



COPING IN SILENCE: CHALLENGES FACED BY PREGNANT-STUDENTS AT THE UNIVERSITY OF CAPE COAST, GHANA

Kobina Esia-Donkoh¹ - - - Kweku Esia-Donkoh² - - - Hagar Asare³

¹Department of Population and Health, University of Cape Coast, Ghana

²Department of Basic Education, University of Education, Winneba, Ghana

³Institute for Development Studies, University of Cape Coast, Ghana

ABSTRACT

Post Beijing Conference has seen tremendous efforts by governments especially in developing countries such as Ghana to improve access to education at all levels and most critically to females. Over the last two decades, Ghana has put in place various interventions tailored to increasing female school enrolment and reducing the gender gap in education. Commendable results have been achieved. For instance, there is gender parity at the basic education and an increasing enrolment figures at the tertiary level. What has over the years been overlooked is how female students cope on campus as a result of combining academic work with other roles. The study is situated within this context, and using the seven roles framework and the bio- psychosocial model, it assesses the challenges pregnant-students face and how they cope at University of Cape Coast campus. A combination of accidental and snowball sampling techniques were employed to contact 62 respondents as well as conduct 12 in-depth interviews. More than 90 percent of the respondents were married. Common among the roles played include individual, occupational, and conjugal roles. These contributed to various challenges including psychological, socio-economic and academic-related challenges. Emotion-based coping strategies were mostly adopted to deal with the challenges. In the short term, the University must develop interventions to assist pregnant-students to cope effectively on campus, while in the long term, develop a policy to that effect.

Keywords: Matured admission, Pregnant-students, Coping, Challenges, University of cape coast, Academic activities.

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1. INTRODUCTION

Most current national development paradigms especially those in developing countries such as Ghana are focussing attention on female education. After the Beijing Conference, it has become

ardent to increase the welfare of women through empowerment using education as a tool. Ghana, through various interventions such as the Free Compulsory Universal Basic Education (FCUBE), Science, Technical and Mathematics Education (STME) for girls at basic and secondary schools, Capitation Fund, has achieved gender parity at basic and secondary education. Again, the introduction of different modes of admission such as matured¹ admissions, distance education and sandwich programmes has not only broadened access to tertiary education in the country, but also increased the admission intake for many females including female-working populations who hitherto, could not have had access to tertiary education largely due to social, cultural and economic reasons (National Population Council, 2010).

Whereas the increasing trend of female education in Ghana in general, and at the tertiary level in particular is commendable, less attention has been given to the critical challenges some members within this group face or are likely to face both on campus and outside it. Females play major and many roles as individual and as family and social members (Oppong and Abu, 1987). Principally among these roles in this context are occupational and conjugal roles. The personal, household and social (as well as societal demands) quest to play to these two major roles constitute a dilemma for many a female in universities in general and Ghana in particular giving the challenges that come with them. The dilemma becomes more challenging in the sense that most universities in Ghana including the University of Cape Coast (UCC), do not have explicit institutional arrangement that takes into account, for instance, conjugal roles of students, and by extension, issues that bother on student-pregnancy and parenthood.

Providing access to females to attain (higher) education to bridge the gender gap and empower women also requires that challenges females face on campus as a result of play dual or more roles need to be explored, hence, this research work. The bio-psychosocial model was adapted to assess the challenges the students face as a result of playing these roles, and how they cope with these challenges.

2. THE ORETICAL AND CONCEPTUAL ISSUES

The global choice towards female education has improved access and enrolment of the girl-child especially in the last two decades. The introduction of the millennium development goals (MDGs) can be said to have accentuated this call. Currently, and in most part of the developing world, girls have become priority species that need to be schooled and educated. This culminates and continues to command a strong affirmation to girl-child education. Today, women's empowerment is linked to women's education and has become an indicator to measure a country's development process.

Ghana's education has progressed over the years. The introduction of interventional programmes and projects has contributed to an increasing rate of enrolment at all levels of education in the country. In fact, the country is almost on the verge to attaining the second

¹ Matured admission is the mode of admission of undergraduate students who are usually professionals and twenty-five years or more but have only the basic admission requirements. They are admitted after passing an exams and interview.

millennium development goal as indicators show that there is gender parity at the basic level of education (Ghana Statistical Service (GSS), 2009). At the secondary and tertiary levels there has been a tremendous increase in female enrolment (National Population Council, 2010). For instance, anecdotal evidence show that various tertiary institutions especially the universities in the Ghana have put in place certain policies to promoting female enrolment and admissions. At the University of Cape Coast in particular, female enrolments have consistently increased since the last few decades (University of Cape Coast, 2014; 2013; 2012; 2011b; 2010).

Generally, students admitted into universities in particular and tertiary institutions are sexually active (Moos, 2003). The recent Ghana Demographic Health Survey shows that by age 18, more than two-fifths of women (44%) and 26% of men have had sexual intercourse. Again, with the median age of first marriage among females between ages 25-49 in 2008 19.8 years while only 42 percent of all women have ever used a modern method go to suggest that some of the female students in tertiary institutions such as UCC are likely to get pregnant before completion either intended or unintended.

The World Health Organisation's (WHO) protocols and other conventions such as the Programme of Action of the International Conference on Population and Development (ICPD) and the 2000 Millennium Declaration, and other human rights conventions allow non-minors to take individual decisions including when to get pregnant. For instance, every individual has the fundamental reproductive health rights to decide whether or not to marry or give birth, and to be free from all forms of discrimination. These rights are forcefully espoused by conventions including the Convention for the Elimination of all forms of Discrimination Against Women (CEDAW).

In Ghana, issues about reproductive health are regulated by the National Reproductive Health Service Protocols and National Reproductive Health Service Policy and Standards (Ministry of Health, 1999). These policy documents, among others, are to ensure that reproductive rights of individuals are respected and promoted. For instance, the rationale of the National Reproductive Health Service Policy and Standards (Ministry of Health, 2006) is that *'...all couples and individuals have the basic right to decide freely and responsibly their reproductive life ...'* (p 2). In the same document it emphasises, based on the definition of reproductive health that:

...individuals are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so (p 2).

Institutionally, these rights are more or less recognised. For instance, the Students' Handbook that spells out the policies, rules and regulations for students only advocates for consented safer sex (University of Cape Coast, 2011a). However, a content analysis of various documents of the University of Cape Coast (UCC) that concern the welfare of students do not explicitly touch on pregnancy-related issues. Perhaps, presumptuously, the University regards all female students as non-pregnant. As such, there is neither existing structure that specifically tracks pregnant-students nor programme tailored to assess their needs on campus (for further information on UCC, visit www.ucc.edu.gh).

The issue of pregnancy and institutional structure and policy have been widely discussed in the literature. There are opinions that pregnancy is a choice and that since there are, for instance, no policy on ankle injury, there is no need for specific policy on pregnancy (Johnson, 2007). Those with the perspective that pregnancy is a medical condition believe that structures of such kind are not only necessary but very important in our schools (Dochterman, 2007). The study gravitates towards the latter perspective more importantly so because pregnancy involves more than one life.

Pregnant-students more or less play multiple roles including conjugal, occupational (here, it refers to studentship), individual and social. While some of the roles may complement other roles, others can contribute to role-conflict. To discuss these challenges the paper reflects on the seven roles framework (Oppong, 1980; Oppong and Abu, 1987) and adapts the bio-psychosocial model (based on Engel (1977)) respectively.

The seven roles framework is a conceptual framework that explains seven roles that most women play during their life time. These are maternal, occupational, conjugal, domestic, kin, social and individual roles. There are activities associated with a particular role a woman plays, such as the resources in time, knowledge and material goods/money accumulated or spent, the attached power and decision-making and the significant people vis-a-vis whom she plays the role and the content of their relationship with her (Oppong and Abu, 1987). Within the context of the study, the occupational role is operationalised as studentship role.

The original bio-psychosocial model on the other hand, encompasses three basic causes of ill-health as well as their corresponding modes of healing. These are biological, psychological and social factors. These, in addition to physical challenges, have been adapted as the challenges that pregnant-students might likely cope with on campus (Table 1) after an earlier research on child-rearing practices among students-mothers at University of Cape Coast.

Table-1. An Adapted Bio-psychosocial Model

Biological challenge	Psychological challenge	Socioeconomic challenge	Physical challenge
Hormonal-related (such as frequent illness, fatigue, dizziness, etc)	Stigma-related (such as stigma-related comments, psychological stress and structural/facility-based issues	Difficulty to actively socialise, and increased cost of living.	Difficulty in accessing physical structures without lift, and transport services

Source: Based on Engel (1977)

To cope with challenges, (Anspaugh *et al.*, 2003) identifies two main coping strategies; the emotion-based and action-based coping strategies. Emotion-based coping strategies are also regarded as negative coping strategies because they are characterised with activities such as withdrawal, depression, drinking, and being passive. On the other hand, action-based also known as positive coping or problem-focussed coping include activities such as support from friends, analysis of challenges and being involved in activities to address problems.

3. THE METHODS

The methodological approach to the study was based on the mixed method. A survey and in-depth interviews were used to collect data from 62 and 23 respondents respectively. A combination of accidental and snowball sampling techniques were employed to select the respondents (Babbie, 2005; Sarantakos, 2005). The ante-natal unit of the University Hospital was used as the point to contact pregnant-students. Afterwards, other contacts were made through the phone to reach pregnant-students known by the respondents to be sampled and interviewed.

The third year students of the Department of Population and Health were trained to collect the survey data while the qualitative data was collected by the author. In all, the team used three weeks to collect the data during the second semester of the 2009/2010 academic year. Sixty-two pregnant-students were interviewed with a survey questionnaire and 23 respondents participated in in-depth interviews.

4. FINDINGS

4.1. Background Characteristics

The background characteristics of the respondents comprise age, marital status, age at first marriage and birth, religious affiliation, ethnicity, academic level and residence status. The age difference ranged between 21-36 years with only one teenager identified during the in-depth interview.

Majority (53.4%) of the respondents were in their twenties while the rest were in their early thirties. The mean age was 29 years. Ninety percent were married, 7% single and 3% lived together. About 87% of respondents' age at first marriage was between 20-29 years. The mean and median ages at first marriage were 26 and 27 years respectively, while at first birth was 28 years each respectively. About 94% of the respondents are Christians and 70.7% are Akans; the largest ethnic group in the country. A little over 42% and 50% of the pregnancies were in the second and third (last) trimesters.

With respect to residential status, close to 88% lived outside the University-owned or regulated halls. Two main reasons explain the non-residential status of the respondents. Firstly, most of the respondents were continuing students. And per the University's residential policy, only first years are entitled to residential accommodation in the University regulated halls on campus. The second reason was the desire for privacy to avoid any form of inconveniences that come with living with additional person in a room. Nevertheless, there were a little over 12% of the pregnant students who lived in the University-regulated halls (Table 2).

Table-2. Residential Status on Campus and Academic Level

Residential status	Academic year (N)					Total N (%)
	First	Second	Third	Fourth/Final	Postgraduate	
Resident	0	2	3	2	0	7 (12.1)
Non-resident	2	6	21	22	1	51 (87.9)
Total	2	8	24	24	1	58 (100.0)

Source: Fieldwork, 2012

4.1.1. Pregnancy

Pregnancy can either be planned or unplanned depending on personal or other external factors. Whilst religious and cultural societies expect pregnancy to result in a marriage, there are also modern methods available to prevent unplanned pregnancy. Whereas 81.1% of the married respondents planned their pregnancies, none of the students who lived together did. However, 78% of respondents planned their pregnancies. Further, it was realised that substantial number of the continuing students planned their pregnancies. For example, more than 79% and 83% of third and final year respondents planned their pregnancies (see Table 3).

Table-3. Academic Level and Intention to Get Pregnant

Academic Level	Was pregnancy planned N (%)		Total
	Yes	No	
First year	1 (50.0)	1 (50.0)	2 (100.0)
Second year	5 (62.5)	3 (37.5)	8 (100.0)
Third year	19 (79.2)	5 (20.8)	24 (100.0)
Final year	20 (83.3)	4 (16.7)	24 (100.0)
Postgraduate	1 (100.0)	0 (0.0)	1 (100.0)
Total	46 (78.0)	13 (22.0)	59 (100.0)

Source: Fieldwork, 2012

Among those who did not plan their pregnancies, they indicated that contraceptive failure (16.7%) and miscalculation of natural method of contraception using the menstrual cycle or calendar method (83.3%) accounted for the pregnancies. The in-depth interviews also revealed that ignorance and inability to negotiate for safer sex contributed to unintended pregnancies among some of the respondents.

I did not know that one's first time of sexual activity can result in a pregnancy. Although I have heard about the calendar method I do not know how to calculate it. I was shocked I realised I was pregnant because that was my first sexual intercourse. [First year, 18 years, single]

My husband does not like to use the condom. He has never used one with me before. He believes condom interferes with the sexual process. I therefore find it difficult to insist but only to rely on the calendar method. But this time, it failed. [Third year, 28 years, married]

This is my third pregnancy. I have two kids already. I did not plan the all the pregnancies. You see, when I got married, I decided that I will complete my first degree before starting a family. But...now I am pregnant. We relied on the rhythm (calendar-based) method. [Third year, 36 years, married]

4.1.2. Attendance to Antenatal

It was also reported that there are instances when days and times for antenatal services clashed with lectures and at times examination. Usually, attendance to antenatal service was

compromised whenever it clashed with an examination. It must however be stressed that with the exception of a teenage pregnant-student who never attended antenatal service due to shyness and fear of being stigmatized, all the others achieved the minimum antenatal service attendance required. However, there were instances lectures clashed with antenatal days. In such cases, the respondents compromised the lectures for antenatal services.

4.2. Challenging Experiences

The challenges pregnant-students faced were varied. There are hormonal (biological), human, stigma and physical, and socio-economic challenges. Respondents had to play their multiple (occupational, 'pre-natal' maternal, domestic, etc) roles within these constraints on campus. Combining these roles with academic activities in such a challenging context places diverse stresses on the respondents in particular, and possibly, other pregnant-students.

4.2.1. Hormonal

Respondents reported that hormonal (biological) changes associated with pregnancies make them feel uncomfortable. Their first trimester experiences were usually characterised by dizziness, vomiting, tiredness and frequent illness. These conditions affected their regular attendance to lectures, tutorials, group discussions, and sometimes examinations.

During the early stages of the pregnancy it was not easy. You wake up in the morning feeling uneasy, somewhat tired and very uncomfortable. I hardly attended early morning lectures. Those I attended too I either lost concentration or slept during the lecture. In all these, I have to fetch my own water, cook and wash. It was not easy at all. [Final year, 23 years, single]

I was admitted at the hospital three times during my first six months of pregnancy. I had hyperemesis. This is a condition of usual vomiting and feeling of dizziness. I was always in my room. So for the entire semester, I could not attend any group discussions or lectures except for quizzes and end of semester. [First year, 18 years, single]

I changed entirely when I became pregnant. I started growing very fat. Again, my face was 'rough' with acne and I became ugly. I could not understand the changes. I spent all the time looking into the mirror and could not believe seeing myself in that state. I therefore decided to remain indoors because I was shy to go out for someone to see that I have changed to that state. [Final year, 29 years, married]

4.2.2. Stigma

There were challenges that basically were associated with comments from some colleagues and sometimes lecturers. There were instances where some lecturers had to change the lecture periods usually to early morning (6:30am) due to some administrative challenges or demands from

students. According to some of the respondents, their views were usually ignored by both students and lecturer whenever expressed at group discussions and lectures especially when meeting and lecture timetables were unfavourable to them. For instance, there were instances where respondents expressed opinion against rescheduling of time for lectures to 6:30am or 6:30pm. But their views were criticised with comments such as '*no one forced you to get pregnant*' and '*we came to the university to study, not to get pregnant*'. These, to the respondents usually led to psychological stress.

4.2.3. Structural

More than 60% of the respondents complained about difficulty of accessing some of the lecture halls because of the architectural designs of such structures. A common challenge was accessing top floors of building using the only manual staircase available. Forty-nine percent said that access to transport service was also a challenge. Complaints were made about the seats at the lecture halls too.

There are some of the seats in the lecture halls that are not convenient to a pregnant woman. While some are too short or long, some are also arranged in the lecture halls in such a way that you feel uneasy to move through the seats to sit. What makes it worse is sitting in such uncomfortable seats for two and three hours. [Final year, 29, married]

Respondents also explained that some of the seats at the lecture room could not accommodate pregnant-students especially those in their third trimesters. As a result, some had to stand or sit on available materials (at times on the steps at lecture theatres). This increased the stress on them.

4.2.4. Socio-Economic

Pregnancy limits students' active participation in social activities. Almost all the respondents indicated that they hardly engaged in hall week activities and other socialisation programmes apart from attending church service or localised interaction with friends around. On the issue of cost of living, respondents unanimously agreed that pregnancy comes with additional economic cost (see Khan (2000)). Even though all the respondents were registered with the National Health Insurance Scheme under the free maternal health system, special foods, clothes and accommodation increased cost of living. Twenty-three percent of the respondents self-sponsored their feeding cost while 58% got support from spouses.

A critical example is the accommodation fees that is incorporated into the admission fees. That is, every first year student is mandated to be in a University-regulated hall. This is a policy by the University. The rationale behind the policy is to protect first years from going through the stress of securing their accommodation in a virtually new environment. By extension, it explicitly implies that first year pregnant-students who find their halls of residence inconvenient would have to rent new houses or hostels elsewhere at their own cost, and at best, in the interim. In some cases, some of the pregnant-students made arrangements with other students who did not get accommodation in the halls to pay and occupy the rooms allotted to them. Although, such an

arrangement enables a pregnant-student to get back the accommodation fees, the process of getting a student who needed such an accommodation is stressful. In some instances, hall authorities are not aware of such arrangements.

4.3. Effects of Challenges on Academic Activities

The above challenges had effects on the academic activities of pregnant-students in diverse ways including irregular attendance to lectures (60.3%), tutorials (55.9%), group discussions and presentations (62.7%); difficulty meeting assignment deadlines (50.8%), and sometimes inability to take part in continuous assessments examinations (quizzes) (31.6%). On the issue of academic performance in terms of course grades and results, there were varied experiences.

I did not fail in any of my papers when I was pregnant. However, I must say the pregnancy affected my academic performance. Since I did not attend lectures there were some pieces of information I did not get. For instance, in one of the courses, I did not know an assignment had been given so I did not submit any. I had a Grade 'D' in that course. [First year, 18 years, single]

I was able to attend group studies and lectures regularly. It will be difficult for me to tell that my pregnancies have had negative effects on my results. My class has been the Second Class (Lower Division) since first year. I have time to read my notes so I think the pregnanc(ies) have had no effects on my academic performance. [Third year, 36 years, married]

I was unable to participate in a quiz in one of my courses. At the time the quiz was taken, I was feeling dizzy. I later reported it to the lecturer concerned but he refused to organise one for me. I appealed to another lecturer who took me to him but he did not consider my request. He only said that I must try to do well in the exams to pass. [Second year, 26 years, married]

If I compare my Third Year grades to First and Second Years, I will say that the former are better. Even though I went through the third year with the pregnancy, I had four 'As' in the first semester. I have never had such grades before. The second semester's was also far better than my First and Second Year grades...I have not really sat down to analyse the reasons for the good grades. But when I became pregnant, my movement became restricted. Usually, after lectures, I come back to my room to read till I fall asleep. My social life is my study group. I think that explains the good academic results. [Final year, 28 years, married]

4.4. Coping

Pregnant-students developed strategies to cope with the challenges. There was a combination of emotion-based and action-based strategies. Most often, emotion-based strategies such as withdrawal, crying and sleeping were employed especially by those who did not plan for their pregnancies. Notwithstanding, depending on their capabilities and relationship with friends and members of their study groups, some of the respondents arranged for group discussions to be held in their rooms to enable them participate. Others used recorders to record lecture proceedings, and also photocopied lecture notes. It must however be emphasised that none of the respondents ever visited the Counselling Unit of the University to seek counselling on how to cope with the challenges they faced.

Coping with the pregnancy is a major headache because I never intended to have it. As such, I always regret being pregnant. Because of this I am always in the room in a quiet mood. At times I cry a lot...Well, I have never visited the Counselling Centre before. I don't think I have any reason. Maybe, no one has encouraged me to go there. [Final Year, 26 years, single]

Friends are always there to support me with photocopies of lectures notes. Also, I participate in group discussions especially during the exams period. In fact, my study group has become my social group too. Some come to assist me with my domestic chores too...washing my dishes, fetching water for me and even assisting me to cook. [Second Year, 24 years, married]

5. DISCUSSION AND CONCLUSION

Schooling and motherhood are both necessary and critical for the development of human resource. However, these two critical developments become a concern when achieving one leads to a challenge to achieving the other. The issue becomes even disturbing when it creates gender disparity and affects gender-education gap and the attainment of objectives of campaigns such as education for all. To discuss the concerns and matters arising from this study, attention is focused on three key issues. These are issues that touch on policy direction on pregnancy in our (tertiary) schools such as the UCC, safe-sex behaviour and attitude, and developing constructive social groups to contribute to problem-based coping strategies.

The paper adds its voice to the argument that pregnancy is a medical condition and not only a choice, and therefore all the necessary medical attention such as biological, social and psychological that it requires needs to be in place at the University. Even though it a choice for one to decide when and even where to get pregnant, having a policy direction on such choices and all that concern pregnancy on campus will not only allow one to make an informed decision about pregnancy, but will also present a framework that will create a congenial relationship especially between pregnant-students and lecturers. Such a policy is crucial and needs also to be informed in-

depth by the seven roles framework in general, and those that pregnant-students play on campus in particular.

Understanding sexual behaviour of students is also important. In fact, the findings (which are also consistent with available literature) show that substantial proportions of pregnancies are usually unintended (Finer and Henshaw, 2006; Guttmacher Institute, 2012; 2010) females are to a large extent unable to negotiate for safe sex especially in stable relationships (Tagoe and Aggor, 2009). With a considerable number of pregnant-students not intending to be pregnant also show that they have an unmet need. Thus, it can be argued alongside with Fiaveh (2011) and Aheto and Gbesemete (2005) that higher education is not the predictor of modern contraceptive use. Thus, a behaviour change communication needs to be need-specific than it is now on campus to influence safer sex practices especially among female students.

Again, coping with challenges is an important surviving skill in life. Developing appropriate coping skills is essential to address current and potential challenges. Pregnant-students need such skills to cope and adapt to such challenging experiences. Counselling therefore becomes imperative. Unfortunately, none of the pregnant-students in their quest to cope with the challenges they faced, accessed professional counselling from the Counselling Centre of the University. While it is imperative for the Counselling Centre to develop modalities to reach all students especially the pregnant ones, other local arrangements can be harnessed. These include developing associations and relationships with study groups and social groups. Actually, from a traditional perspective, a pregnant-woman is not supposed to stay alone in a room. Although in the University context, this may not always be practiced, the use of mobile phones among group members could be utilised to inure to the benefits of pregnant-students.

Last but not least, playing occupational, domestic, pre-maternal, and some extent conjugal and social roles usually comes with some challenges. While some of these roles complement, some also conflict. Combining these roles and the challenges therein with academic work put pregnant-students in a constrained context at the University campus. Dealing with hormonal (biological), stigma, physical and socioeconomic challenges therefore demands concerted efforts especially on the part of the University to develop a framework to guide students and the entire University community on issues relating to student-pregnancy. By so doing, pregnant-students would be encouraged to become assertive to seek professional counselling and also to cope effectively on campus.

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