

UNIVERSITY OF CAPE COAST

PREVALENCE OF TEENAGE PREGNANCY IN RELATION TO THE
CHALLENGES FACED BY TEENAGE PREGNANT MOTHERS IN THE
MANYA KROBO DISTRICT OF GHANA

NATHAN ASAMOAH AGYEMANG

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MANYA KROBO DISTRICT OF GHANA

BY

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Dissertation submitted to the Department of Health, Physical Education and Recreation of the Faculty of Education, University of Cape Coast, in partial fulfilment of the requirements for award of Master of Education Degree in Health Education

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DECLARATION

Candidate's Declaration

I hereby declare that this dissertation 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: Nathan Asamoah Agyemang

Supervisor's Declaration

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

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

Name: Dr. Charles Domfeh

ABSTRACT

Teenage pregnancy has been a social canker in the whole world and causing a lot of problems to governments, societies, and individuals as well. This study explored the prevalence of teenage pregnancy in relation to the challenges faced by teenage pregnant mothers in the Manya Krobo District of Ghana. It also assessed the effects of teenage pregnancy on the socio-economic development of the society. Five research questions and two hypotheses were posited to guide the study. The descriptive cross-sectional survey design was employed. The stratified and purposive sampling procedures were used to select a sample of 150 (100 pregnant teenagers and 50 health workers). Two self-constructed questionnaires were designed to collect data. The data collected were analyzed using Chi-square, and descriptive statistics of frequency counts and percentage scores.

The study revealed that teenage pregnant girls face various health, education and socio-economic challenges such as complications of delivery and low birth weight, inability of parents to send wards to school and ridiculing and mockery by school mates, and societal rejection respectively. It was concluded that teenage pregnancy is a serious public health issue that has observable negative health, educational, and socio-economic effects on the pregnant girls. It was recommended that the Ministry of Health in collaboration with the Planned Parenthood Association of Ghana (PPAG) carry out educational programmes in communities on the challenges and dangers of teenage pregnancy and its effect on the society.

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DEDICATION

To my lovely children, Thelma, William, and Emmanuel.

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CHAPTER ONE

INTRODUCTION

Background to the Study

Adolescent childbearing has emerged as one of the most significant social problems facing the world today. Many third world countries are poverty stricken without knowing what to do or how to come out of it. Some heads of state both present and the past have either tackled the root of poverty or lost sight of it. Teenage pregnancy has been identified as one of the primary causes of poverty because the teenagers do not plan for themselves let alone their children before giving birth. Teenage pregnancy is on the increase in recent times and calls for collective efforts of government, parents, clergies, stakeholders, youth and every concerned citizen to help address this social canker. One cannot afford to see our youth, who are the future leaders get destroyed through teenage pregnancy. When this happens their dreams and aspirations for the future are completely thwarted. They are left frustrated all their lives.

The prevalence of teenage pregnancy has become very common in the Ghanaian society, especially among the youth who are at the primary and junior high school (JHS) level of education (Prevalence of Teenage Pregnancy in Basic Schools in Ghana, 2007). At the 2011 basic education certificate examination (BECE), pupils had no choice than to take their pregnancies to the examination centres to write their final examinations. Also some had to be

there a couple of days after giving birth, while some gave birth in the examination halls. This sordid situation is an annual affair among teenage girls in Ghana.

At first, the notion was that teenage pregnancy often happens among teenagers who have no educational background and no parental guardians; however, that impression seems to be wrong, as the culprits of late are those in basic schools (Prevalence of Teenage Pregnancy in Basic Schools in Ghana, 2007). The source further reports that about 750,000 teenagers get pregnant every year in Ghana.

It must be accepted that government cannot lay a sound foundation for economic prosperity without tackling teenage pregnancy which to the large extent is a setback to the prosperity of a nation. As a tutor in the college of education and a supervisor of the in-in-out programme (this is the programme where students in colleges of education receive tuition for two continuous years in their colleges and spend the third year outside the college teaching in the basic school for professional development), it was observed that, especially in the rural communities the situation of teenage pregnancy is appalling. During such rounds some of the teenage mothers were with their babies and looking dirty and miserable, and in most cases they looked far older than their ages.

Teenage years or adolescence can be defined as the period in one's life during which the growing individual makes a transition from childhood to adulthood. A typical example of the transition period among a tribe in Ghana is the Krobo found in the Yilo (Upper Manya and Lower Manya) Districts of Eastern Region. A young girl in her teens is taken through an exercise called

puberty rites, locally referred to as “dipo”. These rites are performed when the teenager menstruates for the first time. After these rites, the young girl or lady is declared ripe for dating and marriage. The teenage years cover a period between the ages of 13 and 19 years. There are some characteristics associated with this stage.

The first characteristic is the physical and intellectual changes. Here the intellectual development is high with the physical development (pubic hairs, breast, hips, etc.) which are obvious. The second is emotional changes like affection, aggressiveness, fears which are likely to cause problems for the teenager. The third is an increase in sexual passion and desires. The adolescent at this stage seeks for a complete independence from parents and wishes to be treated like an adult, anything apart from that brings conflict.

Pregnancy begins with conception, which is the fertilization of an ovum by a sperm. It normally ends with childbirth. Therefore, teenage pregnancy can be defined as a conception by a girl between the ages of 13 and 19 years. Armstrong (2001) defined teenage pregnancy as a teenager or underage girl usually within the ages of 13-19 years who becomes pregnant. The term in every speech usually refers to pregnant women who have not reached social, and in some places, legal adulthood, which varies across the world. Mostly these pregnancies are unplanned and have consequences on the parties involved. The causes of teenage pregnancy can be attributed to various situations and reasons.

One of the causes is lack of information; many teenagers are misled to understand their reproductive capabilities, some believe they are too young to become pregnant or they have not had enough sex to become pregnant. Some

adolescents are also anxious about their sexual activities and that they are unable to deal with social issues in practical ways. Parents also either have little or no time to discuss the using of contraceptive with their teenage daughters and sons. Actually there is a wide gap of communication on sexual matters between parents and their teenage girls and boys. The child exploits the environment to get answers on issues concerning sex because one is afraid to mention that to parents for various reasons, such as being rebuked and branded a spoilt child. Parents will either neglect them or scold them. Due to this, children lack parental control and are likely to go wayward. They are thus; exposed to peer advice which is blatant misinformation that leads them into troubles.

Another factor is inability to accept one's sexuality. Adolescents are confronted with sexual problems, especially the teenagers. In some communities sexual behaviours such as moral, spiritual and social issues are not likely to be openly examined and discussed while in other communities sexual concerns are looked at in secrecy and discussions are completely absent. This makes it difficult for teenagers to talk about it. Most teenagers are naive, shy and sensitive to sexual protection and safety mechanism. They fail to use contraceptives because they simply think it incites the mind towards sexual innuendos.

Adolescent pregnancies are more likely to result in a poor outcome for both mother and baby than pregnancies in adult women. Adolescent mothers are at increased risk for mortality and pregnancy-induced hypertension, and their babies are at increased risk for prematurity, low birth weight, and mortality in the first year of life (Brown, Fan & Gonsoulin, 1991; Mc

Anarney, 1978). These increased risks for mortality and other related effects and challenges abound such that concerted efforts must be made to stem the tide.

Most of these teenage pregnant girls look pale and worried. The actual cause of their state is difficult to ascertain. One always wonders whether they have problems with their health, the food they eat or are neglected by the family or society for being pregnant at that very age. It is believed that Social or environmental, economical, educational and biological (health) situation or condition can have a consequential implication on teenage mothers.

Statement of the Problem

The situation in the country and the district is quite alarming. The July 18 edition of the Ghanaian Times gave an account of the fact that 748 teenagers had been impregnated within 18 months. Also records at St. Martin de Pores hospital at Agormanya in the Manya Krobo District records that between January and October, 2009, a total of 265 teenage pregnancy cases were recorded. These publications and many more unpublicized cases in both rural and urban communities show how threatening and critical the issues of teenage pregnancy are on the health and socio-economic status of the society. The teenage pregnancy situation in the Manya Krobo District is no different from what pertains in other areas. Day in day out pregnant teenagers are seen loitering the streets, and attending clinics for antenatal care. Brief interactions with the pregnant teenagers have revealed that they face a lot of challenges. These challenges affect them physically, mentally, and psychologically. If this canker is not checked and managed, health, education and socio-economic status of the society would be destroyed and will stave the growth of the

country. It is for this reason that an attempt is made to ascertain the relationship that exists between teenage pregnancy and the health, educational and socio-economic challenges of teenage mothers, hence the need for the study.

Purpose of the Study

The study assessed the prevalence of teenage pregnancy in relation to the challenges faced by teenage pregnant mothers in the Manya Krobo District of Ghana. It also assessed the effects of teenage pregnancy on the socio-economic development of the society or district.

Research Questions

In assessing the challenges facing teenage pregnant mothers in the Manya Krobo District, the following questions were posited to guide the study.

1. Is there any relation between teenage pregnancy and the challenges faced by pregnant teenagers?
2. Is there any relation between teenage pregnancy and the health challenges faced by pregnant teenagers?
3. Is there any relation between teenage pregnancy and the educational challenges faced by pregnant teenagers?
4. Is there any relation between teenage pregnancy and the socio-economic challenges faced by pregnant teenagers?
5. Is there any effect of teenage pregnancy on the socio-economic development of the society?

Hypotheses

It is hypothesized that;

1. there is no association between teenage pregnancy and the various forms of challenges (health, educational and socio-economic) faced by teenage mothers.
2. there is no association between the effects of teenage pregnancy and socio-economic development of the society.

Significance of the Study

The study will help policy makers to know the challenges facing teenage pregnant women in Odumase Krobo of Manya Krobo District. This will culminate in the formulation of policies to stem the tide of teenage pregnancy in the district and elsewhere. Also, the study will be a reference academic material for students who will undertake similar studies in teenage pregnancy and related issues.

Delimitation of the Study

The study was delimited to teenage pregnant mothers resident in Manya Krobo District who attended antenatal clinic at the Government hospitals at Agormanya and Odumase between October and November 2009. It was also delimited to all the health workers in the two hospitals. The study is further delimited to relation between teenage pregnancy and challenges which span health, education and socio-economic status. It also focuses on the effect of teenage pregnancy on socio-economic development.

Limitations of the Study

This, like all behavioural studies is subjective. The true and vivid views might therefore be concealed to prevent the meting out of drastic sanctions to

victims of teenage pregnancy by the already hostile society. Some teenage pregnant women were not ready to offer valuable information about their life for fear of the spread of the news in the community. In this regard the data generated might under-reflect the true nature of the phenomenon within the period of the study. This makes it difficult for the effective generalization of the study result.

Definition of Term

Dipo: This is a cultural or traditional ritual performed by the Krobos to usher young girls who are ripe into womanhood.

Organisation of the Rest of the Study

The rest of the study is in four chapters. Chapter two reviewed related literature on theoretical and empirical evidence under the following headings; concept, prevalence and causes of teenage pregnancy, health practices of teenage mothers, and challenges faced by teenage mothers. The third chapter dealt with the methodology. Under this, the research design, population, sample and sampling procedure, instruments, data collection procedure and data analysis received attention. Chapter four was devoted to the presentation and discussion of findings of the study while the last chapter dealt with the results of the study. It summarised, drew conclusions and made recommendations based on the findings of the study. Suggestions for further research were also captured.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

The study assessed the prevalence of teenage pregnancy in relation to the challenges faced by teenage pregnant mothers in the Manya Krobo District of Ghana. It also assessed the effects of teenage pregnancy on the socio-economic development of the society or district. This chapter looked at the review of related literature on the relationship between teenage pregnancy and the challenges faced by teenage pregnant mothers. Specifically the chapter reviewed the following:

1. Concept of Teenage Pregnancy
2. Prevalence of Teenage Pregnancy
3. Causes of Teenage Pregnancy
4. Health Practices of Teenage Mothers
5. Challenges faced by Teenage Mothers
6. Summary of Literature Review

Concept of Teenage Pregnancy

Teenage pregnancy has been identified as one of the primary causes of poverty because teenagers do not naturally plan for themselves and their children before giving birth. The Longman Active Study Dictionary of English (1991) defines teenager as someone who is between 13 and 19 years old. Pregnancy is also defined as the conception of a fetus by a woman.

Odei (2007), a volunteer co-coordinator for youth realities network, defines teenage pregnancy in two ways. He said teenage or adolescent age can be defined as the period in life during which the growing individual makes a transition from childhood to adulthood, the anthropologist call it the rites of passage. Some ethnic groups have a way of initiating a child into adulthood. Odei was particular about the Krobos, found in the eastern region, where a young girl in her teen is taken through a cultural exercise called “dipo”. After these rites, the young girl is declared ripe for dating and marriage. The teenage years for the Krobos cover a period between the ages of 12-19 years.

Odei (2007) reiterated that there are some characteristic with this stage. First, are the intellectual changes. Here the intellectual development is high with the physical development which is obvious. Secondly, emotional changes such as affection, aggressiveness and fear become manifest. There is also increasing sexual interest. The adolescent at this stage easily identifies him or herself with the opposite sex. The teenager seeks complete independence from parents and wishes to be treated like an adult, anything apart from that brings conflict.

Odei (2007) further defines pregnancy as the beginning of conception (the fertilization of an ovum by the sperm) and normally end with childbirth. With these facts teenage pregnancy can be defined as the conception by a girl between the ages of twelve and twenty years. Mostly these pregnancies are unplanned and have consequences on the parties involved in the pregnancy. The term teenager is to be someone who is between the ages of 13-19. A girl getting pregnant within these ages is considered to be a pregnant teenager. In Ghana, teenage pregnancy occurs from ages as low as 13 years, unfortunately

these teenagers have no knowledge as to how to go about things concerning the pregnancy and are not fully developed to produce a child (Masahudu, 2009). Teenage pregnancy is one that occurs during a girl's teenage years. Any pregnancy that occurs when a girl is within the age range of thirteen to nineteen is termed teenage pregnancy.

During a person's teenage years, many teenagers are tempted to believe that they can do just anything without remembering that they are depending on their parents to provide their needs. Due to their physical, mental, emotional and social development many teenagers forget this. Obviously the base of any pregnancy is sexual intercourse. The concern of many researchers is to ascertain at first hand the widespread nature of teenage pregnancy.

Prevalence of Teenage Pregnancy

A report by Save the Children (2009) reveals that annually 13 million children are born to women under age 20 worldwide and more than 90% are in developing countries. Complications of pregnancy and childbirth are the leading causes of mortality among women between the ages of 15 and 19 in such areas.

According to Traffers (2003), the highest rate of teenage pregnancy in the world is in Sub-Saharan Africa, where women tend to marry at an early age. In Niger for example, 87% of women surveyed were married and 53% had given birth to a child before the age of 18 years (Locoh, 2000).

Mehta, Groenen, and Roque (1998) in their research stated that in India, early marriages sometimes is as a result of adolescent pregnancy, particularly in rural regions where the rate is much higher than it is in urbanized areas. The rate of early marriage and pregnancy has decreased sharply in Indonesia and

Malaysia, although it remains relatively high in India. Mehta et al. indicated that in the industrialized Asian nations such as South Korea and Singapore, teenage birth rates are among the lowest in the world.

United Nations International Children's Emergency Fund (UNICEF) (2001) has showed that teenage birth rates in the United States are the highest in the developed world, and the teenage abortion rate is also high. The U. S. teenage pregnancy rate was very high in the 1950s and has decrease since then, although there has been an increase in birth out of wedlock. The teenage pregnancy rate decreased significantly globally in the 1990s. This decline manifested across all racial groups, although teenagers of Africa-American and Hispanic descent retained a higher rate, in comparison to that of European-American and Asian-American. Guttmacher Institute (2006) attributes about 25% of the decline to abstinence and 75% to the effective use of contraceptives. However as of 2006 the teenage birth rate began to rise, the rise could also be due to other sources, a possible decrease in the number of abortions or a decrease in the number of miscarriages, to name a few.

Available records at the Manhean Health Centre shows that of the 941 women who delivered at the health centre, 434 were teenagers of which one of them was a 13 year old class six pupil. The report indicates that from January to July, 2009, 880 delivery cases have been recorded of which 350 involved teenagers (Gibbah, 2009).

During the 19th annual national conference of the public health nurses group (PUBHENG) held at Takoradi in the Western Region, Dr. Sylvester Ananu, the Regional Director of Health Services said the region has the highest rate of teenage pregnancies in Ghana. He lamented that the teenagers

had the lowest supervisory rate in the country (Ghana News Agency [GNA], 2009). The GNA report also indicated that the Western Region alone recorded 13,872 teenage pregnancies in 2004 and this represented 16% of antenatal attendance in the region.

Causes of Teenage Pregnancy

In some societies, early marriage and traditional gender roles are important factors in the rate of teenage pregnancy. For example in Sub-Saharan African countries, early pregnancy is often seen as a blessing because it is a proof of the young woman's fertility (Locoh, 2000). In the Indian sub continent, early marriage and pregnancy is more common in traditional rural communities compared to the rate in cities (Mehta et al., 1998). In societies where adolescent marriage is uncommon, young age at first intercourse and lack of contraceptives use may be factors in teenage pregnancy.

Childishness has been identified as one of the causes of teenage pregnancy. Teenagers have naive mind, shy and sensitivity to others. For instance, the male refuses to use protective mechanism like the condom because it is unpopular. They fail to use contraceptives because they simply think it is not feminine to precondition your mind towards having sex, or to take precautions against getting pregnant (Odei, 2007).

Another factor that causes teenage pregnancy is sexual abuse. Studies have found that between 11-20% of pregnancies in teenagers is a direct result of rape while about 60% of teenage mothers had unwanted sexual experience preceding their pregnancy. Before age 15, majority of first-intercourse experiences among females are reported to be non-voluntary. Guttmacher Institute (2006) found that 60% of girls who had sex before age 15 were

coaxed by males who on average were six years their seniors. The institute added that one in five teenage fathers admitted to forcing girls to have sex with them.

According to Saewyc, Lara and Pettingell (2004), perspectives on sexual and reproductive health, indicates a strong link between early childhood sexual abuse and subsequent teenage pregnancy in industrialized countries. Saewyc et al indicated that 70% of women who gave birth in their teens were molested as young girls; by contrast, 25% of women who did not give birth as teens were molested. The authors opined that in many countries, sexual intercourse between a minor and an adult is not treated lightly. It is believed that the minor lacks the maturity and competence to make an informed decision to engage in fully consensual sex. Saewyc et al. cautioned that sex with a minor in developed countries is statutory rape, although what constitutes statutory rape differs by jurisdiction and that in many African countries including Ghana, it is illegal to have sex with anyone less than 16 years.

Broken home is also identified to be a major cause of teenage pregnancy according to research conducted by Odei (2007); children mostly suffer since they lack the parental control of the two parties. Some children take advantage of that to indulge in social vices including early sex which later results in teenage pregnancy. The research further reveals that over the years the media has played a major role in the scientific, education and the moral development, orientation and positioning of sex education and its relevance and implication. Pornographic films which are not good for teenagers to watch are shown in the full glare of the public at odd times. Most of them after watching these films

get aroused, their interest in sex is turned on and the quest to satisfy this ego begins. Sometimes traditional practices are also a factor in some communities. Odei laments that teenage girls are given in marriage as early as 14 years. Odei's worry is about the fact that they are given to men who are about three to four times older than them. In other communities the chief is allowed to marry many wives, most of whom are teenagers.

According to Odei (2007), poverty has also been identified as a cause of teenage pregnancy. Some men take advantage of that and lure teenagers into having sex under the pretext of helping them. There are many causes of teenage pregnancy, but the major one is poverty. In Ghana many children indulge themselves in prostitution just because their parents do not have enough money to support their education or even provide three square meals for the family. They are then forced to go into prostitution to earn some money. Most people may argue about why teenagers go into prostitution in particular, but prostitution is the easiest and fastest way of making money.

Many other children also involve themselves in premarital sex because of their curiosity. In many Ghanaian communities children are not allowed to discuss sex openly. Unlike the olden days when they received sex education through story-telling and puberty rites, urbanization and westernization has eroded these opportunities (Odei, 2007).

Lack of parental guidance is another situation that presents an opportunity for young girls to get themselves pregnant. The only form of education these teenagers have from their parents or guardians is a warning to refrain from sex, while the required parental guidance and discipline of the adolescent is relinquished to teachers at school. Peer pressure is also another

reason why many adolescents indulge in sex. Here the friends of the teenager encourage him or her to involve in sex. Research has shown that one of the causes of teenage pregnancy is the lack of sense of personal responsibility for ones actions. Lack of maturity and most important a lack of knowledge regarding sexual intercourse and contraception leads to pregnancy. Closely related to this are poverty and limited education and unemployment opportunities (Odei, 2007).

Sex is seen all over the television and in movies, but equal treatment for birth control methods is completely absent. Open discussion about sex is very rare. If an adolescent female experiences low expectations for her future or lack of control over her life, she is more likely to become pregnant. Depression in general is also another cause of teenage pregnancy, which leads girls to engage in risky sexual activity. Abuse of alcohol or drugs also leads to poor choices about sex and contraception, often ending up in pregnancy. Growing up in a family without an adequate amount of love or a father figure could also be one of the causes of teenage pregnancy. An adolescent girl will fall prey to the attentions of an older man in the hope of receiving affection. Most girls are pressured by their boyfriends into having sex because they believe this will make their boyfriends love them more. The principal nursing officer of the Manhean Health Centre said most of the young mothers either lived with relatives or other persons because their parents could not care for them or were from broken homes. She said the children of the young mothers were generally malnourished and anaemic, because of lack of proper care. Some also leave their children under the care of older fishmongers only to become pregnant again (Odei, 2007).

Health Practices of Teenage Mothers

According to Martin, Hamilton and Sutton (2006), some teenagers may need to change their lifestyle to improve their chances of having a healthy baby. Eating unhealthy foods, smoking, drinking alcohol and taking drugs according to the authors, can increase the risk that a baby will be born with health problems, such as low birth weight.

Teenagers are more likely than adult women over age 25 to smoke during pregnancy. In 2004, 17% of pregnant teens ages 15-19 smoked, compared to 10% of pregnant women ages 25-34. Centre for disease control (CDC) and prevention reported that babies of women who smoke during pregnancy are at increased risk of premature birth, low birth weight and sudden infant death syndrome (SIDS). Women who smoke during pregnancy also have an increase risk for pregnancy complications, including placental problems (CDC, 2007).

According to the National Centre for Health Statistics, teenagers are least likely of all maternal age groups to get early and regular prenatal care, compared to 3.7% for all ages. A teenage mother is at greater risk than women over age 20 for pregnancy complications, such as premature labour, anaemia and high blood pressure (American College of Obstetricians and Gynecologist [ACOG], 2007). According to the report these risks are even greater for teens that are below 15 years old.

According to CDC (2007) out of the 19 million cases of sexually transmitted infections (STIs) reported each year, more than 9 million affect young people aged 15 to 24 years. These STIs include; Chlamydia (this can cause sterility in the mother, and eye infections and pneumonia in the

newborn); syphilis (this can cause blindness, maternal death and infant death); and HIV (the virus that causes AIDS). CDC indicates that treatment during pregnancy greatly reduces the risk of an infected mother passing HIV to her baby.

The health risks are such that a baby born to a teenage mother is at higher risk than a baby born to older mother for premature birth, low birth weight, other serious health problems, and death (Mathew & MacDorman, 2005). According to Mathew and MacDorman, babies of teenage mothers are more likely to die in the first year of life than babies of women in their twenties and thirties. The risk is highest for babies of mothers below 15 years. The authors said in 2005, 16.4 out of every 1000 babies of women below age 15 died, compared to 6.8 per 1000 for babies of women of all ages.

Martin et al. (2006) lamented that teenage mothers are more likely to have low birth weight babies; most low birth weights are born prematurely. The earlier a baby is born, the less she is likely to weigh. In 2006, 10% of mothers ages 15-19 had low birth weight babies, compared to 8.3% for mothers of all ages; 15.7% of 15 years old mothers had low birth weight babies in 2006; 18,403 babies were born to girls this age with 2,153 of low birth weight. Martin et al. laments that 9.5% of 19 year old mothers had low birth weight babies in 2006; 172,999 babies were born to these women with 16,362 of low birth weight.

According to Martin et al. (2006), babies who are premature and have low birth weight may have organs that are not fully developed and this can lead to breathing problems, such as respiratory distress syndrome, bleeding in the brain, vision loss and serious intestinal problems. Very low-birth weight

babies (less than 3.5 pounds) according to Martin et al., are more than 100 times as likely to die, and moderately low birth weight babies (between 3.5 and 5.5 pounds) are more than five times as likely to die in their first year of life than normal weight babies. Life may be difficult for a teenager and her child; teen mothers are more likely to drop out of school than girls who delay childbearing. Only 40% teenagers who have children before age 18 go on to graduate from school, compared to 75% of teenagers from similar social and economic backgrounds who do not give birth until ages 20 or 21 (National Campaign to Prevent Teen Pregnancy, 2009).

The sum total of the good and healthy food choices a woman makes before and during pregnancy is a favourable pregnant outcome. Thus, chances that a mother and her unborn child will remain alive after the child is born, is higher. On the contrary, making wrong food choices will result in certain complications that can endanger the life of both mother and baby. Worst still, the way we approach solving any ensuing nutritional complications of pregnancy can either worsen or solve those complications (National Campaign to Prevent Teen Pregnancy, 2009).

A pregnant woman is labeled anaemic if her haemoglobin level is less than 10g per 100ml of blood. Women often become anaemic during pregnancy because the demand for iron and other vitamins is increased. The fetus and placenta need their own supply of iron which can only be obtained from the mother. Too little intake of nutrient involved in erythropoiesis during pregnancy leads to anemia in pregnancy. The mother must therefore increase her production of red blood cells (National Campaign to Prevent Teen Pregnancy, 2009).

According to National Campaign to Prevent Teen Pregnancy (2009), a teenage mother may lack job skills making it hard for her to find and keep a job. A teenage mother may become financially dependent on her family or on public assistance. Teen mothers are more likely to live in poverty than women who delay childbearing, and more than 75% of all unmarried teen mothers go on welfare within 5 years of the birth of their first child.

The National Campaign to Prevent Teen Pregnancy (2009) reports that about 64% of children born to unmarried teenagers of high-school dropout live in poverty, compared to 7% of children born to women over age twenty who are married and high-school graduates. A child born to a teenage mother is 50% more likely to repeat a grade in school and is more likely to perform poorly on standardized test and drop out before finishing high school. Teenagers in such situation, according to Dryburgh (2012), suffer this fate due to financial and societal problems, fail to undergo good nutrition therapy and antenatal cares to enable them to have safe deliveries.

Apart from the loss of economic gains for the community, the country also loses the potential of having future leaders because of these pregnancies. After the birth of the babies some are not able to continue their schooling. And even when they do, they are not able to live normal life which affects their academic excellence in school (Dryburgh, 2012). Outside school, the societal stigma and name calling denigrate the personality and disintegrates the mother and the family she belongs to. According to Dryburgh, at certain times, because she is always angry and abhorred by the society, she tends to vent her anger on the child. This leads to lack of communication, tenderness, care and love between mother and child. This eventually carries serious consequences

for the child. The economic situation at home affects mother and child. Girls born to teen mothers are also likely (80%) to get pregnant because the economic, social, psychological strength and the education to properly provide and care for the girl is lacking in the teen mother.

Challenges faced by Teenage Mothers

Teenage years are very challenging to the extent that if proper care is not taken the hopes and aspirations of the youngsters will be diverted. Teenage pregnancy forces teenagers to grow up and face adult life before they are ready. Dryburgh (2012) identified health, educational, social and economic challenges as those that confront teenagers.

Health Challenges

It is a belief that expectant mothers stay in good nutritional status throughout the gestation period. Pregnant women and their spouses, families, friends and society at large should hold it a responsibility to ensure that there is enough food for women before, during and after pregnancy. Eating well will ensure the pregnant woman and the baby are in good health. Starting a family is challenging for almost everybody, but it is extremely challenging to adolescents since many of them are still emotionally dependent on their own parents. They lack enough experience to make sound decisions for their unborn children and the family. When a teenage girl becomes pregnant, she will be faced with challenging responsibilities. Due to a lack of knowledge and maturity, according to Sheikh (2009), teenage mothers sometimes ignore their own nutrition and as a result many of these babies are born with low birth weight or ahead of schedule. After birth, because of not having adequate health care themselves, teenage mothers often have a difficult time providing

good health care for their children. Sheikh reiterates that in terms of a young mother's health, obstacles arise during pregnancy and delivery as well as later years. Young mothers have a higher risk of STIs, anaemia, and conditions like pre-eclampsia, which among other problems causes high blood pressure.

Economic Challenges

There is a definite link between poverty and teenage pregnancy. Adolescents who are living in poverty face even more severe challenges. They can be over whelmed with financial problems or capacity to manage family problems. Dryburgh (2012) reiterates that many teenagers who are parents or are pregnant experience issues of parenthood. Whether it is emotional, social, or physical, all teenage mothers go through that. Some of the problems the pregnant girls go through are based on strict welfare requirements, lower education attainment, poor school experience, and false hopes and expectations. Much of the problems teenage parents face is reflected from the lifestyle of their parents. Dryburgh adds that most often sources of income become a major problem for teen nursing mothers because their husbands who are responsible for the pregnancies do not have any sustainable jobs to keep. For most teenagers finding work to benefit from are limited because of the age limit and their state of health and capacity to work. Career opportunities are cut off, thus exposing them to economic constraints. Odei (2007) recounts that teenage girls who become pregnant are likely to be expelled from school thus ending their education at an early age. This according to him reinforces a cycle of dependency and poverty and makes them economically dependent on men. They thus become a burden on the society and contribute to an over burden public welfare system.

Locoh (2000) reveals that there is a comparative advantage of children raised in nuclear families over those in homes run by teenage mothers. According to Locoh, those from homes run by teenage mothers face insurmountable obstacles such as depression and mental health problems, lack of father, and a high poverty rate.

Social Challenges

The traditional and religious settings of a people, according to Martin et al. (2006), are so peculiar that any behaviour that intends to perpetrate harm and shame to the inhabitants is frowned upon and sanctioned in no uncertain terms. The authors stated that when a girl or teenager becomes pregnant the first thing she encounters is social isolation. Because the society frowns on teenage pregnancy and considers it as an abomination, the teen mother lacks the courage to face society and at times becomes afraid of her own parents and friends. At a point in time, Martin et al. stresses, friends and colleagues are warned not to associate or be seen around her; for she has been cursed by the gods of the land. She then becomes a topic of discussion and ridicule wherever people are gathered in the community. When this happens they confine themselves to their rooms (if they have personal ones) or stay under trees or secluded places to brood over the calamity that has befallen them. Odei (2007) adds that most pregnant girls will voluntarily withdraw from school for fear of victimization, stigmatization, financial, health and social constraint.

Educational Challenges

According to Odei (2007), pregnant teenagers are likely to be expelled from school thus ending their education at an early age. Odei adds that even if they are able to go to school later, at least there is a temporal halt in their

academic pursuit which discourages their interest in continuing. In the long run this affects the ability and opportunity to develop meaningful life skills. They face problems with teachers, in their churches and being left out by friends.

Effects of Teenage Pregnancy

Teenagers are supposed to be pregnant because of their age. Unfortunately, many females aged 13-17 get pregnant every year. Most of them are not yet ready to be mothers but social and economic pressures force them to enter too soon into sexual activities. Effects of Teenage Pregnancy (2009) have identified emotional, physical and mental effects. Gneorgueira, Carter, Ariet, Roth, Mahen and Resnick (2001) also indicated educational disabilities effects.

Emotional Effects

According to Effects of Teenage Pregnancy (2009) the emotional effects are initial excitement. Some teens are excited to bear a child, especially when it is their first pregnancy. They are excited to see their baby. Others are excited to buy clothes and other things to the baby. They think of the name for the baby.

Confuse: some are confused and at a loss on what to do. They are too young and may have no idea about bearing a child.

Afraid: Some are scared. They think of questions like, “How should I tell my parents?” “How will I face my classmates?” or “What is the best thing to do to solve this problem?”

Frustrated: Frustration comes later. They realize that they are not yet ready to bear a child when it is already late.

Physical Effects

Changes can be observed in a pregnant woman. Diet and exercise are necessary. Changes in a pregnant teen's body include; increase in body weight, increase in foot size, increase in breast size and darkening of the cheeks and forehead.

Mental Effects

Among the issues encountered by pregnant teens according to Gneorgueira et al. (2001), is depression. It is common among pregnant teens who are desperate to solve their problems. Some teens try to solve their problems by;

- a. Abortion: this is the removal of the foetus from the womb. This is illegal. About 300,000-500,000 women undergo abortion every year. Article 256, 258 and 259 in the Revised Penal Code of the Philippines penalize women who undergo abortion and others who help her with imprisonment. Some teenagers, however, think that abortion is a way to solve their problem.
- b. Suicide: some teenagers think of suicide as a resolve ending the same they have engulfed themselves in.

Educational Effects

According to Gneorgueira et al. (2001), teen pregnancies have become a public health issue because of their observed negative effects on perinatal outcomes and long term morbidity. The association of young maternal age and long term morbidity is usually confounded by the high prevalence of poverty, low level of education, and single marital status among teenage mothers. The study of Gneorgueira et al. assessed the independent effect of teenage

pregnancy on educational disabilities and educational problems and investigated how controlling for potentially confounding factors affects the relation between teenage pregnancies and poor outcome. The authors realised that the increased risk for educational problems and disabilities among children of teen mothers is attributed not to the effect of young age, but to the confounding influences of associated sociodemographic factors. In contrast to teen age, older maternal age has an adverse effect on a child's educational outcome regardless of whether other factors are controlled for or not, the authors concluded. Some of the social vices they engage in are prostitution, stealing, fraud, abduction, killing and so on. These become their main source of employment and trade.

Summary of Literature Review

Teenage pregnancy has been identified as one of the primary causes of poverty because the teenagers do not plan for themselves let alone their children before giving birth. The prevalence of teenage pregnancy has become very common in the Ghanaian society, especially among the youth who are at the primary and JHS levels of education. Pregnancy begins with conception and normally ends with childbirth. In Ghana, teenage pregnancy occurs from ages as low as 13 years, unfortunately these teenagers have no knowledge as to how to go about things concerning the pregnancy and are not fully developed to produce a child.

Literature reveals that the highest rate of teenage pregnancy in the world is in Sub-Saharan Africa, where women tend to marry at an early age. UNICEF showed that teenage birth rates in the United States have been the highest in developed countries. In some societies, early marriage and

traditional gender roles are important factors in the rate of teenage pregnancy. In societies where adolescent marriage is uncommon, young age at first intercourse and lack of contraceptives use may be factors in teenage pregnancy. Childlessness, sexual abuse, broken homes, poverty, irresponsible pre-marital sex, lack of parental guidance and care, peer pressure, limited education and unemployment opportunities, and depression have been identified as major causes of teenage pregnancy.

Although teenagers venture too early into sex, they are least likely of all maternal age groups to get early and regular prenatal care, compared to 3.7% for all ages. A teenage mother is at greater risk than women over age 20 for pregnancy complications, such as premature labour, low birth weight, anaemia and high blood pressure. Also the incidence of sexually transmitted infections is quite high, especially (Chlamydia, which can cause sterility in the mother, and eye infections and pneumonia in the newborn; syphilis which can cause blindness, maternal death and infant death; and HIV, the virus that causes AIDS) for teens that are below 15 years old.

A teenage mother may become financially dependent on her family or on public assistance. Teen mothers are more likely to live in poverty than women who delay childbearing. National Campaign to Prevent Teen Pregnancy reports that about 64% of children born to unmarried teenagers of high-school dropout live in poverty, compared to 7% of children born to women over age twenty who are married and high-school graduates. A child born to a teenage mother is 50% more likely to repeat a grade in school and is more likely to perform poorly on standardized test and drop out before finishing high school. Teenagers in such situation, according to Dryburgh (2012), suffer this fate due

to financial and societal problems, fail to undergo good nutrition therapy and antenatal cares to enable them to have safe deliveries. Outside school, the societal stigma and name calling denigrate the personality and disintegrates the mother and the family she belongs to. Because she is always angry and abhorred by the society, she tends to vent her anger on the child which carries serious consequences for the child.

Research has identified health, educational, social and economic challenges as those that confront teenagers when they become pregnant. Educationally they are likely to stop schooling or lose interest in educational pursuits because of the teasing and ridiculing by the school mates, teachers and school authorities. Socially, they face isolation from friends, neighbours, parents, and community members. They become a topic for discussion and ridicule wherever people are gathered in the community. To avoid such ridicules they confine themselves to secluded areas. Economically they can be overwhelmed with financial problems. For most teenagers, finding work to benefit from are limited because of the age limit and their state of health and capacity to work. Career opportunities are cut off, thus exposing them to economic constraints. This reinforces a cycle of dependency and poverty and makes them economically dependent on men. They thus become a burden on the society and contribute to an over burden public welfare system. Health wise, they have issues of inadequate and malnourished diet. Most teenage mothers sometimes ignore their own nutrition and as a result many of these babies are born with low birth weight or prematurely.

Emotional, physical and mental effects as well as educational and socio-economic effects of teenage pregnancies have been identified. These effects

lead to frustration depression, the thought of committing suicide and abortion, and a host of others. Adequate care and counselling services must be offered these mothers to curtail these effects on their lifestyle.

CHAPTER THREE

METHODOLOGY

The study assessed the prevalence of teenage pregnancy in relation to the challenges faced by teenage pregnant mothers in the Manya Krobo District of Ghana. It also assessed the effects of teenage pregnancy on the socio-economic development of the society or district. This chapter deals with the research procedure and explains the methods employed in investigating the problems of the study. The chapter has been divided into the following areas for discussion;

1. Research design
2. Population
3. Sample and Sampling Procedure
4. Instrument
5. Data Collection Procedure and
6. Data analysis

Research Design

The cross-sectional survey plan was employed to conduct the research. This focused on the overall structure according to which the entire study was carried out. Teenage pregnant mothers in Manya Krobo were enrolled based on the sample taken from the population, and the results were used to describe the whole larger group of teenage pregnancy victims. The cross-sectional design was used because information was collected from one or more samples

drawn from the population at that time and used to describe the population at that point in time. The design is used to assess interrelationships among variables within a population and also to describe the characteristics of a population or the differences among two or more populations.

In line with such cross-sectional design generalisations, Fink (2001) related that surveys are associated with getting purposeful and structured information from the main source. The author further states that if the coverage is suitably wide and inclusive it gives credibility to generalized statements made on the basis of the research. Commenting on the uses of surveys to complement Fink's stance, Bordens and Abbott (2002) states "... used to evaluate specific attitudes or behaviours and also to predict behaviour" (p. 219).

Population

Fraenkel and Wallen (2000) described population as the group of interest to the researcher, "the group to whom the researcher would like to generalise the result of the study" (p. 104). Bordens and Abbott (2002) also confirm that a population includes all people in a definable group. This implies that a population can be of any size and that it will have at least one (and sometimes several) identifiable characteristics that sets it off from any other population.

The population for the study was made up of health workers and teenage pregnant girls. All health workers at Atua government hospital at Odumase Krobo and St. Martin de Pores Catholic hospital at Agormanya formed the target population. The accessible population was midwives (MW), Ghana registered nurses (GRN) and community health nurses (CHN). All teenage pregnant girls in the district also formed the target population. The accessible

population comprised those who attended antenatal clinic at these two hospitals within the period of the study.

Sample and Sampling Procedure

Fink (2001) contends that a sample consists of a small number or a subset of a larger group. To him it is the representation of the population with important characteristics (for example, age, gender, status) which are distributed similarly in both groups. According to Sarantokos (1998), some of the common reasons why researchers opt for sample surveys are that in many cases, a complete coverage of the population is not possible; sampling provides a better option since it addresses the survey population in a short period of time and produces comparable and equally valid results.

A total of 150 respondents were sampled for the study. This was made up of 100 teenage pregnant girls and 50 health workers all drawn from the two hospitals. To obtain the sample size, a combination of the stratified and purposive sampling techniques was used. First, the health staff were put into three strata, that is, community health nurses, Ghana registered nurses and midwives. At Atua hospital, a total of 28 comprising 9 CHNs, 9 GRNs and 10 MWs were purposively drawn. At St. Martin's hospital, a total of 22 made up of 7 CHNs, 7 GRNs and 8 MWs were also selected. These differences were reached because of the numerical strength of the groups. Also 50 pregnant teenagers attending antenatal clinics were purposively selected from each hospital to give a total of 100. The 50 health workers and 100 pregnant teenagers yielded a sample size of 150 used for the study.

Demographic characteristics of the teenagers indicate that 41% of them fall within the age range of 14-16 years, and 59% fall within the ages of 17-19

years. Forty-six percent and 26% respondents are in Junior High School and Senior High School levels respectively. Ten respondents did not attend school. Fifty-six percent of the health professionals were from Atua Government Hospital and 44% of them from St. Martin De Pores Catholic Hospital. This disparity is as a result of the numerical strength of the staffs. Out of these 50% and 32% of the health professionals were qualified midwives and Ghana registered nurses respectively. Majority of the professionals (n = 23 representing 46%) have had 1-4 years working experience, 38% have had 16 years and above, and 10% have had 5-10 years working experience.

Instrument

Educational research lends itself to the use of several data gathering methods. Special areas of study have peculiar methods of gathering data. Others are also selected based on the suitability of an instrument used for the gathering of the data. Two self-developed questionnaires (one for health staff and the other for pregnant teenagers) were the instruments used for data collection. The questionnaire for the teenagers was made up of two sections; A and B (see Appendix A). Section A solicited information on the socio-demographic characteristics of the respondents. It was made up of close-ended questions of the alternate options type. Respondents were required to select the options that best applied to them. Section B was made up of five-point Likert scale questions of strongly agree (SA), agree (A), undecided (U), disagree (D) and strongly disagree (SD) and bothered on the challenges faced by the teenagers. Respondents were required to tick the statements of their choice under the variables postulated. A total of 21 items was realized for this group.

The questionnaire for the health staff was made up of three sections; A, B and C (see Appendix B). Section A dwelt on the socio-demographics of the workers, B solicited information on the challenges of teenage pregnancy and C focused on the effects of teenage pregnancy on the socio-economic development of the society. Sections B and C followed the same trend as in section B of the questionnaire for teenagers. A total of 26 items was formulated for the health staff.

To establish the validity and reliability of the instruments, a pilot study was purposively conducted on 46 pregnant teenagers and 24 health personnel at Somanya Polyclinic. This was in line with the assertion by Bordens and Abbott (2002) that "... once you have organized your instrument it should be administered to a pilot group of participants matching your main sample to ensure that the items are reliable and valid" (p. 225). They further posited that after establishing reliability and validity in the small sample, you then administer your instrument to your main sample.

Draft copies of the instrument were given to three Senior Research Assistants of HPER Department to effect the necessary changes. The reviewed version was scrutinized by the Supervisor to ensure its validity. The Cronbach alpha coefficient, a measure of internal consistency, was used in the determination of the reliability. The questionnaire for the pregnant teenagers yielded an internal consistency reliability coefficient of 0.74, whilst that of the health personnel gave out 0.69. These coefficients were equal to the 0.70 that Fraenkel and Wallen (2000) stipulated to be the minimum acceptable figure for statistical analysis. The contents of the instruments were found to be relevant to the characteristics being measured (content validity) and that it

actually measured all the variables postulated (reliability). This ensured reliance on the instrument and its subsequent usage for the study.

Data Collection Procedure

Introductory letters from the Department of Health, Physical Education and Recreation, seeking permission to conduct the study at the two institutions were submitted to the hospital administrations (see a copy at Appendix C). After the necessary contacts have been made, the services of four National Youth Employment Programme (NYEP) nurses (two each from the antenatal units of the hospitals) were employed to help with the administration of the questionnaires after an orientation had been given to them.

On the days that the hospitals were visited any pregnant lady that fell within the teenage age range of 13-19 was approached and requested to participate in the study. They were given copies of the questionnaire to respond to. Those who could not read nor write had the items interpreted and their responses ticked for them by the said NYEP nurses. When the total of 50 was reached in each hospital the exercise was discontinued. They responded to the questions on the spot which yielded a 100% recovery rate. The same process was applied on the health workers. A total period of two months was used in the data collection process from the two hospitals.

Data Analysis

Osuala (2001) describes data analysis as the ordering and breaking down of data into constituent parts and performing of statistical calculations with the raw data to provide answers to the research questions which initiate the research. The first step of data analysis in this study was to properly code the questionnaire. The various items were identified and data summary sheet was

drawn to facilitate easy loading onto the computer. The value labels assigned to the categories on the Likert scale were; Strongly agreed,1; Agreed, 2; Undecided, 3; Disagreed, 4; Strongly disagreed, 5. The same was done for the alternate options.

Data from the two institutions were collated and put together for the analysis. Comparative differences or similarities were made on the above variables as follows;

1. Teenage pregnancy vs. Social challenges faced by pregnant girls.
2. Teenage pregnancy vs. Educational challenges faced by pregnant girls.
3. Teenage pregnancy vs. Socio-economic challenges faced by pregnant girls.

Also the effects of teenage pregnancy on the socio-economic development of the society were analysed.

Each pair of variables was analysed separately from the others. Data (frequencies) from the above variables were subjected to rigorous analysis separately based on the hypotheses and research questions advanced, using the Statistical Product for Service Solution (SPSS) software Version 16.0 for Windows. The Non-parametric Chi-square test of significance was used to test comparisons between teenage pregnancy and the various challenges faced by pregnant teenagers at the .05 alpha level of significance. This is because the Chi-square (X^2) test is the statistical tool used to find the significance of differences among the proportions of subjects, objects, events, and so forth, that fall into different categories. Breakwell, Hammond, Fife-Schaw, and Smith (2006) and also Vernoy and Kyle (2002) are of the view that the tool is

useful for comparing categorical information to what one might expect to encounter by chance.

Generally, the first set of analysis was done to describe or explain the outcomes of the data gathered and presented in the tables. Descriptive statistics of frequencies, and percentages were optimally employed to explain the findings upon which inferences were made. The second set of analysis was done to test the statistical hypothesis and to answer the research questions using the statistical tool identified, and in line with Osuala's (2001) contention of what data analysis involves. This helped in ascertaining the significant differences that existed between the variables.

CHAPTER FOUR

RESULTS AND DISCUSSION

The study assessed the prevalence of teenage pregnancy in relation to the challenges faced by teenage pregnant mothers in the Manya Krobo District of Ghana. It also assessed the effects of teenage pregnancy on the socio-economic development of the society or district. The results of the study and their discussion are presented research question by research question in this chapter.

Research Question 1: Is there any relation between Teenage Pregnancy and the Challenges faced by Pregnant Teenagers?

This sought to find out whether or not there was any significant evidence to conclude that teenage mothers face challenges due to teenage pregnancy. It was hypothesized that;

H₀: Teenage pregnancy is independent of challenges

H₁: Teenage pregnancy is not independent of challenges.

The summary of the challenges are elaborated in Table 1.

From Table 1, teenage mothers strongly agreed that they were affected by health and education challenges with both having 105 responses which make up 70% each of the total challenges. The total of responses which were strongly affected by economic and social challenges were 62% and 60% respectively.

The result further showed that 34% (n = 51) of the responses agreed that

they were affected by social challenges. Also, 39 representing 26% of the total responses agreed that they were affected by health challenges. However, the results also indicated that 15, 9 and 9 were not affected by education, social and economic challenges respectively which made up 10%, 6% and 6% of the responses. Four percent of the responses were not affected by health challenges.

Table 1: Distribution of Challenges facing Teenage Mothers

Challenges	Strongly agree		Agree		Disagree	
	No.	%	No.	%	No.	%
Health	105	70	39	26	6	4
Social	90	60	51	34	9	6
Economic	93	62	48	32	9	6
Education	105	70	30	20	15	10

Note: The total number (N) of respondents is 150

This implies that teenage pregnant mothers suffer serious challenges in education, economic, social and health matters. Considering the health implication of the teenage mothers who are strongly affected, they contribute about 70% of responses while 26% are fairly affected giving a total effect of 96%. Education had a total effect of 90% on teenage mothers which is made of 70% strongly agreeing and 20% agreeing. The total effects on teenage mothers by economic and social challenges were 94% apiece which comprised 62% strongly agree and 32% agree, and 60% strongly agree and 34% agree for both economic and social challenges respectively.

Education is the least contributor of the challenges because most young girls in the rural areas do not go to school and therefore are least affected.

Also, they have the opportunity to enter into school again since age and time are factors that really affect schooling in the rural setting. The setting of this study is a rural area, so it can be understood that most girls are not really enthused about education and its effect on the society. From the distribution of proportions of challenges facing teenage mothers, the highest among the challenges is health. This observation is so because most young girls do not have a well developed anatomy to bore children, therefore, facing serious clinical, physical and psychological complications. Table 2 is the test statistic of association between teenage pregnancy and the challenges as a whole.

Table 2: Chi-square analysis of Teenage Pregnancy and Challenges

Statistics	N	df	X ²	p
Chi-Square	50	6	16.4005	0.0118
Likelihood Ratio Chi-Square	50	6	16.3880	0.0118

p < .05 s = significant

From Table 2, the Chi-square value is 16.4005 with 6 degrees of freedom and p valve of 0.0118. Summarily (X² [50] = 16.4005, p < .05) is a statistically significant result. This does not support the null hypothesis. In this wise the variability of scores could not have occurred by chance. It can therefore be concluded that there is a relation between teenage pregnancy and the various forms of challenges. This means that teenage mothers face health, social, economical and educational challenges.

The study result is corroborated by Dryburgh (2012) that many teenagers who are parents or are pregnant experience issues of parenthood. Whether it is emotional, social, or physical, all teenage mothers go through that. Some of the problems are based on strict welfare requirements, lower education

attainment, poor school experience, and false hopes and expectations. Dryburgh adds that most often sources of income become a major problem for teenage nursing mothers because their husbands who are responsible for the pregnancies do not have any sustainable jobs to keep. For most teenagers finding work to benefit from are limited because of the age limit and their state of health and capacity to work.

Martin et al. (2006) indicates that there are many effects teenage pregnancy may have on a girl; social isolation is the first thing she encounters as soon as a teenager gets pregnant because of the traditional and religious settings of the people. Because the society frowns on teenage pregnancy and considers it as an abomination, the teen mother lacks the courage to face society and at times becomes afraid of her own parents and friends. At a point in time, Martin et al. stresses, friends and colleagues are warned not to associate or be seen around her; for she has been cursed by the gods of the land. She then becomes a topic of discussion wherever people are gathered in the community.

Odei (2007) adds that teenage pregnancy can also interrupt a girl's social and economic advancement, although not officially required to withdraw from school. Most pregnant girls do voluntarily withdraw from school for fear of victimization, stigmatization, financial, health and social constraint. Odei adds that even if they are able to go to school later, at least there is temporal halt in their academic pursuit which discourage their interest in continuing. Career opportunities are then cut off, thus exposing them to economic constraint.

Research Question 2: Is there any relation between Teenage Pregnancy and the Health Challenges faced by Pregnant Teenagers?

This question sought to find out the health challenges faced by teenage mothers and also if there possibly is a link between teenage pregnancy and health challenges faced by pregnant teenagers. It was hypothesized that;

H₀: Teenage pregnancy is independent of health challenges

H₁: Teenage pregnancy is not independent of health challenges

Find the summaries in Tables 3 and 4 respectively.

Table 3: Health Challenges faced by Teenage Mothers

Health challenges	Strongly agree		Agree		Disagree	
	No.	%	No.	%	No.	%
Complications of delivery	32	64	16	32	2	4
Low birth weight	36	72	12	24	2	4
Premature birth	14	28	21	42	15	30

Note: The total number (N) of respondents is 150

From Table 3, the number of responses that strongly agreed to the assertion that teenage mothers suffer complications during and after child birth was 64%, while 32% just agreed. The percentage of responses which generally agreed that teenage mothers face health complications were 96%. The remaining 4% however disagreed.

The result reveals that 36 representing 72% responses strongly agree that most teenage mothers give birth to children who have low birth weight which is a serious poor health implication for the mother and child. The distribution also shows that 24% agree that teen mothers face the issues of low birth weight of their babies. This puts the general level of agreement to low birth

weight also at 96%.

Furthermore, Table 3 shows a 70% (n = 35) general agreement to premature birth as a health challenge. The remaining 30% thought otherwise. In all, about 87.33% of the responses agreed to the general assertion that teen mothers suffer some health challenges making a total of 0.87 of the proportions of health challenges.

Table 4: Chi-square analysis of Teenage Pregnancy and Health Challenges

Statistics	N	df	X ²	p
Chi-Square	50	5	15.7163	0.0192
Likelihood Ratio Chi-Square	50	5	15.4519	0.0191
Contingency Coefficient			0.2312	

p < .05 s = significant

Results from the Chi-square statistic, reveals that the Chi-square value is 15.7163 and p is 0.0192 with 5 degrees of freedom. Summarily (X² [50] = 15.7163, p < .05) is a statistically significant result. We fail to accept the null hypothesis and conclude that the variability of scores could not have occurred by chance. This indicates that there is an association between teenage pregnancy and health challenges, an indication that pregnant teenagers face health challenges, predominantly complications during delivery and low birth weight. Odei (2007) contends in support of health challenges that most pregnant girls do voluntarily suffer stigmatization and health constraints which affect their general outlook and beauty.

The analysis showed that health issues are one of the most critical challenges facing teenage mothers. This is so because the girls are too young to have conception and this degenerates their health. Their body systems are

too young for conception and therefore face serious complications (Odei, 2007). They are also ignorant about health and safety measures. Most of them, according to Odei, do not attend antenatal or maternity clinic because of ignorance, traditional beliefs, lack of care and economic support. The health professionals attested to the fact that these teenagers come to the hospital too late after complications. They eat wrong foods because they lack the knowledge of a balanced diet. Some of them also do not have the funds to purchase the needed drugs and good food. This situation results in complications, low birth weight and premature birth as seen in the analysis.

Research Question 3: Is there any relation between Teenage Pregnancy and Educational Challenges faced by Pregnant Teenagers?

This looked at the educational challenges facing teenage mothers and also if there possibly is an association between teenage pregnancy and educational challenges faced by pregnant teenagers. It was hypothesized that;

H₀: Teenage pregnancy is independent of educational challenges

H₁: Teenage pregnancy is not independent of educational challenges.

Find the summaries in Tables 5 and 6 respectively.

Table 5 shows the educational perceptions, orientations and experiences teenage mothers go through once they are pregnant. Twenty percent of the responses strongly agreed that they left school because of the pregnancy whiles 51% also agreed with the preposition. Twenty-nine percent however, disagreed that they left school because they were pregnant.

More so, a total of 75 responses stated that they will not be admitted in school because they are pregnant. The remaining 25% however disagreed with them. That, parents will not send them to school and also that friends will

make fun of and ridicule them received the greatest number of responses of agreement of 87% (n = 87) and 86% (n = 86) respectively.

Table 5: Educational Challenges facing Teenage Mothers

Educational challenges	Strongly agree		Agree		Disagree	
	No.	%	No.	%	No.	%
Left school because of pregnancy	20	20	51	51	29	29
School will not admit you	29	29	46	46	25	25
Parents will not send you to school	33	33	54	54	13	13
Friends will make fun of you	46	46	40	40	14	14
Personal decision not to attend	24	24	55	55	21	21

Educational challenges could be a mere perception or belief they hold and therefore look up rather to the educational authorities for redress. For instance, the Ghana Education Service’s policy clearly states that no child should be sent out of school because of pregnancy. But most teenage mothers hold the perception that they would not be accommodated in the schools. However, parents’ influence, friends’ fun making and personal decisions are the real issues that confront them. These experiences inform the pregnant teenagers to eventually abandon school.

Table 6 shows that the Chi-square value is 25.7163 and p is 0.0012 with 8 degrees of freedom. Summarily ($X^2 [100] = 25.7163, p < .05$) is a statistically significant result. The null hypothesis can thus not be accepted. The variability of scores could not have occurred by chance. This indicates that there is a significant relationship or association between teenage pregnancy and educational challenges. This reveals that teenage pregnancy

victims face challenges in education which prevents them from accessing quality education in their state. The major challenge is their parents' inability to send them to school and the situation of being ridiculed and made fun of by their friends and close associates.

Table 6: Chi-square analysis of Teenage Pregnancy and Educational Challenges

Statistics	N	df	X ²	p
Chi-Square	100	8	25.7163	0.0012
Likelihood Ratio Chi-Square	100	8	25.4519	0.0012
Contingency Coefficient			0.2212	

p < .05 s = significant

Although not officially required to withdraw from school, Odei (2007) stated in agreement with the finding of the study that most pregnant girls do voluntarily withdraw from school for fear of victimization, stigmatization, and social constraint. Odei adds that career opportunities are then cut off, thus exposing them to economic constraint. The school authorities may expel them from school thus ending their education at an early age, even before they have had the opportunity to develop meaningful life skills. Expelling these young women from school due to pregnancy reinforces a cycle of dependency and poverty for women which contributes to an over burden public welfare system, Odei concluded. Locoh (2000) reinforces this point by indicating that challenges in education lead to depression and a high poverty rate.

The inhabitants of Manya Krobo are rural settlers who are already struggling with the acquisition of formal education for their wards. Only a few of the young girls attend school; they assist their mothers daily in selling or farming. They also hold the misconception that school authorities; heads and

teachers will not allow them into school which clearly goes against education policies. The few who are able to return to school find it difficult to cope and exonerate themselves from the stigma. They return poor grades as a result and finally lose interest in education.

Research Question 4: Is there any relation between Teenage Pregnancy and the Socio-Economic Challenges faced by Pregnant Teenagers?

This looked at the socio-economic challenges facing teenage mothers and also if there possibly is an association between teenage pregnancy and socio-economic challenges faced by pregnant teenagers. It was hypothesized that;

H₀: Teenage pregnancy is independent of socio-economic challenges

H₁: Teenage pregnancy is not independent of socio-economic challenges.

The summaries of these challenges are presented in Tables 7 and 8.

From Table 7, 97% of the responses were challenged with getting married after pregnancy. This is an indication that most teenage girls are abandoned by their men after conceptions because they are not old enough to shoulder fatherhood responsibilities or do not have the capacity to go into marriage. They refuse to marry the girls after they make them pregnant. This revelation supports the reality that most girls who get pregnant do not get husbands and fathers for their children. Most of this single parent children end up becoming street children and deviants.

A greater percentage of the children of these teenagers are cared for by the grandmothers of the teenagers. The teenagers themselves seldom take care of their children. They leave them in the care of their grandmothers and

mothers and travel to other communities in search for greener pastures; only 9% take direct responsibility of their wards. Because most of them do not get responsible husbands, only 8% leave their children in the care of their husbands to undertake menial jobs.

Table 7: Distribution of Social Challenges faced by Teenage Mothers

Responses	Yes	%	No	%
Get married after pregnancy	3	3	97	97
Get responsible husbands	56	56	44	44
Rejection by society	90	90	10	10
Not accepted at work place or at home	82	82	18	18
Caring for child				
Mother	20	20	29	29
Grandmother	29	29	5	5
Myself	7	7	2	2
Husband	7	7	2	2

Note: Total number (N) of respondents is 100

Table 7 also reveals that 90% are rejected by the society and 82% are not accepted at the workplace or at home. The Krobo society is a purely traditional setting with a strong belief in going through a puberty rite or ritual of initiation into adulthood called dipo before pregnancy. The inhabitants hold a strong rejection to teenage pregnancy. The teen mothers alone without their husbands struggle for acceptance in the society. Some years ago they were banished from the society. The rejection of the teen mothers by the society clearly reflects in the cultural, informal and even the formal settings of the people.

The analysis in Table 8 displays a Chi-square value of 12.4571 and p of 0.021 with 8 degrees of freedom. In summary ($X^2 [100] = 12.4571, p < .05$) is

an indicator of a statistically significant result. This will not permit us to accept the null hypothesis that there will there will be no association between teenage pregnancy and socio-economic challenges faced by teenage mothers. This portrays that there is a relationship between teenage pregnancy and socio-economic development. The indication is that socio-economic challenges are highly associated with teenage pregnancy at Manya Krobo. The most predominant challenge is their inability to get husbands after becoming pregnant.

Table 8: Chi-square analysis of Teenage Pregnancy and Socio-Economic Challenges

Statistics	N	df	X ²	p
Chi-Square	100	8	12.4571	0.0219
Likelihood Ratio Chi-Square	100	8	12.4571	0.0219
Contingency Coefficient			0.2512	

p < .05 s = significant

Martin et al. (2006) contend in support of the study result that social isolation is the first thing the pregnant teenager encounters as soon as she gets pregnant because of the traditional and religious settings of the people. At a point in time, Martin et al. stresses, friends and colleagues are warned not to associate or be seen around her. She then becomes a topic of discussion wherever people are gathered in the community. Dryburgh (2012) adds that most often sources of income become a major problem for teen nursing mothers because their husbands who are responsible for the pregnancies do not have any sustainable jobs to keep; some even abandon them to their own fate. For most teenagers finding work to benefit from are limited because of the age limit and their state of health and capacity to work. Odei (2007)

expatriates that because they stop school early they are unable to develop their potentialities and meaningful life skills. This therefore, reinforces a cycle of dependency and poverty for women, keeps them economically dependent on men, and contribute to an over burden public welfare system.

The traditional and cultural set-up of Krobo Odumase is a strong precursor to the social rejection of pregnant teenagers of the area. Once the individual fails to go through the dipo rites before getting pregnant, she is considered unworthy, an outcast and alien to the locality. Sources indicate that upon the demise of that individual the corpse is barred from being buried in the locality. They are unable to attend certain functions and perform certain traditional practices and are not respected as worthy people of the society. The implication is that most teenage mothers who do not have any meaningful source of employment will find it difficult to generate income. This subjects them to more ridicule in the locality.

Most boys or men who impregnate these girls do not usually take full responsibility of the pregnancy, thereby, leaving the shame and the burden associated with it to the mothers alone. Those who take responsibility of the pregnancy do not marry the girls. Since these girls are young and do not have the capacity to care for themselves and the babies, their mothers and grandmothers assume the responsibility of caring. Their husbands play the least role in caring and providing for both mother and child. This is so because the boys themselves are under the care and protection of their parents.

**Research Question 5: Is there any effect of Teenage Pregnancy
on the Socio-Economic development of the Society?**

This looked at the effects of teenage pregnancy on the socio-economic development of the society. It also determined whether there is a possible association between the variables. It was hypothesized that;

H₀: Effects of teenage pregnancy are independent of socio-economic development

H₁: Effects of teenage pregnancy are not independent of socio-economic development.

In Tables 9 and 10 the details of the data are presented.

Table 9: Effects of Teenage Pregnancy on the Socio-Economic Development of the Society

Effects of teenage pregnancy	Strongly agree		Agree		Disagree	
	N	%	N	%	N	%
Prostitution	30	30	46	46	24	24
Stealing	24	24	60	60	16	16
Social vices	34	34	60	60	6	6
Financial dependence	54	54	42	42	4	4
Dependency on nation	50	50	32	32	18	18
Street children	64	64	22	22	14	14
Drop out of school	56	56	22	22	24	24
Under development of society	60	60	24	24	16	16
Poverty	42	42	42	42	16	16

Note: The total number (N) or respondents is 100

The distribution in Table 9 shows enormous and varied responses of the effects of teenage pregnancy on the society and its growth and development.

With the exception of prostitution and school dropout which had overall ordinary levels of agreement (76% and 78% respectively), the other effects had great levels of agreement. Financial dependence and social vices were the major socio-economic effects of teenage pregnancy, recording 96% (n = 96) and 94% (n = 94) of the responses respectively. The effect of poverty is eminent because the teenage mothers mostly do not have any skills and education to generate income. They have to rely on their parents or other well wishers to enable them take good care of their children. This situation arises because they get pregnant at an early age and do not successfully go through any formal or informal acquisition of skills and knowledge. They become dependent on the society and rip off the gains made by the society without contributing to the gains. It leaves the mother, the child and the society poorer. However, 16% disagree with the observation made about the association of poverty to teenage pregnancy.

Because these teenage girls have been abandoned by family and society, they seek to destroy themselves or pay society back. Some of the social vices they engage in are prostitution, stealing, fraud, abduction, killing and so on. These become their main source of employment and trade.

When the society fails to provide for mother and child, the natural instinct of survival sets in where mother and child go in to various work. One of such work is prostitution. They engage in this practice to make ends meet. The case of prostitution fits perfectly in to the issues of the rampant increase of social vices. Table 9 gives a clear situation on the rural setting where there is no support system for teen mothers who unfortunately get pregnant. Other factors that recorded substantial levels of agreement were street children

(86%), stealing (84%), poverty (84%) and underdevelopment of the locality (84%). These situations have adverse effect or impact on the society and nation as a whole.

Table 10: Chi-square analysis of the Effects of Teenage Pregnancy on the Socio-Economic Development of the Society

Statistics	N	df	X ²	p
Chi-Square	100	16	53.8718	0.0001
Likelihood Ratio Chi-Square	100	16	56.8731	0.0001
Contingency Coefficient			0.3267	

From Table 10, the recorded X² value was 53.878 whilst the value of p was 0.0001 with 16 degrees of freedom. Summarily (X² [100] = 53.8718, p < .05) is an indicator of a statistically significant result. This will not permit us to accept the null hypothesis that there will there will be no association between the effects of teenage pregnancy and socio-economic development of the society. Thus there is a strong association between the effects of teenage pregnancy and socio-economic development. There is therefore evidence that teenage pregnancy has an adverse effect or impact on the socio-economic development of the people.

In corroboration with the study result Gneorgueira et al (2001) observed that teen pregnancies have become a public health issue because of their observed negative effects on perinatal outcomes and long term morbidity. The association of young maternal age and long term morbidity is usually confounded, however, by the high prevalence of poverty, low level of education, and single marital status among teenage mothers.

Socio-economic development index is to a large extent premised on human resource development. The core issue under this index is the human ability, capacity, resource and wellbeing in contributing to the health, social, political and economic status of the society. The question that arises is the contributions of unskilled and uneducated teenagers on the economy. The situation gets alarming when teenagers end up increasing an unplanned population by giving birth to more children. The implication is that there will be an increase in the rate of the prevalence of poverty, prostitution, stealing, low level of education, and single marital status among teenage mothers. In the area under consideration, the human resource base is low in skills, knowledge, capacity and technical know-how.

Ghana is now engulfed with street children problems. They depend on the society by engaging in various vices like prostitution and stealing. These vices draw back the progress and development of the society and nation at large. Most mothers and their children sleep on the road and neglect their children to develop various social vices. Mothers in these areas walk about without any source of income or work and are impoverished. The children who are born to these mothers end up becoming poorer than their mothers because the mothers could not educate or train them due to lack of money and knowledge. Also the mothers could not get education and so do not see the need of educating their children and, hence, push them into prostitution or stealing which the mothers themselves indulge in. The financial dependency ratio of mother and child on the nation also increases, which affect economic growth. The picture painted by the study is critical and a serious threat to national security, the nations stability, and the future security of the state.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

In the study the prevalence of teenage pregnancy in relation to the challenges faced by teenage pregnant mothers in the Manya Krobo District of Ghana was assessed. Effects of teenage pregnancy on the socio-economic development of the society or district were also assessed. Major findings came out of the study to which this chapter has been devoted. The findings have been summarised and the conclusions and recommendations drawn based on the findings. Areas for further research have also been suggested.

Summary

Teenagers are not supposed to be pregnant because of their age; unfortunately many women between 13-17 years get pregnant every year. The revelation that the highest rate of teenage pregnancy in the world is in Sub-Saharan Africa, where women tend to marry at an early age, is a disturbing spectacle. In Niger for example, 87% of women surveyed were married and 53% had given birth to a child before the age of 18 years. This puts a lot of strain on the economies in terms of the distribution of resources. Teenage pregnancies have become a public health issue because of their observed negative effects on perinatal outcomes and long-term morbidity. The association between young maternal age and long-term morbidity is influenced by the high prevalence of poverty, low level of education, and single marital status among teenage mothers. Eating unhealthy foods,

smoking, drinking alcohol and taking drugs can increase the risk that a baby will be born with health problems, such as low birth weight.

The trigger to the study was the banner headline of the Ghanaian Times newspaper of July 2009 which indicated that 784 teenagers had been impregnated within 18 months. It was therefore imperative to identify the challenges faced by these teenagers at Krobo Odumase, and determine the level of association between the menace and the challenges, and also the socio-economic development of the society.

Several literatures relating to the prevalence and causes of, and the effects and challenges of teenage pregnancy have been reviewed on the problem. Five research questions and two hypotheses regarding teenage pregnancy in relation to the challenges faced by pregnant teenagers were posited to guide the cross-sectional survey design study. The respondents were put into strata to purposively draw a sample of 150 (100 pregnant teenagers and 50 health workers). Two self-developed questionnaires each comprising alternate options and five-point Likert scale questions were utilised to solicit responses on the prevalence, challenges and effects of these pregnancies on the society. The responses were analysed using SPSS Windows 16.0 of Chi-square, with explanations based on means, frequencies and percentages at the .05 alpha level of significance.

Key Findings

The study revealed that;

1. Teenage pregnant girls are faced with serious challenges of health, education, social and economic issues. The health challenges were most predominant followed by the socio-economic and educational factors.
2. Health challenges most faced by pregnant teenagers are complications of pregnancy and delivery, and low birth weight of children.
3. Educational challenges most faced by pregnant teenagers are the parents' inability to send the wards to school, and the mockery, ridicule and fun perpetrated by the friends of the teenagers at school.
4. Societal rejection was the major socio-economic challenge faced by pregnant teenagers.
5. Financial dependence on the society and involvement in social vices were the major effects of teenage pregnancy on the socio-economic development of the society.

Conclusions

Based on the findings of the research, it was concluded that teenage pregnancy is a serious public health issue that has observable negative health, educational, and socio-economic effects on the pregnant girls and the society as a whole. These revelations have refuted the hypotheses posited and are found to have diverse concerns. This has relegated to the background the concerns of whether there was any relation between teenage pregnancy and the challenges faced by teenage mothers, and between the effects of teenage pregnancy and socio-economic development of the society. This has led to the

belief that strong relations exist between teenage pregnancy and health, educational and socio-economic challenges faced by teenage girls at Manya Krobo. These have implications for the prioritization of proper child upbringing and the provision of ward's needs, coupled with counseling to forestall any wayward behaviour, leading to unwanted pregnancies during the teenage stage of life, in other communities.

Recommendations

Based on the findings of the study the following recommendations have been made:

1. The Ministry of Health in collaboration with the Planned Parenthood Association of Ghana (PPAG) and National Commission for Civic Education (NCCE) should carry out educational programmes in communities to educate the youth on the challenges and dangers of teenage pregnancy and its effect on the society. This could be done through dawn broadcasts, documentaries, drama and role play, advertisements on television, and mobile van film shows. Lorry parks, community centres, schools, and playgrounds could be targeted.
2. The universities and nursing training institutions should make their programmes accessible to a wide range of students so that enough health personnel could be trained to man the health institutions. They will be able to deliver sustainable health care to the inhabitants to forestall the complications of pregnancy and child birth.
3. With the advent of social transformation, communities should review their strict traditional and cultural beliefs to reflect the current technological advancement. This will enable them accept pregnant

teenagers into their fold, send them to school and debar all others from ridiculing and making fun of them.

4. The district, municipal and metropolitan assemblies should do well to enact laws to seriously punish culprits of social vices to deter others from engaging in similar behaviours. They should also sanction men who fail to claim responsibilities of the pregnancies they have initiated.

Suggestions for Further Research

Upon the results obtained from the study further studies should be conducted into the challenges facing teenage pregnancy by;

1. investigating into the precautionary measures that can curb this devastating phenomenon.
2. identifying the best support services that could minimize the effects or impact of teenage pregnancy on the society.

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APPENDICES

APPENDIX A

QUESTIONNAIRE FOR PREGNANT TEENAGERS

This study seeks to investigate challenges facing teenage pregnant mothers in Somanya of Yilo Krobo. It is purely for academic purpose and as such your identity will NOT be disclosed anywhere.

Kindly respond to each item of the questionnaire as candidly as you can. Tick the appropriate answer or provide your suggestions in the spaces provided.

SECTION A – PERSONAL DATA

1. Age: 11-13 [] 14-16 [] 17-19 [].
2. Educational background: Primary [] JHS [] SHS []
3. Are you married? YES [] NO []
4. Did the one who made you pregnant claim responsibility of it?
YES [] NO []
5. If NO who takes care of your situation. Mother [] Father []
Grandmother [] Uncle [] Myself [] Friends [].
6. What type of meal do you eat?
BREAKFAST: Beverage [] Fufu [] Banku [] Ampesi [] Rice [] Others []
LUNCH: Beverage [] Fufu [] Banku [] Ampesi [] Rice []. Others []
SUPPER: Beverage [] Fufu [] Banku [] Ampesi [] Rice [] Others []
7. Which time of the day do you eat?
BREAKFAST: 6:30-7:30 [] 7:30-8:30 [] 8:30-9:30 [] 9:30-10:30 []
LUNCH: 11:00-12:00 [] 12:00-1:00 [] 1:00-2:00 [] 2:00-3:00 []
SUPPER: 3:00-4:00 [] 4:00-5:00 [] 5:00-6:00 [] 6:00-7:00 []

21. I am sure when I go back to school or work my friends will make fun of me					
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APPENDIX B

QUESTIONNAIRE FOR HEALTH PERSONNEL

This study seeks to investigate challenges facing teenage pregnant mothers in Somanya of Yilo Krobo District. Kindly respond to each item of the questionnaire as candidly as you can. Tick the appropriate answer or provide your suggested answer in the spaces provided.

It is purely for academic purpose and as such your identity will NOT be disclosed anywhere. Thank you.

SECTION A – PERSONAL DATA

1. Name of hospital Atua [] St. Martins de Pores []
2. Sex: Female [] Male []
3. Age: 18- 24 [], 25- 31 [], 32-38 [], 39-45 [], 46 and above []
4. Working experience: 1-4 years [] 5-10 years [] 11-15 years []
16 years and above []
5. Professional qualification: Community Health Nurse []
Ghana Registered Nurses [] Midwife []
6. Rank in Community Health Nurse
CHN [] SCHN [] SCS [] PCHN []
7. Rank in Ghana Registered Nurses
SN [] SSN [] NO [] SNO [] PNO [] DDNS []
8. Rank in Midwifery
SM [] SSM [] MS [] SMS [] PM []

In questions 9-26, please place a tick in the box corresponding to the item that best describes your response. NOTE: SA = Strongly agree A = Agree
U = Undecided D = Disagree SD = Strongly disagree

SECTION B – CHALLENGES OF TEENAGE PREGNANCY

Challenges of teenage pregnancy	SA	A	U	D	SD
9. Pregnant teenage mothers have some health challenges					
10. Pregnant teenage girls who are below 16 years are likely to have complications during birth					
11. Pregnant teenage mothers who are not married and cannot afford good meal are likely to have low birth weight					
12. Teenage pregnant girls are likely to give birth to premature babies					
13. Pregnant teenage girls who are not married normally do not go to antenatal clinic					
14. Most pregnant women attend clinic when their condition become critical					
15. Pregnant teenage girls are likely to faced hardship after birth					

SECTION C – EFFECTS OF TEENAGE PREGNANCY ON THE SOCIO-ECONOMIC DEVELOPMENT OF THE SOCIETY

Effects of teenage pregnancy on socio-economic development	SA	A	U	D	SD
16. Teenage pregnant girls may become financially dependent on others					
17. Pregnant teenage girls are likely to be in perpetual poverty					
18. Pregnant teenage mothers who are not married involved themselves in social vices					
19. Pregnant teenage mothers who are not married may go into prostitution					
20. Pregnant teenage mothers who are not married may engage in stealing					

21. Teenage pregnancy have effect on the nation					
22. Teenage mothers are likely to drop out of school					
23. Teenage pregnancy increases government health budget					
24. Teenage pregnancy affect the level of education in the society					
25. Teenage pregnancy affect the level of growth in the society					
26. Lack of good parental care will lead to increase in street children.					

APPENDIX C

**UNIVERSITY OF CAPE COAST
FACULTY OF EDUCATION**

Department of Health, Physical Education & Recreation

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Cables & Telegrams:

UNIVERSITY OF CAPE COAST

April 24, 2011

Our Ref: HPER/40/SF.1/104

Your Ref:

The Administrator
Atua Government Hospital
Odumasi Krobo

INTRODUCTORY LETTER

The bearer of this letter, **Mr. Nathan Asamoah Agyemang** is a student of the Department of Health, Physical Education and Recreation, who is working on his Dissertation that may require data collection from your outfit.

We would be grateful if all the needed assistance is given to him.

If you have any question you may contact the Department on **03321-30634**

Thank you.

Dr. Joseph K. Ogah

HEAD OF DEPT.