisons (The Post-Hoc Tests)	103
20	Results of One-way ANOVA comparing students' perception of the prevention of teenage pregnancy based on age	103
21	Multiple Comparisons (The Post-Hoc Tests)	104
22	Results of One-way ANOVA comparing students' perception of the causes of teenage pregnancy based on number of children	105
23	Multiple Comparisons (The Post-Hoc Tests)	106
24	Results of One-way ANOVA comparing students' perception of the consequences teenage pregnancy based on size of family	106
25	Multiple Comparisons (The Post-Hoc Tests)	107
26	Results of One-way ANOVA comparing students' perception of the prevention teenage pregnancy based on size of family	108
27	Multiple Comparisons (The Post-Hoc Tests)	109

## CHAPTER ONE

### INTRODUCTION

#### **Background to the Study**

Teenage pregnancy is one of the most common problems that is experienced worldwide. This phenomenon is prevalent in both developed and developing countries (Kaisa Family Foundation, 2004). The term “teenage pregnancy” refers to girls who get pregnant before reaching legal adulthood, that is, those between the ages of 13-17 years (Akakpo, 2013). Children are considered as real gifts from our Creator but to some people, it is considered a mistake or a misfortune especially when it is not planned for (Selby, 2009). The term in everyday speech refers to girls who have not reached legal adulthood, (which varies across the world), who become pregnant. Teenage pregnancy can also occur in the situation where adolescents become unintentionally pregnant before they become matured.

A report by Kaisa Family Foundation (2004) found that annually 13 million children are born to women under age 20 worldwide with more than 90% of them in developing countries. Adolescent pregnancy and childbirth are the leading cause of mortality among women between the ages of 15 and 19 years in such areas. This means that first sexual experience and child bearing may take place for many in a different personal and social context (Locoh, 2000).

In Asia, industrialized and developing countries have distinctly different rates of teenage pregnancy. In developed regions, such as North America and Western Europe, teenage parents tend to be unmarried and adolescent pregnancy is seen as a social issue. By contrast, teenage parents in developing countries are often married, and their pregnancy may be welcomed by family and society. However, in these societies, early pregnancy may combine with malnutrition and poor health care to cause medical problems. Complications of pregnancy and childbirth are the leading cause of mortality among women between the ages of 15 and 19 in such areas, as they are the leading cause of mortality among older women (Akakpo, 2013).

In Europe, the rates of teenage pregnancy may vary widely within a country. For instance, in the United Kingdom (U.K), the rate of adolescent pregnancy in 2002 was as high as 100.4 per 1,000 among young women living in the London Borough of Lambeth, and as low as 20.2 per 1000 among residents in the Midlands local authority area of Rutland. In Italy, the teenage birth rate in the central regions is only 3.3 per 1,000, but, in the Mezzogiorno it is 10.0 per 1,000. Teenage birth is often associated with economic and social issues: such as alcohol and drug misuse and, across 13 nations in the European Union, women who gave birth as teenagers were twice as likely to be living in poverty, compared to those who first gave birth when they were over 20. Portugal, however, has a relatively high percentage of teenage pregnancy (17 births per 1,000 women aged 15–19 in 2002) (UNICEF, 2001). Romania and Bulgaria have some of the highest teenage birth rates in Europe with a rate of 39.3 and 46.7 teenage births per 1,000

women respectively. Both countries also have very large Romani populations, who have an occurrence of teenage pregnancies well above the local average.

In Canada, teenage birth rate in 2002 was 16 per 1,000 and the teenage pregnancy rate was 33.9. According to data from Statistics Canada, the Canadian teenage pregnancy rate has trended towards a steady decline for both younger (15-17) and older (18-19) teens in the period between 1992-2002. Canada's highest teenage pregnancy rates occur in small towns located in rural parts of peninsular Ontario. Alberta and Quebec have high teen pregnancy rates as well (Dryburgh, 2002).

The U.S. teen birth rate was 53 births per 1,000 women aged 15–19 in 2002, the highest in the developed world. If all pregnancies, including those that end in abortion or miscarriage, are taken into account, the total rate in 2000 was 75.4 pregnancies per 1,000 girls. Nevada and the District of Columbia have the highest teen pregnancy rates in the U.S. The Guttmacher Institute Surveys from Thailand have found that a significant minority of unmarried adolescents are sexually active. Although premarital sex is considered normal behaviour for males, particularly with prostitutes, it is not always regarded as such for females (Strasburger, 2007).

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 percent of women surveyed were married and 53 percent had given birth to a child before the age of 18 (Therese, 2000). Therese (2000) further indicated that in some sub-Saharan African and other African countries, early pregnancy is often seen as a blessing because it is proof of the young woman's fertility.

This is because in most societies sterility is viewed with contempt and shame, therefore, it is desirable for a woman to prove her fertility before the marriage is clinched (Therese, 2000).

Teenage pregnancy has been identified as one of the challenges of African Countries such as Niger and Togo because the adolescent does not plan for their lives let alone for their children before they are born. A report indicated that poverty is associated with increased rates of teenage pregnancy in economically developing counties such as Bangladesh, Ghana and Niger which have more teenage mothers (Awotwi, 2004).

In Ghana, teenage pregnancy has become a national problem due to the increasing number of teenagers engaging in pre-marital sex and becoming pregnant (Asare, 2007). The teenage pregnancy group is made up of girls whose ages range between 13 to 19 years. The teenage group is normally found in Junior High Schools and Senior High Schools (Asare, 2007). In Ghana, teenage pregnancy occurs among ages as low as 13, when these teenagers have no ideas or knowledge as to how to go about things concerning the pregnancy. Awabil, Baaba, Obadofin, and Kwaku (2009) indicated that some students have no option than to take their pregnancies to the examination rooms to write their final examinations, some students also have to be at examination center for some couple of days after giving birth. At first, the notion was that teenage pregnancy happens only to adolescents who have no educational background or guardians, but the notion seems to be wrong, as we see many pupils and students getting pregnant and dropout from school (Selby, 2009).

In a report on the rise of teenage pregnancy rate in Ghana, Ardayfio (2007) indicated that teenage births form about 40 percent of the total births in the country. Kafoya-Tetteh (2007) reported that most of the 41 candidates who absented themselves from the 2007 Basic Education Certificate Examination (BECE) in the Wassa Amenfi West District in the Western Region of Ghana were pregnant. He further reported that 12 BECE candidates in the Kumasi Metropolis in the Ashanti Region of Ghana failed to take part in the same examination because they were in their advanced stages of pregnancy.

Empirical studies have confirmed two of the newspapers' reports. Adesoka, Moses, Quagrain and Saw (2008) revealed that between 2004 and 2007, 31 adolescent girls got pregnant in six Junior High Schools in the Wassa Amenfi District. Reports from the Ho Municipal Health Directorate showed that in every year between 800 and 1000 adolescent pregnancies are recorded in the Ho Municipality of the country. This means that the mothers were not prepared for child bearing and parenthood (Awabil, Baaba, Obadofin & Kwaku, 2009).

A report by the Central Region Health directorate confirms that teenage pregnancy in the Region is very high. According to the report, teenage pregnancy especially among teenagers between the ages of 15-19 years was 14.7 percent between 2008 and 2009 (Asiedu-Addo, 2010). He further indicates that 50 adolescent girls between the ages of 10 to 14 got pregnant from January to April 2006 in central region alone. He further expressed shock and concern that the total number of early teenage pregnancy was likely to exceed the 149 in 2005 and 2006 while late teenage pregnancy also increased



from 3,203 in the first quarter of 2005 to 3,292 in 2006 (Asiedu-Addo, 2010). A total of 74,945 pregnant women were registered in all the facilities in the region in 2006. Out of this number 11,564 representing 15.4% were adolescents. Early adolescent pregnancies (10 – 14 years) continue to rise in number from 22 in 2003, 99 in 2004, 149 in 2005 and 168 in 2006. The trend remains the same: Agona District led with the highest number of 49 followed by Mfantsiman with 24 teenage pregnancies (Ghana Demographic and Health Survey, 2006).

The rate at which teenage pregnancies are being reported everywhere in the country, including the Agona-West Municipality in the Central Region of Ghana is alarming and serious attention must be given to this issue. Adolescent girls are no longer confined to the home and kitchen, so they become vulnerable to sexual harassment leading to teenage pregnancy (Awotwi, 2004). The former insistence on moral values and social control mechanisms like the puberty rites is now a thing of the past in many communities. These days, this type of social order has broken down. There is now no adherence to puberty rites in many cultures as a result of one or more of the following: socialization, urbanization, or education.

This in one way or the other has given way to moral decadence for which society is now advocating for positive measures to arrest. Previously, it was a taboo for a girl to become pregnant when she was not married; especially when the traditional puberty rite which signified one's initiation into womanhood in most cultures had not been performed on her. Most of the adolescent girls have lost their traditional values and there is the need for our

society to reconsider these cultural values and modernize them to suit the modern society (Awotwi, 2004).

A study conducted by the University of Ghana Medical School revealed that adolescent pregnancy constitute 20% of the deliveries at the Korle Bu Teaching Hospital in the Greater Accra Region (Ato, 1999). In another study by Aboalik (2004), it was discovered that from 2001 to 2003, 62 teenage girls became pregnant in some of the basic schools in the Builsa district in the Upper East Region of Ghana. Recent reports from the media have shown that adolescent pregnancy is still an educational problem and health concern in Ghana (Aboalik, 2004).

In Ghana, illegal abortions are very common. Desperate girls especially school girls who become pregnant first think of the possibility of a successful abortion. The practice of aborting a pregnancy sometimes results in death. The methods that have been tried by pregnant girls to achieve abortion are many and varied. These have been known to result in serious infections and death. Some of the teenage girls even lose their fertility and never have children in life (Awortwi, 2004).

### **Statement of the Problem**

One major setback in the life of the youth today in the Agona West Municipality is premature involvement in sexual life. Their minds are continually filled with sexually oriented issues and scenes such as video films and movies which lead them to teenage pregnancy. There are a number of adolescent girls between the ages of 13 and 19 years who are really affected by teenage pregnancy in Agona West Municipality. Most of them are pupils

and students and as a result of that some have dropped out of school. These teenagers have become liabilities, not only to their families but also to community as well as Ghana as a whole. If the teenage father is not mature and responsible enough to accept responsibilities, he will go through psychological and mental trauma. This may affect his performance in school. Sometimes, he may drop out of school, run away from home, away from the situation. By so doing, he ruins his future (Agona West Health Directorate, 2014).

The incidence of teenage pregnancy has, in the last few years become a national problem due to the increasing number of teenagers engaging in pre-marital sex (Asare, 2007). Throughout Agona West Municipality, there are quite a number of girls who do not have any career due to teenage pregnancy. The reason is that, pregnant girls always drop out of school and as such cannot find jobs to do. It is only a few of the pregnant girls who are able to complete school, they cannot get jobs to do and they continue to live in poverty and it is likely that children from these mothers would also stand the risk of repeating the vicious cycle of poverty (Awotwi, 2004).

Ghanaian Times (Dec. 16, 2016, p.4) report on the issue “Are we winning the battle in the Central Region” revealed that teenage pregnancy is major social and health issue in Ghana. Early teenage pregnancy can cause severe health problems for both the mother and the child. As early child bearing greatly reduce women’s educational and employment opportunities, it is also associated with higher levels of fertility. In 2013, approximately 376,657 registered pregnancies in Ghana were registered to young women

aged between 10 to 24 years. This represents 39% of a total of 9731, 268 registered pregnancies countrywide. The rate of teenage pregnancies in Ghana is high, of all births registered in 2014, 30% were by adolescents. The 2014 Demographic Health Survey indicates that 14% of womens' aged between 15 to 19 years had begun child bearing, with their first child (3%). The Central Region has for the past three years been consistently ranked as the region with the second highest prevalence rate in teenage pregnancy in Ghana (GDSH, 2014). Table 1 presents overview of the teenage pregnancy situation in the Central Region from 2012 to 2015.

**Table 1 : Distribution of Prevalence of Teenage Pregnancy from 2012 to 2015 in Central Region**

Age group	2012	2013	2014	2015
10-14	12	28	49	12
15-19	5,481	5, 584	5, 795	5, 586
Total	5,493	5, 612	5, 844	5, 598

Source: Births and Deaths Registry, Cape Coast (2012-2015)

A report by the Agona West Health directorate confirms that teenage pregnancy in the municipality is very high. According to the report, teenage pregnancy especially among teenagers between the ages of 15 to 19 years is very high as compared to teenagers between ages of 10 to 14 years. The report further revealed a shock and concern that total number of early teenage pregnancy between ages of 15 to 19 from 2012 to 2016 is 3411 and teenagers with ages between 10 to 14 years from 2012 to 2016 is 239. Table 2 presents the prevalence rate of teenage pregnancy in the Agona West Municipality between 2012 and 2016.

**Table 2 : Distribution of Prevalence of Teenage Pregnancy from 2012 to 2016 in the Agona West Municipality**

Year	10-14years	15-19 years	Total
2012	25	788	813
2013	172	599	771
2014	21	619	640
2015	12	736	748
2016	9	669	678
Total	239	3411	3680

Source: Agona West Health Directorate (2016)

This calls for collective efforts, commitment and action of counsellors, teachers, parents, government, chiefs, churches, both young and old to help address teenage pregnancy which is destroying our present day youth. If we truly care about the welfare, about the future leaders of our beloved country (Ghana) then we must move beyond the moral panic and denial that often distort the discussion of teenage pregnancy: by designing effective solution that will help fight against the causes and effects of teenage pregnancy. One cannot wait to see our children, who are the future leaders to be destroyed by the consequences of teenage pregnancy in Agona West Municipality. Their dreams and aspirations for the future would be completely thwarted as a result of getting pregnancy. Also, there is a dearth of literature specifically on the causes, effects and preventions of teenage pregnancy have been conducted in the Agona West Municipality in the Central Region of Ghana. It is based on these grounds that it becomes necessary to conduct an in-depth study to fill the gap.

### **Purpose of the Study**

The purpose of the study was to examine the causes, effect and preventions of teenage pregnancy among students in senior high schools in the Agona West municipality in the Central Region of Ghana. Specifically, the study seeks to;

1. Identify the causes of teenage pregnancy in senior high schools in the Agona West Municipality in the Central Region of Ghana.
2. Examine the consequences of teenage pregnancy on the senior high schools.
3. Suggest strategies to prevent to teenage pregnancy among senior high schools.

### **Research Questions**

The following research questions were asked to guide the conduct of the study:

1. What are the causes of teenage pregnancy among Senoir High School students in the Agona –West Municipality in the Central Region of Ghana?
2. What are the consequences of teenage pregnancy among Senior High Schools students in Agona-West Municipality in the Central region of Ghana?
3. What are the suggested preventions for teenage pregnancy among Senior High Schools students in Agona-West Municipality in the Central region of Ghana?

### **Research Hypotheses**

- H0 1: There is no significant difference in students' perception of the causes of teenage pregnancy based on gender.
- H0 2: There is no significant difference in students' perception of the consequences of teenage pregnancy based on gender.
- H0 3: There is no significant difference in students' perception of the remedies of teenage pregnancy based on gender.
- H0 4: There is no significant difference in students' perception of the causes of teenage pregnancy based on type of home.
- H0 5: There is no significant difference in students' perception of the consequences of teenage pregnancy based on type of home.
- H0 6: There is no significant difference in students' perception of the remedies of teenage pregnancy based on type of home.
- H0 7: There is no significant difference in students' perception of the causes of teenage pregnancy based on age.
- H0 8: There is no significant difference in students' perception of the consequences of teenage pregnancy based on age.
- H0 9: There is no significant difference in students' perception of the remedies of teenage pregnancy based on age.
- H0 10: There is no significant difference in students' perception of the causes of teenage pregnancy based on size of family.
- H0 11: There is no significant difference in students' perception of the consequences of teenage pregnancy based on size of family.

H0 12: There is no significant difference in students' perception of the remedies of teenage pregnancy based on size of family.

### **Significance of the Study**

The outcome of the study will enlighten students on the causes and consequences of teenage pregnancy and also the need to remain chaste. The study will bring to light, the dangers of sexually transmitted diseases (STDs) maternal problems of teenage mothers and health implications of teenage mothers and their children. The findings of the study will serve as a source of reference for future researchers whose will conduct studies on teenage pregnancy in Agona-West Municipality and elsewhere.

The study will inform curriculum planners, designers and policy makers in education on the appropriate teaching and learning methods and resources that need to be put in place in order to ensure effective implementation of sex education in schools. The study will help to create an awareness of the need of setting up counseling Centre's to assist teenage girls whose education has been interrupted by the sudden pregnancy. Finally, the study will inform counselors on the appropriate techniques or strategies that muse be used to assist the teenagers in order to reduce the rate of teenage pregnancy.

### **Delimitations**

The study was limited to only the Agona-West Municipality in the Central Region to ensure better coverage and effective work. The study looked at only the causes, effects and preventions of teenage pregnancy among SHS



students. Findings from this study apply to Senior High Schools in the Agona–West Municipality. Other Municipalities, Metropolis with similar characteristics as the Agona West Municipality may however adopt the findings.

### **Limitations**

During the process of collecting data, the researcher faced the limitation of distributing the questionnaires to the study participants, mainly students at the same time. Some respondents responded to the questionnaire by seeking clarifications from their colleagues who had earlier responded to the questionnaires. This could affect the validity and reliability of the responses provided.

### **Operational Definition of Terms**

#### **Family Life Education**

The process of preparing one for marriage, parenthood, and life in the family, it also includes contraceptive education, physiology and the human anatomy.

#### **Sex Education**

Sex education refers to the systematic attempt to promote the health awareness in the individual on matters of his or her sexual development, functioning, behaviour and attitudes through direct teaching.

### **Perception**

Perception is an opinion or view of an individual about what he or she thinks about a situation or a person. In other words, perception is the view an individual holds of situation, issue or person.

### **Premarital Sex**

Premarital sex is sexual intercourse engaged in by male and female who are not married. It is generally used in reference to children and adolescents who are presumed not of marriage age, or between adults who will presumably marry eventually but who are engaging in sexual activity prior to the marriage.

### **Drop-Out**

A drop-out is a person who withdraws from a course of instruction.

**Teenage Pregnancy:** It is the situation where a girl child aged between 12years and 20 years become pregnant.

### **Organisation of the Study**

Chapter two reviewed related literature under headings clearly marked. Chapter three indicated the methodology used in the study. It highlighted the research design, population, sample and sampling procedures, research instrument, data collection procedures as well as data analysis procedures. Chapter four entails the results and discussions. Finally, chapter five provided a summary of the major findings of the study, the conclusions, and the recommendations based on the findings as well as areas for further studies.

## CHAPTER TWO

### LITERATURE REVIEW

This chapter is concerned with the review of literature related to the topic as documented by some writers, theorists, authorities and researchers. Specifically, the areas of related literature reviewed include: the definition of the concept teenage pregnancy; the causes of teenage pregnancy; the effect of teenage pregnancy and the preventions of teenage pregnancy.

#### **Theoretical Framework**

##### **Behavioural theory**

The planned behaviour theory (PBT) proposed by Ajzen (1998), is an extension of the theory of reasoned action. The theory represents the person's perception of how difficult or easy he or she performs a particular behaviour. The TBP states that if behaviour is easy to perform, it is rated high in perceived behavioural control, but a difficult one is rated low in perceived behavioural control. This means that in PBT, a person with a high perceived behavioural control is more likely to form the intention to perform that behaviour despite apparent obstacles and setbacks. According to Ajzen (1998), the role of perceived behavioural control is non-psychological in that it is not the perception of control that causes the failure to act in accordance with intentions but rather the lack of actual control over the behaviour.

This theory (PBT) explains that behavioural control affects the relationship existing between intentions and behaviour in two different ways:

(1), the degree of belief in one's ability to perform a particular behaviour (perceived behavioural control) affects intentions regarding that behaviour and (2) the degree of actual behavioural control affects one's ability to behave as intended. The PBT theory can be related to impact of peer group influence on teenagers about premarital sex which brings teenage pregnancy. In fact, some teenagers lack the actual control on various behaviours they put up because of the massive control other peers have on them and so it affects their ability to behave in a way that they intend to do. Some teenagers may genuinely decide not to engage in a premarital sex behaviour which brings teenage pregnancy but because of the fact that they do not have that control over these behaviours they intend to do; and they eventually conform to influence and persuasion from their peers. Teenagers are sometimes controlled and influenced by their peers than even their own parents when it comes to learning and practicing in certain behaviour.

Behavioural theory holds that most behaviour is learned as a function of one's environment. Hence, the key to altering behaviour is through environmental manipulation. Studies of Pavlov (1927) in conditioning techniques are pioneering in this effect. Pavlov established the fact that conditioning caused a reward and response relationship in dogs. Watson demonstrated that this relationship also exists in humans. Behavioural theorists believe that inappropriate or deviant behaviours are learned in much the same way as appropriate behaviors and that behaviour is learned, it can be unlearned by the use of appropriate social models and the alternation of the response reinforcement contingencies (Skinner, 1976).

Behavioural theories have been met with a host of criticism including the argument that there is a doubt that social behaviour theory is able to describe how environment influences an individual in terms of behaviour. This theory would help teenagers to understand what and how people learn by watching others and how they ultimately begin to assume some control over their own sexual behaviour. It will also help teenagers to keep track of their own sexual behaviour and set goals that would help them to manage their thoughts and actions in order to avoid sexual behaviour that would lead to teenage pregnancy.

### **Social Cognitive Theory**

Social cognitive theory (SCT) works in the area of social learning theory proposed by Miller and Dollard (1941). They identified four key factors in learning new behaviour( drives cues, responses and rewards) and posited that if one was motivated to learn a particular behaviour it would be learned through clear observations. The proposition of social learning was expanded upon and theorized by Canadian psychologist, Albert Bandura. He proposed social cognitive theory with more emphasis on the cognitive processes. These processes suggest that individuals learn through observations and imitating of others' actions to form theirs. That is, social cognitive theory is based on the ideas that people learn by observing the behaviour of other people called models. The basic assumption is that environment affects the behaviour of the individual in terms of learning.

Social cognitive theory also states that human beings learn through observation of other people's behavior and events to form a new behaviour or

changes in our life or way of life. Human beings, learn to speak their native language, how to use tools and behave in a variety of social contexts by imitation and observation. One of the environmental factors that have influence on adolescent pregnancy is peer pressure. Sexual behavior is one of the many areas in which teenagers are influenced by their best friends and peers. Teenagers are more likely to have sex if their best friends or peers are having sex (Miller & Dollard, 1941).

Secondly, the community in which a teenager lives in influences his or her sexual behaviour. Particularly, teenagers who live in disorganised or poor communities with higher rate of substance abuse, violence, and hunger are more likely to begin having sex early and to have a child. If family members especially parents, express value or model behaviour consistent with sexual risk-taking or early childbearing, teenagers are more likely to have unprotected sex and become pregnant or cause their partners to become pregnant. Similarly, teenagers whose older siblings model early sex or child bearing are more likely to have early sex themselves (Miller & Dollard, 1941).

### **Assumption of the social cognitive theory**

SCT rests on several basic assumptions about learning and behavior. One assumption concerns triadic reciprocity, or the view that personal, behavioral, and environmental factors influence one another in a bidirectional, reciprocal fashion. That is, a person's on-going functioning is a product of a continuous interaction between cognitive, behavioral, and contextual factors. For instance, classroom learning is shaped by factors within the academic environment, especially the reinforcements experienced by oneself and by

others. At the same time, learning is affected by students' own thoughts and self-beliefs and their interpretation of the classroom context.

A closely related assumption within SCT is that people have an agency or ability to influence their own behavior and the environment in a purposeful, goal-directed fashion (Bandura, 2001). This belief conflicts with earlier forms of behaviorism that advocated a more rigorous form of environmental determinism. SCT does not deny the importance of the environment in determining behavior, but it does argue that people can also, through forethought, self-reflection, and self-regulatory processes, exert substantial influence over their own outcomes and the environment more broadly.

A third assumption within SCT is that learning can occur without an immediate change in behavior or more broadly that learning and the demonstration of what has been learned are distinct processes. One reason for this separation is that SCT also assumes that learning involves not just the acquisition of new behaviors, but also of knowledge, cognitive skills, concepts, abstract rules, values, and other cognitive constructs. This division of learning and behavior is a shift from the position advocated by behavioral theories that defined learning stridently as a change in the form or frequency of behavior. It also means that students can learn but not demonstrate that learning until motivated to do so.

### **Core Concepts within Social Cognitive Theory (SCT)**

SCT integrates a large number of discrete ideas, concepts, and sub-processes into an overall framework for understanding human functioning. Five of the central concepts are described below. For a more complete

explanation of SCT, readers are directed to works by Bandura and to the relevant chapters within textbooks on learning.

**Observational Learning/Modeling:** From its inception one core premise within SCT has been that people learn through observation. This process is also described as vicarious learning or modeling because learning is a result of watching the behavior and consequences of models in the environment. Although observational learning is dependent upon the availability of models, who or what can serve this role is defined broadly. Live demonstrations of a behavior or skill by a teacher or classmate, of course, typify the notion of modeling. Verbal or written de corruptions, video or audio recordings, and other less direct forms of performance are also considered forms of modeling. There also distinctions among different types of models. Mastery models are proficient when demonstrating skills, whereas coping models struggle, make mistakes, and only eventually show proficiency. Abstract modeling occurs when the skill or knowledge being learned is conveyed only indirectly, and cognitive modeling occurs when a model verbalizes her thoughts while demonstrating a cognitive process or skill.

According to SCT, observational learning of novel behaviors or skills is dependent on four interrelated processes involving attention, retention, production, and motivation. Attention processes are critical because students must attend to a model and the relevant aspects of behavior in order to learn. Retention refers to the processes necessary for reducing and transforming what is observed into a symbolic form that can be stored for later use. Production processes are necessary when students draw on their stored codes and make an



effort to perform what they have observed. Finally, motivational processes are key for understanding why students engage in the prior sub-processes, including whether they ever attempt to use or recreate the new skills they have observed. Each of these processes, furthermore, are affected by factors such as the developmental level of the learner and characteristics of the model and modeled behavior.

Beyond new learning, modeling is also important for understanding when or why previously learned behaviors are exhibited. Students' may inhibit their engagement in a behavior if they observe a model suffer consequences they would prefer to avoid. For instance, if a teacher glares at one student who is talking out of turn, other students may suppress this behavior to avoid a similar reaction. In a related fashion, students may disinhibit or engage in a behavior they had initially suppressed when they fail to see any negative consequences accrue to a model. For example, students may refrain from shouting out answers unless they are called upon only until they see others do so without repercussions. Finally, through a process labeled response facilitation, models can simply prompt others to behave in known ways.

**Outcome Expectations:** Outcome expectations reflect individuals' beliefs about what consequences are most likely to ensue if particular behaviors are performed. For instance, children may believe that if they get a hit during a baseball game the crowd will cheer, they will feel good and will be admired by their teammates. These beliefs are formed inactively through students' own past experiences and vicariously through the observation of others. Outcome expectations are important in SCT because they shape the decisions people

make about what actions to take and which behaviors to suppress. The frequency of a behavior should increase when the outcomes expected are valued, whereas behaviors associated with unfavorable or irrelevant outcomes will be avoided.

**Perceived Self-efficacy:** Self-efficacy also has emerged as a prominent and influential concept within SCT. Self-efficacy reflects individuals' beliefs about whether they can achieve a given level of successful at a particular task (Bandura, 1997). Students with greater self-efficacy are more confident in their abilities to be successful when compared to their peers with lower self-efficacy. Self-efficacy has proven useful for understanding students' motivation and achievement in academic contexts. Higher levels of perceived self-efficacy have been associated with greater choice, persistence, and with more effective strategy use (Pajares, 1996).

Consistent with the tenets of SCT, self-efficacy is viewed as a product of individuals' own past performances, the observation and verbal persuasion of others in the environment, and individuals' on-going physiological state (Bandura, 1997). Rather than directly affecting their self-efficacy, however, these sources of information are weighed and filtered through a process known as cognitive appraisal. For instance, a prior failure may not be detrimental to self-efficacy if students believe there was some no-longer relevant reason for the poor performance (e.g., prior sickness). Interventions based on SCT and designed to increase self-efficacy in school-aged children have proven effective (Pajares, 1996).

**Goal Setting:** Goal setting is another central process within SCT (Bandura, 1986; Schunk, 1990). Goals reflect cognitive representations of anticipated, desired, or preferred outcomes. Hence, goals exemplify the agency view within SCT that people not only learn, they use forethought to envision the future, identify desired outcomes, and generate plans of action. Goals are also closely related to other important processes within SCT. For instance, models can provide goals in the form of specific behavioral outcomes or more general standards for acceptable levels of performance. Goals also are intricately related to students' outcome expectations and their perceived self-efficacy. Goals are a function of the outcomes students expect from engaging in particular behaviors and the confidence they have for completing those behaviors successfully. Finally, goals are an important prerequisite for self-regulation because they provide objectives that students are trying to achieve and benchmarks against which to judge progress.

**Self-regulation:** Research on self-regulation when applied to academic contexts, self-regulated learning, blossomed in the 1980s and continued into the early 2000s to expand. Explanations for students' management or control of their own learning behaviors have arisen from within many distinct theoretical perspectives (Zimmerman & Schunk, 2001). Many of the most common models, however, have strong roots in SCT. SCT models of self-regulation assume that self-regulation is dependent on goal setting, in that students are thought to manage their thoughts and actions in order to reach particular outcomes (Schunk, 2001; Zimmerman, 2000). SCT views of self-regulation initially emphasized three sub-processes (Bandura, 1986; 1991).

Selfobservation reflects students' ability to monitor or keep track of their own behaviors and outcomes. Self-judgment is the process through which students' evaluate whether their actions are effective and allow them to make progress toward their goals. Finally, self-reaction occurs when students' respond to the evaluations they have made by modifying their behavior, rewarding it, or discontinuing it. Self-regulation is a prominent and increasing aspect of SCT that exemplifies the underlying assumptions regarding agency and the influence of personal factors on behavior and the environment. As noted above, self-regulation is also dependent on other processes within SCT, including goal setting and self-efficacy. Unless students have goals and feel efficacious about reaching them, they may not activate the processes needed for self-regulation. Modeling can also affect students' self-regulated learning. The skills needed to manage one's behavior, as well the beliefs and attitudes that serve to motivate self-regulation, can be obtained through modeling

### **Concept of Teenage Pregnancy**

According to the World Health Organization [WHO] (2002b), it is the period between the ages of 10-19 years that encompasses time from puberty onset to full legal age. This phase of life spurts physical, mental, emotional and social development where the individual learns about life making major decisions that leads to career path. During this time teenager feel a lot of peer pressure. Adolescence is generally a complex period where a number of factors may lead to sexual behaviors and reproductive health (RH) risks. This is due to teenagers being less experienced and less informed in accessing RH services (Tufail, 2008).

Akakpo (2013) stated that during adolescence period, both boys and girls grow and gain weight quickly. Their genitals enlarge in size. Some changes occur in girls such as the ovaries beginning to release eggs and they begin to menstruate (for girls). In boys, the testes start to produce sperms. This normally happen between the ages of 13 to 16, even though it can happen earlier or later. Girls and boys become increasingly self-conscious and aware of the changes taking place in their bodies during adolescent period. They also start to be aware of their sexuality and feel sexually desired, sometimes quite strongly. This is a challenging time emotionally, as teenagers struggle to comprehend their own feelings and actions. Their thinking capacities are in abstract terms and empathy with others develops during this period.

According to Melgosa (1997), during adolescent period, boys and girls experience notable physiological changes which prepare them for more mature sociality, and then inclination towards sexual activity is due to a natural curiosity, to a vehement desire for affection and acceptance. At the same time it seems to be a demonstration of the maturity which they believe they have reached in the group and even in themselves. They also find themselves in social contexts which include elements, cultural traditions, fashion, and family, and religion, influence of communication, literature, cinema, radio, television and advertisement. All these elements can encourage or repress teenagers' sexual urges.

### **Premarital Sex Experience**

Hipwell, Keenan, Loeber and Battista (2010) defined early initiation of premarital activities as girls aged 14 and younger. According Hipwell, early

initiation was associated with STDs, lower rates of contraception use, and increased rates of unwanted pregnancy. The issues of teenage pregnancies are complicated with conflicting attitudes and behaviors. Discussions about sex fill their air waves; younger girls are portrayed as sex objects; and sex used to sell everything from clothing to news. Yet we are shocked at the rising number of teenagers who are sexually active (Beaman & Bruckner, 2001).

According to Awotwi (2004), in our present, most of the youth are being exposed to premarital sexual relations. It is the background of this that most of the youth has experience in boy girl relation and the use of contraceptives to combat teenage pregnancy (Jolley, 2001). As has been shown from statistics in this last decades teenagers became sexually active at an earlier stage than they used to and almost one third of 15-16 year old adolescents have already experienced sexual intercourse (Jolley, 2001). Createas (1993) explains that adolescents develop biological maturity earlier than in past generations although they often do not reach psycho-social maturity and economic independence until later. It is obvious that there is a need for more information regarding safe sex which will not only educate them about how to avoid an unwanted pregnancy but also will prepare them to know how to be protected from.

Steinberg (1996) stated that sexual intercourse once delayed until early adulthood is not part of the typical adolescent experience. More than half of all youth have sexual intercourse before graduating from senior high school. When teenagers peers are sexually active, they establish a normative standard that having sex is acceptable, peers influence each other sexual behaviour

directly idea through communication among friends (you have not done it yet!). What is the matter with you or more commonly between sex partners (Steinberg, 1996)? He went on further to state that a sexual activity has become part of the normal practices of teenager's life. Even though educators, teachers, and others are concerned with sexual activities among the youth, adolescence, sexual involvement is accompanied by emotional involvement affection and commitment to the relationship. By no stretch of the imagination can majority of today youth be described as promiscuous or morally lax in matters of sex.

Awotwi (2004) states that, many of the unmarried pregnant girls, especially school girls who become pregnant first thinks of abortion which sometimes results in death. Majority of teenagers have been trying this method all the time. Both junior and senior high school students are involved, and universities and colleges of education students are among. Steinberg (1996), stated that large availability of birth control pills, the overall liberalization of social behaviours and the earlier age of puberty have all been suggested, the more pressing issue about how society ought to react to the change of nature of sex during the teenage period. Premarital sex is not limited to boys, to minority teenagers with emotional challenges. In fact, it is part of life for the average teenager. The more we ignore this by failing to provide adequate sex education, by limiting the accessibility to effective contraceptive; and by not dealing with the issue squarely, the more challenges adolescents will face.

### **Causes of Teenage Pregnancy**

According to Melgosa (1997), the home is the first and permanent

environment of the teenager. It forms a beginning way of development of adolescent. It is home which brought up the inner life of a teenager. There is no doubt that the adolescent boy or girl who is brought up from well established and better homes are found to be organised, well behaving, balance, less aggressive, socially developed where tolerance, discipline, independent, companionship are at home, the teenagers are well behaved.

Melgosa (1997) further stated that sometimes, some parents have permissive character, they contribute much emotional support but exhibit very little control. They are sometimes ready to listen to their teenagers and talk to them but they do not restrict them. In actual fact, some parents allow their own adolescents to dictate to them and even to some extent dictate to their own parents what they should buy and give to them, states that the permissive behaviour adopted by some parents give adolescents opportunity to do whatever they want to do in life. Adolescents with permissive parents always adopt antisocial behaviours of indiscipline behaviour. Melgosa (1997) went further to state that sometimes, some fathers pamper their adolescent children too much and give them unceasing freedom to operate their own life.

In fact this behaviour of some fathers does not assist adolescent at all but rather about immoral lifestyle and attitude to the teenagers. Parents should not allow their adolescent children to behave in this way but rather shape the life style and behaviour of their own teenage children by punishing them when necessary and the child should be made to understand why he or she is being punished. Parent and society at large have become negligent and unconcerned about the moral behavior and discipline of children. Some believe that it is the



order of the day so parents should not be too fussy about youth involvement in premarital sex (Melgosa, 1997).

Lack of parental love has resulted in lack of parental control on children especially girls. Girls have the tendency to find love and confidence in their peer groups who may not have anything good to offer except their premature curious discoveries in the world of sex pregnancy is considered as one of the causes for female drop of education are both the Junior and Senior High School level. For those who do not get access to education, teenage pregnancy becomes their portion. There is a saying that the devil finds work for idle hands. If a girl appreciates the value of education, she would have a goal in life to pursue. Her life becomes pre-occupied with activities that would help her realize her dreams and aspirations in life. Such a girl would be mindful of her lifestyle. She wouldn't want to mess up her life. She would ensure that she develops values that would enable her avoid any unhealthy relationships with the opposite sex. Failure of parents to realize the intergenerational benefits of educating the girl-child has been the cause of high level illiteracy among girl (Melgosa, 1997).

Low value which is placed on girl-child education by parents also encouraged teenage pregnancy. It made the girls see themselves as fashioned only sex objects and for the making of babies. If that was the situation then, they had better start producing babies early: they might think (Melgosa, 1997). Similarly, Bour (2008) states that immoral character of some parents and teachers reflect strongly on their children. Adolescent are always influence in their behaviour by the adult world. Some parents are morally weak; some even

train their own children by imparting their bad behaviour to their own children. He further stated it is the duty for every parent to provide the basic needs and every need of his or her child so that the child will not lack anything and also child will not be tempted to engage in pre-marital sex which will lead her to teenage pregnancy.

This is confirmed by a research conducted in the US by US Public Health Service (2001) that young girls having problems at home would lead them to seek and establish intimate relationship outside the family, seeking warmth and support they lack at home. Also, girl experiencing sexual abuse in the family are linked to increasing risk of teenage pregnancy. Similarly, parent's inability to provide the basic need of girls drives the girls to accept present from the opposite sex which invariably may have to be paid back with sex resulting in pregnancy. Furthermore, the use of girls for cheap labour in family commercially ventures exposes them to irresponsible male adults and makes girls vulnerable to teenage pregnancy also. Teenager girls are more likely to get pregnant if they have limited or no guidance from their parents.

Many parents have busy lives that prevent them from providing the guidance and support that their young teenagers need to make good decisions on issues such as sex. When a teenage girl does not feel that she can talk to her parents about sex either because they forbid sex talk or because they are not around, she will more than likely turn to friends for direction on whether or not to have sex resulting in misinformation and possible teenage pregnancy. Most people evade their own children from talking about sex. In some cases, they provide false information regarding sex and discourage their children to

participate in any information discussion about sex. In some cases, teenage mothers are not well educated about sex before getting pregnant and thus lead to lack of communication between the parents and the children (Akakpo, 2013).

Ellis, Bates, Dodge, Fergusson, Horwood, Pettit, and Woodward (2003) have found that girls whose fathers left the family early in their lives had the highest rates of early sexual activity and pregnancy, such as behavioural problems and life adversity. Early father-absent girls were still about five times more likely in the United States and three times more likely in New Zealand to become pregnant as adolescents than were father-present girls. The apparent lack of sanctions for offenders that is, the one who impregnates and gives room for more people to indulge in sexual immorality without regret.

Negligence of societies and absence of sanction: the society and country as a whole have become so negligent and unconcerned about how morality should be controlled, some even say that even the parents of the children not fussy about youth involvement in premarital sex, the lack of punishment or sanction for offenders gives room for more individuals to indulge in sexual immorality without regret. It is the absence of strong by-laws which even encourage teachers to abuse their own students sexually. Thirdly, lack of healthy recreational facilities: lack of educative out of-school recreational activities for girls' leads girls into unhealthy relationship with members of the opposite sex leading to premarital sex. Many youth have been saddled with premarital sex due to lack of sex education both at home and in

school (Awotwi, 2004).

During adolescence, teenagers often feel pressure to make friends and fit in with their peers. Many times these teenagers who do not have adequate knowledge about sex are influenced by their peers. Teenagers have sex as a way to appear cool and sophisticated. But in some cases the end result is an unplanned teenager pregnancy. A study conducted by Afenyadu and Goparadu (2003) identified peer pressure influence as one of the very important factors driving the sexual behaviour of many male and female adolescents in the Dodowa Community.

The study also found out that six (6) out of every ten (10) teenage sexual activity might be due to peer pressure. A lot of teenagers indulge in early sexual behavior due to peer pressure. Teenagers growing in largely promiscuous societies tend to date far earlier than others in slightly more conventional setups. This is due to the fact that they feel the great need to be 'hip' and 'accepted' by their circle of friends. The only way they could probably achieve that would be by having a boyfriend or girlfriend or at least by dating and indulging in sexual acts often. This kind of rash behaviour could lead to unintended pregnancies (Fox, 2010).

According to Amoako (2005), the major contributing factor to teenage pregnancy is poverty. Many children in Ghana are victims of teenage pregnancy just because their parents do not have enough money to support their education or even provide three square meals for the family. Based on this, they are forced to engage in premature sex to earn some money to support their education or even provide three square meals for the family. The

probability that the teen will become pregnant also relates to poverty's persistence and concentration in the community, and its far-reaching effects on the culture and the social network of which the teen is a part. This is because strong social networks and institutions can buffer teens from the effects of poverty (Portman, 2009).

Meade et al. (2008) concur that Hispanic race, poverty, deviant peer norms, and low parental monitoring all represented risk factors. The objective of Mead et al's (2008) research was to determine if daughters of teenage mothers were at increased risk of becoming teenage mothers, thereby perpetuating an intergenerational cycle of teenage pregnancy. In addition to the risk factors noted above, additional factors influencing daughters of teenage mothers included the teen's mother's marital status and education, and the teen's school performance, dating history, and environment in terms of race and enrichment. Daughters of teenage mothers were 66% more likely to become teenage mothers themselves (Meade et al, 2008).

Martino et al, (2005), exposure to media such as music videos, movies, and television contribute to early premarital activity. Of these, the researchers believe television had the greatest impact. As shown in their study, sexual content averaged 10 sexual references per hour during primetime television. "Media consumption gives adolescents a sense of being connected to a larger peer network" (p. 524). Adolescents look to television, magazine, and movies to help them find and define their station and place in society. Because adolescents have not reached the cognitive level to critically analyze and

determine reasonable levels of realistic goals, they are more vulnerable to media images (Hargreaves & Tiggemann, 2003).

Adolescent girls are more consumers of media. The images and messages presented in the media have strong influence on how an adolescent girl views the world and her role in it. Television is an important part of North American culture. As of 2003 it was estimated that 99% of Canadian households owned at least one colour television; 61.25% owned at least two (Statistics Canada, 2005). Because of its prevalence in everyday life, television is an important source for sociological analysis (Fouts & Burggraf, 2000). Murnen and Smolak (2000) confirm that television, more than the movie industry and the media contribute to teenage pregnancy by glamorizing teenage pregnancy in news stories and movies. Movies that depict teenage pregnancy as something to be desired encourages teenager to engage in reckless sexual activity.

Today's television programmes and movies also contain frequent scenes that provide graphic depictions of sexual activity (Comstock & Scharrer, 2009). Research clearly shows that television portrayals contribute to sexual socialization especially programmes on cable networks. Watching programmes high in inappropriate content has a correlation with the early initiation of adolescent premarital sexual activity and relationships. In addition to this already troubling media impact, is the problem of illegitimacy? According to Comstock and Scharrer (2009), "The rapid growth in recent years of interactive media (e.g., videogames and the Internet) is garnering significant attention as a potential source of influence on children's

development. However, this growth has overshadowed the dominant media influence television" (p. 51).

Martino et al., (2005) agreed, further noting that social cognitive processes mediate the relationship between inappropriate behaviour of teenagers and sexual content on television programmes. These researchers hypothesized that exposure to television may be a contributor to early premarital sexual activity. According to Melgosa (1997), the media is explicit when we talk about adolescent sexuality and eroticism. It is now everywhere and available to all adolescents. Radios, movies, television are now having many ways of advertising through continuous use of pornographic as direct attraction to keep the consumers attention.

Bleakley, Hennessy, Fishbean, Coles, and Jordan (2009) concluded that adolescents reported learning the most about inappropriate premarital behavior from television. Television and modern technology devices, programmes, and activities have had a significant impact on learning about inappropriate behaviour and premarital activities among teenagers. Explicit deviant behaviour, inappropriate language, and sexual references occur regularly on television programmes during family and prime time hours when children are awake to listen and watch.

Akakpo (2013) states that sometimes some teenagers move from rural areas to urban in Ghana such as Kumasi, Accra and Kasoa to find some jobs in order for them to improve their lives and because they do not have accommodations and also proper living conditions they often end up in prostitution. Sometimes because of financial challenges some of teenage girls

face, they take men for money without thinking of the dangers ahead. Most of these teenagers within a short time become pregnant and eventually bear the responsibility on their own if the men decide not to accept the baby and responsibility attached to it.

According to White (2001), fashion rules in the world. It is a tyrannical mistress often compelling her devotees to submit to the greatest inconvenience and discomfort. Fashion taxes without reason and collect without mercy. It has fascinating power and stands ready to citizens and ridicules all who do not follow her wake. Both rich and poor are following its styles. According to Brocke (2001), in our world today a girl will not dress without a complete makeup painted lips with coloured lip-stick. Painted face with heavy pan-cake powder. All these things promote premarital sex through carnal sexual pleasure are aroused and it also attracts boys or men. If a lady dresses in this way, she is telling the whole world that she is ready for sex and nothing more.

White (2001) claimed that idolatry of dress destroys all that is humble, meek and lovely in character. Terrible is the effect of fashion on the physical, mental and moral. Pleasure in dress is drawing our youth away from moral life. According to White (2001), love of lax dress endangers the morals and makes women the opposite of the good lady, characterized by modesty and sobriety. Show, extravagant dress too often encourages lust in the heart of the wearer and weakens base passions in that heart of the beholder. People see that the ruin for the character is frequently preceded by the indulgence of pride and vanity in dress.



According to Awotwi (2004), lack of sex education is one of the causes of teenage pregnancy in the world. Most girls have been saddled with teenage pregnancy for one reason or the other due to lack of sex education both in homes and at school. Because most of the parents and teachers fail to educate adolescent about sex, most of the youth today find themselves in the pre-marital sex which eventually resulted in the teenage pregnancy. Lack of sex education has been the cause of teenage pregnancy among girls.

Most girls have been saddled with teenage pregnancy for one reason or the other due to lack of sex education both in the home and at school. Furthermore, Awotwi stated that some possible causes of premarital sex include failure of some teachers to act as loco-parents: Some of the teachers have already lost their integrity and respect before their own students and have sex with their students. Teachers are expected to act as parent to students. In fact some of the teachers do not consider their professional code of ethics and throw integrity to the wind and sexually abuse school girls.

### **Effects of Teenage Pregnancy**

According to Awotwi (2004), the immediate effect of teenage pregnancy is a disgrace to the girl and the family. The male sometimes deny responsibility of the pregnancy and so the possibility of a girl having a responsible husband only becomes a dream which never be fulfilled. Awotwi (2004) stated that teenage pregnancy could have inter-generational effect on children and grandchildren. There may be no man to take responsibility of the pregnancy. For lack of paternal identity the child may be denied a biologically paternal name. The child may be left at the mercy of generous uncle or step

father.

Poverty as a developmental constraint could sometimes be traced through generation because of the mother's past life, the way a mother conducted herself sexually, such teenage lack the emotional intellectual maturity for responsible family life. As a result, the mother together with the child undergoes poor development. One can be sure that this teenage mother's life would also stand the risk of operating the vicious circle of poverty. This will definitely have some effects on the family, society and nation as a whole. The family members are disgraced as this shows the inability to bring upon ideal responsible and respectful lady. It also affects the family budget as the victim would need the material support from the other family members. Pregnant school girls are not only likely to be expelled but they face stigmatisation, public reduced and also low self esteem.

They sometimes lose their jobs, drop out of school which affect their future life and even the life of their future generation. According to Awortwi (2004), desperate girls normally school girl's first think of the possibility of a successful abortion. The practice of aborting the pregnancy sometimes result in death, the methods that have been tried by girls to achieve what should be desired as criminal abortion are many varied. Quack medical practitioners under unhygienic conditions may do the abortion for the girls illegally. This has been known to result in serious infection and death. Some girls even lose their fertility and never have children in life. Some of these methods of abortion involve highly concentrated drugs and substances. All such substances are toxic to the body and may destroy other organisms in the body.

Some of the girls become successful with these concoctions and preparation from quack medical practitioners: others die from these preparations. Others may not die but they may have health complications later in life.

According to Bour (1994), teenage pregnancy brings or resulted in population growth. Teenage birth constitutes more than 10% of Ghana total birth. He further stated that the results of a rapid increase in population in a developing country such as Ghana are evident. Teenage pregnancy will bring pressure on transport, education, food, health, employment, housing and other facilities, saving capital formation and investment are negligibly thus setting emotion a circle of poverty. Bour (1994) stated that some teenager girls are potential human resources. These potential resources are lost to the nation, community and the family as a whole these skills and talent are destroyed as a result of teenage pregnancy for example who know if any of these teenage girls can be very important person in the country (Ghana) like a minister of the state, member of parliament district chief executive, medical doctor, lecturer, lawyer?

Akakpo (2013) stated that in rural communities, family financial exigencies and social custom induce girls to stay out of school and enter into early sexual relationships which lead them into getting pregnant at early stages of their lives thereby making them continue to be in the cycle of poverty.

Cunningham and Boulton (1996) reported that teenage pregnancy has a lot of social effects which such as: school drop-out, failing prey to criminal activity, abortion, ostracism, child neglect, school adjustment difficulties for

their children, adoption, lack of social security, repeated pregnancy and negative effect on domestic life. Poverty and its related ill are clearly connected with teenage pregnancy and childbearing. Poor teenagers are more likely to get pregnant and have children, and teenage who begin families are more likely to be poor. Therefore, poverty and other manifestations of social disorganization can be both the consequences and causes of teenage pregnancy and childbearing. About two-thirds of all students have sex before graduating from senior high school potentially exposing themselves to pregnancy and STD's. More than four in ten adolescent girls still get pregnant at least once before age of 20 (Kaisear Family Foundation, 2002).

When teenagers give birth, their future prospects become bleaker. They become less likely to be completing school and more likely to be single parents, for instance. Their children's prospects are even worse. They have less supportive and stimulating home environment's poorer health, lower cognitive development, worse educational outcomes more behaviour problems, and are more likely to become teenager parents themselves. Children born to teenagers are also at greater risk of neglect and abuse, have worse educational outcomes and less likely to receive adequate health care than children born to women over 20 years of age. The child of a teenage mother also faces serious challenges; Babies born to teenagers are more at risk for premature birth and low birth weight, raising mental retardation, mental illness, cerebral palsy, dyslexia, and hyperactivity (Kaisear Family Foundation 2002).

Most experts agree that disadvantaged backgrounds account for much of the burden teens carry, having a baby during adolescence only exacerbates the situation (Bridgeland, 2006). Research indicates that the children of teen mothers bear the greatest burden of teen pregnancy and childbearing and are at significantly increased risk for a number of economic, social, and health problems. A reduction in teenage pregnancy, especially through pregnancy prevention programmes, is beneficial to society as it can strengthen the future workforce (Brace, 2009). In the view of Kirby (2007), today's economy demands a sophisticated and educated workforce, but pregnancy often causes girls to terminate their education prematurely, and is also a factor preventing adolescents from preparing themselves for employment and becoming established in the labor force. Opportunities significantly decrease when children have children, and their future is often one of continual poverty.

On the average, teenage mothers experience higher levels of morbidity and mortality than children of older women. Some young girls who get pregnant may seek unsafe abortions for several reasons (Ghana Statistical Service, 2009).

### **Sources of Information on Sex and Sexuality**

Media and peers are vital sources of information on sex and sexuality to adolescents. Montemurro (2003) indicated that, obviously; adolescents are functioning with in a complex environment, which exposes them to many things and ideas. Much emphasis is placed on sexual behaviour and sexuality by the media such as television, newspapers, magazines, and books are filled

with sexual episodes and anecdotes. Adolescents have numerous exposures to the concept of sex.

Adolescent girls are more consumers of media. The images and messages presented in the media have strong influence on how an adolescent girl views the world and her role in it. Because of its prevalence everyday life, television is an important source for sociological analysis (Fouts & Burggraf, 2000). Murnen and Smolak (2000) also stated that television, more than any other form of media, plays an important role in shaping adolescents' attitudes and views about society and social interaction and sexuality. It is through television that adolescent girls are given a connection to the expensive social world. Girls look to television to define normal and appropriate roles and behaviour for men and women.

According to Bearman and Bruckner (2001), virginity pledge is a decision taken by an adolescent to postpone sexual intercourse till age 20 or till marriage. The Longman Active Study Dictionary (1991, p. 672) explained virgin as a "person especially (woman or girl) who has never had sexual intercourse". It, therefore, stands to say that a virgin is a woman or girl who has never engage in sexual intercourse with the opposite sex. A research conducted by Bearman and Bruckner (2001) suggests that teenagers who make a public pledge to refrain from premarital sex delay sexual intercourse significantly lower than those who do not make a public commitment. Another studies sponsored by the National Institutes of Child Health and Human Development, looked at 6800 students from 41 schools in the United States.

Adolescents who took a pledge to defer sexual intercourse until marriage delayed sex about 18 months longer than those who had never taken such a pledge (Bearman & Bruckner, 2001). On the contrary, a 2004 study by Yale and Columbia University found out that fully 88 percent of those who pledged virginity and abstinence have premarital sex anyway. But before those intent on delaying sexual intercourse until marriage begin printing pledge cards; they need to put in mind the limit to pledge. The study examined those who have voluntarily taken the public pledges. The possibilities of those who were forced or due to social pressure into making pledge are more likely not to remain virgins. However, the effectiveness of the pledge depends on the students' age.

For example, 18 years and above taking virginity pledge will not hold for a long time or had no effect. Pledges are effective for those in 14 to 17 years. Adolescent pledge is a sense of identity, similar to the way joining a club does. When a few numbers take the virgin pledge they are more likely to adhere to the norms of the club or group. In contrast, if a majority of students take a pledge of virginity, the pledge becomes less unique and adherence is less likely. The study further assessed that breaking the pledge do not have any significance effect on the self-esteem of the teenagers on how they view themselves. If teens have appropriate relationships, which do not include premarital relations and/or teen pregnancy, they will have a better chance of finishing their education and obtaining employment training (Mangino, 2008).

According to Brace (2009), parents, as well as the community and society, need to do all they can to develop positive attributes in their children.

They should not only encourage them, but also educate their teenagers about premarital relations and its consequences, especially as it pertains to engaging in inappropriate behavior at an early age. In addition, reducing teen pregnancy contributes significantly to the goal of promoting responsible fatherhood. Brace (2009) stated that involved and committed fathers are important to the wellbeing of their children.

However, children who are born to teen parents often consistently lack any close connection with the father because the relationship between their parents is more likely to dissolve over time. Brace (2009) reported that home life situation, household economic standing, low education levels of parents, friends that are sexually active, and problems at home may contribute to teenage pregnancy. Parents need to be honest and allow the teens to be the expert when and where appropriate (Miller, 2002). However, it is essential that educators and parents hear the voice of teen mothers to find out what society can do to assist them in becoming productive citizens.

Roche and Leventhal (2009) indicated that parenting and adolescent premarital relationship onset as influenced by neighborhood disorder for low income urban families of colour. They concluded that family routines and higher levels of parental knowledge were associated with the likelihood of early sexual transitions, especially when assessed at lower levels of neighborhood turmoil (Waddington, 2007).

### **Sex Education**

According to Blenkinsop and Schagen (2004), sex education which is sometimes called sexuality education or sex and relationship education is the



process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. Sex education aims to reduce the risk of potentially negative outcomes from sexual behaviours such as unwanted pregnancies, teenage pregnancies and infection with STDs including HIV/AIDS. It also aims to contribute to adolescents' positive experience of their sexuality by enhancing the quality of their relationship and the ability to make informed decision over their life time. Sex education is to provide students with information about contraceptives use which can help prevent adolescent pregnancies (Miller, 2002).

It is also argued that providing sex education helps to meet young people's rights to information about matters that affect them, their right to have their needs met, and to help them enjoy their sexuality and the relationships that they form. However, sex education aims to reduce the risks of potentially negative outcomes from sexual behavior, such as unwanted or unplanned pregnancies and infection with sexually transmitted diseases. It also aims to contribute to young people's positive experience of their sexuality by enhancing the quality of their relationships and their ability to make informed decisions over their lifetime (Avert, 2010). This is confirmed by a research conducted in the US by US Public Health Service (2001) that young girls having problems at home would lead them to seek and establish intimate relationship outside the family, seeking warmth and support they lack at home. Also, girls experiencing sexual abuse in the family are linked to increasing risk of teenage pregnancy.

Schools have unique opportunities to provide education and information, as well as structured activities that discourage unhealthy sexual risk taking. Greater involvement in school is related to decrease sexual activities and later initiation of sex, pregnancy and child bearing (US Public Health Service, 2001). Ayerterey (2002) noted that adolescents usually go through three phases; early adolescence which occurs during the period from 12 and 14, teen middle adolescence which last from about ages 15 and 18 and late adolescent which starts from 19 to 21 years. It is interesting to note that early adolescence spans the JHS years; the middle adolescence spans the SHS years and late adolescence spans in tertiary institutions. At first, the notion was that teenage pregnancy used to happen to adolescents who have no educational background and no guardians, but the notion seems to be wrong, as the culprits of late are those in school (Selby, 2009).

According to Avert (2010), sex education is about developing young people's skills, so that they can make informed choices about their behaviour and feel confident and competent when acting on these choices. It is widely accepted that young people have a right to sex education. This is because it is a means by which they are helped to protect themselves against abuse, exploitation, unintended pregnancies, and STDs (Avert, 2010). Walker (2001) states that, many times, some parents feel uncomfortable or embarrassed talking about sexuality with their children. Mostly, they feel they do not have enough specific facts about sexuality to intelligently educate their children on sexual issues. There is evidence that parents want sexuality education to be taught in schools (Kaisa Family Foundation, 2000). Parents are of the view

that it is the responsibility of the school to provide their wards with sex education but this issue is quite debatable.

In Ghana, parents hold the view that the teaching of adolescent reproductive health education in schools should inculcate in students the ability to withstand the test of time in matters of sexuality. The school is to equip students with knowledge, skills, values and attitudes to enable them take informed decision about their sexual lives. This will enlighten them to keep out of sexual activities which lead to unwanted pregnancies (MOE, 2007). Sex education is a broad term used to describe education about human sexual anatomy, sexual reproduction, sexual intercourse, reproductive health, emotional relations, reproductive right and responsibilities, contraception, and other aspects of human sexual behaviour. Common avenues for sex education are parents, teachers or school programmes and public health campaigners (Mueller, Gavin & Kulkarni, 2008).

Many adolescents are sexually active despite the fact that they may not be cognitively, emotionally, or financially prepared for the consequences of their behaviours. In the USA adolescent pregnancy rate has shown a steady decline, however, the National Center for Health Statistics (2006) in a study reported that between 2005 and 2006, the national teen birth rate increased three percent - the first increase in fifteen years. Numerous studies have been conducted in an attempt to determine the most effective way to educate the youth about sexuality, personal responsibilities and teen pregnancy prevention. Comprehensive sexual education is advocated to be most effective in teaching

adolescents about the knowledge, skills and values related to their sexual health (Moore & Rienzo, 2000).

Sex education involves warnings and threats about the dangers of sexual activity, and is heavily pro-abstinence. Students have little knowledge about available contraception or alternatives to sexual intercourse and poor access to quality information on sex, reproduction and relationships. The increase in teenage pregnancy among female students in the Junior High School level of Ghana to which the newspapers derive prominence these days seems to attest to the fact that reproductive health education is either “untaught” or “under taught” in the Junior high School. In fact, one is not sure of the kind of knowledge in sex education offered in the Junior high school of education in Ghana (Appiah, 2007).

According to Asuman (2008), students have little knowledge about their reproductive health which leads them to self-destruction by making wrong choices on matters of reproductive health. Some information was also received from experience, physicians and the church. Boys were more dependent on peers and girls on parents for their sex information. The fathers were an insignificant source of information for both boys and girls. Sex education should be started before the age of 14, when young people become sexually active. Information should be provided for teenagers about avoiding unintended pregnancies, including detailed information about contraception and its side effects.

Fox and Inazu (1980) observed that earlier than parents are not doing any good job as people claim, the place of sex education is in the home. Fox

and Inazu for example, indicated that only one-third of 499 mothers in their study in the United States of American had talked with their 14-15year old daughters about sexual intercourse or birth control. Not quite one-half had discussed menstruation and sexual maturity. For the most part, parents gave their children negative messages about sex. Other studies revealed that parents are either ignorant themselves, embarrassed to discuss sexual topics, afraid that knowledge will lead to sexual experimentation or they set negative example at home Rice (1984) indicated that there is no evidence to show that sexual knowledge *per se* leads to sexual experimentation.

There is however a lot of evidence to show that ignorance about sex leads to trouble. On the part of the adolescent, Fox and Inazu (1980) have established that some also feel embarrassed to discuss sexual issues with their parents. This suggest a communication gap between the parents and their children which communication is most needed for proper sexual knowledge. Some studies have shown that only 15 percent of young persons said they were satisfied with their parents' discussion about sex, (Gordon & Synder, 1986). Akakpo (2013) suggests these roles to be played by parents as sex educators of their wards; parental acceptance also helps the child to develop a sense of self worth which enable him to direct his sexual appetite and impulses with due respect for others. He will also have a foundation of knowledge, which will permit him to cope with a school programme fitted to the developmental needs of adolescent children.

Parents should be capable of influencing the child's attitude toward the knowledge about sex. Even in the absence of 'any verbalisation, parents can

teach their teenage children more on their sexual issues. Some parents feel uncomfortable talking about sexual issues with their teenage children. They normally feel that, they do not know how to educate their adolescent children about sexual matters. This approach interferes with open, honest communication about sex between parent and child. They, therefore look to the school sex education programme to fill that gap (Balding, 1994). The school plays major role in the holistic development of a child through teachers. School is a second home of every student and for that matter teacher serves as parents in the school.

In fact school-based sex education can be an important and effective way of enhancing student's behaviour, knowledge and attitude about sex and sexuality. For teachers to be able to make the right impact and give credible sexual information to students there is the need to avoid teachers and student engaging in sexual relationship which can result in adolescent pregnancies and other inappropriate sexual behaviour. Through participatory methods of their students, such as listening communication, negotiation, refusal and taking informed choices or decision about their sexual lives (Balding, 1994).

Teachers are the main adult other than family members with whom student interact on a daily basis. In an era of high teenage pregnancy rate, teachers play even more critical roles of being a source of accurate information and a person with whom teenagers can raise sensitive and complicated issues about sexuality. As the incidence of teenage pregnancy increases; the need becomes more urgent for teachers to discuss matters of

adolescent pregnancy in the context of human development, sexuality and prevention of teenage pregnancy (Balding, 1994).

### **Sources of Education on Teenage Pregnancy**

Sex education can take place in different settings, both in schools and at home. In these contexts, many people have privilege and duty to give sex education to students. Parents also have opportunity to discuss sexual issues with their children. Parents as a source of information can discuss issues concerning sexuality and sex.

Parents should be responsible and tell the adolescents the truth, and expose them to realities of life. He will also have a foundation of knowledge, which will permit him to cope with a school programme fitted to the developmental needs of adolescent children. Parents should be capable of influencing the child's attitude toward the knowledge about sex. Even in the absence of any verbalisation, parents can teach their teenage children more on their sexual issues. To be able to make the right impact and give credible sexual information to students, there is the need to avoid teachers and students engaging in sexual relationship which can result in adolescent pregnancies and other inappropriate sexual behaviours.

Thus these teachers would have no credibility with students when teaching sex education. Sexuality and adolescent reproductive health education are often controversial because some individuals are of the view that talking about sex in schools may increase sexual activities. However, according to two exhaustive reviews of studies by the World Health Organisation (WHO) (2003) and prevent teen pregnancy sexuality education

programme do not lead to an increase in sexual activities among adolescents. Evermore encouraging, the reviews found that effective sex education in schools can result in delaying first intercourse.

Adolescents watch television, magazine, and movies to help them find and define their status and place in society. Adolescents because they have not reached the cognitive level to critically analyse and determine reasonable levels of realistic goals, are more vulnerable to media images (Hargreaves & Tiggemann, 2003). They are more likely to take at face value all images and scenarios portrayed in the media. Ahmed (2004) also stated that children now receive a distorted view of life on television and in the movies where broken marriages, prostitution, illicit love affairs and adultery are portrayed as conventional events. It is believed that adolescents learn about sex from printed literature and from high school classes in health, physical education and biology.

Akakpo (2013) stated that pervasive media messages have a strong influence on an adolescent girl's self image. The adolescent girls in their search for self identity and acceptance are quick to model themselves on the images and messages presented in the media. Their sense of personal identities and ability to interact socially is not yet developed. They look to the media to help them find meaning in their lives, rules for social interactions, and definition of self. Adolescent girls are more consumers of the media.

### **Sex and Family Life Education in SHS**

According to Melgosa (1997), adolescence is like a bridge between the "wild" years of childhood. Therefore, it is expected that adolescence will be a



period of troubles passion, suffering and rebellion against adult world. The world is full of snares for the feet of the children. They cannot discern the hidden dangers of the fearful ending of the path that seems to be them the way of happiness. Through the indulgence of appetite and passion, their energies would be wasted and many are planned for this world. Parents and teachers should remember that children must encounter these temptations in their lives. Taylor and Buku (2006) the problem and needs of adolescents call for guidance and counselling: physical, physiological and emotional changes take place in the youth.

Parents and teachers should assist in handling these problems by offering socio-personal information to students or pupil. The society is becoming more complex as a result of science and technology. This brings about trial, lack of proper adjustment to these changes and subsequently social problem of sexual misconduct and unconventional means of recreation among the youth. They went on to state that parents and teachers should assist individuals to make intelligent decision about responsible life management. Taylor and Buku (2006), state that as teenagers move into the mature adulthood they form intimate relationships and free themselves from the influence of the parents The teenagers now learn to deal with members of the opposite sex in socially and sexually mature ways. In this regard, members of opposite sex who the child might have him or her look down upon are now seen as attractive and desirable.

According to Steinberg (1996), sex education programmes which add information on contraceptive services appear to hold the most promise in

decreasing unintended pregnancy and the prevalence of sexually transmitted disease including HIV/AIDS. Many of youth are seriously aware of the dangers of HIV/AIDS, which has been a problem to persuade boys and girls to translate this kind of knowledge into good attitudes. Melgosa (1997), state that sex education programme in schools are good but in a relation of mutual love and trust existed over the periods, teenagers have way of finding answers to their challenges. Schools having better materials and personal resources should offer moral perspectives of sexualities and teach sexuality with ethical and moral guidance. Students as well as teenagers should be taught sexuality education not only for procreation, but also for marriage couple to show their mutual love and to maintain a high satisfaction. It means that sexual intercourse, petting, kissing; and sexual desire should not be done by the teenagers but only marriage couples.

Teenagers who engage in these behaviours invite challenges to themselves throughout their lives. For all these reasons, boys and girls should wait before marriage. According to Melgosa (1997), teenagers need sufficient knowledge of the anatomy and physiology of the feminine and masculine genitalia as well clear ideas about what they will experience in their 'own bodies such as the masturbation, petting and others. Teenagers must understand the function of sexual act and know about the process of conception and its control. Secondly, teenagers must be familiar with birth process and pregnancy. Finally they need to be warned about the different STD'S (sexually transmitted diseases) with their dangers and consequences, for example, HIV/AIDS. It is good for teenagers to have sex education with

ethical, moral and better guidance. Teenagers need guidance as to how they can use their principles of mutual respect to the reasonable use of sexuality. It is important for the teenagers to understand the advantages and disadvantages of all sexual conduct. It is a major responsibility of every family to give this knowledge about sexuality.

### **The Role of Sex Education in Reducing Teenage Pregnancy**

According to Gavin and Kulkarni (2008), sex education is a term used to describe human sexual education, sexual intercourse, human sexual adductive right and responsibilities and those responsible for sex education are counsellors, teacher or schools, parent and hospitals. Blenkinsopp and Schagen (2004) indicate that sex education is the process of acquiring information and forming attitudes and beliefs about sex, sexual identify relationship and intimacy. They further indicate that sex education is also about developing young people's skills so that they make informed decisions or choices about their behaviour and also feel confident and concept about acting on choices. It is generally accepted that teenagers have the right to sex education. This helps adolescents to protect themselves against Sexually Transmitted Diseases (STDs) sexual abuse, teenage pregnancies and exploitation.

According to Miller (2002), sex education helps to provide children with information about contraceptives use which can help to reduce teenage pregnancies among students. He further indicated that sex education aims to prevent the risk of negative outcomes from sexual attitudes such as adolescent's pregnancies, unwanted pregnancies and even infection with

sexual transmitted disease (STDs) and HIV/AIDS. The aim of sex education is to provide children or adolescents with right information about sex. The right information helps adolescent to know how to deal with sexuality very well.

In a similar view Miller (2002) expressed that comprehensive sex education in teaching sex education as a separate course of the study subject would be probably an effective means of addressing the increasing rate of adolescent pregnancy among our student girls and to change the sexual attitudes of students.

The difference between these approaches and their impact on adolescent behaviour remains a controversial object. In US, teenage birth rate has been dropping since 1991, but a 2007 report showed 3% increase from 2005 to 2006 respectively. From 1991 to 2005, the percentage of teenagers reporting that they had sex or were currently sexually active showed small declines. However, the US still has the highest rates, of STDs among teenagers in the industrialized world National Center for Health Statistics (2006). Public opinion polls conducted over the years have found that the vast majority of Americans favour broader sex education programmes over that teach only abstinence, although abstinence educators reactively published poll data with the opposite conclusion.

### **Parents' Role in Reducing Teenage Pregnancy**

One of the responsibilities of a parent is to guide their children. One of the responsibilities is giving them education on sex. In the light of this, Akakpo (2013) indicate that parents should be capable of influencing the child's attitudes toward the knowledge about sex. Though attitudes and

examples, parents can convey the feeling that interest in sexuality is legitimate and that their warmth and acceptance also helps the adolescent to develop a sense of self-worth which enable him to direct his sexual appetite and impulse with due respect for others. He will also have a foundation of knowledge, which will permit him to cope with a school programme fitted to the developmental needs of children.

Even though some parents, especially on educated parents feel uncomfortable to teach their own children sex education. Some of the parents are of the view that they do not have enough facts to educate their children when it comes to sex matters. Some do not have knowledge about the subject matter of sex education. Some parents think that it is the duty of the school to teach their children sex education. A survey conducted by Balding (1994) of nearly 30,000 young people aged 11-16 found that a third of the boys and almost half of the girls gave their parents as their main source of information. It is vital to note that children at this age were most at risk sexual exploitation and unintended pregnancy. He further indicated that overall, half of the teenagers felt their parents should be the main source of information but cited mutual embarrassments the barrier.

Sometimes when adolescents seem reluctant to talk, but it is important not to interpret any difference as meaning there is nothing left to talk about. There is evidence that positive parent-child communication about sexual matters can lead to greater condom use among student's boys and lower rate of conception among student-girls (Kirby, 2008). This issue is observed by a study conducted in USA by Dittus and Jaccard (2000). According to the study,

adolescent who reported being highly satisfied with their relationships with parents were 2.7 less likely to engage in sex than adolescents who had little satisfaction with their parental relationships. Relationship satisfaction was associated with a lower probability of engaging in sex, higher probability of using birth control if sex occurred and lower probability of pregnancy during the ensuing 12 months. Parents should be responsible and tell their adolescents the truth and expose them to realities of life.

### **Teachers/School Role in Reducing Teenage Pregnancy**

Teachers are often the main adults other than family members with whom students interact on a daily basis. In an era of high incidence of premarital sex, teachers play even more critical role of being a source of accurate information and a person with whom adolescents can raise sensitive and complicated issues about sexuality. As the incidence of teenage pregnancy increases, the need becomes more urgent for teachers to discuss matters of premarital sex in the context of human development, sexuality and pregnancy prevention. Teachers also need to know how to protect their health, control their emotions and attitudes, and the importance of putting students at risk through their own behaviour. Ideally as trusted gatekeepers of information, teachers can be instrumental in imparting positive sexual behaviour among students.

Teachers can function as role models, advocates for healthy school environments, guide for students in need of services, resources for adequate information, mentors, and effective instructors. But to meet these expectations in an era of teenage pregnancy and STD'S and HIV/AIDS, teachers need skills

and knowledge as well as support, from the educational system and broader community. In school, the interaction between the teacher and the students take a different form and is often provided in all organised block of lesson. The school-based sex education can be an important and effective way of enhancing students' knowledge, attitudes and behaviours about sex, and sexuality (Balding, 1994).

### **The Role of Counseling in Reducing Teenage Pregnancy**

According to Lear (2007), in order to create a culture of learning and reduce unhealthy relationships, school counselors must be trained in appropriate methods of counselling students who become pregnant or exposed to sexually transmitted diseases (Lear, 2007; Portman, 2009). It is essential that school counsellors are trained and participate in the planning, developing, and teaching of healthy and appropriate relationships. According to Pietrofesa (1996), counselors must learn to deal with the relationship concerns of their students and motivate students to become involved in relationship counselling and education to reduce unhealthy practices and teenage pregnancy.

According to Mushwana (2015), counsellors must learn to deal with the relationship concerns of their students and motivate students to become involved in relationship counseling and education to reduce unhealthy practices and teenage pregnancy. Teenage parenting is filled with emotional issues for both society and teens. When parenting results from an out-of-wedlock pregnancy, feelings run high. The challenge for school counselors is to develop outreach strategies for working with members of this population. In addition, counselors must address personal and career concerns of young

parents and make necessary referrals. Usually the process is accomplished best through collaborative efforts between school counselors and community mental health workers.

One essential task is to prevent teenage parents from having a second child. Another crucial aspect is keeping teen mothers (and fathers) in school and increasing their success in academic, personal, and interpersonal arenas (DeRidder, 1993). Family education and family planning counselling should be offered to all, providing education and employment opportunities as alternatives to teenage pregnancy; increasing public awareness of Fertility – related problems facing young adults and supporting all programmes designed especially for young women (Kaunda, 1989).

### **Preventions of Teenage Pregnancy**

Considering the cause, effect, and premarital sex experience among the teenagers today. In fact, there is no doubt that care is not taking about teenage, (pregnancy) present situation then the future leaders of the country will be in trouble this is because teenage pregnancy can lead to abortion, gynecological complication, lost of potential human resource, poverty and even death. Therefore, government, chiefs, traditional authorities, religious groups, legislative councils and district assemblies should discourage and campaigned against it.

Awotwi (2004) notes that parent should know that home is the immediate environment of the child and it forms the support system for the growing child. The home therefore contributes significantly to shape the life of the child. In many situations some correlation is found between the type of



home the child is brought up in and his or her adolescent behaviour. Parent should recognise their role as divine beauty and give good council to their children. Children should know that they are loved by their parent and they are wished well and not evil. Parent should earn the love and obedient of their children to accept their good council and direction.

According to White (2001), parents should know and understand their responsibility, that the world is full of snares of feet of the young people may be addicted by life of sensual pleasure. Parents must know that their children must encounter this temptation. Even before birth, the preparation should begin that will enable them to fight successfully the battle against immortality or evil. It is in the home that children are to be prepared to attend the school. Fathers and mothers should continue to keep this in mind. Good instruction in the home is the best preparation that children can receive for school life.

Akakpo (2013) states that parent should try to advice their children seriously about the immediate and future dangers of teenage pregnancy. It is the sole responsibility of every parent to train up the child the way he or she should go so that if he or she grows he or she will not depart from it. One of the major duty of the parent is to teach the child about sexuality. You should not feel shy or afraid to educate your own child about sexuality which is destroying most of the youth these days. Melgosa (1997) is of the view that it is the responsibility of the teachers and the school to teach students and the pupils everything about sex. The teaching of sex education is the responsibilities of both teachers and parents. Sex education in schools should include moral perspectives about sexuality and complete ethical guidance.

Awotwi (2004) states that it is the duty of every parent to ensure that children are well-informed about the nature of sexuality. Parental sex education is, therefore, crucial in the development of children into adulthood. Many parents erroneously believe that children do perceive sex only in a rather negative sense and therefore parents would do everything to stop the children from asking questions on sex. Interestingly, most children are genuinely ignorant about sex and the making of babies.

Bour (2008) is of the view that sex and family life education should be introduced at basic level of education, that is, it should begin at junior high school and also continue in senior high school. Awotwi (2004) is of the view that a sharp focus on girls' education is therefore very necessary to help them realize that their function in society is not only the making of babies. The making of babies has its better place in life and they must wait for that. They are expected to acquire knowledge and skills and be in a position to contribute to national development. This sensitization of the youth is the sole responsibility of parents. Teachers are expected to contribute to what parents start at home, (Ogah, 1990). There have been attempts to inform video houses from showing pornographic films and allowing youth to watch it. Government, parliament, district assemblies, traditional leaders, chiefs should enact laws in the country (Ghana) as a whole to solve this phenomenon. Also, every district assembly and traditional authority should also enforce and monitor this law. Government, district assemblies, traditional authorities and chiefs should sanction those who engage in such practices.

## **CHAPTER THREE**

### **RESEARCH METHODS**

In this chapter, the various methods that were used to collect and analyse data are described. This section describes the research design, population, sample and sampling procedures, research instruments that were used for data collection, data collection and data analysis procedures.

#### **Research Design**

The study investigated the causes, effects and prevention of teenage pregnancy among senior high schools' students in the Agona-West Municipality in the Central Region of Ghana. The cross-sectional descriptive survey design was employed. It is a type of descriptive research that produces snapshot of a population at one or more points in time and concerns itself with the present status of a phenomenon. Cross-sectional design was used because it is comparatively quick and cheap to conduct and administer (Creswell, 2000).

#### **Population**

The population comprised students. The target population of the study consisted of all third year Senior High School (SHS) students in Agona West Municipality during the 2013/2014 academic year. But the accessible population comprised third year students from the six selected schools for the study. There were 13 SHSs with a third year student population of 3,908 as at

the 2013/2014 academic year (Agona West Municipality Education Directorate, 2014). The third year students were selected for the study because having gone through the SHS for almost three years, they stood in a better position to provide the necessary information for the study.

### **Sample and Sampling Procedure**

The sample size of the study consisted of 300 students. The 300 students were selected from a population of 1,370. According to Krejcie and Morgan (1970), for a population of 300, the suggested minimum number that should be used as sample size could be 300. This constituted the sample size used for the study. The choice of the sample size was also informed by factors such as cost, representativeness and sampling error which can be tolerated.

Multistage sampling procedure was employed to select students for the study. The first phase involved obtaining sample frame (a list of all the students in the 13 SHSs) from the Agona-West Municipal Districts Education Directorate for 2015. The second phase involved proportional allocation of sample size among the 13 schools such that schools with large population obtained large sample size as shown in Table 3. Finally, simple random sampling technique (random numbers generated from Microsoft Excel) was employed to select the sample (300 third year students). This technique was to give equal chance and opportunity for respondents to be selected.

**Table 3 : Distribution of Students' Enrolment (final year) of the Selected Senior High Schools and Sample Chosen for the Study**

Name of school	Enrolment			Sample size 30%			RUN UP
	Boys	Girls	Total	Boys	Girls	Total	
Swedru School of Business	320	240	560	96	72	168	168
Nyakrom Sec./Tech. School	180	113	293	54	33.9	87.9	88
Bobikuma Central High SHS	23	15	38	6.9	4.5	11.4	11
Abodom Sec./Tech. School	23	14	37	6.9	4.2	11.1	11
Agonaman SHS	21	15	36	6.3	4.5	10.8	11
Abodom Higher High SHS	22	14	36	6.6	4.2	10.8	11
<b>Total</b>	<b>589</b>	<b>411</b>	<b>1000</b>	<b>176.7</b>	<b>123.3</b>	<b>300</b>	<b>300</b>

## **Research Instrument**

The main data collection instrument was a self-developed questionnaire (see Appendices A). The questionnaire was divided into five sections. The questionnaire had five sections. Section A of the questionnaire covered the demographic data of respondents. The sections B, C, D and E were structured along the following headings: the causes of teenage pregnancy; the effects of teenage pregnancy; sources of information on teenage pregnancy; and measures to prevent teenage pregnancy. Some items (made up of both closed-ended and open-ended questions), were modification and selections from available literature.

The use of the questionnaire was preferred because it ensured a wider coverage and enabled the researcher to reach out to a large number of respondents. This minimized the problem of no-contact which other methods faced. The questionnaire was also used in the study because in comparison to other method, it is characterized by its impersonality. In other words, the items are the same for all respondents, anonymity is respected and there were no geographical limitations to its implementation. Although questionnaires have potentially low response rate, it is relatively economical in terms of cost and time, it also allows time to carefully check the contents of the items (Walliman, 2005).

This is an important consideration in the study which seeks reliable information from the respondents. According to Patton (2002), researchers can get the right responses from respondents when they use questionnaires. The items in section B, C, D and E were structured along the lines of the Likert-

scale. This is because such a scale enables the respondents to indicate the degree of their agreement in a given statement. It was easy to construct, administer and score. Thus, statements of the Likert-scale was structured on a five point scale which required the respondents to indicate the extent to which they agree or disagree ranging from Strongly Disagree (SD), Disagree (D), Undecided (U), Agree (A), and Strongly Agree (SA).

### **Validity and Reliability of the Instrument**

After constructing the questionnaire, its validity, reliability and lay out were taken into consideration. The aim was to avoid any weakness before producing the final version for implementation. Examination of the validity aimed to make sure that the adopted instrument measured what it was supposed to measure (Cohen & Manion, 1994). Several types of validity were used to demonstrate the validity of the questionnaire. These included content validity. Content validity refers to the degree to which the scores yielded by a test adequately represent the content or conceptual domain that these scores purport to measure (Best & Kahn, 1998). The claim for content validity was based on the examination of the survey instrument by educational professionals and participants of the pilot study. The content validity of the questionnaire was examined before conducting the study. I took the following steps in order to ensure the content validity of the questionnaire's items:

1. The construction of the questionnaire was influenced by the literature reviewed in my study and the conceptual framework to ensure that the questionnaire reflects the representative themes.

2. The initial version of the questionnaire was revised by my supervisors who commented on the layout of the questionnaire, the wording and possibilities of similar statement. The aim was to reveal any ambiguity, threatening questions and other problems which needed to be sorted before trying out the questionnaire. Their constructive and informative responses were used to improve the questionnaire to produce the final versions.
3. Researchers (Best & Kahn, 1998; Gall, Borg, & Gall, 1996) advocated pilot-testing the survey instrument prior to its delivery to the participants. In this regard, the instrument was piloted with a group of students in SHSs in the Agona East District. These individuals reviewed the instrument, commented on its appropriateness, and made recommendations for change. Their recommendations and suggestions were taken into consideration, and some modifications in terms of wording and repletion were made. The feedback helped to ensure that the instrument measured what it was intended to measure.

Based on that the following changes were done to the final version of the questionnaire:

1. The overall format was changed, and the items were put in five scales instead of the initial three.
2. The abbreviations such as A, U, and D which represented Agree, Uncertain, and Disagree in the columns of the Likert-type scale were substituted with the whole words, to make it easy for the respondent to choose.



Concurrent validity can be defined as the extent to which individual's scores on a new test correspond to their scores on an established test of the same construct, administered before or after the new test. The questionnaire used in this study was adopted and modified which were based on the literature review and were closely paralleled to those questionnaires utilised by Cohen and Manion (1994).

Then the initial versions of the questionnaires were also revised by my supervisors who commented on the lay out of the questionnaire, the wording, and some similar statements. After that, the questionnaire was reviewed by specialists in Measurement and Evaluation. The aim was to reveal any ambiguities, threatening items and other problems which needed to be solved before trying out the questionnaire. Their constructive and informative responses were used to improve the questionnaire and, to produce the final form of the questionnaire which was approved by the supervisor.

### **Pilot-testing of the Instrument**

Pilot-test of the instrument for the study was conducted in the Agona East District. Tentative questionnaire for the student and teacher respondents with similar characteristics was administered in three selected SHS namely Swedru secondary school, Nsaba Presbyterian secondary school and Konyarko Secondary School) in the Agona East District Assembly.

In all 20 students were used for the pilot testing. The data were coded into the statistical Package for service solution (SPSS) version 16. The Cronbach alpha was then established for each of the items that fell under the

four research questions. Two Cronbach alpha values were established for the two categories of the respondents (students).

A Cronbach alpha coefficient of 0.745 was established for the research instruments for the students. This outcome also reveals that the research instrument is reliable.

Also Cronbach alpha co-efficient of 0.81 was established for the research instrument for the teachers. This indicates that the instrument was reliable as maintained by Frankel and Wallen (1996) who posits that for research purposes an instrument is reliable and useful for collecting good quality data for study if the instrument has a coefficient value of 0.70 or higher.

### **Data Collection Procedures**

After the questionnaire had been tested for validity and reliability, it was administered to the selected sample. Each school was separately contacted to arrange the appropriate time to administer the questionnaire. The questionnaire was distributed to the targeted sample between 20 and 30 September, 2014. The questionnaire was distributed in person to all the schools. This was done in order to (a) explain the goals for the study; (b) direct the teachers' and students' attention to their rights during the course of the study; (c) clarify the instructions for answering; and (d) obtain a good return rate and more accurate data. To facilitate the administration of the questionnaires, a letter of introduction was obtained from the Department of Educational Foundations, Faculty of Education, University of Cape Coast (see

Appendix B) was presented to head mistresses or masters of the respective schools.

Besides, some research assistants were trained to assist in the administration of the questionnaires. The questionnaire was distributed and retrieved that same day. In order to ensure successful collection and sorting of the questionnaire, each questionnaire was given a serial number according to the separate schools. All the questionnaires were returned indicating a return rate of 100% for students and teachers.

### **Data Analysis Procedures**

Analyzing the data is an important step in any research, and must be done according to the aims of the study. Walliman (2005) stated that data is analyzed in order to measure, make comparison, examine relationships, forecast, test hypotheses, construct concepts and theories, explore, control and explain. Borg, Gall and Gall (1993) argued that the result of quantitative studies should be presented in numerical form.

The data were organized into various themes and categories (4 sections) based on the research questions and the purpose of the study such that each section will provide answers for each of the research questions. Prior to coding and tabulating the questionnaire for analysis, all the items were edited; this helped me to check to see if instructions had been followed uniformly and whether all items had been responded to. The responses to the questionnaire were coded by assigning to the various categories of responses for the purpose of analysis.

Items in the affirmative were given the following codes:

Strongly Disagree- 1, Disagree - 2, Uncertain - 3, Agree - 4, and Strongly Agree - 5.

Conversely, coding for negative worded statements were as follows:

Strongly Agree - 1, Agree - 2, Uncertain - 3, Disagree 4, and Strongly Disagree - 5

A shortlist was prepared from a master of responses from the open ended items in order to get the key responses that were given by the respondents. This was followed by preparation of a sheet showing the coding scheme. This provided a guide for the interpretation of the variables analysis.

After editing the incomplete and inaccurate questionnaire, the questionnaire was transferred to a spread sheet (statistical product and service solution, version 16). The data were then cleaned by examining them for any errors and finally processed using the SPSS. The data were analysed and discussed using descriptive (frequency and percentages) and inferential (independent sample t-test and One way ANOVA) statistics.

The background characteristics' of the respondents were analyses using frequency. Research question one, two and three were analyzed and discussed using frequency and percentages. Finally, both the two independent sample t-test and one-way analysis of variance (ANOVA) were performed in order to assess whether students' views on the causes, effects, and solutions to teenage pregnancy vary across socio-demographic characteristics (gender, age, and family size) of the students. The two independent sample t-test statistical analysis was employed on socio-demographic (gender) variable that was

measured along a dichotomous scale. Other characteristics of respondents such as age and family size were measured along interval scale differences, which were sought through one-way analysis of variance (ANOVA). Finally, the result was interpreted to answer the research questions.

## CHAPTER FOUR

### RESULTS AND DISCUSSION

The chapter deals with the presentation of results and the discussion of the data collected. It is in two sections. The first part deals with the presentation and discussion of preliminary data on students' and teachers'. The second section deals with the presentation of results and discussion of the main data from students and teachers.

#### Background Data of Respondents

Section A of the questionnaire was meant to solicit demographic information from the respondents. This information includes their gender, age distribution, and type of home and the size of family. The results were discussed using frequency and percentages (see Table 4-7).

**Table 4 : Gender Distribution of Students**

Gender	Students	
	No.	%
Male	162	54.0
Female	138	46.0
Total	300	100

Source: Field data, (2015)

Table 4 indicates that there is gender disparity. This gender disparity could be attributed to the fact that male – female population in the selected schools was not balanced.

**Table 5: Age Distribution of Students**

Age	No.	%
12 – 14 years	37	12.3
15 – 18 years	112	37.3
19years and above	151	50.3
Total	300	100

Source: Filed data, (2015)

The age distribution of the students was of importance to me. The outcome is presented in the Table 5. The results show that majority of the students were 19 years old and above.

**Table 6 : Distribution of Students by Type of Home**

Type of Home	No.	%
Monogamous	229	76.3
Polygamous	71	23.7
Total	300	100

Source: Field data, (2015)

The type of home of the students was of importance to me and the outcome is presented in Table 6. For the type of home of students, Table 7 reveals that majority of the students come from monogamous home (76%).

## **Results from Research Questions**

### **Research Question 1**

What are the causes of teenage pregnancy among senior high school students in Ghana?

The researcher was interested in finding out the causes of teenage pregnancy among senior high school students. Section 'B' of the questionnaires was therefore devoted to finding out why students engage in teenage pregnancy. The students were asked to indicate why students engage in teenage pregnancy. The outcome of their responses is shown in Table 6.

Table 6 indicates that 268(89.3%) of the student respondents agreed that lack of education on teenage pregnancy is one of the main causes of teenage pregnancy while 28(9.3%) of them disagreed.

The views of majority of the respondents are in line with that of Melgosa (1997). Melgosa (1997) concluded that lack of education on teenage pregnancy has been the main cause of teenage pregnancy. With regard to negative peer group influence leading to teenage pregnancy, Table 8 shows that 277(92.3%) of the student respondents agreed while 14(4.7%) of them disagreed.

With regard to permissive behaviour adopted by some parents, the student responses indicate that 274(91.3%) agreed while 18(6.0%) disagreed. Awortwi (2004) indicated that the permissive parenting adopted by some mothers and fathers give children a leeway to do whatever they want in their lives.



**Table 7: Causes of Teenage Pregnancy in Senior High School**

Causes of teenage pregnancy	Students							
	D		U		A		Total	
	No.	%	No.	%	No.	%	No.	%
Lack of education on teenage pregnancy	28	9.3	4	1.3	268	89.3	300	100
Negative peer group influence	14	4.7	9	3.0	277	92.3	300	100
Permissive behaviour of some parents	18	6.0	8	2.7	274	91.3	300	100
Parents negligent attitude toward their children	19	6.3	3	1.0	278	92.7	300	100
Parents pushing their children to enter into early boy – girl relationship	68	22.7	9	3.0	223	74.3	300	100
Lack of recreational facilities such as football pitches	90	30.0	13	4.3	197	65.7	300	100
Absence of laws against teenage pregnancy	58	19.3	8	2.7	234	78.0	300	100
Inadequate knowledge on contraceptive use among the youth	33	11.0	6	2.0	261	87.0	300	100
Poverty	25	8.3	12	4.0	263	87.7	300	100
Sexual abuse	28	9.3	3	1.0	269	89.7	300	100
Indecent dressing among the youth	28	9.3	4	1.3	268	89.3	300	100
Death of parents	46	15.7	8	2.7	246	82.3	300	100
Average Frequency and Percentages	38	12.7	7	2.3	255	85.0	300	100

According to Melgosa (1997) some parents have permissive life style, they contribute much emotional support but exhibit very little control. They are ready to listen to their children and talk to them, but they set virtually no restrictions for them. He concluded that some parents allow their own children to dictate to them and in some cases these children decide for their parents as what they should buy and give them. Table 8 indicates that 278 (92.7%) of the students agreed that parents negligent attitudes towards their children cause teenage pregnancy while 19(6.3%) disagreed. Table 6 also shows that 223(74.3%) of the student respondents were in agreement that parents pushing their children to enter into early boy-girl relationship cause teenage pregnancy but 68(22.7%) disagreed.

Table 7 also indicates that majority of the student-respondents 234(78.0%) agreed to the suggestion that lack of law against teenage pregnancy can bring teenage pregnancy but 58(19.3%) were not in agreement. Table 6 reveals 261(87.0%) of the student respondents agreed that inadequate knowledge on contraceptive use among the youth cause teenage pregnancy, but 33(11.0%) were not in agreement.

Table 7 shows that majority of the student respondents 263(87.7%) were in agreement that poverty is one of the main causes of teenage pregnancy. Table 7 also indicates that 269(89.7%) of the students were in agreement that sexual abuse can results in teenage pregnancy but 28(9.3%) were not in agreement. Finally, Table 7 reveals that majority 246(82.0%) of the student respondents agreed death of parents is one of the main causes of teenage pregnancy, but 46(15.7%) disagreed.

From the analysis, it is concluded that on average, the majority 225(85%) of the students had positive perception or views concerning the causes of the teenage pregnancy. They agreed with the statements on the causes of teenage pregnancy.

Findings from the study indicated that negative peer influence is one of the main causes of teenage pregnancy in Agona West Municipality. Thus the result of the study confirms the studies of Afenyadu and Gaporadu (2003) that one of the very important factors driving the sexual behaviour of many male and female adolescents is peer influence and of which Agona west municipality adolescents are not exception. The study also found out that six (6) out of every ten (10) teenage sexual activity might be due to peer pressure. A lot of teenagers indulge in early sexual behaviour due to peer pressure. Teenagers growing up in largely promiscuous societies tend to date far earlier than others in slightly more conventional setups.

During adolescent stage, teenagers often feel pressured to make friends and fit in with their peers. Many times these teenagers let their friends influence their decision to have sex even when they do not fully understand the consequences associated with the act. Teenagers have sex as a way to appear cool and sophisticated. But in some cases the end result is an unplanned teenage pregnancy. Kaisar Family Foundation (2010) in their studies stated that more than 29 percent of pregnant teenagers reported that they felt pressured to have sex and 33 percent of the pregnant teenagers stated that they felt that they were not ready for sexual relationship but proceed any way because they feared being rejected. Peer pressure is a major factor of

influence in the early onset of sexual activity among teenagers. Colin (2003) also confirm the findings from the study that several polls have indicated that peer pressure as a factor in encouraging both girls and boys to have sex which result in teenage pregnancy.

The study, therefore, concluded that negative peer group influence as social factor is one of the major cause of teenage pregnancy in Agona west municipality. Contrary to what the study revealed, Awortwi (2004) indicated that the apparent lack of sanctions for offenders that is, the one who impregnates and the impregnated give room for more people to indulge in sexual immorality without regret.

Finding from the study indicated that lack of education, on teenage pregnancy is one of the main causes of teenage pregnancy in Agona west municipality. This stems to the fact that most girls have been saddled with teenage pregnancy for one reason or the other due to lack of education on teenage pregnancy in home, school and on media. Because most of the parents and teachers fail to educate teenagers about teenage pregnancy, most of the youth today find themselves in teenage pregnancy.

Most of the youth have been saddled with teenage pregnancy for one reason or the other due to lack of education on teenage pregnancy for both home and home and at school. Walker (2001) in his study revealed that some parents feel uncomfortable or embarrassed talking about sexuality with their children to intelligently educate their children on sexual issues. This is confirmed with the fact that most parents are too engaged with daily work

hence they do not have the time to talk to their wardson matters concerning teenage pregnancy.

It is very imperative for one to notice that the school is also a social institution that teaches a large proportion of the youth and therefore has an unusual opportunity to reach those who need teenage pregnancy education. In fact, the school serves as the place where teenagers under continual instruction and observation and where attempt can be made to study their background, pressures, relationship problems and information gaps. Other community youth service organization such as the churches and media have a responsibility to give education on teenage pregnancy because this is a community responsibility. But none of these group seems reach as many teenagers, especially those of low socio economic status as does the school.

Poverty as socio-economic factor is one of the causes of teenage pregnancy in agona west municipality, since there are no jobs in Agona west and most of the residence are subsistence farmers, and they are poor. These findings tallies with the claim by Gallagher (1999) that it is true that teenage pregnancy occurs in all types of communities, but teenagers who give birth are more likely to come from economically disadvantaged families and neighborhoods. This means that teenage girls who belong to the poor families living in deprived areas are more likely to become pregnant. This confirms the study of Amoako (2005) that the contributing factor to teenage pregnancy is poverty. Many children in Ghana are victims of teenage pregnancy with the reason that because their parents do not have enough money to support their education or even provide three square meals for the family. Based on this,

they are forced to engage in premarital sex to earn some money to support their education or even provide three square meals for the family. It is obvious that fact in Agona West Municipality, poverty among families serves as a driving force which gets many girls into early marriage or boy-girl relationship so as to care for themselves and sometimes for family members as well. Similarly, parents' inability to provide the basic needs of girls drives the girls to accept presents from the opposite sex which in variably may have to be paid back with sex. Poverty and economic factor is the major cause of teenage pregnancy.

## **Research Question 2**

What Are the Consequences of Teenage Pregnancy in Senior High School?

To obtain results on the consequences of teenage pregnancy research question 3 was formulated. The student respondents were therefore asked the consequences of the teenage pregnancy among senior high school students. Items 19 to 29 were designed to collect information in this respect. The outcome of their responses is shown in Table 8. With regard to teenage pregnancy the can bring poverty to the teenage mother and her child, 282(94.0%) of the student respondents agreed while 17(5.7%) disagreed. With regard to teenage pregnancy resulting in serious complications during delivery, Table 8 indicates majority 28(93.78%) of the student respondents agreed, 19(6.3%) disagreed.

**Table 8 : Effects of Teenage Pregnancy in Senior High School**

Effects of teenage pregnancy	Students							
	D		U		A		Total	
	No.	%	No.	%	No.	%	No.	%
Teenage pregnancy can bring poverty to the teen girl and her child.	17	5.7	1	3	282	94.0	300	100
Teenage pregnancy could end up in complications during delivery.	19	6.3	0	0	281	93.7	300	100
Insufficient preparation for family life	20	6.7	3	1.0	277	92.3	300	100
School drop out of the teen mother.	6	2.0	8	2.7	286	95.3	300	100
Teenage pregnancy brings shame and disgrace to the teenage girl and her family.	11	3.7	1	3	288	96.0	300	100
Lack of respect between the victim and the culprit.	18	6.0	7	2.3	275	91.7	300	100
Inadequate nutrition for teenage mother.	27	9.0	7	2.3	266	88.7	300	100
Family neglect of the teenage mother.	29	9.7	4	1.3	267	89.0	300	100
Health problems for the teenage mother.	15	5.0	9	3.0	276	92.0	300	100
Unemployment for the teenage mother.	25	8.3	8	89.0	267	89.0	300	100
Death through termination of pregnancy.	15	5.0	6	2.0	279	93.0	300	100
Inadequate nutrition for the teenage child.	18	6.0	4	1.3	278	92.0	300	100
Average Frequency and Percentages	18	6.0	5	1.7	277	92.3	300	100

In the light of this, Awortwi (2004) indicates that unwanted teenage pregnancies can seriously affect both mother and the child. It may end up with serious complications during delivery. Also, Table 8 shows that teenage pregnancy can result in insufficient preparation for family life. This represents the views of majority 227(92.3%) of the respondents as against the views 20(6.7%) who disagreed. In supporting the views of the majority, Kean (1977) stated that teenage pregnancy can result in unprepared families.

Table 8 indicates that overwhelming majority 286(95.3%) of the student respondents agreed that teenage pregnancy can lead to school drop out of the teenage mother, while 6(2.0%) disagreed. With this Awortwi (2004) supports this outcome that, because of shame and rejection by friends and class mates during the pregnancy period and after delivery, she may decide to discontinue the school and choose to remain in everlasting financial constraints and poverty. It is further indicated in Table 7 that while 288(96.0%) of the student-respondents were in agreement that teenage pregnancy brings disgrace and shame to the teenage girl and her family, 11(3.7%) disagreed. Table 9 also shows that while 275(91.7%) of the student respondents indicated that lack of respect between the victim and culprit is one of the main consequences of teenage pregnancy, 18(6.0%) disagreed.

With regard to inadequate nutrition for teenage mother as consequences of teenage pregnancy, Table 7 shows that 266(88.7%) of the student respondent were in agreement while 29(9.0%) disagreed. With regard to family neglecting of the teenage mother as effect of teenage pregnancy, 267(89.0%) of the student respondents agreed while 29(9.7%) disagreed.



From the analysis, it is concluded that on average, majority 277(92.3%) of the students agreed to the statements on the consequences of teenage pregnancy among teenagers. These results infer that students had positive perception or view on the consequences of teenage pregnancy among students’.

Findings from the study revealed that school dropout is one of the main consequences of teenage pregnancy in Agona West Municipality. This is because pregnant school girls terminate their school, bring forth and often decided even to go back. There is always a sense of shame rejection by even the so called partner who also feels ashamed. Sometimes there is disruption for about a year or two. This has also contributed immensely to the many socio-economic factors that confront today. As a result of teenage pregnancy, many women don’t continue education to high levels. Consequently, they have poorly paid jobs, or they take to drudgery work which pays very little. They are, therefore, unable to give the children good education. Additionally, because such girls start bringing forth very early, they tend to have a high reproductive sperms and therefore tend to bring forth too many children. Findings from the study revealed that one of the main consequences of teenage pregnancy in the Agona West Municipality is death through termination of pregnancy. Thus the results of the study agree with the studies of Awortwi (2004) that desperate girls normally first thinks of the possibility of a successful abortion.

Some of the girls become successful with these concoctions and preparation from quack medical practitioners. Others die from this preparation, others may not die but they may have health complications later

in life. The study of Akakpo (2013) also confirms the study that unwanted pregnancies of teenage girls often resulted in abortion. Most of teenage girls who become pregnant always think of successful abortion as a last result which sometimes ends their lives on earth. These teenagers sometimes are tempted to abort their pregnancies through various means or various ways. Some even seek help from quack medical practitioners who under unhygienic conditions may do the abortion for the girl illegal and this resulting various infections, complications and even death.

Findings from the study revealed that poverty is one of the main consequences of teenage pregnancy, in Agona West Municipality. This finding corresponds with the study of Bour (2008) that sometimes some of the teenage girls do not have men who will fully take care of the teenage girl and her baby as a result of that bearing or material responsibility left in the hands of either the parents of the teenage girl or uncle of the teenage girl who may not have the financial means to take care of the teenage girl and her baby. The result is poor health of the teenage girl and her child resulting in the death of the mother.

Kirby (2007) confirms the outcome of the study that today's economic demands are a sophisticated and educated workforce but pregnancy often causes girls to terminate their education permanently. It is also a factor in preventing adolescents from preparing themselves for employment and becoming established in the labour force opportunity significantly decrease when children have and their future is often one of continual poverty. Since Agona West is in rural area, family financial exigencies and social custom induce girls to stay out of school and enter into early sexual relationship which

lead them into getting pregnant at early stages of their lives, thereby making them continue to be in the cycle of poverty. Looking at this, one could realize that the under lining factor of this problem is socio economic factor.

Contrary to what the study revealed, Bour(1994) indicated that, teenage pregnancy brings a resulted population growth. Teenage birth constitutes more than 10% of Ghana's total birth. He further stated that the results of rapid increase in population in a developing country such as Ghana are evident. The result however failed to confirm that of Bour (1994). The difference between the results of the study and that of Bour could be explained in terms of age difference. Since Bour conducted his study in college it could be assumed that his subjects were probably more advanced in age than those of this study since this study used senior high school students.

### **Research Question 3**

What strategies can prevent teenage pregnancy among adolescent?

Teenage pregnancies among the youngster in their schooling had increased in spite of measures to reduce it. Section 'E' of the questionnaire was designed to solicit information from the respondents. The outcome of the data gathered is shown in Table 8.

The result from Table 8 indicated that when parents ensure proper supervision and monitor their children by disciplining them appropriately, it will deter their children from engaging in teenage pregnancy. In this respect, while majority 285(95.0%) of the student respondents agreed, 10(3.3%) disagreed. According to Awortwi (2004), to reduce teenage pregnancy, parents should ignore their duty by training their children about what to do and what not to do. Mothers and fathers should live up to their duty as guide, devote

their time for their boys and girls, and share issues, problems and their concerns with them.

**Table 9: Preventions to Teenage Pregnancy**

Preventions to teenage pregnancy	Students							
	D		U		A		TOTAL	
	No	%	No	%	No.	%	No.	%
Parents should give sex education at home	11	3.7	4	1.3	285	95	300	100
The youth should have adequate knowledge on the use of contraceptives from school.	15	5.0	5	1.7	280	93.3	300	100
Parents should discipline their children appropriately	10	3.3	5	1.7	285	95.0	300	100
Teachers or schools should intensify their teaching on sex education which should focus on causes, consequences and suggested preventions of teenage pregnancy.	10	3.3	7	2.3	283	94.3	300	100
Religious leaders should teach causes, consequences and preventions of teenage pregnancy.	13	4.3	3	1.0	284	94.7	300	100
Youth should have access to facilities that promote good moral training such as counselling centres at school and in the community.	22	7.3	5	1.7	273	91.0	300	100
Teenage girls should dress decently	14	4.7	8	2.7	278	92.7	300	100
Punishment by the society for teenage mothers	14	4.7	3	1.0	283	94.3	300	100
Provision of facilities for recreational activities	12	4.0	4	1.3	284	94.7	300	100
Parents should provide basic needs for their children such as food, clothes and school fees.	2	0.7	3	1.0	295	98.3	300	100
Guidance and counselling coordinators in the school should have guidance programme for students on causes, consequence and preventions for teenage pregnancy.	2	0.7	3	1.0	295	98.3	300	100
Rules and regulations should be set in the community to control teenage pregnancy.	4	1.3	0	0	296	98.7	300	100
Average Frequency and Percentages	11	3.7	4	1.3	285	95	300	100
NOTE:	D= DISAGREE U = UNDECIDED A = AGREE							

It is the task of every parent to teach his or her children everything about sex and good morals at home. Results from Table 9 also shows that majority 273(91.0%) of the student respondent were in agreement that teachers should have access to facilities that promote good moral training such as counselling centres at school and communities. This view was, however, not shared by 22(7.3%) of the student respondents. Table 8 further indicate that 278(92.7%) of the student respondent agreed that teenage girls should dress decently but 14(4.7%) were not in agreement.

With regard to punishment by the society for teenage pregnancy 283(94.3%) of the student respondents agreed, but 14(4.7%) disagreed. Table 10 reveals that majority 284(94.7%) of the student respondent agree provision of facilities for recreational activities while 12(4.0%) disagreed. With regard to the statement: parents should provide basic needs for their children such as food, clothes and school fees, 295(98.3%) of the student respondents were in agreement while 2(0.7%) were not in agreement. With regard to guidance and counselling coordinators in the schools should have guidance programme for students on causes, consequences and preventions for teenage pregnancy 295(98.3%) of the overwhelming majority of the student respondents agreed, but 2(0.7%) of the student respondents disagreed.

From the analysis, it is concluded that on average, majority 285(95%) of the students agreed to the statements on the remedies of preventing teenage pregnancy among students. These results infer that both the students and that the teachers had positive perception or views on the remedies of teenage pregnancy.

According to Taylor and Buku (2006), the problem and needs of adolescence call for guidance and counselling: physical, physiological and emotional changes take place in the youth. And therefore parents and teachers should assist in handling these problems by offering socio-personal information to students. He added that, the society is becoming more complex as a result in service and technology. They went on to state that parents teachers should assist individuals to make intelligent decision about responsibility life management. Finally, Table 8 indicates that rules and regulations should be set in the communities to control teenage pregnancy but 4(1.3%) of the student respondent disagreed.

The study revealed that in order to curb teenage pregnancy, parents should give the requisite sex education to the youth in their early stage of their lives. Similarly, Awotwi (2004) maintains the idea in his the study that parents play the role as sex education teachers and that their children can only depend on them. It is the duty of every parent to help his or her child to understand the purpose of sex in life. Parents should not wait for their children to get into trouble before teaching them sex education. Parents should allow their children to ask any question they have about sex. They should answer all questions in such a way that the children will ask more in order for them to know more about sex. It is the responsibility of every parent to explain the totality of sex to every child. The study further indicated that in order to curb teenage pregnancy, parents should ensure proper supervision and monitor their children by disciplining them.

White (2001) confirms the study that as soon as the child starts to behave in his or her own way, education in discipline is to begin. This may be

called unconscious education. Parents should not allow their children to show disrespect in childhood, speak patishly, harshly otherwise there was a dreadful harvest to be reaped in after years. When parents fail to require prompt and perfect obedience in their children, they fail to lay the right foundation of character in their little ones.

Another interesting finding from the study is that in order to curb teenage pregnancy, teachers and schools have major role to play. The school plays a holistic development of a child through teachers. School is a second home of every child and for that matter, teachers serve as parents in the school. In fact the school based sex education can be an important and effective way of enhancing students' behavior or knowledge and attitude about sex and sexuality.

Gallent and Matick (2004), in their study, concluded that teachers are the main adult other than family members with whom student interact on a daily basis. In an era of high teenage pregnancy rate, teachers play even more critical role of being a source of accurate information and a person with whom teenagers can sensitive and complicated issues about sexuality. As the incidence of teenage pregnancy increases, the need becomes more urgent for teachers to discuss matters of adolescent pregnancy in the context of human development, sexuality and prevention of teenage pregnancy.

Another important finding from the study was that guidance and counseling coordinators in the school should have guidance programme for students on causes, consequences and preventions for teenage pregnancy. It is duty for school counselors to prepare comprehensive programme to that will educate student on sexuality. Pietrofesa (1996) confirmed the study that



counselors must learn to deal with the relationship concern on their student and motivate the student to become involved in relationship counseling and education to reduce unhealthy practice and teenage pregnancy. He further indicated that there is a challenge for school counselors to develop outreach strategies that will solve student problem on sexuality.

### Results of Hypotheses

In this section, the results of the hypotheses testing were given (Table 9-20). In all, 12 hypotheses were postulated and tested. They are as follows:

**Hypothesis 1:** There is no significant difference in students’ perception of the causes of teenage pregnancy based on gender

**Table 10 : Results of t-test comparing students’ perception of causes of teenage pregnancy based on gender**

Variable	Group (Gender)	N	Mean	SD	t-value	Df	Sig. (2-tailed)
	Male	162	29.83	8.17	-	161	0.000
	Female	138	36.00	6.45			

Source: Field Data, 2015

\*Significant,  $p < 0.05$

Table 10 shows the result of independent samples t-test for significance of difference in the perception of male and female students with respect to the causes of teenage pregnancy. Preliminary analyses were performed to ensure no violation of the assumptions of random sampling, level of measurement, independent of observations, normal distribution and homogeneity of variance. The result revealed that there was significant difference in scores for males ( $M=29.83$ ,  $SD=8.17$ ) and females [ $M=36.0$ ,  $SD=6.45$ ;)  $t(161) = -9.611$ ,  $p=0.000$ ] in perception of causes of teenage

pregnancy. Gender differences related to causes of teenage pregnancy are increasingly prevalent between male and female students’.

**Hypothesis 2:** There is no significant difference in students’ perception of the consequences of teenage pregnancy based on gender

**Table 11 : Results of t-test comparing students’ perception of the Consequences of teenage pregnancy based on gender**

Variables	Group (Gender)	N	Mean	SD	t-value	df	Sig. (2- tailed)
Consequences	Male	162	32.95	7.11	-5.456*	161	0.000
	Female	138	35.53	8.15			

Source: Field Data, (2015)

\*Significant,  $p < 0.05$

Table 11 shows the result of independent samples t-test for significance difference between male and female students with respect to the consequences of teenage pregnancy. An independent samples t-test was conducted to find out the consequences of teenage pregnancy scores for males and females. Preliminary analyses were performed to ensure no violation of the assumptions of random sampling, level of measurement, independent of observations, normal distribution and homogeneity of variance. The result revealed that there was significant difference in scores for males ( $M=32.95$ ,  $SD=7.11$ ) and females [ $M=35.53$ ,  $SD=8.15$ ] at  $t(161) = -5.456$ ,  $p=0.000$  in their perception of the consequences of teenage pregnancy. Gender differences related to consequences of teenage pregnancy are increasingly prevalent between male and female students. Ntsholo (2002) concluded in his study that students’ perception of the consequences of teenage pregnancy based on

gender and that females perceived the consequences to be more severe than perceived by males.

**Hypothesis 3:** There is no significant difference in students' perception of the prevention of teenage pregnancy based on gender

Table 12 shows the result of t-test for significance of difference between male and female students with respect to the remedies of teenage pregnancy. An independent samples t-test was conducted to compare the remedies of teenage pregnancy scores for males and females.

**Table 12: Results of t-test comparing students' perception of the prevention of teenage pregnancy based on gender**

Variable	Group (Gender)	N	Mean	SD	t-value	df	Sig. (2-tailed)
Prevention	Male	162	34.05	8.97	-4.561*	161	0.000
	Female	138	33.87	9.71			

Source: Field Data, (2015)

\*Significant,  $p < 0.05$

Preliminary analyses were performed to ensure no violation of the assumptions of random sampling, level of measurement, independent of observations, normal distribution and homogeneity of variance. The result revealed that there was significant difference in scores for males ( $M=34.05$ ,  $SD=8.97$ ) and females [ $M=33.87$ ,  $SD=9.71$ ];  $t(161) = -4.561$ ,  $p=0.000$ ] in their perception of the remedies of teenage pregnancy. Gender differences related to remedies of teenage pregnancy are increasingly prevalent between male and female students. Majova (2002) as cited in Mpanza (2006) confirms that gender influences the perceptions of a people on the prevention of teenage pregnancy.

**Hypothesis 4:** There is no significant difference in students' perception of the causes of teenage pregnancy based on type of home

**Table 13 : Results of t-test comparing students' perception of the causes on type of home**

Variable	Group	N	Mean	SD	t-value	df	Sig. (2-tailed)
	(Type of home)						
Causes	Monogamous	229	31.64	7.42	-	228	0.000
	Polygamous	71	33.48	8.01	8.902*		

Source: Field Data, (2015)

\*Significant,  $p < 0.05$

Table 13 shows the result of independent samples t-test for significance difference between monogamous and polygamous home of students with respect to the causes of teenage pregnancy. Preliminary analyses were performed to ensure no violation of the assumptions of random sampling, level of measurement, independent of observations, normal distribution and homogeneity of variance. The students in monogamous home had a mean score of ( $M=31.64$ ;  $SD=7.42$ ) while their counterparts in the polygamous home had a mean score of ( $M=33.48$ ;  $SD=8.01$ ). The standard deviation of students in the polygamous home also indicates that there were much variation in their responses (perception) than the students in the monogamous home concerning their perception of the causes of teenage pregnancy. When the mean scores of the two groups were tested using the independent samples, the results revealed that there was significant difference in scores for students' in the monogamous home ( $M=31.64$ ;  $SD=7.42$ ) and students in polygamous home [ $M=33.48$ ;  $SD=8.01$ ;] at (228)  $=-8.902$ ,  $p=0.000$ . Home differences

related to causes of teenage pregnancy are increasingly prevalent among students.

**Hypothesis 5:** There is no significant difference in students' perception of the consequences of teenage pregnancy based on type of home

**Table 14: Results of t-test comparing students' perception of the consequences of teenage pregnancy based on type of home**

Variable	Group (type of home)	N	Mean	SD	t-value	df	Sig. (2-tailed)
Consequences	Monogamous	229	33.84	6.14	-5.32*	228	0.000
	Polygamous	71	30.48	7.66			

Source: Field Data, 2015

\*Significant,  $p < 0.05$

Table 14 shows the result of independent samples t-test for significance difference between monogamous and polygamous home of students with respect to the consequences of teenage pregnancy. Preliminary analyses were performed to ensure no violation of the assumptions of random sampling, level of measurement, independent of observations, normal distribution and homogeneity of variance. The students in monogamous home had a mean score of ( $M=33.84$ ;  $SD=6.14$ ) while their counterparts in the polygamous home had a mean score of ( $M=30.48$ ;  $SD=7.66$ ). The standard deviation of the students in the polygamous home also indicates that there was much variation in their responses (perception) than the students in the monogamous home concerning their perception towards the consequences of teenage pregnancy. When the mean scores of the two groups were tested using the independent samples t-test, the results revealed that there was significant difference in scores for students' in the monogamous home ( $M=33.84$ ;

$SD=6.14$ ) and students in polygamous home [ $M=30.48$ ;  $SD=7.66$ ;  $t(228)=-5.319$ ,  $p=0.000$ ]. Home differences related to consequences of teenage pregnancy are increasingly prevalent among students.

**Hypothesis 6:** There is no significant difference in students' perception of the remedies of teenage pregnancy based on type of home

**Table 15: Results of t-test comparing students' perception of the Prevention of teenage pregnancy based on type of home**

	Gender	N	Mean	SD	t-value	df	Sig. (2-tailed)
Remedies	Monogamous	229	34.62	7.16	-4.48*	228	0.000
	Polygamous	71	36.54	6.81			

Source: Field Data, (2015)

\*Significant,  $p<0.05$

Table 15 shows the result of independent samples t-test for significance difference between monogamous and polygamous home of students with respect to the prevention of teenage pregnancy. Preliminary analyses were performed to ensure no violation of the assumptions of random sampling, level of measurement, independent of observations, normal distribution and homogeneity of variance. The students in monogamous home had a mean score of ( $M=34.62$ ;  $SD=7.16$ ) while their counterparts in the polygamous home had a mean score of ( $M=36.54$ ;  $SD=6.81$ ). The standard deviation of the students in the monogamous home also indicates that there were much variations in their responses (perception) than the students in the polygamous home concerning their perception of the prevention of teenage pregnancy. When the mean scores of the two groups were tested using the independent samples, the results revealed that there was significant difference

in scores for students' in the monogamous home ( $M=34.62$ ;  $SD=7.16$ ) and students in polygamous home [ $M=36.54$ ;  $SD=6.81$ ;  $t(228)=-4.482$ ,  $p=0.000$ ]. Home differences related to prevention of teenage pregnancy are increasingly prevalent among students. This is confirmed by Masemola (2007) which revealed that there are variations in students' perception of the prevention of teenage pregnancy based on family structure. The study disclosed that males differed showing positive perception.

**Hypothesis 7:** There is no significant difference in students' perception of the causes of teenage pregnancy based on age

Table 16 shows the result of the One-Way ANOVA. Subjects were divided into three groups according to their age (Group 1: 12-14; Group 2: 15-17; Group 3: 18 and above). There was a statistically significant difference at the  $p<.05$  level in students' perception of the causes of teenage pregnancy scores for the three age groups [ $F(2, 297)= 962.703$ ,  $p=.000$ ].

**Table 16: Results of One-way ANOVA comparing students' perception of the causes of teenage pregnancy based on age**

Source	Sum of Squares	df	Mean Square	F	Sig
Between Groups	11756.805	2	5878.402	962.703*	0.000
Within Groups	1813.525	297	6.106		
Total	13570.330	299			

Source: Field Data, (2015)

\*Significant,  $p<0.05$

The statistical significance of the differences between each pair of students' age group was provided in multiple comparisons as indicated in Table 16.

**Table 17: Multiple Comparisons (The Post-Hoc Tests)**

	(I) Students' Age	(J) Students' Age	Mean Difference (I-J)	Sig.
Games-Howell	12-14	15-17	-17.364*	.000
		18+	-19.757*	.000
	15-17	12-14	17.364*	.000
		18+	-2.393*	.000
	18+	12-14	19.757*	.000
		15-17	2.393*	.000

Source: Field data, (2015 )

\*The mean difference

Table 17 shows the result of Post-Hoc test. The Post-Hoc test shows where the differences among the age occur. Since the assumption of homogeneity of variance had been violated equal variances not assumed has been used in the analysis (the Games-Howell is the commonly used). Post-hoc comparisons using the Games-Howell test indicated that the mean score for students' age group of 12-14 years (M=16.24, SD=5.08) was significantly different from the age group of 15-17 years (M=33.61, SD=2.82) and the 18 years and above (M=36.0, SD=4.83). There was statistically significant difference in mean scores between students' age group of 15-17 years and 18+ years.

**Hypothesis 8:** There is no significant difference in students' perception of the consequences of teenage pregnancy based on age



**Table 18 : Results of One-way ANOVA comparing students’ perception of the consequences based on age**

Sources	Sum of Squares	df	Mean Square	F	Sig
Between Groups	5782.114	2	2891.057	280.746*	0.000
Within Groups	3058.432	297	10.298		
Total	8840.547	299			

Source: Field Data, (2015)

\*Significant,  $p < 0.05$

Table 18 shows the result of the One-Way ANOVA. Subjects were divided into three groups according to their age (Group 1: 12-14; Group 2: 15-17; Group 3: 18 and above). There was a statistically significant difference at the  $p < .05$  level in students’ perception of the consequences of teenage pregnancy scores for the three age groups [ $F(2, 297) = 280.746, p = .000$ ]. The statistical significance of the differences between each pair of students’ age group was provided in multiple comparisons as indicated in Table 18. Table 18 shows the result of Post-Hoc test. The Post-Hoc test shows where the differences among the reading approaches occur. Since the assumption of homogeneity of variance had been violated equal variances not assumed has been used in the analysis.

**Table 19: Multiple Comparisons (The Post-Hoc Tests)**

	(I) Students' Age	(J) Students' Age	Mean Difference (I-J)	Sig.
Games-Howell	12-14	15-17	-13.351*	.000
		18+	-12.254*	.000
	15-17	12-14	13.351*	.000
		18+	-10.393*	.000
	18+	12-14	12.254*	.000
		15-17	10.393*	.000

Source: Field data, (2015)

\*The mean difference.

Post-hoc comparisons using the Games-Howell test indicated that the mean score for students' age group of 12-14 years (M=22.65, SD=9.22) was significantly different from the age group of 15-17 years (M=34.01, SD=4.77) and the 18 years and above (M=35.61, SD=6.46). There was statistically significant difference in mean scores between students' age group of 15-17 years and 18+ years.

**Hypothesis 9:** There is no significant difference in students' perception of the remedies of teenage pregnancy based on age

**Table 20 : Results of One-way ANOVA comparing students' perception of the prevention of teenage pregnancy based on age**

Source	Sum of Squares	df	Mean Square	F	Sig
Between Groups	2365.957	2	2891.057	130.748*	0.000
Within Groups	2687.189	297	10.298		
Total	5053.147	299			

Source: Field Data, (2015)

\*Significant, p<0.05

Table 20 shows the result of the One-Way ANOVA. Subjects were divided into three groups according to their age (Group 1: 12-14; Group 2: 15-17; Group 3: 18 and above). There was a statistically significant difference at the  $p < .05$  level in students' perception of the consequences of teenage pregnancy scores for the three age groups [ $F(2, 297) = 130.748, p = .000$ ]. The statistical significance of the differences between each pair of students' age group was provided in multiple comparisons as indicated in Table 20.

**Table 21: Multiple Comparisons (The Post-Hoc Tests)**

	(I) Students' Age	(J) Students' Age	Mean Difference (I-J)	Sig.
Games-Howell	12-14	15-17	-8.541*	.000
		18+	-9.712*	.000
	15-17	12-14	8.541*	.000
		18+	-11.472*	.000
	18+	12-14	9.712*	.000
		15-17	11.472*	.000

Source: Field data, (2015)

\*The mean difference

Table 21 shows the result of Post-Hoc test. The Post-Hoc test shows where the differences among the size of family occur. Since the assumption of homogeneity of variance had been violated equal variances not assumed has been used in the analysis. Post-hoc comparisons using the Games-Howell test indicated that the mean score for students' age group of 12-14 years ( $M=27.46, SD=8.64$ ) was significantly different from the age group of 15-17 years ( $M=30.14, SD=7.53$ ) and the 18 years and above ( $M=36.21, SD=9.24$ ). There was statistically significant difference in mean scores between students' age group of 15-17 years and 18+ years.

**Hypothesis 10:** There is no significant difference in students’ perception of the causes of teenage pregnancy based on size of family

**Table 22 : Results of One-way ANOVA comparing students’ perception of the causes of teenage pregnancy based on number of children**

Causes	Sum of Squares	Df	Mean Square	F	Sig
Between Groups	8735.069	2	4367.535	268.270*	0.000
Within Groups	4835.261	297	16.280		
Total	13570.330	299			

Source: Field Data, (2015)

\*Significant,  $p < 0.05$

Table 22 shows the result of the One-Way ANOVA. Subjects were divided into three groups according to their family structure (size of family) (Group 1: 1-3; Group 2: 4-6; Group 3: 7 and above). There was a statistically significant difference at the  $p < .05$  level in students’ perception of the causes of teenage pregnancy scores for the three children groups [ $F(2, 297) = 268.270, p = .000$ ]. The statistical significance of the differences between each pair of students’ family structure group was provided in multiple comparisons as indicated in Table 22.

Table 22 shows the result of Post-Hoc test. The Post-Hoc test shows where the differences among the size of family occur. Since the assumption of homogeneity of variance had been violated equal variances not assumed has been used in the analysis. Post-hoc comparisons using the Games-Howell test indicated that the mean score for students’ family structure (number of children) of 1-3 children ( $M = 23.41, SD = 7.98$ ) was significantly different from the students’ family structure of 4-6 years ( $M = 35.74, SD = 0.63$ ) and students’

family structure of 7+ children (M=36.11, SD=2.01). There was statistically significant difference in mean scores between students' family structure of 4-6 children and 7+ children. This supports the views of Majova (2002) that there is positive correlation between the perception of male and females concerning the causes of teenage pregnancy.

**Table 23: Multiple Comparisons (The Post-Hoc Tests)**

	(I) Siz of family	(J) No. of children	Mean Difference (I-J)	Sig.
Games-Howell	1-3	4-6	-12.328*	.000
		7+	-12.592*	.000
	4-6	1-3	12.328*	.000
		7+	-0.264*	.000
	7+	1-3	12.592*	.000
		4-6	0.264*	.000

Source: Field data, (2015)

\*The mean difference

**Hypothesis 11:** There is no significant difference in students' perception of the consequences of teenage pregnancy based on size of family

Table 23 shows the result of the One-Way ANOVA. Subjects were divided into three groups according to their family structure (size of family) (Group 1: 1-3; Group 2: 4-6; Group 3: 7 and above).

**Table 24 : Results of One-way ANOVA comparing students' perception of the consequences teenage pregnancy based on size of family**

Source	Sum of Squares	Df	Mean Square	F	Sig
Between Groups	2397.547	2	1198.773	55.259*	0.000
Within Groups	6443.000	297	21.694		
Total	8840.547	299			

Source: Field Data, (2015)

\*Significant, p<0.05

There was a statistically significant difference at the  $p < .05$  level in students' perception towards the causes of teenage pregnancy scores for the three children groups [ $F(2, 297) = 55.259, p = .000$ ]. The statistical significance of the differences between each pair of students' family structure group was provided in multiple comparisons as indicated in Table 25.

**Table 25: Multiple Comparisons (The Post-Hoc Tests)**

	(I) Size of family	(J) Size of family	Mean Difference (I-J)	Sig.
Games-Howell	1-3	4-6	-6.500*	.000
		7+	-7.121*	.000
	4-6	1-3	6.500*	.000
		7+	-1.968*	.000
	7+	1-3	7.121*	.000
		4-6	1.968*	.000

Source: Field data, (2015)

\*The mean difference.

Table 25 shows the result of Post-Hoc test. The Post-Hoc test shows where the differences among the size of family. Since the assumption of homogeneity of variance had been violated equal variances not assumed has been used in the analysis. Post-hoc comparisons using the Games-Howell test indicated that the mean score for students' family structure (number of children) of 1-3 children ( $M=29.50, SD=9.27$ ) was significantly different from the students' family structure of 4-6 years ( $M=36.0, SD=1.63$ ) and students' family structure of 7+ children ( $M=34.31, SD=5.42$ ). From Table 25, there was statistically significant difference in mean scores between students' family structure of 4-6 children and 7+ children.

**Hypothesis 12:** There is no significant difference in students' perception of the prevention of teenage pregnancy based on size of family

**Table 26 : Results of One-way ANOVA comparing students' perception of the prevention teenage pregnancy based on size of family**

Causes	Sum of Squares	df	Mean Square	F	Sig
Between Groups	981.041	2	490.521	35.776*	0.000
Within Groups	4072.105	297	13.711		
Total	13570.330	299			

Source: Field Data, (2015)

\*Significant,  $p < 0.05$

Table 26 shows the result of the One-Way ANOVA. Subjects were divided into three groups according to their family structure (size of family) (Group 1: 1-3; Group 2: 4-6; Group 3: 7 and above). There was a statistically significant difference at the  $p < .05$  level in students' perception of the prevention of teenage pregnancy scores for the three size of family [ $F(2, 297) = 35.776, p = .000$ ]. The statistical significance of the differences between each pair of students' family structure was provided in multiple comparisons as indicated in Table 26.

Table 27 shows the result of Post-Hoc test. The Post-Hoc test shows where the differences among the size of family occur. Since the assumption of homogeneity of variance had been violated equal variances not assumed has been used in the analysis. Post-hoc comparisons using the Games-Howell test indicated that the mean score for students' family structure (size of family) of 1-3 children ( $M = 31.84, SD = 7.37$ ) was significantly different from the

students' family structure of 4-6 years (M=28.43, SD=8.67) and students' family structure of 7+ children (M=35, SD=5.85).

**Table 27: Multiple Comparisons (The Post-Hoc Tests)**

	(I) No. of children	(J) No. of children	Mean Difference (I-J)	Sig.
Games-Howell	1-3	4-6	-4.158*	.000
		7+	-4.158*	.000
	4-6	1-3	4.158*	.000
		7+	-3.264*	.000
	7+	1-3	4.158*	.000
		4-6	3.264*	.000

Source: Field data, 2015

\*The mean difference

There was statistically significant difference in mean scores between students' family structure of 4-6 children and 7+ children. Ntsholo (2002) asserts that family structure differs significantly with regard to teenage pregnancy. Gender influences perceptions of a person.



## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### Summary

The previous chapter presented the results and discussed the outcome of the study. This chapter summarizes the study and the major findings of the study. It also looks at the conclusions drawn out of the main issues concerning the analysis of data collected, and further makes recommendations.

#### Overview of the Study

The study investigated the causes, effects of teenage pregnancy and preventions of teenage pregnancy among selected senior high school in the Agona West Municipality in the Central Region. It was structured within the framework of cross sectional descriptive survey design.

The target population for the study consisted of all third year senior high school (SHS) students in the Agona West Municipality during the 2014/2015 academic year. There were 13 SHS with a total population of 3,908, third year as at the 2014/2015 academic year (Agona West Municipality Education Directorate, 2014). The accessible population of the study consisted all third year SHS students (1,097) in six selected SHS in the Municipality. The sample of the respondents used for the study consisted of 300 third SHS students in six selected SHS in the municipality.

#### Key Findings

1. Majority of students agreed that causes of teenage pregnancy are negative influence, poverty, lack of education on teenage pregnancy, lack of law against teenage pregnancy, permissive behaviour of some

parents, low level of education, parents pushing their children to enter into boy-girl relationship early.

2. Majority of students agreed that effects of teenage pregnancy are school drop-out, poverty, death through termination of pregnancy, family neglect, health problems, and increase in country population.
3. Majority of students agreed that for teenage pregnancy to be prevented, parents should give sex education at home. Sex education should be part of the school curriculum. Parent should discipline their children appropriately, the mass media should promote sex education, religious leaders should teach appropriate moral instructions, punishment by society for others indulging in teenage pregnancy.
4. Testing of hypothesis 1 showed that there was statistical significant difference in males and females students' perception of the causes of teenage pregnancy
5. With hypothesis 2, the result revealed that there was statistically significant difference between male and female students' in their perception of the effects of teenage pregnancy.
6. Concerning hypothesis 3, the results revealed that there was statistically significant difference between male and female students in their perception of the prevention of teenage pregnancy.
7. Testing of hypothesis 4 revealed that there was statistically significant difference between students from monogamous home and those from polygamous home in perception of the causes of teenage pregnancy.
8. The study found from hypothesis 5 that there was statistically significant difference between students' from monogamous home and

students from polygamous home in the perception of the consequences of teenage pregnancy.

9. From hypothesis 6, the study revealed that there was statistically significant difference between students' from monogamous home and students from polygamous home in their perception of prevention strategies of teenage pregnancy.
10. Testing hypothesis 7 using ANOVA showed that there was statistically significant difference in students' perception of the causes of the teenage pregnancy based on age.
11. The results of testing hypothesis 8 revealed that there was a statistically significant difference in students' perception of the consequences of teenage pregnancy based on age.
12. Regarding hypothesis 9, the study found that there was a statistically significant difference in students' perception of the prevention strategies of teenage pregnancy based on age.
13. With hypothesis 10, the study found that there was a statistically significant difference in students' perception of the causes of teenage pregnancy based on the number of children in the family.
14. Regarding hypothesis 11, the study found that there was a statistically significant difference in students' perception of the consequences of teenage pregnancy based on the number of children in the family.
15. Concerning hypothesis 12, the study found that there was a statistically significant difference in students' perception of the prevention strategies of teenage pregnancy based on the number of children in the family.

## **Conclusions**

With reference to the findings of the study, the following conclusions are drawn. Teenage pregnancy is mainly caused by lack of education, peer group influence and poverty. The main consequences of teenage pregnancy are poverty, serious complication during delivery and school drop-out. The main sources of education on teenage pregnancy are parents, the mass media and school. The major ways of preventing teenage pregnancy among the youth is for parents to ensure proper supervision of the youth and increasing education of the children and increasing education of the youth by the school and the mass media.

It is can also concluded that the gender of students affects their perception of causes effects, and prevention strategies to teenage pregnancy. Similarly, significant differences exist on the basis of age in the perception of causes, effects, and prevention of teenage pregnancy. In addition, the views of students on the causes, effects and prevention to teenage pregnancy are influenced by the number of children in the family.

## **Implication for Counselling**

1. Counsellors should be posted to all senior high schools to offer guidance and counselling service for students.
2. Counsellors should assist teenagers to make intelligent decision about responsible life management.
3. School counsellors must be trained in appropriate methods of counselling students who become pregnant or exposed to pre-marital sex.

4. Counsellors must learn to deal with the relationship concerns of their students and motivate students to become involved in relationship counselling and education to reduce unhealthy practices and teenage pregnant.
5. Counselling centers should be created or established in all communities in Ghana, especially in Agona West Municipality to offer guidance and counselling services for teenagers and adolescents to avoid teenage pregnancy.
6. Family education and family planning counselling should be offered to all teenagers providing education and employment opportunities as alternative to teenage pregnancy.

### **Recommendations**

Based on the findings and conclusions drawn, the following recommendations are made for practice.

1. Since, it has been indicated the lack of education on teenage pregnancy is one of the main causes of teenage pregnancy, it is recommended that the mass media, schools, stakeholders, Ghana Health Service should intensify education on teenage pregnancy at school, home and in the community levels.
2. It is also recommended that awareness on the consequences of teenage should be brought about. Families should be helped by agencies, such as the Planned Parenthood Association of Ghana, to protect the children from engaging in teenage pregnancy.
3. Sex education curriculum should be enriched by focusing on biology aspects of reproduction as well as values, attitudes that would enable

students stand against the pressure for sex. It is also further recommended that teachers should make good use of traditional rulers and religious leaders as resource persons in the promotion of teenage pregnancy education to fight against youth and unwanted pregnancy.

4. It is further recommended that sex education should be taught as a separate subject instead of been integrated into other subjects such as Social Studies as found in the current syllabus. This will help broaden the scope of teenage pregnancy education and the time allocated for its teaching. It will also create room for parents to share their rich experiences with the school. This will help reduce teenage pregnancy.

### **Suggestions for Further Research**

A major development in this direction is for others to replicate this study to cover other Municipalities, Districts and Region in the country with support from the Ministry of Education. It is suggested that a study on teachers' and students' perceptions on teenage pregnancy and its relevance to the school curriculum should be conducted. It is, therefore, suggested that a study regarding the consequences on the current situation of teaching and learning resources for teaching teenage pregnancy in social studies should be conducted.

## REFERENCES

- Aboagye, I. (1994, December 9). Too many teenagers are getting pregnant. *Daily Graphic* (NO. 168740), p.3.
- Aboalik, G. (2004). *The impact of teenage pregnancy on the education of girls in the Builsa District of Ghana*. Unpublished undergraduate research project, University of Education, Winneba, Ghana.
- Adesoka, J., Moses, S. A., Quagraine, L., & Siaw, L. (2008). *Incidence, causes and effects of teenage pregnancy among public JHS Girls in the WASSA Amenfi District in the Western Region of Ghana*. Unpublished undergraduate research project, University of Cape Coast, Ghana.
- Afenyadu, D., & Goparadu, L. (2003). *Adolescent sexual and reproductive health behaviour in Dodowa, Ghana*. Washington DC: U.S. Agency for International Development.
- Agona West Health Directorate. (2014). *Annual report on Health*. Swedru: AWHD
- Ahmed, S. (2004). *Management in living for senior high school*. Kumasi: Kumasco Press
- Akakpo, P. S. S. (2013). *Social determinants of non-marital adolescent pregnancy in Nkwanta South District*. Unpublished masters' thesis, College of Health Sciences, University of Ghana, Legon
- Alan Guttmacher Institute. (1999). *Teen sex and pregnancy*. New York: Alan Guttmacher Institute.
- Alan Guttmacher Institute. (2005). *Sex and relationship*. New York: Alan Guttmacher Institute.

- Allen, E., Bonell, C., & Strange, V. (2007). Does the UK government's teenage pregnancy strategy deal with the correct risk factors? Findings from a secondary analysis of data from a randomized trial of sex education and their implications for policy. *J Epidemiol Community Health*, 61 (1), 20-7.
- Amoako, K. (2005). *Poverty, major contributing factor to teenage pregnancy*. Retrieved from [www.ghanaweb.com/GhanaHomePage/NewsArchive/artikel](http://www.ghanaweb.com/GhanaHomePage/NewsArchive/artikel).
- Appiah, K. G. (2007, April 11). Teenage pregnancy rife in Kokofu District. *Daily Graphic*, p. 8.
- Ardayfio, R. (2007, September 11). Curbing teenage pregnancy. CR shows the way. *Daily Graphic*, p.11.
- Asare, J. (2007, January 12). 12 BECE candidates pregnant. *Daily Graphic*, p. 18.
- Asiedu-Addo, S. (2006, June 28). Fifty teenage pregnancies reported in Central Region. *Daily Graphic*, p. 21
- Asiedu-Addo, S. (2010). *196 Pregnant girls in Central Region*. Retrieved from [www.graphicghana.com/society%20and%20lifestyle/page.php?News](http://www.graphicghana.com/society%20and%20lifestyle/page.php?News).
- Asuman, H. (2008). *Social studies for senior high schools*. Accra: Adwinsa Publication Ltd.
- Ato, B. (1999, April 4). Too many teenagers are getting pregnant. *Daily Graphic*, p. 5.
- Ato, E. (1999, November 12). Korle-Bu records 20% teenage deliveries. *Daily Graphic*, p. 5.



- Avert. S. (2010) *Averting HIV and AIDS*. Retrieved from <http://www.avert.org/sexeducation>.
- Awabil, G., Baaba, T. A., Obadofin, B., & Kwaku, G. B. (2009). Adolescence pregnancy in Ghana: Contributory factors, consequences and counselling implications. *A Journal of the Department of Health, Physical Education and Recreation*, 2(2), 120-133
- Awortwi, S. H. (2004). *The youth and sex*. Accra: Asempa Publishers.
- Ayerterey, I. (2002). *Mastering social studies for SHS*. Accra: Foli Publications
- Balding, M. (1994). Pregnancy, sexually transmitted diseases, and related risk behavior among United States adolescents. *New England Journal of Medicine*, 33(2), 1161-1162.
- Bearman, P., & Bruckner, H. (2001). Promising the future: Virginity pledges and first intercourse. *American Journal of Sociology*, 106, 859 – 912
- Best, J. W., & Kahn, J. V. (1998). *Research in education* (8th ed.). Boston: Allyn and Bacon.
- Bleakley, A., Hennessy, J., Fishbein, M., Coles, H.C., & Jordan, A. (2009). How sources of sexual information relate to adolescents' beliefs about sex. *American Journal of Health Behavior*, 33(1), 37-48.
- Blenkinsop, K. & Schagen, D. (2004). Early childbearing and children's achievement and behavior over time. *Perspectives on Sexual and Reproductive Health*, 34 (1), 41-54.
- Bour, D. (2008, September 22). Teenage pregnancy: Its repercussions. *Daily Graphic*, p.5.

- Brace, A. M. (2009). *Analysis of the effectiveness of the circle of care program in increasing life outcomes among teen mothers in Troup County, Georgia*. Unpublished doctoral thesis, University of Georgia
- Bridgeland, H. (2006). Promoting teenage sexual health: An investigation into the knowledge, activities and perception of the gynecology nurses. *Journal of Advanced Nursing*, 36 (2), 245-255.
- Brocke, E. M. (2001). *Spirit of garment and fashion*. Accra: EMB Publications.
- Cohen, L. & Manion, L. (1994). *Research methods in education*. London: Routledge Falmer
- Colin, A. (2003). *Peer pressure and teen sex*. Retrieved from [www.psychologytoday.com](http://www.psychologytoday.com)
- Comstock, G., & Scharrer, E. (2009). Media and the American child. *Children, Youth and Environments*, 19(1), 1546- 1550
- Createas, N. (1993). *What causes teenage pregnancy?* Retrieved from [http://EzineArticles.com/?expert=Melissa\\_Fox](http://EzineArticles.com/?expert=Melissa_Fox).
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage Publications.
- Cunningham, A., & Boulton, F. (1996). *Counselling: A comprehensive profession*. (6<sup>th</sup> ed.). New Delhi: Dorling Kindersley.
- DeRider, L. M. (1993). Teenage pregnancy: Etiology and educational interventions. *Educational Psychology Review*, 5, 87-103.
- Dittus, H. & Jaccard, K. (2000). *The family of tomorrow*: New York: Harper and Row.
- Dryburgh, H. (2002). Teenage pregnancy. *Health Report*, 12(1), 9-18.

- Ellis, B. J., Bates, J. E., Dodge, K. A., Fergusson, D.M., Horwood, J.L., Pettit, G.S., & Woodward, L. (2003). Does father absence place daughters at special risk for early sexual activity and teenage pregnancy? *Child Development, 74*(3), 801-21.
- Fouts, G., & Burggraf, K. (2000). Television situation comedies: Female weigh, male negative comments, and audience relations. *Sex Roles, 42*, 925 -932.
- Fox, M. & Inazu, K. (2010). *What causes teenage pregnancy?* Retrieved from [http://EzineArticles.com/?expert=Melissa\\_Fox](http://EzineArticles.com/?expert=Melissa_Fox).
- Fraenkel, J. R. & Wallen, N. E. (1996). *How to design and evaluate research in education*. New York: St. Martin's Press.
- Gall, M. D., Borg, W. R., & Gall, J. P. (1996). *Educational research: An introduction*. White Plains, NY: Longman.
- Gallagher, M. (1999). *A report to the nation. The age of the unwed mothers: Is pregnancy the problem?* New York: Institute for American Values
- Gladding, S.T., & Matick, T. (2004). *Counselling: A comprehensive profession*. (6<sup>th</sup> ed.). New Delhi: Dorling Kindersley.
- Gavin, J. & Kulkarni, R. (2008). *Counselling: A comprehensive profession*. (6<sup>th</sup> ed.). New Delhi:
- Ghana Demographic and Health Survey. (2006). *Regional annual report for Central Region*. Accra: Ghana Health Service.
- Ghana Statistical Service. (2009). *Ghana demographic and health survey*. Accra: Ghana Statistical Service.

- Gordon, M., & Synder, L. (1986). *Africa's future, Africa's challenge: Early childhood care and development in Sub-Saharan Africa*. Washington DC, USA: The World Bank.
- Hargreaves, M. & Tiggerman, G. (2003). Dilemmas of desire: Representations of adolescent sexuality in two teen magazines. *Youth and Society*, 29(3), 369 – 389.
- Hipwell, A. E., Keenan, K., Loeber, R., & Battista, D. (2010). Early predictors of sexually intimate behaviors in an urban sample of young girls. *Developmental Psychology*, 46(2), 366-378.
- Jolley, K. (2001). Promoting teenage sexual health: An investigation into the knowledge, activities and perception of the gynecology nurses. *Journal of Advanced Nursing*, 36 (2), 245-255.
- Kafoya-Tetteh, B. (2007). A longitudinal study of consistency and chance in self-esteem from early adolescence to early adulthood. *Child Development*, 64 (3), 909-923.
- Kaisa Family Foundation. (2000). *Sex education in America: A view from inside the classrooms*. Washington, DC: National Press Club.
- Kaisa Family Foundation. (2002). *Sex education in the U S: Policy and politics* (PDF). Retrieved from <http://www.kff.org/youth/hivstds/sex-Education-in-the-u-s,policy-and-politics.pdf>.
- Kaisa Family Foundation. (2004). *Sex education in America*. Washinton, DC: National Press Club
- Kaunda, J. (1989). Health at school: A hidden health care system emerges from the shadows. *Health Affairs*, 26(2), 409-419

- Kean, D. (1977). Pregnancy and childbirth are leading causes of death in teenage girls in developing countries. *BMJ*, 328, 1152.
- Kirby, D. (2007). *Emerging answers 2007: New research findings on programs to reduce teen pregnancy: A full report. National Campaign to Prevent Teen Pregnancy*. Retrieved from [http://www. Thenational campaign.org/resources/reports.aspx](http://www.thenationalcampaign.org/resources/reports.aspx)
- Kirby, D. (2008). *Emerging answers 2007: New research findings on programmes to reduce teen pregnancy*. Full report; National campaign to prevent teen pregnancy
- Kofoya-Tetteh, A. (2007, June 16). High rate of teenage pregnancy worries DCE. *Daily Graphic*, p.23.
- Krejcie, R. V. & Morgan, D. W. (1970). *Determining sample size for research activities. Educational and psychological measurement*. New York: Sage Publication Inc.
- Lear, J.G. (2007). Health at school: A hidden health care system emerges from the shadows. *Health Affairs*, 26(2), 409-419
- Locoh, T. (2000). *Early marriage and motherhood in sub-Saharan Africa, win news*. Retrieved July, 2006,
- Locoh, T. (2000). Early marriage and motherhood in sub-Saharan Africa, win news. *Indian Journal of Pediatrics*, 79(1), 63.
- Mangino, J.G. (2008). *Voices of teen mothers: Their challenges, support systems, and successes*. Unpublished doctoral dissertation, School of Education, University of Pittsburg,

- Martino, S.C., Collins, R.L. Kanouse, D.E., Elliott, M., & Berry, S.H. (2005). Social cognitive processes mediating the relationship between exposure to television's sexual content and adolescents' sexual behavior. *Journal of Personality and Social Psychology*, 89(6), 914-924.
- Masemola, C. (2007). A critique of adolescent pregnancy prevention research. *Adolescence*, 26, 217-222.
- Meade, C.S., Kershaw, T.S., & Ickovics, J.R. (2008). The intergenerational cycle of teenage motherhood. *Health Psychology*, 27(4), 419-419.
- Melgosa, R. (1997). *Sex and love: How can I really know?* Minneapolis: New York: Longman.
- Miller, E. N., & Dollard, J. (1941). *Social learning and imitation*. New Haven; Yale university press.
- Miller, R. (2002). Preventing adolescent pregnancy and associated risks. *Canadian Family Physician*, 41(15), 25 – 31.
- MOE. (2007). *Annual report on health*. Swedru: AWHD.
- Montemurro, B. (2003). Not a laughing matter: Sexual harassment as 'material' on workplace-based situation comedies. *Sex Roles*, 48, 433-446.
- Moore, R. A., & Rienzo, A. (2000). Women's knowledge of, and attitudes to, contraceptive effectiveness and adverse health efforts. *British Journal of Family Planning*, 26(2), 73 – 80.
- Mpanza. (2006). *Young, poor and pregnant: The psychology of teenage motherhood*. New Haven, CT: Yale University Press

- Mueller, T.E., Gavin, L.E., & Kulkarni, A. (2008). The association between sex education and youth's engagement in sexual intercourse, age at first intercourse, and birth control use at first sex. *Journal of Adolescent Health, 42*, 89-96.
- Mushwana, D. (2015). The health consequences of teenage fertility. *Fam Plann Perspect, 17* (3), 132–139.
- National Center for Health Statistics (2006). *The statistics complications from pregnancy and child birth*. New York: WHO
- Ntsholo, C. (2002). *Growing a happy home*. Manila: Philippine Publishing House.
- Ogah, J. (1990, December 1). Teenage pregnancies when puberty rites give way. *The Mirror*, pp. 8-10.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage Publications.
- Pavlov, I. P. (1927). *Conditioned reflexes: An investigation of the physiological activity of the cerebral cortex*. Translated and Edited by G. V. Anrep. London: Oxford. p. 142.
- Pietrofesa, R. (1996). *Before the ABCs: Promoting school readiness in infants and toddlers*. Washington D.C.: Zero to Three.
- Portman, T. A. (2009). Faces of the future: School counselors as cultural mediators. *Journal of Counseling and Development, 87*(1), 21-27.
- Rice, D. (1984). *American's adolescents: How healthy are they?* Chicago: American Medical Association.

- Roche, K.M., & Leventhal, T. (2009). Beyond neighborhood poverty: Family management, neighborhood disorder, and adolescents' early sexual onset. *Journal of Family Psychology*, 23(6), 819-827.
- Selby, H. (2009, April 29). Teenage pregnancy: The onus lies on teenagers. *Ghanaian Chronicle*, p. 12.
- Skinner, B. F. (1976). *Particulars of my life: Part 1 of an autobiography*. London: Sage Publication.
- Statistics Canada. (2005). *Selected dwelling characteristics and household equipment*. Retrieved from <http://www.statcan.ca/english/pgdp/pgdb/famil oac.htm>.
- Steinberg, K. (1996). *Sex and relationships*. Retrieved from <http://www.gutmacher.org/table/32204t/htm>.
- Strasburger, J. (2007). *Beginning too soon: Adolescent sexual behaviour, pregnancy and parenthood. A review of research and Interventions*. Retrieved from <http://aspe.hhs.gov/hsp/cyp/xsteesex.htm>
- Taylor, I. A. & Buku, D. K. (2006). *Basics in guidance and counseling* (2<sup>nd</sup> ed.). Winneba: University of Education, Winneba.
- Therese, L. (2000). *Early marriage and motherhood in Sub-Saharan Africa*. Retrieved from [www.en.wikipedia.org](http://www.en.wikipedia.org)
- Tufail, K. (2008). *Central Region takes steps against teenage pregnancy*. Retrieved from <http://discussions.ghanaweb.com/>



- UNICEF. (2001). *A league of tables for teenage births in rich nations. Innocenti report card no. 3.*, UNICEF Innocenti Research Centre, Florence. Retrieved from [www.unicef-irc.org/publiAllen](http://www.unicef-irc.org/publiAllen), I. (1987). *Education in sex and personal relationship*. London: Policy studies institute.
- UNICEF. (2001). *A league of tables for teenage births in rich nations. Innocenti report card no.3*, UNICEF Innocenti Research Centre, Florence. Retrieved from [www.unicef-irc.org/publiAllen](http://www.unicef-irc.org/publiAllen), I. (1987). *Education in sex and personal relationship*. London: Policy Studies Institute.
- US Public Health Service (2001). *The surgeon general's call to action. To promote sexual health and responsible sexual behavior*. Washington, DC: NASW Press.
- Waddington, L. (2007). The experience of sexual harassment among grade school students: Early socialization of female subordination. *Sex Roles*, 43(1/2), 1- 17.
- Walker, J. L. (2001). The qualitative study of parents' experiences of providing sex education for their children: The implication for health education. *Health Education Journal*, 60(2), 132 – 146.
- Walliman, N. (2005). *Your research project* (2<sup>nd</sup>ed.). London: Sage Publications Ltd.
- Watson, M. (1920). *Early marriage and motherhood in sub-saharan Africa*. Retrieved from [www.en.wikipedia.org](http://www.en.wikipedia.org)
- White, E. G. (2001). *Growing a happy home*. Manila: Philippine Publishing House.

WHO. (2002). *Adolescent friendly health services: An Agenda for Change*.

Geneva: World Health Organization.

World Health Organization [WHO]. (2003). *The health of youths: facts for*

*action youth and reproductive health*. Geneva: WHO.

Xinhua, N. (1996). Comparative perspectives on child poverty: A review of

poverty measures. *Journal of Human Development* no. 4(3), 379-396.

## APPENDICES

**APPENDIX A**  
**DEPARTMENT OF GUIDANCE AND COUNSELLING**  
**QUESTIONNAIRES FOR STUDENTS ON CAUSES,**  
**CONSEQUENCES AND SUGGESTED PREVENTIONS FOR**  
**TEENAGE PREGNANCY**

Dear Respondents,

This survey is for M.Phil thesis being conducted in the Department of Educational Foundations, University of Cape Coast. The study is based on a selected sample so your participation is critical.

Thank you for your help.

**SECTION A: DEMOGRAPHIC DATA**

Please, tick (✓) where appropriate

1. Gender: Male ( ); Female ( )
2. Age: 12-14 [ ] 15-17 [ ] 18+ [ ]
3. Type of Home: Monogamous ( ); Polygamous ( )
4. Number of children in your family; 1 or 2 ( ); 3 or 4 ( ); 5 or 6 ( ); 7 or more ( )
5. Which of the following categories is true of you?
  - (a) I am a victim of teenage pregnancy ( )
  - (b) I have a relation who is/was a victim of teenage pregnancy ( )
  - (c) I have been the cause of teenage pregnancy ( )
  - (d) I am not a victim, the cause or a relation of teenage pregnancy ( )

For Sections B to E, please, indicate the extent of your agreement or disagreement with the statements on a scale of 1 – 5 thus: 1 representing “Strongly Disagree”, 2 “Disagree”, 3 “Undecided”, 4 “Agree” and 5 “Strongly Agree”

(Please tick only one)

**SECTION B**

**CAUSES OF TEENAGE PREGNANCY**

Causes of Teenage Pregnancy include:	SD	D	U	A	SA
6. Lack of education on teenage pregnancy					
7. Negative peer group influence					
8. Permissive behaviour of some parents					
9. Parents’ negligent attitude towards their children					
10. Parents pushing their children to enter into boy-girl relationship early.					
11. Lack of wholesome recreational facilities for youths					
12. Lack of laws against teenage pregnancy					
13. inadequate knowledge on contraceptives					
14. Poverty					
15. Sexual abuse					
16. Low level of education					
17. Death of parents					

18. Others, please specify.....

**SECTION C**

**EFFECTS OF TEENAGE PREGNANCY**

Consequences of Teenage pregnancy include:	SD	D	U	A	SA
19. Increase in country population					
20. Teenage pregnancy could end up during delivery (child birth)					
21. Insufficient preparation for family life.					
22. School dropout					
23. Haunting guilt feelings in marriage.					
24. Lack of respect between the victim and culprit.					
25. Inadequate nutrition					
26. Family neglect					
27. Health problems					
28. Unemployment					
29. Death through termination of pregnancy					

30. Others, please specify .....

**SECTION D**

**PREVENTIONS FOR TEENAGE PREGNANCY**

Preventions for teenage pregnancy include:	SD	D	U	A	SA
31. Parents should give sex education at home.					
32. The schools should have sex education as part of the curriculum.					
33. Parents should discipline their children appropriately					
34. The mass media should promote sexual promiscuity.					
35. Religious leaders should teach appropriate moral instructions					
36. The youth should have access to facilities that promote good moral training					
37. Teenage girls should dress decently					
38. Punishment by society for others indulge in teenage pregnancy					
39. Provision wholesome facilities for recreational activities					

40. Others, specify .....

**APPENDIX B**

**UNIVERSITY OF CAPE COAST**

**CAPE COAST, GHANA**

**FACULTY OF EDUCATION**

**DEPARTMENT OF EDUCATIONAL FOUNDATIONS**

*Telephone: 32440/4 & 32480/3*

*Direct: 03321-36037*

University Post office *TELEX: 2252, UCC, GH*

Cape Coast, Ghana.

*Telegrams & Cables: University, Cape Coast*

Our Ref:

Your Ref:

**THESIS WORK**

**LETTER OF INTRODUCTION**

We introduce to you Mr. /Mrs. /Miss. Isaac Amoah-Saah a student from the university of cape coast, Department of Education Foundations. He/She is pursuing a Master of Philosophy (M.Phil.) degree in Guidance and Counselling.

As part of his/her requirements, he/she is expected to work on a thesis entitled: Causes, consequences and suggested preventions for teenage pregnancy among Senior High Schools students in the Agona West Municipality, of Central Region, Ghana.

He/She has opted to make a study at your institution/establishment for the thesis. We would be most grateful if you could afford him/her the opportunity to make the study. Any information provided will be treated as strictly confidential.

Thank you.

(DR. K. EDJAH)