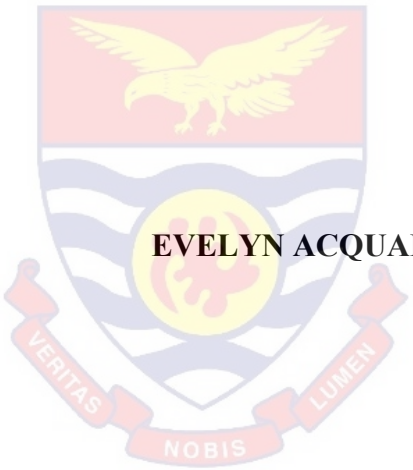
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ACCELERATED ADULTHOOD AND ITS IMPLICATIONS FOR ADOLESCENTS' WELLBEING IN ABREWANKOR OF THE OTI REGION IN GHANA



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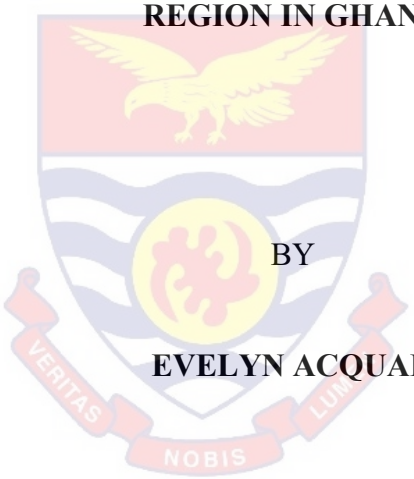
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ACCELERATED ADULTHOOD AND ITS IMPLICATIONS FOR ADOLESCENTS' WELLBEING IN ABREWANKOR OF THE OTI REGION IN GHANA



BY

EVELYN ACQUAH

Thesis submitted to the Department of Population and Health of the Faculty of Social Sciences, College of Humanities and Legal Studies, University of Cape Coast, in partial fulfilment of the requirements for the award of Doctor of Philosophy degree in Population and Health

OCTOBER 2025

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DECLARATION

Candidate's Declaration

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

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

Name: Evelyn Acquah

Supervisors' Declaration

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

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

Name: Prof. Emeritus Kofi Awusabo-Asare

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

Name: Prof. Augustine Tanle

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ABSTRACT

The occurrence, duration, and complexity of the transition to adulthood have shifted from social development milestones with rites of passage to customised, negotiable, and less ritualised transitions with broad margins of choice and a lack of clarity in modality and timing. Social, cultural, and economic changes in the latter half of the 20th century have led to shifts in the nature of the markers, with variations in pace and duration across different settings. While the duration has been extended, accelerated adulthood is prevalent in other settings, such as rural settings. There is, therefore, a need to understand the factors that sustain accelerated adulthood in rural settings to inform decision-making. This study assessed the contextual factors contributing to persistent accelerated adulthood, its socio-cultural and economic implications for adolescents' wellbeing in Abrewankor, a rural setting, using three markers of adulthood: marriage, childbirth, and work. Structuration and social ecological theories informed the conceptual framework for the study. The study used both quantitative and qualitative methods. The results showed that accelerated adulthood is influenced by societal acceptance of early adoption of adult roles and retention of traditional approaches to skills transfer, as well as other conditions, which result in limited opportunities for education, modern literacy, numeracy skills, and social skills, and in subsistence employment - practice of barter trade. The persistence of accelerated adulthood can lead to intergenerational transfer of poverty. What will be needed are community education and mobilisation of significant others to drive the programme for change.

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KEYWORDS

Accelerated Adulthood

Early Marriage

Early Childbirth

Child labour

Adolescent

Photovoice

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DEDICATION

his thesis is dedicated to my late father, Reverend Benjamin Acquah. I also dedicate it to my husband, Daniel Kwame Ampofo-Adjei, Ph.D., PMP®, and my lovely children: Yaa Gyanewah Ampofo-Adjei, Jesse Kwadwo Ampofo-Adjei, and Ewuradjoa Asantewaa Ampofo-Adjei.

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LIST OF ACRONYMS

CHV	Community Health Volunteer
COREQ	Consolidated Criteria for Reporting Qualitative Research
DHD	District Health Directorate
GDHS	Ghana Demographic and Health Survey
GHS	Ghana Health Service
GSS	Ghana Statistical Service
ILO	International Labour Organisation
MOH	Ministry of Health
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
SDG	Sustainable Development Goal
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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CHAPTER ONE

INTRODUCTION

Background to the Study

Early adulthood and adolescence are critical periods of human development, as they set the trajectories that shape future life and adult roles. (Bonnie et al., 2019). Over time, the incidence, timing, and complexity of the transition to adulthood have shifted from social development milestones with rites of passage to personalised, negotiable, and less ritualised transitions with considerable margins of choice (Bernardini, 2014; Bongaarts et al., 2017). Among the widely recognised markers of adulthood are dimensions such as completing formal education, acquiring skills, living independently, engaging in work, forming families (through marriage and parenthood), participating in politics, practising religion, and exhibiting good behaviours (Bernardini, 2014; Settersten et al., 2015; Norman et al., 2021).

Completing formal education may signify social maturity, as evidenced by stable work, housing, and financial independence (Xiao et al., 2014). Social maturity involves nurturing the ability to build and sustain healthy relationships, adapt to social norms, take responsibility for one's actions, and contribute positively to the community (Uddin & Panchanathan, 2025). Although this may not always be the case in recent times, due to the emerging adulthood and rising rates of graduate unemployment, the influence of formal education on social maturity and living standards remains critical.

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According to Akande (2016) education fosters awareness and enhances opportunities for growth and development. At the individual level, education improves labour skills, increasing productivity and the overall standard of living (Akande, 2016). Education entailed what we acknowledged as the ideal typical setting for adolescents and young adults. However, since the 1950s, the completion of formal education has been postponed. Fewer young people left primary school to work as enrolment in degree and postgraduate programmes grew. The demand for specialised skills, primarily acquired at the tertiary level, and the rising cost of living, which necessitated improving income levels, could explain the increase in attaining higher levels of education (Settersten et al., 2015). Interventions like the Free Senior High School (FSHS) policy could play a role in the completion of formal education. The FSHS initiative could improve the completion of formal education by removing financial barriers and reducing dropout rates (Ministry of Education, 2017).

Living independently is considered a crucial phase in the transition to adulthood, as it marks the beginning of individual freedom. However, recent patterns involve young people living away from home but still relying on their parents for financial or emotional support, undermining their independence. Fulfilling a professional function demonstrates stability and responsibility, fosters social ties with peers, and develops a collective and individual sense of conscience (Bernardini, 2014).

Family formation, along with employment stability, is one of the determinants of social maturity. Marriage and establishing a traditional family unit offer a new basis for the individual's status in the community and new

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relationships with friends, parents, and institutions. Parenthood is a signal of individual and communal development. Stable relationships may encourage or promote parenthood (Bernardini, 2014).

Political involvement, often seen as a sign of adulthood, is a complex process affected by external factors such as school, family, peer groups, and media throughout a person's life, especially during adolescence. The voting age usually aligns with the age of legal adulthood, linking political participation to maturity (Bernardini, 2014). However, the development and persistence of political engagement are not straightforward, as they are heavily influenced by these external factors, making it a more intricate marker of adulthood than previously thought.

The onset of adulthood can be influenced by various factors, leading to delays or accelerations in the transition for some adolescents (Schoon, 2015). Lee (2014) identified two distinct forms of transitions. The first, known as emerging adulthood, is characterised as an extended transition period where individuals are free from social norms and obligations, allowing them to explore possibilities before making long-term commitments to adulthood institutions. The second form of transition, accelerated adulthood, is a brief transition arising from adopting one or more adult responsibilities or commitments due to the lack of alternatives and/or insufficient resources. Accelerated adulthood may begin as early as childhood and typically involves premature workforce participation, early childbearing, marriage, caring for siblings or parents, and charting their life courses with little guidance or mentorship (Hamilton, 2016; Lee, 2014). For

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this study, we defined accelerated adulthood as the early adoption of one or the other of the adult social roles of family formation and work.

Accelerated adulthood is not a new phenomenon. It is a public health concern for the global community that has drawn several efforts from the global to the national level. Globally, the Sustainable Development Goals (SDGs) 3, 4, and 5 prioritise health and well-being, with explicit attention to adolescent sexual and reproductive health, inclusive and equitable education, and the elimination of harmful practices such as child marriage, respectively (United Nations, 2015). In Africa, the African Union's Agenda 2063 Aspiration Six emphasises an Africa whose development is people-driven, with young people at the centre (Hingston, 2016). Ghana's national policy responses demonstrate attempts to align with these global and regional frameworks. The National Population Policy (2021) and Adolescent Health Service Policy and Strategy prioritise reducing adolescent fertility and delaying marriage, as well as increasing access to comprehensive sexual and reproductive health services, to safeguard educational attainment (National Population Council, 2021; Ghana Health Service, 2016). The Free Senior High School (FSHS) Policy was implemented to reduce financial barriers to secondary education, while recent Science, Technology, Engineering, and Mathematics (STEM) and Science, Technology, Engineering, Arts, and Mathematics (STEAM) initiatives aim to expand learning pathways for adolescents and prepare them for future jobs (Ministry of Education, 2017; Ministry of Environment, Science, Technology and Innovation, 2017). Other national interventions, such as the National Strategic Framework on Ending Child Marriage in Ghana (2017-2026)

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(Ministry of Gender, Children and Social Protection, 2016) and the National Plan of Action to Eliminate the Worst Forms of Child Labour (NPA) I and II, target cultural practices such as child marriage and the worst forms of child labour (Government of Ghana (GoG), International Cocoa Initiative (ICI), International Labour Organisation (ILO) and UNICEF, 2009; GoG, ICI, ILO & UNICEF, 2017).

Despite these global, regional, and national commitments to address accelerated adulthood, data from UNICEF (2023a) show that between 2015 and 2022, 19 per cent of women aged 20-24 were married before 18, and four per cent were married before 15, worldwide. Least developed countries recorded the highest proportion of marriages before the age of 18 (37%) and 15 years (10%). The lowest proportions of marriages before 18 years (16%) and 15 years (2%) were recorded in the Middle East and North Africa (UNICEF, 2023a). Between 2015 and 2022, three per cent of men aged 20-24 were married before 18 globally. Least developed countries recorded the highest proportion of boys getting married before age 18 (5%). East Asia and the Pacific had the lowest proportion of men aged 20-24 in global child marriage (UNICEF, 2023a).

In addition to early marriage, the issue of early work further illustrates the challenges associated with accelerated adulthood. Global child labour data indicate that approximately nine per cent of children aged 5-17 were involved in economic activities in 2020, comprising twelve per cent males and six per cent females. Notably, child labour was higher in rural areas across regions in the world. Sub-Saharan Africa recorded the highest (82.1%) percentage of child labour in rural areas (UNICEF, 2020). Moreover, statistics from the 2021 World

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Population Data Sheet revealed that nine per cent of births occur to mothers aged 15-19 worldwide, rising to 16 per cent in the least developed countries. Northern Africa had the lowest birth rate of seven per cent (Population Reference Bureau, 2021).

In 2022, 15 per cent of women aged 15–19 years in Ghana reported having ever been pregnant, and 11 per cent had a live birth. Rural areas had two out of ten women aged 15-19 who had ever been pregnant compared to urban areas (11.4%). Although there has been a decline in the national percentage of women aged 15-19 years who have had a live birth, from 18.6 per cent in 1993 to 10.9 per cent in 2022, the trend has fluctuated (Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International, 2023).

Three per cent of children are involved in economic activities in Ghana. The percentage is significantly higher in the rural areas (6%) than in urban areas (1%). The Oti region recorded the highest proportion (20.8%), more than six times the national average. The percentage of children involved in economic activity in rural parts of the region was more than twice (24.9%) the percentage in the urban areas (11.8%) (Ghana Statistical Service, 2021), (GSS GHS and ICF, 2023).

Although social change has affected adolescents, its impact has not been the same for all adolescents. Social change in this context refers to alterations in structures, institutions, norms and behaviour patterns within a society. While the markers for transition to adulthood are changing for some people, such as delays in getting paid jobs, giving birth, and marrying, staying in school

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(Schoon, 2015). Accelerated adulthood is prevalent in other settings, such as rural settings (Hamilton, 2016; Lee, 2014).

This divergence highlights the contrasting experiences of adolescents based on their geographical context. In South Asia, accelerated adulthood is linked to entrenched norms and gender roles. In Bangladesh and India, accelerated adulthood is reinforced by dowry systems and limited economic opportunities (Das, 2017). In Latin America and the Caribbean, poor access to comprehensive sexuality education, poverty and gender roles have been cited as factors contributing to accelerated adulthood (Ronconi et al., 2023), and in sub-Saharan Africa, accelerated adulthood results from the intersection of cultural norms, financial constraints and weak institutions. Cultural practices such as initiation rites in countries like Mozambique and Malawi mark symbolic transitions to adulthood, often promoting sexual activity and marriage (Markstrom et al., 2015).

The persistence of accelerated adulthood exposes adolescents to both immediate and long-term health impacts of early marriage, childbirth, and work (Ghana Health Service, 2016). It undermines global, regional, and national commitments to adolescent health and development by limiting adolescents' capacity to complete their education, safeguard their health, and pursue equitable opportunities. From a developmental perspective, accelerated adulthood has the potential to threaten the sexual and reproductive health as well as the mental health of adolescents and expose them to non-communicable diseases and injuries (Patton et al., 2016). Poor mental health, social isolation, depression, and suicidal thoughts have all been mentioned among pregnant

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adolescents (Musyimi et al., 2020). The mental health consequences of accelerated adulthood may be due to the loss of adolescence (Sarfo et al., 2020). Low educational levels among married girls have an impact on their children due to the young mothers' incapacity to offer sufficient nutrition and immunisation against childhood diseases, resulting in high mortality rates among these children (Wodon et al., 2018). These implications for adolescents may vary depending on the geographical setting.

Therefore, this study aimed to explore the contextual dynamics of accelerated adulthood and its socio-cultural and economic implications for adolescents, to provide community level data that could contribute to achieving the first indicator of the third target of Sustainable Development Goal (SDG) Five and the first indicator of the seventh target of SGD Eight, which aim to eliminate early or forced marriage by 2030 (UN, 2015; UNICEF, 2023b; Pintér, 2017) and end child labour in all its forms by 2025, respectively.

Statement of the Problem

Adolescence is generally associated with good health; however, factors such as early marriage, childbirth, and work can significantly compromise the health and development of adolescents. These factors have profound educational, social, and economic implications. For instance, workplace injuries can lead to lifelong health issues for working children (Thévenon & Edmonds, 2019), while early pregnancy and childbirth pose serious health risks for young girls.

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Accelerated adulthood is a public health concern that has garnered attention and led to the development of policies and interventions over the years. Ghana's Adolescent Health Service Policy and strategy (2016) aimed to provide adolescent-friendly SHR services such as sexual and reproductive health counselling and education to all adolescents, including those in hard-to-reach communities (GHS, 2016). The Free SHS policy and LEAP have been implemented to reduce financial barriers to secondary education and address economic factors that prompt adolescents to take on adult roles, respectively (Ministry of Education, 2017; Ministry of Gender, Children and Social Protection, 2013). The National Plan of Action to Eliminate the Worst Forms of Child Labour (NPA) I and II have also been implemented to address child labour in cocoa, fishing, and artisanal mining (GoG, ICI, ILO, & UNICEF, 2009; GoG, ICI, ILO, & UNICEF, 2017). Despite national commitments, the Oti Region has the highest proportion (20.8%) of working children in Ghana, with the Krachi Nchumuru District recording 34.8 per cent, an increase from 19.4 per cent in 2010 (Ghana Statistical Service, 2021). This proportion is higher than the national proportion (three per cent). The Oti region is also among the top five regions with women aged 15–19 years who have ever been pregnant (21.1%) in Ghana (Ghana Statistical Service, 2021); (Ghana Statistical Service (GSS), Ghana Health Service (GHS) and ICF International, 2023). The proportion of working children and pregnancy among adolescents 15-19 underscores the persistence of accelerated adulthood in the District and Region, highlighting the need for targeted interventions.

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Current literature, however, focuses on emerging adulthood (Sawnson, 2016; Meier, 2020), a transition to adulthood prevalent in high-income countries, often overlooking the persistence of accelerated adulthood in low and lower-middle-income countries. Early marriage, childbirth, and work can jeopardise the health and development of adolescents in impoverished rural settings, further exacerbating their poverty. Additionally, male and female adolescents may face different influences that drive them to assume adult social roles at an early age. Understanding these factors is crucial, as they have significant implications for the socio-cultural and economic development of adolescents.

Several studies have examined aspects of accelerated adulthood in Ghana, focusing on early marriage, childbearing, and work in isolation (Ahonsi et al., 2019; Sarfo et al., 2022; Hamenoo & Sottie, 2014; Hamenoo et al., 2018; Dzotsi et al., 2020; Afriyie et al., 2019; Amoako Johnson et al., 2019). The existing literature lacks studies that integrate early marriage, childbirth, and work to present community-specific data on the contextual factors influencing adolescents' experiences. Therefore, the current study aimed to assess the contextual dynamics of accelerated adulthood and its socio-cultural and economic implications for adolescents in Abrewankor, a multicultural rural setting along the Volta River in the Krachi Nchumuru District of the Oti Region.

Given that accelerated adulthood has implications for the health of the adolescent, the Abrewankor community, identified by the Krachi Nchumuru District Health Directorate (DHD) as having poor access to health services, was used as a case to provide baseline community data on contextual factors, lived

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experiences, and socio-cultural and economic implications of accelerated adulthood in a rural setting using early marriage, childbirth, and work as the key indicators.

Objectives of the Study

The main objective of the study was to assess the contextual dynamics of accelerated adulthood and its socio-cultural and economic implications for adolescents.

Specifically, the study sought to;

1. analyse the extent of accelerated adulthood among adolescents in Abrewankor.
2. assess the contextual factors that have implications for accelerated adulthood for adolescents in Abrewankor.
3. analyse perceived social, economic and health implications of accelerated adulthood for adolescents in Abrewankor.
4. assess the lived experiences of adolescents going through accelerated adulthood in Abrewankor.

Research Questions

1. The study will address the following research questions:
2. How do early marriage, childbirth, and work sequencing differ for males and females?
3. How do contextual factors influence persistent accelerated adulthood in Abrewankor?

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4. What implications does accelerated adulthood have on adolescents in Abrewankor?
5. What are the lived experiences of adolescents who have taken up adult roles in Abrewankor?

Hypotheses of the Study

Based on the objectives of the study and the adapted conceptual framework, the following hypotheses were set to guide the study:

1. H0: There is no significant relationship between the living arrangement of adolescents and accelerated adulthood.
2. H1: There is a significant relationship between the living arrangement of adolescents and accelerated adulthood.
3. H0: There is no significant relationship between the socio-demographic factors (age and sex) of adolescents and accelerated adulthood.
4. H1: There is a significant relationship between the socio-demographic factors (age and sex) of adolescents and accelerated adulthood

Significance of the Study

In rural areas, where access to resources such as quality education and economic opportunities is limited, adolescents may transition into adulthood earlier. Families in poor settings often exacerbate this transition, the intergenerational transfer of poverty, and social norms prioritising early family responsibility over diverse pathways that could facilitate upward mobility. These factors shape adolescents' immediate decisions and have long-term implications for their educational attainment, future employment opportunities,

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and overall life trajectories. There is a need for community-level data on the contextual dynamics of accelerated adulthood to achieve the targets of SDGs 5 and 8.

This study combines structuration and social-ecological theories to explore how socio-cultural factors influence individual pathways to adulthood. Understanding the factors that contribute to accelerated adulthood will inform the design and implementation of targeted interventions that address the unique needs of young people as they navigate their pathways to adulthood. The rural setting presents a unique socioeconomic landscape characterised by poverty, changing family structures, and evolving social norms.

The findings of this research will demonstrate how these changes manifest in the lives of adolescents, thereby contributing to a nuanced understanding within a local context and broadening the scope of scholarship on this subject. By establishing a robust foundation of knowledge and identifying gaps in current literature, this research will encourage future studies to explore the implications of accelerated adulthood in various socio-cultural and economic settings, thereby expanding the global discourse on pathways to adulthood.

Definition of Terms and Concepts

Well-being: The WHO, through its Health Promotion Glossary of Terms, defines well-being as a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions (World Health Organisstion, 2021).

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Social maturity: It refers to the understanding and encouragement of the growth of social behaviours and skills that allow individuals to operate effectively and harmoniously within society. This involves nurturing the ability to build and sustain healthy relationships, adapt to social norms, take responsibility for one's actions, and contribute positively to the community (Uddin & Panchanathan, 2025).

Poverty: According to the United Nations poverty has various manifestations, including lack of income and productive resources to ensure sustainable livelihoods; hunger and malnutrition; ill health; limited or lack of access to education and other basic services; increased morbidity and mortality from illness; homelessness and inadequate housing; unsafe environments; and social discrimination and exclusion (United Nations, 1995).

Social change: Giddens defines social change as the transformation over time of the institutions, culture, and behaviour of a society (Giddens, 2006)

Decent work: sums up the aspirations of people in their working lives. It involves opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives, and equality of opportunity and treatment for all women and men (Internation Labour Organisation, 2015).

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Hazardous working conditions: The term 'hazards' refers to the sources or situations with a potential to cause injury or ill health. Hazardous working conditions are those in which workers are exposed to physical, chemical, biological, ergonomic, or psychosocial risks that may endanger their safety, health, or well-being (ILO, 1981). A hazardous workplace condition exists when the working environment exposes workers to risk factors that can cause accidents, diseases, or death, including unsafe machinery, exposure to toxic substances, excessive noise, heat, radiation, poor ergonomics, and psychosocial stressors (WHO, 1995).

Organisation of the Study

This thesis is divided into eight chapters. Chapter One of the thesis introduces the entire study, beginning with a general background to the study, the problem under investigation, objectives, research questions, the significance of the study, and its structure. The second chapter reviews empirical evidence on indicators of accelerated adulthood. It discusses theoretical issues related to the early adoption of adult roles, specifically focusing on factors and implications. It concludes with a framework linking the various concepts from the literature review. The third chapter focuses on the study design, data collection and analysis methods, matters arising from the field, and ethical issues. Chapter four presents participants' socio-demographic characteristics and prevalence of accelerated adulthood. Chapter Five focuses on the pathways to and factors influencing accelerated adulthood. Chapter Six discusses the perceived social, economic and health implications of accelerated adulthood.

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Chapter 7 presents adolescents' experiences navigating accelerated adulthood. The final chapter summarises the study's main findings, conclusions, contributions to knowledge, and future research perspectives.

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CHAPTER TWO

CONCEPTUAL, EMPIRICAL AND THEORETICAL PERSPECTIVES ON ACCELERATED ADULTHOOD

Introduction

The trend of accelerated adulthood is not new; it has been an observed phenomenon for decades, as adolescents assume adult roles and responsibilities at an earlier age than expected. Although this is not a new phenomenon, the dynamics of accelerated adulthood vary in different settings. Aspects such as the strain the economy has placed on family dynamics, poverty, and family obligations make this phenomenon of accelerated adulthood part of mainstream society for some groups of children and adolescents. This chapter examines the literature on accelerated adulthood among adolescents, focusing on aspects such as the multiple factors influencing accelerated adulthood, the experiences of adolescents who have undergone accelerated adulthood, and its socio-cultural and economic impact. This chapter also discusses four theories that offer perspectives on accelerated adulthood: the opportunities, capabilities, and second chances framework for policy, social learning theory, structuration theory, and social-ecological theory.

Transition into Adulthood

Markers of adulthood have been conceptualised differently by various scholars, with Settersten et al. (2015) identifying biological, social, psychological, and legal markers as key determinants of the transition to adulthood. Historically, biological markers, such as puberty and reproductive capability, indicated maturity,

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while chronological age has gained social significance by establishing life phases and age-related expectations. For instance, puberty traditionally initiated "rites of passage" that celebrated the transition into adulthood, with historical norms indicating that menstruation for women occurred between the ages of 15 and 16, compared to the current range of 10 to 12 years (Settersten et al., 2015). Similarly, while puberty for males typically begins between the ages of 12 and 16, evidence suggests that this onset occurs earlier due to dietary and environmental influences.

In the mid-20th century, social markers became predominant in defining adulthood, encapsulated by the "Big Five" traditional markers: completing education (now often higher education), securing employment, leaving the parental home, marrying, and having children (Settersten et al., 2015). Both genders generally followed this sequence, with distinct roles assigned to females, typically as wives and mothers and males as breadwinners. Psychological markers of adulthood emphasise individual responsibility, autonomous decision-making, and financial independence, reflecting maturity and personal control. Many young people today delay marriage and parenthood to adequately prepare for these responsibilities (Settersten et al., 2015).

Legally, adulthood is typically defined as reaching the age of 18; however, ambiguities persist in various jurisdictions, particularly in regions such as Africa, where parental consent may obscure the minimum marriage age (United Nations, 2021; UNICEF, 2015). While legal markers signify increasing independence and autonomy, few young individuals achieve complete independence in all aspects, including social, economic, and psychological. These legal indicators signal the

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transition to adulthood, although the debate continues regarding when individuals should be considered mature (Settersten et al., 2015). Shifting societal expectations have led to the emergence of diverse pathways to adulthood (Settersten et al., 2015). Oesterle et al. (2010) identified three distinct pathways among contemporary young men and women. The first pathway involves participation in postsecondary education and delayed family formation. The second involves marriage and cohabitation with children. The third reflects limited engagement in postsecondary education without marriage or cohabitation. The timing of marriage, parenting, and the combination of these roles varies between genders, with women generally entering marriage and parenthood earlier than men (Oesterle et al., 2010).

Additionally, the issue of young carers, adolescents under 18 who provide care for chronically ill family members, complicates the transition to adulthood. Young carers assume responsibilities like adult caregivers (Becker, 2000, as cited in Chikhradze et al., 2017). The transition to adulthood is a demographically significant phase encompassing multiple intertwined social role transitions across five key markers of adulthood (Settersten, 2007, as cited in Schoon, 2015). Each transition introduces unique challenges and opportunities (Buchmann & Kriesi, 2011; Shanahan, 2000, as cited in Schoon, 2015).

Traditional models of the transition to adulthood often assume a linear trajectory through postsecondary education, neglecting the resources available to young people and the complexities they face in achieving independent adulthood (Schoon, 2015). In developed countries, transitions are characterised by reversibility and delay, as prolonged training processes and increasing

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specialisation in various economic sectors have postponed entry into the workforce. Employment practices emphasising precariousness and flexibility further contribute to this postponement, raising questions about the permanence of vocational choices in adulthood (Bernardini, 2014). In contrast, the transition to adulthood in developing countries often involves accelerated pathways and the assumption of multiple roles.

Accelerated Adulthood

Accelerated adulthood is a brief transition arising from adopting one or more adult responsibilities or commitments due to the lack of alternatives and/or insufficient resources. (Lee, 2014). It can begin as early as childhood, typically involving early marriage, childbearing, early workforce participation, caring for siblings or parents, and charting their life paths without much direction or mentorship (Hamilton, 2016; Lee, 2014). Accelerating into adulthood can result in a trade-off between schooling and early family formation, work, independence, and caregiving. In today's world, adolescents' endpoints are less evident and more typically revolve around accepting various adult tasks and responsibilities, such as employment, financial independence, and forming life partnerships (Patton et al., 2016). Nonetheless, some young people enter early adulthood through circumstances beyond their control or are forced into it deliberately. This phenomenon is what Lee (2014) called 'accelerated adulthood.'

For this study, we defined accelerated adulthood as the early adoption of one or the other of the adult social roles of family formation and work. Family formation involves the initiation of a family life unit, such as marriage,

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cohabitation, and single parenthood. These behaviours can vary significantly by factors such as race-ethnicity and socioeconomic status.

Empirical Literature Review

The study reviewed related literature to identify gaps, using a comprehensive and methodological search strategy to identify relevant scholarly articles published in English. The selected academic databases encompassed Google Scholar, BioMed Central, PubMed, Sage Publications, ScienceDirect, and Emerald. The search was limited to articles published from January 1, 2015, to July 28, 2023.

Furthermore, in line with the study's scope and language constraints, only articles written in English were included in the review. The process was also guided by the considerations of Watson & Webster (2020) which involves building a concept-centric literature review using tools like a concept-author matrix to map out how different studies contribute to a specific theme or variables. The search focused on the factors, implications, and lived experiences of accelerated adulthood, particularly about early marriage, childbirth, and work.

The keywords used in the literature search for the factors influencing early marriage, childbirth, and work were as follows: [('child labour' OR 'working children' OR 'early work' OR 'early working' OR 'Adolescent work' OR 'working adolescents') AND (Factors OR causes OR predicator OR determinants)] [('child marriage' OR 'early marriage' OR 'married children' OR 'married adolescents' OR 'Adolescent marriage' OR 'child bride') AND (Factors OR causes OR predicator OR determinants)]. [('early childbirth' OR 'teen mothers' OR 'early motherhood' OR

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'teen motherhood' OR 'early fatherhood' OR 'Adolescent father' OR 'teen father') AND (Factors OR causes OR predicator OR determinants)]

The keywords used in the literature search for implications of early marriage, childbirth, and work include the following: ('child labour' OR 'working children' OR 'early work' OR 'early working' OR 'Adolescent work' OR 'working adolescents') AND (Implications OR effects OR impacts)]. [('child marriage' OR 'early marriage' OR 'married children' OR 'married adolescents' OR 'Adolescent marriage' OR 'child bride') AND (Implications OR effects OR impacts)]. [('early childbirth' OR 'teen mothers' OR 'early motherhood' OR 'teen motherhood' OR 'early fatherhood' OR 'Adolescent father' OR 'teen father') AND (Implications OR effects OR impacts)]

For factors, lived experiences of early marriage, childbirth, and work, the keywords for the search were [('child labour' OR 'working children' OR 'early work' OR 'early working' OR 'Adolescent work' OR 'working adolescents') AND (experiences OR lived experiences)] [('early childbirth' OR 'teen mothers' OR 'early motherhood' OR 'teen motherhood' OR 'early fatherhood' OR 'Adolescent father' OR 'teen father') AND (experiences OR lived experiences)] [('child marriage' OR 'early marriage' OR 'married children' OR 'married adolescents' OR 'Adolescent marriage' OR 'child bride') AND (experiences OR lived experiences)]

Subsequently, the review involved a discrepancy assessment. The assessment entailed screening titles and abstracts to ensure adherence to the original peer-reviewed research journals. The review excluded papers or articles such as editorials, summaries, book reviews, and commentaries from the analysis. The

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search strategy initially identified 1050 citations. Of 1050 articles selected for further review, 140 were full-text articles, and 33 satisfied the inclusion criteria.

Most studies were conducted in Africa (52.9%), compared to Europe (2.9%). About 94.9 per cent of the studies were from individual countries, compared to six per cent conducted in more than one country. Most (69.7%) of the studies used quantitative research methodology compared to six per cent of studies that used a mixed-method approach. Approximately 57.6 per cent of the studies utilised primary data, while 42.4 per cent employed secondary data from national surveys. Most (60.6%) of the studies reviewed focused on factors influencing accelerated adulthood, with (33%), (11%) and (11%) representing studies on factors influencing early marriage, early childbirth, and early work, respectively. Table 1 presents a statistical summary of the articles reviewed.

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Table 1: Summary of systematic review

Variable	Categories	%
Methods	Quantitative	69.7%
	Qualitative	24.2%
	Mixed Method	6.1%
Location	Sub-Saharan Africa	52.9%
	Asia	35.3%
	South America	8.8%
	Europe	3%
Themes	Factors	60.6%
	Implications	18.2%
	Lived experience	21.2%
Sub-themes	Early marriage factors	33.0%
	Early marriage Implications	8.0%
	Early marriage lived experience	0%
	Early childbirth factors	11.0%
	Early childbirth implications	14.0%
	Early childbirth lived experience	3.0%
	Early involvement in economic activities factors	11.0%
	Early involvement in economic activities implications	17.0%
	Early involvement in economic activities, lived experience	3.0%

Source: Author (2023)

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Studies on the implications of accelerated adulthood were 19 per cent, with studies focusing on the implications of early marriage, early childbirth, and early work representing (8%), (14%) and (17%) respectively. Lived experiences studies constituted 21 per cent, with studies on the experience of early childbirth (3%) and work (3%), respectively. All the studies focused on either early marriage, childbirth, or work. None of the studies focused on early marriage, childbirth, and work simultaneously in a single study.

Factors influencing persistent accelerated adulthood

Several factors influence adolescents' adoption of adult social roles. Studies on early marriage, childbirth, and work have identified factors contributing to accelerated adulthood. This section discusses the factors contributing to accelerated adulthood, such as socio-economic and cultural factors.

Socio-Economic Factors

One of the contributors to accelerated adulthood is the socio-economic condition of individuals and communities. Researchers have consistently shown that poverty plays a significant role in driving this phenomenon. Adolescents from economically disadvantaged backgrounds may enter the workforce prematurely to support their families. For early marriage, studies by Ahonsi et al. (2019), Saleheen et al. (2021), and Belachew et al. (2022) reported that early marriage was high among adolescents in the poorest households. Jaramillo-Mejía and Chernichovsky (2019) found that early childbirth was likely among adolescents in the poorest households. Hamenoo et al. (2018) and Le & Homel (2015) also found that work was likely to occur among adolescents in the poorest households.

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Similarly, Adegbenro et al. (2017) underscore how financial constraints limit educational opportunities, leading young people to prioritise work over schooling. The limited access to higher education exacerbates this issue, as parents who themselves experienced economic hardship often encourage their children to adopt similar pathways. Most of the studies reviewed found an association between the level of formal education and early marriage, childbirth, and work. For early marriage, adolescents with lower levels of formal education married early compared to those with higher levels of formal education. The review showed that there is an association between Lower levels of formal education and early marriage (Rumble et al., 2018; Heidari & Dastgiri, 2020; Billah et al., 2023; Bolarinwa et al., 2022; Belachew et al., 2022). The influence of formal education on work was found in studies by (Enebe et al., 2021; Adegbenro et al., 2017; Afriyie et al., 2019; Agbo, 2017); Jaramillo-Mejía & Chernichovsky, 2019; Wado et al., (2019); Ngum Chi Watts et al., 2015) also found an association between formal education and childbirth. Low formal education was associated with early marriage, childbirth, and work in all the studies.

Moreover, the intergenerational transfer of poverty perpetuates accelerated adulthood. Belachew et al. (2022) argue that when parents model adult responsibilities prematurely due to economic pressures, children are likely to internalise these expectations and replicate the behaviours in their transitions to adulthood. This cyclical pattern poses significant barriers to breaking the cycle of poverty within families and communities.

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Cultural Norms and Values

Cultural factors also influence the expectations surrounding adolescence and adulthood. In many rural settings, traditional values emphasise family obligations and early maturation (Adonteng-Kissi, 2021). Wijayati et al. (2017) discuss how cultural norms may prioritise marriage and parenthood over education, particularly for young women, thereby accelerating their transition into adulthood. Such cultural pressures can limit individual aspirations and reinforce the notion that early adult responsibilities are normative. Moreover, Amoako Johnson et al. (2019) highlight the significance of community norms and practices that institutionalise early adulthood, such as initiation ceremonies and rites of passage, which can further legitimise the notion of accelerated adulthood within specific cultural contexts. These cultural scripts play a pivotal role in shaping the behaviour and choices of adolescents, often leading them to adhere to expected timelines for life events such as work and family formation.

A few studies identified religion as a factor that contributes to early marriage. Billah et al. (2023) indicated from the study that the prevalence of early marriage was higher among Muslim than non-Muslim women. The influence of religion on early marriage was also reported by Mashiur (2017) and Saleheen et al. (2021). In the qualitative study by Dean et al. (2019), men narrated that the sunna (which means following what the prophet did, said, or advised) and akhlag (which translates as 'moral and religious' behaviours) position women as 'created for marriage'. They explained that marriage is an obligation for men and demonstrates religious commitment.

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Limited Access to Opportunities

Access to educational and social opportunities is another factor contributing to accelerated adulthood. Many rural adolescents face geographical isolation, which limits their access to educational institutions, extracurricular activities, and diverse social networks. Such limitations restrict adolescents' exposure to different career paths and lifestyle choices, reinforcing the tendency to pursue early employment as a primary means of economic contribution (Munir et al., 2023). Furthermore, the lack of mentorship and guidance in these settings can exacerbate the challenges faced by adolescents. Without role models who exemplify alternative pathways to adulthood, such as higher education or professional careers, young individuals may feel compelled to conform to existing socio-economic patterns, thereby perpetuating cycles of accelerated adulthood (Svanemyr et al., 2015).

Some studies reported the influence of place of residence on early marriage, childbirth, and work. Duran & Tepehan Eraslan (2019); Mashiur (2017); Belachew et al. (2022); and Bolarinwa et al. (2022) found an association between place of residence and child marriage. All the studies identified a higher likelihood of child marriage among adolescents in rural areas. Place of residence influenced early childbirth. Amongin et al. (2020) and Jaramillo-Mejía & Chernichovsky (2019) reported that childbirth was more likely to occur among adolescents in rural areas.

Other factors identified to influence early marriage from the review included peer pressure (Ahonsi et al., 2019) large family size (Saleheen et al., 2021; Belachew et al., 2022), Ethnicity (Duran & Tepehan Eraslan, 2019), mass media

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(Saleheen et al., 2021), birth parity (Bolarinwa et al., 2022). Number of children (Adegbenro et al., 2017); death of a parent (Hamenoo et al., 2018; Adegbenro et al., 2017), presence of both parents (Afriyie et al., 2019); broken home (Agbo, 2017) and sex (Agbo, 2017; Afriyie et al., 2019) influenced early economic involvement.

Implications and experiences of persistent accelerated adulthood

Gbogbo (2020) found that the dominant societal challenges posited by the adolescents included coping with economic and financial constraints, opting for unsafe abortion to reduce the stigma associated with an unplanned pregnancy, and managing the extra responsibility of taking care of the baby and the challenge of going back to school after delivery. The adolescent women in this study mainly did not intend to get pregnant and, therefore, were not ready to become mothers when they realised they were pregnant. Not all adolescent women were able or willing to make a positive transition to a motherhood identity. Becoming a mother as an adolescent was a challenging time for all the participants in the study. Most desired to return to school or learn a trade to give their children a promising future. However, they felt they were not in control of their lives and depended on others to enable them to pursue their goals. De Groot et al. (2018) found that child marriage was associated with an increased likelihood of difficulties with ADLs,

Hamenoo et al., (2018) found that children involved in economic activities were prone to many health complications. Some participants indicated that due to the long hours they spent selling under the hot sun, they had health complications such as fatigue, skin problems, and frequent headaches. Street vendors may not

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have access to shade, water or protective clothing. In the study by Agbo (2017), there were high levels of injuries among child workers to avoid the health implications (Amoah, 2019). The findings also showed that pain is a common health problem among child workers, especially those who lift and or carry loads that are more than the estimated load weight. Adolescents who work as housekeepers often engage in cooking and cleaning without prior experience in the job. According to the findings, they have experienced breathing difficulties due to exposure to chemicals and other hazardous environments. For instance, an adolescent engaged in fishing could be exposed to petrol, kerosene, or engine oil for outboard motors, and smoke from ovens during fish smoking. The long hours spent on the water, the risk of drowning, and musculoskeletal strain from hauling heavy nets could also affect their health (ILO, 2021). Other chemicals, such as pesticides, herbicides and fertilisers, such as glyphosate, paraquat, and organophosphates, could cause skin burns, neurological damage, and long-term reproductive health challenges (GSS/ILO/UNICEF, 2021)

John et al. (2019) found a significant negative association between very early marriage (marriage at 15 years or earlier) and overall psychological well-being in both Niger and Ethiopia. Other than 'self-control,' all sub-domains of psychological well-being, including depression, anxiety, positive well-being, vitality, and general health, were negatively associated with very early marriage. Yüksel and Koçtürk (2021) ’s study in Turkey observed similar findings.

Early marriage and childbirth have implications for attaining a higher level of formal education. They argue that the age for marriage should be increased to 21

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years to ensure improvement in women's educational attainment. Their results showed that those who started a union before the age of eighteen had a lower chance of completing a given academic period when compared to their peers with similar characteristics but who, in the second case, started their first union after eighteen years. Le and Homel (2015), and He (2016) also reported that adolescents' involvement in work has implications for educational attainment.

In Mangeli et al.'s (2017) qualitative study, adolescent mothers indicated that it was difficult for them to meet the multiple needs of their children. Doing housework, attending school, and being present in the community alongside friends was challenging for them. They also reported that physical problems from pregnancy, childbirth, and breastfeeding made the maternal role of adolescent mothers difficult. Some adolescent mothers in this study explained that they did not receive sufficient support. Inadequate support exacerbated the challenges of adolescent mothers.

Discussion

A confluence of socio-economic, cultural, and structural factors interacts to shape the experiences of adolescents in rural settings. The identified factors segregate adolescents, predisposing some to accelerated adulthood and exacerbating social and health inequities. Measures to alleviate social injustice are needed; some adolescents will be disadvantaged in terms of their health and development through no fault of their own. Understanding these influences is crucial for developing targeted interventions that promote resilience and empower young individuals to pursue diverse pathways to adulthood.

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Although contextual factors influence accelerated adulthood, it is important to recognise that even within the same setting, adolescents might have different transition pathways to adulthood. For instance, the role of education as a predictive factor could be direct or indirect. However, no study has established the role of other variables that could influence education to predict accelerated adulthood. For example, an adolescent with no access to education may marry, give birth, or work early, while another adolescent in the same setting with no access to education may or may not. The example above shows that access to education is critical, as other factors may influence it to predict accelerated adulthood. This observation aligns with all the factors identified in the review.

Agency, conceptualised as the ability of individuals to act autonomously and make informed choices, is instrumental in influencing the pathways that lead to accelerated adulthood among adolescents. It directs how these young individuals navigate their circumstances, make educational and employment decisions, and address family expectations, ultimately affecting their progression into adulthood. While socio-economic pressures often prompt adolescents to enter the labour force early, they nonetheless exercise their agency in decision-making. Their choices often reflect a proactive stance towards managing limited resources and seeking immediate financial support, which in turn shapes their overall developmental trajectory and ability to balance adult responsibilities successfully.

Numerous adolescents in rural contexts encounter societal norms that promote early marriage and childbearing. Nevertheless, they effectively leverage their agency to decide the timing and nature of these relationships, resulting in life

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choices that may diverge from the expectations of their families and communities. Despite substantial external challenges, including poverty and restricted access to resources, these youths actively seek alternative educational opportunities. This proactive engagement demonstrates how agency enables them to overcome imposed constraints and take charge of their futures.

Though rural adolescents may not frequently resist cultural pressures that emphasise early adult transitions, through self-advocacy and establishing supportive networks, they reshape their definitions of success and adulthood, actively rejecting the preordained paths suggested by their communities. In summary, the agency is a pivotal element in how adolescents navigate the complexities of accelerated adulthood in rural settings, empowering them to gain control over their trajectories and future endeavours. In other words, adolescents also have a responsibility.

Evidence on why adolescents in the same environment transition differently is limited, and further research is needed. The differences in the transitions add to the evidence that there are gender variations in adulthood transitions that go beyond male and female. Within the same gender, there may also be some differences. The contextual dynamics in different settings could explain the differences, but the studies did not explore the implications of the contextual dynamics of accelerated adulthood. What is the sequencing of pathways to accelerated adulthood for females and males? What factors account for contextual dynamics, and how do they affect adolescent health and development? These questions require a qualitative

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approach to gain a deeper understanding of the dynamics of persistent accelerated adulthood.

According to the relevant literature on accelerated adulthood presented in this chapter, none of the studies examined early marriage, childbirth, and work concurrently. The focus of the single-indicator studies was primarily on female adolescents. Therefore, the literature on the dynamics of early marriage, childbirth, and work among male and female adolescents in the same setting seems limited. The research approach used in most of the single studies is quantitative, with some employing secondary data from national surveys such as the Demographic and Health Survey. Although national surveys are vital for providing nationally representative findings to inform broader interventions, community-level issues that require community-based interventions often get lost in these national surveys. Lastly, the studies could not show how community, household, and individual factors influenced early marriage, childbirth, and work.

Fewer studies focused on the implications and experiences of accelerated adulthood. Moreover, only one of the studies reported on the social participation experiences of adolescent mothers. Married and working adolescents' lived experiences of social participation seem limited. Burton's (2007) conceptual model of childhood adultification in economically disadvantaged families suggests that the implications of accelerated adulthood could be either an asset or a liability. In other words, accelerated adulthood could have positive or negative implications. However, the studies that focused on the implications of accelerated adulthood were silent on the positive implications of accelerated adulthood.

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Based on the identified gaps, this study employed qualitative and quantitative methods to assess the contextual dynamics of persistent accelerated adulthood and its socio-cultural and economic implications for both male and female adolescents, using early marriage, childbirth, and work as the indicators of accelerated adulthood in Abrewankor. The study employed Bronfenbrenner's (1979) concept of multiple interacting systems, ranging from immediate to broader societal structures, within the social-ecological theory, and the concept of agency in Giddens's (1984) structuration theory to examine how community, household, and individual factors directly or indirectly influence adolescents' transition to accelerated adulthood. The study also explored the lived experiences of adolescents who go through accelerated adulthood in Abrewankor, emphasising health and social participation. Photovoice, as an innovative approach, was used to reflect the experiences of adolescents before and after they had experienced accelerated adulthood.

Theoretical Perspectives on Accelerated Adulthood

Attempts to understand accelerated adulthood have led to the development of various theoretical frameworks and models. This section explores four key theories that provide perspectives on accelerated adulthood, including the opportunities, capabilities, and second chances framework for policy, social learning theory, structuration theory, and social-ecological theory. These theories/models, all of which emphasise social structures, provide an understanding of the phenomenon. The reviews of the assumptions of these theories/models have informed the theoretical underpinnings of the work.

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Opportunities, capabilities, second chances (OCSC): A framework for policy

The World Development Report 2006 offers an approach to understanding and addressing youth challenges in developing contexts. By highlighting the interplay between available opportunities, individual capabilities, and the necessity for second chances, this framework aims to promote inclusive policies that enhance the well-being and development of young people. The OCSC framework explains that both structural and individual factors influence the development of youth. It comprises three interconnected components. The first is opportunities, which underscores the importance of access to resources and channels that enable young individuals to pursue economic, educational, and social advancement. The opportunities include access to quality education, employment, healthcare, and civic engagement, all of which are critical for fostering positive outcomes for youth (World Bank, 2006).

The second component, capabilities, focuses on young people's ability to take advantage of the available opportunities. Capabilities involve developing skills, knowledge, and competencies that empower individuals to make informed decisions and actively engage in society. Drawing on Amartya Sen's capability approach, the framework emphasises the importance of enhancing youth agency and fostering meaningful participation in community life (World Bank, 2006).

The third component, second chances, recognises that many young individuals face obstacles that impede their paths to success. This aspect of the framework highlights the necessity of establishing safety nets and remedial

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opportunities that help address setbacks and challenges, particularly for marginalised youth. It underscores the importance of providing pathways for redress and recovery, ensuring all young people can realise their potential (World Bank, 2006).

Regarding policy implications, the OCSC framework advocates for a holistic approach to youth programming that acknowledges the multifaceted nature of youth challenges and opportunities. Policymakers are encouraged to expand access to opportunities by investing in education, vocational training, and job creation while addressing structural barriers such as socio-economic, geographic, and systemic discrimination that hinder access. Moreover, the framework stresses the enhancement of capabilities through capacity-building initiatives. Policies should equip young individuals with the necessary skills and knowledge to thrive, integrating formal education with life skills training, mentorship programs, and community engagement opportunities (World Bank, 2006).

Despite its strengths, the OCSC framework is overly broad and lacks specificity regarding implementation strategies. The complexity and context-dependency of the relationships among opportunities, capabilities, and second chances necessitate a cautious application of the framework that considers local realities. Furthermore, while the framework articulates laudable goals for youth development, it does not fully address the structural power dynamics perpetuating inequality. A critical perspective could argue that the framework is inadequate in creating meaningful change without addressing the deeper socio-political issues that limit opportunities and capabilities. (See Figure 1)

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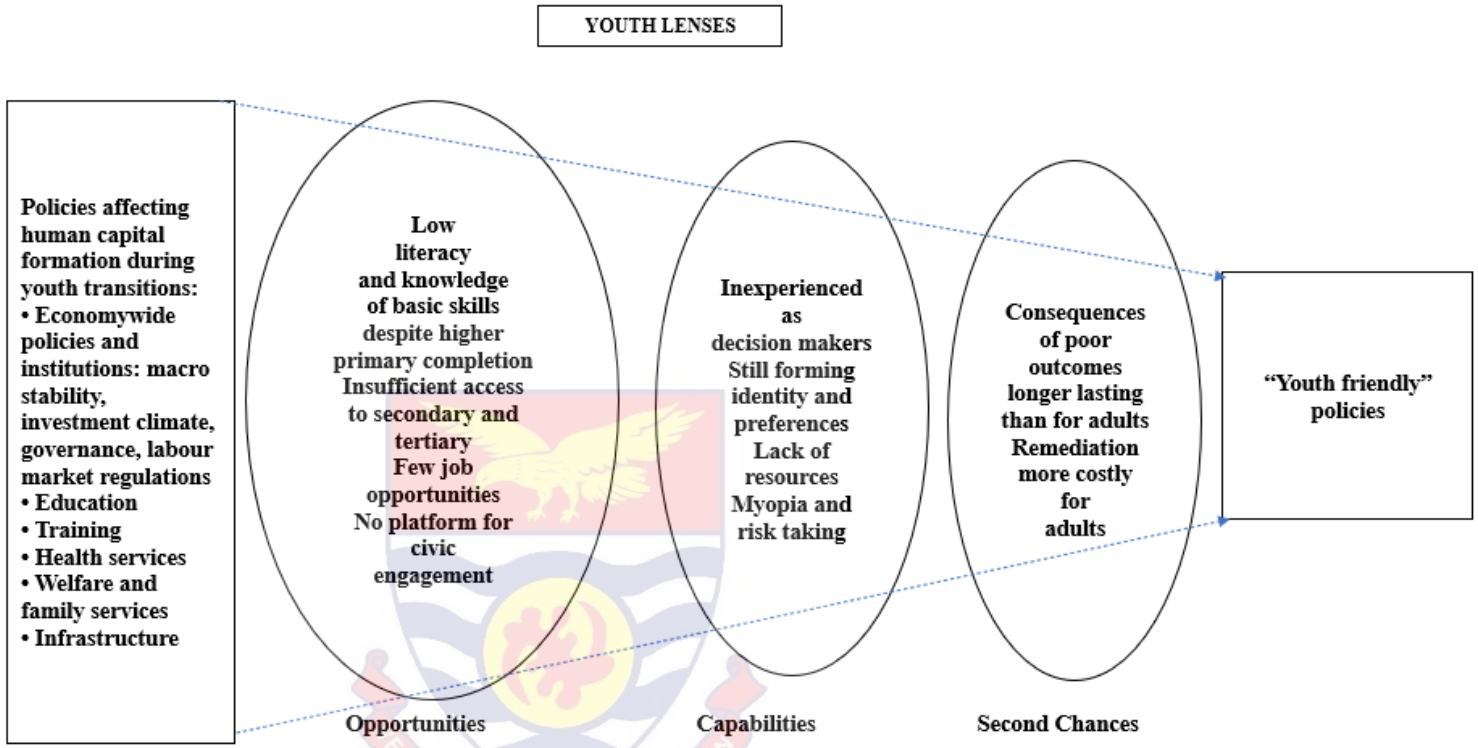


Figure 1: Opportunities, capabilities, second chances

Source: World Bank (2006)

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Social Learning Theory

Albert Bandura's Social Learning Theory, proposed in 1977 based on a series of human behavioural studies throughout the 1960s and 1970s, places significant emphasis on the dynamic interaction of cognitive, behavioural, and environmental elements that shape human behaviour (Bandura & Walters, 1977) (See Figure 2). Individuals acquire new behaviours through seeing and subsequently replicating the acts of others within social contexts. The Social Learning Theory has four fundamental principles: differential association, definitions, reinforcement, and imitation (Zhou & Brown, 2015).

The differential association suggests that individuals acquire socially acceptable and socially unacceptable activities and behavioural models through direct and indirect interactions with others. Individuals tend to emulate the behavioural models established within their social group. The immediate social circle consists of individuals such as family members, friends, educators, neighbours, and members of religious institutions (Zhou & Brown, 2015). Differential association frequently plays a role in establishing and reinforcing definitions (Bandura, 1999).

The definition refers to the individual's attitudes and meanings attached to specific behaviours. These "definitions" can be positive or negative and determine how one perceives and engages in behaviour. If people associate positive definitions with deviant behaviours, they are more likely to engage in those behaviours. Conversely, they are less likely to commit negative acts if they hold negative definitions. When definitions are based on conventional values, some

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behaviours and activities may diminish. For instance, endorsing aggressive and unlawful actions may catalyse the emulation of similar conduct by others (Akers & Jennings, 2015).

Differential reinforcement refers to the process through which individuals perceive and anticipate the outcomes of their behaviours. According to Akers and Jennings (2015), negative consequences can discourage or dissuade individuals from engaging in future activities. Differential association and imitation can reinforce values, attitudes, and beliefs, whether positive or negative (Bandura, 1999; Zhou & Brown, 2015). Positive reinforcement enhances future behaviour by offering favourable consequences and rewards. Negative reinforcement is a behavioural intervention strategy that seeks to deter certain behaviours by punishing and inflicting unpleasant consequences. According to Akers and Jennings (2015), reinforcement plays a significant role in promoting the occurrence of certain behaviours. They propose that social interactions reinforce individuals through interactions with peer groups and family members.

The last determinant is the act of imitation. Individuals tend to acquire and exhibit habits that they have witnessed in others. Individuals imitate role models by closely watching their behaviour and the subsequent outcomes of such actions. Individuals near one another frequently act as sources of imitation (Akers & Jennings, 2015). The concepts of differential association, definitions, imitation, and reinforcement may be employed to analyse the experiences and decision-making processes of adolescents who experience accelerated adulthood. The Social Learning theoretical framework could be used to explain the prevalence of

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marriage, pregnancy, and work among adolescents, as well as their conformity to societal norms.

Connecting social learning theory to global, regional, and national legal frameworks and policies on accelerated adulthood, it can be explained that global frameworks alter the observational environment, exposing families, governments, and communities to new norms, while providing reinforcement mechanisms. Regional frameworks establish regional peer models through which another country can learn a country's best practices to address the phenomenon. National policies explicitly aim to break cycles of imitation by replacing early marriage, child birth and work with education, vocational training, and adolescent-friendly health services. They also use reinforcement—legal sanctions for violations and incentives such as school feeding, Free SHS, and cash transfers.

Carroll et al. (2018), Irvine et al. (2019), Kennedy et al. (2015), and Koo et al. (2013) applied the social learning theory in health professions education programs. Carroll et al. (2018) tested GoSoapBox, a student response system, using the four phases of observational learning. According to the study, this online tool improved learning, in-class engagement, and conversations about contentious issues for students in paramedic, psychology, nutrition and dietetics, nursing, and public health programs. Irvine et al. (2019) examined the self-regulated learning (SRL) and practical teaching practices of final-year nursing students in SCT. The study found that undergraduate nursing students' motivated behaviours and learning methods in their learning and peer-teaching roles support SRL in nursing education. Kennedy et al. (2015) developed and psychometrically assessed a scale to evaluate

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undergraduate nursing students' self-efficacy in exercise competence, enabling educators to assess students' educational needs, confidence, and advocacy for positive change. According to Koo et al. (2013), using a self-efficacy construct to create a formative standardised patient experience helped nursing students learn interprofessional collaborative communication, problem-solving, and clinical competency.

The strength of social learning theory lies in its ability to encompass a range of learning modalities. Individuals can acquire knowledge through observation or active engagement. The theory explains how environmental factors impact adolescents, leading to an accelerated transition into adulthood due to its capacity to elucidate the variations in an individual's behaviour or learning, particularly when there is a change in their surrounding environment.

However, despite the strength of social learning theory in comprehending how contextual factors impact behaviour, it fails to address the concept of accountability in individuals' actions. The theory places significant emphasis on the role of the environment in shaping behaviour and actions, while it is silent on an individual's capacity to comprehend information. It fails to encompass many phases of growth. While there may be variations in children's development, many typical milestones can be observed regardless of their environment. The theoretical framework also has limitations in its ability to account for all forms of behaviour, particularly when individuals lack a role model to imitate.

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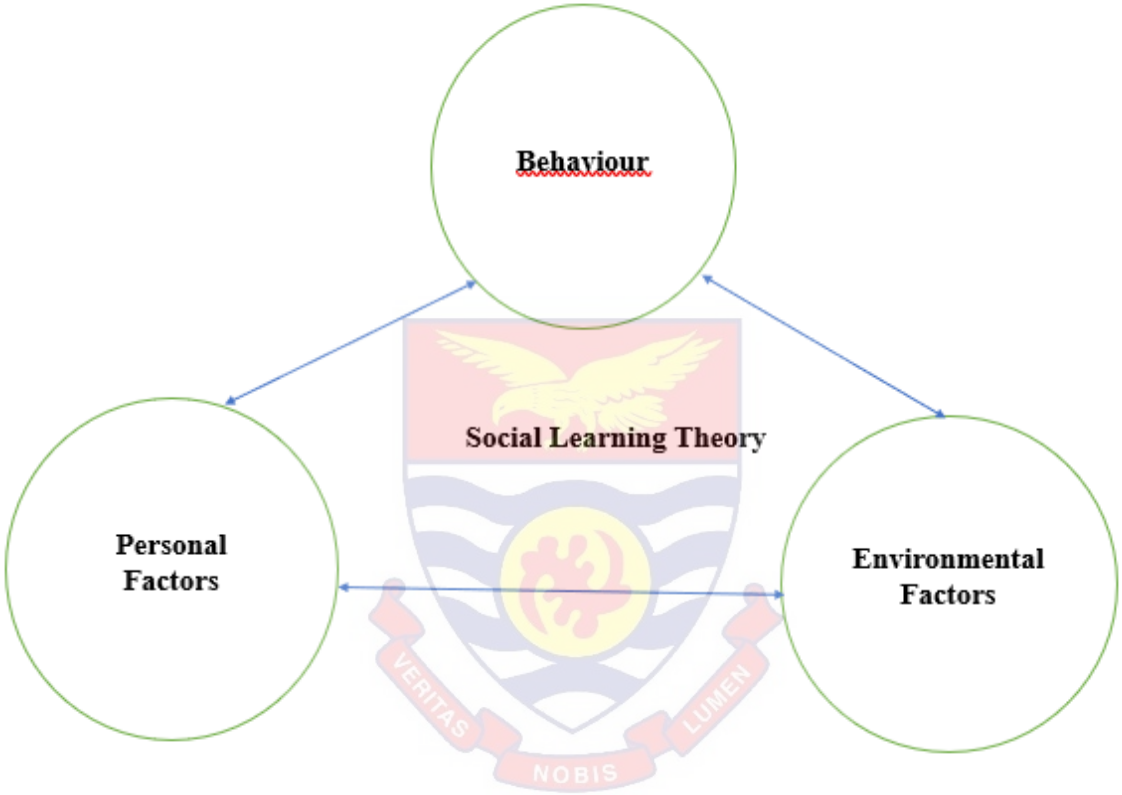


Figure 2: Social Learning Theory

Source: Bandura, 1977

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Structuration Theory

Giddens' (1984) structuration theory explains the dynamic interplay between social structures and human agency, challenging the conventional distinction between them. Central to this theory is the assertion that social phenomena arise from the interdependence of structure and agency, rather than being solely determined by either factor in isolation. Giddens argues that individuals utilise social structures as a framework for their actions, which simultaneously contribute to creating and reproducing those structures, emphasising a dual relationship between them (Van Langenhove, 2017).

Giddens identifies three primary categories of social structures: domination, legitimation, and signification. Domination refers to the exercise of authority and the management of resources, while legitimation assesses the validity of actions within the social order. Signification involves representing meaning through communication and language, where individuals navigate structured language networks to derive meaning from their interactions. This dualistic framework enables individuals to understand their environment, which in turn influences their behaviour and decisions (See Figure 3).

Moreover, Giddens posits that temporality, capacity, and knowledge shape human behaviour. Individuals possess varying levels of expertise and knowledge, which impact their decisions and actions in diverse circumstances. He introduces the concept of "knowledgeability," highlighting individuals' different forms of knowledge and how they apply them in various social contexts. Giddens

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distinguishes between practical consciousness, reflecting competence, and discursive consciousness, encompassing the ability to articulate knowledge.

Despite acknowledging the constraints posed by social structures—including age, cognitive limitations, and health, Giddens indicates that these structures are neither fixed nor deterministic; rather, they evolve through human agency. His theory suggests that individuals can adapt their behaviours according to changing circumstances, emphasising reversibility and the transitory nature of social actions.

Applying the structuration theory, particularly the concept of agency, provides a framework for understanding how adolescents navigate societal expectations and make decisions that affect their transition to adulthood, such as pursuing further education, entering the workforce, or postponing marriage and parenthood. This framework underscores that adolescents are active agents who not only conform to societal norms but also influence and potentially transform these norms through their actions.

Situating structuration theory within the context of global, regional, and national frameworks and policies aimed at addressing accelerated adulthood, it can be stated that structuration theory treats rules and resources as the "structures" that shape and are reproduced through everyday practices. The actions of adolescents can either reproduce these structures or transform them. Policy frameworks provide a shared meaning of childhood, adolescence and adulthood, resource allocation and sanctions reflecting signification, domination and legitimation, respectively. When enforcement, incentives, and local meaning do not change, formal prohibition can

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coexist with accelerated adulthood, and practices will reproduce the issues the laws seek to address.

Research in various fields, including information systems, organisational studies, health information systems, and socioeconomic analyses, has applied the Structuration theory. For instance, researchers have employed structuration theory to explore topics ranging from organisational learning to the agency of young women navigating unintended pregnancies and their ramifications for reproductive health, education, and caregiving.

However, the structuration theory faces critiques. The connection between the theory and empirical research remains limited, and Giddens' conceptualisations are often considered abstract. Furthermore, identifying all social structures, as described by Giddens, can be challenging (Layder, 2006; Archer, 2010; Joseph, 2006). Notwithstanding these limitations, structuration theory remains a valuable framework for analysing the reciprocal relationship between structural factors and adolescent agency in the context of adopting adult responsibilities. Its strengths lie in emphasising the significance of structures and human agency, thereby providing a nuanced understanding of their interaction. Though the literature on its application in studies of accelerated adulthood is limited, the goals of this study align with the principles of structuration theory and the concept of agency, making it an appropriate theoretical foundation for further exploration. The critique of the structuration theory was addressed through triangulation. The structuration theory was combined with the social ecological theory, which has been frequently used in studies of adolescence.

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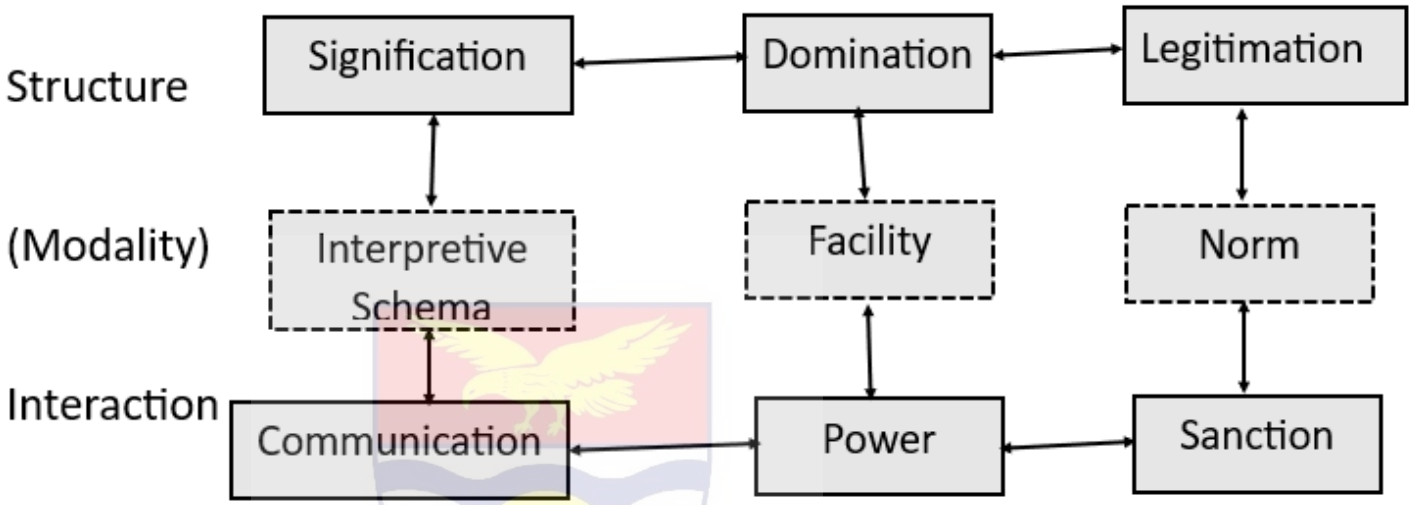


Figure 3: Structuration Theory

Source: Giddens (1984) as cited in Dumay, (2008)

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Social-Ecological Theory

Bronfenbrenner's (1979) Ecological Systems Theory of Development delineates the dynamic interplay between individuals and their surrounding environments. This theory clarifies how an individual's characteristics and environment mutually influence growth and development. Central to Bronfenbrenner's conceptualisation is the notion that a comprehensive understanding of human development necessitates consideration of the entire ecological system within which growth occurs. The ecological system comprises a macrosystem, an ecosystem, a mesosystem, a microsystem, and a chronosystem. Each of these systems is contingent upon the context in which an individual resides, with bi-directional influences manifesting within and between the systems to underscore the reciprocal nature of relationships.

At the microsystem level, defined as "a pattern of activities, roles, and interpersonal relationships experienced by the developing person in a given setting with particular physical and material characteristics" (Bronfenbrenner, 1979, as cited in Banghart, 2013; Sa-ngiamsak, 2016), immediate environments such as family, educational institutions, peer groups, and communities significantly shape accelerated adulthood. Noteworthy influences may include family economic circumstances, parental relationships, and academic performance, all of which can impact adolescents' premature decisions to assume adult responsibilities. Supportive relationships, mentorships, and opportunities for skill acquisition within the microsystem can either facilitate or impede the transition to accelerated adulthood (Bronfenbrenner, 1979, as cited in Sa-ngiamsak, 2016).

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The mesosystem is a network of interrelationships linking multiple environments where an individual actively engages, extending beyond individual dyads to encompass broader social connections. Poor coordination between educational policies, employment prospects, and familial expectations can shape adolescents' early forays into adult roles. Positive interactions within the mesosystem, such as seamless school-to-work transitions or intergenerational mentorship, can ease the transition into adulthood (Bronfenbrenner, 1979, as cited in Sa-ngiamsak, 2016).

The ecosystem represents a broader social system in which individuals do not play a direct role, aligning the immediate environment with societal settings where individuals wield no direct influence. Economic conditions, labour market trends, social expectations, and cultural norms regarding adult roles can influence the opportunities and challenges those navigating accelerated adulthood confront. Access to financial resources, social support systems, educational opportunities, and employment prospects within the ecosystem can either facilitate or hinder the premature assumption of adult responsibilities (Sa-ngiamsak, 2016).

Within the macrosystem, individuals inhabit a more significant cultural milieu characterised by an array of factors such as ethnicity, social background, residential locale, and divergent sexual orientations or gender identities. This system epitomises the diverse beliefs, values, and normative frameworks that guide behaviour within a culture. The principles engendered by the macrosystem, including law, politics, religion, education, economics, geography, race, class, and ethnicity, imbue individuals' lives with purpose and value while regulating

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interactions across varying levels of the social system. Cultural attitudes towards work, family, education, and gender roles, embedded within the macrosystem, can shape the timing and expectations surrounding adult responsibilities. Societal transformations, technological advancements, globalisation, and demographic shifts influence the prevalence and patterns of accelerated adulthood (Sa-ngiamsak, 2016).

Furthermore, the chronosystem encompasses an individual's temporal context, considering how historical circumstances and socio-historical events influence interactions between individuals and the micro, exo, and macrosystems in which they are enmeshed (Johnson, 2005, as cited in Sa-ngiamsak, 2016). Through an ecological framework, one can adopt a multi-perspective, multi-layered analysis that incorporates diverse social contexts and dimensions, providing an understanding of factors influencing accelerated adulthood. This understanding, rooted in Bronfenbrenner's theoretical framework, reassures practitioners and researchers of the model's robustness and reliability.

In the context of global, regional and national actions towards accelerated adulthood, global legal frameworks and policies set the outer policy environment that constrains or enables lower levels, while regional frameworks act as meso-level bridges, linking high-level norms to community institutional practices. National laws and action plans translate them into local routines. The multi-sectoral coordination shows why interventions embedded only in law or community awareness cannot succeed alone, emphasising the need for multi-level strategies.

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Some strengths of the social-ecological model include its multilevel perspective, which allows for a nuanced understanding of the interconnected factors shaping behaviour, from individual characteristics to societal structures. This holistic approach facilitates the design of interventions that target multiple levels of influence and address the root causes of health disparities. It enlightens us about the profound impact of societal structures on individual behaviour. The model's focus on contextual understanding emphasises the importance of considering environmental, social, and cultural factors in intervention design, enabling tailored interventions to meet the specific needs of diverse populations.

However, the social-ecological model also presents some weaknesses. Its complexity and specificity may pose challenges in its application to specific research or intervention contexts, as operationalising the model and identifying the most relevant levels of influence can be arduous. Furthermore, the model's limited focus on individual agency and autonomy may hinder its ability to fully capture the diverse factors influencing decision-making and behaviour. Lastly, the lack of clear guidelines for intervention within the model may impede practitioners' efforts to translate its theoretical framework into practical, actionable interventions that produce meaningful change in health and social outcomes (Sallis et al., 2015) (see Figure 4). To address these critiques, I simplified the social ecological theory by focusing on individual, household and community level factors of accelerated adulthood and combined it with the structuration theory. The social ecological theory showed the layered systems influencing adolescent outcomes, while the

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structuration theory explained how adolescents' own actions towards these structures could reproduce similar structures.

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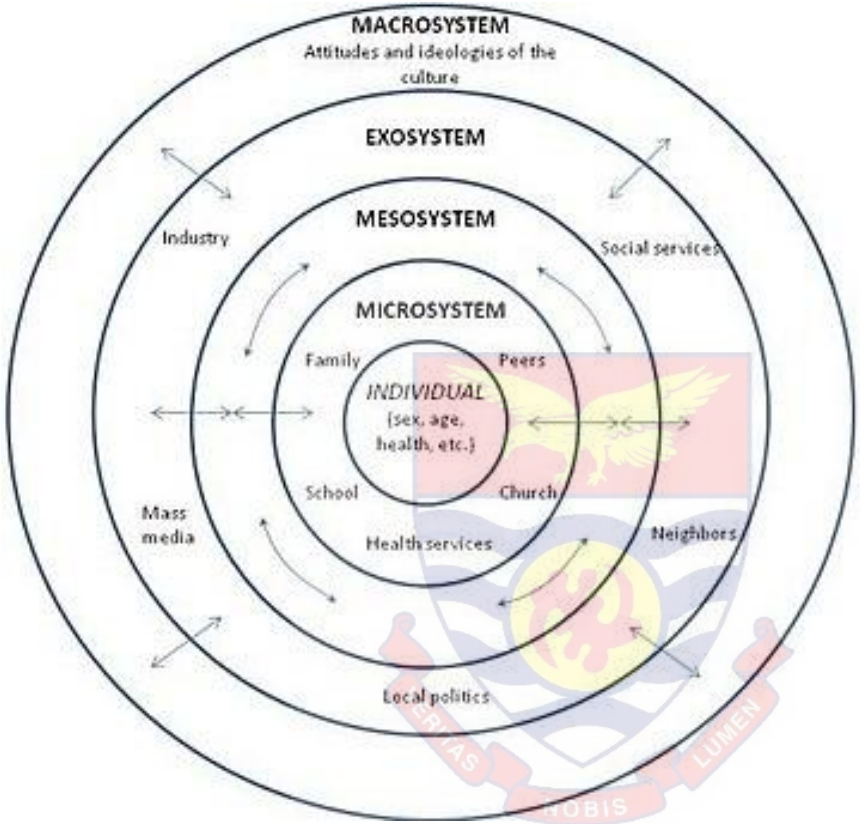


Figure 4: Social-ecological model

Source: Bronfenbrenner (1979)

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Conceptual Framework for the Study

The conceptual framework for the study combined the concept of multiple interacting systems, ranging from immediate to broader society structures in the social-ecological theory, and the concept of agency in the structuration theory. The study's framework is based on three premises. The initial premise suggests that several factors may directly or indirectly influence accelerated adulthood. The factors are the community, household, and individual factors. The conceptual framework for the study assumes that community, household, and individual factors can influence adolescents' choices. Community factors demonstrate how broader factors, including access to education, ethnicity, locality of residence, access to healthcare services, and exposure to media, can influence adolescents' decisions to marry, give birth, or work. The actions of adolescents may lead to an accelerated transition into adulthood.

The household factors illustrate how factors such as living arrangements, the sex of the household head, and the number of children the mother has can influence adolescents' decisions regarding marriage, childbirth, or employment. Adolescents' actions may lead to an accelerated transition into adulthood. The individual factors, on the other hand, indicate how factors including birth order, level of education, age, and sex can influence adolescents' decision to marry roles. The actions of the adolescent may lead to an accelerated transition into adulthood. The framework illustrates that community, household, and individual factors can directly or indirectly influence adolescents' decisions to marry, have children, or engage in work. The adolescents' decision will affect their pathway to adulthood.

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Although multiple roles may be combined, an adolescent mother can still attend school. The focus of this study is on initiating any one of the markers of adulthood during adolescence.

The second premise underscores the active role of individuals in shaping the social structures that perpetuate and sustain early entry into adult roles and responsibilities. It suggests that adolescents possess the capacity to act independently, make choices, and influence social structures. This premise rejects the notion that individuals are passive recipients of societal norms and structures; instead, they actively shape and are shaped by these structures through their actions and decisions. In other words, the agency acknowledges that individuals can make choices and enact change within the constraints and opportunities presented by the social context in which they exist. The third premise states that accelerated adulthood may affect adolescents' well-being. The implications could be positive or negative. For example, early marriage, childbirth, and work could influence the attainment of higher education, health needs and access to health services, beliefs and perceptions, future employment opportunities, and livelihood.

It is important to acknowledge the limitations of the conceptual framework used in this study. For instance, the extent to which the variables can influence the adolescent's decision to marry, give birth, or work is unclear. Another limitation is that, although there may be an effect, it may be challenging to determine whether the variables directly influence early marriage, childbirth, and work. As a result, it is challenging to make broad assumptions. However, despite these limitations, the

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framework is suitable for this study because it provides a way of understanding the different factors influencing adolescents' decision-making.

The model emphasises the significance of understanding how community, household, and individual factors influence adolescents' decisions regarding marriage, childbirth, and employment. Under each component are specific variables that can be measured to achieve the study's purpose. Once an adolescent lives in a community, changes within that community will impact the adolescent's social roles and their transition to adulthood. However, the adolescent is not passive but can act independently, make choices, and influence social structures. It also illustrates how accelerated adulthood can have implications for adolescents' well-being.

In addition, utilising this conceptual framework helped the Principal Investigator to situate accelerated adulthood within a nested level of influence. At the same time, the structuration theory explains how adolescents respond to and reproduce similar structures through their actions. The structuration theory addressed a key limitation of the social ecological model by highlighting the role of agency. This enriched the analysis by avoiding a purely structural explanation. Furthermore, the conceptual framework enabled the Principal Investigator to understand how cultural norms intersect with systemic factors. The main challenge was operationalising the variables. The ecological model's breadth required measurable levels for analysis, while structuration's abstract concepts (duality of structure, agency, and rules) were complex to translate into measurable variables. The use of both quantitative and qualitative methods addressed this. (See Figure 5)

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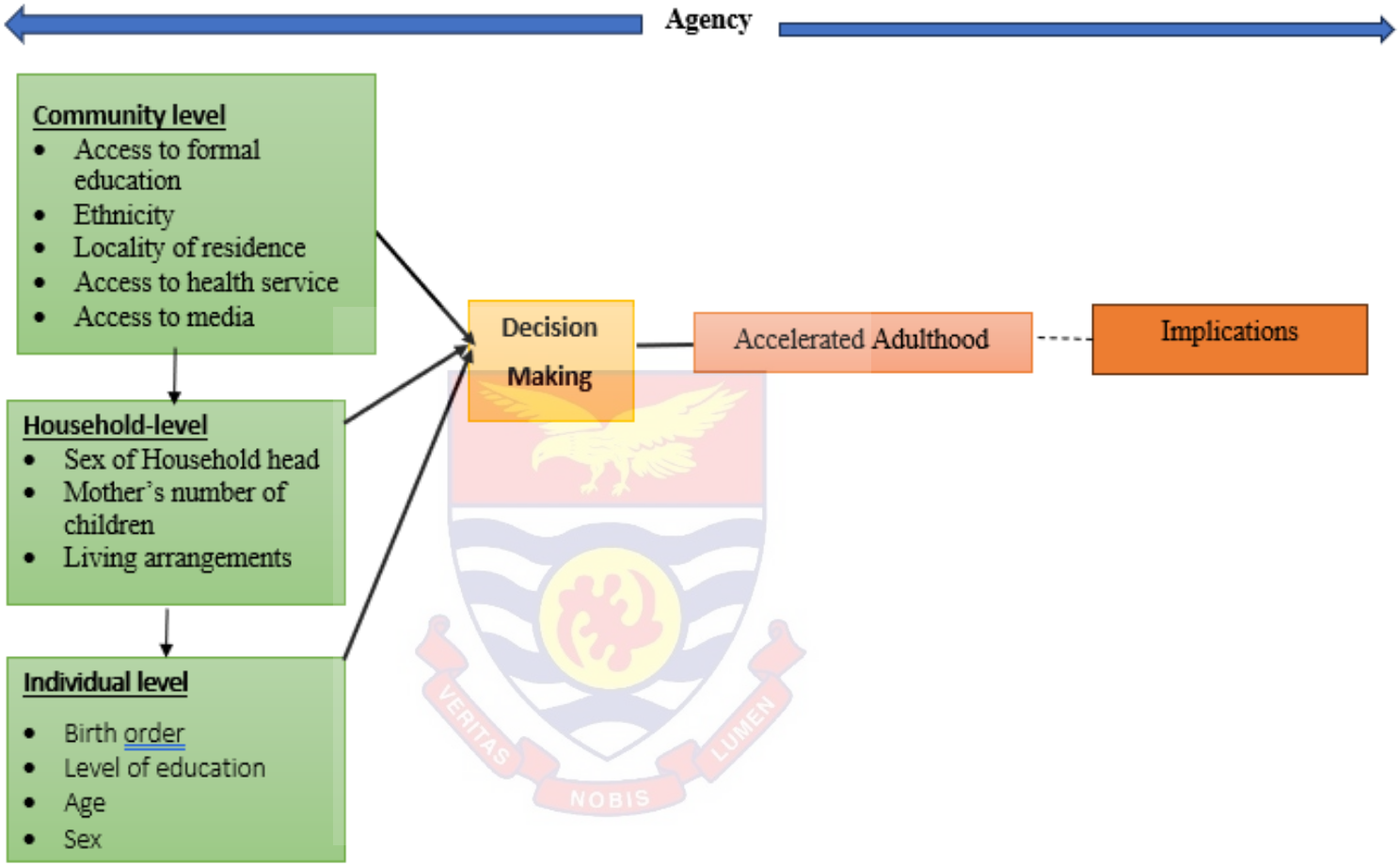


Figure 5: Conceptual framework for the study

Source: Author's construct based on Giddens (1984) and Bronfenbrenner (1979)

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Discussion

This chapter reviewed empirical and theoretical literature. The chapter is divided into three broad sections: the first deals with key concepts, the second presents a systematic review of relevant literature, and the third focuses on theoretical frameworks/ models for understanding accelerated adulthood. Social expectations have changed, allowing a spectrum of pathways toward adulthood. Adolescence, traditionally defined as the period between puberty and the onset of family formation, has unclear endpoints and involves assuming adult responsibilities. Extended schooling and reduced occupational health risks improve health. Social and health inequalities are linked, and if social injustice continues, some adolescents will be disadvantaged in health and development for no fault of their own. Contextual variables are associated with accelerated adulthood. However, adolescents may have various maturity pathways even in the same setting.

The theories reviewed revealed that people develop and age throughout their lives and that early events can shape their lives. Young people pursue and generate opportunities within a specified development phase, which may differ by culture. Setting and pursuing objectives is crucial to making informed decisions based on several opportunities. Young people must make choices throughout their identity formation, and those with minimal life experience may need additional skills and competence to make informed decisions. The theories also revealed a reciprocal association between educational attainment, child

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marriage, and job prospects. Ultimately, society shapes human activities, yet humans are competent agents who direct their lives through their actions.

The reviewed theories suggest that human development is a continual process significantly shaped by early life experiences, which influence future opportunities and trajectories. This insight sets the stage for this study on accelerated adulthood, focusing on how various life experiences, particularly during childhood and adolescence, lead to the premature assumption of adult roles in diverse cultural contexts.

In this study, accelerated adulthood is a developmental phase in which adolescents actively establish and pursue goals influenced by their sociocultural environments. This phase is critical for making important educational, career paths, and family formation decisions. By examining adolescents' decision-making processes, the research aims to understand how socio-cultural factors influence the timing and nature of transitions into adulthood, as well as the associated demands and expectations.

A key area of focus will be the reciprocal relationship among educational attainment, child marriage, and job prospects. The study will investigate how educational opportunities affect the timing of marriage and workforce entry, thereby uncovering mechanisms that either promote or impede the development of accelerated adulthood. The study will involve qualitative interviews with adolescents about their experiences with education, marriage, and employment, as well as quantitative analyses to identify correlations among these variables.

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Moreover, the research will highlight adolescents' agency in shaping their pathways to adulthood. While societal structures impact their choices, individuals actively navigate their lives through their decisions and actions. This perspective will explore how youth exercise agency despite societal constraints, such as cultural norms surrounding early marriage or labour participation.

By incorporating these theoretical perspectives, the study aims to deepen the understanding of accelerated adulthood and provide insights for policymakers and practitioners seeking to support adolescent development. Ultimately, the findings will underscore the importance of tailored interventions that address adolescents' unique cultural contexts and experiences, ensuring they acquire the necessary skills and opportunities for healthy and informed transitions into adulthood.

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CHAPTER THREE

METHODS OF DATA COLLECTION AND ANALYSIS

Introduction

This chapter presents the methods used to explore the dynamics of accelerated adulthood and its implications for adolescents in Abrewankor. It describes the study area, the demographic and socio-cultural characteristics, economic activities, health, and social amenities. It also describes the participants, the processes used to recruit them, and the collection, management, and analysis of the data collected. The chapter includes an assessment of the data quality as well as the ethical dimensions of the study.

Research Philosophy

Research philosophy refers to the beliefs, assumptions, and principles that guide a researcher's research approach. It is a fundamental aspect of social science research because it is the foundation for the research process, influencing the researcher's choice of methods, data collection techniques, and overall research design. It is scientists' shared views and agreements about understanding and addressing problems, obtaining, analysing, and applying evidence about a phenomenon (Tuli, 2010; Kivunja & Kuyini, 2017). Positivism, post-positivism, interpretivism, and pragmatism underpin social science (Uddin & Hamiduzzaman, 2009; Bhattacherjee, 2012; Chilisa & Kawulich, 2012). The study adopted the positivist and interpretivist philosophy.

Positivism is the natural scientist's philosophical approach that emphasises the value of what is given, with a rigid concentration on pure data and facts without human prejudice (Scotland, 2012; Saunders, 2012).

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Interpretivism, on the other hand, focuses on context-related variables and circumstances, and it views humans as different from physical phenomena since they produce deeper meanings and researchers cannot investigate them in the same manner (Alharahsheh & Pius, 2020). The study adopted both positivist and interpretivist paradigms because it sought to analyse the extent of accelerated adulthood in the community and understand the factors, implications, and experiences of adolescents who undergo accelerated adulthood. Both quantitative and qualitative approaches were employed to achieve the study's objectives.

Using the positivist paradigm enabled the study to quantify accelerated adulthood through the collection of numerical data. Furthermore, the positivist paradigm supports the generation of knowledge that can be generalised and applied to similar contexts. The interpretivism paradigm also enabled the study to obtain a detailed picture of the persistent accelerated adulthood in the Abrewankor community. Thus, it enabled the study to explore, understand, clarify, and explain the feelings, situations, perceptions, values, attitudes, beliefs, and experiences of adolescents and other community members regarding the persistence of accelerated adulthood.

Research Design

The study employed two main designs: a cross-sectional design for the quantitative component and a phenomenological design for the qualitative aspect. This cross-sectional design is instrumental in examining the current behaviours, beliefs, practices, and attitudes of a defined group of participants at a specific time. The study employed this approach because it enables the collection of a wide range of data from a diverse sample, providing a holistic

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view of the participants' characteristics at a specific moment (Creswell et al., 2007). It was employed in this study to assess the extent of accelerated adulthood in the community.

The phenomenological research design was employed to understand the shared meanings of people's experiences of accelerated adulthood (Crewswell, 2013). It was chosen for the study instead of other interpretivist designs because of its ability to enable the researcher to understand an individual's lived experience (Peat et al., 2019). In the current study, a phenomenological approach was used to explore the contextual factors influencing accelerated adulthood, the implications of accelerated adulthood, and the experiences of adolescents who have accelerated into adulthood.

Study area

The study area is Abrewankor, a community located in the Krachi Nchumuru District of the Oti Region in Ghana. The district was carved out of Krachi West District in 2012 and inaugurated in 2013, with the passage of Legislative Instrument (L.I.) 2084, with Chinderi as the district's capital. The name Abrewankor, "an old lady cannot go," was based on the distance people had to walk to the village to trade. It is about a 40-minute drive from Chinderi. There are four localities in the community: Konkomba-line, Nchumuru, Nsuano, and Odormi. Konkombas predominantly occupy the Konkomba line. The Nchumurus and Kabre ethnic groups predominantly inhabit the Nchumuru and Odormi localities, while the Nsuano locality is a mixed area comprising the Ewe, Akan, Ga-Dangme, and Nchumuru ethnic groups (Krachi Nchumuru District Assembly, 2017; Krachi Nchumuru District Health Directorate, 2021).

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Demographic Characteristics

The Krachi Nchumuru has a population of 79,930, comprising 40,367 males and 39,563 females. The population of the district by age is as follows: the population aged 0-14 years accounts for 33,990 persons; the population aged 15-64 years accounts for 42,815; and the population aged 65 and above accounts for 3,129. Adolescents aged 10-19 are 19,260. The district is predominantly rural (69.9%) (Ghana Statistical Service, 2021).

Education

The Krachi Nchumuru district has 211 schools, which are 161 public and 50 private schools. There are 88 kindergartens, 86 primary schools, 23 junior high schools, three senior high schools or technical schools, and one vocational school (Krachi Nchumuru District Assembly, 2017). The district has an adult literacy rate of 46.7 per cent, the second lowest in the Oti region (Ghana Statistical Service, 2021). The Abrewankor community has a primary school that benefits from the school feeding program (Krachi Nchumuru District Assembly, 2017; Krachi Nchumuru District Health Directorate, 2021). (See Figure 6)

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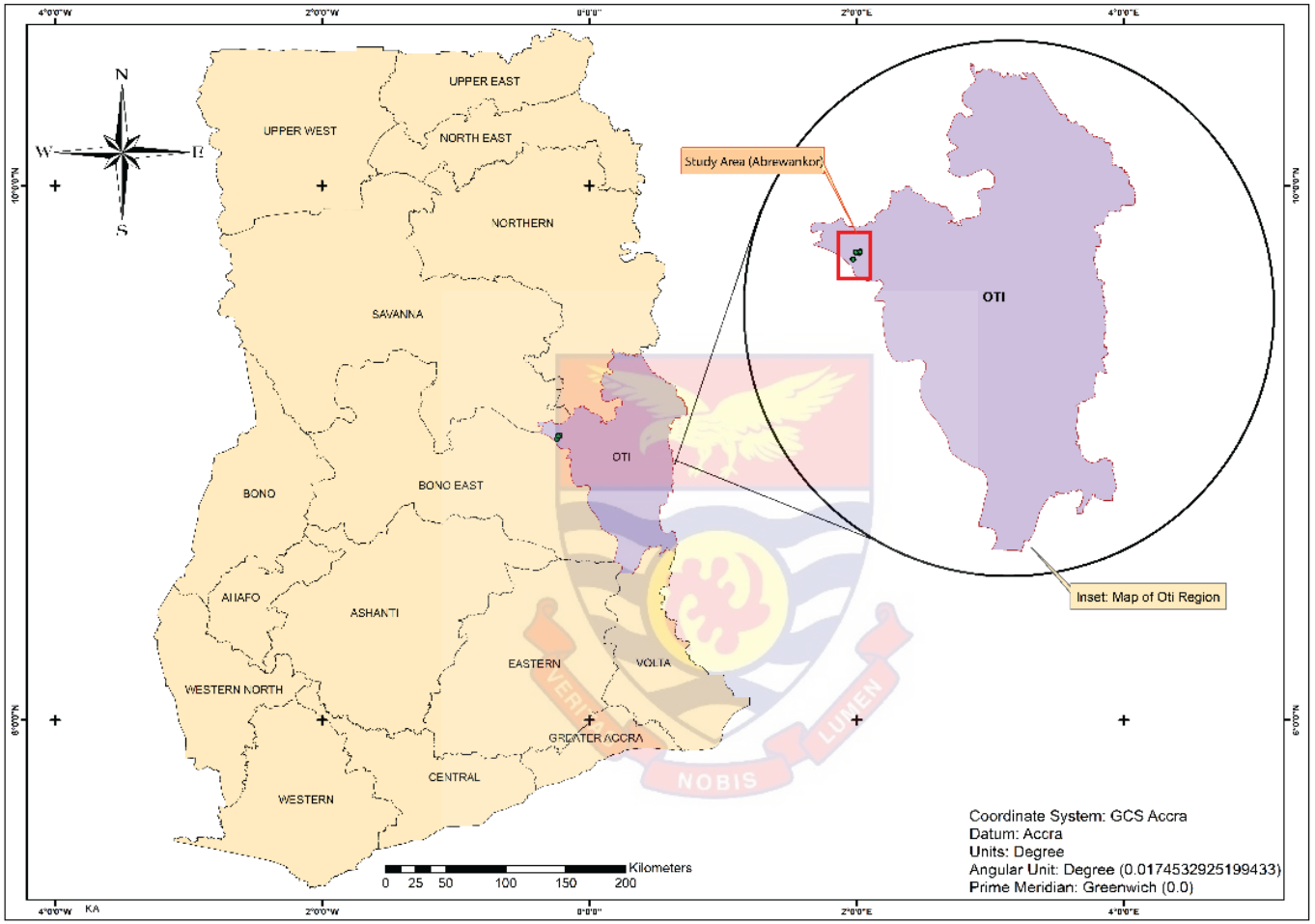


Figure 6: Ghana map showing the study area

Source: Field Survey (2023)

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Economic activities

The Krachi Nchumuru district has a multidimensional poverty rate of 47.2 per cent, the second-highest in the Oti region (Ghana Statistical Service, 2021). Fishing, farming, and trading are the primary sources of livelihood for the people of Abrewankor. The main products are yams, cassava, maize, rice, and groundnuts. The community has a market in the Nsuano locality that is usually busy every Thursday. Community members practice a barter trade by exchanging foodstuffs. The community members can exchange yams for fish. The traders from the Abrewankor community sell their produce in Bejamase or Dambai on market days.

Health

There are eighteen health facilities in the Krachi Nchumuru District. All of them are publicly owned except one private facility. The eighteen health facilities comprise one Mission Clinic, one Private Clinic, five health centres, and eleven Community-based Health Planning and Services (CHPS) centres. The community has both modern and traditional health systems. One of the eight CHPS zones in the district, located at Kradenteh, serves the Abrewanko community. It is a 60-minute walk from the Nsuano locality, which is the furthest. The CHPS has no resident midwife, and the community health workers in the CHPS collaborate with trained community health volunteers to identify and report various health events and conditions for action. The health workers use home visits and other health outreach programs to engage community members. The next level of care is the health centre located at Chinderi. The district has no hospital; therefore, the Krachi East District Hospital serves as the referral point for community members. The traditional health system comprises

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traditional healers and one Traditional Birth Attendant (TBA). Other sources of healthcare or medication include drug peddlers, other faith-based healers, herbalists, and self-medication. Services rendered by herbalists include bone setting, treating snake bites, and addressing general illnesses (Krachi Nchumuru District Health Directorate, 2021; Krachi Nchumuru District Assembly, 2023).

Social amenities and communication.

The district contains 107 km of feeder roads and 34 km of community access roads. The primary means of transport at the district level are ferries, canoes, motorcycles, tricycles, and bicycles. Transportation to and from Abrewankor and neighbouring communities is available through various means, such as tricycles, motorcycles, and canoes. The community has access to power supply from the national electricity grid. The community's main sources of drinking water are the well and the lake. Gong-gong beating and durbars are the major channels of communication and information dissemination to community members. General communication within the district is through information centres in the communities (Krachi Nchumuru District Health Directorate, 2021).

Study Population for Quantitative Study

The quantitative component of the study involved adolescents aged 10-19, which aligns with the World Health Organization's definition of an adolescent. A local census approach was used for the quantitative component of the study. The census approach was used because the study population was small, making it feasible to include every eligible adolescent. This provided the complete picture of the phenomenon in the community. A total of 291 adolescents aged 10-19 participated in the quantitative study.

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Inclusion criteria

The quantitative component of the study involved all adolescents aged 10 to 19 in the Abrewankor community. Although 18 is the legal age for marriage for both boys and girls (Children's Act, 1998), adolescents aged 18 and 19 were included in the quantitative study because global data on early marriage, childbirth, and work include adolescents aged 18 and 19.

Exclusion criteria

Adolescents aged 10 to 19 who had lived in Abrewankor for less than six months were excluded from the quantitative study, as their limited duration of residence did not allow for meaningful reflection on or sharing of their lived experiences in the community.

Study population for the qualitative study

The qualitative component of the study included adolescents aged 10-19 who had married, given birth, or engaged in labour (working) - either currently or in the past - and young men and women aged 20-25 who had married, given birth, or started work before 18. The study also involved other participants, including community members, local chiefs, community health volunteers, health workers, and district adolescent focal persons in the Abrewankor community.

Inclusion criteria for the qualitative study

The qualitative study included adolescents aged 10-19 who had given birth, got married, or worked. Young men and women aged 20-25 who had married, given birth, or started work before the age of 18 were also included. The 20-25 years category is consistent with the Ghana Demographic and Health Survey classifications for reporting early marriage and childbirth. The study

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included elderly community members, locality chiefs, community health volunteers, health workers, and district adolescent focal persons in Abrewankor as participants.

Exclusion criteria for qualitative study

The qualitative study excluded adolescent mothers, fathers, and married or working adolescents who had lived in the community for less than six months. The study aimed to explore how community factors contribute to accelerated adulthood, thereby making the duration of residence a crucial inclusion criterion. Elderly community members with less than six months of residence were also excluded from participating in the study. The study did not include locality chiefs who did not reside in the community.

Sample size generation and selection procedures

The study purposively selected the study sites for both the quantitative and qualitative components based on the objective of including all adolescents in the community. The study sites were the four localities in the community: Nchumuru, Konkomba, Nsuano, and Odormi. Following the site selection the quantitative and qualitative studies employed different selection procedures to collect data. The procedures followed are explained as follows:

Quantitative study selection procedure

The study employed a census approach, encompassing all adolescents aged 10-19 years. In total, 291 adolescents aged 10-19 participated in the quantitative study. The Principal Investigator (myself) and research assistants listed all houses in the four localities and purposively selected houses with households that have adolescents from the listed houses. In the selected houses, households with adolescents were selected to participate in the study. The

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Principal Investigator (myself) and field assistants then use a questionnaire to engage all adolescents in the household.

Qualitative study selection procedure

In the qualitative study, I employed the snowball sampling technique to select a total of 26 adolescents who had ever married, given birth, or worked, comprising 14 males and 12 females, for in-depth interviews. The community health volunteer in each locality assisted the Principal Investigator in identifying the first adolescent for each category to be interviewed. The first adolescent then assisted in identifying the next adolescent who had ever married, given birth, or worked. The process continued until we achieved data saturation, having conducted twenty-six interviews with adolescents aged 10 to 19 who had married, given birth, or entered the workforce. (O'Reilly & Parker, 2013; Walker, 2012). For the photovoice component of the study, we selected adolescents who had ever married, given birth, or worked.

Male and female adolescent groups were engaged in Focused Group Discussion (FGD) in the four localities. The number of participants varied across localities. The participants in the groups ranged from eight to twelve people. The participants were selected using a convenience sampling technique. Similarly, the study organised four FGDs for male and female elderly in each locality. Participants were selected from their households using a convenience sampling technique. The male elderly groups had between ten to twelve participants, while the female elderly groups ranged from eleven to twelve participants. There were 16 FGDs in all.

The study also engaged the community health nurse overseeing the CHPS compound, the district adolescent focal person, and four locality chiefs

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in key informant interviews (KIIs) based on their roles in adolescent health and development. The four locality chiefs were selected from their respective communities, the CHPS nurse from the local health facility, and the district adolescent focal person from the District Health Directorate. Six participants were engaged in KIIs to ensure diverse perspectives from all four localities (Table 2).

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Table 2: Study participants, approaches, and data collection techniques per objectives

Target population	Number of participants	Issues explored	Data collection technique
Adolescents aged 10-19 years	291	• extent of accelerated adulthood in Abrewankor. • Community, household, and individual factors of accelerated adulthood for male and female adolescents of Abrewankor.	Quantitative • Census
Male and female accelerated adults (10-19) years who have taken up adult roles)	26 participants (14 males and 12 females)	• contextual factors of accelerated adulthood for male and female adolescents of Abrewankor. • lived experiences of accelerated adulthood for adolescents of Abrewankor. • perceived social, economic and health implications of accelerated adulthood for adolescents in Abrewankor.	Qualitative • IDI • Photovoice

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Table 2: continued

Target population	Number of participants	Issues explored	Data collection technique
Male and female post-accelerated adults (20-25 years who took up adult roles before age 18)	16 participants	• contextual factors of accelerated adulthood for male and female adolescents of Abrewankor. • lived experiences of accelerated adulthood for adolescents of Abrewankor. • perceived social, economic and health implications of accelerated adulthood for adolescents in Abrewankor.	Qualitative • IDI
Male and female adolescent groups	• 4 female groups (1 FGD per locality, 38 participants) • 4 male groups (1 FGD per locality, 34 participants)	• contextual factors of accelerated adulthood for male and female adolescents of Abrewankor. • perceived social, economic and health implications of accelerated adulthood for adolescents in Abrewankor.	Qualitative FGD
Locality chiefs	4 (1 leader per locality)	• contextual factors of accelerated adulthood for male and female adolescents of Abrewankor. • perceived social, economic and health implications of accelerated adulthood for adolescents in Abrewankor.	Qualitative KII

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Table 2: continued

Target population	Number of participants	Issues explored	Data collection technique
Male and female elderly groups	• 4 female groups (1 FGD per locality, 36 participants) • 4 male groups (1 FGD per locality, 38 participants)	• contextual factors of accelerated adulthood for male and female adolescents of Abrewankor. • perceived social, economic and health implications of accelerated adulthood for adolescents in Abrewankor.	Qualitative FGD
Community health nurse in-charge	1	• contextual factors of accelerated adulthood for male and female adolescents of Abrewankor. • perceived social, economic and health implications of accelerated adulthood for adolescents in Abrewankor.	Qualitative KII
District adolescent health focal person	1		

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Data Collection Instruments

The quantitative data were collected using a questionnaire. The qualitative study employed four data collection techniques: in-depth interviews (IDIs), focus group discussions (FGDs), key informant interviews (KIIs), and photovoice. The data were collected using IDI, FGD, KII, and photovoice guides, which were developed based on participant categories and the study's objectives.

Questionnaire

The questionnaire consisted of three sections. The first section covered socio-demographics, while the second discussed contraceptive knowledge and usage. The third section focused on marriage, childbirth, and work and the contributing factors. The first had 13 questions, which gathered background characteristics of respondents, such as sex, age, ethnicity, religious affiliation, birth parity, highest level of education, living arrangement, sex of the household head, source of household income, and sources of information. The second section had eight items asking questions on respondents' awareness of contraceptives, contraceptive usage, age at first contraceptive usage and decision making on contraceptive usage. The last section contained eleven items, requesting information on age at first childbirth, number of children, age at first marriage or cohabitation, involvement in income-generating work, and type of work.

In-depth interview guide

A semi-structured, in-depth interview guide, divided into four sections, was used to engage adolescents who had ever married, given birth, or worked. The study employed this technique to capture the personal experiences and

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views of accelerated adults, which may not be suitable to share in a group setting. The first sections of the in-depth interview guide focused on the experiences of accelerated adults. The second section posed questions about the factors contributing to accelerated adulthood, while the third section focused on the socio-cultural and economic implications of accelerated adulthood. The last section addressed questions on strategies to mitigate the burden of accelerated adulthood.

Key informant interview guide

The qualitative component of the study used one key informant interview guide with four sections: the community health nurse in charge of the CHPS, the district adolescent focal person, and the locality chiefs. The first section of the KII guide discussed perceptions of accelerated adulthood. The second focused on factors contributing to accelerated adulthood. The third section covered questions on strategies to mitigate the burden of accelerated adulthood. The last section was on the availability of adolescent health services.

Focus group discussion guide

Focus groups comprise groups of people with specific traits that discuss a specific issue or topic (Gerritsen, 2011). This technique was employed to engage adolescent male and female groups as well as male and female elderly groups. The choice of FGD for these categories of participants was because the study intended to gather opinions, beliefs, attitudes, and perceptions of accelerated adulthood from a community perspective (Gerritsen, 2011). Focus group discussion allows a homogeneous group to reflect on the interviewer's questions (Dilshad & Latif, 2013). It provides insights into how people think

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and offers a deeper understanding of the issues examined within a community (Gerritsen, 2011).

Two sets of FGD guides facilitated the focus group discussions. One set of FGD guides facilitated discussions with adolescent groups, while the other guided conversations with elderly community members. The FGD guide for the adolescent groups consisted of four sections. The first section discussed perceptions of accelerated adulthood. The second section focused on contributing factors of accelerated adulthood. The third section addressed perceived socio-cultural and economic implications, and the last section outlined strategies to mitigate the burden of accelerated adulthood. The FGD guide for elderly community members also had four sections. The first section discussed perceptions of accelerated adulthood. The second section focused on contributing factors of accelerated adulthood. The third section addressed perceived socio-cultural and economic implications, and the last section outlined strategies to mitigate the burden of accelerated adulthood.

Photovoice guide

Adolescents who had ever married, given birth, or worked used the photovoice technique to reflect on their experiences. Photovoice is a participatory strategy that enables participants to discover, represent, and improve their perspectives on personal and community issues through photography and analysis of the results (Wang & Burris, 1997; Li et al., 2001). Photovoice utilises images to convey a story, promote literacy, language, and understanding (Wang & Burris, 1997; Schell et al., 2009). The use of photovoice enabled participants to record and reflect on their community's strengths and concerns, promote critical dialogue and knowledge about

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important community issues through discussions of photographs (Wang & Burris, 1997). The photovoice guide employed two scenarios to capture the experiences of adolescents who undergo accelerated adulthood - the first scenario focused on experiences before early marriage, childbirth, or work. The second scenario captured experiences after early marriage, childbirth, or work. The Principal Investigator explained the photovoice technique to all participants and trained them to use phone cameras to capture images from their environment that reflected their experiences before and after early marriage, childbirth, or work. The principal investigator purchased the phones for the photovoice, and all phones were retrieved after data collection. Following the interviews, participants had three days to identify and photograph objects representing their experiences in these contexts. Participants captured three images each for the first and second scenarios.

After three days, the Principal Investigator facilitated discussions with participants about the images they had taken. Participants then selected the photograph that best represented their experience for each scenario. To maintain privacy, the Principal Investigator excluded images containing human faces. A 20-minute discussion was held using the selected photographs to explore participants' experiences of accelerated adulthood. The Principal Investigator digitally recorded these discussions and assigned a serial number that remained unlinked to the participant's identity, ensuring confidentiality.

Measurement of variables

The main objective of this study was to assess the contextual dynamics of accelerated adulthood and its socio-cultural and economic implications for adolescents in Abrewankor. This study measured accelerated adulthood among

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adolescents using three dependent variables: early marriage, early childbirth, and early involvement in economic activities. The study defined early marriage as marriage or cohabitation that occurs before the age of 18. The survey inquired whether the participant had ever married or cohabited, with responses indicating "yes" or "no." A subsequent question addressed the age at first marriage or cohabitation to confirm whether the union occurred before the adolescent reached the age of 18. Early childbirth is giving birth before the age of 18. Additionally, the survey asked whether the participant had ever had a child, with "yes" and "no" as possible answers. A follow-up question sought to determine the age at first childbirth to verify if it occurred before 18.

Early involvement in economic activity was defined as participation in income-generating activities, whether for pay or not, before the age of 18. The question, have you ever been engaged in economic activity, was posed, and the answer was yes or no. There was a follow-up question regarding the age at first work to verify that the participant started work before the age of 18. There was also a question on the type of work. In line with the Conceptual Framework for the study, the independent variables were put into three categories as follows:

Community factors: The community factors were the place of residence and sources of information. The place of residence, defined as the adolescent's locality, included Konkomba, Nsuano, Nchumuru, and Odormi. The study grouped sources of information into the following categories: none, television, radio, gong, calls from family and friends, and the community information centre.

Household factors: The household factors included the sex of the head of household, the number of children the mother had, and the living

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arrangements. The study categorised the sex of the head of household into male and female, the mother's number of children into 1-3, 4-6, and 7 or more, and the living arrangements into living with both parents, living with mother only, living with father only, living with grandparents, and living with other relatives.

Individual factors: The individual factors included birth order, sex, age, and level of education. The study categorised birth order as 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, or more, and the highest level of formal education as no formal education, primary, junior high school (JHS), and senior high school (SHS). The ages were 10-14 and 15-19, and the sex was male and female.

Recruitment and training of field assistants

For the quantitative study, three (3) graduate field assistants, two males and one female, fluent in the Twi language and with previous experience in quantitative data collection, were recruited to assist the Principal Investigator in collecting the data. In the qualitative study, two graduate field assistants, a male and a female fluent in Konkomba, Nchumuru, Ewe, and Twi languages with previous experience in data collection, were selected and trained to assist the Principal Investigator with the qualitative data collection. There were role plays during training for the Principal Investigator and field assistants to familiarise themselves with questions in the data collection tools. One of the two field assistants responsible for the qualitative data collection assisted the Principal Investigator with moderating the FGDs, and the second field assistant audio-recorded the discussions and took notes of the issues emerging from the discussion. The Principal Investigator conducted and audio-recorded the IDIs, KIIs, and photovoice interviews. All field assistants participated in a three-day training session to familiarise themselves with the study objectives, interview

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techniques, the content of the data collection instruments, probing skills, building rapport during interviews, and research ethics.

Pre-testing of Instruments

The questionnaire and interview guides used for the quantitative and qualitative studies, respectively, were piloted in April 2023 at the Dzita community in the Volta Region of Ghana, following ethical clearance for the study from the Ghana Health Service Ethical Review Board. Dzita is a fishing and farming community with similar characteristics to Abrewankor. For the quantitative component, the Principal Investigator and trained research assistants administered the quantitative data collection instrument to 30 adolescents. The qualitative aspect, on the other hand, involved seven accelerated adults, a health provider, a community leader, two elderly males, and two elderly female community members. Following the pre-test, all ambiguity and poorly constructed sentences in the data collection instruments were corrected. The pre-test helped the Principal Investigator check the validity and reliability of the questionnaire and interview guides.

Data Collection Procedure

Data collection took place from May 7th to July 31st, 2023. The Ghana Health Service Ethics Review Committee gave ethical approval for the study. Before data collection, the Principal Investigator (myself) contacted the Regional Health Directorate and presented the ethical clearance letter for the study, along with a letter of introduction from the Department of Population and Health, to seek approval. An approval letter from the Regional Health Directorate was obtained and submitted to the district health directorate, which

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informed the nurse responsible for the health facility that serves Abrewankor and the leaders of all four localities.

Upon arrival in the district, the Principal Investigator introduced herself and her team of field assistants to the District Director of Health Services, who delegated the District Disease Control Officer to lead the group to the health facility and the community. In the community, the Principal Investigator (myself) and the field assistants first introduced ourselves to the community health volunteers in each of the four localities, who led us to the chiefs of each locality for permission before the commencement of data collection.

The Principal Investigator and research assistants responsible for collecting the quantitative data then listed all the houses in the four localities of the community and selected houses with households that had adolescents from the listed houses. In the selected houses, households with adolescents were selected. The Principal Investigator and research assistants then asked adolescents in the households to respond to questions in the questionnaire after obtaining informed consent.

To obtain informed consent, the interviewer (a research assistant or Principal Investigator) introduced him or herself to the household head and provided a detailed description of the study's purpose. The interviewer read and explained the consent forms, which were written in simple English, to the participants. Participants who could read were given the consent form to read, after which the interviewer explained the various sections. The general information about the study, including ethical issues such as benefits and risks, confidentiality, compensation, voluntary participation, and withdrawal from the study, was explained to participants. Participants were allowed to ask questions

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for clarification. Once participants were okay with the information provided and willing to participate, they signed or thumb-printed to give their consent. For adolescents under 18 years of age, the interviewer explained the purpose of the study and the ethical provisions to the parents and sought their consent. The interviewer then explained the purpose of the study as well as the ethical provisions to the adolescents under 18 and obtained their assent. The interviewer then administered the data collection tool. The questionnaire was loaded into the KoboCollect Application, and during the census, research assistants recorded respondents' answers to the questions on tablets using the KoboCollect Application.

The participants for the qualitative component of the study were identified with the support of the community health volunteers (See section on selection procedure), but the same consent process was followed. The interviewer recorded the in-depth interviews and focus group discussions with the participants' consent. The interviewer observed the interviewee's body gestures and recorded them in a notebook. All interviews were conducted face-to-face and administered by the interviewer. The interviews were conducted in the community and at the health facility. The community interviews were conducted at designated places within the community to safeguard the privacy and confidentiality of the participants. We conducted the community interviews from 6:00 am to 7:00 pm. The Principal Investigator utilised the early and late hours of the day to engage those who left work early and returned late. We conducted the health provider interviews at a designated location within the health facility, after the health workers' shift, to safeguard their privacy and

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confidentiality. We ensured that the interviews did not interfere with service provision. On average, each interview took 45 minutes.

The Principal Investigator explained the photovoice technique to adolescents who have been married, given birth or worked. They also taught them how to use the phone camera to capture things from their environment that reflected their experiences before and after early marriage, childbirth, or work. Following the in-depth interviews, the Principal Investigator gave participants three days to identify and capture images of objects in their surroundings that symbolised their experiences before and after marriage, childbirth, and work. Each participant took three pictures for each scenario. Adolescents who needed assistance contacted the field assistants staying in their locality. After the allotted time, the Principal Investigator engaged with the participants to discuss the captured images. Participants then chose the picture they felt best represented their experience for each scenario. We excluded photos that displayed human faces from the selection due to ethical concerns.

Using the chosen images, the Principal Investigator conducted a 20-minute discussion with the participants to delve into their experiences of accelerated adulthood. These discussions centred around the selected photo. Each image was assigned a unique serial number unrelated to the participant to maintain anonymity. To ensure reliability, the Principal Investigator played back the recorded audio to the participants for confirmation and clarification if needed. We collected all the data in Twi; however, when a participant did not speak Twi, field assistants who spoke Konkomba, Nchumuru, or Ewe interpreted the questions in the local language for the participant.

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Data Management, Processing and Analysis

The quantitative data entered into KoboCollect was exported into SPSS version 20 and cleaned for management and analysis. Descriptive and inferential statistics, such as crosstabulation and binary logistic regression, were used to analyse the data. Recorded interviews and transcripts were maintained safely to avoid unauthorised access. They were stored on Google Drive and restricted to the Principal Investigator and supervisors. The Principal Investigator kept the consent forms and completed questionnaires locked in a cabinet.

The Principal Investigator and research assistants transcribed the recorded interviews and photovoice discussions verbatim. The interviewers played back the audio while reading the transcripts to ensure consistency and accuracy. The study team proofread and cleaned the transcripts by checking for typographical and grammatical errors. Each transcript was formatted to make reading and analysis easy. The data was analysed using thematic content analysis. Table 3 presents the structure of the analysis.

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Table 3: Structure of Analyses for the Study

Specific Objective	Source of Data	Type of Data	Analysis
Extent of accelerated adulthood among adolescents	Primary data • Adolescents (10-19)	Quantitative	Descriptive analysis • Crosstabulation
Contextual factors of accelerated adulthood for male and female adolescents of Abrewankor.	Primary data • Adolescents (10-19) • Young persons (20-25) • district adolescent focal person • community health nurse in charge of the CHPS • elderly community members • Locality chiefs	• Quantitative • Qualitative	Inferential analysis • Ordinary logistic regression Thematic analysis • Inductive analysis

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Table 3: Continued

Specific Objective	Source of Data	Type of Data	Analysis
The social, economic, and health implications of accelerated adulthood for adolescent health in Abrewankor.	Primary data • Adolescents (10-19) • Young persons (20-25) • district adolescent focal person • community health nurse in charge of the CHPS • Locality chiefs • Elderly community members	Qualitative	Thematic analysis Inductive analysis
Lived experiences of accelerated adulthood for adolescents of Abrewankor.	Primary data • Adolescent (10-19) • Young person (20-25)	Qualitative	Thematic analysis Inductive analysis

Source: Author (2023)

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The preliminary analysis involved manually coding the data. The study employed an inter-rater coding and analysis technique (Bernard et al., 2016) This method requires two or more researchers to independently code and recode the data according to a pre-established coding plan. Consistency in codes between coders bolstered confidence, ensuring the reliability and validity of the codes and, consequently, the study results (Campbell et al., 2013).

The study employed an inductive coding approach, identifying several key emerging issues in the data and manually creating multiple codes using Microsoft Word. The choice of inductive coding was driven by the intention to avoid imposing a theoretical framework on the data, allowing themes to surface organically. The Principal Investigator (myself) consciously set aside her knowledge of the theoretical framework to remain unbiased. The Principal Investigator and the additional coder collectively resolved discrepancies and consolidated related themes and sub-themes into categories. Tables 4 and 5 present the themes and codes

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Table 4: Themes on factors influencing accelerated adulthood from interviews with adolescents, community members, and health workers.

Theme	Sub-themes	Codes
Social factors	Acceptance and normalisation of early involvement in work, early marriage, and early childbearing	Peers' acceptance of early assumption of adult roles, peer pressure to conform to early work, childbirth, and marriage, religious teachings regarding family roles
	Family Benefits and Societal respect accorded to people who conform to societal expectations.	Community accolades for complying with norms, material benefits from early work, childbirth, and marriage, respect from elders for maintaining traditional values
	Absence of nuclear families	Influence of diverse family members, lack of dual income, different mentorship experiences from different family members, pressure to fulfil emotional and financial needs of younger siblings
Economic factors	Retention of traditional approaches to skills transfer	Emphasis on practical skills over formal education, community elders as primary educators in traditional skills set, early involvement in family business to gain experience
	Continuation of Family Trade	Pride in family legacy, the importance of maintaining family traditions, reliance on family trade for household income, engaging in family trade from a young age, Acquisition of skills related to family trade
	Low family income	The strain on family resources, dependence on multiple incomes, urgency to contribute to family income,

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Table 4 Continued

Theme	Sub-themes	Codes
Other conditions	Lack of modern infrastructure	Limited access to secondary school, substandard facilities, travelling long distances to access Junior High School, limited access to health services, unavailability of reproductive health support, lack of industries or modern jobs, absence of digital tools and telecommunication networks
	Limited access to Role Models	There is a limited presence of educated or skilled professionals, few examples of community members excelling beyond traditional roles, no exposure to alternative lifestyles, limited parental education, older siblings or peers serving as role models, limited exposure to higher education, and a lack of career mentorship.

Source: Field data (2023)

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Table 5: Themes on the implication of accelerated adulthood from adolescents, community, and health work interviews.

Theme	Sub-themes	Codes
Social Implications	Limited opportunities for (education), modern literacy, numeracy skills, and social skills	Early school drop-out, interrupted schooling, limited reading and writing skills development, lack of exposure to technology, lack of exposure to foundational numeracy, limited interaction with peers, and underdeveloped communication skills
	Cycle of low educational attainment and early adoption of adult roles	Lack of interest in education, low academic performance, lack of parental understanding of the importance of schooling, normalisation of low education, family expectation for adolescents to prioritise work over education
Economic Consequences	In subsistence employment – the practice of barter trade	Reliance on the exchange of goods and services due to limited access to money, inability to generate funds to invest in better opportunities, inability to obtain loans
	Lack of decent jobs	Causal work, unemployment, low income, lack of benefits
	Trapped in a world of intergenerational poverty	Poor housing, lack of basic utilities, continuous lack of basic needs, and continuous poverty in the family

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Table 5 Continued

Theme	Sub-themes	Codes
Health and well-being implications	Early childbearing and its implications for mother and baby	Pregnancy-related complications, malnutrition in infants, financial struggles for the mother
	Poor health environment	Reluctance to use healthcare services, lack of nutritious foods, illness due to poor diet
	Involved in hazardous jobs with compromised health	Normalisation of risk, musculoskeletal problems, chronic illness from job exposure, occupational injuries

Source: Field data (2023)

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Data Quality Assurance

Validity and reliability are essential for evaluating data quality in both quantitative and qualitative research. In qualitative research, interest in validity and reliability relates to the trustworthiness of research findings, transferability, auditability, and confirmability (Creswell & Creswell, 2017; Korstjens & Moser, 2018). The validity of a research study refers to how well the study's results accurately represent findings among similar individuals outside the study. (Patino & Ferreira, 2018). Developing and validating an instrument primarily focuses on reducing errors in the data-gathering process (Raghu & Rodrigues, 2021). The instrument is legitimate if it measures what it is supposed to measure, and the results are used for the intended purpose. Error is one of the integral elements in all investigations and is inversely related to validity and reliability (Price et al., 2015; Ahmed, & Ishtiaq, 2021). The greater the degree of error, the less accurate and truthful the results (Price et al., 2015; Ahmed, & Ishtiaq, 2021). It is, therefore, imperative to be watchful of the sources of error when conducting research.

Validity and reliability for quantitative data

The Principal Investigator (myself) developed the questionnaire for quantitative data collection, guided by the study's objectives and drawing items from the Ghana Demographic and Health Survey (GSS, GHS, & ICF, 2023). To ensure that the questions covered the constructs of accelerated adulthood, including child birth, marriage and work, the instrument was shared with Adolescent Health and development research experts for review. The feedback

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from the pre-test, conducted among 30 respondents in the Dzita community in the Volta region, helped refine ambiguous questions and improve clarity. My supervisors also reviewed the data collection instrument. To ensure that the tool captures individual, household, and community-level indicators, I linked the instrument to the theoretical concepts of the social ecological theory (Bronfenbrenner, 1979). Regarding reliability, I tested the internal consistency using Cronbach's alpha for multi-item scales after the pretest, and the result was >0.7. The skip pattern helped to strengthen the consistency of items with categorical measures.

Methodological rigour for qualitative data

Following the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist, the characteristics of field assistants, including their qualifications, experience, and gender, were considered when recruiting them. The Principal Investigator conducted an interview to recruit experienced field assistants with previous experience in conducting interviews. The Principal Investigator paired the male and female field assistants with male and female participants.

To ensure credibility, participants were engaged over a period to establish rapport and build trust, allowing them to share their perspectives on the phenomenon freely. After the initial data collection, the Principal Investigator employed the member checking technique, which involved sending the data to participants to rectify factual errors and providing them with the option to submit additional information, to ensure the accuracy of the data. The

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emerging themes were discussed with some participants to verify that my interpretation aligned with their experiences. Using data from different categories of participants allowed for comparison of perspectives. To ensure dependability, the Principal Investigator maintained an audit trail of the research process and used iterative questioning during the interviews. The probing of responses given by participants helped test the consistency of their views. Peer debriefing sessions with other researchers helped assess whether my interpretations were consistent and grounded in the data. Peer briefing and discussion of the analysis process with colleagues provided constructive feedback, helping ensure the data analysis was accurate. The two coders, including the Principal Investigator, continuously coded and recoded the data to derive patterns for peer review. In reporting the study findings, the Principal Investigator presented consistent and clear findings, including main and sub-themes. To minimise the personal influence on the interpretation of the participants' perspectives, I kept a notebook to document my potential biases, perceptions, and decisions throughout the study.

Ethical Consideration

Ethics in research emphasises conducting research morally and responsibly, from formulating topics to writing and disseminating findings (Saunders & Townsend, 2018). Before data collection, the Principal Investigator obtained clearance from the Ghana Health Service Ethics Review Committee (**ID: GHS-ERC: 009/02/23**). The research team, comprised of the Principal Investigator and research assistants, undertook community entry activities and sought permission from the leaders of the four localities to

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conduct the study. We used the informed consent forms to seek the consent of all participants.

All pertinent study information was provided in both the local language and English, allowing participants to understand the study's purpose and objectives before participating. Because participation is voluntary, participants signed or thumb-printed a consent form depending on their ability to read and write. Participants who could not read and write thumbprinted the consent form. The interviewer obtained the consent of participants in the presence of a witness. Furthermore, they assured the participants of confidentiality and anonymity. The data collection tools contained no identifiable information, such as the participant's full name and address. The interviewer explained to the participants their rights to participate, decline, or withdraw from the study in detail.

Summary

This chapter described the philosophical assumptions underpinning this cross-sectional study. The research approaches adopted to assess the contextual dynamics of accelerated adulthood and their social, health, and economic implications for adolescents in Abrewankor are presented in this chapter. The study area, Abrewankor, located in the Karachi Nchumuru District, is described in this chapter, specifically in terms of population dynamics, economic activities, access to health services, social amenities, and communication channels. Furthermore, the chapter outlined the target participants and their selection for participation in the study. The chapter described the research instruments designed for data collection, the data collection process and

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analysis, and the measures used to ensure quality assurance. The chapter also explained the measures employed to ensure the study is conducted ethically. The next chapter presents the socio-demographic characteristics of participants, pathways to adulthood, and the factors that influence adolescents' transition to accelerated adulthood in Abrewankor.

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CHAPTER FOUR

SOCIO-DEMOGRAPHIC CHARACTERISTICS AND PREVALENCE OF ACCELERATED ADULTHOOD

Introduction

The background characteristics of participants are crucial in providing valuable insights into the perceptions, expected patterns, and dynamics of the study population. This Chapter examines the socio-demographic characteristics of participants in the quantitative and qualitative studies. The socio-demographic characteristics examined were sex, age, locality, highest level of formal education, sex of the household head, number of children, living arrangement, birth order, and primary source of information.

Socio-demographic Characteristics of Participants of the Quantitative Study

Socio-demographic characteristics offer insights into the population's diversity, enabling researchers to understand the sample's composition and how different groups may experience or respond to a phenomenon (Bornstein, 2013). The quantitative study involved 291 adolescents, representing the total number of adolescents in the community, as enumerated in the census. This number comprised 54.3 per cent males and 45.7 per cent females (Table 6). The highest proportion (45.7%) of the adolescents were residents in the Konkomba locality, compared to 13.8 per cent of residents in Odormi (Table 6). Over half of the adolescents (58.4%) were aged 10-14 years. Almost half (49.1%) of the adolescents had no formal education, and only three per cent had attended

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Senior High School (Table 6). Half of the mothers of the adolescents had had seven or more children, with a modal parity of three (19%). Eighty-four per cent of the participants lived in male-headed households, two-thirds of adolescents lived with both parents (71.5%), and four per cent (4%) lived alone with either their father or mother. For most adolescents, the primary source of information was the radio (45.7%) (Table 6).

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Table 6: Socio-demographic Characteristics of Participants

Variable	Categories	Participants	
		N	**%**
Locality	Konkomba	133	45.7
	Nsuano	48	16.5
	Nchumuru	70	24.1
	Odormi	40	13.7
Age	10-14	170	58.4
	15-19	121	41.6
Highest level of education	None	143	49.2
	Primary	105	36.1
	JHS	33	11.3
	SHS	10	3.4
Sex	Male	158	54.3
	Female	133	45.7
Mother's number of children	1-3	23	7.8
	4-6	118	40.6
	7 or more	150	51.6
Sex of household head	Male	245	84.2
	Female	46	15.8
Birth order	1st child	40	13.8
	2nd child	48	16.5
	3rd child	56	19.2
	4th child	41	14.1
	5th child	36	12.4
	6th child	26	8.9
	7th child	22	7.6
	8th child or more	22	7.5

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Table 6 continued.

Variable	Categories	Participants	
		N	**%**
Living arrangement	Living with both parents	208	71.5
	Living with mother alone	33	11.3
	Living with father alone	11	3.8
	Living with grandparents	25	8.6
	Living with other relatives	14	4.8
The primary source of information	None	10	3.4
	television	34	11.7
	Radio	133	45.7
	Gong gong	65	22.3
	Calls from family and friends	38	13.1
	Community information centre	11	3.8
Total		291	100

Source: Field survey (2023)

Socio-demographic Characteristics of Participants of Qualitative Study

In-depth interviews and key informant interviews

Twenty-eight adolescents aged 10-19 years who had experienced marriage, childbirth, or employment were purposefully selected and interviewed using the snowball sampling technique (see Chapter 3). The data saturation principle guided the selection of participants, with saturation being

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achieved at varying points of the seventh, eighth, and sixth interviews in the Nsuano, Konkomba, Odormi, and Nchumuru localities, respectively. Twenty-three participants were between 15-19 years, and 11 participants had no formal education. More than half of the participants (15) were males (Table 7). The study involved sixteen young persons aged 20-25 years who had experienced early marriage, childbirth, or employment before the age of 18, and conducted in-depth interviews using snowball sampling. Four participants, two males and two females, were selected from each locality. Six of the participants were 21 years old. More than half (11 participants) of the participants had no formal education. The study conducted four key informant interviews with community leaders from each locality. All four community leaders were males aged 54 and 59 (Table 7).

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Table 7: Background characteristics of adolescents selected for In-depth Interview

Variable	Categories	Participants N
Locality	Konkomba	20
	Nsuano	19
	Nchumuru	19
	Odormi	14
Age	10-14	10
	15-19	62
Highest level of education	None	5
	Primary	41
	JHS	19
	SHS	7
Sex	Male	34
	Female	38
Total		72

Source: Field survey (2023)

Focus Group Discussion

Adolescent, adult, and elderly community members

Seventy-two adolescents aged 10-19 were selected for the Focus Group Discussions (FGDs) (Table 8). There were separate male and female adolescent groups in the four localities, with 38 females and 36 males. Sixty-two of the participants were between the ages of 15 and 19 years. Of the 74 participants, 41 had completed junior high school education. Thirty-eight participants were female, and 36 were male. The study involved 64 adults and elderly community members purposefully selected for the community members' FGDs (Table 9).

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Each of the four locations had separate male and female groups. Seventeen participants were aged 60 years and above. Out of the 74 participants, 53 had no formal education. There were 38 male and 36 female participants.

Table 8: Background characteristics of adolescents selected for Focus Group Discussion

Variable	Categories	Participants N
Locality	Konkomba	14
	Nsuano	14
	Nchumuru	14
	Odormi	12
Age	10-14	5
	15-19	49
Highest level of education	None	0
	Primary	14
	JHS	33
	SHS	7
Sex	Male	24
	Female	30
Total		54

Source: Field survey (2023)

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Table 9: Background characteristics of adult and elderly community members selected for Focus Group Discussion

Variable	Categories	Participants N
Locality	Konkomba	20
	Nsuano	23
	Nchumuru	14
	Odormi	17
Age	30-34	15
	35-39	12
	40-44	14
	45-49	6
	50-54	4
	55-59	6
	60 and above	17
Highest level of education	None	53
	Primary	10
	JHS	9
	SHS	2
Sex	Male	38
	Female	36
Total		74

Source: Field survey (2023)

Proportions of accelerated adulthood

For this study, we defined accelerated adulthood as the early transition from adolescence into adult roles and responsibilities such as work, marriage, and/or childbirth. Societally, economically, and culturally, the phenomenon is influenced (Schoon, 2015). The accelerated adulthood variable was measured

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using the yes or no responses for early marriage, childbirth, and work. The study classified adolescents as experiencing accelerated adulthood if they responded 'yes' to either early marriage, childbirth, or work, or to any combination of two or all three indicators. Almost half of males and 29.3% of females experienced accelerated adulthood (Table 10). Work was the first route to adulthood for most adolescents, as observed in the study. For both males (44.9%) and females (23.3 %), work had the highest proportions (Table 10). The traditional approach to the transfer of skills, which is primarily from parents to children at an early age in agrarian and fishing communities, can explain this finding

Table 10: Proportions of adolescents going through accelerated adulthood.

Variable	Participants			
	Male		Female	
	N	%	N	%
Accelerated adulthood	76	48.1	39	29.3
Work	71	44.9	31	23.3
Childbirth	2	1.3	15	11.3
Marriage	1	0.6	11	8.7

Source: Field survey (2023)

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Proportion of accelerated adulthood by background characteristics

For both males (72.4%) and females (76.9%), the results showed a higher proportion among adolescents aged 15-19 years. Four of ten primary-education male adolescents had accelerated into adulthood. Both male (60.5%) and female (64.1%) adolescents whose mothers had seven or more children had a higher (61.7%) proportion of accelerated adulthood. A large household size often means more financial responsibilities and expenses. Adolescents in large households may feel pressured to contribute to the family income. This economic pressure can accelerate their entry into the workforce or push them to prioritise immediate financial needs over long-term educational or career goals (Table 11).

For living arrangements, two out of three males (63.2%) and females (59.0%) adolescents lived with both parents, while only seven per cent of males and three per cent of females lived with their fathers only. Nine out of ten males (90.3%) and more than six out of ten females (64.1%) had male household heads. Among the males, half (48.6%) reported that their primary source of information was the radio, compared to 38.5 per cent of females (Table 11).

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Table 11: Accelerated adulthood by background characteristics

Variable	Categories	Accelerated into Adulthood			
		Male		Female	
		N	%	N	%
Locality	Konkomba	37	48.7	17	43.6
	Nsuano	16	21.1	5	12.8
	Nchumuru	19	25.0	11	28.2
	Odormi	4	5.2	6	15.4
Age	10-14	21	27.6	9	23.1
	15-19	55	72.4	30	76.9
Highest level of education	None	27	35.5	17	43.6
	Primary	33	43.4	14	35.9
	JHS	13	17.1	6	15.4
	SHS	3	4.0	2	5.1
Mother's number of children	1-3	6	7.9	0	0
	1-6	24	31.6	14	35.9
	7-10	46	60.5	25	64.1
	Children				
Birth order	1st child	10	13.2	6	15.4
	2nd child	16	21.1	5	12.7
	3rd child	15	19.7	8	20.5
	4th child	9	11.8	8	20.5
	5th child	6	7.9	1	2.6
	6th child	7	9.2	4	10.3
	7th child	9	11.8	4	10.3
	8th child or more	4	5.3	3	7.7

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Table 11 continued.

Variable	Categories	Accelerated into Adulthood			
		Male		Female	
		N	%	N	%
Living arrangement	Living with both parents	48	63.2	23	59.0
	Living with mother alone	6	7.9	11	28.2
	Living with father alone	5	6.6	1	2.6
	Living with grandparents	10	13.1	2	5.1
	Living with other relatives	7	9.2	2	5.1
Sex of household head	Male	61	80.3	25	64.1
	Female	15	19.7	14	35.9
Main Source of information	None	4	5.3	1	2.5
	television	14	18.4	6	15.3
	Radio	37	48.6	11	28.2
	Gong gong	2	2.6	15	38.5
	Calls from family and friends	16	21.1	4	10.3
	Community information centre	3	4.0	2	5.2

Source: Field survey (2023)

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Multivariate Analysis

The study conducted further analyses to determine how individual, household, and community variables in the study's conceptual framework influenced and predicted accelerated adulthood. A binary logistic regression model was employed for the multivariate analysis. The binary outcome of the dependent variable informed the choice of logistic regression for the study. The dependent variable, which is whether the adolescent had experienced early marriage, childbirth, and work, had responses of yes or no. Logistic regression is suitable for modelling such dichotomous outcomes due to its ability to estimate the probability of an event occurring while handling non-linear relationships between the outcome variable and predictors. (Hosmer, Lemeshow, & Sturdivant, 2013).

Three models were used to show the relationship between the explanatory and outcome variables. Model 1 showed an association between the individual variables, including age, sex, and accelerated adulthood. Model 2 showed how household factors, such as the number of children the mother has given birth to, the sex of the household head, and living arrangements, directly or indirectly predict accelerated adulthood. The third model demonstrated how community variables, such as community information sources, directly influence accelerated adulthood. It also showed how the community variables indirectly influence household and individual variables to predict accelerated adulthood.

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In model 1, age and sex were significantly associated with accelerated adulthood. Adolescents aged 15-19 years had the highest odds (OR=15.8, CI=7.9-31.7, p<0.001) of accelerating into adulthood compared to the base age category of 10-14 years. The odds of accelerating into adulthood were lower for females (OR=0.4, CI=0.21-0.7, p<0.01) than for males, the reference category.

In Model 2, there was a decline in the odds of accelerated adulthood among adolescents aged 15-19 years and females after including the household variables. On the contrary, sex had an increased odds of accelerated adulthood in the second model. Concerning the household variables, the sex of the head of household and the mother's number of children were significantly associated with accelerated adulthood. Adolescents whose mothers had given birth to seven or more children had higher odds (AOR=7.3, CI=1.8,29.8, p<0.01) of accelerated adulthood compared to those with 1-3 children. Using male-headed households as the base category, the odds of accelerated adulthood were higher for adolescents from female-headed households (AOR=5.58, CI=1.52,20.24, p<0.01).

In the third model, the community variables influenced the individual and household variables. The odds of adolescents aged 15-19 years accelerating into adulthood experienced a further decline. There was, however, a slight increase in the odds of accelerated adulthood for adolescents in female-headed households (Table 12).

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Table 12: Multivariate Logistic regression results on accelerated adulthood

Variable	Model 1	Model 2	Model 3
	Odds Ratio (CI)	Adjusted Odds Ratio (CI)	Adjusted Odds Ratio (CI)
Age group			
10-14	Ref	Ref	Ref
15-19	15.8 (7.9-31.7)***	13.7 (6.7-28.8)***	12.3 (5.8-26.0)***
Sex			
Male	Ref	Ref	Ref
Female	0.4 (0.21-0.7)**	0.3 (0.2-0.6)***	0.3 (0.1-0.6)**
Highest level of education			
None	Ref	Ref	Ref
Primary	0.5 (0.3-1.2)	0.5 (0.2-1.1)	0.5 (0.2-1.2)
JHS	1.2 (0.4-3.2)	1.3 (0.5-3.9)	1.7 (0.6-5.4)
SHS	0.3 (0.1-1.4)	0.3 (0.1-1.4)	0.3 (0.1-1.5)
Sex of household head			
Male	Ref	Ref	Ref
Female		4.5 (1.3-15.1)*	5.0 (1.4-17.7)*
Living arrangement			
Living with both parents		Ref	Ref
Living with mother alone		0.9 (0.2-3.5)	0.8 (0.2-3.4)
Living with father alone		2.5 (0.6-11.6)	2.4 (0.5-12.1)
Living with grandparents		1.6 (0.5-5.5)	1.5 (0.4-5.1)
Living with other relatives		2.2 (0.5-9.8)	2.3 (0.5-10.9)

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Table 12 continued

Variable	Model 1	Model 2	Model 3
	Odds Ratio (95% CI)	Adjusted Odds Ratio (95% CI)	Adjusted Odds Ratio (95% CI)
Mother's number of children			
1-3		Ref	
4-6		4.5 (1.1-18.1)*	4.5 (1.1-18.1)*
7-10		7.3 (1.8-29.8)**	7.6 (1.8-31.5)**
Information sources			
None			Ref
Television			1.2 (0.2-7.9)
Radio			0.5 (0.1-2.6)
Gong gong			0.7 (0.1-3.9)
Calls from family and friends			1.1 (0.2-6.2)
Community information centre			1.3 (0.1-11.7)

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, Psuedo R^2 (Model 1=0.2573, Model 2=0.3064. Model 3=0.3212)

Source: Field survey (2023)

Discussion

This chapter presented the participants' socio-demographic characteristics and the prevalence of accelerated adulthood in Abrewankor. This component of the study used quantitative data. The study's findings showed that male and female adolescents were mainly involved in work rather than marriage

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and childbirth. This finding is consistent with what was reported by the 2014 and 2021 Ghana Demographic and Health Surveys (GSS GHS and ICF, 2015; GSS GHS and ICF, 2023)

Enebe et al. (2021), who examined the prevalence and predictors of child labour among junior public secondary school students in Enugu, Nigeria, reported similar findings. The prevalence of working among adolescents is universal. However, occupational transmission from parents to children, a common practice in such settings, can explain the prevalence in farming and fishing communities such as Abrewankor. The main occupations, fishing and farming, are passed on to children as a form of security for the future (Adonteng-Kissi, 2021). The study classified adolescents who have either married, given birth or worked as going through accelerated adulthood. The quantitative data revealed that males and older adolescents (15-19 years) were likely to accelerate into adulthood. This finding is consistent with universal evidence (UNICEF, 2023b). The minimum age for work and marriage could explain the finding (Guarcello et al., 2016). The finding supports the conceptual framework for the study. According to the framework, age and sex are individual variables that can directly influence adolescents' decisions to go through accelerated adulthood (agency).

The household-level factors influencing accelerated adulthood, as indicated by the quantitative data, are the sex of the household head and the number of children in the mother's household. According to the framework, the sex of the household head and the mother's number of children are household-

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level structures that could directly influence adolescents' decisions to accelerate their transition to adulthood (agency). Adolescents residing in female-headed households were more likely to go through accelerated adulthood than their male counterparts. Similar observations were made in a study by Saleheen et al., (2021), which delved into socio-demographic determinants of early marriage among women in Bangladesh, Ghana, and Iraq; by Belachew et al. (2022), which examined factors influencing early marriage among married women across nine high-fertility sub-Saharan African nations; and by Agbo (2017), which examined the health and educational ramifications of child labour in Nigeria. The limited availability of resources within communities also contributes to a disparity between the economic resources of women and those of men, which may prevent women from being able to support their adolescents.

A study conducted in Ethiopia by Bezie and Addisu (2019) and in Sudan by Ali et al. (2014) also showed the impact on household size. In a study by Saleheen et al., (2021), family size was a significant correlate of accelerated adulthood. The size of a household can impact its expenditure patterns, potentially resulting in a reduction in household income and limited access to basic needs (Meyer & Nishimwe-Niyimbanira, 2016).

In conclusion, the prevalence of accelerated adulthood remains a significant public health concern, underscoring the need for targeted interventions. As we have explored its prevalence among different groups of adolescents and the predicting variables, it is important to understand the contextual factors that influence accelerated adulthood for effective and tailored

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strategies to mitigate and address the phenomenon. The next Chapter will explore the pathways to and contextual factors influencing accelerated adulthood.

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CHAPTER FIVE

PATHWAYS TO, AND CONTEXTUAL FACTORS INFLUENCING ACCELERATED ADULTHOOD

Introduction

Transitioning into adulthood involves milestones and decisions that shape one's personal identity and opportunities. Entering adulthood may include a variety of pathways, such as education and career pathways, as well as companionship and independence (Bernardini, 2014; Settersten et al., 2015; Norman et al., 2023). Factors at the community, household, and individual levels influence the different trajectories young people may take. This chapter examines pathways to and factors influencing adolescents' transition to accelerated adulthood in Abrewankor. The chapter presents the sequence and pathways to adulthood, as well as the contextual factors influencing accelerated adulthood.

Sequences and pathways to accelerated adulthood

The sequence of pathways to adulthood refers to the specific order in which individuals transition through life milestones on their journey toward adulthood. The sequencing of work, marriage, and childbirth as pathways for adulthood may vary depending on individual experiences and contexts (Oesterle et al., 2010). There are six possible sequences as follows:

i. Marriage, childbirth, and work

ii. Marriage, work, and childbirth

iii. Work, marriage, and childbirth

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iv. Work, childbirth, and marriage

v. Childbirth, work, and marriage

vi. Childbirth, marriage, and work.

The common sequence observed for males and females in the study was work, childbirth, and marriage. The community perceived early work initiation as a rite of passage for both males and females. This social norm encourages adolescents to assume financial responsibilities at a young age, compelling them to work to support their families financially. The in-depth and focus group discussions revealed that most adolescents begin working before the age of ten, reflecting cultural expectations that emphasise the importance of contributing financially. For some male adolescents, earning money became the gateway to pursuing romantic relationships. The nature of these relationships is nuanced, as early assets can facilitate unions that may not have occurred otherwise. Some of these relationships led to unintended pregnancies, which in turn led to young motherhood. This early work, dating, and parenthood cycle then leads to a path that perpetuates the pressures of adult responsibilities among adolescents. One male participant explained in the following quote:

> *"When I started working, the girls started becoming my friends. I dated a couple of them, but the one I am with now is my girlfriend; I can give her money because I work. She became my girlfriend because she became pregnant with my child."* (IDI, Locality 4, Adolescent 5, male, 17 years)

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Some female adolescents indicated that their entry into the workforce facilitated interactions with various male partners. Many of these interactions deepened into romantic relationships, some resulting in sexual encounters that ended in unplanned pregnancies. Childbirth was a strong motivator for many of these young women to marry their child's father. One female participant shared her experience, detailing her journey from entering the workforce to establishing a romantic relationship with a man and having a child.

"I was taught how to smoke fish when I was 8 years old, but now, I carry concrete at construction sites because of the financial challenges we face at home. I met a man who was interested in me on one of the work sites. He started supporting me financially, so I moved in with him. We did not plan to have a child, but I got pregnant, and we decided to have a child." [IDI, Locality 1 Adolescent 7, Female, 17 years].

This experience highlights that work is not only a financial vehicle but also a means for forming significant interpersonal connections that can change the trajectory of one's life. The amalgamation of work, relationships, and parenthood reflected in these accounts demonstrates how financial and social expectations shape girls' life choices and how those choices, in turn, inform the pathways they will take as they transition into adulthood.

Contextual Factors Influencing Accelerated Adulthood

Different contextual factors that shape adolescents' experiences as they take up adult roles influence accelerated adulthood. The study showed that social and economic factors, as well as other environmental conditions,

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influence accelerated adulthood in Abrewankor. Figure 7 illustrates the contextual factors of accelerated adulthood that emerged from the study.

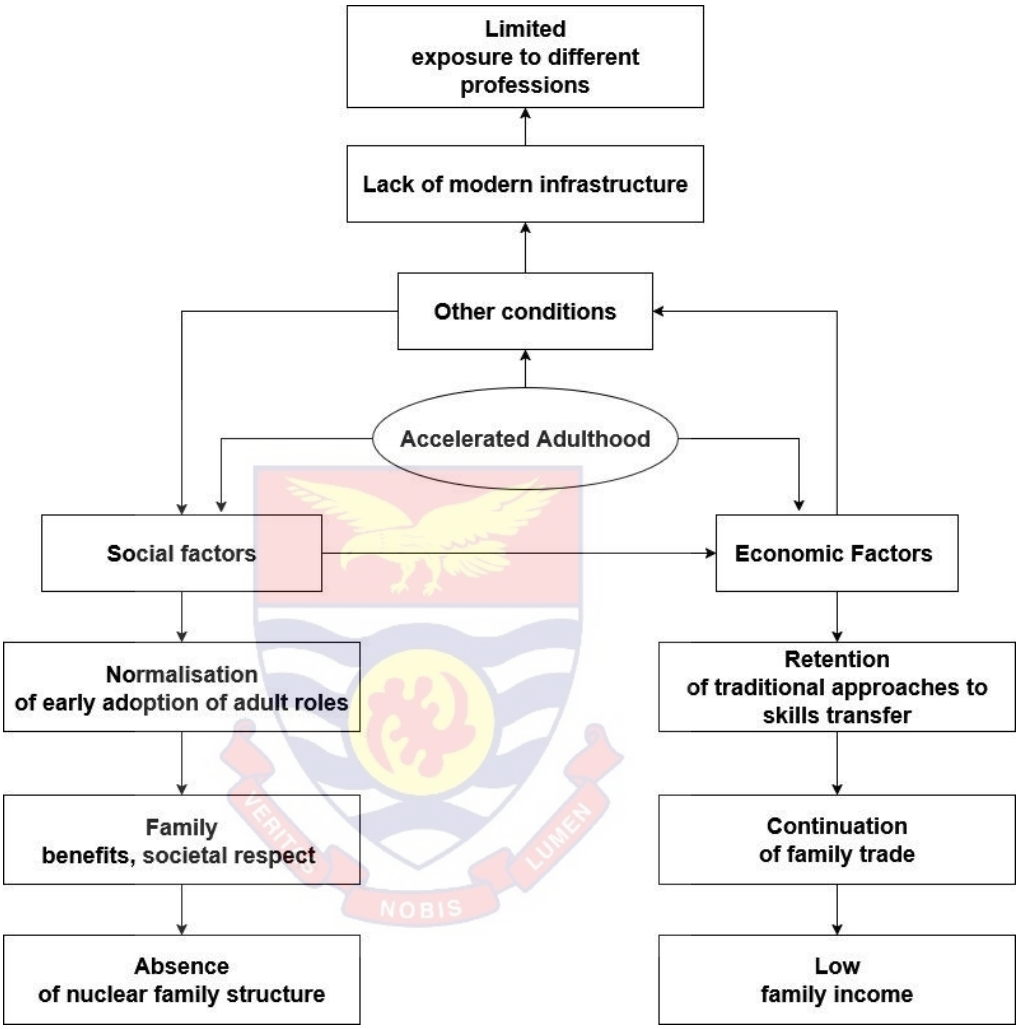


Figure 7: Summary results on contextual factors of accelerated adulthood

Source: Fieldwork (2023)

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Social Factors

Social factors play a major role in adolescents' choices and pathways to adulthood. Evidence from the field suggests that social acceptance and normalisation of early uptake of adult roles, family benefits, societal respect for accelerated adults, and the absence of a nuclear family structure are the key social factors influencing accelerated adulthood in the community.

Acceptance and normalisation of early involvement in work, early marriage, and early childbearing

The study's findings highlight the roles of work, marriage, and child as key indicators of community maturity. These milestones are socially defined and pressure adolescents to conform to established timelines. The study observed that initiation into work begins as early as eight years, preparing children for actual work by age ten. This early involvement in work reflects the community's emphasis on economic contribution and self-sufficiency. Marriage is seen as a stabilising force for individuals and families, marking maturity. Conversely, childbirth represents the continuation of family lines and the expansion of society. These milestones are normalising early marriage and parenthood, creating a cultural context that values economic output in the short term over educational attainment. The community appears to be in the earlier stages of demographic transition theory, where a high birth rate and economic necessity promote the social acceptance of accelerated adulthood (Kirk, 1996). In a resource-poor setting where job opportunities are limited, the community

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perceives the return on investment in education to be low compared to immediate employment. One opinion leader remarked in an FGD:

> *"We believe that from 10 years, the child will mature enough to work. So roughly 7 to 8 years, we begin to train them gradually, so by 10 to 12 years, they have mastered the work to the extent that they can help us work, so let us say they start working at the age of 8* [KII Community leader 1, Male, 57 years, he has lived in the community all his life].

The community's acceptance and normalisation of accelerated adulthood, coupled with strong family ties, foster an environment which diminishes accountability for males who impregnate girls. In this context, the community does not perceive early childbirth as morally wrong; instead, it is often considered a part of the community's social fabric. Moreover, males who impregnate the girls are mostly family members, which further complicates the issue of individual accountability. The reputation of the supposed family plays a role in addressing adolescent pregnancy. When such incidents occur, they are interpreted as family issues rather than wrongful acts, reflecting a cultural emphasis on family honour and reputation. Consequently, instances of adolescent misconduct are often managed within the confines of the family, minimising external scrutiny and reducing the likelihood of accountability for the males involved. These dynamics within the community contribute to a diminishing sense of responsibility among males regarding adolescent pregnancies, perpetuating a cycle of normalisation of accelerated adulthood. One participant explained in the following quote:

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> *"...it is because we are all like one family in this community. We are all brothers who have settled and started our own families. So, you would realise that the person who has impregnated your daughter is your brother's son. How can you punish him? You will be seen as a bad person. Moreover, the community does not view early childbirth as a negative occurrence.* [FGD, locality 1, Male elderly 8, 48 years (father of an accelerated adult)].

From the quotation, accelerated adulthood is not a personal failing, but rather is situated within a broader social context where family relationships take precedence over individual actions. The study's findings align with the indigenous conceptualisation of life and birth, which places the child within a network of obligations to kin and ancestors. Life stages in many traditional African societies, including those in Ghana, were not strictly defined by chronological age but by social roles, rites of passage, and responsibilities (Björnsdóttir & Einarsdóttir, 2017). Birth and life were embedded within communal and ancestral frameworks, where a child was not seen as an autonomous individual but as part of a lineage, carrying obligations to family and community (Neequaye, 2020). Reproduction was linked to the continuity of lineage and the preservation of ancestral identity. In this context, early marriage and childbirth are not regarded as premature but as socially accepted pathways into adulthood, and active participation in household or community labour was a sign of maturity and belonging (Rogoff, 2016). This viewpoint calls for a deeper exploration of how communal beliefs shape individual behaviour and societal outcomes in contemporary society.

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Family Benefits and Societal respect are accorded to people who conform to societal expectations.

The study observed that adolescents who view accelerated adulthood positively as a means of contributing to family well-being tend to assume adult roles earlier than their peers. From the narratives of participants, it emerged that adolescents who met traditional expectations of adulthood were respected. This respect reinforces established community norms, creating an environment where accelerated adulthood becomes a socially acceptable norm. Adolescents who assume adult roles early receive recognition and esteem for fulfilling what they perceive as their duties to the family and community. This dynamic is particularly pronounced among male adolescents who earn income to support their families and friends, enhancing their social standing within the community. However, societal respect also comes with heightened expectations, creating a stressful environment for them. Participants expressed varied views regarding the respect accorded to accelerated adults, noting that the level of respect is contingent upon the outcome of their early adoption of adult roles and responsibilities. In other words, there is a connection between respect within the community and the benefits of accelerating into adulthood for both the family and the community. One participant observed that:

> *"My family respects me for being able to support my parents. I am not ashamed of working. The community will not call me a thief when I buy nice things for myself because they know I work."* [IDI, Locality 1, adolescent 3, male 14 years (Accelerated Adult)].

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Specifically, one is respected based on how their contribution, or lack thereof, impacts family dynamics and community well-being. For instance, female adolescents who became pregnant without working husbands to support the family became a burden for already struggling parents. A female adolescent who described herself as a burden and not beneficial to the family explained in the following quote:

> *"The father of my child does not provide for us, and my parents see me as a burden. He promised to help me learn a trade, but now he says he does not have the money. Hmmm, I feel so sad when I think about it.* [IDI, Locality 2, Adolescent 5, female, 16 years (Accelerated Adult)].

These quotations provide two different perspectives. The first emphasises the pride and respect associated with self-sufficiency and the ability to provide for one's family, showing how work is not only a source of income but a means to establishing identity and social standing within the community. The second quotation illustrates the burdened feeling experienced by adolescents when faced with unfulfilled promises and a lack of support. These quotations highlight the importance of recognising how social norms and values regarding accelerated adulthood can be both empowering and oppressive.

Absence of nuclear families

The findings of this study revealed that adolescents mostly come from various family structures, such as single-parent households, blended families, extended families, and families formed through cohabitation. The variations in family structures influenced the roles and responsibilities assumed by adolescents, often leading to an increased burden to maintain family well-being.

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Family structures, such as single-parent and low-income households, usually preclude adolescents from enjoying the benefits of dual-income families. As a result, adolescents in such environments frequently face heightened financial responsibilities. Participants reported that the pressure to contribute to household expenses, education, and healthcare necessitates the early assumption of adolescent adult roles. For some participants, living with guardians other than their parents influences their adoption of adult roles. The following quotes illustrate how participants who lived with different relatives started working during adolescence:

> *"My father died when I was still a child, and my mother left me with my grandmother and went to her hometown. So, I take care of myself. I live with my grandmother and must work to support myself.* [IDI, Locality 1 Adolescent 1, male, 15 years (Accelerated Adult)].
>
> *I live with my uncle, a farmer, so I help him with the farming, and all I get from it is the food I eat. When I started, I was very young, around eight years old. When I turned eight, they said I was old enough to join them working on the farm."* [IDI, Locality 4, adolescent 3, male 15 years (Accelerated Adult)].

The quotations highlight the impact of family loss and the subsequent burden of self-reliance, underscoring how the absence of parents can shape an adolescent's sense of agency and obligations. The quotations illustrate the resilience of adolescents navigating life's challenges without the foundational support typically provided by their parents.

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Economic Factors

Economic factors play a key role in adolescents' decisions and their pathways to adulthood. The social factor, as explained in the earlier section, has implications for the economic conditions in the community. The conditions serve as factors to promote accelerated adulthood. Evidence from the field suggests that the retention of traditional approaches to skills transfer, the continuation of family trade, and low family income are key economic factors influencing accelerated adulthood.

Retention of traditional approaches to skills transfer

Reliance on family and community networks for economic support and survival emphasises the need to equip individuals with the necessary skills to benefit the family and community. The opportunity cost of continuing education is essential in rural settings. As such, the community uses traditional skills transfer approaches, prioritising practical, hands-on skills relevant to local economies, such as fishing, farming, and trading, rather than formal education. This observational learning process is crucial for skill acquisition, and as adolescents imitate adult roles, they become proficient, which is essential for the survival of their community. Consequently, adolescents assume adult roles such as working full-time. The early assumption of adult roles has led to the community's minimal investment in higher education, resulting in adolescents' early entry into the workforce. The social acceptance and normalisation of accelerated adulthood in the community reinforce this behaviour. Participants acknowledged that as adolescents acquire skills through traditional methods, they feel compelled to work at an early age to support their families.

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"My uncle asked me to follow him to the farm to learn how to farm. That is how I learned how to plant yams. Now, I can harvest many yams and sell them during market day." [IDI, Locality 4, adolescent 3, male 15 years (Accelerated Adult)]

Continuation of Family Trade

The primary economic activities in the community comprise informal, low-skilled work that does not require extensive formal education. As such, most parents desire to maintain a family legacy, passing down skills, knowledge, and business operations from one generation to the next to secure the family's economic stability and perpetuate its identity and traditions through successive generations. Through observational learning, adolescents in the community learn about their family's trade. The family trades provide a primary context for skills development. The normalisation of early involvement in family trading fosters the belief that early work is a vital family duty. Therefore, adolescents engaged in these trades find it easier to enter the labour market in the community quickly. This approach secures the family's economic stability and perpetuates its identity and traditions through successive generations. Such continuity often necessitates an early introduction to the trade, promoting accelerated adulthood as young family members assume adult roles. Male adolescents mainly reported the practice. One male adolescent shared his experience. *"My father asked me to help him in his fishing trade so I can continue fishing when he is old and support the family."* [IDI, Locality 1, adolescent 1, male 15 (Accelerated Adult)]

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The study observed that the community trains female adolescents to assume household chores rather than take on productive roles, emphasizing gender roles assigned to adolescents at a young age. The perception that the girl will marry and leave the home, but the male will stay to continue the family's legacy, could explain this finding. One elderly male participant described in the following quote that, *"The girls will marry and go to their husbands' houses, so we only prepare them for that. We send the boys to the farm so that we can teach them our occupation for future survival."* [Locality 3, FGD Male Elderly 7 (A father to an accelerated adult)]. However, adolescents often show a low interest in education because they aspire to follow in their parents' footsteps. The quote below illustrates this.

> *"We do not want to go to school because we admire our parents' farming activities. I am not interested in school; I prefer farming or learning a trade to going to school. Although my parents sent me to school, I could not focus on my studies, so I had to skip school to do the day-to-day work"* [IDI, locality 2 Adolescent 3, male 15 years (Accelerated Adult)

Low family income

Low family income restricts the ability to invest in education. The community practices a barter trade, which involves exchanging goods and services without using money, often due to limited access to cash or formal markets. This practice results in insufficient monetary income, which affects the family's ability to quickly obtain goods not readily available through barter, such as healthcare and education. Adolescents view work as a viable option,

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with some male adolescents travelling between other communities and the district capital to earn a living. As families struggle to meet basic needs, educational aspirations become less attainable, promoting a cycle in which poverty is likely to persist. This cycle of poverty places the community in the first stage of the demographic transition, where families rely on all members, including children, to contribute to household income.

> *They do not pay us money when we go fishing; we are only given some of the fish as our wage for our work, so we exchange them for foodstuffs with the people from other localities. So we do not have money."* [IDI, Locality 1, Adolescent 1, male, 15 years (Accelerated Adult)].

All these result from my family's inability to care for me. They cannot afford my needs, which has led me to consider marriage. Many families cannot care for their daughters, but the boys in the community can afford to meet their needs, thereby giving themselves to the boys [IDI, Locality 1 Adolescent 4, Female, 16 years (Accelerated adult)].

This reliance on barter trade highlights the interdependence within communities and points to the long-term challenges adolescents face as they remain outside formal economic structures. This trend perpetuates cycles of poverty, limiting their access to broader opportunities.

Other conditions

Other conditions influence accelerated adulthood in the community, primarily environmental factors that shape adolescents' experiences and perceptions. The study revealed that a lack of modern infrastructure and limited

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exposure to different professions contributed to accelerated adulthood in the community.

Lack of modern infrastructure

The community lack modern infrastructure, including educational institutions, health facilities, and transportation systems, depriving adolescents of valuable learning opportunities. Modern educational, economic, and social infrastructure facilitates access to diverse opportunities and growth. Their absence diminishes the perceived value of formal education, increasing the perception that immediate income generation is more profitable than education. It can also constrain exposure to broader life possibilities. Participants highlighted the absence of modern social infrastructure in accelerating the transition to adulthood in the community. They explained that the community has only two primary schools, made up of a shed and a concrete building. The community accesses the Junior High School and CHPS zone located in Kradenteh, approximately a 60-minute walk from the community. Due to the lack of educational infrastructure, adolescents in the community cannot attain the skills and qualifications needed for higher-skilled, better-paying jobs. As a result, they enter into informal labour markets where low-skilled jobs prevail. The limited availability of diverse job opportunities forces adolescents to assume adult roles.

> "Hmmm, o*ur school only goes up to primary six; the children travel to next community every morning…" If we get our own Junior High School and CHPS, it will help the adolescents to stop giving birth*

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early (participant laughs)" [KII, Community leader 3, Male, 57 years, Lived in the community all his life]

Some participants believed that adolescents attending schools located in other communities could be at a higher risk of early childbirth. One elderly male participant mentioned, *"The JHS is far. When my daughter completed primary school and I sent her to junior high school, she returned pregnant. I wasted my money."* [Locality, 2 FGD Male Elderly 4 (A father to an accelerated adult)]. These logistical barriers strain families and hinder adolescents' access to educational advancement, ultimately affecting their life trajectories. The quotations highlight the need for systemic investment in educational infrastructure and healthcare services that can transform the lives of adolescents in the community.

Limited exposure to different professions

In the absence of economic, health, and limited educational facilities, adolescents in the community experience limited exposure to various professions. For instance, the community lacks its own health facility; however, health workers visit the community during outreach activities and return to their place of residence, thereby reducing the exposure adolescents may have to such a profession. This limited access to role models limits adolescents' awareness and understanding of professional opportunities outside their immediate environment, making it challenging for them to make informed decisions about their career path. This could restrict adolescents' ability to envision varied life paths and professional success beyond traditional roles and expectations. Role

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models provide guidance, inspire ambition, and demonstrate success in various fields of profession, influencing adolescents' career aspirations and personal development. Participants emphasised the limited access to health workers in the quotation below:

> "*…apart from those who send their children for weighing, we don't get to interact with the nurses because they don't stay in the community. The nurses only come for weighing and go."* [IDI, locality 1 Adolescent 4, Female, 16 years (Accelerated Adult)]

The contribution of a role model in shaping adolescents' aspirations was highlighted by another participant who explained how he aspired to be a doctor but had to trade it off for farming. The district health adolescent focal person shared an observation stressing the need for role models in the community.

> *"I wanted to be a doctor, though I have not seen one physically before, but I had to stop school to farm and help my mother. Maybe if there was one in the community, he could have helped me"* [IDI, Locality 4 Adolescent 2, female, 16 years]. *"They don't have any role models to look up to. We can only address this problem if they have some community members they admire."* [District Public Health Nurse, female, with over 10 years of working experience, but in her first year in her new role as PHN of the District)

These quotations reinforce the notion that the limited access to role models at the community level impacts the aspirations of adolescents, underscoring the need for community educational initiatives that prioritise the development of role models at the local level. Fostering a supportive

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environment through mentorship and community engagement could cultivate a sense of aspiration among adolescents that translates into tangible achievements.

Discussion

This Chapter explored the pathways to and factors influencing persistent accelerated adulthood in Abrewankor. The common sequence observed for males and females in the community was work, childbirth, and marriage. Working was the most common route to adulthood for most adolescents, followed by childbirth and marriage. Adolescents were more involved in early work than in early childbirth and marriage. The finding is similar to what was found in an earlier study among junior public secondary school students in Enugu, Nigeria (Enebe et al., 2021). Early work among adolescents is universal. However, the retention of traditional approaches to skills transfer, which is a common practice, could explain the prevalence of work in Abrewankor. The main occupations, fishing and farming, are passed on to children as a form of security for the future (Adonteng-Kissi, 2021).

The study identified contextual factors that influence the phenomenon of accelerated adulthood within the community. These involved social, economic, and other conditions. The study highlighted social factors such as social acceptance and normalisation of accelerated adulthood, family benefits and respect for accelerated adults, and the absence of nuclear families as major influences. Other conditions in the community that influenced accelerated adulthood were a lack of modern infrastructure, and limited exposure to different professions.

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According to Erikson's psychosocial development, adolescence is a stage marked by identity formation and role confusion (Erikson, 1968). In this context, social acceptance and normalisation play a role in shaping adolescents' perceptions of accelerated adulthood. The normalisation of early childbirth, marriage and work aligns with the structuration theory, which explains how agency and social structure reinforce each other (Giddens, 1984). When communities reproduce cultural norms that legalise early adoption of adult roles, these structures become self-sustaining and challenging to change. Arnett (2000) made similar observations, indicating that cultural expectations and societal norms can prompt adolescents to assume adult responsibilities earlier than traditionally expected. Smith et al., (2020) also observed that in cultures where adult responsibilities, such as farming, caring for younger siblings, or contributing to family income, are normalised, adolescents are more likely to take on these roles early. The findings of the present study align with these findings, suggesting that when adolescents perceive adult behaviours as acceptable and typical, they are more likely to engage in such behaviours themselves.

Conversely, Hill et al. (2016) posit that emerging adults may resist adopting adult roles, even in the face of social acceptance. In Ghana, continued social acceptance and normalisation of accelerated adulthood have implications for national development. It has the potential to threaten the capacity to achieve SDG 4 on quality education, as adolescents who give birth, get married, or enter the workforce are less likely to complete their schooling. The persistent cultural value communities attach to established norms, which reinforce the legitimacy

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of accelerated adulthood despite its developmental and socio-economic implications, could explain these findings.

The observed influence of family benefits and respect also resonates with existing literature. The finding reflects the mesosystem influence of social ecological theory (Bronfenbrenner, 1979), where community values and household survival strategies shape adolescent roles. The notion of family respect and the benefits associated with accelerated transitions, such as financial contribution or emotional support, can motivate adolescents to transition into adult roles. Furstenberg (2010) emphasises the importance of family dynamics in shaping adolescents' responsibilities, reflecting an interdependent relationship between family structure and accelerated adulthood. However, the opposite is true in families where educational achievements are respected. In such families, the emphasis is not on early maturation but on education and personal development. Families who express respect for educational attainment and personal growth delay adult responsibilities while providing emotional and financial support to their family members (Radmacher & Azmitia, 2016; Johnson & Ridgeway, 2024).

The lesson from this finding is that short-term household gains can compromise long-term national development, as early entry into work reduces human capital accumulation. The finding could be explained by continued poverty at the household level and weak social protection, which create reliance on adolescents as economic contributors. The reliance on adolescents as economic contributors is embedded in cultural norms and social structures that value contribution to household survival and social reputation, thereby

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reproducing the same structures as explained by the structuration theory (Giddens, 1984). Similarly, social respect serves as a form of positive reinforcement for replicating accelerated adulthood even when it compromises education, aligning with social learning theory (Bandura & Walters, 1977). Locally, this finding undermines adolescent protection programmes and serves as a signal for policymakers to go beyond addressing material poverty to address the symbolic value attached to the adoption of adult roles in adolescence. At the international level, this finding threatens efforts of Sustainable Development Goals (SDGs) three, four, five and eight, which prioritise health and well-being, with explicit attention to adolescent sexual and reproductive health; inclusive and equitable education; elimination of harmful practices such as child marriage; and decent work and economic growth, respectively (United Nations, 2015),

Another important part of understanding accelerated adulthood is the absence of a nuclear family structure. According to Shapiro (2004), non-nuclear family structures often compel many adolescents to become strong and autonomous, leading to earlier social maturity, which in turn prompts them to enter adult roles (Shapiro, 2004). Situating this finding within the social ecological theory (Bronfenbrenner, 1979), the absence of a nuclear family disrupts the adolescent's microsystem, resulting in their reliance on peers, extended family members, or community members for guidance. The finding also aligns with the structuration theory. The theory explains how social structures enable or constrain individual agency (Giddens, 1984). In this context, extended family and community-based caregiving systems dominate,

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leading adolescents to assume roles that might otherwise be shared by parents and reinforcing accelerated adulthood This emphasises the influence of the exosystem and macrosystem, as stated by the social ecological theory (Bronfenbrenner, 1979). However, Amato (2005) found that children from single-parent or blended families can exhibit resilience and adaptability, which often translates into pursuing extended education and training rather than assuming roles associated with adulthood at an earlier age.

Economic factors such as the retention of traditional approaches to skills transfer, the continuation of family trade, and low family income also emerged as key economic factors influencing accelerated adulthood. The retention of traditional skills transfer and continuation of family trade reflect rational household strategies under constrained markets. This could be explained by the high rate of multidimensional poverty in the district, which is the highest in Ghana (GSS, 2021). Wortsman et al. (2024) highlight that adolescents from under-resourced areas may gravitate toward jobs that do not require extensive training, thus leading to a cycle of low-paying employment and early adulthood. A comparative household study across Côte d'Ivoire, Ghana, Rwanda, Sierra Leone, Tanzania, and Uganda found that apprenticeship rate ranged from six per cent in Uganda to 35 per cent in Ghana (Filmer & Fox, 2014). The finding reflects the social learning theory, emphasising that individuals learn through observing and imitating roles, thereby reinforcing accelerated adulthood. Interventions that present alternative role models, such as skilled workers outside of the family trade, could help to shift expectations. Traditional skills training could enhance self-efficacy and lower premature adult role adoption

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rates when combined with an educational component. The finding that adolescents from low-income families adopt adult roles was also observed by Kendig et al. (2014). On the contrary, Eccles et al. (2003) explain that adolescents who engage in structured extracurricular activities are less likely to adopt adult roles prematurely within low-income families.

The study also found that a lack of community infrastructure and modern structures, as well as insufficient exposure to various professions, contribute to accelerated adulthood. This finding on role models emphasises learning by observation or imitation, as started by the social learning theory (Khadka, 2024). Ogunbiyi et al. (2023) observed that having role models significantly increases the ideal age at childbirth among adolescent girls, suggesting that positive influences can help delay early childbearing. It can explain the relationship between community infrastructure and accelerated adulthood (Mkwananz & Odimegwu, 2015).

In conclusion, this chapter analysed the contextual factors influencing accelerated adulthood, emphasising the role of social, economic, and other conditions. These factors shape adolescents' experiences and decisions, underscoring the importance of understanding their environment. Situating these findings within the framework of structuration theory, it can be concluded that adolescents face challenges in exercising agency in accelerated adulthood due to the pressure to conform to societal expectations and norms. With the increasing emphasis on achieving success at a younger age, adolescents may feel compelled to make decisions based on external influences rather than their own desires and values. A trusted support network can provide the necessary

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guidance and empowerment for adolescents to confidently exercise their agency and make decisions that align with their goals and aspirations. The persistence of accelerated adulthood can lead to inter-generational transfer of poverty. Community education and the mobilisation of significant others will be needed to drive a programme for change. As we move into the next chapter, we will examine the implications of accelerated adulthood for both adolescents and the broader community.

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CHAPTER SIX

IMPLICATIONS OF ACCELERATED ADULTHOOD FOR ADOLESCENTS

Introduction

Understanding the socio-economic implications of accelerated adulthood for adolescents is crucial to guide the design and implementation of tailored interventions to address its impact. By examining these implications, an understanding of the impact of accelerated adulthood on individuals, families, and communities can provide the basis for developing supportive environments and strategies for second chances. This chapter discusses the implications of accelerated adulthood for adolescents. The major themes observed from the study are social implications, economic consequences, and health and well-being.

Implications of Accelerated Adulthood

Social Implications

The social implications of accelerated adulthood are profound and multifaceted, impacting both adolescents and society. Accelerated adulthood has become relevant in contemporary adolescent development discussions, particularly its educational implications. The study found that early assumption of adult roles affects adolescent educational outcomes, revealing a complex interaction between societal expectations and academic engagement. The study observed that the key educational challenges facing adolescents and the community are limited opportunities for (education), modern literacy,

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numeracy, social skills, and a cycle of low educational attainment (See Figure 8).

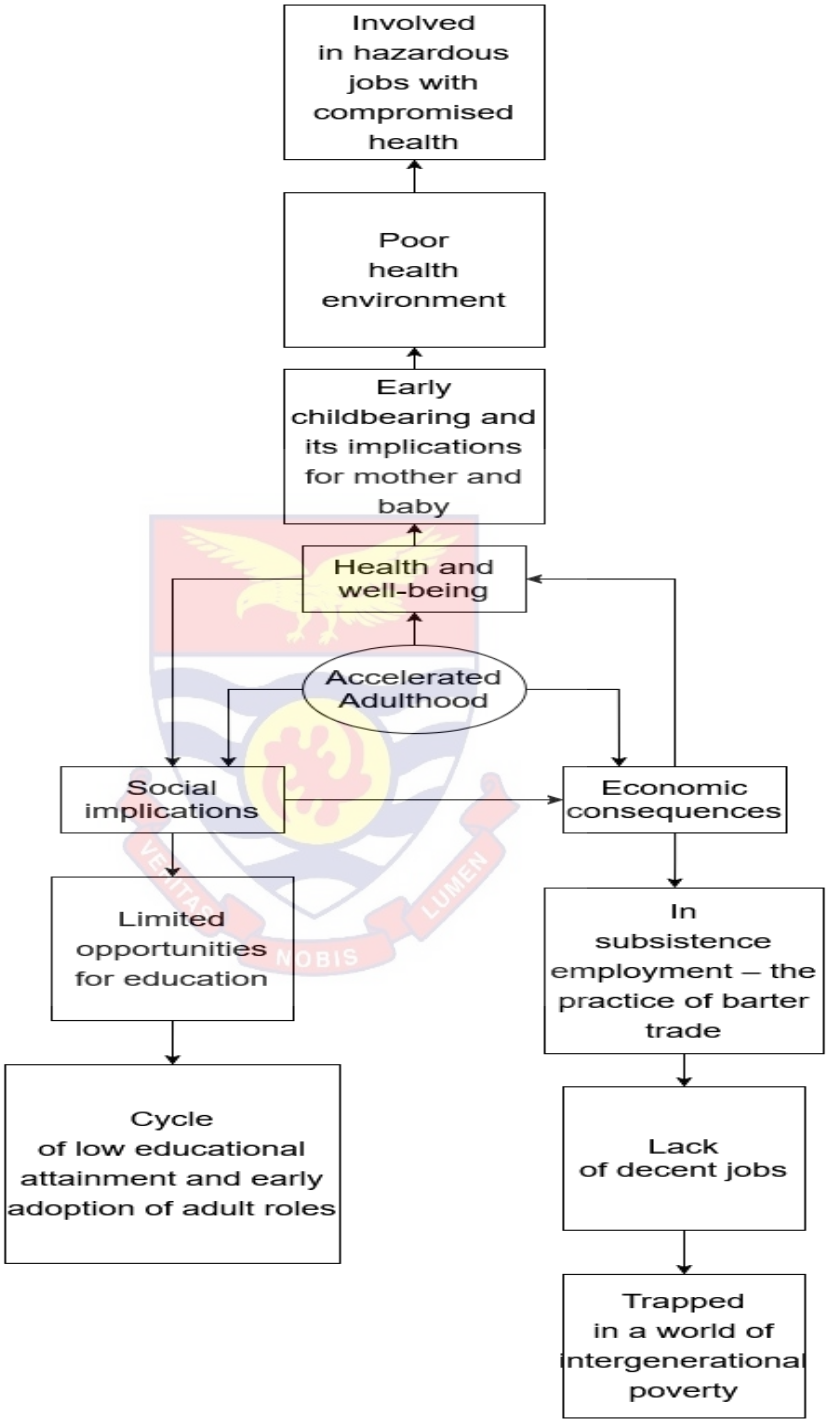


Figure 8: Summary of results on implications of accelerated adulthood

Source: Fieldwork (2023)

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Limited opportunities for (education), modern literacy, numeracy skills, and social skills

The study observed that one of the immediate implications of accelerated adulthood is the limited opportunities for (education), modern literacy and numeracy skills, and social skills. Opportunities for further education, such as vocational training or tertiary education, diminish as adolescents assume adult roles. In an increasingly digital and competitive world, modern literacy and numeracy are important prerequisites for success across various sectors. Adolescents who miss out on education due to accelerated adulthood lack these skills, which can hinder their economic opportunities.

In Abrewankor, where job opportunities are already sparse, this lack of foundational skills exacerbates the challenges of poverty and underemployment, further marginalising these individuals in the socio-economic fabric. Early school leaving and dropouts among adolescents who accelerate into adulthood could explain this finding. The study observed that adolescents who assume adult roles abandon their schooling to focus on adult roles. A female participants highlighted her experience of limited skills in reading and writing. *"I cannot read or write; I stopped schooling to do by-day work for money to support my grandmother to take care of me and my siblings."* [IDI, Locality 2 Adolescent 2, female 16 years].

Narratives from participants emphasised that the pressures associated with adult roles detracted adolescents from academic focus and performance. For instance, those who worked long hours found it challenging to attend school consistently or complete homework assignments, leading to disengagement

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from the educational system. Girls face additional pressures related to pregnancy and domestic responsibilities, such as caregiving for their children and younger siblings or managing household chores. A female participant who dropped out of school because of pregnancy stated in her narrative that *"... I was in senior high school, Form One, before I got pregnant, and I had to stop."* [IDI, Locality 4 Adolescent 2, female, 16 years]. In addition to the challenges surrounding education and core competencies, the study observed that when adult roles predominantly consume adolescents' time, they miss out on peer interactions and opportunities to cultivate social skills competencies such as critical communication, conflict resolution, and teamwork.

A cycle of low educational attainment and early adoption of adult roles

As explained earlier, limited opportunities for education for adolescents could lead to disruption in educational trajectory and early adoption of adult roles. Disruption of educational trajectories due to accelerated adulthood has intergenerational effects that perpetuate educational disadvantage in the community. Participants observed that when adolescents drop out of school to work, marry or give birth, they not only disrupt their education but also set a precedent for younger siblings and future generations regarding the value placed on education. An elderly male participant explained the quote below:

> *"The children in the community learn from their older siblings. Sometimes you will send them to school, but because the older sister or brother dropped out of school and is making money, they follow them and drop out too"* [KII, Community leader 4, male 50 years]

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Disruption of educational trajectory solidifies early adult roles, creating a cyclical process that perpetuates similar behaviour across generations. This cyclical nature highlights how the early assumption of adult responsibilities can establish conditions that further entrench these roles within families and the community, making it increasingly challenging for adolescents to escape the pattern. As adolescents begin to work, they often perceive their contributions as essential to their family's financial survival. This perception reinforces the importance of adult responsibilities and prioritisation of financial obligations over educational pursuits. This normalisation of low educational attainment becomes embedded in the family culture, where future educational expectations shift towards early employment, marriage, or childbirth rather than educational and economic achievement. As a result, siblings also forgo education, leading to a cycle of low educational attainment within the household.

Economic Implications

The phenomenon of accelerated adulthood, particularly in rural areas, has economic implications that extend beyond individual outcomes. As adolescents transition into adult roles prematurely, they frequently enter the labour force at an early age. As explained in earlier sections, this early entry results in limited access to quality education and skills development, leading to subsistence employment characterised by low wages and a high dependency on informal work.

In subsistence employment, the practice of barter trade

The implications of accelerated adulthood extend far beyond limited education opportunities. The study observed that families in the community

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operate within informal economies characterised by limited access to cash and formal markets. There is, however, a day set aside as the community's market day, when traders from surrounding communities come to trade with the community's members, bringing some cash into the community. Beyond market day transactions, trade in the community is primarily conducted through barter. As a result, subsistence employment becomes a critical means of survival, with barter trade being a vital practice. Participants highlighted that adolescents in the community who work are primarily involved in intensive labour activities such as agriculture, fishing, or small-scale trading using barter trade to exchange homegrown crops for fish and other essential items. One male participant explained the quote below:

> "*The only jobs here are fishing and farming. That is what most of us do. Those of us in the locality are mostly into fishing. We exchange the fish we get for yams with the other localities that are into farming*."
>
> [IDI, Locality 1 Adolescent 3, male 16 years]

The practice of barter trade, while effective for meeting immediate household needs, reinforces the limitations of rural economic conditions. By engaging in informal exchanges, adolescents often unconsciously limit their exposure to the broader economic opportunities that formal employment can provide. Improving their skills in negotiating trades for goods and services with the community through work restricts their experience to the localised context, which does not foster substantial economic growth or individual empowerment. Consequently, adolescents may find themselves trapped in a continuous cycle

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of subsistence work, where the absence of education and vocational training further engrains their reliance on informal economic practices.

Lack of decent jobs

Decent jobs involve productive and remunerated forms of employment that guarantee security, equity, dignity, and opportunities for personal development and social integration (ILO, 2023). In the context of this study, decent job highlights how adolescents who assume adult roles prematurely enter the labour market without education, training, or bargaining power. There is a relationship between education and decent employment, and without a secondary education or vocational training, adolescents are less likely to access higher-paying jobs with benefits. Adolescents face a lack of job security, irregular income, and limited opportunities for upward mobility during adulthood. In the context of Abrewankor, the prevailing focus on local job options, primarily in fishing and farming, highlights a significant lack of human capital development. The study observed that the community has not normalised higher educational attainment in their social framework. Adolescents tend to pursue skills that align with fishing and farming. This focus perpetuates a narrow economic landscape, where opportunities for advancement remain constrained, thus reinforcing the community's economic stagnation. Participants observed that they are limited in their employment options due to lower educational attainment. An elderly community member's account of his entrapment in a low-skill occupation demonstrates the intergenerational transfer of poverty.

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> *"I have not been to school before, so apart from fish mongering and by-day work at construction sites, I cannot do any work that requires education. Things are difficult in this community, but even if someone brings an opportunity that involves education, I cannot benefit because I do not have any certificates."* [IDI, Locality 3, Adolescent 5, female 16 years]

In this context, accelerated adulthood limits their immediate financial stability and restricts their long-term economic prospects. The study's findings reflect the economic theory of poverty trap, which suggests that individuals lacking education and skills cannot escape their impoverished conditions (Sachs, 2023). The lack of informal employment contributes to income instability and limits access to essential benefits such as healthcare and retirement plans. The reliance on informal work exacerbates economic vulnerability, as these jobs do not offer the stability or safeguards associated with formal employment. Dependency theory posits that developing regions often experience economic systems in which individuals are trapped in informal markets, thereby limiting their capacity for economic growth (Ghosh, 2019).

The girls often find themselves in informal employment sectors, such as domestic work or agriculture, where job security is minimal, wages are low, and they often lack legal protections and benefits. The informal nature of this work means that adolescents are frequently vulnerable to exploitation, including long hours, low pay, and unsafe working conditions (Esia-Donkoh et al., 2013).

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Additionally, the lack of formal employment contracts or protections leaves them without recourse in cases of mistreatment or injury. This dependency on informal work exposes them to exploitation and abuse, with little recourse for protection or advancement. The pressures of providing for their families at such a young age can also limit adolescents' ability to pursue further education or training, thereby restricting their future economic opportunities.

Trapped in the world of inter-generational transfer of poverty

Poverty in this context refers to the multidimensional deprivation which involves limited access to essential resources, capabilities, and opportunities needed for one to complete formal education and access decent jobs. In the context of this study, poverty works as both a contributing factor and a consequence. Early economic contributions from accelerated adulthood may temporarily alleviate financial strain on their families but perpetuate a long-term cycle of poverty. The study observed that accelerated adulthood often leaves adolescents trapped in a cycle of intergenerational transfer of poverty, which extends economic hardship within families in the community over time. The reliance on low-paying jobs leaves adolescents with economic insecurity and little opportunity for advancement, making them liable to the same socio-economic challenges as their parents. Thereby putting their children in the same economic conditions they encountered in their childhood. An elderly male participant explained the quote below:

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"*Our forefathers did the same work we are doing; they did not go to school to get white-collar jobs to help us go to school. Therefore, poverty in the community did not begin today. There has been no improvement*." [FGD, Locality 3, elderly male, 52 years]

The intergenerational transfer of poverty could lead to accelerated adulthood in future generations due to parents' inability to support their children's educational expenses and provide other basic needs, such as food, sanitary pads, clothing, and school supplies. Systemic barriers that limit access to educational and employment opportunities could worsen the intergenerational transfer of poverty.

Health and Well-being Implications

Accelerated adulthood has implications for adolescents' overall health and well-being. The study observed that accelerated adulthood has psychosocial and physical health implications for adolescents. The interplay of psychosocial and physical demands placed on adolescents creates a complex landscape that adversely affects their overall development. Understanding these implications is crucial for developing effective interventions and support systems that empower adolescents to navigate this phase of their lives with resilience and hope.

Early childbearing and its implications for mother and child

The study observed that adolescents in the community face pressure to provide economic support for their families. This pressure from economic hardship often manifests in the form of sexual relationships, where adolescents may enter partnerships with peers or older community members who can offer

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financial stability or material benefits. For instance, it was not uncommon for adolescent girls to form relationships with older boys or men who provided them with gifts or money in exchange for intimacy. This dynamic creates a dependency that reinforces early childbearing as a normative expectation within the community as a way of contributing financially to their families. The sexual relationships resulting in early pregnancy and childbearing have implications for both the mother and the child. Adolescent mothers are at a higher risk of experiencing pregnancy-related complications. Adolescents are still physically growing and may compete with their developing babies for nutrients, leading to inadequate nutrition for both the mother and the child. A female participant expressed how pregnancy and childbirth have left her with waist pains:

> *The pregnancy was 10 months. I was told the child's position in the womb was not good. But now I am unable to eat well because I was operated on. They said one of the twins was not positioned well and in good condition. All I feel now is pain in my waist, and I have reduced in size too. The doctors told me not to lift heavy things, else it will affect me."* [IDI, Locality 2, Adolescent 5, female, 16 years].

Poor health environment

As indicated in the earlier sections, without a solid educational foundation, adolescents who accelerate into adulthood may lack the skills and knowledge necessary to secure well-paying and stable employment in the future. Consequently, this reduces their capacity to access healthcare services, nutritious food, and supportive social environments, essential components of a healthy environment. Participants highlighted out-of-pocket expenses for

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medical care and transportation costs to healthcare centres as key contributing factors to the poor health environment. The study observed that due to the financial constraints facing most households, adolescents resorted to cheaper, calorie-dense, nutrient-poor food options, which may lead to malnutrition.

Some participants also mentioned that they often find themselves preoccupied with the health of their children, partners, or other family members for whom they are responsible. This preoccupation can detract them from prioritising their own health needs. They explained that they have little time for healthcare services or preventive care. Accelerated adulthood may also lead to low levels of health literacy, where adolescents lack the knowledge to navigate healthcare systems effectively, thereby hindering timely access to necessary services. For instance, a male participant explained that the strenuous nature of the work he engaged in left him with body pains, but due to lack of funds to buy medications, he still works while in pain:

> *"Most of the time, I have body pains and fall sick at times, but I do not have money to buy medicine, so I go to work while in pain. At times, you go to work and can feel that you have overworked yourself, and this can render us weak even before old age, but because there are no other alternatives, we are doing it like that."* [IDI, Locality 4 Adolescent 1, male, 17 years].

Involved in hazardous jobs which compromise health

The study observed that when adolescents work in the low-wage, informal sector, they are exposed to hazardous working conditions and inadequate job protections. Hazardous working conditions involves working in

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environments that pose risk to the health, safety, or moral development of children and adolescents (ILO, 2021). These environments may include physically demanding labour, exposure to harmful substances, and a lack of safety measures, all of which can lead to both acute and chronic health problems. The study found that adolescents engaged in strenuous work experienced chronic pain, fatigue, and other health complications that can affect their overall well-being.

Engaging in strenuous labour, especially without proper training or safety measures, increases the risk of injuries and chronic pain. Involving in hazardous jobs can impact adolescents' physical health and limit their future opportunities for education and employment. The types of labour available in the study area, such as agriculture work, construction, or heavy lifting, require significant physical strength and endurance, which can be challenging for developing adolescents. Participants highlighted that they experience chronic pain in the back, joints, and limbs, conditions that affect their still-developing bodies. Participants mentioned fatigue resulting from the combination of schoolwork and physical labour. Juggling educational responsibilities alongside demanding work can hinder adolescents' ability to rest and recover. Anxiety associated with balancing heavy workloads and educational aspirations can also affect mental health. The rural context of the study may further exacerbate these conditions due to limited access to mental health resources. One participant shared his experience of a windstorm when the canoe he was in capsized.

"We were on the river, and a windstorm got our canoe to capsize, so we had to hold on to a certain log for survival. Some people brought

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some machines to rescue us and brought us home. The wind that blew that day was huge, and our canoe got submerged; my two brothers, my dad, and I were in the canoe." [FGD, Locality 3 Adolescent 3, male, 16 years]

In the quotations below three male participants highlighted the hazardous nature of the work they are involved in. One participant explained that the fishing method used is risky and can lead to accidents. Another participant indicated that he suffered an injury from a cutlass while working on a farm. Another male participant shared an experience of an injury from fishing. These are presented in the quotes below:

"...the Etigya (bamboo trap fishing method), when you get close to it under the water, the fishing net can catch or entangle you to death. So, when you see any signs of getting close to the net by struggling for breath, you do not need to force it. Just come out to save your life. The work is a deadly one." [IDI, Locality 4 Adolescent 1, male, 17 years].

"While pulling the net out of the river, I happened to step on a log that we usually step on because we pull the net backwards, and it hit me. Blood was oozing out, but I could not go to the hospital. They used hot water to heal the wound." [IDI, Locality 3, Adolescent 4, male 16 years].

"I got a serious cut while preparing the land to plant yam with a dagger. I was hurt, so I sometimes remember that I got injured while doing a job. It was on my leg. Have a look (it shows scars to the interviewer)." [IDI, Locality 2, Adolescent 3, male, 15 years]

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These narratives show the daily struggles faced by adolescents in the community, where the pursuit of livelihood is fraught with danger and injury, underscoring the need for interventions that prioritize the health and safety of adolescents engaged in hazardous occupations.

Discussion

This chapter presented the implications of accelerated adulthood. The study found that accelerated adulthood has social, economic and health implications. The social implications of accelerated adulthood were limited opportunities for (education), modern literacy, numeracy skills, and social skills, cycle of low educational attainment and adoption of adult roles. These findings align with the structuration theory. In this context, the community and households of adolescents reproduce social structures that deliver short-term survival and serve as structural constraints for adolescents. Wortsman et al. (2024) also observed similar findings in the study in Côte d'Ivoire. Educational attainment contributes to the acquisition of knowledge and skills as well as broader socio-cultural competencies essential for social-economic mobility (McKnight, 2017). Additionally, Hameed et al. (2025) highlight that limited exposure to formal education restricts linguistic development, hindering academic comprehension and social interactions, thereby limiting social integration. This finding of limited educational opportunities aligns with the structuration theory. It could lead to low educational attainment and early adoption of adult roles, establishing a foundation for the cycle of poverty. This is consistent with a study by Misunas et al. (2024), which explored whether adolescent girls' learning skills, school enrolment, grade attainment, and

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friendships affect the risk of pregnancy. The findings suggest that adolescents facing limited educational opportunities adopt adult roles prematurely, which aligns with Giddens' concept of duality. These individuals navigate their circumstances by taking on jobs or responsibilities that may not align with their developmental stage. However, the structural conditions of poverty, limited access to education, and inadequate job prospects limit their choices. This dynamic illustrates how individuals' actions are influenced by the socio-economic structures in which they exist, reinforcing the cycle of poverty. Giddens argues that social structures are both the medium and outcome of social practices. Integrating social protection with education and labour policy, as well as reforming and professionalising apprenticeship, will be needed to address the implications.

Due to limited work prospects, many adolescents and their families turn to subsistence employment, involving barter trade, which restricts socio-economic mobility. The community's lack of decent jobs means that even those with some education may struggle to find employment that pays a living wage. The combination of low educational attainment, inadequate employment options, and the necessity to take on an adult role results in a cycle of intergenerational poverty. The simultaneous struggle for economic survival often occurs in poor health environments with limited access to healthcare and inadequate health education. This compromised health exacerbates the implications of early childbearing and hazardous work environments. As adolescents engage in labour instead of education, they perpetuate the structural inequalities that hinder socio-economic mobility and reinforce accelerated

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adulthood. This aligns with the structuration theory, where the implications of accelerated adulthood are reproduced as social structures. Lack of educational attainment limits individuals' ability to acquire the socio-cultural competencies necessary for upward mobility. The findings further highlight the connection between a healthy environment, economic stability, and educational opportunities. The social ecological theory suggests that the context in which an individual operates influences their practices. Chauhan and Degan (2023) made a similar observation.

In the conceptual framework of the study, specific implications for accelerated adulthood were not stated. However, following the study's findings, it can be stated that accelerated adulthood has implications for educational trajectories, economic opportunities, and health outcomes. These implications, as reflected in structuration theory, are reproduced social structures that result from constrained agency within existing social structures. Similarly, these implications represent nested influences that interact to accelerate the transition to adulthood. At the international level, the social, economic and health implications threatens efforts of Sustainable Development Goals (SDGs) three, four, five and eight, which prioritise health and well-being, with explicit attention to adolescent sexual and reproductive health; inclusive and equitable education; elimination of harmful practices such as child marriage; and decent work and economic growth, respectively (United Nations, 2015),

In conclusion, the social, economic, and health implications observed in the study underscore the need for targeted community interventions aimed at addressing the challenges faced by accelerated adults and supporting

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adolescents to improve their agency and prevent the reproduction of similar structures. In the next chapter, we will focus on the lived experiences of adolescents who have accelerated into adulthood. Providing perspectives on their feelings before and after the adoption of adult roles.

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CHAPTER SEVEN

LIVED EXPERIENCES OF ADOLESCENTS IN ACCELERATED ADULTHOOD

Introduction

Lived experiences of adolescents in accelerated adulthood are essential for a comprehensive understanding of the challenges, opportunities, and implications of early transitions to adult roles. This chapter presents the experiences of adolescents before and after the transition to accelerated adulthood. Adolescents going through accelerated adulthood used pictures from their environment to explain their experiences before and after going through accelerated adulthood.

A total of 40 photovoices, 20 reflecting experiences before accelerated adulthood and another 20 representing experiences after accelerating into adulthood, were meticulously analysed. The study identified two overarching themes: experiences that changed over time and experiences that remained unchanged over time. The identified sub-themes were loss of dependence and carefree life, stress from multiple roles, reduced hardship, feeling hopeless, hardships before and after, and feelings of hopelessness. Nine photos, each carefully chosen to represent the diversity of experiences. An inductive coding technique was used for the data analysis. Chapter three explains the data processing and analysis in detail.

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Results

The adolescents shared varied experiences reflecting their experiences before and after adopting adult roles. Two major themes emerged from the photovoice. These are experiences that changed over time and experiences that remained unchanged. The sub-themes from experience that changed were loss of dependence and carefree life, stress from multiple roles, reduced hardship and feeling hopeless. The key sub-themes that emerged from experiences that remained unchanged were the hardships before and after, and feelings of hopelessness before and after (see Figure 9).

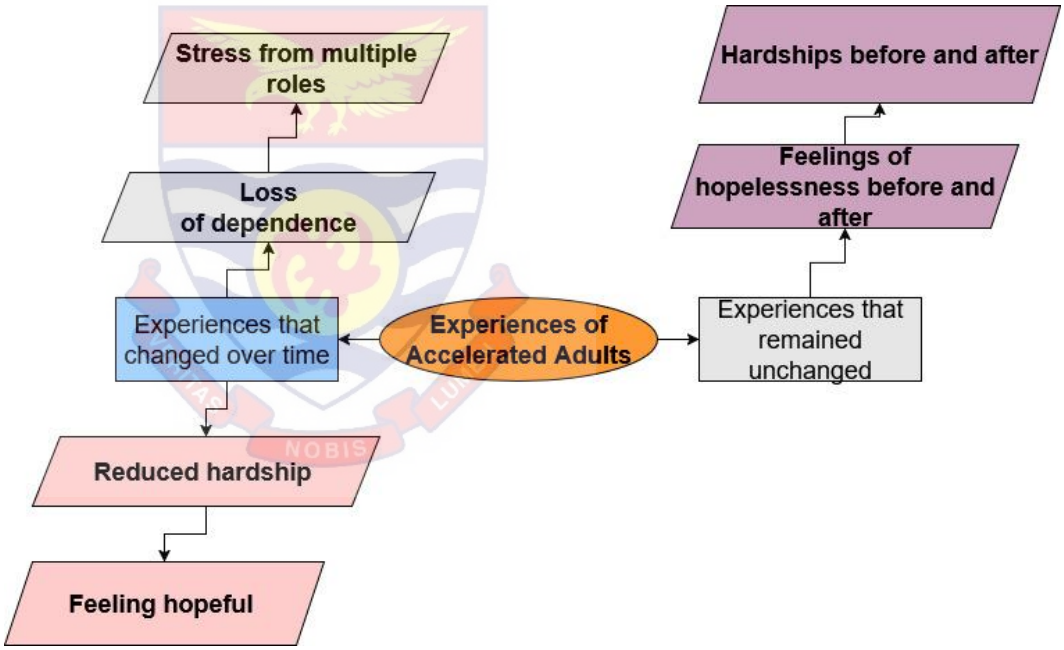


Figure 9: Thematic map inductively derived from photovoice

Source: Field data (2023)

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Experiences that changed over time

The major theme observed from the photovoice was experiences that changed over time. This involves the transformations in the lives of adolescents due to the acceleration of adulthood. Some adolescents described their childhood years as carefree and relaxed, with limited responsibilities and plenty of leisure time. However, once they adopted adult roles, their daily realities changed. Within this context, four main sub-themes were identified: loss of dependence and carefree life, stress from multiple roles, from hard to better times and feeling hopeless.

Loss of dependence and carefree living

Loss of dependence and carefree life emerged as a common experience for participants across the community. Some adolescents who have adopted adult roles perceive their lives before adopting these roles as a period when they relied on the support of caregivers for their daily needs. The narratives of some adolescents showed that during this phase, they had limited responsibilities and enjoyed rest, focusing on schooling and personal interests. The examples below illustrate how some participants used pictures from their environment to reflect on how their earlier lives were more relaxed. In the first example, the participants used a picture of a cat relaxing at home waiting for food to explain their experience.

"*At first, I did not worry about anything because my grandfather provided my needs. I do not know how he managed to do it, but I was okay. Just that sometimes my books and PTA dues were a challenge for*

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him. That is why I decided to work as well. Just as the cat approaches the owner when they are eating, the owner will give it some. I only had to ask my grandfather what I needed. There was no stress; I could sleep in the afternoon if I wanted to." [Photovoice, Locality 3, Adolescent 1, male, 17 years]



Figure 10: Photo of a cat ready for food

Source: Fieldwork survey (2023)

Furthermore, a similar experience was shared by another participant who accelerated into adulthood due to the death of his father. In the example below, a participant illustrated his life using a pair of new footwear. He explained that before the loss of his father, he lived a life free from worry about his needs. However, the death of his father forced him into accelerated

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adulthood, where he had to bear the heavy burden of providing for his own needs, causing him immense stress.

> *When my father was alive, he provided my basic needs. I was happy and hopeful for a bright future. I did not have to bother about anything. The feeling could be compared to my excitement whenever I got a new footwear as a child. I would go around and show it to my friends. I would walk around the community without fear of it being torn down because it was new [Photovoice, Locality 4, adolescent 3, male,* 15 years].



Figure 11: Photo of a new footwear

Source: Fieldwork survey (2023)

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Stress from combination of roles

Participants perceived their lives after adopting adult roles as stressful due to the roles they have to combine. Some participants reported experiencing constant fatigue as they struggled to combine formal education with different adult responsibilities. A male participant used a goat roaming in the community in search of food to illustrate how stressful his life has become due to accelerated adulthood, as stated in the quote below.

> *"Because of the work I do, I am always tired. Immediately after I get back from school, I have to run to the riverside. So, I do not get any rest. If I do not go, we will not have food to eat. You see the way a goat can roam for food? It is the same thing I do. It was not easy when I started working, but now, I am experienced and happy that I get money from working."* [Photovoice, Locality 3, Adolescent 1, male, 17 years].



Figure 12: Photo of a goat roaming in search of food

Source: Fieldwork survey (2023)

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Another participant explained how he has lost his childhood due to the stress of the multiple jobs he is involved in. The pressure to provide for themselves and others created a disparity between him and his peers who are in school. The quote below highlights the experience of the adolescent:

> *"When I had to start working at the age of nine years because of my father's death, I lost all the joy and hope I had. I do three different jobs, and it makes me weak. I am often unwell, but I still work to meet my basic needs. I hide when I see my mate coming back from school. I felt like this broken chair that has been kept somewhere because it is useless."* [Photovoice, Locality 4, adolescent 3, male 15 years]



Figure 13: Photo of a broken chair between two trees

Source: Fieldwork survey (2023)

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Furthermore, some adolescents shared a similar experience. For one participant, accelerated adulthood occurred when household challenges, such as parental illness, shifted the burden of responsibility onto him at an early age. He became a key provider to family needs, working to support medical expenses and daily needs. The transition into work created a sense of stress and hardship for him, as illustrated in the quote below:

> *"My father's ill health changed everything. All the children had to work to raise money for his medical bills and our mother's upkeep. From the age of 10, I have worked extremely hard, and the feeling can be compared to the stress I endured while pounding fufu. It is like suffering before you eat."* [Photovoice, Locality 4, Adolescent 1, male, 17 years]



Figure 14: Photo of mortar and pestle during fufu pounding

Source: Fieldwork survey (2023)

Reduced hardship

The third sub-theme identified under the changed experience was reduced hardship. Some participants explained that the lack of basic needs due

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to financial difficulties made life hard for them. They believed that going through accelerated adulthood is a blessing due to the ability to provide for their needs. Despite the limited access to cash in the community due to the practice of barter trade, some adolescents indicated that they were able to earn money during the day set aside for traders from other communities to trade with community members. The examples below illustrate how some adolescents used pictures from their environment to depict the challenges they faced before entering adulthood and how their lives have improved. One participant used straws and growing plants to reflect on how difficult things were before he started working and earning money to provide for her needs.

> *"Though the weight of the water I fetched for people before I can get money for my books and other things I need for school has given me a backache. The joy I feel when I can afford some basic needs and pay my school expenses makes me feel like I am starting to grow, just like these plants. Now, I am starting to have hope that things will improve. You see, the plant, once it rains, it will keep growing unless someone weeds, it will continue to grow." [Photovoice, Locality 3 Adolescent 2, female, 17 years]*

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Figure 15: Photo of plants that have started growing

Source: Fieldwork survey (2023)

Some adolescents who have adopted adult roles perceive their adoption of these roles as a transition from challenging times to better ones, which instils a sense of hope where there was once hopelessness. They attributed this transformation to their resilience and ability to provide for themselves, not relying on their parents. One participant used a growing plant to illustrate how his early work experiences showcased his resilience and led to a shift in his emotional state from hopeless to hopeful.

> *"Now that I am working, I will have something to eat every day, just like when the plantain grows well and gives us food. Unlike when I was not working, now I help some of my friends with their needs, and I*

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am happy that I can help them." [Photovoice, Locality 1 Adolescent 1, male 15years]



Figure 16: Photo of a growing plantain plant

Source: Fieldwork survey (2023)

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Experiences that remained unchanged

The second key theme that emerged from the photovoice was unchanged experience from the transition. Some adolescents explained that their experiences before and after adopting adult roles had not changed. The narratives highlighted that the childhood years for some participants were filled with hardship, and early adoption of adult roles did not change their daily realities. Within this context, two main sub-themes were identified: experiences of hardship before and after, and feelings of hopelessness before and after.

Hardship before and after

Some adolescents who have adopted adult roles perceived their lives before adopting roles as a period of hardship. The challenges of poverty, lack of access to resources, and limited opportunities for economic advancement persist even as they transition into adult roles, impacting their ability to meet basic needs, pursue educational goals, and build a stable financial future. A participant used stones to illustrate her hard times before and after childbirth. For her, nothing has changed in her life because before childbirth, things were hard, and after childbirth, things are still hard:

> *"In my childhood, things were hard, such that I had to start smoking fish at age eight. I have never attended school due to the hardships we faced. That is the reason why I agreed to be the girlfriend of my child's father. I will compare how things were to stones because*

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things were very hard, just like stones." [IDI, Locality 3, Adolescent 5, female 16 years]



Figure 17: Photo of stones

Source: Fieldwork survey (2023)

"The hardship experienced before giving birth to my child has not changed. Although I now have to look for food for my child, my life was not better. These stones have been here for a long time, and if no one takes them away from here, they will continue to be here. So, until someone comes to help me, there is no hope that things will change."

[IDI, Locality 3, Adolescent 5, female 16 years]

Moreover, some participants shared a similar experience. Given the community's economic status, some participants highlighted that they were born into hardship, and even as children, they could feel the impact of the hardship their parents experienced. Reinforcing the adoption of adult roles during

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adolescence to support the household. Nonetheless, the hardship persists, and adolescents feel despair. In the example below, the participant used a picture of a stem to explain how difficult things had been for her before and after childbirth.

> *"My mother could not satisfy my needs, so things were always difficult. I was afraid to ask my father anything, so I always asked my mother. She will always tell me she does not have any money. I needed books, pencils, and pens, but could not get them myself. At times, obtaining sanitary pads to use during my periods became a challenge. I will compare my life before childbirth to the stem of a tree because that is the hardest part. That is how life was for me. I felt hopeless"* [Photovoice, Locality 4, Adolescent 2, female, 16 years]



Figure *18: Photo* of the stem of a Neem tree

Source: Fieldwork survey (2023)

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Feelings of hopelessness before and after

This refers to the adolescents' sense of despair and loss of optimism, which confronts them when they adopt adult roles. This theme reflects the emotional toll of accelerated adulthood, where the lack of adequate support has led adolescents to perceive their future as uncertain. Some participants indicated that the unchanged experience with hardship from childhood has rendered them hopeless. One participant used a tree with no leaves or fruit to show how she feels after adopting adult roles.

> *"I am just 16 years old, but because of the burden, I look like an old person. I had to drop out of school to focus on work, and now I wonder what my future will look like. I wanted to be a soldier in the future, but now all my dreams have been shattered. I feel useless, like a tree with no leaves or fruit, because my life has always been full of struggles. [IDI, Locality 1, adolescent 3, male 16]*

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Figure 19: Photo of a tree with no leaves or fruit

Source: Field survey (2023)

Another participant used a photo of cotton wool to reflect how she feels hopeless. She explained that, like cotton wool, which quickly shrinks when squeezed, she has no sense of hope due to the hardship she experienced before and after the adoption of adult roles. This reflects the delicate nature of adolescents' hope when confronted with hardship before and after accelerating into adulthood.

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"After I gave birth, instead of focusing on my education, I felt my life was gradually becoming hopeless, just like the cotton wool which can be blown in any direction by the wind, and it has become hopeless. I started working to take care of myself and my child. I would have focused on my education if I knew this was how life would be." [IDI, Locality 2, Adolescent 5, female, 16 years]



Figure 20: Photo of cotton wool

Source: Fieldwork survey (2023)

Discussion

The experiences of adolescents undergoing accelerated adulthood present a complex interplay of feelings before and after they have accelerated into adulthood. The photovoice method yielded valuable insights into the

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evolving experiences preceding and following accelerated adulthood, uncovering significant themes and sub-themes. The study identified two overarching themes: experiences that changed over time and those that remained unchanged. Loss of dependence and carefree life, stress from multiple roles, reduced hardship, feeling hopeful, hardships before and after, and feelings of hopelessness were the sub-themes that emerged from the photovoice.

The visual representations and accompanying narratives vividly illustrate the stark disparity between the participants' previously relaxed lives and their current, stress-inducing lives after entering accelerated adulthood. The shift from a secure and untroubled existence to one characterised by financial strain and heightened responsibilities underscores the disruptive influence of accelerated adulthood on individuals' well-being, shedding light on the challenges and disruptions accompanying the early uptake of adult roles. A study by Yeyie (2020) conducted in Kete Krachi, reported a similar finding. A study by Ngum Chi Watts et al. (2015), and D'Andon et al. (2022) also observed similar findings.

Furthermore, the loss of dependence and the stressful nature of accelerated adulthood shared through the photovoice provide insights into the psychosocial impact of accelerated adulthood on individuals. This journey highlights the profound psychological and physical impact of accelerated adulthood, as individuals confront the abrupt shift in their roles and expectations. Boutin & Jouvin (2022) and Erfina et al. (2019) reported similar findings.

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The sub-theme of transitioning from hard times to better times within accelerated adulthood offers a compelling insight into the transformative impact of assuming heightened responsibilities and achieving financial independence. The narratives obtained through the photovoice method reveal a profound sense of agency and empowerment that has emerged from the participants' experiences of accelerated adulthood. This transition from a state of deprivation and dependency to one characterised by financial autonomy and the capacity to fulfil one's needs underscores the transformative potential of assuming increased responsibilities.

This transformation highlights the profound impact of accelerated adulthood on individuals' sense of agency, resilience, and overall well-being (Howard et al., 2025). Moreover, it emphasises the significance of financial autonomy in mitigating the emotional and material hardships individuals face, fostering a sense of hope and optimism for the future. The transition from a sense of hopelessness to hope represents a profound and personal journey, often marked by the attainment of self-sufficiency and independence. The newfound capacity to sustain themselves has ushered in a period of hope and optimism, as evidenced in the narratives. The emotional metamorphosis from hopelessness to hopefulness underscores the substantial impact of financial autonomy and the ability to meet one's needs, highlighting the importance of agency and self-sufficiency in shaping individuals' emotional well-being and outlook on life.

The narratives provided by some participants, detailing their experiences of enduring hardship and hopelessness before and after assuming adult roles, underscore a profound sense of resignation and despair, highlighting

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the overwhelming nature of the challenges they confront. This perspective emphasises the critical necessity for support and assistance in navigating challenging circumstances, illuminating the significance of community, social support, and resources in addressing persistent hardships. The notion that without external help, there is no hope for change highlights the importance of tailored interventions in alleviating the emotional toll of feeling trapped in an unchanging situation.

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CHAPTER EIGHT

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

Although not a new phenomenon, accelerated adulthood has led to a growing consensus for tailored interventions due to its implications for adolescents' well-being. This chapter presents the study summary, key findings, conclusions, recommendations, contribution to knowledge, and reflections on the theoretical frameworks, as well as limitations and opportunities for further studies.

Summary of findings

The occurrence, duration, and complexity of transition to adulthood have shifted from social development milestones with rites of passage to customised, negotiable, less ritualised transitions with broad margins of choice and a lack of clarity in modality and time. The implications of persistent accelerated adulthood, characterised by individuals taking on adult roles and responsibilities at a young age, raise concerns regarding its impact on various aspects of individuals' lives, including their health, social relationships, developmental trajectories, and overall well-being. This thesis, therefore, explored the contextual dynamics of persistent accelerated adulthood and its socio-cultural and economic implications for adolescents. Specifically, the study sought to (1) analyse the extent of accelerated adulthood among adolescents in Abrewankor; (2) assess the contextual factors that have implications for accelerated adulthood for adolescents in Abrewankor; (3)

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analyse perceived social, economic and health implications of accelerated adulthood for adolescents in Abrewankor.; (4) assess lived experiences of adolescents going through accelerated adulthood in Abrewankor.

The study used both qualitative and quantitative methods. The quantitative component of the study involved adolescents aged 10 to 19 years. A total of 291 adolescents, aged 10–19 years, comprising 158 males and 133 females, participated in the quantitative study. The qualitative component of the study included 26 adolescents aged 10–19 years who had married, given birth, or were working (either currently or in the past), and 16 young men and women aged 20–25 years who had married, given birth, or started work before the age of 18. It also involved four locality chiefs, four community health volunteers, two health workers, and the district adolescent focal person in the Abrewankor community. The data collection methods were a local census, in-depth interviews, focus group discussions, and photovoice.

The study showed that the sequencing of the three indicators in the community follows a trajectory influenced by social norms, economic factors, and other conditions. The common sequence observed for males and females in the community was work, childbirth, and marriage. The study revealed that social factors, such as social acceptance and normalisation of early uptake of adult roles, family benefits, and societal respect for accelerated adults, as well as the absence of a nuclear family structure, are contextual factors that influence accelerated adulthood in the community. The economic factors contributing to accelerated adulthood in Abrewankor are the retention of traditional skills transfer approaches, continuation of family trade, low family income, lack of

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community infrastructure and modern structures, and limited exposure to different professions.

The study revealed that male and female adolescents have significant social, economic, health and well-being implications from accelerated adulthood. From the social perspective, the study found that accelerated adulthood results in limited opportunities for (education), modern literacy and numeracy skills, as well as social skills and the cycle of low educational attainment in the community. Economically, the study found that entering adulthood at an early age leads to continuous involvement in subsistence employment. Consequently, the practice of barter trading and the lack of decent jobs result in being trapped in an intergenerational cycle of poverty. Furthermore, the study observed that accelerated adulthood has implications for the mother and baby. It is also food that adolescents experience in a poor health environment, and are involved in hazardous jobs that compromise their health.

Additionally, the study found that some adolescents' experiences transitioned from being dependent to independent as they entered accelerated adulthood. Similarly, some adolescents transitioned from being hopeless to hopeful when they assumed adult roles. On the contrary, some adolescents experienced a change from hard times to better times. Some adolescents' experiences before and after going through accelerated adulthood have not changed. They continued to experience hardships.

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Conclusions

The study sought to (1) analyse the extent of accelerated adulthood among adolescents in Abrewankor; (2) assess the contextual factors that have implications for accelerated adulthood for adolescents in Abrewankor; (3) analyse perceived social, economic and health implications of accelerated adulthood for adolescents in Abrewankor.; (4) assess lived experiences of adolescents going through accelerated adulthood in Abrewankor. Based on the key findings from the study, the following conclusions are made:

Generally, work is the first route to accelerated adulthood. Accelerated adulthood is more prevalent among males and older adolescents. The acceptance and normalisation of early uptake of adult roles, family benefits, and societal respect for accelerated adults, as well as the absence of a nuclear family structure, are key social factors that influence accelerated adulthood. The community's perceptions of early adult responsibilities as legitimate and even respectable sustain the acceleration of adulthood. Adolescents, therefore, internalise accelerated adulthood as a cultural norm, reducing motivation to pursue education. Local interventions involving education and sensitisation are required to challenge social norms that promote accelerated adulthood.

Economic factors that contribute to accelerated adulthood are the retention of traditional approaches to skills transfer, the continuation of family trades, and low family income. The traditional approach to apprenticeship without modernisation locks adolescents into subsistence work, limiting their opportunities to develop marketable skills. There will be a need for authorities at the district level to integrate informal apprenticeships with accredited

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technical education. Other contextual factors that influence accelerated adulthood are a lack of community infrastructure and modern structures, as well as limited access to various professions. Structural poverty and inadequate infrastructure promote accelerated adulthood through limited access to education, healthcare, and decent employment opportunities. This results in stagnated development, with continuous inequality between rural and urban areas. Investment in infrastructure at the community level through decentralised funding mechanisms is necessary to open new economic opportunities

Accelerated adulthood limits opportunities for (education), modern literacy, numeracy skills and social skills, leading to a cycle of low educational attainment and early adoption of adult roles. Economically, adolescents continue in subsistence employment, lack decent jobs and are trapped in the world of inter-generational transfer of poverty. Early childbearing has implications for the mother's and the child's health. Working adolescents continue to be involved in hazardous jobs which compromise their health. A partnership between local authorities and NGOs will be necessary to provide technical and vocational skills at the community level, helping adolescents develop the skills required for the job market.

Furthermore, adolescents experience significant shifts in their experiences as they transition into accelerated adulthood. Some adolescents transition from a period of relaxation to one of heightened stress as they take on adult roles. In contrast, others experience a shift from a sense of hopefulness to hopelessness in the face of increased responsibilities. Conversely, some adolescents experience an improvement in their circumstances, moving from

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challenging times to more favourable economic situations during accelerated adulthood. Some adolescents experience no change in their circumstances, continuing to grapple with hardship despite entering adulthood. Social support networks could help adolescent going through accelerated adulthood to address their challenges and provide them with coping strategies.

Recommendations

Based on the study's findings and conclusions, the following recommendations are proposed to address the factors of accelerated adulthood and its implications. They are also to address the experience of accelerated adults. Institutions responsible for adolescent development should:

Collaborate with local authorities to eliminate all forms of normalisation and acceptance of accelerated adulthood. Thus, local authorities should be sensitised and engaged as key stakeholders to advocate against accelerated adulthood and promote higher education among adolescents. Community dialogues led by local authorities should address the social acceptance of early marriage, childbirth, and work. Culturally grounded campaigns that showcase positive deviants can create alternative role models.

Support local authorities in developing local restrictions and sanctions to address accelerated adulthood. This recommendation will strengthen the bridge between national frameworks and local realities. This approach aligns with Ghana's Local Governance Act (2016, Act 936), which mandates district assemblies to make by-laws in line with national laws. The district assembly

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could legislate age-based restrictions on children's participation in hazardous trades such as charcoal burning, farming, and fishing under dangerous conditions. At the same time, the traditional council can establish binding community norms prohibiting early marriage.

Engage Local authorities to appreciate and endorse the inclusion of Comprehensive Sexual Education in school curricula using locally developed guidelines. Traditional and religious leaders could be engaged as co-facilitators to co-deliver culturally adjusted CSE at community events, reaching out-of-school children and their parents as well. Community-based organisations could also be trained to facilitate community and parent-oriented awareness about sexuality.

Provide adolescent opportunities to build skills. Vocational training and entrepreneurship programmes for adolescents will provide them with skills for formal employment. Evidence from Ghana's Complementary Basic Education (CBE) programme demonstrates that non-formal approaches can successfully reintegrate out-of-school children into education and improve basic literacy and numeracy outcomes. Structured apprenticeships with certification in carpentry, tailoring, mechanics, or ICT can equip adolescents with marketable skills while reducing dependence on exploitative work.

Collaborate with local authorities to offer psychosocial support to adolescents who have assumed adult responsibilities. The support should involve peer support groups, social networks, and counselling services that focus on stress management, coping strategies, and goal-setting for adolescents balancing work, family, and health challenges. Trained counsellors and social

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workers should be made accessible at schools, churches and other community facilities.

Contribution to Knowledge

In recent years, there have been calls to address adolescent health and development challenges to improve adolescents' overall well-being. To the best of my knowledge, this is one of the few studies that have explored the implications of accelerated adulthood in Abrewankor. Therefore, it provides a baseline for other researchers who may undertake similar studies in the future.

This is one of the few studies that explored persistent accelerated adulthood, focusing on three indicators simultaneously within a rural setting. By considering three indicators of accelerated adulthood: early marriage, childbirth, and work, this study unravelled the dynamics of the persistence of accelerated adulthood in a rural setting and provided an in-depth understanding of the contextual issues. The data on contextual factors influencing the persistence of accelerated adulthood in a rural setting from this study provide relevant data that can contribute to achieving the first indicator of the third target of SDG five and the seventh target of SDG eight, which aim to end early marriage and child labour, respectively.

Applying both qualitative and quantitative methods, which include the use of photovoice, in addition to interviews and local census data, has demonstrated the relevance of using multiple data sources in exploring accelerated adulthood. Incorporating the photovoice as a data collection technique in the study encouraged participants' active participation, which

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fostered a sense of ownership and enhanced the depth of data collected. The photovoice allowed for storytelling and facilitated the collection of visually rich data that captures aspects of accelerated adulthood, which may have been unarticulated in the verbal narratives and survey. The photovoice approach also encouraged reflexivity by the participants and the Principal Investigator (myself). This reflexive process allowed adolescents going through accelerated adulthood to critically engage with their circumstances. This may result in a transformative self-awareness and new perspectives on their situation. These value additions of the use of photovoice lead to a deepened understanding of the lived experiences of adolescents going through accelerated adulthood.

The study adapted Giddens' (1984) Structuration theory and Bronfenbrenner's (1979) social ecological theory to develop a conceptual framework for factors influencing accelerated adulthood. Drawing on the agency concept in structuration theory, the study provides a more comprehensive understanding of the factors influencing adolescents' adoption of adult roles. It provides valuable insights into research and practice in this area.

Reflections of the theoretical framework

Combining the concept of multiple interacting systems of the social-ecological theory by Bronfenbrenner (1979) and the concept of agency in the structuration theory by Giddens (1984) was fit for purpose. In applying the concept of agency of the structuration theory to accelerated adulthood, The study explored the unique structural constraints that adolescents face, such as social acceptance and normalization, societal respect for accelerated adults,

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absence of nuclear family structure, retention of traditional approaches to skills transfer, continuation of family trade, low family income, lack of community infrastructure and modern structures, and no exposure to different professions. These social, economic and other conditions in the community give adolescents little power to exercise their agency.

We also explored how adolescents in a rural setting exercise agency in making life decisions, such as educational and career choices. We observed that educational and career aspirations played a significant role in accelerating the transition to adulthood. An adolescent who aspired to attain higher education worked to support their school expenses, while those not interested in formal education also worked because of their career choices. It is noteworthy that while aspirations for higher education may act as a hindrance to accelerated adulthood in certain environmental contexts, the findings of this study underscore that within rural settings, such aspirations necessitate individuals to actively engage in labour, savings, and investment practices to support their educational pursuits.

Relying on the concept of multiple interacting systems from the social ecological theory, the conceptual framework for the study explored the interaction between community, household, and individual factors related to accelerated adulthood. The model assumes that community, household, and individual factors can influence adolescents' choices. Household factors such as the sex of the household head and the mother's number of children were also significant in influencing adolescents' decisions to marry, give birth, or work. Individual factors such as age and sex also influence adolescents' decisions to

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marry, give birth, or work. The study showed how community, household, and individual factors can directly or indirectly influence adolescents' decisions to marry, give birth, or work.

Limitations and opportunities for further studies

Despite the contributions made by this study to the phenomenon of accelerated adulthood, there are some limitations. However, since academic studies intend to contribute to rather than terminate knowledge, the limitations of this study, highlighted here, present opportunities for further research in advancing knowledge in accelerated adulthood. First, using both quantitative and qualitative methods, the study explored the contextual factors and implications of accelerated adulthood. However, the study conducted inferential statistics on only the factors of accelerated adulthood due to the number of participants who responded to the questions on the implications. Further research to advance knowledge on accelerated adulthood could conduct inferential statistics on the implications of accelerated adulthood to test the conceptual framework's second premise among a statistically representative population.

This study focused on adolescents in a single community within the Krachi Nchumuru District of the Oti Region. This is a relatively small area, considering that the district has 180 communities at the time of data collection. Such a study is needed across the district and the country to ensure that the findings can inform policy at the district, regional and national levels. Lastly, the study focused on family formation and work as indicators to explore the factors, implications, and experiences of accelerated adulthood among

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adolescents in a rural setting. Since family formation and work are not the only indicators of accelerated adulthood, further studies could include other indicators to explore accelerated adulthood.

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APPENDIX A: DATA COLLECTION INSTRUMENTS

APPENDIX A1: QUESTIONNAIRE FOR ADOLESCENTS AGED 10-19 YEARS

UNIVERSITY OF CAPE COAST
COLLEGE OF HUMANITIES AND LEGAL STUDIES
FACULTY OF SOCIAL SCIENCES
DEPARTMENT OF POPULATION AND HEALTH

This study seeks to assess the contextual dynamics of accelerated adulthood, its social-cultural and economic implications for adolescents in Abrewankor. The results are primarily intended for academic purposes, although they should also provide empirical evidence to policy actors on the views and concerns related to adolescent health and development. Please note that you do not have to respond to any question you do not wish to, and you may end the interview at any time. Furthermore, the information you provide will be confidentially managed under the Data Protection Act, 2012 (Act 843) of Ghana.

Note: Circle the appropriate response(s) to the questions

GENERAL INFORMATION

Questionnaire Number: [ ][ ][ ]

Date of Interview**:** Day [ ][ ] Month [ ][ ] Year [ ][ ][ ][ ]

Start Time: End Time:

Name of Field Assistant/Interviewer:

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PART 1 Administer to all adolescents (10-19 years)			
100	**Section A - Socio-demographic characteristics**	Circle Options	
101	Sex	1	Male
		2	Female
102	Age		In completed years ……. Date of Birth _ _/_ _/_ _ __
103	Which ethnic group do you belong to?	1	Akan
		2	Ewe
		3	Ga Dangme
		4	Nchumuru
		5	Konkomba
		6	Other (Specify) ……
104	What is your religious affiliation?	1	Catholic
		2	Protestant (Anglican, Lutheran, Presbyterian, Methodist, etc.)
		3	Pentecostal/ Charismatic
		4	Other Christian
		5	Islam.
		6	Ahmadi
		7	Traditionalist
		8	No Religion

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		9	Other (specify)
105	What is your birth parity?		Write the response ……
106	What is your highest level of education?	1	None
		2	Primary
		3	JHS
		4	SHS
		5	Tertiary
107	What is your living arrangement?	1	Living with Both parents
		2	Living with Mother only
		3	Living with Father only
		4	Living alone
		5	Other (Specify) ……..
108	What is the number of people who live here with you?		Write the response (Number) ……
109	Sex of household head	1	Male
		2	Female
110	What is the main source of your household income? *Single response*	1	Wage income from employment
		2	Household agriculture income
		3	Non-farm self-employment income
		4	Rental income
		5	Remittance
		6	Other income (Specify)

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			……
111	Which media do you mostly have access to? *Single response*	1	None
		2	Television
		3	Radio
		4	Newspaper
		5	Social Media
		6	Other (Specify) ……..
112	Have you started menstruating? (*Ask only female participants*)	1	Yes
		2	No Skip to
113	At what age did you have your first menstruation? (*Ask only female participants*)		Write the response ……
200	**Section B – Knowledge and use of contraceptives**		
201	Have you heard of any of the methods of contraception?	1	Yes
		2	No
202	If yes, which of the methods have you heard of? *Multiple response*	1	Female Sterilization.
		2	Male Sterilization.
		3	IUD.
		4	Injectables.
		5	Implants.
		6	Pill.
		7	Condom.
		8	Female Condom.
		9	Lactational Amenorrhea Method (LAM).
		10	Rhythm/Calendar Method
		11	Withdrawal.

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		12	Emergency Contraception
		13	Others Specify…… …
203	Have you ever used any of the methods?	1	Yes
		2	No
204	If yes, which of the methods have you ever used? *Multiple Response*	1	Female Sterilization.
		2	Male Sterilization.
		3	IUD.
		4	Injectables.
		5	Implants.
		6	Pill.
		7	Condom.
		8	Female Condom.
		9	Lactational Amenorrhea Method (LAM).
		10	Rhythm/Calendar Method
		11	Withdrawal.
		12	Emergency Contraception
		13	Others Specify…… …
205	At what age did you first use contraceptive?		Write the response ……
206	Are you currently doing something or using any method to delay or avoid getting pregnant?	1	Yes
		2	No Skip to 301

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207	If yes, which method are you currently using?	1	Female sterilization
		2	Male steriliZation
		3	IUD
		4	Injectables
		5	Implants
		6	Pill
		7	Condom
		8	Lactational Amenorrhea Method (LAM).
		9	Rhythm/Calendar Method
		10	Withdrawal
		11	Emergency Contraception
		12	Other modern method Specify…… ….
		13	Other traditional method Specify…… ….
208	Who took the decision regarding the current method you are using?	1	Self
		2	Partner
		3	Both
		4	Other (s) Specify ……
300	**Section C – childbirth, marriage, and work**		
301	Have you ever given birth?	1	Yes
		2	No skip to 302
302	How old were you when you first gave birth?		In completed years ……

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303	How many children have you given birth to?		Write the response ……
1	First child		In completed years …… Date of Birth _ _/_ _/_ _ __
2	Second child	3	In completed years …… Date of Birth _ _/_ _/_ _ __
3	Third child	4	In completed years …… Date of Birth _ _/_ _/_ _ __
4	Fourth child	5	In completed years …… Date of Birth _ _/_ _/_ _ __
5	Fifth child		In completed years ……

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			Date of Birth _ _/_ _/_ _ __
304	What would you say contributed to you giving birth at the age you did?	1	Financial constraints
		2	Peer pressure
		3	Customs/ beliefs
		4	Lack of parental control
		5	Broken home
		6	Not schooling
		7	Other Specify…… ….
		8	Don't know
305	What is your current marital status?	1	Informal/living together
		2	Married (Civil/Ordinance)
		3	Married (Customary/Traditional)
		4	Married (Islamic)
		5	Married (Other type)
		6	Separated
		7	Divorced
		8	Widowed
		9	Never married
306	If you have ever married/cohabited, how old were you when you first married/cohabited?		In completed years ……
307	What would you say contributed to you giving birth at the age you did?	1	Financial constraints
		2	Peer pressure
		3	Customs/ beliefs
		4	Lack of parental control
		5	Broken home

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		6	Not schooling
		7	Other Specify…… ….
		8	Don't know
308	Have you ever worked?	1	Yes
		2	No Skip to 401 [*if respondent has ever given birth, married or worked. End if not]*
309	If yes, during the last 7 days, did you engage in any economic activity, for at least one hour? *Proceed to PART 2 if participant has ever given birth, married, or worked* *End interview if participant has never given birth, married, or worked*	1	Yes
		2	No
310	How old were you when you started working?		In completed years ……
311	What would you say contributed to you giving birth at the age you did?	1	Financial constraints
		2	Peer pressure
		3	Customs/ beliefs
		4	Lack of parental control
		5	Broken home
		6	Not schooling

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		7	Other Specify…… ….
		8	Don't know

Thank you for your time

End Interview

End Time:……..

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APPENDIX A2: IN-DEPTH INTERVIEW GUIDE FOR ACCELERATED ADULTS AGED 10-19 YEARS AND YOUNG ADULTS AGED 20-25 YEARS

UNIVERSITY OF CAPE COAST

COLLEGE OF HUMANITIES AND LEGAL STUDIES

FACULTY OF SOCIAL SCIENCES

DEPARTMENT OF POPULATION AND HEALTH

Introduction

This study seeks to assess the contextual dynamics of accelerated adulthood, its social-cultural and economic implications for adolescents in Abrewankor. The results are principally for academic purposes, although they should also offer empirical evidence to policy actors on the views and concerns of adolescent health and development. Please note that you don't have to respond to any question you don't wish to, and you may end the interview at any time. Furthermore, the information you provide will be confidentially managed under the Data Protection Act, 2012 (Act 843) of Ghana.

Section A: Experiences of accelerated adults

Part 1: Early marriage

(If participant has never married skip to Part 2)

1. I would like to learn more about your experience. Please tell me how the decision to marry was taken.
2. What role did you play in the decision-making process?
3. As an adolescent, how did you feel when you first realized that you are going to marry**? How do you feel now**
4. Tell me about your experience since you got married.

   Probes

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- What aspect of the experience is most remarkable? Kindly share with me how you feel with respect to your experience?
- How has this experience affected you?
- What challenges do you have?

Part 2: Early pregnancy/childbirth

(If participant has never given birth/become pregnant skip to Part 3)

5. I would like to learn more about your experience on childbirth. Please tell me how the decision to give birth was arrived at.
6. As an adolescent, how did you feel when you first realized that you are going to have a baby**?**
7. Tell me about your experience since you had a child or became pregnant.
8. Probes

- What aspect of the experience is most remarkable? Kindly share with me how you feel with respect to your experience?
- How has this experience affected you?
- What challenges do you have?

Part 3: Early involvement in economic activities

(If participant has not worked before skip to Section2)

9. Tell me about your experience working as an adolescent
10. Please tell how the decision to work was taken.
11. As an adolescent, how did you feel when you had to start working**?** How do you feel now?

Probes

- What aspect of the experience is most remarkable? Kindly share with me how you feel with respect to your experience?
- How has this experience affected you?
- What challenges do you have?

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12. What kind of support do you receive from your family and the community?

Section B: Factors contributing to accelerated adulthood

Part 1: Individual factors

13. In your view what individual factors influence adolescents to marry **(**probe for birth order, sex, age, level of education and awareness of accelerated adulthood implications). How so?
14. What factors contributed to you marrying at the age you did? *(If participant has never married skip to 16)*
15. What individual factors would you say influence adolescents to give birth **(**probe for birth order, sex, age, level of education and awareness of accelerated adulthood implications). How so?
16. What factors contributed to you giving birth marrying at the age you did? *(If participant has never given birth skip to 18)*
17. What individual factors can influence adolescents to start working **(**probe for birth order, sex, age, level of education and awareness of accelerated adulthood implications). How so?
18. What factors contributed to you working at the age you did? *(If participant has never worked skip to Part 2)*

Part B: Household level factors

19. Let's talk about household factors, what household factors influence adolescents like you to marry/give birth/ work? (household size, sex of household head, main source of income for household, Family history/ experiences of accelerated adulthood, household head's level of education) How so?
20. What specific household factor(s) contributed to you marrying at the age you did? *(If participant has never married skip to 22)*
21. What household factors can influence adolescents like you to give birth? (Household size, sex of household head, main source of income for household, Family history/ experiences of accelerated adulthood, household head's level of education) How so?

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22. What specific household factor(s) contributed to you giving birth at the age you did? *(If participant has never given birth skip to 24)*
23. What household factors can influence adolescents like you to work? (Household size, sex of household head, main source of income for household, Family history/ experiences of accelerated adulthood, household head's level of education) How so?
24. What specific household factor(s) contributed to you working at the age you did? *(If participant has never worked skip to Part 2)*

Part C: Community

25. In your view what community factors influence adolescents to marry? **(**Ethnicity, social norms, values and beliefs promoting accelerated adulthood i.e. gender roles and relation expectations, access to sexual and reproductive health services, access to media, type of media, access to school and local governance stability). How so?
26. What specific community factor(s) contributed to you marrying at the age you did? *(If participant has never married skip to 29)*
27. What community factors influence adolescents to give birth? **(**Ethnicity, social norms, values and beliefs promoting accelerated adulthood ie gender roles and relation expectations, access to sexual and reproductive health services, access to media, type of media, access to school and local governance stability). How so?
28. What specific community factor(s) contributed to you giving birth at the age you did? *(If participant has never given birth skip to 31)*
29. What community factors influence adolescents to work? **(**Ethnicity, social norms, values and beliefs promoting accelerated adulthood ie gender roles and relation expectations, access to sexual and reproductive health services, access to media, type of media, access to school and local governance stability). How so?
30. What specific community factor(s) contributed to you working at the age you did? *(If participant has never worked skip to Section C)*

Section C: Implications of accelerated adulthood

31. What are the sociocultural implications of early marriage?

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32. What are the economic implications of early marriage?
33. What would you say has been the implication(s) for you? (If participant has never married Skip to 36)

    Probe

    - Implications for Education
        - Higher education attainment
    - Economic Implications
        - Future job aspirations
        - Livelihood, household income and expenses
    - Cultural implications
        - Beliefs and perceptions
    - Health implications
        - Health needs related to early marriage
        - Access to health care services
            - Type of services
            - Cost of care, distance, decision making and attitudes of health workers
            - Other sources of care
34. What are the sociocultural implications of early childbirth?
35. What are the economic implications of early childbirth?
36. What would you say has been the implication(s) for you? (If participant has never given birth Skip to 36)

    Probe

    - Implications for Education
        - Higher education attainment
    - Economic Implications
        - Future job aspirations
        - Livelihood, household income and expenses
    - Cultural implications
        - Beliefs and perceptions
    - Health implications
        - Health needs related to early childbirth
        - Access to health care services

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- Type of services
- Cost of care, distance, decision making and attitudes of health workers
- Other sources of care

37. What are the sociocultural implications of early involvement in economic activities?
38. What are the economic implications of early involvement in economic activities?
39. What would you say has been the implication(s) for you? (If participant has never given worked Skip to 36)

    Probe

    - Implications for Education
        - Higher education attainment
    - Economic Implications
        - Future job aspirations
        - Livelihood, household income and expenses
    - Cultural implications
        - Beliefs and perceptions
    - Health implications
        - Health needs related to early childbirth
        - Access to health care services
            - Type of services
            - Cost of care, distance, decision making and attitudes of health workers
            - Other sources of care

Section D: Strategies to address and mitigate the burden of accelerated adulthood among adolescents.

40. In your view what can be done to address and mitigate early marriage and its negative implications for adolescents in Abrewanko?
41. What community-based measures/intervention(s) has been put in place to address early marriage? What else can be done?

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42. What can be done to address and mitigate early childbirth and its negative implications for adolescent in Abrewanko?
43. What community-based measures/intervention(s) has been put in place to address early childbirth? What else can be done?
44. What can be done to address and mitigate early involvement in economic activities and its implications for adolescent in Abrewankor
45. What community-based measures/intervention(s) has been put in place to address early economic involvement? What else can be done?

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PROFILE SHEET FOR ACCELERATED ADULTS AGED 10-19 YEARS AND YOUNG ADULTS AGED 20-25 YEARS

UNIVERSITY OF CAPE COAST

COLLEGE OF HUMANITIES AND LEGAL STUDIES

FACULTY OF SOCIAL SCIENCES

DEPARTMENT OF POPULATION AND HEALTH

GENERAL INFORMATION

IDI Number: [ ][ ][ ]

Date of Interview**:** Day [ ][ ] Month [ ][ ] Year [ ][ ][ ][ ]

Start Time: End Time:

Name of Field Assistant/Interviewer:

Please write the appropriate response(s) to the questions in the space provided

Socio-demographic Characteristics of participants

1. Sex of participant _____
2. How old are you? _____
3. What is your marital status? _____
4. What is your religious affiliation? _____
5. What is your ethnicity? _____
6. What is your highest educational level? _____
7. Suburb/locality? _____
8. What is your occupation? _____
9. Number of children? _____

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APPENDIX A3: PHOTOVOICE GUIDE FOR ACCELERATED ADULTS

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FACULTY OF SOCIAL SCIENCES
DEPARTMENT OF POPULATION AND HEALTH

Part 1 -Early marriage

- Scenario 1: Please take a picture of any object within your environment to reflect your experiences before you got married.
- Scenario 2: Please take a picture of any object within your environment to reflect your experiences after you got married.

Part 2 - Early childbirth

- Scenario 1: Please take a picture of any object within your environment to reflect your experiences before you gave birth.
- Scenario 2: Please take a picture of any object within your environment to reflect your experiences after you gave birth.

Part 3 – Early involvement in economic activity

- Scenario 1: Please take a picture of any object within your environment to reflect your experiences before you got started work.
- Scenario 2: Please take a picture of any object within your environment to reflect your experiences after you started work.

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APPENDIX A4: IN-DEPTH INTERVIEW GUIDE FOR LOCAL CHIEFS

UNIVERSITY OF CAPE COAST
COLLEGE OF HUMANITIES AND LEGAL STUDIES
FACULTY OF SOCIAL SCIENCES
DEPARTMENT OF POPULATION AND HEALTH

Introduction

This study seeks to assess the contextual dynamics of accelerated adulthood, its social-cultural and economic implications for adolescents in Abrewankor. The results are principally for academic purposes, although they should also offer empirical evidence to policy actors on the views and concerns of adolescent health and development. Please note that you don't have to respond to any question you don't wish to, and you may end the interview at any time. Furthermore, the information you provide will be confidentially managed under the Data Protection Act, 2012 (Act 843) of Ghana.

Section A: Perceptions on accelerated adulthood

1. Please what is your view about marriage during adolescence? (Probe for his perception of who an adolescent and an adult are?) Do you think it is beneficial for adolescents to trade off schooling to marry?
2. How about childbirth during adolescence? Do you think it is beneficial for adolescents to trade off schooling to have a baby?
3. Please what is your view about working during adolescence? Do you think it is beneficial for adolescents to trade off schooling to work?
4. What is the position of your community on early marriage? (Probe for community's definition of adolescence and adulthood, what used to be the norm and the current norm)
5. What is your community's position on early childbirth?
6. How about your community's position on early involvement in economic activities?

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Section B: Factors contributing to accelerated adulthood

Part 1: Factors contributing to early marriage

7. In your view what factors influence adolescents to marry in your community?

   Probe

   - Individual factors (birth order, sex, age, level of education and awareness of accelerated adulthood implications).
   - Household factors (household size, sex of household head, main source of income for household, Family history/ experiences of accelerated adulthood, household head's level of education)
   - Community factors (ethnicity, social norms, values and beliefs promoting accelerated adulthood ie gender roles and relation expectations, access to sexual and reproductive health services, access to media, type of media, access to school and local governance stability)

Part 2: Factors influencing early childbirth

8. What factors influence childbirth among adolescents in your community?

   Probe

   - Individual factors (birth order, sex, age, level of education and awareness of accelerated adulthood implications).
   - Household factors (household size, sex of household head, main source of income for household, Family history/ experiences of accelerated adulthood, household head's level of education)
   - Community factors (ethnicity, social norms, values and beliefs promoting accelerated adulthood ie gender roles and relation expectations, access to sexual and reproductive health services, access to media, type of media, access to school and local governance stability)

Part 3: Factors influencing early involvement in economic activities

9. What factors influence adolescents in your community to work?

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Probe

- Individual factors (birth order, sex, age, level of education and awareness of accelerated adulthood implications).
- Household factors (household size, sex of household head, main source of income for household, Family history/ experiences of accelerated adulthood, household head's level of education)
- Community factors (ethnicity, social norms, values and beliefs promoting accelerated adulthood ie gender roles and relation expectations, access to sexual and reproductive health services, access to media, type of media, access to school and local governance stability)

Section C: Perceived implications of accelerated adulthood

10. Please tell me about the implications of early marriage.
    - Implications for Education
        - Higher education attainment
    - Economic Implications
        - Future employment opportunities
        - Household income and expenses
    - Cultural implications
        - Beliefs and perceptions
        - Social interaction
            - Stigma
    - Health implications
        - Health needs related to early marriage.
        - Access to health care services
            - Type of services
            - Cost of care, distance, decision making and attitudes of health workers
            - Other sources of care
11. Please tell me about the implications of early childbirth.
    - Implications for Education

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- Higher education attainment
- Economic Implications
  - Future employment opportunities
  - Household income and expenses
- Cultural implications
  - Beliefs and perceptions
- Health implications
  - Health needs related to early childbirth
  - Access to health care services
    - Type of services
    - Cost of care, distance, decision making and attitudes of health workers
    - Other sources of care

12. Please tell me about the implications of early involvement in economic activities.
    - Implications for Education
      - Higher education attainment
    - Economic Implications
      - Future employment opportunities
      - Household income and expenses
    - Cultural implications
      - Beliefs and perceptions
      - Social interaction
        - Stigma
    - Health implications
      - Health needs related to early involvement in economic activities.
      - Access to health care services
        - Type of services
        - Cost of care, distance, decision making and attitudes of health workers

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- Other sources of care

Section D: Strategies to address and mitigate the burden of accelerated adulthood among adolescents

13. In your view what can be done to address and mitigate early marriage and its negative implications for adolescents in Abrewankor?
14. What community-based measures/interventions has been put in place to address early marriage? What else can be done?
15. What can be done to address and mitigate early childbirth and its negative implications for adolescent in Abrewanko?
16. What community-based measures/interventions has been put in place to address early childbirth? What else can be done?
17. What can be done to address and mitigate early involvement in economic activities and its implications for adolescent in Abrewankor?
18. What community-based measures/interventions has been put in place to address early economic involvement? What else can be done?

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PROFILE SHEET FOR COMMUNITY LEADERS KEY INFORMANT INTERVIEW

UNIVERSITY OF CAPE COAST

COLLEGE OF HUMANITIES AND LEGAL STUDIES

FACULTY OF SOCIAL SCIENCES

DEPARTMENT OF POPULATION AND HEALTH

GENERAL INFORMATION

IDI Number: [ ][ ][ ]

Date of Interview**:** Day [ ][ ] Month [ ][ ] Year [ ][ ][ ][ ]

Start Time: End Time:

Name of Field Assistant/Interviewer:

Please write the appropriate response(s) to the questions in the space provided

Socio-demographic Characteristics of participants

1. Sex of participant _____
2. How old are you? _____
3. What is your marital status? _____
4. What is your religious affiliation? _____
5. What is your ethnicity? _____
6. What is your highest educational level? _____
7. Suburb/locality? _____
8. What is your occupation? _____
9. Number of children? _____

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APPENDIX B

ETHICAL CLEARANCE CERTIFICATE

GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE

In case of reply the number and date of this Letter should be quoted.



Research & Development Division
Ghana Health Service
P. O. Box MB 190
Accra
Digital Address: GA-050-3303
Mob: +233-50-3539896
Tel: +233-302-681109
Email: ethics.research@ghs.gov.gh
20th March, 2023

My Ref. GHS/RDD/ERC/Admin/App /23 / 12
Your Ref. No.

Evelyn Acquah
Institute of Health Research
University of Health and Allied Sciences
PMB 31, Ho

The Ghana Health Service Ethics Review Committee has reviewed and given approval for the implementation of your Study Protocol.

GHS-ERC Number	**GHS-ERC: 009/02/23**
Study Title	Accelerated Adulthood and its Implications for Adolescents: Case of Abrewankor in the Krachi Nchumuru District of Oti Region, Ghana
Approval Date	20th March, 2023
Expiry Date	19th March, 2024
GHS-ERC Decision	**Approved**

This approval requires the following from the Principal Investigator

- Submission of a yearly progress report of the study to the Ethics Review Committee (ERC)
- Renewal of ethical approval if the study lasts for more than 12 months,
- Reporting of all serious adverse events related to this study to the ERC within three days verbally and seven days in writing.
- Submission of a final report after completion of the study
- Informing ERC if study cannot be implemented or is discontinued and reasons why
- Informing the ERC and your sponsor (where applicable) before any publication of the research findings.

You are kindly advised to adhere to the national guidelines or protocols on the prevention of COVID -19

Please note that any modification of the study without ERC approval of the amendment is invalid.

The ERC may observe or cause to be observed procedures and records of the study during and after implementation.

Kindly quote the protocol identification number in all future correspondence in relation to this approved protocol

SIGNED.....
Mr. Kofi Wellington
(GHS ERC Chairperson)

Cc: The Director, Research & Development Division, Ghana Health Service, Accra

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In case of reply the number and the date of this letter should be quoted.

OUR CORE VALUES
- People-Centred
- Professionalism
- Team work
- Innovation
- Discipline
- Integrity

OTI REGIONAL HEALTH DIRECTORATE
GHANA HEALTH SERVICE
C/O WORAWORA GOV'T HOSPITAL
P. O. BOX 16
WORAWORA, OTI REGION
GPS Address:
TEL: 0555436299
E-mail: rdhs.or@ghs.gov.gh

My Ref. No.: ORHD/HASS/23/016
Your Ref. No. .....

12th April, 2023.

THE DISTRICT DIRECTOR OF HEALTH SERVICES
KRACHI NCHUMURU DISTRICT HEALTH DIRECTORATE
CHINDERI.

RE: REQUEST FOR PERMISSION

The attached letter dated 23rd March, 2023 with reference number EV/CHPIR/23/03/23 in relation to the above subject matter is forwarded to you for your information and necessary action.

In connection with above, **Ms. Evelyn Acquah, an Assistant Research Fellow** has been granted permission to carry out the above study in the Krachi Nchumuru District in the Oti Region

Kindly take note and relay this information to the affected facilities to accord her the needed assistance to ensure a successful exercise.

Counting on your maximum cooperation.

Thank you.

MR. DAMASUS AYANGBA
DEPUTY DIRECTOR OF ADMINISTRATION
For: REGIONAL DIRECTOR OF HEALTH SERVICE
OTI REGION

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