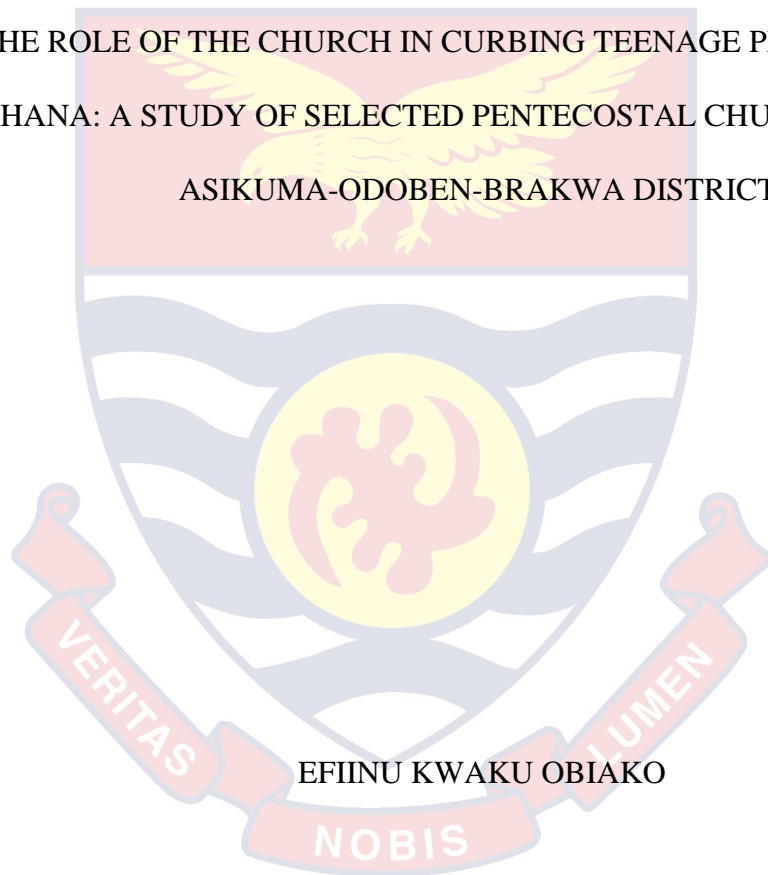


UNIVERSITY OF CAPE COAST

THE ROLE OF THE CHURCH IN CURBING TEENAGE PREGNANCY IN
GHANA: A STUDY OF SELECTED PENTECOSTAL CHURCHES IN THE
ASIKUMA-ODOBEN-BRAKWA DISTRICT.



EFIINU KWAKU OBIAKO

2021

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GHANA: A STUDY OF SELECTED PENTECOSTAL CHURCHES IN THE
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BY

EFIINU KWAKU OBIAKO

This submitted to Department of Religion and Human Values, Faculty of Arts,
College of Humanities and Legal Studies, University of Cape Coast, in partial
fulfillment of the requirements for the award of Master of Philosophy degree
in Religious Studies

MAY 2021

DECLARATION

Candidate's Declaration

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

Candidates Signature:..... Date:.....

Name: Efiinu Kwaku Obiako

Supervisors' Declaration

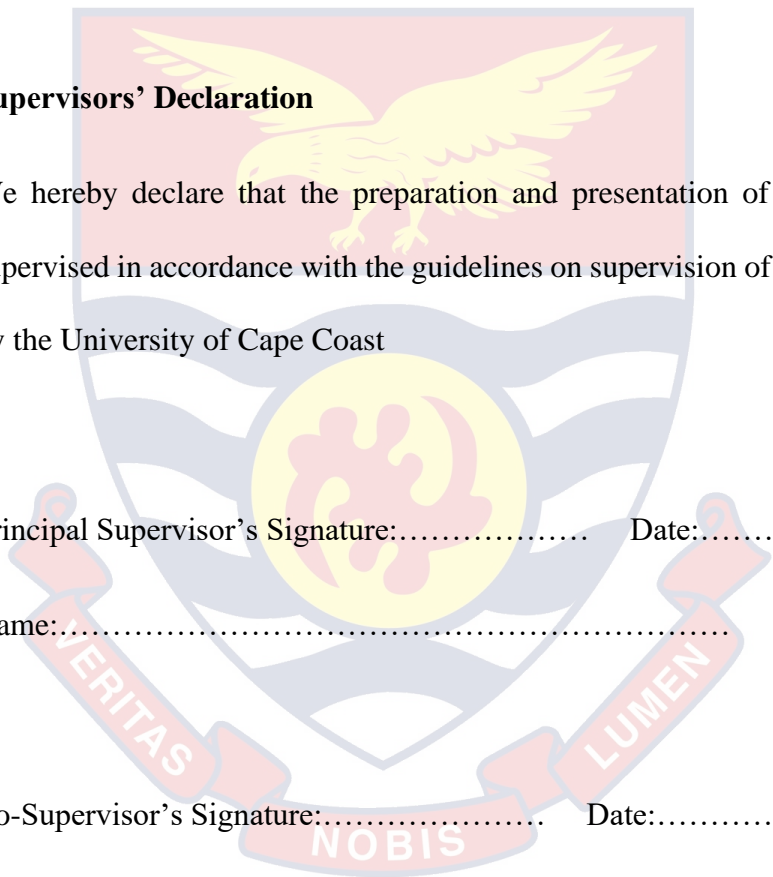
We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast

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

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

Name:.....



ABSTRACT

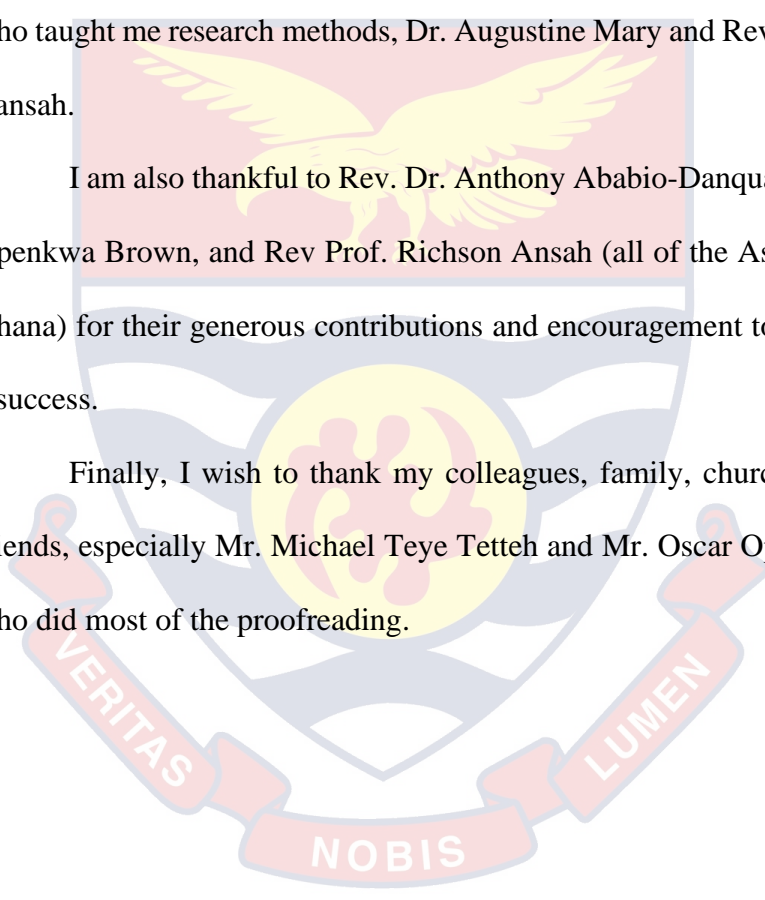
The mere mention of the phrase teenage pregnancy in Asikuma-Odoben-Brakwa district in the Central Region of Ghana brings into memories the loss of potential talents due to disruption in their educational undertaking and welfare dependency load on the people in the district due to disruption in professional careers. Thus using the across methodological triangulation method mainly through interview and questionnaire, this study sought to find out the exact roles Churches can play in keeping a tight rein on this menace. This study also critically examined the causes, effects, and most importantly, the role that the churches play in the curbing of teenage pregnancy in Ghana using selected Pentecostal churches as a case study. The study found that the incidence of teenage pregnancy largely depends on the behaviour of the people in a particular location. Consequently, such a conclusion was reached because of the incidence and effects of teenage pregnancy on the society and the preventive measures that have been put into place by the three selected Pentecostal churches. In view of this, it is recommended that the Pentecostal churches should motivate teenagers to study and apply the Bible and read other Christian literature. The Churches must purposively target to educate the people, especially the youth, on sexual education.

ACKNOWLEDGMENTS

This work was realized through the immense support and contributions both directly and indirectly from people whom I owe a lot of appreciation and gratitude. My sincerest thanks and appreciation goes to my Supervisors Rev. Dr. Appiah Sekyere and Dr. Shaibu Iddrisu, who found time out of their busy schedules to supervise my work. I am also very grateful to all my lecturers for the knowledge they imparted to me, especially Professor Awuah Nyamekye, who taught me research methods, Dr. Augustine Mary and Rev. Dr. Confidence Bansah.

I am also thankful to Rev. Dr. Anthony Ababio-Danquah, Rev. Dr. John Apenkwa Brown, and Rev Prof. Richson Ansah (all of the Assemblies of God Ghana) for their generous contributions and encouragement to make this work a success.

Finally, I wish to thank my colleagues, family, church members, and friends, especially Mr. Michael Teye Tetteh and Mr. Oscar Opoku Agyemang, who did most of the proofreading.



DEDICATION

To Mrs. Anastasia Efiinu and daughters



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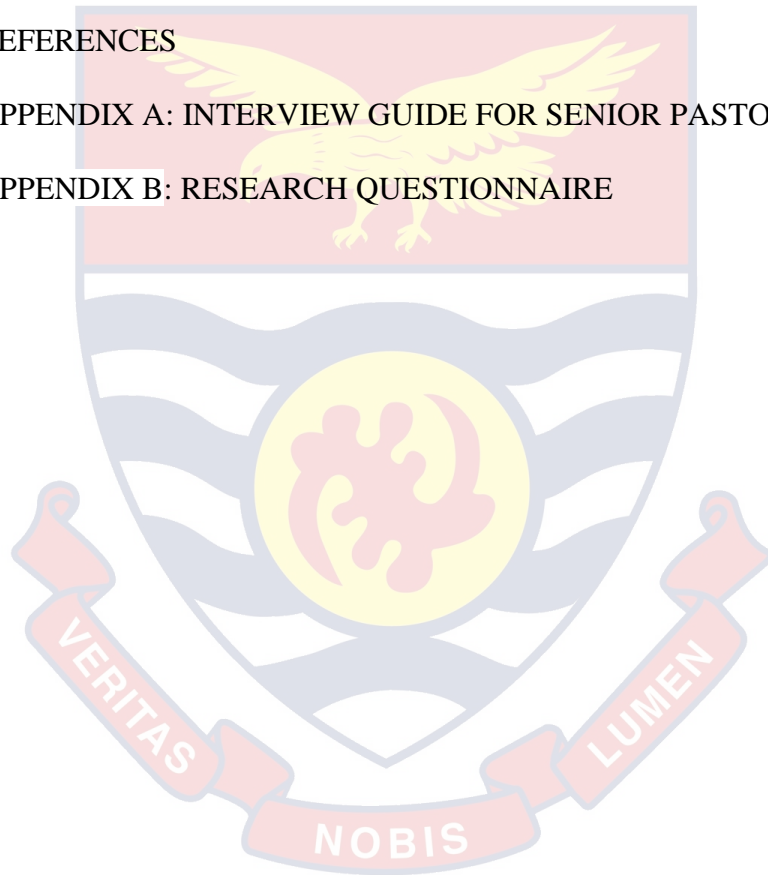
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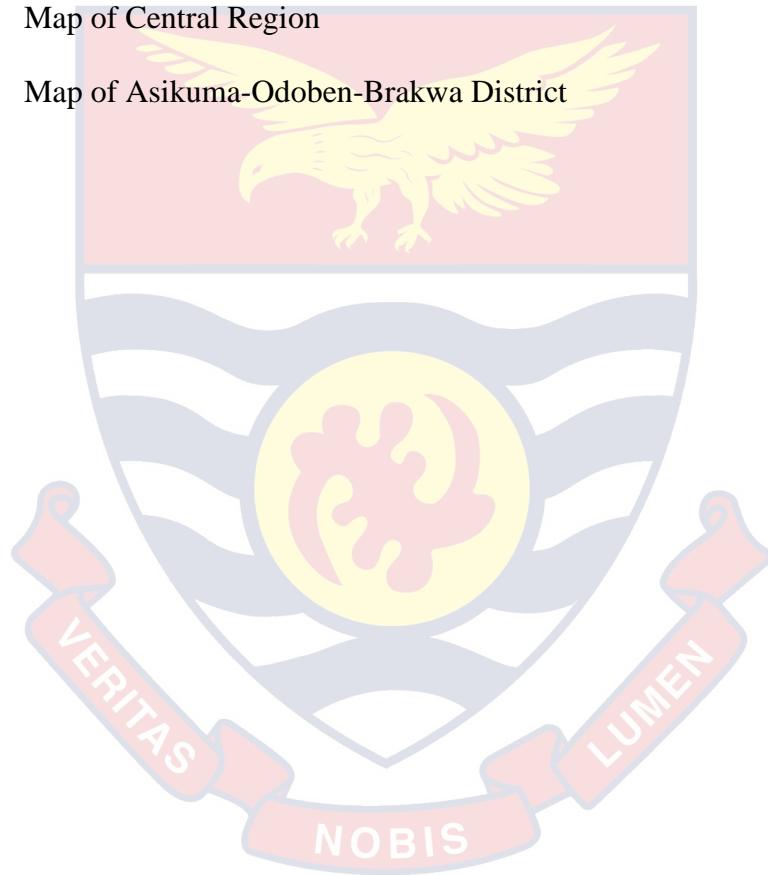
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CHAPTER ONE

INTRODUCTION

Background of the Study

Religion plays an essential part in the public life of people across the globe (Acharya, Poobalan, Teijlingen & Chapman, 2014). In this current era, new political ideologies and policies have been developed to provide answers to social problems that are faith-based answers (Kappe, 2016). Charitable choice provisions, which enable the government to provide financial assistance to religious organizations that do not compel them to relinquish their tenets of faith, have been incorporated in the welfare reform act. Community services block grants and other new federal legislation in the United States of America (Willan, 2013). In about a century, funding has been provided to religiously affiliated organizations, especially among the Pentecostal churches. These recent proposals have sparked debate since they do not demand the same level of separation between a religious group's social goals and its sacred mission as previous ones (Schorr, 2011).

Furthermore, it appears that religious groups have more substantial public support in reducing teen pregnancy than other topics such as child care, substance abuse treatment, literacy, health care, and job training (Diane & Molt, 2011). In a survey of which organizations might best provide teen pregnancy prevention services, religious groups received 39 percent of the vote, non-religious community groups received 42 percent, and the government received 12 percent (Akella & Jordan, 2014). Many social services, including youth activities, are currently provided by faith congregations in their communities, frequently without official financing.

About sixteen million girls deliver annually during the period of adolescence. With about million undergoing unsafe abortions, out of which between 42% and 56% are from the African continent (Amaran, 2012). Adolescent pregnancy cases are high in developing countries because teenagers who live in socio-economically disadvantaged settings are at a higher risk as compared to the broader population (Modgil & Modgil, 2006). The adolescent period in a young person's life is considered a critical time because of the initiation of sexual activities, and for many, marriage occurs during this period. Because of the early commencement of sexual intercourse and menarche and the delay in marriage, adolescence lasts longer than expected. Pregnancy and early motherhood are more likely in such settings. Every year, over 16 million adolescent girls become mothers, with the highest concentration in Sub-Saharan Africa, where 20 percent to 40 percent of teenagers are either mothers or pregnant (WHO, 2009). Early motherhood experiences are contextual, impacted by culture and the society in which the teenager lives. Young people who are faced with early motherhood in their teenage years may suffer tension between their new status as moms and their adolescent needs (Ayuba & Gani, 2012).

Teenage pregnancy remains a challenge for most countries in the world, including Ghana (Gyesaw & Ankomah, 2013). The situation in Ghana poses a severe health and social problem that calls for a holistic approach to save the future of young Ghanaian girls. Early delivery at the adolescent age of a girl exposes her to the possibility of ruining her higher education and cautious and employ the necessary steps to prevent their children from this unpleasant experience. The statistics that show the incidence of teenage pregnancy in Ghana are alarming (Adu-Gyamfi, 2014). According to Adu-Gyamfi, in 2017,

more than 10,000 new pregnancy cases were recorded during the year. A health survey conducted in 2014 indicates that for all deliveries recorded that Year, 30% were attributed to adolescents. It further showed that 14% of women who delivered were between the ages of 15-19 years and thus within the teenage childbearing adult. The baseline remains that intensive education on sex is needed for this age-group in Ghana. This, when done, would prevent many mothers in their teens from dropping out of school. Christian Council and other religious bodies continue to play a role in educating girls from teenage pregnancies. Critics like Apanga and Adams (2015) and Gyan (2013) have posited that religious bodies have not done much to clamp down this menace since they are seen as the bearers of the moral courage of the society.

In Ghana, birth rates concerning teenagers declined from 22.1 live births per thousand women in 1992 to 15.5 delivery per thousand women in 2016 (Biney & Nyarko, 2017). In a recent report by the District Reproductive and Child Health Unit (RCHU), the Asikuma-Odoben-Brakwa district has consistently been rated first for three consecutive years in the Central Region. In 2014, the community recorded 701 cases; in 2015, a total of 777 cases were recorded, whereas a total of 708 was recorded in 2016 (RCH Annual Review Report 2017). In 2017, the district was rated second to Abura-Asebu-Kwamankese district with a total of 631 teenage pregnancy cases.

Since the release of the report by the District Health Directorate, concerned natives of Asikuma-Odoben-Brakwa have been considering what might have been the causal factor(s) leading to the rise of this social canker in the district. As Apanga and Adams (2015); Gyan, 2013) rightly opined, despite being mandated as a hub of moral courage and discipline, the religious bodies,

(for this research, the Pentecostal churches in the district) seem not to be living to their mandate of offering the needed social services to mitigate this menace of teenage pregnancy. Religious liberty is guaranteed in Ghana, and the state identifies the need for a mutual respect between it and the religious organizations. State prying in religious affairs of citizens is now therefore nominal and as registered bodies with the Registrar General's department with social services to play due to their immunity to tax; it is expected of them by de facto to help in delivering prompt social services in the community they find themselves in. It is as a result of this background that this study seeks to critically examine the causal factor(s) leading to the incidence of teenage pregnancy in the district vis-à-vis the role of the church in curbing the social menace.

Statement of the Problem

Every year, about 21 million who are within the ages of 15–19 years in developing regions fall prey to teenage pregnancy, whereas approximately 12 million of them give birth. A minimum of 777,000 births pertains to adolescent girls who are younger than 15 years in developing countries. (Darroch, Woog, Bankole & Ashford, 2016; UNFPA, 2015).

From the background to the study, it is envisaged that several researchers have delved into this menace of teenage pregnancy. Whitehead, Wilcox & Rostosky, 2001, in their work, "Keeping the Faith: The Role of Religion and Faith Communities in Preventing Teenage Pregnancies" which was actually on the trail of a national campaign to prevent the incidence of teenage pregnancy in America, brought to light that faith leaders and

communities play an important role in preventing teen pregnancy in at least three ways:

- i. They assist young people in developing ethically and spiritually by passing on their faith's beliefs and practices.
- ii. They provide education, youth clubs, summer camps, youth sports leagues, tutoring programs, rites-of-passage observances, mentoring, and after-school programs to guide and safeguard young people and give them hope for the future.
- iii. Through sex and abstinence education, parent/child communication workshops, crisis pregnancy counselling, and referrals to family planning resources, several faith organizations expressly address the topic of teen sexuality within the context of faith.

Also, (Marx & Hopper, 2005) in their work “Faith-Based versus Fact-Based Social Policy: The Case of Teenage Pregnancy Prevention” noted that the Church, seen as an extended family, is to instruct teenagers to abstain from sex, provide the primary health care and human services for poor families.

The above mentioned scholarly works explored the roles the Church plays in curbing teenage pregnancy; however, these studies (Whitehead, Wilcox & Rostosky, 2001; Marx & Hopper, 2003) did not focus on any particular church or denomination(s), engaged in a nationwide swoop with regards to the role churches play in curbing teenage pregnancy, and these studies were also conducted in different socio-cultural contexts.

Following studies conducted in Africa, the work of Yadufashije, Sangano and Samuel (2017) sought to study the factors influencing teenage pregnancy in Africa with a special focus on South Africa, Tanzania, and Ghana.

They mentioned poverty as among major factors influencing teenage pregnancy, inadequate centers of reproductive health training for both parent and teenagers, and unavailability of a model of preventing teenage pregnancy in schools. On the same continent, Zellman (1981), as found in Nangambi (2014), opined that the first step to curb teenage pregnancy is by a partnership between the church and the schools to build a comprehensive programme on sex education through their catechism classes.

More so, churches should encourage parents to educate their wards about sex and morality within the context of their church tradition. Helping to alleviate poverty, helping teenagers to build positive attitudes, and teaching teenagers to apply the brakes when it comes to the use of the mass media were amongst measures to be taken by the church to curb teenage pregnancy, according to Zellman. Again none of these African scholars touched on roles specifically played by Pentecostal churches, and also, the geographical context here is different. Yadufashije, Sangano & Samuel (2017) touched on Ghana but looked at only “effects” of teenage pregnancy, which is not the bane of this study. Nangambi also worked in South Africa.

In the Ghanaian context, Appiah (2011) in his work “Provision of Social Services by the Assemblies of God Church in the Suhum District of Eastern Region” listed provision of health care, education, financial assistance, helping people in areas of marriage counselling, conflict resolution and stress management as some examples of social services. However, the missing link from his work was how churches, more specifically, Pentecostal churches, assist in curbing the menace of teenage pregnancy, which is likewise a social service. Yet again, the work of Appiah was situated in the eastern part of Ghana. Another

work by Amoah-Saah (2018) in the Agona West Municipal area in the central region sought to look at causes, effects, and prevention of teenage pregnancy among students in senior high schools, which is not the burden of this study. Furthermore, in the Komenda-Edina-Eguafo-Abrem Municipality in Ghana's Central Region, Ahinkora, Hagan, Budu, Hormenu, Seidu, Mintah, Samba, and Schack (2019) sought to determine the impact of access to pregnancy prevention information and services on teen pregnancy. Conspicuously missing link in this work, too was the role of Pentecostal churches in the solving of this menace of teenage pregnancy as well as Asikuma-Odoben-Brakwa District despite the rising number of teenage pregnancy cases in the Central Region.

With the gaps adduced so far, it is quite emphatic about concluding that no work concerning the role Pentecostal churches play in the curbing of teenage pregnancy had been done mainly with Asikuma-Odoben-Brakwa District and this gave the researcher the impetus to undergo this study.

Objectives of the Study

The principal objective of this study was to assess the role of selected Pentecostal churches in curbing teenage pregnancy among the youth in the Asikuma-Odoben-Brakwa District in the Central Region. In order to achieve this, the study has the following specific objectives:

- i) To assess the causes of teenage pregnancy among the youth in Asikuma-Odobon-Brakwa district.
- ii) To examine the effects of teenage pregnancy on the youth in Asikuma-Odoben-Brakwa district.
- iii) To assess the challenges associated with teenage pregnancy in the Asikuma-Odoben-Brakwa district.

- iv) To assess the role of churches in curbing teenage pregnancy in the Asikuma-Odoben- Brakwa district.

Research Questions

The following are the research questions that guided the study:

- i) What are the causes of teenage pregnancy among the youth in the Asikuma-Odoben-Brakwa District?
- ii) What are the effects of teenage pregnancy on the youth in the Asikuma-Odoben-Brakwa District?
- iii) What are the challenges associated with teenage pregnancy in Asikuma-Odoben-Brakwa District?
- iv) What are the roles of the selected churches in curbing teenage pregnancy in the Asikuma-Odoben-Brakwa District?

Significance of the Study

The study is to help churches and groups to know the nature, current trends, challenges, emerging trends on teenage pregnancy in the Asikuma-Odoben-Brakwa District. This study will be of great help regarding issues relating to the youth. The findings of this study will serve as a reference point for students and researchers in this area and other related fields of study.

Scope of the Study

This thesis covered all the key players in the selected Pentecostal churches in the Asikuma-Odoben-Brakwa District in the Central Region of Ghana. The study includes Ministers in-charge as well as the members of selected churches in the District. The study was limited to Asikuma-Odoben-Brakwa, which is a political district in the Central Region of Ghana. The study was conducted in three classical Pentecostal churches in the District, namely

Assemblies of God, Ghana, Church of Pentecost, and The Apostolic Church - Ghana. These were the dominant churches in the district and also have strong teachings against fornication for which teenage pregnancies is imbibe in it.

Reflexivity

The background and position of a researcher will affect how he chooses to investigate, the angle of study, the methods deemed acceptable for the goal, the most relevant findings, and the framing and communication of conclusions. (Malterud, p. 483-484, 2001). The researcher being a Reverend Minister at Assemblies of God, Restoration Center at Breman-Asikuma, reckons that some findings may be skewed in favour of the researcher. Considering the cliché that a hundred percent empathetic neutrality cannot be reached, the researcher tried as much as possible not to make his biases come to play in the rolling out of this research. That said, the researcher, with due diligence, recognizing all principles and guidelines surrounding this research, undertook this research with all the scientific measures such as appropriate research methods, data collection tools, data analytical techniques and objective reporting of findings available.

Definition of Terms

Teenage Pregnancy has been defined as unintended pregnancy that occurs in a girls' adolescent stage by Ghana Registered Nurses Association (GRNA) in 2017 report on the state of health care of women in Ghana. The Ghana Registered Nurses Association (GRNA), in its report on the state of health care of women in Ghana for the year 2017, defines teenage pregnancy as unintended pregnancy that occurs in a girls' adolescent stage.

Teenager: the Cambridge English dictionary defines a teenager as a young person between 13 and 19 years old. According to the World Health

Organization, a teenager is categorized into ages 15-18 years. Turner and Helms (2007) also defines the teenager as a person who falls between the ages of 13 and 19 years.

Pregnancy: The Oxford dictionary defines pregnancy as the state or period of being pregnant. According to Gordon (2003), pregnancy is defined as a state in which a female carries in her womb, the young before it is born. In the same vein, to Skyes (2000), pregnancy is the situation of carrying a developing baby in the uterus. Pregnancy, according to the two definitions given above, is intended for procreation and continuation.

According to Nwosu (2005), pregnancy at a suitable time in a marriage is a positive development. Still, if a teenager engages in pre-marital sex that could lead to pregnancy, she puts herself in a situation for which she is unprepared. However, the study defines teenage pregnancy as the type of pregnancy that occurs in the life of a girl between the ages of 12 to 18 years. The mode of contracting the pregnancy does not necessarily come into play.

Adolescence: it could be simply described as a transitional phase of growth and development between childhood and adulthood. The World Health Organization (WHO) defines an adolescent as a person who is between the ages of 10-19. This range falls within WHO's definition of young people, which refers to individuals between ages 10 and 24. (WHO, 2019).

Children: The United Nations Convention on the Rights of a Child defines a child as "a Human Being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier." The Act of Parliament of the Republic of Ghana entitled the children's Act, 1998, defines a child as "a person below the age of Eighteen (18) years." (Part I, Sub part I. Section 1)

Literature Review

This section is focused on the review of literature related to the topic as documented by some writers, theorists, authorities, and researchers. Specifically, the areas of related research reviewed include: the definition of the concept, teenage pregnancy; the causes of teenage pregnancy; the effect of teenage pregnancy, and the prevention of adolescent pregnancy. Light is also thrown on some incidences of teenage pregnancy in the research location. This helps to provide an insight into ways in which the researcher can limit the scope to a needed area of inquiry (Creswell, 2014). Hence the literature was reviewed under the following themes;

Onset of Teenage

On the actual age at which adolescence begins or ends, authors and academics have differing viewpoints. Because there is a distinction between girls aged 12-13 years and young women aged 18 years, teens are divided into two groups: those aged 15-18 years and those aged 10-14 years (Amaran, 2012). According to Turner and Helms (2007), adolescence is defined as the period between 13 and 19. According to Adesomowo (2008), teenage years begin at the age of ten or eleven and remain until the age of eighteen, at which time a person's character takes on a permanent form. According to Nwosu (2005), adolescents include all those aged 13 to 18, who account for roughly 20% of the world's population. According to Ezeorah (1982), Melgosa (2001), and a slew of others, the teen years last from 13 to 19 years of life.

According to Bongaart and Cohen (1998), the teen years are a period of transition from childhood to maturity, marked by increased social awareness and rapid physical growth. The researcher realizes that while some researchers

cap the teenage years at 18 years, others cap it at 19 years, and this very phenomenon poses just a slight problem considering the age differences between 18 years and 19 years. Considering the legal age in Ghana being 18 years, backed by ‘The Act of the Parliament of the Republic of Ghana’ entitled the “children’s Act, 1998” defines a child as a person below the age of eighteen (Part I, Sub Part I. Section 1).

Moreover, for this research, the researcher sides with (Amaran, 2012; Nwoso, 2005; Adesomowo, 2008) who cap the teenage years at 18 years. The researcher considers the position of the above-mentioned scholars very key to this research because it sets the tone for the researcher to rightly define the age brackets he is supposed to deal with (a delimitation of some sort considering the research).

Characteristics of the Teenage Period

Scholars believe that the adolescent era represents the beginning of puberty and biological maturity. It is a critical time in a person's life since many important social, economic, and demographic events occur during this time that set the stage for adulthood.

Akakpo (2013) (as cited in Amoah-Saah, 2018) stated that during the 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 typically happens between the ages of 13 to 16, even though it can occur earlier or later. Girls and boys become increasingly self-conscious and aware of the changes taking place in their bodies during the 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 feelings and actions. Their thinking capacities are in abstract terms, and empathy with others develops during this period.

According to Negi (1999), this is the second decade of life. He discovered that while a person is in the second genital stage of psychological development, it is the most critical and sensitive time of their lives. Owusu (2012) emphasized that the observable characteristics with this level of life include intellectual change at which time intellectual growth is high and corresponds with physical development. Obviously, a person in this stage of life experiences emotional changes with respect to affection, aggressiveness and fear. A person also experiences an increase in his or her sexual interest and becomes attracted to the opposite sex.

The present researcher sees Owusu's work as useful to this research because it provides beneficial information on the fact that the life of the teenager is characterized by sexual interest and easy identification with the opposite sex. This is very critical to this work because before teenage pregnancy can occur, it has to happen in the confines of a teenager engaging in a sexual affair with the opposite sex. Owusu makes bare the fact that as a feature of teenage years, teenagers are attracted to the opposite sex, and this study helps to uncover how this attraction develops into pregnancy and later the role of a stakeholder, the Church.

Furthermore, according to Ukekwe (2001), it is the most critical stage of a person's life, which, if not handled appropriately, can lead to the most severe effects later in life, particularly among women. Teenagers, according to

Ukekwe, are expected to mature ethically and gradually observe societal norms as they enter adulthood. On the contrary, some of these youngsters engage in pre-marital sexual activities, putting them at risk for abortions, STIs, and pregnancies. Ukekwe's work is equally precious here because it sets the tone for this research. Ukekwe highlighted the various consequences of a teenager engaging in sexual intercourse and can be seen as a sequel to Owusu's work.

According to Nwosu (2005) the occurrence of pregnancy at the right time as in marriage is deemed as a proper development, but if a teenager get pregnant as a result of pre-marital sex, it is seen as a challenge as it places her in a situation that she is not adequately prepared.

Teenage Pregnancy

Pregnancy, according to Owusu (2012), begins with conception (hence fertilization of an ovum by sperm), and generally concludes with delivery. The majority of teenage pregnancies are unintended and have negative repercussions for all individuals involved. The term "teenager" is used to designate a person between 13 and 18 years of age. A pregnant girl is considered a pregnant adolescent within these ages. In Ghana, adolescent pregnancy happens as early as the age of 13; regrettably, these youngsters do not know how to handle the. To put it succinctly, many teens are inclined to assume that they can achieve anything without relying on their parents to provide their fundamental requirements during their adolescence. Many teens forget this due to their physical, mental, emotional, and social growth. Sexual intercourse is the foundation of any pregnancy. Many scholars are eager to learn firsthand about the pervasiveness of the scourge of teenage pregnancy.

Teenage Pregnancy Incidences in Ghana

The incidence of teenage pregnancy has been a threat in Ghana. In 2016, 15.4% were recorded in the Upper East region, of which 2.1% was attributed to adolescents within the ages of 10 and 18 years. That record placed the region in the position of being the spot of the highest rate of teenage pregnancy in 2016.

The Ghana Health Service report on antenatal care registrants, recorded 115 pregnancy cases attributed to teenagers between the ages of 10-14, whereas 5,474 cases happened among teenagers who were within the ages of 14-18 years. That was an increase of 46 cases from (5518 to 5564) as per the records of 2014 and 2015, respectively. The record of the Volta Region stood at 15%, whereas the Brong Ahafo and Eastern regions had 14%, respectively. On the other hand, the Northern and Ashanti regions recorded 11%, respectively, whereas the lowest rate of adolescent pregnancy was recorded in the Greater Accra Region. (Awuni, 2017).

According to the Ghana New Agency (GNA), Ghana had 57,000 teenage pregnancies in the first half of 2017, with a total of 9,100 teenagers becoming pregnant in the Ashanti Region over the same period (GNA, 2017). According to Ministry of Health data from 2014, the Asikuma-Odoben-Brakwa area has the highest rate of adolescent pregnancy in the Central Region (GNA, 2014). Furthermore, the Asikuma-Odoben-Brakwa area saw a surge in adolescent pregnancy in 2018, with 557 young females aged 16 to 19 becoming pregnant (GNA, 2018).

This demonstrates a significant rise in the incidence from 2016 to 2017. The high prevalence among adolescent females reflects sexual activity as well as a lack of information on sexual reproduction, birth control, and Sexually Transmitted Infections (STI). According to a research done by Awusabo-Asare

et al. (2006), only 28 percent of girls and 21 percent of men had a more in-depth grasp of pregnancy prevention among teens (aged 15-18 years).

Mainly, this could be attributed to the Ghanaian way of “child upbringing.” By the way, a child is brought up per the traditional or cultural approach. Issues relating to sex are frowned upon. Less Sexual education is taught in schools, churches, and at gatherings. Per certain religions, modern methods of contraceptives are discouraged. It is “seemingly sinful” to use contraceptives in certain religious groups such as the Roman Catholics.

Moreover, Prevalence of Teenage Pregnancy in Basic Schools (PTPBSG) concluded that the prevalence of the menace has become very common in the Ghanaian society. This is most prevalent among primary and junior high school (JHS) students (PTPBSG, 2007). According to statistics, some students had no choice but to go to the respective examination centers with their pregnancies in order to participate in the final exams (PTPBSG, 2011).

In August 2018 at Kumasi, the Ghana Education Service (GES) came out with guidelines on the prevention of pregnancy among school girls and the re-enrollment of young mothers to school after childbirth. The guidelines on the re-entry of girls aims at getting all teenage mothers back to school after delivery. It is a full-scale campaign that empowers all the stakeholders of the Ghana Education Service and other bodies to encourage young mothers to pursue their education after childbirth. It also directs school authorities, pregnant girls, and their parents/guardians and Education Offices on the modalities about pregnancy and schooling (GES guidelines, August 2018).

Appiah (2014) reports that women tend to marry at a young age, with the greatest prevalence of teenage pregnancy in the Northern Region of Ghana. For example, in Yamele, 87% of women polled were married and 53% had delivered a child before the age of 18. (Asana, 2010). Afriyie (2015) opines that early marriages occasionally occur in Ghana as a result of pregnant young persons, notably in rural areas where the prevalence is significantly greater than in urbanized areas. Despite its relatively high national frequency, the rates of early marriage and pregnancy have declined substantially in the Upper West and Upper East regions.

According to the African Library and Information Association and Institutions (2019), teenage pregnancy among pupils in JHS has increased at an alarming rate. Thus, increased from 100,000 cases in 2015 to 183,420 in 2017. Other studies reveal that at the end of the academic year, some students participate in the Basic Education Certificate Examination (BECE), with their pregnancies. Available statistics to that effect differ in different regions of Ghana. For example, in the Eastern region alone, 33 girls were reported to have absented themselves to writing their examinations in 2009.

Dr. Sylvester Ananu, the Regional Director of Health Services, revealed the Western Region has the highest rate of adolescent pregnancies in Ghana during the 19th Annual National Conference of the Public Health Nurses Group (PUBHENG), which was held in Takoradi in the Western Region. He bemoaned the fact that the country's lowest supervision rate was among 13-year-olds (Ghana News Agency [GNA], 2009). According to the GNA data, the Western Region alone had 13,872 adolescent pregnancies in 2004, accounting for 16 percent of the region's prenatal attendance.

The statistics from the Regional Education Directorate of Brong Ahafo revealed that 77 girls were pregnant during the Basic Examination Certificate Education (BECE) examination in 2010; again 111 girls were pregnant in 2011, and 170 girls in 2012. Statistics from the Techiman Municipal Girl-Child Unit revealed that 28 pregnancies at the primary and 75 pregnancies at Junior High School (JHS) levels during the 2012/2013 academic year (Ayibani, 2013).

When it comes to health and social issues, adolescent fertility is critical. Children born to very young moms are more vulnerable to health concerns, including death. As a result, teen mothers are more likely to have unfavourable pregnancy outcomes and be limited in pursuing higher education than young women who postpone parenting. According to the Ghana Maternal Health Statistics (GMHS, 2017) survey, 77.1 percent of adolescent women aged 15-19 had started childbearing, with 58 percent having already given birth to a living child and 12.8 percent expecting their first child (Table 1.0). The percentage of teens who have started having children rises considerably as they become older, from 3% of those aged 15 to nearly one-third (32%) of those aged 19. Furthermore, teen women in urban regions are less likely (11%) than those in the rural areas to have started childbearing (18%) (Ghana MHS, 2017). The Table 1.0 below illustrates this.

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child and percentage who have begun childbearing, according to background characteristics (Ghana MHS, 2017).

Table 1: Teenage Pregnancy Statistics in Ghana, 2017

Background characteristics	Percentage of women age 15-19 who:			Number of women
	Had had a live birth	Are pregnant with first child	Percentage who have begun childbearing	
Age				
15	2.7	0.7	3.4	1,046
16	4.3	2.3	6.6	936
17	4.9	2.5	12.3	1,098
18	17.7	4.8	22.5	974
19	29.9	2.5	32.3	731
Residence				
Urban	9.2	1.8	11.0	2,411
Rural	14.5	3.3	17.8	2,374

Source: Ghana MHS (2017).

According to the table above, at age 15, out of 1,046 women, 2.7% had a live birth, 0.7% were pregnant with first child, whereas 3.7% had begun with childbearing. At age 16, out of 936 women, 4.3% of persons had a live birth, 2.3% were pregnant with first child, 6.6% had begun with childbearing. At age 17, out of a total of 1,098 women, 4.9% experienced a live birth, 2.5% were pregnant with first child 32.3 had begun with childbearing.

Also, at age 18, with a total of 974 women, 17.7% had a live birth, 4.8% were pregnant with first child, whereas 22.5% had begun with childbearing. In the

case of age 19, out of 731, 29.9% had a live birth challenge, 2.5% were pregnant with first child, and 32.3% begun with childbearing.

Furthermore, in the above statistics, the figure representing the rural dwellers is high as compared to those in the urban areas. Out of 2,411 women in the urban and 2,374 in the rural area, 9.2% had given birth in the urban centre as compared to 14.5% being the case of rural dwellers. 1.8% of women in the urban centre were pregnant with their first child, whereas 3.3% of women were recorded in the rural area. The statistics for those who had begun with childbearing, was 11.0% representing the women in the urban areas, whereas 17.8% was the case for rural residents.

It could be deduced that the high percentage in the statistics for the Rural residence is likely because of poverty, lack of entertainment, which sometimes leads to sex, poor parental care, ignorance in the use of contraceptives, broken homes, lack of self-esteem, just to mention but a few.

The incidence of pregnancies within the teenage age group is very critical to the Ghana Education Service. As an effort to curb the menace, the Ghana Education Service (GES) had issued guidelines about the prevention of pregnancy among school girls and the re-entry of “young mothers” to school after childbirth in August 2018. The underlying rationale of the guidelines was to ensure every Ghanaian child benefits from pre-tertiary education, including pregnant girls and teenage mothers. Some measures proposed included but not limited to;

1. Creating and enforcing laws, by-laws, and policies implementing compulsory re-integration policies enforcing practical actions on child protection legislation to include child marriage.
2. Providing follow-up and guidance services to girls and their families.

3. Providing a supportive community and educational environment.

From table 2 and table 2 below, a clearer picture of the alarming rate with regards to the menace of teenage pregnancy is shown.

Table 2: The Incidence of Pregnancy among school girls (Pre-tertiary)- National

EMIS DATA ON PREGNANCY IN SCHOOLS				
YEAR	PRIM	JHS	SHS	TOTAL
2014/2015	1,562	4,607	674	6,843
2015/2016	1,399	4,822	823	7,044
2016/2017	1,444	5,254	877	7,575
TOTAL	4,405	14,683	2,374	21,462

Source: GES Guidelines, August 2018-Kumasi

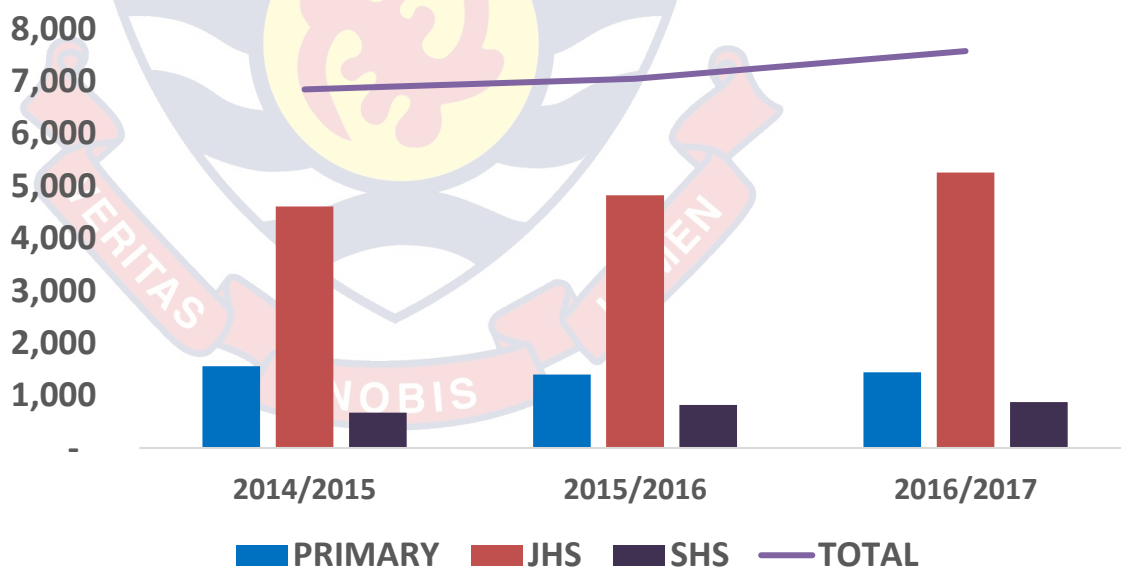


Figure 1: A bar chart showing the incidence of pregnancy among school girls (pre-tertiary)

Source: GES guidelines, August 2018-Kumasi

From the findings of the Ghana Education Service, as stated in Table 2, in the year 2014/2015, out of a total of 6,843 girls, 1,562 got pregnant at the Primary School 4,607 were pregnant at the Junior High School and 674 at the Senior High School levels.

In the year 2015/2016, out of 7,044 cases, 1,399 were at the Primary level, 4,822 were at the Junior High School, and 823 were at the Senior High School. Similarly, in 2016/2017, out of 7,575 girls, the Primary school had 1,444 Junior High School recorded 5,254, whereas 877 cases were recorded for that year. It further states out of 21,462 cases, recorded for the year 2014/2015 to 2016/2017, 4405 was recorded for the Primary Level 14,683 were at the Junior High School level, whereas 2,374 were at the Senior High level. It could, therefore, be deduced that between the periods of 2014 to 2017, the incidence of pregnancy among school girls (pre-tertiary)-Nationally was very high at the Junior High School.

In 2016/2017, the Ghana Educational Service carried out another survey on the incidence of pregnancy by Region and the type of school (Private or Public), and the findings are spelt out in Table 4 below.

Table 3: Incidence of pregnancy by Region and School type-2016/2017
Academic year

Region	Primary			JHS			SHS		
	Public	Private	Total	Public	Private	Total	Public	Private	Total
AR	118	1	119	736	6	742	134	25	159
BAR	113	1	114	550	23	573	88	3	91
CR	145	6	151	516	25	541	73	16	89
ER	138	2	140	604	11	615	68	5	73
GAR	161	11	172	299	11	310	38	14	52
NR	159	9	168	526	12	538	84	16	100
UER	83	0	83	482	4	486	55	3	58
UWR	89	0	89	293	1	294	55	0	55
VR	254	8	262	621	24	645	118	13	131
WR	142	4	146	479	31	510	62	7	69
Total	1,402	42	1,444	5,106	148	5,254	775	102	877

Source: EMIS

In reference to Table 3, public schools refer to schools managed by the government of Ghana through Ghana Education and the faith-based organization. In contrast, private schools are those operated by individuals or groups of persons. Out of the ten regions in Ghana in the 2016/2017 academic year, the incidence of pregnancy in the regions was higher in the Volta Region at the Primary level. Out of 262 pupils, 254 cases were recorded in the Public Schools and 8 in the Private Schools. The least record of incidence in the primary category was recorded in the Upper East Region with 83 cases. At the Junior High category, the Ashanti Region had the highest record of 742 with 736 in the Public Schools and 6 in the Private Schools. The Upper West Region

had the least with an incidence of 294 (293 in the public schools and 1 case in the private schools).

Similarly, at the Senior High School level, the Ashanti Region topped in the ratings, a total of 159, the Public Schools had 134, whereas the Private Schools recorded an incidence of 25 cases. The lowest-ranked Region in the category was the Greater Accra Region, with a total of 52 (38 in Public and 14 in Private Schools respectively). The nuances regarding these numbers call for further investigations. Nationally, a total of 1,444 cases were recorded for the Primary Schools (1,402 for Public, 42 for Private), 5,254 cases showed up for the Junior High School category (5,106 for Public and 148 for Private Schools). In the case of the Senior High School, 877 students were pregnant (755 for the Public Schools and 102 for the Private Schools).

Mention could be made of the fact that the Public schools across all divides mentioned here boast of higher numbers in terms of enrolment, thus experiencing these skyrocketing numbers. On the other hand, from hindsight, it is noted with immediacy the rate of high discipline one encounters at the Private schools as compared to the Public schools playing a role in the decreased numbers experienced here. The plethora of Public schools as against the number of Private schools could also be a factor as to why the Public schools seem to be recording more cases.

According to Britwum et al., (2017) and Plaskett (2017), the contributory factors of pregnancy among school girls in Ghana are due to poverty. Young girls from poor homes in rural areas are more likely to be pregnant while in school. Late enrolment in schools is yet another factor. Pregnancy amongst School-going girls was more likely to occur during teenage

(13-19 years; Britwum et al., 2017). The upper age limit was highest for the Volta Region (22 years), followed by the Upper East Region (21 years). The Central Region had the lowest, 14years. In the Central and Volta Regions, there were reports of 12 years old pregnancies.

Furthermore, the report touched on child marriage: 7% of girls (15-19 years) in Ghana are married from the Ministry of Gender, Children and Social Protection (MoGCSP, 2016). They also identified School-related Gender-Based Violence (SGBV), both staff and students being perpetrators. Inadequate devotion of quality time by parents to care and guide their growing children, violent and strife in the home environment.

Lastly, inadequate reproductive health education in schools resulting in poor conception and contraception knowledge account for the uprising of this menace.

Incidence of Teenage Pregnancy in the Asikuma-Odoben-Brakwa District

According to the report of the District Director of Health Services for the Asikuma – Odoben – Brakwa District for the year 2018, the district's teenage pregnancy rate was higher in 2018 than in 2017. It further threw more light on the following statistics; their age groups, education level, and reasons for keeping pregnancy, age of spouse and profession of spouse. The table below gives a statistical breakdown.

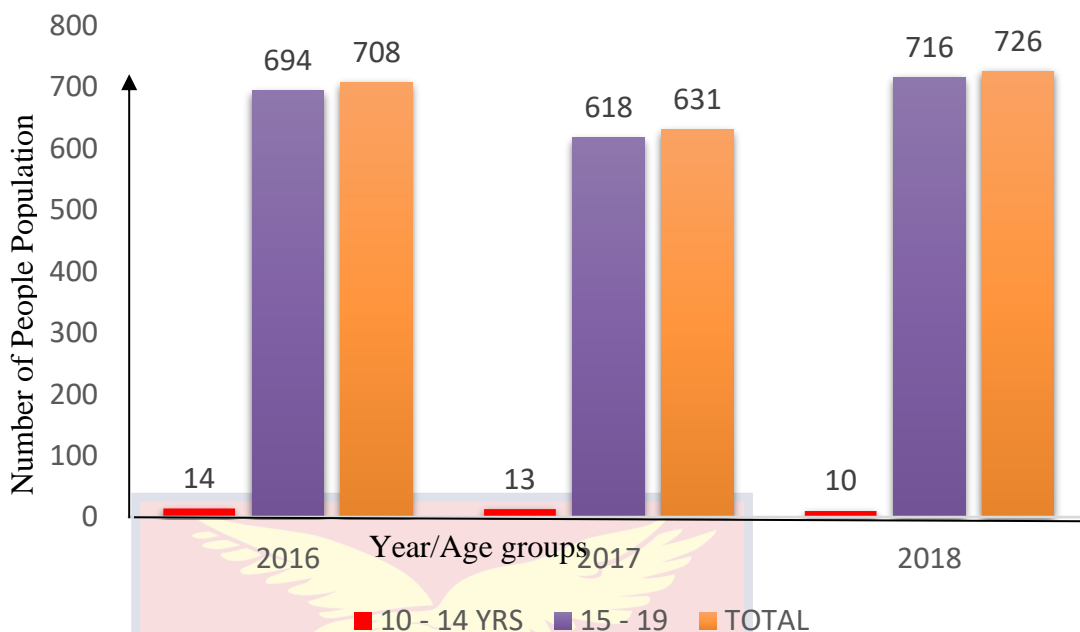


Figure 2: A bar chart showing statistics of teenage pregnancy in Asikuma-Odoben-Brakwa District (A.O.B) from 2016-2018

Source: A.O.B District Director’s Report, 2018.

According to the above statistics in 2016, a total of 708 teenage pregnancies were reported out of which 14 “cases” represented the age group 10-14years, 694 persons belonged to the age group 15-19 years. In 2017, a total of 631 cases were recorded, with 13 teenagers in the 10-14 age bracket; 618 were in the 15-19 year group. However, there was a comparative decrease in the rate of teenage pregnancy in 2016 (by a difference of 77 persons) as compared to that of 2016. Moreover, the rate shot up to 726 in 2018, with ten persons representing 10-14 years of age and 716 in the 15-19 year group.

Table 4: Age of Teenager

Age Group	No. of Registrants
10-12	8
13-15	42
16-19	557
TOTAL	607

Source: A.O.B Districts Director's Report (2018)

With regards to the table above, the age groups of the 607 teenagers as sampled, the report of the district director showed that those within age 10-12 were the least (persons), followed by age 13-15 (42 persons). The highest incidence was captured within the period of 16-19 (557). This goes to tell that the highest rate of prevalence occurred amongst ages 16-19 years.

Table 5: Educational level of teenager

Highest educational level	No. Of registrants
No formal education	16
Primary education	168
Primary completed	334
Secondary school	73
Secondary completed	16
Tertiary	0
Total	607

Source: A.O.B District Director's Report (2018)

With reference to the level of education of the teenagers as depicted in table 6, out of the total of 607 cases, 168 were pursuing their primary education

(Basic Education), whereas 334 have completed their Primary Education (Total of 498 teenagers were within primary and Post Primary Education level, 13-19 years).

Table 6: Reasons for keeping pregnancy

Why unmarried pregnant teenagers want to keep pregnancies	No. of Registrants
1.Needs/wants pregnancy	142
2.Realised pregnancy late	156
3. On moral/religious grounds	33
4. Does not want it but afraid to abort	210
5. Abortion did not succeed	10
6. Wanted to abort but parent realized pregnancy	56
Total	607

Source: A.O.B District Director’s Report (2018)

The report above indicated six main reasons why the 607 teenagers kept their pregnancies. According to Table 7, 142 persons wanted/needed the pregnancy, 156 realized the pregnancy very late, which suggests that curiosity, ignorance, and lack of sex education are some of the factors which causes of teenage pregnancy in the district. Thirty-three were on moral or religious grounds indicating a low rate of moral and religious influence. Similarly, 210 teenagers did not want the pregnancy but were afraid to abort, 10 had an unsuccessful abortion, whereas 56 wanted to abort, but their parents realized the pregnancy. It could be deduced that good parental care, effective education on teenage pregnancy, effective use of contraceptives, abortion, and observation of our cultural values would help to curb the menace of teenage pregnancy.

Table 7: Profession of spouse

Profession of Spouse (Tick)	No. of spouses
Small-scale farmer	152
Driving	159
Unknown	47
Student/pupil	31
Trading	67
Unemployed	68
Maison	48
Primary and secondary level teacher	21
Large scale farmer	1
Fisherman	1
Others	12
Total	607

Source: A.O.B District Director's Report (2018)

Considering the fact that Drivers were the highest persons (59) who were found to have impregnated the teenage girls followed by small scale farmers (152), making a total of 311. It suggested that poverty is likely to be one of the factors that causes teenage pregnancy within the Asikuma-Odoben-Brakwa District. The involvement of teachers in the teenage pregnancy menace in the district is disturbing. This is because, if the number increases, the menace would be worsened. After all, teachers have significant influence over their pupils and could exploit them of their rights.

In sum, it can be deduced from these breakdowns, looking at the survey from the district directorate that there is the need for the church to step up on

its' responsibilities that are geared efforts towards the combat of teenage pregnancy. With a total of 708 cases of teenage pregnancies recorded, out of which 14 cases represented the age group 10-14years, it is quite a worrying phenomenon at hand. It calls for great sensitization in this area, more importantly, the role the church should play as some of the teenagers realized on moral grounds that what they engaged in was in contrast to what God expected of them. It is alarming that the majority of these young ones were being impregnated at the end of their primary education. This brings to light the need for reintroduction into the educational stream for these young ones or better still, the need for them to be engaged in apprentice or a profitable venture in order to curb or reduce the stigma associated with childbearing of teenager.

Causes of Teenage Pregnancy

There are many factors that account for the incidence of teenage pregnancy in the contemporary world. That is to say, many myths permeate discussions of the causes of adolescent pregnancy and complicate what is a simple matter. According to Steinberg (2007), the differences in adolescent sexual activity and contraceptive use account for teenage pregnancy. The rate of sexual activity among young citizens in America is high, whereas the use of contraceptive is sporadic and inadequate. Generally, most adolescents are unaware of safe sex as they probably might have no access to the traditional methods of preventing pregnancy. The main reason behind that might be either they feel too embarrassed, or they fear to seek information about it.

Studies of adolescent contraceptive use suggest the misinformation about sex and pregnancy, lack of access to contraceptives, and adherence to the personal fable that unprotected intercourse is not going to result in conception,

significantly contribute to teenage pregnancy. Steinberg (2007) said that 20% of girls aged 17 to 18 had not taken contraceptives the previous time they had sex, shedding further insight on inadequate contraceptive usage.

About 40% of sexually active teenagers reported using birth control sporadically whilst only one-third sexually active adolescents always used birth control.

Contrary to the finding of Steinberg, the issue that unprotected intercourse is not going to result in conception has an associated motive of getting maximum sexual pleasure or sensitivity. In the area of this study, the youth have a general notion of “skin-to-skin, flesh-to-flesh” (Sex without condom and any other contraceptives). Others also have the impression that when a man has sex with a teenager (girl), he gets his blood purified (Field data, 2019).

Again, in the Asikuma-Odoben-Brakwa District, access to contraceptive methods has increased with the proliferation of “over the counter medicines sales spots/shops.” There is also a Non-Governmental Organization operating in the District by name Marie Stopes International, which provides free family planning methods. They come periodically, generally on quarterly bases with professionally trained health personnel, to offer their services to the general public. Enough stock of contraceptives is given to the District Health Directorate for onward distribution to the public. The District Health Directorate also runs the same type of contraceptive services to the public.

Farley (2007) and Anderson (2004) researched the sexual activeness of poor teenagers and came out with the result that poverty is an integral cause of teenage pregnancy. Being sexually active could arouse the curiosity of the

teenager to be engaged in sex. In the case of poverty, one can come across young girls requesting to enter into the homes of young men and even adults in search of menial work to get some money. These experiences are observed in and around the University of Cape Coast (UCC) campus and other areas in the country.

As a result, discussions about teenage pregnancy and childbirth in the United States tend to portray the matter as primarily affecting the poor. Negative imagery and themes such as early sexual activity, lack of sex education, weak parental control and supervision, peer pressure, low self-esteem, and the urge for self-fulfilment are recalled in the usual manner of the culture of poverty perspective (Lewis, 1959; 1965).

Miller and Moore (1990) attributed the cause of high teenage pregnancy among the youth to the failure of many sexually active young people to use birth control measures regularly. In their study among the late age group of adolescent males, 40% of the young males reported using either no contraception or an ineffective method such as withdrawing before ejaculating the first time they had sex. Only half of all young women reported having used some method of birth control regularly during their first year of having intercourse. Almost one-sixth of all 15 to 18-year old sexually active women reported never having used any contraception at all.

The high proportion of teenagers growing up in single-parent families, according to Bumpass and McLanahan (1987), is the primary explanation for the high prevalence of non-marital pregnancy and child delivery among African-Americans. According to Atta and Wilson (2012), a high rate of teenage pregnancy during our time is attributable to ignorance caused by a lack of sex

education in schools and homes. Some parents forbid their children from discussing sex. Certain circumstances give their children erroneous knowledge about sex and discourage them from participating in any informative sex talk.

In another case, before becoming pregnant, teenage moms are not sufficiently educated about sex, which leads to a breakdown in communication between parents and children. Many teenagers are becoming mothers due to the misconception that a single-sex act cannot result in pregnancy. Teenagers are heavily affected by their peers, who provide erroneous information about the changes in their bodies during adolescence, leading to pre-marital sex and undesired pregnancies. The researcher agrees with Ata and Wilson's findings, claiming that many parents discourage their children from discussing sex. They may give their children erroneous information about sex and prevent them from participating in any helpful sex talk.

In Ghana, parents use symbols and “nicknames for the right names” for sex organs when communicating with their children. Words like “Kaikai, Ototonto,” are used for both male and female genital organs. However, it is partially true concerning the ignorance that a single-sex act cannot result in pregnancy is turning many teenagers into mothers as the writers have said. If the lady is in her “Danger-Period” thus Ovulation Period, she can get pregnant if she engages herself in sexual intercourse. She can only escape being pregnant during her “free period.” This does not have to do with ignorance.

Twum (2003) observed that most adolescents tend to have little knowledge of their reproductive health. He noted that neither the parents nor the teachers feel committed to impart the needed knowledge. Adolescents are, therefore compelled to receive information on their reproductive health from

peers and other unformed sources. Lack of proper information leads them into unwelcome behaviours which tend to hamper their development. As an adolescent mature and become sexually active, they face serious health risks. In some cases an adolescent is confronted with risks due to less or little information, and limited access to health care results in irresponsible sexual relationship, adolescent pregnancies, and school dropout (Twum, 2003). The researcher is very right in that certain customs and some religious beliefs do not freely offer the opportunity for parents to engage their children in sex education in Ghana.

Peer pressure and community lifestyles are the main factors that influence young males and females in their adolescent ages to involve themselves in dangerous sexual behavior. Many times, youngsters who have friends who are sexually active or those who are pregnant are more likely to fall into pregnancy severally. Besides, befriending with teenagers who are aggressive, deficient in school, low in popularity and older, can lead to teenage pregnancy. Teenagers who are influenced to indulge in pre-marital sex by their colleagues might lack the skills to negotiate what is best for them. They are equally likely to get themselves involved in risky sexual acts and become pregnant if their caregiver fails to supervise or control their behaviors. Additionally, if parents hardly engage them in effective communication and disapprove their move towards premature sex, it could lead to teenage pregnancy (Yeboah, 2012).

Childishness has been found as one of the primary variables of adolescent pregnancy, according to Odei (2009). Teenagers, he claimed, have a naïve intellect, are bashful, and are sensitive to others. For example, because the

condom is unpopular, the male refuses to use it as a protective measure. Females do not utilize contraception because they believe it is unfeminine to mentally prepare for sex or to take steps to avoid becoming pregnant.

According to Odei (2009), a broken household is a key cause of adolescent pregnancy; children suffer the most since they are not under the care of both parents. Some children use this opportunity to engage in social vices such as early sex, which can lead to pregnancy later on. In view of this, the Department of Social Welfare and other Institutions like the Domestic Violence and Victims Support branch of the Ghana Police Service is charged with bringing parents to book but these officials lack the needed resources to police on the parents who are culprits. It is also worthy to note that the dependency load on parents especially due to their high fertility rate coupled with inadequate funds, prevents relatives from providing the needed assistance to children in broken homes.

According to Agyemang (2012), peer pressure causes many youths to engage in early sexual conduct. Teenagers who grow up in predominantly promiscuous communities date significantly earlier than those who grow up in slightly more traditional environments, primarily to stay in their peers' "good books." Dankwa and Ebo claim that (2014). Teenage pregnancy has several consequences, including "incomplete" education, unemployment, and a slew of other emotional traumas. Early motherhood has been connected to a negative impact on a child's psychological development. Physical hazards, in addition to psychological ones, must be considered.

In terms of childbearing, a teenage girl's body is not as developed as an adult woman's. As a result, individuals are more likely to experience problems

during pregnancy. Teens get abortions due to a lack of sexual education, as they realize they are not yet ready to take on the responsibility of parenting at such a young age, and they still have many things to pursue in life. Medically, teen pregnancy, maternal and prenatal health are of particular concern among youths who are pregnant or parenting, according to Yaw et al. (2015). Premature birth and low birth weight are more common among adolescent moms around the world. Teenage moms between the ages of 15 and 18 were more likely than moms between 20 and 24 to have anaemia, preterm delivery, and low birth weight for both the child and the mother. The mother might quickly grow frustrated, and violence may be a way for her to cope with her loss. She may become depressed, believing she has failed as a parent. The teen mother may experience depression and contemplate suicide.

Akwasi and Frimpong (2016) have also noted that early marriages are commonly found in rural areas than in urban areas. They pointed to the two Northern Regions of Ghana, where early marriage and pregnancy are more frequent in traditional rural communities than in cities. Whereas this can be attributed to the many reasons adduced so far, one factor stands tall in contribution towards early marriage for girls, and it is purely economic. Girls are given out to reduce the financial burden on the household as they receive the bride price, basically as a means to alleviate the family from poverty (Groot & Kuunyem, 2018).

Groot and Kunyem further stated that social norms and the need to enforce social ties are also a major contributing factor to this menace. That is, parents, believe they may be able to improve their social status through their daughters' marriage, linking two families together. Despite this situation being

in contravention to the 1992 Constitution of the country, it persists today, and the more reason why this research stands so it brought to light some ways this time around, the church can help curb this menace.

Effects of Teenage Pregnancy

Pregnancies among teenagers have far-reaching effects for the child, the mother, the child's father, the family, and society as a whole. Teenage pregnancy is typically regarded undesirable in Ghanaian society, and there is a substantial body of literature that outlines the possible dangers of pregnancy for both mother and child. As one might expect, many unplanned children may be loved while others may be rejected before their birth or soon after their birth.

Teenage pregnancy has been linked to medical issues such as high infant and maternal mortality, abortion, delivery complications, and low infant birth weight, among others, in the medical literature (Yankyera, 2012). According to Kankam (2008), babies who are born by young mothers are prone to more dangerous health hazards, which eventually lead to both physical and mental congenital disabilities. These defects could be mad to immature organ systems (brain, lungs, and heart), being underweight at birth, and the difficulty in controlling body temperature and blood sugar levels of these babies.

Kankam (2008) suggested that mental retardation, neonatal deaths, and infant deaths are much higher among the babies of teenagers. There is a set of interrelated factors that might influence the child's development. If these children develop such complications, it becomes a burden on the government who has the responsibility to take care of their welfare, especially health. Twene (2009) viewed the rising rate of teenagers having babies as a national and social problem, which harms the economy of the nation. Such situations are unpleasant

as it either creates a cycle or maintain a cycle of poverty within the family. The teenage mother then becomes a dependency load on the family and the society.

Furthermore, it can be deduced that because of the immaturity of the adolescent mothers, they are not able to meet up with the needs of their children (Nimo & Osei, 2010). Iddi (2011) also found out that teenage mothers could not cope with parenting and that they lacked parenting skills to support this. This challenge goes a long way to prevent young mothers from developing into mature adults and role models for their children.

The account of the ordeal of a Teenage Mother at the Our Lady of Grace Hospital in Breman Asikuma, rightly supports the assertion that because of being premature and adolescent mothers usually have less knowledge and ability to respond to the needs of their children. According to the Nurse in Charge of the Maternity Ward of the Hospital, Mrs. Mavis Aidoo, a Teenage mother of 16 years wept bitterly at the ward to the surprise of both Nurses and Mothers who were at the ward on 3rd December, 2018. Her reason was that her newly born baby was crying too much, and that puts her in distress. They ended up giving her a “Nick Name, Abofra Na ne Maame resu”. Meaning “Baby and mother are crying.”

Findings also indicated that youths who have several pregnancies are more likely to confront several obstacles throughout their careers, preventing them from becoming economically self-sufficient (Manlove, Mariner, & Papillo, 2010). As a result, several researchers have concentrated on analyzing the efficacy of post-natal multi-service programs to reduce teenage pregnancy recurrence. Some of these programs have shown effectiveness in minimizing recurrent adolescent pregnancies (Black, Bentley, Papas, Oberlander, Teti,

McNary, Le, & O'Connell, 2006; Klerman, Baker, & Howard, 2003). Others have claimed less success (Scott, Amodeis & Hoffman, 2004).

Furstenberg, Morgan and Alison (1990) suggested that children born to young adolescent mothers are more likely to have school problems, more likely to be involved in misbehavior and themselves to be sexually active at an early age. Moreover, Stier, Leventhal, Berg, Jonhson, and Mezger (1993) noted that children who were born by adolescent mothers might be at a higher risk for abuse and neglect.

Duncan (2013) and Nyamekye (2014) argued that the adolescent mother's immaturity, social inexperience, and lack of child-rearing skills have detrimental effects on her children. There is the likelihood of the children falling prey to social vices such as crime, incest, rape, and domestic violence. They are both vulnerable to engage in prostitution, doing peddling, alcoholism, just to mention but a few. This increases the possibility of being jailed, thus leaving the baby in the care of the family or her children also becoming young offenders who may end up in jail. The young mother's future existence might be jeopardized.

Moore et al. (2008) on the effects of teenage pregnancy, stated that adolescent pregnancy and childbearing contribute to a vicious circle of welfare dependency. They explained that individuals who grow up in families dependent on welfare are more likely to have children early in life, which generally means that their economic opportunities will be limited by having to change educational and occupational plans. The result often is continued dependence on public assistance by the adolescent mother and the child.

According to Hayes (1987), women who bear children early are likely to suffer disruption in their educational and occupational careers, and these disruptions can have dire long term consequences. Such mothers are not only to have a poor background, but they are also more likely, to wallow in poverty, which would be disadvantaged in their progress in life altogether.

The findings of Moore et al. and Hayes are entirely right and is evidenced in the life of the people in the Asikuma-Odoben-Brakwa District (AOBD) where this research was carried out. Living in a vicious cycle of welfare dependency is experienced in the District. Both young males and females who are victims of teenage pregnancy give birth early in life. This affects their educational, religious, and occupational plans. An example is a teenage mother of 17 years at Progressive Life Assemblies of God at Towboase in the Asikuma-Odoben-Brakwa District who gave birth to a baby girl. Three years ago, she dropped out of Senior High School (SHS) (amongst the first Batch of Free SHS). She recently expressed the desire to go back to school, but unfortunately, her name has been deleted from the school's list after one year of absence. She cannot access the Senior High School Education because of a lack of funds. The resultant plight is very obvious.

Elster, Lamb, Peters, Kahn and Tavare (2004) explained that the sexual partners of adolescent girls are frequently young adult males who have had problems at school, at work, and with the law, often related to alcohol or drug abuse. They explained further that marrying this type of men tends to add to, rather than diminish, a young mother's problems. Such marriages, they argue, often end in divorce, creating still more stress for the adolescent mother and her child. Furthermore, they pointed out that if she has had another baby during the

marriage, the mother's financial and emotional burdens increase even more. In their view, not only does early childbearing diminish a young woman's life, but it may also put her baby at a higher than normal risk for some developmental issues. The risks include low birth weight, hyperactivity, misbehaviour sometimes ending in juvenile delinquency and poor academic achievement in school.

According to the Center for Disease Control and Prevention's 2000 report, as cited in Steinberg, 1996, there are many problems associated with the phenomenon of children bearing children, both for the young mother and for the baby. The mother is at risk for health complications as well as other problems that may stem from her emotional immaturity and the fact that she is young and without the financial resources necessary to be able to take care of herself and her child. A child born to a young mother has the same dangers as the child born to an older mother. Physical health, socio-emotional, and cognitive development are all impaired in infants born to adolescent mothers. These deficiencies might be linked to young mothers' emotional immaturity, making them unable to offer nurturing for their children.

Again, other factors that affect the development of babies who are born to teen mothers are related to the economic and educational disadvantages of the mother. The consequences of adolescent pregnancy rate are of great concern. Pregnancy in adolescence poses a health challenge to both the child and the mother. Such children and their mothers are more likely to have neurological problems as well as pediatric diseases.

Even though some young moms return to school later in life, they rarely catch up to women who wait until later in life to have children. According to

Santrock (2009), only half of women aged 20 to 26 who had their first child at the age of 17 had completed high school by the time they were in their twenties. Mothers who gave birth at a younger age had an even lower percentage. Females who waited till they were 20 to have their first child, on the other hand, were more likely to have completed high school. Almost half of the teenaged moms have earned a general equivalency diploma, which does not always lead to lucrative work options.

These educational gaps have harmful effects on both young mothers and their children. Adolescent parents are more likely than those who delay childbearing to have low-paying, low-status employment or to be unemployed, according to Shaffer (1999). The average family income of white Hispanic females who give birth before the age of 17 is almost half that of households where the mother waits until her mid or late twenties to give birth. Dubois and Miley (2005) also reported similar effects of teenage pregnancy on the young girl, indicating that statistics indicate that children born to teen mothers are at risk. They are more likely to drop out of high school, have less chances to find employment, and more likely to deliver babies before age 20. In addition to the loss of educational opportunities, pregnant adolescents frequently deal with losses in social relationships and identity, particularly their physical appearance (Dubois & Miley, 2005).

Furthermore, births to teenagers, especially young teens, are associated with risks to teenagers' health and psychological well-being. Usually, unplanned and unwanted pregnancies disrupt adolescents educational and Career plans, increase health risks, and precipitate economic stress (Berk, 2004). Boampong (2013) stated that adolescent pregnancy and childbearing

contribute to a vicious circle of welfare dependency. They explained that individuals who grow up in families dependent on welfare are more likely to have children early in life; this generally means that their economic opportunities will be limited by having to change educational and occupational plans.

Women who have children early are more likely to have disruptions in their educational and vocational careers, according to Agyemang (2012), and these interruptions can have serious long-term effects. Such mothers are not only likely to come from a low-income family, but they are also more likely to stay inferior than their equally disadvantaged counterparts, who wait until their education is completed before having children.

According to Akwasi (2016), children born to teen moms are more likely to have academic issues, be involved in misbehaviour, and be sexually active at a young age. Moreover, Appiah (2016) noted that the offspring of adolescent mothers might be at a higher risk for abuse and neglect.

According to the Center for Disease Control and Prevention's 2011 report, as cited in Agyemang (2012), there are many problems associated with the phenomenon of children bearing children, both for the young mother and the baby. The mother is at risk for health complications as well as other problems that may stem from her emotional immaturity and the fact that she is young and without the financial resources necessary to be able to take care of herself and her child.

Prevention of Teenage Pregnancy

Curiosity killed the cat, as the adage goes, therefore being curious at this level should not be used in every case. For example, while having sex to

experience how it feels is a normal feeling, abstaining from it is a better alternative than experiencing it. Early sex abstinence not only prevents pregnancy but it also helps to prevent sexually transmitted diseases. Certain cultural customs, such as puberty ceremonies, were instituted in the past solely to maintain women's chastity. The Ghana News Agency (GNA) recently reported that the Chief of Abesim, Nana Kumi Akyeaw II, announced that any young woman who could keep her virginity until she graduated from university would be given a free plot of land in any location of her choice within the Dormaa Traditional Area as a way of instilling chastity in the ladies in his community. He made such a statement to bolster the bragoro system. It would also prevent teenage pregnancy, which is on the rise in our communities, in addition to sexually transmitted diseases and pre-marital sex (Field data, 2019).

Again, effective sexual health education does go a long way in reducing teen pregnancy among the school-going girls. This would be achieved through the availability of a well-advertised contraceptive and sexual health advice service, which focuses on young people. The primary way to prevent teenage pregnancy as a society and as individual parents is education. Although majority of the people are reluctant to sex education, it is still an indispensable topic for discussion; an in-depth sex education develops knowledge not only about sexual intercourse itself, but about the functions of one's reproductive system, prevention of pregnancy, mode of getting conceived when one is ready, avoidance of sexually transmitted diseases, and regulating one's own sexual life. (Field data, 2019).

In addition, studies have proved that prioritization of sex and relationships educations reduces teenage pregnancy. High priority is given to

People's Sexual Health Education (PSHE) in schools, with the support from the local authority to develop comprehensive programmes of sex and relationships education (SRE) in all schools. Sex education that focuses solely on abstinence does not become effective. Not all teenagers are sexually active, and others are unaware that they are not ready for it. Abstinence-only sex education, on the other hand, ignores the youngsters who will experiment sexually at a young age. These youth are entitled to credible sources of information on how to avoid pregnancy and sexually transmitted illnesses. Comprehensive sex education benefits even abstinent youths. Young women can only make appropriate decisions regarding their sex lives if they are well-informed. Parents unsure how to talk about sex with their children should refer them to materials prepared by professionals for teenagers.

According to Franklin and Corcoran (2000), prevention efforts need to be comprehensive. Effective prevention programmes to address motivational issues and provide hope, opportunity, information, and skills. Such efforts should include opportunities for experiencing success in academic and non-academic areas to build adolescent self-esteem. Additionally, prevention programmes can develop employment-related skills and provide family life education and comprehensive adolescent health services, including assistance in family planning and sex education.

Vecchiolla and Maza, as cited in Dubois and Miley (2005), list several voluntary sectors, which assist teenage mothers. These include women and infant and Children food supplement programme, department of health and human services, and job training services. Among the services in the voluntary sector is supportive counseling for young parents, including fathers, educational

programmes for new parents, and adoption services. Exemplary programmes for adolescent parents emphasize interdisciplinary cooperation, prevention of additional pregnancies, and comprehensive services that extend into early infancy. They consider longer-term goals for the adolescent, such as return to school, preparation for employment, economic self-sufficiency, and enhanced parent, child interaction as crucial for the mother as good prenatal care and obstetrical outcomes.

Furthermore, the prevention of teenage pregnancy could be looked at from the following angles. According to Twum (2003), young people must be provided with the necessary sex, and reproductive health education, also called family life education. This must come from parents at home, teachers at school and the church. The youth will, therefore, get the biological, the moral, and the spiritual teaching they need on the subject. Though this sex education, according to studies meets resistance from parents, the evidence, however, is that effective sex education rather delays the beginning of sexual affairs. Twum has recommended recreational activities, parental support, dealing with feelings, and clinical attention as ways of reducing teenage pregnancy if not total eradication of the menace.

Agyemang (2012) has proposed some ways of combating teenage pregnancy and its consequences. One approach that he was optimistic about involved a combination of school-based sex education and school-based health clinics through which adolescents can receive information about sex and pregnancy as well as contraception. Appiah (2016) suggested that a combination of sex education and clinic diminishes the rate of teen pregnancy,

even within inner-city communities characterized by high rates of adolescent pregnancy and childbearing.

Boampong (2016) additionally stated that prevention programmes could develop employment-related skills and provide family life education and comprehensive adolescent health services, including assistance in family planning and sex education. Akwasi (2015) suggested adolescent Children should be introduced to the knowledge of the use of contraceptives.

Research Methodology

Introduction

This section presents the research method for which the study was conducted. It explains the research approach, techniques, and processes used in carrying out the study. It provides detailed information about respondents, the study population, sampling techniques, and research design. Also, it also discusses the data collection instrument, procedure for data collection, and data analysis.

Research Method

The methodological triangulation is defined as the use of more than two ways in studying the same phenomenon under investigation (Mitchell, 2006). For this research, the mixed method which encourages triangulation was used. It is also referred to as the “between-method triangulation.” It involves combining and utilising both qualitative and quantitative methods in studying a single phenomenon. The rationale behind the usage of the across methodological triangulation is to achieve convergent validity. In the same vein, Hinds (2006: p.442) also acknowledged that combining both qualitative and

quantitative methods “increases the ability to rule out rival explanations of observed change and reduces skepticism of change-related findings.”

Research Design

A descriptive survey design or descriptive design was used. The data was analysed in a tabular form. From the descriptive, explanation was given to the data, after which inferences or were made from the explanations to add more meaning to what has been described. The design helped the researcher to give a snapshot of the situation of teenage pregnancy in Asikuma-Odoben-Brakwa district.

Population of the Study

The target population consisted of the selected Pentecostal churches in Asikuma-Odoben-Brakwa district in the Central Region of Ghana. These churches were purposively selected to get the required information.

Sample Size and Sampling Technique

In this study, the random sampling technique was used to interview 30% of the congregation of each of the three selected Pentecostal churches (this excludes the pastors and teenage mothers). Purposive sampling was used for the Clergy that is, the three Senior Pastors of the selected churches. The snowball technique was used to interview twenty (25) teenage mothers.

Sources of Data

The data for the study was collected mainly from primary sources, which were aided by the interview guide and questionnaires. Secondary data also included published works.

Research Instruments

Interviews and questionnaires were used as the main instruments for the study. These were developed in light of the objectives and research questions of the study. Interviews and questionnaires were commonly used in quantitative and qualitative methods, which helped in eliciting detailed information and in-depth analysis from survey participants. According to Yin (2011), the use of interviews and questionnaires in qualitative and quantitative studies generally adopt a conversational approach which inspires as well as offers respondents the opportunity to explore critical issues that are beneficial to the study. Participants' observation was also used by the researcher. This type of methodology is described by O'Connor (2005, p.5) as "the process of immersing yourself in the study of people you're not too different from." The role of the researcher in participant observation tends to be passive, as the researcher will not intentionally interact with the target population to specifically acquire or otherwise shape the behaviors of the group. However, this passive observation process does not explicitly indicate that the researcher is not physically active within the group itself.

Validity and Reliability of Data Collection Instrument

Ensuring data reliability and validity are perceived as significant issues in all studies. In qualitative and quantitative research, several methods in literature were used to ensure validity and reliability. Duncombe and Boateng (2009) classified some of these methods as descriptive validity, interpretative validity, theoretical validity, internal validity, and external validity. According to Duncombe and Boateng (2009), triangulation and respondent validation are some of the methods that can be used to ensure data reliability and validity.

With respondent validation, it is expected that the researcher frequently feedback the findings from the study to their participants by sending back transcripts or quotations to check the accuracy of the data or ask respondents to comment on the interpretations of the report (Lacey & Luff, 2001).

They described triangulation as a means of gathering and analyzing data from multiple sources to gain an in-depth insight into the phenomenon under study depending on the research questions and setting. They emphasized that to triangulate, there is the need to conduct an observation and review with an interview guide to gain diverse understanding into a phenomenon being studied. In addition, Duncombe and Boateng (2009) also define triangulation as the use of multiple sources in a single study. According to Lucy and Duff, the inconsistencies within a data obtained should motivate a further and thorough analysis of the data to get more insights on the phenomenon being studied.

Method of Data Presentation and Analysis

Responses from the questionnaire were edited, coded and entered into the Statistical Package for Service Solution software for further analysis. It was analysed descriptively using frequencies and percentages. On the other hand, information gathered from the interviews were transcribed, edited and analysed thematically based on the research objectives. This approach helped to draw the central themes and ideas running through the transcribed interviews with the research objectives as guide. Braun and Clarke (2006) posited that thematic analysis is used to identify, analyse, and report on data collected for a study by organizing and minimizing the data set into summarized topics or areas.

Ethical Considerations

The study took into consideration the following ethical considerations; permission from authorities, right of confidentiality as well as respect for human rights. Permission was firstly sought from the pastors of the selected Pentecostal churches. Concerning confidentiality, interviews and questionnaires were used by the researcher in a face-to-face interaction with the participants. Respondents were assured that any information provided in aid of the study would be used mainly for academic purposes. Respondents' right to privacy, willingness, and voluntary participation, as well as their informed consent was guaranteed in terms of human rights. The researcher further ensured the confidentiality and anonymity of all the participants as well as information obtained in the aid of the study.

Chapter Outline

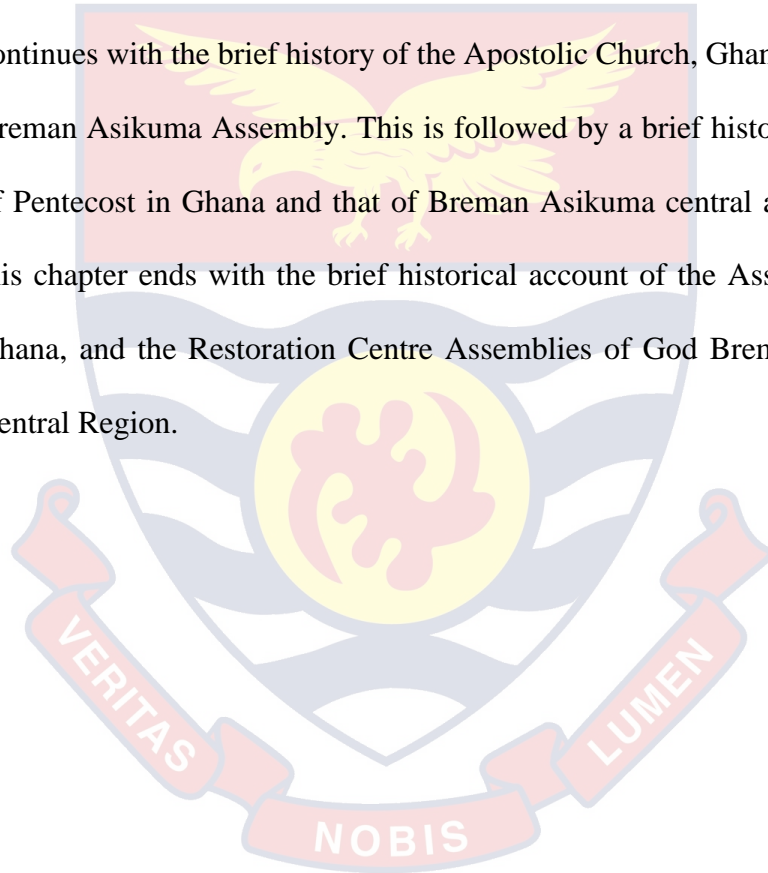
The research was organized into five chapters. Chapter one dealt with the background of the study, scope of the study, literature review, significance of the study, and chapter outline. Chapter two dealt with the people of Breman Asikuma, Jamra, and a brief history of the Selected Pentecostal Churches; Chapter three dealt with the role of the Pentecostal Churches in curbing the menace of Teenage pregnancy in the Asikuma-Odoben-Brakwa District. The presentation and analysis of data were covered in Chapter 4, while summary, findings, and suggestions were covered in Chapter 5.

CHAPTER TWO

THE PEOPLE OF BREMAN ASIKUMA, JAMRA AND A BRIEF HISTORY OF THE SELECTED CHURCHES

Introduction

The previous chapter dealt with the introductory aspect of the work. This chapter briefly examines the people of Breman Asikuma and Jamra by looking at the demography of the Asikuma-Odoben-Brakwa District, the history, and worldview of the people of Breman Asikuma and Jamra. The examination continues with the brief history of the Apostolic Church, Ghana, and that of the Breman Asikuma Assembly. This is followed by a brief history of the Church of Pentecost in Ghana and that of Breman Asikuma central assembly. Again, this chapter ends with the brief historical account of the Assemblies of God, Ghana, and the Restoration Centre Assemblies of God Breman Jamra in the Central Region.



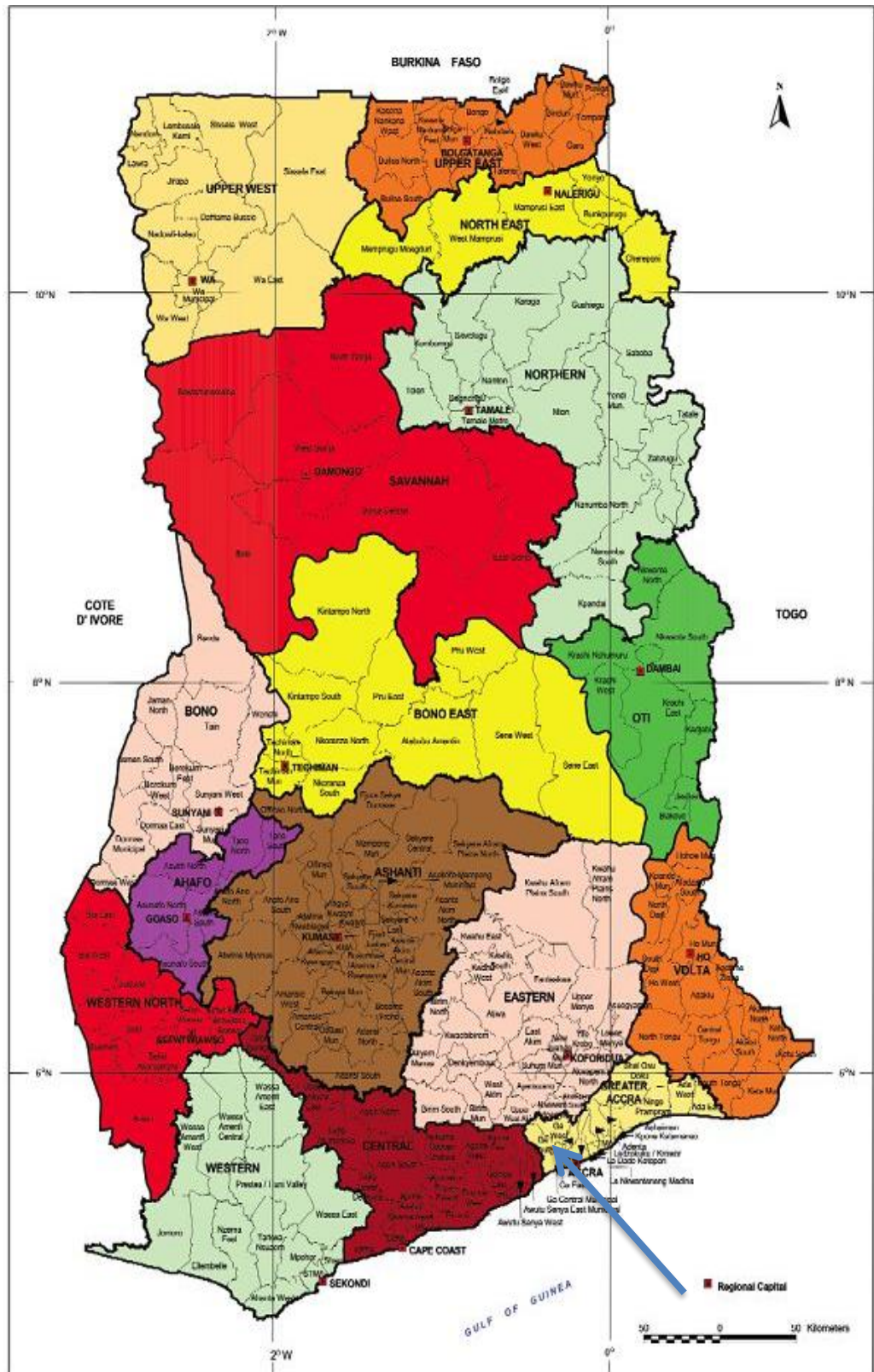


Figure 3: The Map of Ghana

Source: Ghana Meteorological Agency

Arrowed part depicts the region in its totality where the people of Breman Asikuma can be found.

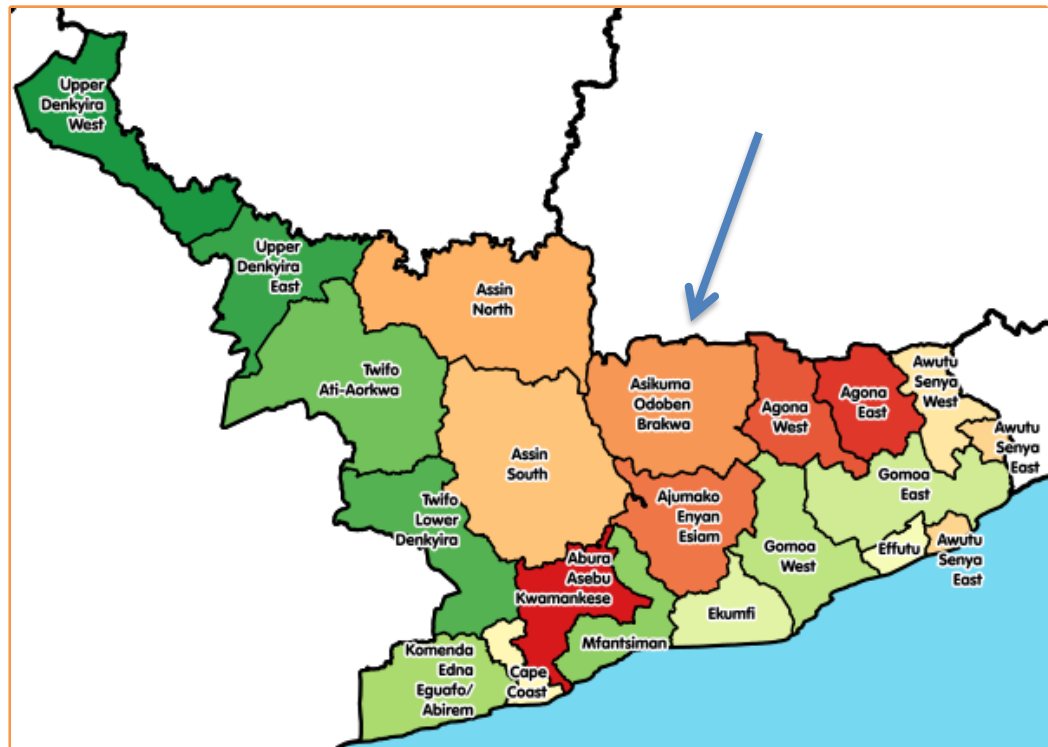


Figure 4: Map of Central Region

Source: Ghana Meteorological Agency

Map showing a proper section of the Central Region cut out from the Map of Ghana and where precisely the research location can be found (arrowed part).

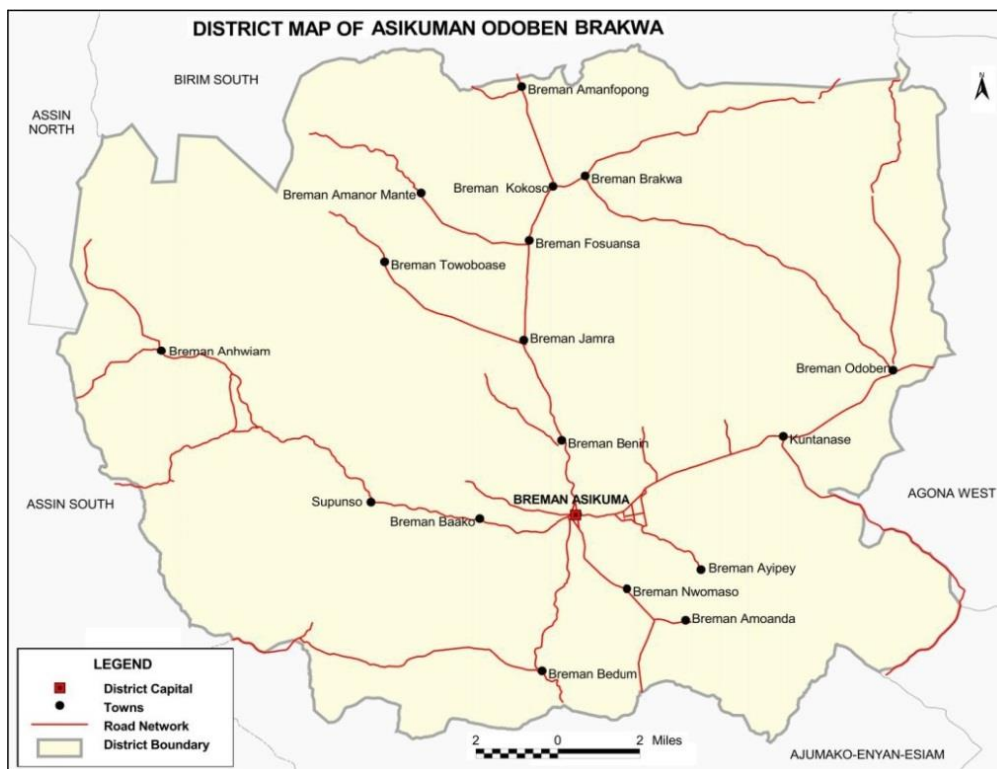


Figure 5: Map of Asikuma-Odoben-Brakwa District

Source: Asikuma Odoben-Brakwa District Assembly

A proper cross-sectional description of the research location showing the district capital for appropriate appreciation of the research location.

The People of Breman Asikuma

Breman Asikuma is the administrative capital of the Asikuma-Odoben-Brakwa District Assembly, which was carved out of the Ajumako-Enyan District as a District Council in 1978. It was also established as a District Assembly with the name as Asikuma-Odoben-Brakwa District Assembly (AOBDA) on 22nd November, 1988 by legislative instrument (LI) 1378. It has jurisdiction over thirty-six (36) electoral areas listed in the instrument. Breman Asikuma is also the traditional capital of the Bremen and is also one of the three traditional councils of the district. The other traditional councils are Odoben and Brakwa (Asikuma- Odoben-Brakwa [A.O.B] District profile 2018).

Location and Size

It is located in the north-central portion of the central region of Ghana. It covers an area of 884.84 square kilometers. It is situated between latitude 5°51" and 5°52" north and longitude 1°50" and 1°5 west. It is bordered on the north by Birim South District in the Eastern Region, on the south by Ajumako-Enyan-Essiam District, on the west by Assin South District and the east by Agona East District.

The population of the district stands at 112,706, with 54,293 males and 58413 females (population and housing census 2010). However, the females in the district outnumber the men. There are three urban centers, namely Breman Asikuma, Agona Odoben, and Breman Brakwa. About 65% of the projected total population lives in rural areas.

The History of the People of Breman Asikuma

The people of Breman Asikuma originated from Asante Breman in the Ashanti Region around 1600. Currently, Breman Asikuma is located in the Central Region of Ghana. The people left Asante Breman in search of a more suitable place to settle. As they sojourned, they reached a place called Tarkwa, which is near Breman, where they were met with a strong resistance from the people of Tarkwa. They were, however, able to overcome the people of Tarkwa even though they were fewer in number. This won them the appellation "Tarkwa-Breman Akonfona." The leader of the people at that time was Nana Amoakwa Buadu I. They were from Asona clan. They moved with their god called Akwasi Apofram, who was consulted in cases of emergency. (Breman Odwira Afahye 2017 Brochure)

As the people were searching for a final abode, they were joined by other people of the Asona clan. They then finally settled at Asona Amanfoso, which is the present-day Asuokow, near Jamra. When they settled at Asuokow, they were involved in intermittent wars but were able to overcome their enemies.

Around 1635 they had a call from the people of Anwhiam to assist them in fighting a war (Adomangya). They responded and eventually helped the people of Anwhiam to overcome their enemies at Brofo near Bedum. After the Adomangya war, Nana Amoakwa Buadu I, settled at the current site of Breman Asikuma. They waged another battle with the people of Agona with their leader Nana Nyarko Eku I of Agona Nyarkrom. Before that war, their god Akwesi Apofram proposed that even though they would succeed, Nana Amoakwa Buadu I would die on his return after crossing river Okyi on the Breman Kuntunase road. Courageous as Nana Amoakwa Buadu I was, he accepted the challenge, proceeded to the war, and eventually came out victorious, and while returning, he died as prophesied. They then decided to bury him at “Edwabirim” now called “roundabout” at Breman Asikuma. (Breman Odwira Afahye Brochure 2017)

After the burial, they constructed five (5) paths to enable the people to guard the dead paramount chief so that he would not be removed from the grave. The paths built are the significant streets in Breman Asikuma, namely Apagya, Ekumfi, Akonfodze, Ahenema, and Mbraa. Other people from different clans later joined during this period. When Nana Amoakwa Buadu I died, he was succeeded by Nana Amoakwa Buadu II. The current paramount chief of the Breman traditional area is Nana Amoakwa Buadu VIII, (Breman Odwira Afahye 2017 brochure).

The Socio-Cultural Background of the People of Asikuma

The town Breman Asikuma is the capital of the Asikuma-Odoben-Brakwa District, and it is the paramount seat of the Breman traditional area. The main dialect spoken by the indigenous people is Breman. The other inhabitants speak Twi, Fanti, Agona, and other languages. The inhabitants hail from various areas of the country as well as other foreign countries. The location of the town makes it possible for one to easily commute to Agona Swedru, Assin Fosu, Mankessim and Akim Oda.

As the district capital, it has all the government departments and agencies as well as the offices of some non-governmental organizations. There are other small scale businesses and a main market that boost trading and other commercial activities. Tuesdays and Fridays are the market days. There is one factory that produces filtered water; young girls and boys are employed as sales girls and boys. There are all kinds of artisans, fashion designers and pastry work apprentices. Men exploit these young girls sexually and more often impregnate them. Commercial drivers, especially taxi drivers, are culprits of that (Asikuma-Odoben-Brakwa District Health Director's Report 2018).

There is a district hospital called Our Lady of Grace Hospital and a Ghana Health Service Health Centre that caters for the health needs of the people within and outside Asikuma. There are eight public schools and 13 private schools. Both private and public schools have a total population of 6308 with a breakdown of 3107 boys and 3109 girls (There is one government-assisted senior high school, two private senior high school and one government technical and vocational school (A.O.B Ghana Education Service [G.E.S] 2018 Report). This illustrates that there are a lot of teenagers in the town.

The people of Breman Asikuma celebrate Odwira festival, which is unique and could be classified as an integration of smaller but culturally rich festivals such as Okyir, Akwambo, Abangye, Essa, and Ahwie. During the Odwira festival, a lot of cultural and traditional programmes, entertainment programmes like “disco dance, jams, beach bash” are organized. These activities act as platforms for promiscuity among the people, especially the youth. The celebration of funeral rites that are organized on mass bases periodically involve activities that fuel the indulgence in social vices. The inhabitants have access to pipe-borne water, electricity, excellent mobile telephone services that help in the execution of life activities (Personal communication with Nana Afful Nyarkoe II, Krontihene of Breman Traditional Area 5th June, 2019). Some of the youth misuse internet services by engaging in social vices and watching pornographic films. There are various religious denominations (Traditionalist, Moslems and Christians) in Breman Asikuma.

As typical Ghanaians, the people of Breman Asikuma are hospitable and peaceful. There had not been any case of conflict with the inhabitants, be it religious or civil. There is a police station and a circuit court that takes care of criminal and civil cases. The people also use the traditional way of settling issues through the chiefs, family elders, Assembly Members, and their unit committees.

The Worldview of Sex in the Beman Asikuma Community

Breman Asikuma being a district capital, has different people with different backgrounds. The general world view of the people about sex is unacceptable. Naturally, sex is seen as a means of reproduction, but as to the mode of reproduction, it does not occur in marriage alone but also in fornication and adultery.

Sex is also seen as an “act of purifying one’s blood” (means of healing), the older ones feel that if they engage in sex with the younger ones, they end up “purifying” their blood. This wrong notion influences people to participate in the act of sex, which ends up in teenage pregnancy. Young girls are also influenced negatively to engage in sex to relieve them from menstrual and other lower abdominal pains (Personal Communication with Nana Afful Nyarkoe II, Krontihene of Breman Traditional Area. 10th June 2019).

Additionally, the young ones also deem it as a means of determining ones’ potency. The number of girls that a male child engages in sexually, depicts “one's strength”. This notion makes the young ones to participate in unwarranted acts of sex that adds up to the role of teenage pregnancy. The Member of Parliament of the constituency, Hon. Anthony Effah shared this with the people at the 2017 Odwira Afahye festival. “I will urge all well-meaning celebrants of this year’s Odwira festival to be mindful of the fact that HIV/AIDS and other STDs are still prevailing in our district especially teenage pregnancy which is gradually denting the image of our dear district” (Hon. Anthony Effah, Odwira Afahye address, 2017).

Sex is also seen as a means of warmth, especially by the youth. Normally the period after the main raining season and the dry season is masked with an increase in the rate of pregnancy, especially the teenagers. (Personal

communication with Samuel Kobena Fosu, District Director of Health Services, June 2019). Due to the low-income level of the people, the young girls who are in school, apprenticeship, and other vocations use sex as a means of income to cater for themselves. This is because their parents or guardians are not capable of providing for their upkeep, and the majority of such girls end up being impregnated. According to the district health statistics, the drivers are the foremost culprit followed by small scale farmers. (Asikuma-Odoben-Brakwa District Health Directors Report 2018).

In summation, the world view of the people of Breman Asikuma fuels the indulgence in sexual immorality, which could have co-attributed to the incidence of teenage pregnancy.

The History of Jamra

Jamra is a town which is located in the Asikuma-Odoben-Brakwa district in the Central Region of Ghana. In a personal communication with Ebusua Panin John Oduro on 2nd July 2019, the story of the people of Jamra unfolded. The people of Jamra migrated from the Ashanti land of Ghana from the olden Ashanti kingdom. It is said that there was war in the then Ashanti land; during the war, one of the chiefs died, and two chiefs called Apotae and Otibu struggled over the royal properties of the deceased chief. The fierce struggle resulted in a war, and some of the inhabitants fled for their lives. The combatants then resulted in searching for the two chiefs at whichever place they had fled to. They suspected that they had gone down south of the Ashanti land towards the current central region. They continued to battle their way out down south, settlement by settlement, and many of them died (Personal communication With Ebusua Panin John Oduro 2nd July, 2019).

However, they reached a place called Ohwimasi. The people residing at Ohwimasi refused to release the two chiefs to the combatants. This attracted their fury leading to fierce battle of many deaths. A woman called Gyamarah and her children were spared, and they escaped from Ohwimasi. As a mother, she resorted to looking for a place where there is a stream or river. She came across the main river which runs through the present day town Jamra called Okyi. She decided to stay at that place with her children. Other settlers joined her at the cottage, and they agreed to name the cottage after the woman Gyamarah. Other settlers came from different locations to join them, and they gradually increased in population.

One of the elders called Kofi Yamfosah became the first chief of the town, and his descendants emerged as the Twidan clan who are currently the royals of the town. The first chief priest was called Opanin Kofi Kyereboah, and the immediate late chief is Nana Tutu III. Occupationally the early settlers were farmers, and the taboo day is Thursday. Traditionally the people pay homage to Nana Amoakwa Buadu, the chief of Breman traditional area. The Breman people also hail from the Ashanti kingdom, and their local dialect is called Breman. The current chief of the town is Nana Kwaw Ofose III (Personal communication with Ebusua Panin John Oduro 2nd July, 2019).

The Socio-Cultural Background of Jamra People

Jamra is one of the towns in the Asikuma-Odoben-Brakwa political district of the Central Region of Ghana. The population of the Breman Jamra is about five thousand (2010 population census). Traditionally, it is in the Breman traditional area, and the main language spoken by the people is Breman, which is relatively like the Fanti language. Jamra is eight kilometers (8km) from

Breman Asikuma, which is the district capital on the main road that links Asikuma to Akim Oda.

The main festival celebrated by the Jamra people is “Odwira-Okyir” It is organized once in a year, during which almost all the people of Jamra living elsewhere in the country converge at Jamra. Durbars and other activities are organized, and the chief of the town takes the opportunity to address his people. Other dignitaries who are invited also address the gathering. The durbar is very colorful, and it generally brings unity into the community. On the other hand, during the Odwira-Okyir festival, some of the inhabitants get engaged in alcoholism and other social vices that promote sexual immorality. Three to five months after the celebration of the festival, one can see many girls who are pregnant (Personal communication with Ebusua Panin John Oduro, 2nd July, 2019).

Most inhabitants are farmers, and the main crops grown are cocoa, oil palm, cassava, plantain, cocoyam, maize, vegetables, among others. Farming is mostly the main source of income, and the land is very fertile. The forest belt has been depleted due to the work of illegal chain saw operators. A sizeable number of the people are engaged in trading, sewing, teaching, carpentry, to mention but a few (Personal communication with Ebusua Panin John Oduro, 2nd July, 2019).

The community has five public schools and three preparatory schools to the basic level. Some children are school dropouts due to lack of finance, broken homes, single parenting, the influx of teenage pregnancy, polygamy, and irresponsibility on the part of some parents and guardians. There is no second cycle institution or vocational school. The community has a good football park

and grounds for sporting activities of which games at the district levels for basic schools are organized (Personal communication with Ebusua Panin John Oduro, 2nd July, 2019). Religiously, there are thirty (30) churches and two Muslim sects. Some of the inhabitants are traditionalists (worship God through African traditional religion). There are Pentecostal, Orthodox churches, Charismatic and other “spiritual churches.”

Generally, family life is not at its best in the community due to polygamy, fornication, adultery, irresponsibility on the part of some parents and guardians. Child upbringing is deplorable, and it has become a severe problem of the community and has thereby contributed to the increase of teenage pregnancy in the community. (Personal communication with Ebusua Panin John Oduro, 2nd July, 2019). As Ghanaians, the people of Jamra are hospitable and non-violent. There is no record of any religious, tribal, or inter-family conflict in the community, making it peaceful. There is no police station or court, but the people can use the traditional way of addressing issues through the chiefs and elders to settle out any differences. The alternative dispute resolution mechanism is also utilized through the churches and the assemblyman and his unit committee members.

Economically, foodstuffs are either sent to Mankessim or Asikuma market for sale. Some traders also come from Kasoa, Accra and Tema to buy goods. There is no brisk business in the local market. Teachers, cocoa purchasing clerks, and other workers who earn some monthly salary are seen as “rich people” because of their income levels. The low poverty level influences young people to engage in early sex, which ends up in pregnancy.

There is a polyclinic and a drug store in the community which cater for the health needs of the people. Patients on referrals are sent to Our Lady of Grace Catholic Hospital in Breman Asikuma, the district capital. Some inhabitants also result in the use of herbs in treating diseases when the need arises (Personal Communication with Ebusua Panin John Oduro, 2nd July, 2019).

Jamra has a centralized mechanized source of drinking water, which is treated and distributed to parts of the town through underground pipes. Accommodation is relatively available. The cost of living is on the average. The type of building is mostly of compound type with a few self-contained houses so many people are crowded together, and some children take advantage of this and resolve to sleep with their friends, which promotes promiscuity. The town is connected to the national grid.

As a typical Ghanaian and Akan community, funeral celebrations are cherished by the people. Everything possible is done by the bereaved families to give a befitting burial ceremony to the deceased. Activities like hosting of live band, record dance, spinners, undertaking decorations, feeding and drinkables cost, sewing of one particular clothing wear, and the kike are some of the observable and undeniable features of funerals in Jamra. It is a financial drain, but it has become the order of the day. Loans are contracted, and farms are given out for money under hard and unfavorable financial terms (cocoa awowa system) at the expense of education and other needs of life (Personal Communication with Ebusua Panin John Oduro, 2nd July, 2019). In summation, Jamra, though in the rural area, is a peaceful place to live irrespective of the challenges that be.

Contemporary View of Sex in the Jamra Community

Jamra being a typical community in the countryside, has different kinds of people from within and outside Ghana. With a multi-lingual and tribal background, the world view of sex by the inhabitants is mostly unfriendly. The following points listed below depict the general perception of the people in the community. That:

1. Sex is enjoyment
2. Sex is for entertainment
3. Sex is a source of warmth
4. Sex is for procreation
5. Sex is for healing and purification of blood
6. Sex accesses one's potency and pride of life
7. Sex is a source of livelihood (income)

(Assemblies of God Restoration Centre Men's and Women's Ministry debate January 2019)

In Jamra, sex is used for enjoyment. Young girls and boys are caught up in it such that most parents have lost control over them. The adults are seen coercing the young girls for sex with money and sometimes with mystic powers (juju-like "for girls"). This makes the minds of teenage girls enter into early sex practice that often results in pregnancy.

Some also see sex as a source of entertainment. Before the town was connected to the national grid (before 1996), sex was highly used as a source of entertainment since there was virtually no other source of entertainment more especially in the evening. The cumulative effect of that has now been manifested in the lives of teenagers and even some adults in the community. In the evening, one can find young boys and girls caught up in sexual activities in the dark,

more, especially on school parks and classrooms. With access to communication networks, the youth are caught up in the watching of pornographic videos on the internet. This has influenced some of the youth to engage in fornication, which eventually leads to teenage pregnancy (Personal communication with Ebusua Panin Kwesi Inkoom, 8th July, 2019).

The youth in Ghana including those in Jamra community see sex as a “source of warmth”. There is this saying in Fanti “awow wo mu papa” and “awow de ne ho aba” literally means the weather is very cold” and “the weather has brought itself” respectively. One will ask what the motive behind this saying is. It is crystally clear, illegal sex is the answer. Some go in for alcoholic drinks and end up with sex. The biblical mandate of replenishing the earth has had been put out of context. Young boys cherish to get their offspring without thinking of responsibility thereof. They end up reproducing unduly.

Youth perceived sex to be for healing and purification of blood. Some have the notion that when you fail to have sex in your teens, you will become imbalance mentally when you grow up. When one finds out that a young boy or girl develops pimples or boils, they say that his or her blood is full of toxic substances all due to lack of sex. They believe sexual intercourse makes one healed or purified.

Furthermore, they also believe that sex accesses one’s potency and pride of life. The young boys have the perception that their manhood will not function well when they grow due to failure to put it to test in their teens; similarly, the girls also think likewise. In the case of the girls, they even feel that inability to have sexual intercourse can lead to the growth of ovarian cyst (fibroid in the womb). Some of the boys also keep records of the number of sexual affairs that

they engaged themselves in counting the structure of the girls (i.e. height, age, complexion, body, size, or structure). Unfortunately, the higher the frequency, the stronger the fame. (Personal communication with Ebusua Panin Kwesi Inkoom, 8th July, 2019)

Lastly, in the case of adults, it is also a source of livelihood (income). Some females who are married go beyond their marital bed to engage in sex to get income or favor. From the above analyses, it is clear that the world view of most of the people of Jamra about sex is undesirable.

A Brief History of the Apostolic Church –Ghana and the Church of Pentecost

The Apostolic Church-Ghana and the Church of Pentecost have a similar history from the beginning to the splitting period around 1962. From 1904 to 1905, there was an outbreak of revival in Wales, which had a significant impact on other parts of the British Isles. As a result, there sprung up Pentecostal groups worldwide which also consolidate the belief that the gifts of apostles, prophets, evangelists, pastors and teachers as illustrated in Ephesians 4:11 should operate in the church together with the nine gifts of the Holy Spirit as found in I Corinthians 12:1-11. The Apostolic Church was established in 1915 in Penygroes, South Wales, in the United Kingdom (The Apostolic Church- Ghana Constitution 2011).

Daniel Powel Williams was the Apostolic Fellowship's first leader. He was ordained as an apostle in 1913. Daniel Powel Williams later became the first president of the church, a position he occupied until he died in 1947. In 1913, however, the Lord called his brother William Jone Williams into full-time ministry. The apostolic and prophetic revival reached the Gold Coast, which is now known as Ghana, and that fueled the desire of Christians to know more

about the faith. The church had a smooth communication with the Faith Tabernacle of Nigeria by a group of Believers at Asamankese in the Eastern Region and was introduced to the Apostolic Church, which by then had begun missions work in Nigeria. The group of Believers at Asamankese requested the Apostolic Church in Bradford England to send a delegation to Ghana.

Consequently, in 1935, Pastor George Perfect, a British missionary who had been posted to Nigeria, was directed by the missionary office in Bradford to visit the brethren at Asamankese. This group of believers at Asamankese had experienced the baptism of the Holy Spirit and needed instructions and guidance. Pastor George Perfect, therefore, met the Asamankese group, which was under the leadership of the Late Apostle Peter Newman Anim. They later contacted an African American Pastor, who was called Pastor A. Clarke, to assist them in ministry. He was a non-Pentecostal healing and holiness preacher. The people had by then established the “faith tabernacle” Church in the Gold Coast (Asare-Dua, 2002).

Rev. Anim was baptized in the Holy Spirit while studying “a publication of the Faith Tabernacle Church in Philadelphia. Rev. Anim and Armah, who were devoted members of the faith tabernacle at Nsawam, decided to work together and officially adopted the name “faith tabernacle.” Nana Kwaku Amoah, a traditional chief of Asamankese, offered them a piece of land upon which they constructed their church building. Pastor A. Clarke issued Rev. Anim with a certificate of registration in October 1923, assigning him to the service of God and the right to baptize and appoint workers. Rev. Anim’s movement held its first convention in 1923, and that attracted several people (Asare-Dua, 2002).

In 1930, Rev. Anim came into contact with the Apostolic Church, which resulted in a change of name, from Faith Tabernacle to Apostolic Faith. Some of the notable founding members included the following, J.S. Gyimah, S.R. Asomaning, (both of Akroso), S.W. Dufour, S.H. Ankamah, and Brifo from Ashanti.

In 1931, Rev. James S. Gyimah and members at Akroso organized a week-long revival prayer meeting during which a prophetic message regarding the divine covenant of the church was revealed. They got into contact with Pastor George Perfect, a missionary of the Apostolic Faith, United Kingdom, who had then come to Nigeria on a missionary trip. He was invited for a short visit (two weeks) to the Gold Coast and stayed at Asamankese. In 1936, a joint united meeting, Evangelist Babaloba of Nigeria and Pastor Vivian, stayed with them for two weeks. This was followed up in the year by the visit of Pastor Wellington of the apostolic church, the U.K, for a resident missionary (Asare-Dua 2002).

However, with time, the Asamankese group embraced the tenets of faith of the Apostolic Church. Pastor George Perfect formally ordained the leader of the group, Pastor Peter Newman Anim as the first African minister of the Apostolic Church, Gold Coast (The Apostolic Church-Ghana Constitution 2011).

In 1936, Pastor Vivian Wellings, the then Missionary Secretary of the Church in Bradford, visited the infant Apostolic Church at Asamankese. On his arrival at Bradford England, he recommended that a substantive resident missionary should be sent to Asamankese to oversee the fast-growing church.

On 2nd March 1937, Pastor James Mckeown was, therefore, sent to Asamankese as the resident missionary. His wife, Sophia, arrived later in September, the same year, to support Him. Unfortunately, barely six months after his arrival, Pastor James Mckeown was taken ill with malaria. So the then English District Commissioner took Mckeown to the European hospital in Accra (now Ridge Hospital) for medication. The action of the commissioner was in contrast to the tenet of the church; because it believed in divine healing (The Apostolic Church-Ghana Constitution, 2011).

The members of the Faith Tabernacle Church who had joined the Apostolic Church still believed in the doctrine of divine healing. During a Christmas convention at Asamankese, Pastor Mckeown's belief in orthodox medication was questioned by Pastor Anim and some of the Elders. The issue resulted in a split in the infant Church when Pastor Anim led the breakaway group, which operated as a new church with the name, Christ Apostolic Church. (The Apostolic Church-Ghana Constitution, 2011).

The members from Akroso led by the late Pastor R. S. Asomaning, together with Brother C. K. Frimpong, (a.k.a. Odoom), J. S. Gyima, J. A. Bimpong, K. Nyarko, R. H. Gyima, Philip Anor, KwakuAsare and J. W. Amoako accepted Pastor Mckeown's leadership and remained in the Apostolic Church. They made arrangements for Pastor Mckeown to move from Asamankese to Akroso and later to Winneba, where some brethren also accepted to continue with the Apostolic Church. After three consecutive years, the headquarters of the Apostolic Church was transferred to Cape Coast, where a church had been planted. The Apostolic Church, however, flourished rapidly throughout the country with Pastor Mckeown as the Superintendent Missionary.

Furthermore, in the year 1944, Pastor Lartey Adotey, Pastor A. S. Mallet, Elder Q. A. L. Quarshie, (all deceased) and a host of other leaders invited the Apostolic Church in Cape Coast to establish a branch in Accra. The church in Accra under the leadership of the late Pastor Anaman flourished so quickly that in 1948 the headquarters of the Church was relocated to Accra. On the other hand, more Missionaries were later sent from England to strengthen the work in the Gold Coast. Pastor C. B. Sercombe arrived in 1943 to be the Vice Superintendent. Pastor Adams Mckeown, Brother of Pastor James Mckeown, arrived in December 1944. Pastor Albert Seaborne came in 1946, Pastor S. M. Hammond, in 1948 and a host of others.

After many years of difficulties dating back to 1953, a large section of the church followed Pastor James Mckeown to establish the Gold Coast Apostolic Church Asamankese in the Central Region. The church changed its name to Ghana Apostolic Church, after independence. The Apostolic Church's numerical strength was severely impacted by the separation — the Gold Coast was particularly hard hit. The name of the Ghana Apostolic Church, on the other hand, was changed to the Church of Pentecost in 1962 under the auspices of Ghana's first president, Dr. Kwame Nkrumah. Churches like the Divine Healers Church, The Apostolic Reformed Church, and the New Covenant Church were established out of the Apostolic Church.

The Apostolic Church-Ghana, regardless of the schisms had received the guidance of God in a wonderful way that there are now branches in the Republic of Togo, Benin, Burkina Faso, La Cote D'Ivoire, Liberia, Gambia, South African Europe, and North America. The last European missionary was Pastor E.H. Williams, whereas the first Ghanaian president of the church was

Apostle A. Ofori-Addo. He was appointed in 1985. Several Apostles occupied the presidential seat. The current president is Apostle Dr. Aaron Ami-Narh. He was commissioned on 29th June, 2019 (The Apostolic Church-Ghana Constitution, 2011).

The numerical strength of the church is thirty-five thousand seven hundred and fifty-nine (35,759). The church has sixty-six (66) areas, which have been divided into four hundred and sixty-eight (468). The church has three thousand seven hundred and forty-five (3,745) branches. There are thirty-four Apostles (34), Pastors, and Overseers are five hundred and seventeen (517). (The Apostolic Church-Ghana statistical department records 2019).

On the other hand, in the case of the continuity of the brief history of the Church of Pentecost, members of the Apostolic Faith at Bradford were very rigid and practised a centralized church polity. They had an inward-looking attitude and did not open up to anyone from their fold. Through the instrumentality of James Mckeown's brother, Adam Mckeown, who was a missionary in Canada, the church in Ghana came into contact with Dr. Wyatt, an American revivalist from Portland Oregon and a leader of the Latter Rain Pentecostal group (Amanor).

The Latter Rain stressed on the unity of the body of Christ and operated differently to the rigid centralized manner of the Apostolics. As a result of the close contact of the Apostolic Church of the Gold Coast with the Latter Rain, a lot of the members were inspired and encouraged, especially those of African descent. This development incurred the displeasure of the Bradfords and the quadrennial council meeting 1953. This was very distasteful to James Mckeown and eventually led to his dismissal from the Apostolic Church. (Amanor).

The amendment to the Constitution sought to separate apostles for whites and blacks so that a black apostle could not exercise authority over a white person. It was also impossible for any person or group outside the Apostolics to be given any opportunity anywhere. James Mckeown interpreted this as unscriptural and could not ascribe to the reforms. He was therefore asked to hand over his ordination certificate and leave the church. The implication was that no platform in the World was to be opened to him.

The Africans in the Gold Coast were adamant and wanted James Mckeown back as their superintendent but they were aware of the fact that it would not be possible as long as they operated under the UK Apostolic Church and they broke off with the UK Apostolic. An independent African Church under the leadership of Mckeown came into force and it operated with the name the Gold Coast Apostolic Church. The Bradford Apostolic Church remained with the UK-affiliated Apostolic Church and the Apostolic Reformed Church. Others also remained with Mckeown, and in no time, the church became an influential Pentecostal church in the country.

The intensity of litigations increased, thereby prompting the then president of Ghana, Dr. Kwame Nkrumah, to authorize that Mckeown should be left alone to lead the church and be allowed to live and operate in the country. He decreed that new names should be given to the churches to avoid confusion. In August 1962, the name of the Gold Coast Apostolic Church, which was headed by James Mckeown, was known as the Church of Pentecost. Mckeown administered the affairs of the church with the strong support of the Executive Council until 1982 when he retired from active ministry and returned home to Northern Ireland. He handed over the chairmanship to Rev. Steve Fred Safo

(1982-1987), who headed an entirely indigenous executive council, the church's highest body, which is known as the General Council. Rev. Safo died in 1987, and he was succeeded by Rev. Martinson Kwadwo Yeboah in 1988. He also retired in 1998 at the age of 74. Apostle Dr. Micheal Ntumy became the substantive chairman of the church (The Church of Pentecost, n.d, para 4, 2018).

Apostle Professor Opoku Onyinah is the immediate past chairman of the church. He served for ten (10) years of two terms of five (5) years each. The current chairman is Apostle Eric Nyamekye, who was commissioned into office on 24th July, 2018. The church has two thousand three hundred and eighty-six Pastors (2,386), twenty-one thousand eight hundred and two branches (21,802), two thousand three hundred and eighty-one districts (2,381), sixty-nine (69) areas and three million two hundred and fifty-seven thousand, nine hundred and forty-three (3,257,94) members. The church of Pentecost is now operating in one hundred and one (101) countries worldwide. (The Church of Pentecost Statistics Department Report, 2019).

A Brief History of the Breman Asikuma Branch of The Apostolic Church

In 1992 the district that supervises the area from Akim-Achiase to Asikuma, together with Brakwa, was known as the Achiase District. The Resident Pastor was at Akim Achiase. The church at Brakwa organized a crusade at Breman Asikuma in 1992 and established a church. The new church received Pastor Oppong Mensah as the resident Pastor. The new church began at Apagya, a suburb of Breman Asikuma, where worship was conducted in a member's house. The Landlord quarreled with the Pastor's wife due to a

misunderstanding which was peacefully resolved (Personal Communication with Elder Peter Abesie on 12th February, 2019).

Later, Madam Elizabeth Sam, who was the District Women's Leader, took the Pastor and the wife to Brakwa, where they resided. This changed the district seat to Brakwa with the consent of the Head Office Officials in Accra. The total membership of the church then was twenty-five (25). One Elder Joseph Ayitey and most of the members resided at Aniehu, a suburb of Breman Asikuma, so they resolved to relocate to Colonel Baidoo School at Aniehu. The church began worship at the school but met another challenge of noise pollution as many churches also worshiped there. They then relocated to Methodist School at Ekumfi also a suburb of Breman Asikuma. In 1996, the church was faced with a significant challenge due to the transfer of leaders as well as members. The membership declined to thirteen people. Pastor Appaw was then in charge of the Asikuma branch.

The then District Pastor was Pastor Prempeh, who was resident at Brakwa. Two brothers who were Elders G.L. Danquah Senior and G.L. Danquah Junior were transferred from Breman Asikuma as well as Pastor Appaw in the same period in 1996. The district Pastor, Pastor Prempeh, was also transferred. The adverse effect of the transfers on the church was significant. Elder Ewusie and the Pastor of Nyarkrom then took over the supervision of the church. The church then appointed Elder Peter Abesie as a Presiding Elder in 1997. He was inducted into office at an Easter convention at Winneba.

Subsequently, a New Pastor, Eric Odoom, was posted to the Breman Asikuma branch in May 1997. The branch saw rapid growth due to the hard

work of the Pastor and his leaders. He was given an accommodation in Breman Asikuma. He embarked upon vigorous evangelism, with the one at Abehenase Village as exceptional. They fellowshiped with the people of Abehenase village. As the membership increased, they sought a plot and a member, Brother Owusu liaised with the Adontenhene, Nana Okoryaw Abonin III, who, in turn, lobbied for the current place of worship through the consent of the Late Paramount Chief of Breman Traditional Area, Nana Amoakwa Buadu VII. The District seat was moved from Brakwa to Asikuma (Personal Communication with Elder Peter Abesie on 12th February, 2019).

Pastor Eric Odoom pastored the church for seven years (1997-2003). It was during his tenure that a wooden structure was put up for worship, after which he was transferred to Winneba. He had a good relationship with the late Omanhene. He put up the Mission House before he was transferred. The membership strength of the branch before his departure was about fifty.

In December 2003, Rev. S.D.K Osafo became the new Pastor of the church after the Christmas convention programme for that year. He began the foundation of the current chapel building. The wooden structure was pulled down to give way for the construction of the new chapel building. Pastor Osafo strengthened the bond of unity between the church and the Breman Traditional Council, which helped in the growth of the church.

Church Growth and Expansion

In an effort to fight poverty, teenage pregnancy and other related vices, Pastor Osafo entered into a partnership with Compassion International Ghana (CIGH), a Non-Governmental Organization, to establish two (2) Projects, one at Anhwiam and the other at Benin at closer to Breman Asikuma. The

population of the branch grew to over one hundred and fifty members. Pastor Osafo worked for six years (2003-2009), and was able to establish the Breman Benin branch before he was transferred to Medina in Accra (Personal Communication with Elder Peter Abesie on 12th February, 2019).

The formation of the Benin church, brought about a reduction in the numerical strength of the Asikuma Church. This was because some of the members commuted to Asikuma from Benin for fellowship. Elder Peter Abesie was then given a new portfolio to preside over the Benin church. During Pastor Osafo's tenure of Office, Brakwa also became a District.

Pastor Effum Boahene took over from Pastor Osafo in 2009. He continued with the construction of the new church building and he embarked on vigorous evangelism. He worked for four years (2009-2013) and was transferred to Atieku in the Western Region. During Pastor Effum's time, a new assembly was established at Aniehu, a suburb of Breman Asikuma. Pastor James Asana Sekye then became the Pastor in 2013. He worked for barely five years (2013-2017). During his time, the rate of evangelism also increased. It was during his tenure of Office that Ajumako also was elevated to a district status. Pastor Padi Kwao then assumed office as the Pastor of the church. He also carried out extensive ministerial work from December 2017 to date. Breman Asikuma also has been elevated to a District Status.

The Asikuma Church, in collaboration with Compassion International Ghana (A non-governmental organization), as part of its socio-humanitarian mandate, has established two projects in Breman Benin and Anwhiam to release children from poverty. The projects have been in existence since 2010. The two (2) projects have over seven hundred and fifty (750) children who are between

the ages of 8 to 20. They are trained to grow up in the Christian faith. They are supported financially in the areas of education, clothing, health, feeding, and other means of livelihood. The caregivers also benefit from such supports. This is another means of combatting the occurrence of teenage pregnancy in the district.

In conclusion, the church, which was started in 1992, has grown tremendously. The new chapel building has been roofed, and the chapel is very spacious with a sitting capacity of one thousand one hundred (1,100).

A Brief History of the Church of Pentecost Breman Asikuma Central Assembly

Breman Asikuma is located geographically on the Agona Swedru to Assin Fosu road through Agona Nyakrom and Odoben. It is the political capital of the Asikuma Odoben Brakwa District in the Central Region. The central assembly of the Church of Pentecost is in the Breman District of the Agona Swedru Area per the Church's administration.

The central assembly was started by Mckeown, who arrived at Breman Asikuma from Saltpond with his evangelism team in 1945. In respect of the many souls won by God through their evangelism, the church was established in Asikuma town. The beginning of the church of Pentecost in Breman Asikuma was "like a burning fire in a forest." (Personal conversation with Elder Eric Nyarkoh, 17/2/2019).

Initially, the church was under the administration of Besease District. Besease is about 22 kilometers away from Breman Asikuma. Therefore when they had broken through all odds and won souls for Christ, they handed them over to Overseer Bentil, who was then a non-resident supervising minister for the Asikuma District.

The new converts used to worship at the Ahmadiyya School at Breman Asikuma. When the church grew in numbers, they moved to one of Madam Esi Kesiwa's homes at Ekumfi Street, Breman Asikuma. Some of the founding members of the church were: Maame "Kooko", Madam Esi Kesewa, Madam Asatu, Opanin Badahene and Opanyin Atta.

The church had no Mission House, so they rented some rooms for the Pastor in Opanin Kwesi Donkoh's House at Ekumfi. Overseer Bentil worked from 1945 -1948. The church witnessed some growth within his tenure of office. He was succeeded by Overseer Acquah (1948-1951). The church experienced a peculiar conflict within the leadership, so, between the period of 1960-1966, no Pastor was sent to take care of the Asikuma church. The Executive Committee at that time took over the administration of the church. Later, Pastor Nsaakoh was posted to the District as a resident Pastor (1966-1971). He brought the "situation" to normal.

From 1971-1974 Overseer J.M. Buah became the Pastor in charge of the church. The membership began to grow speedily, so the church leaders thought of securing a land to build a church. A member of the church, by name Opanin Eduakyi offered, a piece of land to be used for the construction of a church building in 1971. The church became the central assembly of the church, (Now Bethel Assembly at Ekumfi, a suburb of Breman Asikuma). He was succeeded by Overseer H.D. Agbesi (1974-1976) followed by Pastor G.E. Wilson (1976-1978), Overseer Sarpong was the next Pastor who took charge of the church from 1978-1979. (Personal conversation with Elder Eric Nyarkoh, 17th February, 2019).

During the tenure of office of overseer Blessed Bonney (1979-1983), the church experienced rapid phenomenal growth. He was very instrumental in the Scripture Union Movement in the Asikuma township, and as such many of the youth and adults trooped into the church to fellowship. Pastor John Ntsiful succeeded him when he was transferred (1986-1990). All this period, the church was renting accommodation at the residence of Opaning Kwesi Donkoh. It was during Pastor S.K. Nortey's (1990-1995) era that the church moved into a new mission house that was built by the church. The portion of land was donated freely by the Late Deaconess Sarah Afenyi, who was the then leader of the Women's Ministry in Agona Swedru Area of the church. She again gave the current vast area of land on which the central assembly is located to the church.

Having seen the kind gesture instituted by his sister, the then Paramount Chief of the Breman Traditional Area, the late Nana Amoakwa Boadu VII, visited the then chairman of the church, Apostle Michael K. Ntummy at the Head Office in Accra. He was accompanied by the then-District Pastor, G.S Tenkorang, to request for roofing materials to help the church to roof the current Central Church in Asikuma. The chairman and his leaders were marveled by the petition of the Chief. This vision was laid on the heart of Elder Nyarkoh by God. Consequently, an amount of Nine Thousand, Six Hundred Ghana Cedis (GH¢9,600.00), was released for the project in 2004. The Church Auditorium was started during the tenure of Pastor Adzakpanya and was roofed during the tenure of Pastor A.K Kyere in 2005; Pastor A.K Kyere pastored the Church from 2004-2009. (Personal conversation with Elder Eric Nyarkoh, 17/2/2019).

Honourable Adjei Doomson, the then-District Chief Executive of Asikuma-Odoben-Brakwa District (who was a member), assisted the church by

excavating the huge refuse dump at Apagya which was a health threat to both the community and the church. Mr. Kwesi MacClean, a timber merchant and a member of the church, also assisted in the acquisition of the timber wood. The generosity of Mr. MacClean helped much in both the roofing and all constructional works that needed timber materials.

Demarcation of District

It is worthy to note that the Asikuma District grew so rapidly that in 2008 (during the tenure of office of Pastor A.K. Kyere), the District was demarcated into Two-Asikuma and Aniehu Districts. Pastor John Otchere, who pastored the church from 2009-2013, worked hard for its growth. Given that, Pastor Milliman Kwame Adu-Acquah (2013) re-demarcated the Asikuma District into Two- thus the Asikuma District and the Jamra District. The head office gave a grant of Eighty Thousand Ghana Cedis (GH¢80,000.00) for the construction of a mission house at Jamra.

The church of Pentecost arguably is in almost every village and town in the district. The churches main aim is to transform the society through the Christian faith. In summation, the initial church at Asikuma, which was started in 1945, was a mustard seed that has grown into three districts.

A Brief History of Assemblies of God, Ghana

The Assemblies of God, Ghana is affiliated to the worldwide fellowship of Assemblies of God, which has a membership of 212 countries worldwide. Rev. Lloyd and Margaret Shirer, who were missionaries of Assemblies of God U.S.A, came to Africa and lived at Ouagadougou, the capital of Burkina Faso. They journeyed to the Northern Region on horsebacks from Burkina Faso in 1931. They got the assistance of Miss Beulah Buchwalter and

Guy Hickok and begun with the first Assemblies of God in Yendi (Ton-Laar, 2009).

Others who later supported the mission work were Florence Blossom, Henry Garlock, Eric Johnson, and Thelma Godwin. The zeal of these early missionaries was very strong such that they consistently worked and witnessed for the Lord irrespective of the harsh conditions and in hostile environments.

Missionaries like Bushwalker and Guy Hickock died in 1942 in the mission field. Branches of the Assemblies of God church were established in Tamale and Walewale in 1935 and Bawku in 1937. Bro. Mba Mahama was the first Mamprusi Christian to be converted in 1939. It is glad to know that on December 13, 1948, the Wheeler Andersons, Rody Johnson, and Ozella Reid joined the missionary family in the Gold Coast.

Beginnings in the North

The main focus of the missionaries was to preach the Christian gospel and nothing else. They were directly confronted with the task of fighting hunger, disease, poverty, and illiteracy. An antidote to that was arrived at by the missionaries. The female missionaries organized literacy classes for the local women, while the men organized labor crews to educate men how to build foundation blocks, door and window frames, and roof trusses. This improved the economic lives of the people tremendously. The missionaries got themselves into development projects and skill training alongside the work of God to help alleviate poverty.

Rev. Lloyd Shirer, for example, served as a Community Development Officer of Tamale during the early period of the establishment of the church. The missioners long distances to reach out to the people. They incorporated

medical services to take care of the health needs of the people. (Ton-Laar, 2009).

The first Assemblies of God Clinic was built in 1948 in Saboba in the Northern Region, whereas a second one was built in 1950 at Nakpanduri. Later a third Clinic, which was a maternity home, was established in Walewale under the supervision of Vivian Smith.

On the theological front, the first Bible School of Assemblies of God, Ghana, was established in 1950 at Kumbungu under the leadership of Rev. Fur Thomas. The first graduates of the school were Rev. Bewini, Agbango, Elisha Akurugu, Alo Joshua Kabba and Alhassan. They completed Pastoral training in 1951 (Ton-Laar, 2009).

Winifred Mullings, who was one of the early students, was employed as a tutor, and he eventually became the Dean of the Northern Ghana Bible Institute. The Southern Ghana Bible Institute was first opened in Kumasi but was later moved to Saltpond. In 1988, the Mid Ghana Bible Institute was established in Kumasi as the third Bible School. On the print media sector, through the instrumentality of the Andersons, the Assemblies of God Literature Centre (AGLC) was established in 1970. It was dedicated by Rev. E.L Philips (Ton-Laar, 2009).

As the churches were poised to transform lives, a distance learning programmes was started in 1970 under the name International Correspondence Institute (ICI), which is presently called Global University. The church also had a radio ministry which was aired on Ghana Broadcasting Corporation (GBC) under the leadership of Rev. James Kessler in 1968. The church also organized vacation Bible School for its students and all interested members around 1959.

Growth in the South

As a result of the impact of the missionary work in the North, Southerners who lived in the North on their return to the south shared the news of the missionary work to their people in the community. That initiative led to the establishment of Assemblies of God Churches in the south. The Accra and Kumasi stations were opened in 1944, followed by the Takoradi station in 1945. Subsequently, the Southern Ghana District Council was put into place in 1950, a year after the official inauguration of the then Northern Ghana District Council.

The late Rev. Edward Adutwum was the first indigenous person to receive the Baptism in the Holy Spirit in 1942. He was a pharmacist by profession before he entered into full-time pastoral work. He became the General Secretary of the church. The church had its official general council meeting in 1964. The church was established in the other regions of the country. Other departments and agencies were also found. From 1931 to the early 1980s about seventy-six missionaries worked at the various places and capacities in the organization (Ton-Larr, 2009).

The church now has a population of about five hundred and twenty-one thousand and seventy-four members (521,074), two thousand five hundred and seventy-six (2,576) Pastors, and four thousand one hundred and thirteen (4,113) churches across the country. There are twenty-four (24) regions which are divided into one hundred and eighty-two (182) districts (Assemblies of God, Ghana Executive Presbytery meeting minutes, 23rd November, 2018). The immediate past General Superintendent was the late Rev. W.W. Dontoh. The name of the current General Superintendent is Rev. Professor Paul Yaw

Frimpong Manso. (Annual Report of the Executive Presbytery of Assemblies of God, Ghana. December 2019)

A Brief History of the Assemblies of God Restoration Centre, Breman Jamra

Breman Jamra is located on the Breman Asikuma to Akim Oda trunk road. It is about five kilometers away from Breman Asikuma. It has a population of about seven thousand people.

The Church at Jamra was established by the Assemblies of God Revival Restoration Centre of Roman Ridge in Accra in collaboration with the Shiloh Assemblies of God, Breman Asikuma. The then Assin District Pastor, Rev. John Apenkwa Brown called on Rev. Alex Nkrumah, the head Pastor of the Revival Restoration Centre (RRC), to establish a Church at Breman Jamra. As a result of the collaboration, the Missions team of the Revival Restoration Centre began feasibility work in September 1998. The leader of the delegation was Rev. Isaac Tekyi DeGraft (The then Missions Director of RRC) (Personal conversation with Rev. John Apenkwa Brown, 30/1/2019).

At the end of December 1998, the church which began with thirteen members had experienced significant growth. The Church started worshipping in a classroom at the Jamra Methodist School, and later used canopies due to challenges. The land on which the current place of worship is located was given to the Church by the Chief and Elders of Jamra. A temporal place of worship was erected between the period of March to June 2000 with financial support from the missions team of Restoration Centre Assemblies of God in Roman Ridge, Accra. Rev. Isaac Tekyi - DeGraft pastored the church from 1999 to 2002, and he was succeeded by Rev. Efiinu Kwaku Obiako ably assisted by Rev. Stephen Otoo. The Church is united and poised to work for the furtherance

of Christianity and the development of the community. [Personal communication with Rev John Apenkwa Brown 30/1/2019]

After considering a study of the people of Breman Asikuma, Jamra, and a brief history of the selected Pentecostal churches, we would move on to the next chapter, which takes a look at the role of the church in curbing teenage pregnancy in the Asikuma-Odoben-Brakwa district.



CHAPTER THREE

THE ROLE OF THE CHURCH IN THE CURBING OF TEENAGE PREGNANCY IN THE ASIKUMA-ODOBEN-BRAKWA DISTRICT

This chapter takes a look at the role that the three selected Pentecostal Churches play in curbing teenage pregnancy in the Asikuma-Odoben-Brakwa District. The researcher interviewed the Senior Pastors of the churches chosen to bring to light measures taken through their office to help curb this menace. Thematically, causes and prevention of teenage pregnancy as espoused by the Senior Pastors were elucidated, their views are grouped in themes for proper convergence of thoughts, and more engagingly, the role they play in curbing the menace are brought to light.

The pastors interviewed were:

Key: Rev. Stephen Otoo (Senior Pastor at Restoration Centre - Assemblies of God, Breman-Jamra), Rev. Padi Kwao (Senior Pastor, Apostolic Church-Ghana, Central Assembly, Breman-Asikuma), Rev. Emmanuel Assah-Awuku (Senior Pastor, Church of Pentecost-Central Assembly, Breman Asikuma). Except for Rev. Padi Kwao, whose interview happened on the 15th of April, 2019, Rev. Stephen Otoo and Rev. Assah-Awuku took place on 20th April, 2019.

Interview with the Senior Pastors of the Selected Churches

Causes of Teenage Pregnancy

Poverty

The community is mostly made up of peasant farmers with a few salaried workers, self-employed, petty traders, and drivers. There is no market nor any vibrant commercial venture or activity in the community. People have some relative amount of money during the harvesting time of farm produce,

especially during the primary cocoa season. The low-income level affects family life, education, vocational training, just to mention but a few. Young girls are lured into an immoral life because of poverty. Some of the girls and boys migrate to urban centers where they are exposed to all kinds of social vices. Young girls are forced into early sex as their parents are not capable of catering to their needs. Young men who are financially sound often lure these girls into sexual affairs that often end up in pregnancy.

According to Rev. Padi Kwao, drivers, especially taxi drivers, normally engage young girls in Basic and Senior High Schools as well as those in vocational apprenticeship in sexual affairs. He said due to lack of employment, both skilled and unskilled jobs are just unavailable. The majority of the youth find themselves in bad companies, which eventually lure them into sexual immorality. According to him, there is a young girl of twenty years in the community (name withheld) who had given birth to four children. She had her first delivery at the age of thirteen (13). Her early pregnancy was as a result of a sexual affair with a young boy also of seventeen (17) years. However, all four children were born of different teen fathers. The leading cause was financial difficulties. “I think that in this community, I have not heard of any programme which has been organized by a particular body for teenagers to educate them on teenage pregnancy and sexual immorality through the facilitation of a role model for the past three years,” he emphasized.

Peer Influence

Peer influence is another factor that causes teenage pregnancy in Breman-Asikuma and Jamra. In Jamra, there is a general notion that when one gets into his or her teens, it is imperative to “test” the genital organ by having sex. Again if you are a girl who grows beyond your teens without giving birth, you would be tagged as “infertile.” There is another perception that failure to give birth early as a girl endangers one’s health because of a possible development of ovarian cyst (fibroid) and the contraction of the fallopian tubes in the older age period of the girl. These perceptions directly influence the mind of the youth to engage in early unprotected sex, which eventually leads to an early birth. According to Rev. Assah-Awuku, peer influence is another factor that contributes to the high incidence of the menace in Asikuma. Some teenagers even have small books in which they keep their sexual affair records. The youth who have more sexual records, pride themselves as being “Wild” as they locally term it (Being “strong”) (Personal Communication with Rev. Otoo, 20th April, 2019).

Breakdown of Culture

Furthermore, the seeming breakdown of culture is yet another cause of teenage pregnancy in the Jamra Community. The external family system, which inculcates in the citizens the love to care for one another, has declined. People are reluctant to discipline or even advise someone’s child due to the extremity of “exercising human right.” The power of chiefs and elders in the Jamra community has been weakened. The youth disrespect the elderly for no justified cause. The traditional way of observation of puberty rites has been thrown off the board. According to Nyamekye and Sekyere, the traditional rites that were

effective in instituting measures that ensured chastity among the Akan teenagers are now replaced by foreign rites that seem to be less effective. The seeming breakdown of the extended family system and social cohesion has led to the influx of foreign cultural and religious practices coupled with the mentality that indigenous African cultural practices are uncivil (Nyamekye & Sekyere, 2012).

The relative breakdown of the culture has made it very difficult for children to be corrected by their parents and elders. Too much of freedom on the part of the children leads to the cultivation of bad habits. The television stations and other mass media parade a lot of foreign films and programmes which go a long way to influence the minds of the inhabitants. Poor parental child upbringing has also devalued the rich culture of the people. Children are not brought up traditionally as done in the olden days. Our rich culture with regards to puberty rites and associated norms of morality are virtually non-existent (Personal communication with Rev. Assah-Ewuku, 20th April, 2019).

Mass Media

Mass media is also a cause. The proliferation of media houses, local information centres, television stations, and social media has influenced mainly the youth negatively. The youth now have access to the internet at almost every part of the Asikuma-Odoben-Brakwa district. They explore the internet negatively by engaging themselves in the watching of pornographic videos. They engage their “partners” in video calls showing nude pictures of each other. The local information centres especially, are involved in the sale of sexually induced medicines by advertising them publicly through the airwaves across the towns and villages. The radio and television stations, organise talk shows and programmes on sex education purposely meant for adults but intercepted by the

youth. They, in turn, put them into practice wrongfully. All these influence the minds of the youth towards unprotected sex, which eventually leads to teenage pregnancy. The influence of Mass Media is terrible. In Breman Asikuma, some of the youth engage themselves in internet fraud, which is also known as “Sakawa,” which is currently in practice at Asikuma. Young boys and girls are involved in such practices, and they get some money which is used for immoral acts. Young girls are drawn into such actions and often end up in pregnancy.

Celebrations During Festivities

The celebration of festivals, homecoming events, funerals, and other recreational activities also fuels the energy of these teenagers to engage in immoral acts. In this wise, the populace cannot regulate the time of the playing of music. Events are marked with the excessive marketing of alcoholic drinks and other things that promote immorality. Some of these programmes are sponsored by manufacturers of alcoholic beverages who openly market their products to the general public and sometimes give them out free for consumption. Music played at funerals, and other festivals are played into the night sometimes through till dawn.

According to the Senior Pastors, sometimes after certain funerals that are held for persons who have “wealthy children,” live band are engaged to play music to the general public till late in the night during which period, all forms of sexual acts are practised. Reference could be made to the funeral of one of the late chiefs of Jamra during whose funeral the members of one of the bands of the security services in the country, openly went on the streets of Jamra to thank the women and young girls of the town for satisfying them sexually over

one of the nights of late chiefs funeral celebration (Personal communication with Rev. Stephen Otoo - 2nd March 2019).

The celebration of festivals, homecoming programmes, and other events that involve entertainment and amusement is another cause of teenage pregnancy. During such festivities, young boys and girls are openly seen engaging in sexual acts in the nights in obscure places. Sniffing of tobacco with certain additives, cocaine, and the consumption of alcohol by the youth gingers them to engage in sex. The use of alcohol also activates the libido of the girls and boys to engage in immorality.

Poor Parenting

The involvement of girls in early sex is a great worry in the Jamra community. It may be attributed to several factors, one of which is poor parenting. Some girls and boys were born by teen mothers who either had “husbands” or not. Such young mothers have no idea of child upbringing, so they try to do their best to train up the innocent children without the necessary experience or knowledge. Sometimes teen mothers are neglected by their parents. Reference could be made to a young teen mother (name withheld) in the community who got pregnant and delivered a young baby boy. Due to the neglect by her parents and the supposed “teen husband,” she ended up with another pregnancy in the ninth month after delivery. An unknown young man in an attempt to help her out, ended up impregnating her. That pregnancy also ended up in twins, so in less than three years, she gave birth to three children. (Personal Communication with Paulina Essuman, Nurse Manager of Our Lady of Grace Hospital, Breman-Asikuma. 7th August, 2019)

Some parents, for whatever reason, fail to take care of their children well. Certain parents fail to find the exact location of their children who go out to play and keep long before they come back home. Some parents do not enroll their children in school or even put them into a trade. According to Rev. Kwaku-Assah, some parents do not live together with the family in one place. The mother lives typically with the children in one place, whereas the father lives at another end of the town. The mother normally lives with the children in one home and leaves them to go and sleep with her husband in the night, thus providing the children the opportunity to indulge in all forms of social vices.

Large family size is also a causal factor of teenage pregnancy in the community. Still, the old mentality of giving birth to many children is in the minds of some of the people. One person can give birth to eight, nine, ten, and sometimes twelve children. When one gives birth to ten children, the one is given a sheep as an appreciation. This is locally termed as “Baduguan,” literally meaning “Ten sheep.” Even in that wise, only some portions of the meat is given to the woman whereas the rest are consumed by Elders and relatives. The large family size makes it difficult for the parents to train the children holistically. (Personal communication with Rev. Stephen Otoo, 20th April, 2019).

Lack of Political Will

Rev. Padi Kwao also cited the inability of the traditional council and district assembly to enact and enforce laws that prohibit the organization of entertaining events, playing music during funerals at late hours. He also made mention of the inability of the district assembly and the traditional authorities to enact and enforce laws that would discourage the organizing of activities that would promote teenage pregnancy. The organization of music jam sessions and

other musical entertainment programmes that run deep into the night and sometimes the next dawn in the community does not face any restrictive laws. Young girls are therefore exposed to sexual acts in the Asikuma community that has a bearing on the high incidence in teenage pregnancy in the area of study.

An unscientific survey done by Rev. Assah-Ewuku and Rev. Stephen Otoo indicated that the number of drinking spots in Asikuma and Jamra township outnumbers the number of churches in the two towns respectively. The operation of such drinking spots in the two communities has cumulative adverse effects on the normal life of the youth and, for that matter, the adults. Even politicians organize keep fit campaign or exercise and are said to buy alcoholic drinks for participants of the events allegedly. There is no “actual political will” on the part of the district assembly collaborating with the traditional leaders to enforce some laws that are geared towards the prevention of immorality.

Indulgence in Substance Abuse

The indulgence in substance abuse such as marijuana, cocaine, snuffing of tobacco popularly known as “Asra” and alcohol by the youth is another cause of teenage pregnancy within the Jamra Community. There is one type of alcohol which is called “Asiedu Nketsia” with a higher concentration of alcohol mixed with other concoctions or additives. These acts of substance abuse influence the mind and also induce the sexual drive of the youth to engage in sexual affairs which usually leads to unwanted pregnancy. Recently a young boy raped a girl in Jamra after engaging the girl in “drinking some alcohol” suspected to contain some additives, which induces one's sexual urge. The young girl being a virgin sustained some severe injuries to her genitals according to the Doctor's report.

The police commander of the Asikuma-Odoben-Brakwa District Superintendent Emmanuel Donkoh-Baah later indicated to the press after three (3) months of the incidence that the girl was pregnant (Hope Fm Mid-day News bulletin March 2, 2019).

Lack of Sex Education

There is a low key in the conduct of sexual education within the district. Hardly can you find the Information Service Department, Social Welfare, Ghana Health Service, National Commission of Civic Education, or Non-Governmental Organizations engaging the public in education. This rather heightens the level of ignorance of the public about teenage pregnancy and sex education in general.

According to Rev.Otoo, some of the youth even pride themselves in the saying “Honam nka honam”, “Onipa wo atinka” literary meaning, “skin to skin” “Man has feelings.” These perceptions simply urge the youth to engage in unprotected sex and satisfy their feelings whenever the urge arises.

Lack of Accommodation

Parents are also faced with a lack of accommodation. Parents who have more or less children are seen dwelling in one single room. Some children capitalize on this and give the excuse that they are sleeping with their friends of the same sex at nearby or far away houses. This turns to be false as they are found dwelling in their “boyfriends or girlfriends” rooms. Sometimes, the parent of such children care less of whatever happens to the children. Those who sleep with their parents in the same room are faced with the sight of their parent sexual activity, or they, in turn, sleep very late in the night. (Personal Communication with Rev. Stephen Otoo, 20th April, 2019)

The Use of Mystic Powers

The Senior Pastor of the Breman Asikuma branch of the Apostolic Church - Ghana also cited the “use of mystic powers” or “juju” popularly called “for girls,” as another cause of teenage pregnancy. The application of such mystic means make girls run into the homes of their sexual partners for days and sometimes months before one can locate them. They are normally kept indoors and are given a balanced diet to boost their energy level. Sometimes, when they are released, they remain attracted to the boys and sometimes drop out of school or trade to get enough time to engage in sex. They finally end up being pregnant.

Slow Pace of Evangelism

The “relatively inability” (slow pace) of the church to win souls and disciple them for Christ is another cause of teenage pregnancy. The programmes of the churches are centered on their members. It is more indoors and outdoors. The indoor ones are also not purposely geared towards winning of souls. According to the pastors, though the church is doing everything possible to prevent the incidence of teenage pregnancy, they feel that it could have done more by strategically reaching out to the community through effective evangelism and pragmatic programmes to educate the populace. They said if all the various churches embrace this idea, the high rate of teenage pregnancy would be brought to a minimum level.

Measures to Prevent Teenage Pregnancy

Restoration Centre Assemblies of God has put the following measures in place to prevent teenage pregnancy among the youth. As a local assembly of Assemblies of God, Ghana, it shares in the objectives of the mother organization. The church is the body of Christ, where God, through the Spirit, dwells with divine appointments for the achievement of the great commission. Every Christian who is born of the spirit is an integral part of the General Assembly and church of the firstborn, which are written in heaven.

Doctrine

Ephesians 1: 22,23, Ephesians 2:22, Hebrews 12:23. Since God's purpose concerning man is to seek and save that which is lost, to be worshiped by man, to build a body of believers in the image of His son, and to demonstrate his love and compassion for the world, the primary reason for being part of Assemblies of God as a church is:

1. To be an agency of God for evangelizing the world (Acts 1:8, Matthew 28:19, Mark 16:15,16).
2. To be a corporate body in which man may worship God (I Corinthians 12:13).
3. To be a channel of God's purpose to build a body of saints being perfected in the image of His son (Ephesians 4:11-16, I Corinthians 12:28, I Corinthians 14:12).
4. To be a people who demonstrate God's love and compassion for the world (Psalm 112:9, Galatians 2:10, 6:10, James 1:27) (Assemblies of God, Ghana constitution and bye-laws, August 2013, p.2-3)

In view of the above, the church employs an effective standard of doctrine. The church uses teaching, preaching of the Bible to prevent teenage pregnancy. Teachings on Sanctification, Sin, Forgiveness, Reconciliation, Second Coming of Christ, the Deity of the Lord Jesus Christ, Salvation, Judgment, and others are taught to the members and for that matter the youth to instill in them holiness. The church uses the various departments, especially the youth, children's, women's ministry, and Sunday school department, to teach the different age groups about the issues of life, physical body, and spirituality. This is done through meetings, seminars, rallies, camps, retreats and conferences, livelihood empowerment/skills training.

Rev. Assah Ewuku also touched on the effective teaching of the Word of God. This word of God is preached and taught at church services and departmental meetings. This instills in the members the fear of God and also makes them to become more responsible. (Psal 127:3, I Tim 5:3). The children's service gives the opportunity for children to gain knowledge in the Bible. The Bible says, "Train up a child in the way he should go, and when he is old, he will not depart from it." (Prov 22:6 NKJV). The youth ministry has teachings that are tailored towards equipping teenagers with knowledge on social vices. By the tenets of the church, the Bible is by divine inspiration and authority of the Holy Scriptures. The church believes that the Bible is infallible in the declaration, final in its authority, all-sufficient in its provisions and comprehensive in its sufficiency (II Tim 3:16, II Pet 1:21), [The Church of Pentecost Ministerial Handbook, December, 2018]. The church also upholds the holiness of members unto the Lord in all their endeavors (Rom 12:1, Heb 12:14). The church also uses its core values such as evangelism, discipleship,

prayer ministerial excellence, ministry of the Holy Spirit, leadership church culture, social activities to mention only but few to instill in the members, especially the youth in fear of God for a holistic lifestyle. (The church of Pentecost ministerial handbook- core practices, December, 2018).

Counseling Unit

The church also has a counseling unit that carries out counseling on case-to-case bases. Members who are parents, teen mothers, and fathers are sent through counseling to alleviate them of the challenges that confront them. Good parental care and educational pursuit are discussed. There is also a particular counseling unit within the church that counsels members on issues of life. The youth are given guidance on their choice of programmes at senior high, vocational and technical schools. Teen mothers and fathers are encouraged to turn a new leaf to make it in life and Christianity. Effective counseling is given to the youth about their career, spiritual, and other life issues; he stressed.

Effective Prayers

The church employs prayers and the divine power of God to deal with spiritual realities that challenge members. Sometimes, the youth are prayed for to be delivered from ancestral and demonic attacks or influences for the total well-being of members. The church also offers prayers for specific members who are found to have some spiritual influences that fight against them in life. A few of such persons have proven to live a transformed life after they have been prayed for.

Socio-Humanitarian Mandate

As part of the fulfillment of the socio-humanitarian mandate of the church, the Apostolic Church Central Assembly of Breman Asikuma and the Restoration Centre Assemblies of God of Breman Jamra in collaboration with Compassion International Ghana (Except for Church of Pentecost), provides educational support to some children in the church and the community to enable them to pursue their education. The girl child is provided with sanitary and vocational support. In collaboration with Compassion International Ghana, the church has provided some roofing sheets and building materials to parents (both within and outside the church) who were hit with natural disasters to put their buildings into good shape for habitation. Some caregivers have also benefited from the building of single-room housing units. Some parents and their children have also benefited from nutritional support.

Rev. Kwao said, the church, in collaboration with Compassion International Ghana, organizes vocational and skill training for the adults and parents as an effort to put them into a trade. Some also get family gifts in cash to assist them financially. A seed money is given to the trainees to start up a trade or business of their choice. Nevertheless, he said that the church has not been able to reach out to the community to educate them on teenage pregnancy.

Organisation of Parties

The church periodically organizes a party for the youth to listen to their needs and encourage them to pursue their goals in life (Personal Communication with Rev. Stephen Otoo, 20th April, 2019).

Organisation of Seminars

According to Rev. Otoo, the Jamra church has also equipped the adults and parents to combat the menace of teenage pregnancy. He said the church conducts marriage seminars for adults and parents on challenging marital issues like caring for your spouse, good parental care, conflict management and resolution, financial management, adding value to your profession, strategic planning, family planning, living in harmony with your neighbours, child upbringing and many more. General health talks are given to adults and parents for them to be abreast with health issues pertaining to adolescence, adulthood, and old age.

Accessibility to Soft Loans

Some of the members have been placed into groups to access soft loans from Brakwa-Breman-Rural Bank Limited. These monies are put into trading to cushion the finance of the family.

Effective Parental Care

Answering a question on measures that the church has put in place to equip the adults and parents to combat the menace of teenage pregnancy, Rev. Padi Kwao opined that one way to prevent teenage pregnancy in the Asikuma-Odoben-Brakwa district is effective parental care whereby, parents would bring up their children well. Christians and Non-Christians are to be more responsible. Children need to be controlled appropriately.

Education

The church also educates the members, including the youth, on sex and health issues. The issue of teenage pregnancy takes a dominant place in culture since it poses a great challenge to the Asikuma community. Other interventions,

like putting the youth or needy persons into vocational training and schools for secular education are done by the church and some individuals. Rev. Otoo recommended that the church must lead the crusade of educating the people in the Jamra Community. This could be done through the local council of churches, the Ghana Pentecostal and Charismatic Council. “I think creating more awareness plays a major role in preventing the menace,” he stressed.

Parents, teen mothers, and fathers are to be encouraged to work hard and be more responsible. They should take the opportunity of the free Senior High School policy to educate boys and girls. The church should set up a scholarship scheme to support the needy in the church and society as a means of preventing teenage pregnancy in the society. Teen mothers who loiter around after deliveries are sent to vocational school, and those who were in regular school before the pregnancy are assisted in going back to school. This also depends on the financial strength of the local church.

However, it is not all who are pregnant at this early age that are taken care of by the church. If the church was sponsoring a girl before she got pregnant, she is sent to school after delivery. If the parents or guardians are the sponsors, the church advises the parents or guardian to send the girl back to school. Answering a question on the means that the church employs to either put those in vocational training or school back to their vocation or school after delivery, Rev. Otoo said the church often raises some funds in support of that.

However, this depends on the financial muscle of the church in question. Other members who have the means are called upon to assist in diverse ways. Sometimes some are absorbed into the work, schools, or vocation of some philanthropic members. The major means that the church employs is to either

put those in vocational training or school back to their vocation or school after delivery or offer them with proper counseling and prayers. In some cases, the leader or pastor champions the course of re-arranging with the administration of the school or vocational training (set up) to re-absorb the teen mother or father (where necessary) back to school or vocation. Often the church offers some financial support and, at times, solicits some personal support from some philanthropic members. (Personal Communication with Rev. Otoo, 20th April, 2019)

Evangelism

Through evangelism, the church reaches out to the community to win some souls and disciple them for Christ. This, in a way, contributes towards the prevention of teenage pregnancy. (Personal Conversation with Rev. Padi Kwao, 15th April, 2019).

Assemblies of God's Stance on Church on Teenage Pregnancy

Furthermore, on the aspect of the biblical position of the church on teenage pregnancy, Rev. Otoo said, "the Assemblies of God base its understanding of nature of human beings on the Bible which reveals that God created the universe, the world and all living things (Gen 1:1,11,21,25). Humans are the highest form of God's creative activity, and He is intentional in both the creation and the weaving of the destiny of man (Gen 1:26,27) (Gen 2:7)."

By making human beings in His image, God set them above all other forms of life on earth. The nobility of human beings is seen in the divine mandate: "Be fruitful and increase in number, fill the earth and subdue it. Rule over the fish of the sea and the birds of the air and over every living creature that moves on the ground" (Gen 1:28). Superior to all other life forms, humans

are to assume the role of responsible custodians of the earth. Every human life, from conception through death, is, therefore, to be valued, respected, nurtured, and protected.

As no clear Biblical requirement exists, the Assemblies of God does not have an official position on the use of contraception in heterosexual marriages to control the number of children, choose the timing of their delivery, or protect the mother's health. As godly spouses prayerfully covenant with God regarding the expansion of their families, these are questions of personal conscience. While there are ethical considerations in deciding whether or not to have a family, the prevention of pregnancy is seen to be fundamentally different from the termination of pregnancy because the sperm has not yet fertilized the ovum and human life has not yet begun. The biology itself teaches us that not every sperm or ovum is meant to survive and combine in the creative plan of God.

However, it is worth recalling that many treatments widely seen in contraception like the IUD and the morning after pill are agents which terminate pregnancy rather than prevent it. In terms of the purity of one's goals and personal implications of the divine order, it is necessary to assess the use of contraception just to prevent children's education (Assemblies of God USA, General Presbytery in session, August 9-11, 2010).

The Assemblies of God as a Church do not approve of the use of birth control and family planning by unmarried persons and, for that matter, teenagers. "We believe sex is to be practised by married couples and by approving birth control and family planning methods to the unmarried and teenagers is unscriptural and full-scale approval for the unmarried to engage in

immorality.” The church preaches abstinence and, in its totality, goes a long way to prevent teenage pregnancy.

Apostolic Church of Ghana’s Stance on Family Planning

Furthermore, on the issue of family planning, Rev. Kwao said the church generally ascribes to family planning. He was quick to say that, only married couples practise it. He said the youth, and for that matter, the use of contraceptives for unmarried people is not accepted as it encourages promiscuity. The church admonishes its members to abstain from sexual immorality. Rev. Kwao said that theoretically, one could deduce that the family planning practice and the use of birth control methods can prevent teenage pregnancy to some extent but to him, abstinence is the best means to prevent teenage pregnancy.

By Rev. Kwao’s estimation, the occurrence of teenage pregnancy in his local church is low but that of the community is high. Those who are caught up in teenage pregnancy were between the ages of 12-18 years. Additionally, he frankly said that the church has not contributed in any way towards the rise in teenage pregnancy in the Asikuma-Odoben-Brakwa District than those mentioned; he added.

Generally, the following measures have been put in place to prevent teenage pregnancy among the youth in the Church of Pentecost, Central Assembly- Breman Asikuma:

1. Pragmatic programmes are carried out for the adults to help them identify the physical, educational and spiritual needs of the youth.

2. Through the various departments of the Church, the members in the different age groups are schooled on their responsibilities towards God, man, society, family, and the church.
3. The church also organizes workshops for the youth and adults on vocational skills, income-generating ventures, and other livelihood ventures to empower them.

However, the church does not purposively go out into the community to educate them on teenage pregnancy.

The church does not have a solid stance on family planning and birth control. The church believes that children are a blessing from God. It holds the view that man was created in the image of God. Family planning birth control methods should be practised by married couples. Premarital sex is a sin against God, and it is sinful to admonish singles to practise it. Apostle Alexander Nana Yaw Kumi-Larbi, the General Secretary who serves on behalf of the church of Pentecost, stated to react to a counselor of the church said that “teenagers who cannot control their libido should be allowed to have safe sex using a condom.” “We wish to offer the following comments: sexuality has been abused over the years by man due to the fall. God in His wisdom has restricted sex to married couples” (Apostle Nana Yaw Kumi-Larbi Feb, 2017).

Church Discipline in the Apostolic Church of Ghana

Answering a question on how girls and boys who fall prey to the menace are treated, Rev. Kwao said, such persons, are placed under discipline. The biblical view or position of the Apostolic Church-Ghana on discipline and teenage pregnancy is based on I Corinthians 6:9. Discipline is an exercise of

scriptural authority for which the church is responsible. The aims of discipline are:

- a. That God may be honored
- b. That the purity and welfare of the church may be maintained.
- c. That those under discipline may be brought to repentance and restoration.
- d. To act as a deterrent
- e. To promote righteousness

“Any officer or member of the church shall, in the event of any misconduct, be subject to disciplinary measures ranging from admonition, rebuke, suspension, and in the extreme cases to ex-communication. Excommunication shall be administered by the National Council. Where any member is accused of any misconduct, the local presbytery shall constitute a committee to investigate the alleged misconduct, and the committee shall recommend to the Local presbytery, the disciplinary action they consider appropriate” (The constitution of the Apostolic Church –Ghana Article 26, 14/03/2007).

The church sees itself or herself as an entity that prepares people for the kingdom of God. Therefore, it disciplines those who involve themselves in premarital sex that results in teenage pregnancy, which may, if care is not taken, prevent them from entering into the Kingdom of God. They are disciplined in love, and are supported in prayer by the church. Sometimes the person on discipline is made to sit at the back seat of the church during service. He or She is not allowed to give testimony and dance. But if one has a position, he or she is relieved of his or her post. When one completes his or her period of discipline, a report is given to the congregation pastor as to the conduct of the person as

being satisfactory, after which the one is restored to fellowship (Personal communication with Rev. Padi Kwao, 15th April, 2019).

Babies who are born out of teenage pregnancy are considered as any other baby. They are seen as a gift from God. They are received, blessed by the pastor, when the purification days of the mother are over and brought to the church.

The church does not encourage teenage pregnancy in any way. Fornication is seen as a sin against God. (I Corinthians 6:18-19, I Corinthians 5:9-11, I Thessalonians 4:3-4). The sexual act between unmarried persons is fornication, and teenage pregnancy comes about as a result of fornication. As the church preaches and teaches about sin, repentance, forgiveness, holiness judgment, and many more, the teenagers and the youth are discouraged from sinning against God. This assists in preventing teenage pregnancy in the church and society.

According to Rev. Otoo, girls and boys who fall prey to the menace are treated well. The pastor, pastor's wife, or a counselor first invites the girl for counseling and prayers. So applies to the boy, if he is a member. After thorough exhortation, the one is called upon to serve discipline for some time. The period depends on the nature of the issue and cooperation of the teen mother or "husband" and the degree of the offense. A period of time is issued for the one to serve his or her discipline (normally from 3months to one year). If the one is a leader or does a specific job or role, he or she would be relieved of such a role to enable him to serve the period of discipline effectively. They are also allowed to fellowship with the church.

Per the church's constitution, the nature and purposes of discipline are to ensure the maintenance of purity and welfare of the church, and that those

under discipline may be brought to repentance and restoration. (Assemblies of God, Ghana Constitution and Bye-Laws 2013, section 67).

Babies who are born out of teenage pregnancy are regarded as “normal” babies just as babies who are born by married couples. The only difference is that babies of married couples are dedicated unto the Lord and presented with certificates, whereas those born out of teenage pregnancy are only prayed for by the Pastor (either with or without the leaders of the church). This is not discriminately but as a means to discourage teenage pregnancy or immorality and also intended to encourage members to get married before they give birth (Personal communication with Rev. Otoo 20th April, 2019).

Recommendations from Rev. Padi Kwao

The church, he said, must do everything to put such persons into fellowship with love, offer effective counseling and follow-ups should be offered to boys and girls who get affected by this menace. He also said the church must extend its outreach programmes to the community on teenage pregnancy and other health-related issues.

Parents must not discourage their children who fall prey to the menace of teenage pregnancy. Every resource should be gathered to take good care of the children who would be born out of teenage pregnancy. Parents must still show love for their children irrespective of the situation.

Teen mothers and fathers must encourage themselves in the Lord and avoid committing suicide or abortion. Every child has the right to live. Teen fathers must endeavour to work hard to cater for the teen mothers and child. Both teen mothers and fathers must be submissive and respectful to their parents. The challenge of teenage pregnancy must not put anyone’s life into

jeopardy. It is more advisable for young girls and boys to practise abstinence and wait till their time of marriage (Personal communication of Rev. Padi Kwao, 15th April, 2019).

According to Rev. Kwao, sex outside marriage is regarded as sin in the sight of God (I Corinthians 6:13, I Thessalonians 4:2-8). “As Christians, using condoms for sex outside marriage to prevent pregnancy or diseases is not a biblical option,” he emphasised.

Church of Pentecost’s Stance on Discipline

“The church will always encourage and advocate bringing up our children and youth to live according to biblical principles of abstinence and fidelity and would not teach on what ways could be found to avoid the harmful consequence of engaging in things that God forbids us to do in His word” (Apostle Nana Yaw Kumi-Larbi February, 2017).

The church, therefore, does not think that family planning and birth control methods are a means of controlling teenage pregnancy because it is sinful when practised outside marriage, let alone teenagers. It is detestable and should not be encouraged in any way (Personal Communication with Rev. Emmanuel Assah-Ewuku, 20th April, 2019).

Answering a question on other means that the church employs to fight the menace of teenage pregnancy other than those mentioned above, Rev. Assah-Ewuku said, the church has always supported, traditional, district assembly and governments policies on the wellbeing of the youth and the prevention of teenage pregnancy if only the measures or policies are holistically and biblically sound.

The church also has supported the Ghana Pentecostal and Charismatic Council (GPCC) financially and in a leadership role to implement its plans towards the protection of our Pentecostal distinctive and measures to see to the wellbeing of the youth and the state.

Within the Church of Pentecost, sex outside the marriage is sinful (I Corinthians 6:13-20, I Thessalonians 4:2-8). The church does not see teenage pregnancy as a good act, and it should not be encouraged in any way. There is too much at stake when young teenagers get pregnant. It is not only the individual who is disadvantaged, suffers, but the collateral damage to the family and the country is equally damning. The church upholds the practice of abstinence, and the stance of the church has gone a long way to reduce the rate of teenage pregnancy in the society. It makes the youth wait patiently until their time of marriage; Rev. Assah-Ewuku emphasized.

Girls and boys who fall prey to the menace are treated fairly and in accordance to the constitution of the church. In accordance to the disciplinary code of the church, an officer or member of the church who commits any of the following offences shall be disciplined by the principles of the church: “Habitually visiting questionable places, such as drinking bars, brothels, etc; Falling into open sin, e.g., drunkenness, adultery, fornication, stealing, etc; Embracing or spreading false doctrine; Divorcing wife or husband; Marrying more than one wife/husband; and a sister getting married to a married man” (Church of Pentecost ministers handbook 2018, section 14).

When it comes to sanctions, depending on the gravity of the offence committed, an offending officer or member;

a. May be publicly rebuked;

- b. May be suspended from playing a leading role in all church programmes and activities
- c. Shall not partake of the Lord's Supper
- d. Shall not minister or witness on the platform of the church etc.
- e. May be removed from office;
- f. May be stripped of his or her ordination into office through revocation by the appointing authority.
- g. In extreme cases, an offending member/Officer may be excommunicated from the church by the Executive Council on the recommendation of the Area Head and the Area Executive Committee (Church of Pentecost General Headquarters' Ministers Handbook 2018, section 14.2)

In the case of other sanctions in section 14.5 states as follows:

- 6. If any officer falls into an open sin and is suspended from membership and office, he or she may be reinstated to full membership, but not to his or her former position or office. Where reinstatement to officership becomes necessary, the Area or National Head may consult the chairman of the Church International Missions Director (IMD), as the case may be, before doing so.
- 7. A suspended member could be made an officer after restoration to full membership if found fit later, and in extreme cases, if he is to be called into full-time ministry, the Area or National Head shall consult the chairman.
- 8. Members suspended in the church for open sin: there is no formal memorial and burial service for those suspended from the church due to open sin, for example, abortion, suicide, burglary, etc. However, Pastors usually visit the bereaved family and encourage members to do likewise. (The Church of

Pentecost General Headquarters, Ministerial Handbook 2018, Article 14.5,7 and 9).

According to Rev. Assah-Ewuku, a member who is to serve a discipline is brought to the front of the congregation, and his or her offence is made known to the church as well as his or her period of suspension. He is prayed for by the leadership. In the event of restoration, the same procedure is used by making the congregation know that one's conduct is satisfactory. He is restored to fellowship after being prayed for.

The counseling unit also admonishes such persons on individual bases. The parents of such persons are also admonished to take good care of the teen mothers and their babies as well the teen fathers.

Recommendations from Rev. Assah-Awuku

1. The church must endeavor to reach out to the community with the gospel and social issues, especially teenage pregnancy and substance abuse.
2. Funds should be allocated for the uptake of teen mothers who would need financial and other assistance.
3. Parents are to be encouraged to take good care of teen mothers and fathers.
4. The teen mothers and fathers themselves are to be counseled to encourage them to pursue their ambitions after delivery.
5. The political parties, governments, and Non-governmental organizations should formulate workable policies regarding the incidence of teenage pregnancy as well as other youth and adult problems.
6. The district assembly, the district office of the Ghana Health Service and the Ghana Education Service must collaborate well to reach out to schools and

various communities to educate them on teenage pregnancy and other health-related issues.

7. Churches must come together to work out modalities to educate the youth and members of their Church on the menace of teenage pregnancy. The churches must educate their members on the essence of discipline and abstinence as well as running away from one church to the other because of discipline.

Role of the Churches in Curbing Teenage Pregnancy Through the Activities of Compassion International Projects

Out of the three selected Pentecostal churches, two of them, thus Assemblies of God Restoration Centre of Breman Jamra and Apostolic Church-Ghana, operate four Compassion International projects in their communities. The Apostolic Church-Ghana has two projects at Anwhiam and Benin, respectively. The Restoration Centre Assemblies of God operates the Progressive Life Child Development Centre of Breman Towoboase and Restoration A/G Child Development Centre at Breman Jamra.

Compassion International Ghana is a Christian non-governmental organization that seeks to release children from poverty. It partners with local churches to carry out their operations. It sees the local church as the institution that provides a safe environment where nature and ministry to children and their families can take place. The church provides the channel that directs the love and contributions of caring donors to needy children in the form of meaningful goods and services, which has a long way and means of changing lives. Their ministry consists of two major thrusts: the development of individual children (human development) and the development of local churches (Institutional development) aims at giving needy children the opportunity to education. It

applies formal and non-formal techniques to teach the children (National Curriculum of Compassion International Ghana, 2010).

The activities of the project are structured into four (4) categories, namely, physical, spiritual, socio-emotional, and cognitive. The socio-emotional deals with children's interaction with others and relate with people effectively. The physical aspect deals with the health of the beneficiaries. Good health lifestyles are taught, and the children are given the opportunity to access healthcare freely. The cognitive curriculum enables the implementing of church partners to have a variety of activities to help the children develop an interest in learning and develop their mental capacity. Spiritual curriculum affords the children to be developed spiritually in knowing God and become responsible adults. (National curriculum of Compassion International Ghana, 2010).

The four domains of the organization are based on Luke 2:52; "And Jesus increased in wisdom and stature, and in favour with God and man" (KJV). The girl child is given domestic support such as sanitary pads and toiletries. Both sexes are given food items and essential commodities to support them in their education and vocational skill training. The families of beneficiaries have access to other complementary interventions such as accommodation, financial support, skill and income-generating training as a means of alleviating them from poverty.

The families of beneficiaries are given family support, which is in the form of financial assistance to help improve upon the financial strength of the family. Some get substantial amounts that buys corn and flour mill, purchase viable cocoa farms on "cocoa" Awowa (thus on lease bases) for a considerable number of years. Some enter into commercial car business and trading. Some

also engage themselves in commercial farming, such as cultivating cocoa, oil palm, rubber tree planting, and coconut farming. The proceeds from such projects boost the financial capacity of the families of beneficiaries. Beneficiaries have other packages like birthday gifts, Christmas gifts, and other incentives at the discretion and benevolence of sponsors.

Through the complementary interventions of Compassion International Ghana, some of the communities in the catchment areas of the local projects have benefited from social facilities like mechanized boreholes, school buildings projects, ultra-toilet facility, information communication and technology (ICT) centres, fumigation exercises, distribution of free mosquito nets, student mattresses to mention but a few. All these go a long way to improve upon the lives of beneficiaries and their families as well as the communities (Personal Communication with Rev. Padi Kwao and Rev. Stephen Otoo 15th April, 2019).

Beneficiaries and caregivers are given education on health, parenting, children right, and protection, among other topics of interest. The issue of child protection is one of the programmes that have helped in the curbing of teenage pregnancy. Some persons who abused the female beneficiaries have been arrested and placed before the Law courts for the necessary sanctions.

It must be stated that besides the four main projects that are directly operated by the selected Pentecostal churches, there are four other projects in the district that are affiliated to the Assemblies of God Ghana and the church of Pentecost. Thus a total of eight projects are being operated by the three selected Pentecostal churches in the district. The breakdown of the project and its beneficiaries are as stated below.

Table 8: Statistics of Compassion International Ghana projects affiliated to Pentecostal Churches in the Asikuma-Odoben-Brakwa District, 2019.

Project Name Projects	Location	Male Beneficiaries	Female Beneficiaries	Total	Beneficiaries in Basic Sch.	Beneficiaries S.H.S	Beneficiaries in Vocational training	Beneficiaries in Tertiary	SHS Completed Graduates
Restoration A/G child development Centre	Breman	155	139	294	155	108	12	5	0
Progressive life child development centre	Jamra								
Faith child development centre	Breman	150	160	310	252	46	6	0	0
Good News Child development centre	Towboase								
Shiloh Child development centre	Breman	129	144	273	160	94	3	2	14
Jehovah Nissi child development centre	Brakwa								
Good shepherd child development centre	Breman	115	168	283	178	51	19	4	14
F.D walker child development centre	Anhwiam								
Total		1,138	1,201	2,339	1558	524	77	20	39

Source: Compassion Project directors reports September, 2019 Asikuma-Odoben-Brakwa District.

However, there are four other Compassion projects in the district that are not affiliated to Pentecostal churches but orthodox and charismatic churches. They also have about one thousand beneficiaries.

On the other hand, the operation of the Eight (8) projects by the three selected Pentecostal churches in the Asikuma-Odoben-Brakwa District has helped to curb the incidence of teenage pregnancy among the youth in the district. A total of two thousand three hundred and thirty-nine (2,339) children are beneficiaries of the privileges offered by the projects. Through the activities of the projects, One thousand one hundred and thirty-eight (1,138) females, most of whom are in their teen ages, are not pregnant as of September 2019. A total of 1,558 beneficiaries are at the Basic Education level, whereas five hundred and twenty-four (524) are in Senior High School. Seventy-seven (77) are into vocational training. Thirty-nine (39) of the beneficiaries are Senior High school graduates who are awaiting entry into tertiary institutions. Twenty of the beneficiaries are in the Tertiary Institutions at various places in the country. The beneficiaries of these projects are between the ages of 6 and 21.

The Assemblies of God operates four basic private schools in the district. These schools are, Restoration Academy at Breman Jamra, Faith Academy at Breman Brakwa, Shiloh International School at Breman Asikuma and Jehovah Nissi Preparatory School at Breman Kuntanase. Besides, the school curriculum, the church uses guidance and counseling, devotional materials, school worship and retreats, speech and prize-giving day to teach in the pupils' christian moral values and to set achievable goals in life. Such praiseworthy strategies tend to preoccupy students such that they have less time to engage in any unprofitable venture.

The three selected Pentecostal churches are really contributing towards the curbing of teenage pregnancy in the Asikuma-Odoben-Brakwa District through teaching, evangelism, counseling, prayers, financial supports, the activities of compassion projects and the establishment of Basic School. Having looked at the role of the three Pentecostal churches in the curbing of teenage pregnancy and the views of the Senior pastors involved, we would move on to the next chapter, which would outline a detailed presentation and analysis of data.



CHAPTER FOUR

DATA COLLECTION AND ANALYSIS

Introduction

This chapter considers the analysis of the data. It uses descriptive statistics, simple percentage and frequencies to describe the data which have been collected. It was mainly based on the questionnaires administered to the respondents. The analysed data are presented in themes such as; the demographic characteristics of the respondents, causes of teenage pregnancy measures to prevent teenage pregnancy, and measures churches use to curb teenage pregnancy.

Demographic Characteristics of the Respondents

This section exhibits information on the background characteristics of the respondents, that is, sex, age, marital status, educational status, religion, average monthly income, and household size.

Table 9: Age group of the respondents

Age group	Frequency	Percentage
19 years and below	34	16.8
20-36 years	118	58.4
37-45 years	25	12.4
46 years and above	25	12.4
Total	202	100

Source: Field survey (2019)

From Table 9, out of the 202 respondents, 118 respondents representing 58.4% were between 20-36 years. Twenty-five respondents, which represent 12.4%, were between the ages of 37 – 45 years, while 34 (16.8%) of the respondents were 19 years and below. This means that majority of the

respondents who partook in this study were between the age barrack of 20-36 years. These people have passed their teenage stage and had much information on teenage pregnancy. Therefore, they were able to provide the necessary information and responses adequately for the study.

Table 10: Educational status of the respondents

Educational status	Frequency	Percentage
JHS	36	17.8
SHS	109	54
First degree	49	24.3
Masters	8	8.9
Total	202	100

Source: Field survey (2019)

On the educational background of the respondents as presented by Table 10 above, 109 (54%) had attained senior high education, followed by first degree 49 representing 24.3% and masters degree holders 4 representing 8.9%. This means that majority of the respondents have had a formal education and therefore were likely to be aware of teenage pregnancy issues. They were also able to read and respond to the demands of the questions asked in the study.

Table 11: Marital status of the respondents

	Frequency	Percentage
Single	110	54.5
Married	88	43.6
Divorce	4	2
Total	202	100

Source: Field survey (2019)

On the marital status of the respondents, Table 11 shows that 110 (54.5%) of the respondents were not married (single), 88(43.6%) of the respondents were married while 4(2%) were divorced. This means that majority of the respondents were not married.

Table 12: Denomination of the respondents

	Frequency	Percentage
Apostolic	56	27.7
Pentecost	79	39.1
Assemblies of God	57	28.2
Other	10	5
Total	202	100

Source: Field survey (2019)

Table 12 shows the various denomination of the respondents. It depicts that 79 respondents worship with Pentecost, followed by 57 who were members of Assemblies of God, and 56 of the respondents were with Apostolic. This means that almost all the respondents worship at a Pentecostal church. These denominations (Apostolic, Pentecost, and Assemblies of God) were dominantly in the Asikuma-Odoben-Brakwa community.

Table 13: Respondents' position at church

	Frequency	Percentage
Senior Pastor	3	1.5
Associate Pastor	1	0.5
Elder	17	8.4
Church Member	156	77.2
Teen Mother	25	12.4
Total	202	100

Source: Field survey (2019)

Table 13 shows that the majority of the respondents 156(77.2%) were church members, followed by teen mothers (25, 12.4%), elders (17, 8.4%), while few were senior pastors (3, 1.5%) and an associate pastor.

Summing up, this means that almost all the categories of people in the church were captured in soliciting their views on the causes, prevention, and the role of the church in preventing teenage pregnancy. This aided the researcher to gather adequate and relevant information needed to achieve the set objectives of the study.

Causes of Teenage Pregnancy

This section presents findings on the major causes of teenage pregnancy among the youth of Asikuma-Odoben-Brakwa. Data were gathered from all the various respondents on the causes of teenage pregnancy, and the results are presented in Table 14.

Table 14: Causes of Teenage Pregnancy

Causes	Agree	Disagree
Lack of sex education	190(94)	12(6)
Poor parenting	187(92.6)	15(7.4)
Poverty	177(87.6)	25(12.4)
Peer Influence	195(96.5)	7(3.5)
Mass Media	181(89.6)	21(10.4)
Curiosity	179(88.6)	23(11.4)
Relationship Affairs	168(83.2)	34(16.8)
Breakdown of Culture	151(74.7)	51(25.3)
Self Esteem	143(70.8)	59(29.2)
Contraceptives Ignorance	127(62.9)	75(37.1)
Forced unprotected Sex	143(70.8)	59(29.2)

Source: Field survey (2019)

On the causes of teenage pregnancy, Table 14 shows that the majority of the respondents agreed that “peer influence” was a major factor regarding the causes of teenage pregnancy (96.5%); however, 3.5 percent had a different opinion; they disagreed. Also, lack of sex education (94%), poor parenting (92.6), mass media (89.6), and curiosity (88.6) were the main causes of teenage pregnancy. A considerable number of the respondents somehow agreed that self-esteem (70.8%), forced unprotected sex (70.8%), and ignorance on the use of contraceptives (62.9%) were other factors that causes teenage pregnancy. These were confirmed by all the three pastors of the selected churches.

The study points out that peer influence is the major causal factor of teenage pregnancy in the study area. The study confirms the views of Yeboah (2012) that teenagers who are pressurised into early sex by peers might lack the skills to negotiate what is best for them.

Measures to Prevent Teenage Pregnancy

This section focused on the effective measures that could be employed to prevent teenage pregnancy among the youth of Asikuma-Odoben-Brakwa. Data were gathered from all the various respondents on the measures to prevent teenage pregnancy, and the results are presented in Table 15.

Table 15: Measures to Prevent Teenage Pregnancy

Preventive measures	Agree	Disagree
Removal of child support	63(31.2)	139(68.8)
Government to stop providing abortion services	130(64.4)	72(35.6)
Television to stop playing porn movies and sex related movies	183(90.6)	19(9.4)
Girls should be discouraged by parents to date when they are still young	175(86.6)	27(13.4)
Implementation of sex programs in schools, community and television	188(93.1)	14(7)
Increase in the proper use of contraceptives	113(55.9)	89(44.1)
Effective upbringing of children by parents and guardians	185(91.6)	17(8.4)
Proper education on cultural values	195(96.5)	7(3.5)
Proper regulations of the organization of jams, nite club activities and other social gatherings that promotes immorality	149(73.8)	53(26.2)

Source: Field survey (2019)

With regards to measures to prevent teenage pregnancy, Table 15 shows that proper education on cultural values (96.5%), implementation of sex

programmes in schools, community and television (93.1%), television to stop playing porn movies and sex-related movies (90.6%), effective upbringing of children by parents and guardians (91.6%) and girls should be discouraged by parents from dating when they are still young (86.6%). Moreover, few of the respondents agreed that proper regulations of the organization of jams, nite club activities and other social gatherings that promotes immorality among the youth, Government to stop providing abortion services and Increase in the appropriate use of contraceptives. On the other hand, the majority of the respondents (86.6%) disagreed that the removal of child support was not a measure to prevent teenage pregnancy.

This study confirms the assertion of Franklin and Corcoran (2000) that prevention efforts need to be comprehensive. Effective prevention programmes to address motivational issues and provide hope, opportunity, information, and skills. These prevention programmes could develop employment-related skills and provide family life education and comprehensive adolescent health services, including assistance in family planning and sex education. Similarly, Twum (2003) suggested that young people must be provided with the necessary sex and reproductive health education, also called family life education. Appiah (2016) suggested that a combination of sex education and clinic diminishes the rate of teen pregnancy. Akwasi (2015) added by suggesting that adolescent Children should be introduced and educated on the use of contraceptives.

Measures Churches use to curb Teenage Pregnancy

This section focused on the role of the church in curbing teenage pregnancy. It looked at the effective measures ensured by the church to prevent teenage pregnancy among the youth of Asikuma-Odoben-Brakwa. Data were

gathered from all the various respondents on the measures to prevent teenage pregnancy, and the results are presented in Table 16.

Table 16: Measures Churches use to curb Teenage Pregnancy

Measures	Agree	Disagree
Address the congregation about preventing teen pregnancy and related issues	194(96.1)	8(3.9)
Speak openly to teens and parents about sex and related issues	193(95.5)	9(4.5)
Hosts youth or teen-focused activities that address preventing teen pregnancy and related issues	196(97)	6(3)
Partners with other agencies and organizations to address teen pregnancy and related issues	190(94)	12(6)
Provides teens and parents with tools, resources and information regarding teen pregnancy prevention	177(87.6)	25(12.4)
Equips young people to articulate a biblical view on teen pregnancy prevention	197(97.5)	5(2.5)
Involve sex education during bible studies	174(86.1)	28(13.9)
Band youth with pregnancy at church	57(28.2)	145(71.8)
Abandon youth camp at night	82(40.6)	120(59.4)

Source: Field survey (2019)

Table 16 shows the various approaches and measures taken by the church in preventing teenage pregnancy. It shows that equip young people to articulate a biblical view on teen pregnancy prevention (97.5%), hosts youth or

teen-focused activities that address preventing teen pregnancy and related issues (97%), address the congregation about preventing teen pregnancy and associated issues (96.1%), speak openly to teens and parents about sex and related issues (95.5%) and partners with other agencies and organizations to address teen pregnancy, and related problems (94%) were the main measures to curb teenage pregnancy.

Surprisingly, the majority of the respondents disagreed that banding youth with pregnancy at church (71.8%) and abandoning youth camp at night (59.4%) were not effective measures that the church employed in preventing teenage pregnancy. On banding the youth with pregnancy, most of the youth explains that sometimes, this practice even leads to teenage pregnancy since it deters most of the respondents from the church.

Teen Mothers Analysis

Out of the total Respondents of 202, 25 were teen mothers. Tables 17 to 20 show the residence/communities, age distribution, educational level, and denominations of teen mothers.

Table 17: Age Distribution

AGE	FREQUENCY	PERCENTAGE (%)
15	5	20
15½	1	4
16	3	12
16½	1	4
17	9	36
18	6	24
Total	25	100

Source: Field Survey (2019)

Table 17 shows the ages of the teen mothers of which 9 of them were 17years old representing 36%, six persons were of the age 18 years thus 24%, followed by five persons who were of 15years old representing 20%, 3 of the mothers were 16years old which represents 12%. One person each was of 16½ and 15½ years, representing 4%, respectively.

Table 18: Residence/ community of teen mothers

COMMUNITY	FREQUENCY	PERCENTAGE (%)
Breman Jamra	12	48%
Breman Asikuma	8	32%
Breman Fosuansa/ Asantem	2	8%
Breman	3	
Towoboase		12%
Total	25	100%

Source: Field Survey (2019)

Breman Asikuma is the capital of the Asikuma-Odoben-Brakwa District. Breman Jamra and Fosuansa/Asantem are towns in the district, whereas Breman Towoboase is a village. Twelve (12) of the teen mothers were from the Breman Jamra community representing 48%. Eight thus 32% were from the Breman Asikuma community. Three (3) of the teen mother resided in Breman Towoboase, representing 12%, whereas two (2) of them representing 8% were from the Breman Fosuansa/Asantem.

Table 19: Educational levels of teen mothers

EDUCATIONAL LEVEL	FREQUENCY	PERCENTAGE (%)
J.H.S Leavers	10	40%
J.H.S dropout	6	24%
Vocational	1	4%
S.H.S	6	24%
S.H.S dropout	2	8%
Total	25	100%

Source: Field Survey (2019)

Table 20: Denomination of teen mothers

DENOMINATION	FREQUENCY	PERCENTAGE (%)
Assemblies of God	6	24%
The Church of Pentecost	4	16%
Apostolic Church-Ghana	4	16%
Methodist Church of Ghana	2	8%
Christ Apostolic Church	2	8%
Deeper Christian life ministry	1	4%
Roman Catholic Church	1	4%
Strong Tower Ministry	1	4%
Twelve Apostles	1	4%
No denomination	1	4%
Total	25	100%

Source: Field Survey (2019)

Out of the twenty-five (25) teen mothers interviewed, Assemblies of God had the highest respondents (6) representing 24% followed by Church of Pentecost and Apostolic Church-Ghana with four (4) respondents each thus

16% each respectively. Christ Apostolic church had two (2) respondents, which represents 8% each. On the other hand, all the following churches had one respondent, which represent 4% each, Deeper Christian Life Ministry, Twelve Apostles, Strong Tower Ministry, Roman Catholic Church, and No denomination. Sixteen (16) of the twenty-five (25) teen mothers belong to classical Pentecostal Churches, thus 64%, three (3) thus, 13% were from the Orthodox Churches whereas six (6) thus 24% were from other Churches.



GHANA EDUCATION SERVICE (GES) ASIKUMA –ODOBEN-BRAKWA DISTRICT STATISTICS, 2019.

Table 21 below shows the occurrence of teenage pregnancy in Public Basic Schools in the Asikuma-Odoben-Brakwa district for 2019.

Table 21: Asikuma-Odoben-Brakwa District Teenage Pregnancy records, 2019

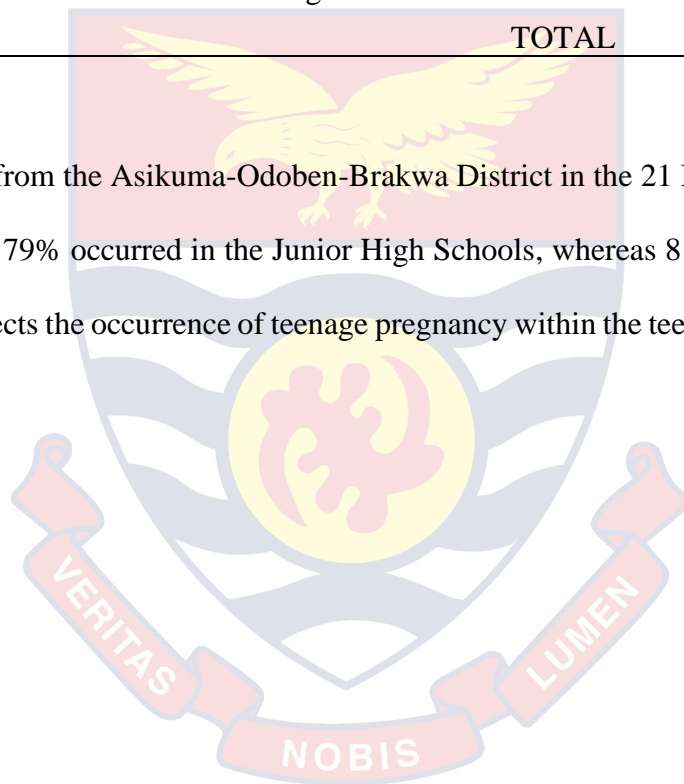
Name of Institution	Status	Levels	Locality	P4 Preg	P5 Preg	P6 Preg	J1 Preg	J2 Preg	J3 Preg
ASIKUMA AHMADIYYA BASIC SCHOOL	Public	Kg/Prm/JHS	Urban		1				
ASIKUMA PRESBYTERIAN BASIC SCHOOL	Public	Kg/Prm/JHS	Urban					1	
KUNTANASE METHODIST J.H.S	Public	JHS	Rural					2	2
ATU-DAUDA D/A KG/PRIMARY	Public	Kg/Prm	Rural	1					
ASIKUMA METHODIST 'B' BASIC SCHOOL	Public	Kg/Prm/JHS	Urban					1	
ASAREKWAA A.F ISLAMIC KG/PRIMARY	Public	Kg/Prm/JHS	Urban						1
BRAKWA PRESBYTERIAN 'A&B' KG/PRIMARY	Public	Kg/Prm	Urban		1				
NANKESE D/A BASIC	Public	Kg/Prm/JHS	Urban						1
ODOBEN METHODIST BASIC SCHOOL	Public	Kg/Prm/JHS	Urban						2
BENIN CATHOLIC 'A' BASIC	Public	Kg/Prm/JHS	Rural					1	3
JAMRA ST. AUGUSTINES ANGLICAN BASIC SCHOOL	Public	Kg/Prm/JHS	Urban					1	
BOSOMASE D/A BASIC	Public	Kg/Prm/JHS	Rural						2
EYIPEY CATHOLIC BASIC SCHOOL	Public	Kg/Prm/JHS	Rural						2
KUNTANASE SALVATION ARMY BASIC SCHOOL	Public	Kg/Prm/JHS	Rural				1		
KWANAN D/A PRIMARY	Public	Kg/Prm/JHS	Rural			1			
YENKUKWAA PRESBY. KG/PRIMARY	Public	Kg/Prm/JHS	Rural					3	

Table 21 continued

BOAME NKWANTA D/A KG/PRIMARY	Public	Kg/Prm/JHS	Rural			2	1		
KUNTANASE PRESBYTERIAN BASIC	Public	Kg/Prm/JHS	Rural		1	2			
AMANFOPONG PRESBY BASIC	Public	Kg/Prm/JHS	Urban			2			
AMANOR PRESBY KG/PRIMARY	Public	Kg/Prm	Rural		2				
KOKOSO CATHOLIC KG/PRIMARY	Public	Kg/Prm/JHS	Rural	1	1				
TOTAL				1	3	4	2	15	14

Source GES A.O.B district Record (2019).

The 2019 statistics of the teenage pregnancy from the Asikuma-Odoben-Brakwa District in the 21 Basic Schools indicates that a total of 39 cases were recorded. Thirty-one cases representing 79% occurred in the Junior High Schools, whereas 8 cases were recorded in Upper Primary from 4 to Primary 6, which represents 21%. This reflects the occurrence of teenage pregnancy within the teenage year during Junior high school education.



Statistics of Teenage Pregnancy in the Asikuma-Odoben-Brakwa District Health Directorate for the Period of 2017 and 2018

Table 22: District Health Directorate's Statistics on Teenage Pregnancy for 2017 and 2018.

Organisation unit / Data	Antenatal mother at registration - 10-14	Antenatal mother at registration - 15 - 19	TOTAL TEENAGE PREGNACIES - 2018	Antenatal mother at registration - 10-14	Antenatal mother at registration - 15 - 19	TOTAL TEENAGE PREGNANCY 2017
Amanfopong CHPS		73	73	2	78	80
Fosuansa CHPS		3	3		4	4
Mante CHPS	1	20	21		8	8
Anhwiam CHPS		27	27		20	20
Sowotuom CHPS		3	3		3	3
Asikuma Health Centre		50	50	3	53	56
BOSOMASE CHPS		5	5			0
Jamra CHPS	1	49	50	1	47	48
Kawanopado CHPS		7	7		7	7
Our Lady Of Grace Hospital	2	192	194	1	153	154
Amoanda CHPS		14	14		13	13
Ayipey CHPS	1	4	5		14	14
Bedum CHPS		38	38		28	28
Ocran Maternity Home	1	5	6		3	3
Brakwa Health Centre	1	52	53	1	46	47
Domeabra CHPS Zone		20	20	1	14	15
Kuntanase CHPS	2	38	40	1	26	27
Nankese Sanford International Clinic		14	14	1	14	15
Nkwanta-Nando CHPS	1	13	14		4	4
Odoben Health Centre		88	88	2	84	86
Tweredua CHPS		1	1			0

Source: A.O.B District Health Directorate 2017 and 2018.

Out of the twenty (21) health facilities in the Asikuma-Odoben-Brakwa District, the areas under study, thus Asikuma and Jamra communities recorded a high incidence of teenage pregnancy.

Table 23: District Health Directorate’s Statistics on Teenage Pregnancy for 2017 and 2018- Area Grouping within Asikuma-Odoben-Brakwa District

Area	Health Facility/Community	2018	Total for the Area, 2018	2017	Total for the Area 2017
ODOBEN AREA	Odoben health Centre	88		86	
	Domeabra CHPS	20	137	15	109
	Nankese Sanford Int. Clinic	14		4	
	Tweredua CHPS	1		0	
Anwhiam Area	Nkwantanando CHPS	14		4	
	Anwhiam CHPS	27	30	20	23
	Sowotoum CHPS	3		3	
Asikuma Central (Township)	Asikuma Health Centre	50	244	56	210
	Our Lady of Grace Hospital	194		154	
Asikuma West (Outskirts)	Ayipty CHPS	5		14	
	Amoanda CHPS	14	63	13	58
Kuntanase Area	Bedum CHPS	38		28	
	Ocran Maternity home	6		3	
	Kuntanase CHPS	40	45	27	27

Table 23 continued

	Bosomase CHPS	5	0	
Jamra Area	Kawanopado CHPS	7	7	
	Jamra CHPS	50	48	67
	Mante CHPS	21	8	
	Fosuansa CHPS	3	4	
	Total		600	494

Source: A.O.B District Health Statistics Area Groupings for 2017/2018

Per the field survey, out of the twenty-five (25), teen mothers interviewed, twelve (12) representing 48% were from the Breman Jamra Community (From Table 18), followed by Breman Asikuma Community with eight teen mothers, which represents 32%. This suggests that there is a high incidence of teenage pregnancy in the Jamra community, followed by Breman Asikuma. The remaining two communities, Breman Towoboase three (3) teen mothers, representing 12% and Fosuansa/Asantem two (2) teen mothers, representing 8%) have less incidence of teenage pregnancy per the field survey.

With reference to the age distribution of the teen mothers (Table 17), nine (9) out of the teen mothers were 17years (36%) followed by 6, who were of age 18 (representing 24%) and 5 of the teen mothers were of 15 years (20%). The majority of the teen mothers were between 15 to 18 years at a period of Junior High to early Senior High Education.

From Table 19, Sixteen (16) teen mothers (representing 64%) were J.H.S leavers/dropouts. This suggests that peer influence, poverty, lack of sex education, among others, might have influenced the teenage mothers. Probably,

those in SHS can reason objectively hence the lesser percentage 32% (SHS 24%, SHS dropout 8%)

. Taking into consideration the Ghana Education Service, Asikuma-Odoben-Brakwa District statistics for 2019, (Table 23), out of the twenty-one (21) basic schools sampled the majority of the incidence of teenage pregnancy was recorded in the Junior High School level, 31 out of the total of 39 cases for 2019. This is also an area for further research.

The Asikuma-Odoben-Brakwa District Health Director's report for 2018 and 2017 was grouped into an area based on the geographical setting of the district to ascertain the areas where the incidence of teenage pregnancy occurred most. Table 24 exhibits the various six (6) Areas; thus, Odoben, Anhwiam, Asikuma Central, Asikuma West, Kuntanase Area, and Jamra Area.

It emerged that out of the 600 cases recorded in 2018, Asikuma Central (township) recorded the highest cases of teenage pregnancy (244 cases). In 2017 it was the highest with 210 cases out of 494 cases recorded. Odoben area emerged as the second-highest area with teenage pregnancy cases. In 2018, out of 600 cases, 137 cases were recorded. The Area was also the second in 2017, with 109 cases out of 494 cases.

The third on the scale was Jamra area with an incidence of 81 (out of 600) for 2018 and 67 for 2017, (out of 494 cases recorded). Asikuma west, Kuntanase and Anhwiam Areas emerged as 4th, 5th, and 6th, respectively.

Per the field survey research done, the Jamra community came out with the highest teen mothers, followed by Asikuma. This might be due to the snowball technique approach used for the survey. In effect, this research has added to Knowledge by identifying the various areas in the district that have

high and low incidence of teenage pregnancy. The exact causes and factors that have contributed to that is an area for further research.



CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

In this chapter, the significant findings and the valuable information obtained or achieved by this study have been carefully summarised. The chapter by far is made up of the summary of the research, and the conclusion drawn from this study. Also, important recommendations for further studies were given from the analysis of the available data in this study.

Summary of the Study

The study was to assess the role of selected Pentecostal churches in curbing teenage pregnancy among the youth in the Asikuma-Odoben-Brakwa District in the Central Region. The study employed a descriptive survey design. The study targeted selected Pentecostal churches in the Asikuma-Odoben-Brakwa district in the Central Region of Ghana. A simple random sampling technique was used to select 180 respondents from the three churches, while purposive sampling was used to select pastors, and snowballing was adopted in identifying twenty-five (25) teenage mothers. The study had 98.5% response rate (202 out of 205). The questionnaire was the main data collection instrument. The primary data (questionnaire) that were retrieved from the field was analysed through the use of quantitative tools. The Statistical Product for Service Solution version 21 was used to organise and analysed using descriptive statistics such as frequencies and percentages.

Major Findings

Demographic Characteristics of the Respondents

On ages of the respondents, 118 respondents representing 58.4% were between 20-36 years. Twenty-five respondents, which represent 12.4%, were between the ages of 37 – 45 years, while 34 (16.8%) of the respondents were 19 years and below. This means that majority of the respondents who took part in this study were between the ages of 20-36 years. On the educational background of the respondents, the majority of the respondents have had a formal education such as secondary and tertiary. More than half of the respondents were not married. On the various denomination of the respondents, 79 respondents worship with Pentecost, followed by 57 who were with Assemblies of God, and 56 of the respondents were with the Apostolic. The majority of the respondents 15(77.2%) were church members, followed by teen mothers (25, 12.4%), Elders (17, 8.4%), while few were senior pastors (3, 1.5%) and an associate pastor.

Causes of Teenage Pregnancy

Majority of the respondents agreed that peer influence (96.5%), lack of sex education (94%), poor parenting (92.6), mass media (89.6) and curiosity (88.6) were the main causes of teenage pregnancy while others somehow agreed that self-esteem (70.8%), forced unprotected sex (70.8%) and contraceptives ignorance (62.9%) were other factors that causes teenage pregnancy.

Measures to Prevent Teenage Pregnancy

Factors such as proper education on cultural values (96.5%), implementation of sex programmes in schools, community and television (93.1%), television to stop playing porn movies and sex-related movies

(90.6%), effective upbringing of children by parents and guardians (91.6%) and girls should be discouraged by parents to date when they are still young (86.6%). Few of the respondents agreed that proper regulations of the organization of jams, night club activities and other social gatherings that promotes immorality, the government should stop providing or subsidizing abortion services and Increase in the proper use of contraceptives. However, the majority of the respondents (86.6%) disagreed that the removal of child support was not a measure to prevent teenage pregnancy.

Measures Churches use to curb Teenage Pregnancy

The various approaches and measures taken by the church in preventing teenage pregnancy included; equipping young people to articulate a biblical view on teen pregnancy prevention (97.5%), hosts youth or teen-focused activities that address preventing teen pregnancy and related issues (97%), address the congregation about preventing teen pregnancy and related issues (96.1%), speak openly to teens and parents about sex and related issues (95.5%) and partners with other agencies and organizations to address teen pregnancy and related problems (94%) were the main measures to curb teenage pregnancy. Nevertheless, the majority of the respondents disagreed that banning youth with pregnancy at church (71.8%) and abandoning youth camp on the night (59.4%) were not effective measures that the church employed in preventing teenage pregnancy.

Conclusions

The descriptive study was well conducted through appropriate methodology, and the following inferences were made over the findings based on the objectives of the study

Causes of teenage pregnancy include peer influence, lack of sex education, poor parenting, mass media and curiosity, self-esteem, forced unprotected sex, and contraceptives ignorance.

Factors such as proper education on cultural values, implementation of sex programmes in schools, community, and television, television to stop playing porn movies and sex-related movies, the effective upbringing of children by parents and guardians and girls should be discouraged by parents to date when they are still young, proper regulations of the organization of jams, nite club activities and other social gatherings that promote immorality, government to stop providing abortion services and increase in the appropriate use of contraceptives were the measures to prevent teenage pregnancy.

The various approaches and measures taken by the church in preventing teenage pregnancy included; equipping young people to articulate a biblical view on teen pregnancy prevention, hosts youth or teen-focused activities that address preventing teen pregnancy and related issues, address the congregation about preventing teen pregnancy and related issues, speak openly to teens and parents about sex and related issues and partners with other agencies and organizations to address teen pregnancy and related issues were the main measures to curb teenage pregnancy.

Recommendations

Based on the findings and outcomes drawn, the following recommendations are put forward for consideration:

The Pentecostal churches should find other measures disciplining teenagers rather than banning people who engage in teenage pregnancy.

The Pentecostal churches should motivate teenagers to study the Bible and read other Christian literature to prevent them from engaging in activities that lead to teenage pregnancy.

Parents and community leaders should ensure and promote cultural values among the youth.

The government, in collaboration with the National Information Authority and Ghana Broadcasting Agency, should effectively regulate programmes on the television to prevent pornographic materials being display in the day and early evenings.

The church must purposively launch out with an extensive crusade on the Youth in the communities on the avoidance of teenage pregnancy.

The church must, as a matter of urgency, assist the society with the provision of social interventions like educational supplies and sponsorship, domestic supplies such as toiletries and sanitary pads, boreholes, and organization of educative programmes as an effort to combat the incidence of teenage pregnancy.

The church must institute effective measures to render support to teen mothers in communities to take proper care of their babies. This would go a long way to complement the efforts of the Maternal and Child Health Care Unit of the Ministry of Health in taking care of babies.

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APPENDIX A

INTERVIEW GUIDE FOR SENIOR PASTORS

The Role of Selected Pentecostal Churches in curbing teenage pregnancy among the people of Asikuma-Odoben-Brakwa District of Ghana.

The research is for academic purpose. Your opinions on this topic would be beneficial in drawing a successful conclusion. The following are statements and their responds. Please kindly read and tick the appropriate response. Brief comment where applicable are welcome. All information provided would be handled as confidential as possible.

SECTION A: Socio: Demographical Characteristics

1. Age 30 – 35 36 – 45 45 and above
2. Highest Educational Qualification?
 Elementary/SSCE Diploma Masters Ph.D
3. Marital Status
 Single Married Divorce
4. Denomination
 Apostolic Pentecost Assemblies of God
5. Duration in Ministry
 1 – 5 years 6 – 10 years 11 – 15 years 16 year and above

SECTION B: Causes and Prevention of Teenage Pregnancy

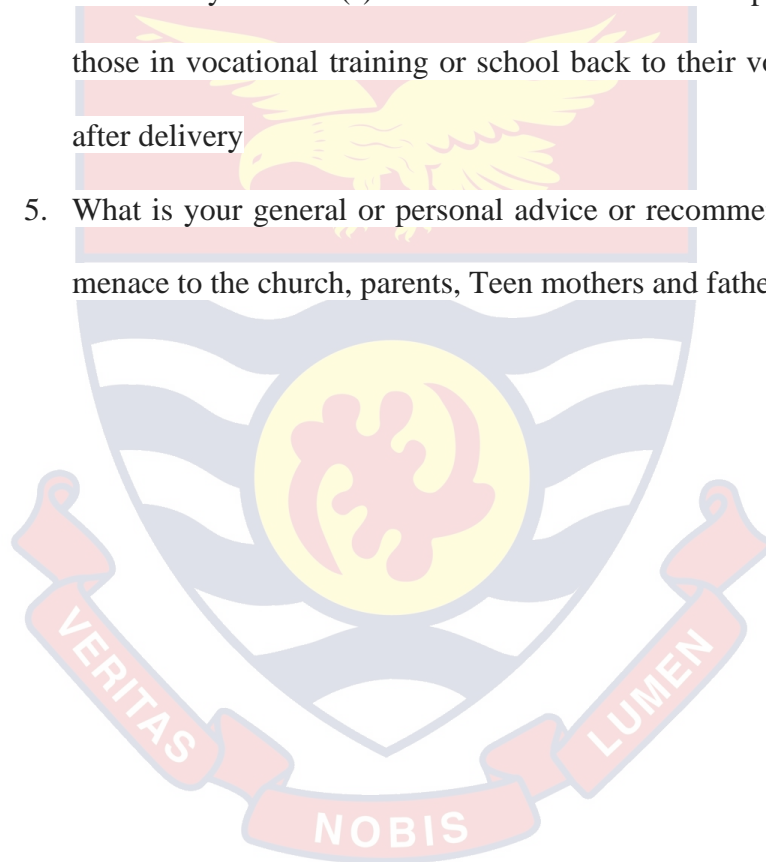
1. What do you think make girls get involved in early sex?
2. What accounts for high teenage pregnancy in the Asikuma-Odoben-Brakwa District?
3. By your own estimation, what is the occurrence/rate of teenage pregnancy in
 - a) Your church Low High Very High
 - b) This community Low High Very High
4. What age group has a high incidence of teenage pregnancy?
 10 – 14 years 15 – 18 year 18 – 20 years
5. In your estimation, do you think the church in a way has contributed to the rise in Teenage pregnancy in this community?

MEASURES TO PREVENT TEENAGE PREGNANCY

1. What are some of the measures that the church has put in place to prevent teenage pregnancy among the youth.
2. What are some of the measures that the church has put in place to equip the adults and parents to combat the menace of teenage pregnancy?
3. Does the church reach out to the people in the community to educate them in teenage pregnancy? How often does this occur?
4. What is the church's position on family planning and birth control? Does it help in preventing teenage pregnancy?
5. What other means does the church employ to fight the menace other than those mentioned in this interview.

SECTION C: The Churches Curbing OF Teenage Pregnancy

1. What is biblical view/position of the church on teenage pregnancy? In what means does it contribute to the prevention of the menace.
2. How are girls and boys who fall prey to the menace treated? Is there any means of their restoration?
3. How are babies born out of the menace regarded or treated?
4. Is there any measure(s) or means that the church employs to either put those in vocational training or school back to their vocation or school after delivery
5. What is your general or personal advice or recommendation(s) on the menace to the church, parents, Teen mothers and fathers?



APPENDIX B

RESEARCH QUESTIONNAIRE
THE ROLE OF SELECTED PENTECOSTAL CHURCHES IN
CURBING TEENAGE PREGNANCY AMONG THE PEOPLE OF
ASIKUMA-ODOBEN-BRAKWA DISTRICT OF GHANA

The research is for academic purpose. Your opinions on this topic would be beneficial in drawing a successful conclusion. The following are statements and their responds. Please kindly read and tick the appropriate response. Brief comment where applicable are welcome. All information provided would be handled as confidential as possible.

Section A: Personal Data

1. Age
 20-36 37- 45 46 and Above
2. Educational Level
 SHS First Degree Masters
3. Marital Status
 Single Married Divorce
4. Denomination
 Apostolic Pentecost Assemblies of God
 Other
5. Position at Church
 Senior Pastor Associate Pastor Elder Other

 Church Member

Section B: Causes and Prevention of Teenage Pregnancy

Tick the options applicable to you with Strongly Agreed (SA), Agreed (A), Strongly Disagreed (SD) and Disagreed (DA)

S/N	Causes of Teenage Pregnancy	SA	A	SD	DA
1	Lack of Sex Education				
2	Poor Parenting				
3	Poverty				
4	Peer Influence				
5	Mass Media				
6	Curiosity				
7	Relationship Affairs				
8	Breakdown of Culture				
9	Self Esteem				
10	Contraceptives Ignorance				
11	Forced unprotected Sex				

S/N	Measures to Prevent Teenage Pregnancy	SA	A	SD	DA
1	Removal of child support				
2	Government to stop providing abortion services				
3	Television to stop playing porn movies and sex related movies				
4	Girls should be discouraged by parents to date when they are still young				
5	Implementation of sex programs in schools, community and television				
6	Increase in the proper use of contraceptives				
7	Effective upbringing of children by parents and guardians				
8	Proper education on cultural values				
9	Proper regulations of the organization of jams, nite club activities and other social gatherings that promotes immorality				

Section C: Churches Curbing Teenage Pregnancy

Tick the options applicable to you with Strongly Agreed (SA), Agreed (A), Strongly Disagreed (SD) and Disagreed (DA)

S/N	Churches Curbing the rate of Teenage Pregnancy	SA	A	SD	DA
1	Address the congregation about preventing teen pregnancy and related issues				
2	Speak openly to teens and parents about sex and related issues				
3	Hosts youth or teen focused activities that address preventing teen pregnancy and related issues				
4	Encourage parents to speak with their children about preventing teen pregnancy and related issues				
5	Partners with other agencies and organization to address teen pregnancy prevention-related issues				
6	Provides teens and parents with tools, resources and information regarding teen pregnancy prevention				
7	Equips young people to articulate a biblical view on teen pregnancy prevention.				
8	Involve sex education during bible studies				
9	Band youth with pregnancy at church				
10	Abandon youth camp on night				

Thank you