UNIVERSITY FOR DEVELOPMENT STUDIES

UNIVERSITY FOR DEVELOPMENT STUDIES

TEENAGE PREGNANCY AND EDUCATIONAL PROGRESSION

OF THE GIRL CHILD: A STUDY OF THE TAMALE

METROPOLIS, GHANA.

GLORIA WUSUFOR AKUGRI

2017

UNIVERSITY FOR DEVELOPMENT STUDIES

TEENAGE PREGNANCY AND EDUCATIONAL PROGRESSION

OF THE GIRL CHILD: A STUDY OF THE TAMALE

METROPOLIS, GHANA

GLORIA WUSUFOR AKUGRI (B.A ECONOMICS)

UDS/MDS/0277/13

SUBMITTED TO GRADUATE SCHOOL, UNIVERSITY FOR

DEVELOPMENT STUDIES IN PARTIAL FULFILIMENT FOR THE

AWARD OF MASTER OF PHILOSOPHY (M.PHIL) IN DEVELOPMENT

STUDIES

SEPTEMBER 2017

DECLARATION

I hereby declare that this thesis is the result of my own original work and that no part

of it has been presented for another degree in this university or elsewhere:

Candidate's Signature: …………………………Date: ………………………

Name: **GLORIA WUSUFOR AKUGRI**

Supervisor:

I hereby declare that the preparation and presentation of the thesis was supervised in

accordance with the guidelines on supervision of thesis laid down by the University

for Development Studies.

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

Name: **DR. EBENEZER OWUSU SEYKERE**

ABSTRACT

Teenage pregnancy has always been a major setback to the overall development of the girl child in every single community of the Ghanaian society. This study looked at how teenage pregnancy is hindering the educational progression of the girl child in selected communities of the Tamale metropolis of Ghana. The study employed mixed methods – qualitative and quantitative techniques in addressing the research questions. The major data collection instruments that were utilized included: questionnaires, in-depth interviews, and focus group discussion. The study results indicate that over 80% of teenage girls who became pregnant completely dropped out of school. The situation is largely blamed on poor parenting, peer influence and ignorance because of poor sex education. It is concluded that the high level of teenage pregnancy is certainly not a healthy development in the country which is striving very hard to achieve the Sustainable Development Goals, particularly goal four which targets at achieving quality education and goal five which aims at ensuring gender equality in all sectors of the society. It is thus, recommended that government and stakeholders should focus on improving parenting, and expanding the peer educators concept across communities. There is also the need to incorporate sex education in the educational curriculum right from the basic level. Specifically, the Ministry of Women, Children and Social Protection should endeavor to establish a tracking system to enable continuous monitoring of the progress of the education of girls and help reinstate those who might withdraw from school for any reason. Establishment of effective counselling units in every basic school or cluster of schools across the country to provide counseling services on reproductive health, rights and responsibilities. School authorities need to champion the process in upholding the right of the pregnant school going girl to return to school after the pregnancy and without any restrictions.

UNIVERSITY FOR DEVELOPMENT STUDIES

ACKNOWLEDGEMENT

UNIVERSITY FOR DEVELOPMENT STUDIES

DEDICATION

I wish to dedicate this piece of work to all teenage mothers most especially those who have defied the odds by making it to higher levels of learning. I hope this work adds to the voice of every teenage mother in Ghana to bring about the most desired change for every girl child.

UNIVERSITY FOR DEVELOPMENT STUDIES

TABLE OF CONTENTS

LIST OF TABLES

UNIVERSITY FOR DEVELOPMENT STUDIES

LIST OF FIGURES

UNIVERSITY FOR DEVELOPMENT STUDIES

LIST OF ACRONYMS

UNIVERSITY FOR DEVELOPMENT STUDIES

BECE	Basic Education Certificate Examination
CAMFED	Campaign For Girls Education
CSO	Civil Society Organization
DEOC	District Education Oversight Committee
EMIS	Education Management Information Sector
ESP	Education Strategic Plan
ESPR	Education Sector Performance Report
FGER	Female Gross Enrolment Ratio
GAR	Gross Admission Ratio
GER	Gross Enrolment Ratio
GES	Ghana Education Service
GETFund	Ghana Education Trust Fund
GEU	Girls Education Unit
GHS	Ghana Health Service
GoG	Government of Ghana
GPEF	Global Partnership for Education Fund
GPEG	Ghana Partnership for Education Grant
GPI	Gender Parity Index
GSFP	Ghana School Feeding Programme
GSS	Ghana Statistical Service
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICT	Information and Communications Technology
INSET	In-service Education and Training

ISE	Inclusive and Special Education
JHS	Junior High School
KG	Kindergarten
MMDAs	Municipal, Metropolitan and District Assemblies
MOE	Ministry of Education
NER	Net Enrolment Ratio
NESAR	National Education Sector Annual Review
NGO	Non-governmental Organisation
PTR	Pupil-teacher ratio
PTTR	Pupil-trained teacher ratio
SHS	Senior High School
SMC	School Management Committee
TaMA	Tamale Metropolitan Assembly
TLM	Teaching and learning material
UNICEF	United Nations Children's Fund
UNESCO	United Nations Education, Science and Cultural Organisation
WAEC	West African Examinations Council
WASSCE	West Africa Senior School Certificate Examination

CHAPTER ONE

INTRODUCTION

1.1 Background

The transition to parenthood is a major event in the lifespan of any individual, but takes on special significance when it precedes the transition to education, work, citizenship and marriage that collectively offer the skills, resources and social stock necessary for individuals to succeed as parents. Although alternative pathways to parenthood occur and are tolerated to some extent, institutional support for parenthood is still geared towards a traditional sequencing of transitions in their teenage years than they were in the past, a substantial proportion of women still marry at a young age (NRC-IOM, 2005).

While women in Sub-Saharan Africa are now less likely to be married in their teenage years than they were in the past, a substantial proportion of women still marry at a tender age due to teenage pregnancy and outmoded cultural beliefs and practices. Although rates vary considerably from country to country, roughly four in 10 women in Sub-Saharan Africa marry before turning 18 and six in 10 women do so by age 20 (Mensch, Grant, & Blanc, 2006). In contrast, slightly more than one in 10 men in Sub-Saharan Africa marry before turning 20. A Sub-Saharan African woman who marries at a young age is likely to marry a man who is older than she is. She often will have her first child within a few years of getting married or even before the marriage is contracted. With motherhood becoming the primary focus of her life, she may leave school and may have limited control over her daily activities. Moreover, she may be highly vulnerable to coercion and sexual violence—and to contracting HIV or other STIs—because she lacks individual autonomy and power, as well as information,

1

education and access to services (Ibid)

Women who marry in their early teenage years are at an even greater disadvantage, lacking the experience, skills and sense of self that even a slightly older woman may be able to bring to her marriage and family. Moreover, pregnancy and childbearing at a young age—when a woman is still developing physically—pose serious health risks for a young woman and for her infant, contributing to high levels of maternal and infant deaths and complications. If a woman delays her marriage—even for a few years—she may be able to pursue her education further and obtain skills that increases her access to employment, health care and other resources. Experts agree that formal education is central to the development of young people as it prepares them for the world of work and for life: education is key to delaying marriage and to addressing the poverty, low status and social norms that drive the marriage timing decision (Panday, Makiwane, Ranchod, & Letsoalo, 2009).

Girls' education has seen some positive strides in the past few years following a steady increase in enrolment rates in primary and secondary schools but the rates of repetition, dropout, late entry and re-entry persist, implying that age-for-grade matching is poor. According to research findings, (National Research Council and Institute of Medicine (NRC-IOM), 2005), aspirations for education are high across many African countries and many older learners can still be found in secondary schools.

Teenage pregnancy among girl children however, poses a serious threat to gains achieved in bridging the gender parity gaps and as such has undermined government efforts to ensure that girls remain in school, in order to contribute towards improving the quality of life and enjoy freedom from poverty (Panday et al., 2009). Teenage

2

pregnancy has not only grown in significance as a social construct, but has come to represent one of several indicators of increasing adolescent delinquency, sexual permissiveness and moral decay (Ibid). This has implications for continued educational opportunities for girls. Globally, approximately 16 million teenage girls become mothers every year, with the highest concentration in sub-Saharan Africa, where 20% – 40% of teenagers are either mothers or currently pregnant (WHO, 2009).

Ghana has been identified as one of the countries with the highest child marriage prevalence rates in the world (Gyesaw & Ankomah, 2013). Twelve percent of girls aged 15–19 years are either pregnant or have already given birth (Ghana Statistical Service, 2012). The adolescent birth rate in Ghana as at 2011 was 60 per 1,000 women (Ibid) and this increased to 30% in 2014 (GHS, 2015).

Even though teenage fertility has been the subject of substantial debate in the social science research and policy circles, concern has not emanated from the increased risk that pregnancy confers to education and sexually related conditions (Panday et al., 2009).

Research has also shown that though teens are concerned about and want to protect themselves from both unplanned pregnancy and sexually related conditions, misinformation about sex and its consequences is common and many adolescents do not get the education and services they need, (NRC-IOM, 2005). A major challenge for countries worldwide is to recognize that young people need support for successful transition to adulthood and to forthrightly address the reality that by the age of 18, most teens would have become sexually active.

Regrettably, research has proven that there is a proportional increase in sexual activity with age among adolescent. Thus, the chance of falling pregnant among teenagers increases with age. While only 10 percent of adolescents by age15 are sexually active, at 19 years of age, about 61 percent are sexually active (Panday et al., 2009). At the age of 15 the ratio of the number of girls reporting sexual activity to the number who fall pregnant is 13:1. This decreases to 7:1 at age 16 and to 3:1 from 17 years of age onwards. This may be related to increased levels of unprotected sex at older ages. Lower levels of induced and spontaneous abortion among older adolescents, which may also contribute to higher pregnancy rates in this group (Darroch, Singh, & Frost, 2001). For example, data from France, Great Britain and Sweden show that abortion ratio is substantially higher among adolescents aged 15-17 than that among those aged 18-19 (Darroch et al., 2001). Scholars have also attributed the higher pregnancy rates among older adolescents to biological and social changes. Biological changes such as physical maturity and higher hormone levels may result in greater sexual attractiveness and desire.

Much attention is paid to teenage pregnancy, unsafe abortions, and contraceptive use among teenagers. Consequently, several studies done in Ghana and for that matter the Tamale metropolis have focused on identifying the correlates and determinants of early sexual activity, pregnancy, contraception, and unsafe abortions (Awusabo-Asare & Kumi, 2004; Afenyadu & Goparaju, 2003). However, only a few have explored how teenage pregnancy is affecting educational progression, especially for girl children. This research therefore seeks to determine the extent to which teenage pregnancy affects the educational progression of girls in the Tamale metropolis.

1.2 Problem Statement

The elimination of gender inequalities in all spheres of life including education, as both a human rights issue and as an impetus for poverty reduction and development generally, has gained center stage in global and national development agendas, (SNV-Ghana, 2006). However, gender issues, especially the participation of girl children in education is still a big problem to deal with. The Education Management Information Sector (EMIS) annual reports for the past five years (2012-2016) indicate that enrolment for girls at the KG and primary school levels in TaMA has increased marginally from 51.5 to 52.1% for girls. These figures drop as girls' transit from one class to the other. The 2014/2015 Net Enrolment Ratio (NER) of girls in primary school in TaMA for example was 109.5% whereas that for JHS was 62.9% (EMIS 2015). This disparity is further worsened by the continuous dropout rate of teenage girls from school due to pregnancy related issues. The Tamale Metropolis has the least net enrolment rate of 38.3% (as compared to the national average of 91.0%) of which 43.4 % are girls and a completion rate for girls in primary school of 74.1% compared to 86.6 % for boys. At the Junior High School level the completion rate for girls is 51.1% compared to 63.7% of boys (EMIS, 2014).

According to the 2013 Ghana Health Services report, about 12% of pregnancies recorded were from adolescents which is above the national target of 10%. The Northern region recorded 13%, 11% and 10% of adolescent pregnancy cases within the periods of 2011 to 2013 respectively. A compilation of GHS annual health report of the Tamale Metropolis for the past five years further indicated a steady rise of teenage pregnancy cases with a very sharp increase from 21% for the 2012 to 2016 period (1393 to 1756 cases) to 25% (1310 – 1756) from 2015 to 2016.

5

Though the problem of teenage pregnancy has been linked to particularly the period of transition from Junior to Senior High School (JHS to SHS) when educational cost rises sharply (Ghana Statistical Service (GSS), 2013; IBIS, 2007; NDPC, 2010) coupled with the changing sexual and reproductive health needs (e.g. need for sanitary towels, a possible desire to have erotic relationship with the opposite sex or marry), not much research has been done to assess the impacts of teenage pregnancy on the educational progression of girls in the metropolis. Girls especially from communities in the TaMA do not only dropout of school completely in their bid to earn income to support them in their schooling process but end up in lower-wage jobs and, thus have to work longer periods. The resultant effect is that some become pregnant, either through opting for or accepting transactional sex to alleviate their poverty and thus are often compelled to abandon their schooling aspirations.

Cultural disposition of parents toward female education as compared to male education has also worsened the Gender Parity Index (GPI) in schools. According to the Ghana Statistical Service (GSS, 2012) formal educational acquisition in the Tamale Metropolis is very low with a percentage of people 15 years and above who are literate at 22.0 % and the proportion of girls being 12 percent lower than that of boys (Ministry of Finance, 2014). These low literacy figures is further compounded with a rising incidence of teen pregnancy (5.1% as at 2013 and 25% in 2016) especially among school children which further explains the need for continuous research to better understand the situation.

Though lots of studies have been undertaken in the TaMA on teenage pregnancy not much studies has been conducted to investigate the impact of teenage pregnancy on the educational progression and literacy levels of the girl child. Thus the study sought to fill this gap and also set the theme for future studies in this area.

6

1.3 Research Question

1.3.1. Main Research Question

How does teenage pregnancy affect the educational progression of school girls in the Tamale Metropolis?

1.3.2. Sub-research questions

1. What is the trend of teenage pregnancy among school girls in the Tamale Metropolis?

2. How does parental background influence teenage pregnancy in the Tamale Metropolis?

3. What is the re-entry rate to school among teenage mothers in the Tamale Metropolis?

4. What issues confront teenage mothers in their educational progression in the Tamale Metropolis?

1.4 Study Objectives

The main objective of the study is to examine how teenage pregnancy affects educational progression of teenage mothers in the Tamale Metropolis.

Specifically, the study seeks to:

1. Examine the extent of teenage pregnancy among school girls in the Tamale Metropolis.

7

2. Assess the relationship between parental background and teenage pregnancy among girls in the Tamale Metropolis.

3. Investigate the re-entry rate to school by teenage mothers in the Tamale Metropolis.

4. Identify and describe issues confronting teen mothers in their educational pursuit in the Tamale Metropolis.

1.5 Significance /Justification of the Study

In order for Ghana to achieve universal access to quality basic education it is equally important for the country to achieve gender parity in education. Considerable strides have thus been made in the country towards increasing the number of girls attending especially primary school. In 1997 a Girls' Education Unit (GEU) was established as part of the Basic Education Division of the Ghana Education Service (GSE) to co-ordinate the implementation of activities related to girls' education. As part of the decentralization of the Education service delivery in each of the 10 Regions and 216 District, Regional/District Girls' Education Officers were appointed to co- ordinate activities and improve access for girls to the education system.

Initiatives like World Food Programme (WFP), Campaign for Girls Education (CAMFED) and the Catholic Relief Service (CRS) that support school feeding programs and other educational support initiatives whereby girls were targeted in poor performing areas resulted in narrowing the gap between female and boys gross enrollment figures in these areas, (Madeez, 2007).

The abolition of school fees in all basic schools in 2005 also had a direct effect on

girl's enrolment rates. Data shows an improvement of the GPI for Primary Gross Enrolment from 0.93 in 2004/05 to 0.95 in 2005/06 and 0.96 in 2013/14 academic periods. However, the Northern region and for that matter the Tamale Metropolis still records the lowest GPI of 0.83 (EMIS, 2014). Despite these positive strides in terms of gender parity in primary and secondary education (UNDP, 2015) the reality is that there are still many children out of school. The relevance of this study first of all is that, it will inform stakeholders in education on the extent of teenage pregnancy and its effects on educational progression within the Tamale Metropolis.

Secondly, this study is important because it could inform policy direction for girls' education in the Tamale Metropolis and provide a contextual understanding to the underpinning factors to this issue and ensure that the right approach is adopted in helping curb the menace.

Thirdly, there are a number of NGOs in the TaMA providing various forms of support geared at enhancing girls' education with several of these organizations situated in the Tamale Metropolis of the region. However, there remains poor performance, increase in drop-out rates and rising incidence of pregnancy amidst these interventions. A study of this nature is thus relevant in helping stakeholders working in education since it could serve as a guide in planning and designing interventions for girls' education in the Tamale Metropolis and Ghana as a whole.

Fourthly, there are some studies on teenage pregnancy (UNICEF, 2010) and the factors that account for it and the impact on teenage girls. However, there is the need for continuous empirical evidence on how pregnancy relates to educational progression especially among teenage mothers in the Tamale Metropolis. This study is therefore justified since its findings will contribute to knowledge on teenage

pregnancy and an understanding of issues confronting girls' educational progression and related challenges that exist especially for young teenage mothers in the Tamale Metropolis of Ghana. The results of this study will serve as a resource for future studies.

1.6 Organization of the Study

The research is organized into five chapters. Chapter one presents the introduction of the study; this includes the background to the research, the problem statement, objectives of the study, the research questions, significance or justification of the study, organization of the study and conclusion on the chapter. Chapter two of the research entails a detailed review of literature with attention to both theoretical and empirical studies, definitions of terms and terminologies. Chapter three focused on the research methodology; this includes the research design, target population, sample size and sample selection, research instruments, sources of data and data gathering procedure, questionnaire design, statistical treatment of data, ethical procedure and study area profile. In chapter four, results and analysis of data gathered from the field was presented in both figures, graphs, tables and narrations. Chapter five comprised a summary of the findings, conclusion and recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW

2. 1 Introduction

Several studies that investigated the issues of teenage pregnancy and the educational progression of teenage mothers suggest that this phenomenon presents development challenges that can have some negative physiological, psychological and social effects on the developing teenagers (Mba, 2003). A review of literature focusing on the causes and consequences of teenage motherhood found that teenage pregnancy has a disrupting effect on the teenagers' education and life in general (Macleod, 1999b). The aim of this chapter is to review the literature that focuses on teenage pregnancy. The review focused on definitions and concepts relating to the study, theoretical and empirical perspectives in understanding teenage pregnancy.

2.2 Conceptual and Theoretical Issues

Children are always considered to be a gift from God, but for some, having a child is either considered a mistake or a misfortune, especially when the decision to have one is not planned for. The arrival of the child is usually prepared for, even before it becomes a fetus. In the case of the child giving birth to a child, the preparation is done out of inconvenience, since its coming was not prepared for. When it comes to a child giving birth to a child, teenage pregnancy is always a central idea. Teenage pregnancy, has become a topic of discussion in most of our society and the media because of its related problems. (Ghanaian Chronicle, 2009). According to Shisana (2005) teenage pregnancy is a universal problem that affects all communities across the globe. Though not a new phenomenon, teenage pregnancy is still a major problem

throughout the world even in an era of increased sexual literacy and contraception usage.

2.2.1 Conceptual issues

Teenage pregnancy can be defined as an under aged girl becoming pregnant (Macleod, 1999a). Kail and Cavanaugh (1996), support this view when explaining that the United Kingdom has adopted a legal definition whereby a woman is considered to be a pregnant teenager if she becomes pregnant before her 18th birthday. Teenage pregnancy is defined as "pregnancy of an unmarried female person less than 18 years of age (New Dictionary of Social Work, 1995).

According to Collins (2003) adolescents are and can be referred to as teenagers. Collins (2003) added that the definition of adolescence is the period in human development that indicates the beginning of puberty and ends in adulthood and thus it is very important to understand adolescents in relation to their development stage. The characteristics of this stage of development are that of experimenting different forms of life which also includes sexual activities. It is also noted that adolescence is a period of life when teenagers are faced with ambiguity because they must decide on a whole complex of issues, which are quite critical in shaping their lives. Adolescence is a period when behavior might get out of control and teenagers might become involved in illegal drug use, violence, suicide, risk taking and lack of moral standards. This is a very challenging period for an adolescent (Marcia, 2001).

2.2.2 Theoretical perspectives

Several theories can be advanced to explain teenage pregnancy and motherhood as the phenomena that can result in significant levels of psychological distress. In this study, three such theories, namely Erik Erikson's (1963) psychosocial theory of development, the crisis theory by Caplan (1964) and Problem Behavior Theory (PBT) by Richard and Shirley Jessor (1977) are presented. The PBT is presented hereafter as a theoretical framework that informed the current study.

Erikson hypothesized that there are eight psychosocial stages each of which has its task and outcome characterized by contrasting terms, one emphasizing the positive need and the positive outcome if the need is successfully met, and the other a possibly negative result. In other words, each of the eight stages is characterized by a phase specific crisis that must be dealt with at that time. Erikson understood a crisis in this context to mean a turning point in the individuals life that arises from physiological maturation and social demands made upon the person at a particular stage. For example, during Erikson's first psychosocial stage (known as Infancy: Basic Trust versus Mistrust – Hope) the infant needs to resolve the crisis of trust versus mistrust in order to advance to the next developmental stage. Other psychosocial stages associated with childhood are autonomy versus shame and doubt; initiative versus guilt; and industry versus inferiority.

Adolescence, which is the fifth stage, known as Ego Identity versus Role Confusion – Fidelity, according to Erikson (1963) is that critical developmental period which is roughly between the ages of 12 or 13 to about 20. During this stage, the adolescent is confronted with various social demands and role changes that are essential for meeting the challenges of adulthood. The adolescent needs to resolve the crisis of ego

13

identity versus role confusion in order to successfully advance to the next developmental stage. According to Hjelle and Ziegler (1981), many adolescents in the struggle of this age specific conflict experience a profound sense of futility, personal disorganization, and aimlessness. They feel inadequate, depersonalized, alienated and sometimes even seek negative identity, an identity which is opposite to the one prescribed for them by their parents and peers.

Based on the above understanding of the conflict associated with adolescence stage, it can be argued that teenage pregnancy is likely to precipitate a developmental crisis that could lead to role confusion instead of positive self-identity. Sadler and Catrone, (1983) have in their study on adolescent parents reported that the process of identity formation and role experimentation may be inhibited by maternal identification and role definition. After the stage of adolescence, Erikson postulated that the individual progresses to adulthood which progressively consists of intimacy versus self-absorption, generativity versus stagnation, and finally, integrity versus despair. According to Erikson, each of the eight stages is a developmental crisis because in each there is both the opportunity for significant growth and an occasion for the dangers of the failure to grow. Consequently, each of these stages is bound to have its own particular emotional stress. The implication of Erikson's theory is that so long as a person stays alive, there is no possibility of avoiding having to deal with the external and internal situations presented by each stage.

Erikson (1963) proposed that human development is to be understood as a series of eight stages, each of which has significance in and of itself. Erikson argued that the process whereby these stages evolve is governed by the epigenetic principle of maturation which means that: human personality in principle develops according to steps predetermined in the growing person's readiness to be driven toward, to be

aware of, and to interact with, a widening social radius; and, that society in principle, tends to be so constituted as to meet and invite this succession of potentialities for interaction and attempts to safeguard and to encourage the proper rate and the proper sequence of their unfolding (Ibid).

The study also reviewed the crisis theory as elucidated by Caplan (1964) which conceptualized teenage pregnancy as a crisis whose positive resolution leads to fundamental integrity of the pregnant teenager. According to Caplan (1964), a crisis arises out of some change in a person's life space that produces a modification of his/her relationship with others and/or perceptions of the self. Such a change may come about relatively slowly and as a result of rather normal and inevitable experiences of growing and developing physically and socially or quite rapidly as a result of some unforeseen and traumatic event. Based on this explanation of a crisis, teenage pregnancy could be perceived as an experience that leads to rapid physical, emotional and social changes that are usually unforeseen by the pregnant teenager. Caplan (1964) outlined four phases of a crisis situation to illustrate how the process takes place:

Phase 1: During this phase, there is a rise in tension because of the problem stimulus which generates anxiety and perceptions of threat to the self. This anxiety and perceived threat to the self, triggers habitual problem-solving responses which the individual has learnt previously and which might be generalized to this situation. In the case of teenage pregnancy, it can therefore be postulated that the teenager will become anxious as soon as she realizes that she has fallen pregnant (the problem stimulus). This will then trigger some of the habitual problem-solving responses that the teenager is accustomed to.

Phase 2: Since the problem stimulus and the situation will be of such novelty and intensity, the individual experiencing the crisis will fail to reduce the anxiety in the period expected. This perceived failure to apply the usual coping mechanisms will lead to feelings of helplessness and ineffectualness.

Phase 3: It is during this phase, known as the "hitching up the belt" stage that the individual will try to draw from her reserve of strength in order to maintain her ego integrity. The individual may even try to redefine the problem to bring it into the range of prior experience. Trial and error behavior may be contemplated, both in thinking and in overt act, to change or remove the problem stimulus. In some cases, the individual may even try to redefine her role in order to accommodate the new situation. The individual may accept the situation and thus integrate it into the self-image. Caplan (1964) points out that such acceptance may result in the individual becoming stronger and thus moving farther along the continuum toward mental health. It is this acceptance of the situation that helps the individual to develop new methods of effectively dealing with a new and threatening situation. It can therefore be postulated that a pregnant teenager may, during this stage, try to maintain her ego integrity by associating the experience with her other previous experiences. If the experience is perceived as acceptable, the teenager could become more positive about the pregnancy and thus develop new and positive ways of dealing with it.

Phase 4: If the problem fails to be resolved during the third phase, the tension produced by the anxiety is likely to take the individual beyond the threshold of rational responding. The fourth phase is characterized by personality decompensating (where there are exaggerated distortions of one's identity or of the situation) and other maladaptive behavior patterns like compulsive and ineffective behavior, socially unacceptable behavior and extreme withdrawal. Failure by a pregnant teenager to

16

accept and cope with the new experience, could lead to various forms of psychological distress.

2.2.3 Theoretical Framework

According to Problem Behavior Theory (PBT), teenage pregnancy is considered as problem behavior that results in significant levels of psychological distress. This theory asserts that adolescent problem behaviors are developmentally anteceded by social structural variables (Jessor & Jessor 1977). The social structural variables include the parent's education, occupation, religion, ideology, family structure, home climate, and peer and media involvement. These social factors "interact and spawn a personality system which is composed of motivational, belief, and self-control factors, and a perceived-environment system, which is composed of perceptions of parental support, peer support and parent-peer interaction" (Jessor & Jessor, 1977). These social structural factors produce the systems that determine problem behavior engagement, and also trigger the onset of problem behavior (Ibid). The decision to engage in problem behavior results from the interplay between the personality system and the perceived environmental system. From the perspective of Problem Behavior Theory, teenage pregnancy could be seen as developing from problem behavior that adolescents engage in as they negotiate their path towards independence, with the perceived support that social structures provide.

Below is a diagram showing the interaction that evolves through the various systems and how these behavioral outcomes elicit some social control response which could either be mild social reproof, sanctions or incarcerations.
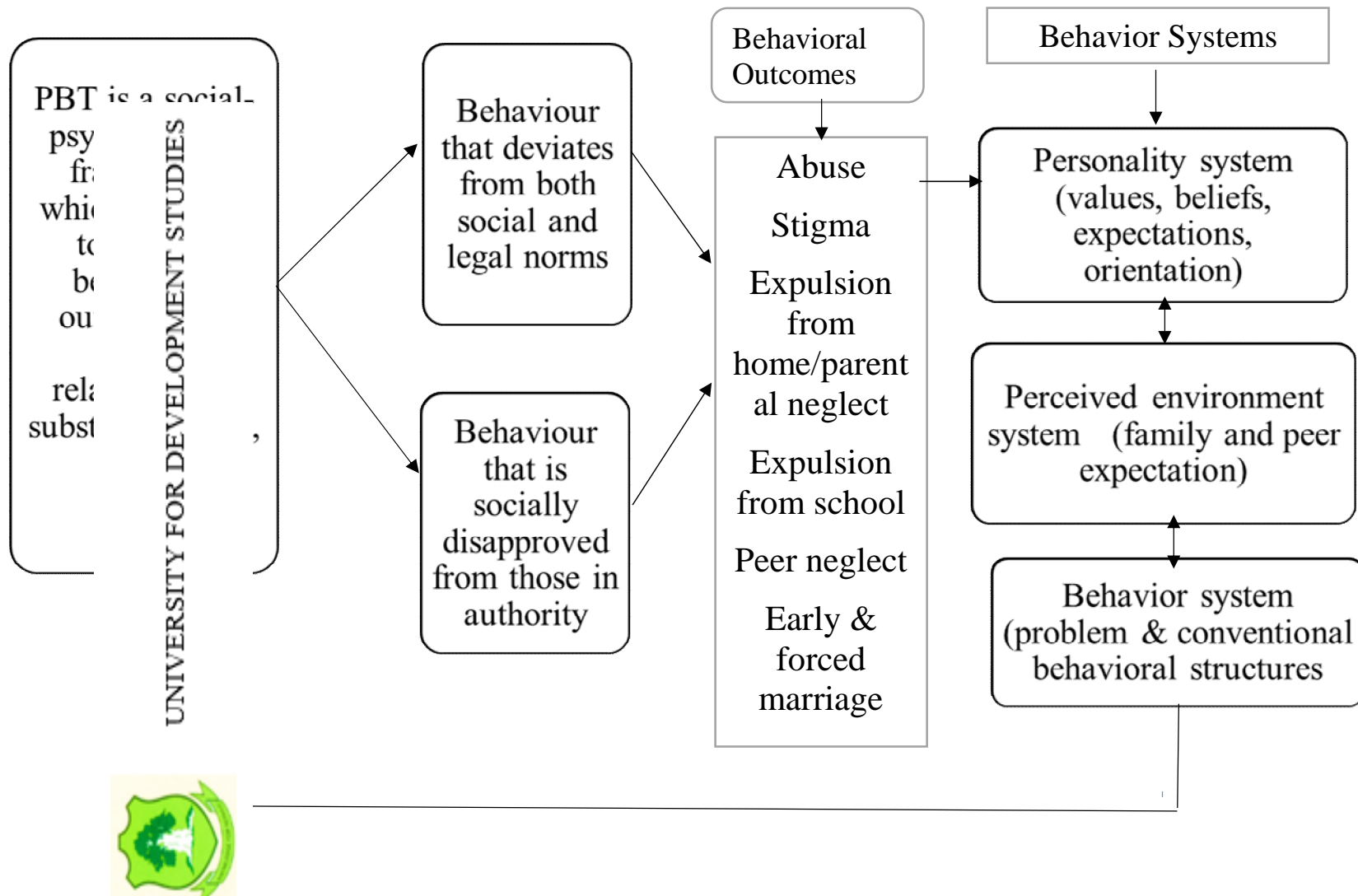
Figure 1: A diagram illustrating the Problem Behavior Theory
Source: Author's Conceptualization, 2016

2.3 Causes and Prevalence of Teenage Pregnancy

Teenage pregnancies have been associated with many causes and it is perceived as a social problem. However, the gap is that hardly is any attention paid to the driving forces or multiple reasons contributing to teenage pregnancy. Teenage pregnancy might also be associated with gang activity, coercion, substance abuse, as well as night parties (Darroch & Singh, 1998). In addition, peer pressure and the media have also influenced adolescents and challenged them to take up all kinds of behavioral attitudes. Socio economic factors such as poverty and domestic violence have contributed to escalating rates of teenage pregnancy. Economic demands on families has led to many parents spending most of their time at work and children often left without supervision during the day, and or after school, the lack of proper parental supervision has also created an opportunity for adolescents to get involved in sexual experimentation. According to Burger (2002), there is considerable knowledge about practices of adolescents in general and the outcomes of their pregnancies but limited understanding of factors that place particular adolescents at increased risk of teenage pregnancy. The most prominent causes are in the following subsections.

2.3.1. Poverty and child headed households

Throughout the developed world, teenage pregnancy is more common among young people who have been disadvantaged in childhood and have low expectation of education or the job market. The literature shows that youth living in poverty have a teenage pregnancy rate which is five times the average. Socio-economic circumstances seem to play a major role in rates of teenage pregnancy. There may be a growing 'lost generation' of young people who see no reason not to get pregnant. For some disadvantaged youth, particularly for girls whose self-esteem tends to drop

19

as they mature, sexuality may be all they have to value. Gender and Poverty (2008) indicated lack of opportunity and hope for future, have been identified as a driving force behind the high rates of teenage pregnancy.

The rate of pregnancy and childbirth is high among poorer adolescents. Other scholars found out that 83 percent of adolescents who have babies are from poor families (Helen, Holgate, & Francisco, 2006). The major causes of teenage pregnancy are the educational level and the higher rate of poverty. Poverty is associated with the increased rate of teenage pregnancy. Economically poor countries such as Niger and Bangladesh have far more teenage mothers compared with economically rich countries such as Switzerland and Japan. Some girls fall pregnant just because they want social grant (Wikipedia, the free encyclopedia, 2008).

Poverty, and child headed households are identified by Elkind (1984) as the major contributors to teenage pregnancies. As a result of poor or no parental guidance and control, children engage in sexual activities at a very young age. This is confirmed by Mfono (2003) who conducted a study on teenage pregnancy and his results revealed that teenage pregnancy is high among child headed households. The teenagers in those households often engage in several activities in exchange for money to assist them survive. There is a definite link between teenage pregnancy and poverty as Mfono (2003) revealed in his study that there is high rate of teenage pregnancy among black poor teenagers. Due to poverty, a big number of black teenagers get involved in unprotected sexual activities as a means of survival. This study also confirmed that economically poor countries have more teenage mothers as compared with economically rich countries and poverty has a role in perpetuating teenage pregnancy. Teenagers engage in unprotected sex in exchange for money to survive and ignore the possible risks.

2.3.2 Non- contraceptive usage due to nurses' attitudes

The study conducted by the Medical Research Council of South Africa (2007) showed that the attitudes of nurses at the hospitals and other health centers are a barrier to adolescent contraceptive use in South Africa. These attitudes hinder teenagers from seeking protection and it therefore, contributes to teenage pregnancy. The findings of the study showed that most nurses feel uncomfortable to provide teenagers with contraception because of their belief systems; they feel that adolescents should not be having sex at an early age. This study also found that the nurses' attitude to requests for contraception was highly judgmental and they were perceived as unhelpful to teenage mothers. Although nurses' attitude has an influence in perpetuating teenage pregnancy, it should be noted that social pressures can also prevent young women from using contraceptives. The myths around the usage of contraception and the side effects of some of the contraceptives has had a profound effect on the health of women. Gaining of weight, loss or increased appetite are some of the side effects of the depo contraceptive (Ibid). Consideration should also be taken that some of the contraceptives are not hundred percent safe and thus contribute to the high rate of teenage pregnancy. Therefore, more research is necessary to improve contraceptives to assist with curbing the alarming rate of teenage pregnancies.

2.3.3 Culture

Apart from nurses' attitude, cultural differences are also contributing factors as far as teenage pregnancy is concerned. According to Macleod (1999b) some cultures force teenagers to get pregnant and accept them as women only if they have proven their fertility. Some mothers also force their daughters to become pregnant so as to have a baby at home. Teenagers are forced to fulfill their mother's cultural norms in order to

please their parents. A report by Marule (2008) noted that most adolescents, irrespective of their culture, are sexually active before the age of twenty. This results in a number of unplanned and unwanted pregnancies among adolescents who are too young to assume the physical and psychological burden of parenthood.

2.3.4 Media

The mass media with its sexualized content is another contributing factor that perpetuates teenage pregnancies as it gives teenagers easy access to pornographic, adult television programs and multimedia text messages. Many societies are going through high moral degeneration as pornographic information is accessible free of charge via devices such as computers, cell phones, print media and television. Free access to pornographic material on the internet is also gradually having a negative influence on teenagers; therefore, making it important that legal regulations on access and use of pornographic materials is enforced in order to protect young people who use the internet for academic purposes (David, 2001).

2.3.5 Permissive sexual behavior

According to Holgate (2006) many unplanned births occur because of the increased and widespread sexual activity among the young. The study of sexual behavior conducted by Holgate (2006) found that about 40% of boys and 80% of girls aged as young as fifteen had some experience of sexual intercourse. The study further added that although most of these young people had some knowledge of birth control, most of them never took any precautions to prevent conception. The girls relied entirely on boys to use contraceptives and because of this 50% of these sexually active teenagers were at high risk of falling pregnant. It is clear that sexual activities among the youth is seen as common and it is likely that with such permissive attitudes towards sexual

behavior a high proportion of young people are therefore at risk of getting pregnant.

A high degree of ignorance contributes to the failure in the prevention of teenage pregnancy. This should be seen in the context of teenagers seeking to meet their sexual needs and not understanding or being mindful of the consequences of their sexual activities. Because of the permissive attitude among the youth they do not want to postpone sexual activities until they get married.

Health Statistics of South Africa (2007) shows that most girls fall pregnant at the age of 16, with girls as young as 11 more often found to be pregnant. Some scholars believe the government plays a role in perpetuating teenage pregnancies by the provision of child support grants to these young mothers (Luker & Kristin, 2006). Consequently, teenagers get pregnant in order to access the state's social security to alleviate poverty. Frank (2005) is of the view that free abortion services contribute to the high rate of teenage pregnancies in South Africa. Thus, teenagers get pregnant deliberately knowing that they can abort the child free of charge. Wells (1992) describes teenage pregnancy as a social issue which does not only affect the concerned teenager but has a negative contribution on the society at large because these children are psychologically and financially unstable. The provision of social security to pregnant teenagers is viewed as a burden to the state and according to Makhethe (1996) the escalation of social grant recipients harm the country's economy. It also places a huge burden particularly on the tax payers who have to continuously contribute to the well-being of these recipients.

2.3.6 Social pressures

According to Albert (2007) there are social pressures that push the teens into getting pregnant. Some girls feel that they will only be accepted as girls once they have

proved their fertility, and there are some mothers that want their daughters to become pregnant so that they could have a baby at home again. According to Moore and Rosenthal (2006), to some teenagers, pregnancy is not accidental and unwanted but having a baby is a planned and deliberate choice. For these teenagers, the decision to become a mother is often influenced by social factors such as having a mother who had her own first child earlier than average, having friends who are themselves young mothers and having a stable relationship - which may or may not be marriage with a partner.

In some societies, early marriage and traditional gender roles are important factors in the rate of teenage pregnancy. For an example, in some sub-Saharan African countries, early pregnancy is often seen as a blessing because it is proof of the young woman's fertility. In the Indian subcontinent early marriage and pregnancy is more common in traditional rural communities compared to the rate in cities (Wikipedia, the free encyclopedia, 2005).

2.3.7 Age discrepancy

According to Helen, Holgate and Francisco (2006), the age-differential relationships in which the female is the younger partner, male power and control may undermine the woman's ability to negotiate sexual intercourse and the use of contraception. An older partner may pressure the adolescent into participating in unprotected sexual activities, basing the encounter on ideas of trust and fidelity.

Overtime and again, there has been a tendency for older men to develop sexual relationships with younger females. This places the females at even greater risk of contracting infections or becoming pregnant or both because men have longer sexual histories. Additionally, in these partnerships young women have less power to

negotiate safer sexual practices, particularly since some of them have been promised financial assistance from older men (Manzini, 2001).

Age discrepancy can also be a factor that leads to teenage pregnancy. Teenage girls in relationship with older boys and in particular adult men, are more likely to become pregnant than when they are involved with someone of their own age. According to a review of California's 1990 vital statistics, men older than high school age sired 77% of all births to high school-aged girls (age 16-18) and 51% of births to junior high school-age girls (15 years and younger). Men over age 25 fathered twice as many teenage births as did boys under age 18, and men over age 20 fathered five times more births to junior high school-aged girls than did junior high school-aged boys. The Guttmacher Institute found that 60% of girls who had sex before age 15 were coerced by males of an average of six years their senior (Wikipedia, the free encyclopedia, 2008). According to Teenage Pregnancy Issues in our world Today (2007), rape as a sexual abuse, has more effect in the lives of teenage girls because it results in unwanted sex and teenage pregnancy.

2.3.8 Childhood environment

Women exposed to abuse, domestic violence and family strife in childhood are more likely than those without such experience to end up with teenage pregnancy, and the risk increases with the number of adverse childhood experiences. According to a 2004 study by UNICEF, one-third of teenage pregnancies could be prevented by eliminating exposure to abuse, violence and family strife. Studies have also found out that boys who grew in homes with a battered mother, or who experienced physical violence directly, were more likely to impregnate a girl than boys who had not

(Darroch & Singh, 1998).

2.3.9 Lack of education on safe sex

The reality of bringing up a child alone and usually on a low income is not being brought home to teenagers. They do not know how easy it is to get pregnant, and how hard it is to be a parent. Miller (2006) stated that the lack of education on safe sex, either on the side of the parents or the educators, may lead to teenage pregnancy. Many teenagers are not taught methods of birth control. The cost of living is too high these days, and parents are expected to work to boost the income; therefore, teenagers are left on their own for the whole day. In that case a lot might happen while parents are at work. According to Martin (2007) girls are allowed to dress like common prostitutes and boys are trained to treat them as such. They are also free to stay out all hours of the night. This shows the high possibilities for the girls to get pregnant.

Conger, Cui, Bryant, and Elder (1991) state that most adults feel that sex education, even in secondary school is dangerous and premature for impressionable adolescents and is likely to lead to indiscriminate promiscuity. Furthermore, they found that most adults believe that parents should teach sex education in the privacy of their homes. Surprisingly he found out that the adolescents disagree with adults. Adolescents felt that sex education should be taught in school as a course on its own. They did not want sex education to be slipped into other courses such as health and biology. There is strong evidence that school-based sex education can both delay and promote safe sex.

2.3.10 Family structure and its influences

According to Panday *et al.,* (2009), family structural characteristics play a vital role in understanding and determining teenage sexual behavior including pregnancy. Shisana (2005) stated that teenage pregnancy has been linked to low parent education, and that girls that get pregnant often have mothers who gave birth in their teens. Parents of teenage mothers and teenage fathers are often considered by their teenagers to have 'permissive attitudes' regarding premarital sex and pregnancy. However, parents with permissive attitudes about sex or premarital sex, or those that have negative attitudes about contraception have teenagers who are more likely to have unsafe sex and become pregnant (Dittus & Jaccard, 2000).

Shisana (2005) also states that teenagers who live in single headed families are more likely to be sexually active than those who live with both parents. A single headed or incomplete family refers to the absence of the father or mother (Bezuidenhout & Joubert, 2008). Parental divorce during the early teenage years has also been associated with early onset and increased frequency of sexuality in females. These effects are often due to less monitoring and supervision that typically occurs in single parent households. Teenagers who have older siblings (more especially sisters) who are sexually active or who have had a babies are more likely to begin having sex at a younger age (Shisana, 2005).

Family members serve as role models to their children. Adolescents are more likely to initiate sex and experience pregnancy if their parents or other family members have sex outside of marriage, are cohabiting with romantic or sexual partners or have had a child outside of marriage (Panday et al., 2009). Among the various dimensions of family social support, parent-adolescent communication on issues of sexual behavior

27

and childbearing is very important (Panday *et al.*, 2009). When the communication between mother and daughter is poor or absent, the girl is placed at a greater risk of premature sexual activity and potential conception, in part because she looks to others, especially her male peers for nurturing and intimacy. Families with poor interpersonal relationships may inadvertently encourage teenagers to look elsewhere for nurturing relationships. Teenagers turn to peers for relationships they cannot foster with their families. Soon pressure from peer clusters can lead to unhealthy behavior such as promiscuity and neglect of contraception. The cluster of peers may also become the primary source of sexual information. Unfortunately, the teenagers who share information about sex may lack the knowledge about their own bodies and about contraception (Shisana, 2005). Teenagers who are raised in larger families are at increased risk of earlier sex than those who are not. This results from teenagers replicating their siblings' sexual behavior or because parental monitoring is spread too thin when more children live in home (Panday *et al.*, 2009).

2.3.11 Physiological, Psychological, Social and Cognitive abilities

2.3.11.1 Physiological

During adolescence, youth are experiencing physical growth and hormone changes that prompt sexual feelings. The sex organs are maturing and by the end of puberty, both males and females have the ability to procreate. One way that adolescents try to negotiate the change from childhood to adulthood is through sexual activity. By the time most teenagers graduate from childhood to puberty, half of them would begin having sex. Many teenagers see sexual activity as a way to develop their adult identity and or to test their future roles.

According to Shisana (2005), many teenagers look to their friends, especially the opposite sex, for validation and approval of the changes that their bodies are undergoing. She goes on to say that many teenagers' sexual behavior provides means of challenging parents who seem to stand in their way to independency. Sometimes while testing their "adult roles" an unwanted pregnancy may occur. This forces them to mature faster since they must cope and handle responsibilities they have never experienced before. Moore and Rosenthal (2006) suggest that it is possible for the young girls to fall pregnant because of the improvements in general health. Improved nutrition and health care have contributed to an increase in the potential for young girls to become pregnant.

2.3.11.2 Psychological

Moore and Rosenthal (1993) stated that sometimes pregnancy is the result of a teenager's conscious or unconscious desire to get pregnant. These researchers also found that the psychoanalytic model is pre-eminent in psychological explanations of adolescent pregnancy. Ego strength and family relationships are the most commonly cited reasons. Low ego strength or low sense of personal worth is said to lead to sexual acting out or use of sex as an escape. Highly dependent girls with a great need for affection and those experiencing social or psychological stress are more likely to become pregnant. Family situations or problems which have been linked to the incident of teenage pregnancy include the following: closeness to father, lack of closeness to mother, unstable family relationships, father absence accompanied by resentment of the mother, and feelings of rootlessness (McKenry, Walters, & Johnson, 1979). Macleod (1999b) added that teenagers have a poorly defined sense of

29

identity and low self-image and self-confidence; they (the pregnant teenagers) experience themselves as inadequate and inferior and are plagued by the feeling of insecurity. Therefore, there is an association between poor self-esteem and teenage pregnancy.

2.3.11.3 Social

According to McKenry, Walters and Johnson (1979) as cited by Moore and Rosenthal (1993), poverty influences pregnancy rate. Thus teenagers who do not have access to basic needs (poor homes) are much vulnerable in giving in to sex in return for material gain than those who come from "well to do families". Insufficient economic and social resources may lead to pregnancy. Pressure from peers and the influence of the media are also social precursors to pregnancy during adolescence.

2.3.11.4 Cognitive Abilities

Another major cause concerns young girls' lack of the knowledge and maturity required to prevent unwanted conceptions. One must possess the cognitive ability to foresee the consequences of sexual activity. Moore and Rosenthal (1993) indicate that some teenagers believe that they are too young to become pregnant or that their sexual encounters are too infrequent. There are some teenagers that do not believe that they can get pregnant during a single act of intercourse. Others are unable to relate risks of pregnancy to their menstrual cycles or are too menstrual irregular to use such information properly.

Cognitive model views adolescents' pregnancy as resulting from some cognitive deficit, such as poor problem-solving skills, inability to plan for the future, or lack of knowledge about contraception. There is evidence that many teenage mothers have undetected learning problems that make it difficult for them to succeed academically

(Jaffe, 1998).

2.4 Consequences of Teenage Pregnancy

Teenage pregnancies have far reaching consequences for the child, the mother, the father of the child and also for the family and society in general. In the Ghanaian society teenage pregnancy is generally considered as inappropriate and there is a large body of writing which discusses the potential hazards of pregnancy to both mother and child. As one might expect, many unplanned children may be loved while others may be rejected prior to their birth or soon after their birth.

2.4.1 Infant and Maternal mortality

In the medical literature teenage pregnancy has been associated with medical problems such as high infant and maternity mortality, abortion, delivery complications and low infant birth weight along others (Dickson, 2002). According to Macleod (1999b) babies born by young mothers have a higher risk of serious health problems which can be physical and mental birth defects. Some of the defects are immature organ systems (brain, lungs, and heart), being underweight at birth, and the difficulty in controlling body temperature and blood sugar levels of these babies. Marule (2008) suggest that mental retardation, neonatal deaths and infant deaths are much higher among the babies of teenagers. Therefore, it is clear that there is a set of interrelated factors that might influence the child's development. Should these children have these complications it becomes the government's duty to take care of their health. Macleod (1999a) also perceives the soaring rate of teenagers having babies as a national and social problem which on a macro level has a negative effect on both economic and social development. This is also likely to create a cycle and or maintain a cycle of poverty within the family as the teenage mother remains

31

financially dependent on her family and or on welfare support interventions. Furthermore, it can be argued that because of immaturity and inexperience, adolescent mothers often lack the knowledge and capacity to adequately respond to the needs of their children (Cunning & Boult, 1996). This is supported by Mkhize (1995) who found that teenage mothers could not cope with parenting and that they lacked parenting skills. Young mothers have limited knowledge, and are often immature and socially inexperienced and they become the role models for their children.

2.4.2 Social vices

Duncan (2007) and Holgate (2006) argue that the young mother's immaturity, social inexperience and lack of child rearing skills have detrimental effects on her children. She and her children are more likely to become victims of crime, e.g. incest rape and family violence. The young mother and her children are also vulnerable to participating in criminal activities, such as prostitution, drug dealing and the illegal sale of alcohol because of limited financial resources. This increases their possibility of being jailed thus leaving the baby in the care of the family, or her children also becoming young offenders and imprisoned. The future life of the young mother becomes very dim.

2.4.3 School dropout and poverty

According to Marule (2008) two out of three pregnant teenagers drop out of school. Clarke (2005) supports this view when he states that teen mothers are less likely to complete their high school education. Due to limited education the teenage mother will not have the required level of education or sufficient skills to enter the open labor market and she will remain dependent both on the state and on her parents. This is also likely to create or feed the existing cycle of poverty within the family as the

teenage mother remains financially dependent on her family and / or welfare interventions (Kaiser, 2005). Most literature fails to consider the implications that teenage pregnancy has on the family of the teen mother and it ignores the fact that if the teenage mother drops out of school, it is going to exacerbate poverty and dependency on the family for financial support. Teenage mothers might become trapped in a cycle of poverty, even if they are employed at the time of becoming pregnant. They are vulnerable to dismissal and to receive insufficient maternity benefits to cover their needs (Swartz, 2004). Employers may also become reluctant to allow pregnant young employees time off to attend antenatal clinic. After giving birth there is often no family member to take care of the child while they are at work. Therefore, it goes without saying that one of the long term implications for teenage mothers is their inability to complete their education that results in long term unemployment, or limited job options that are poorly paid and insecure because the teenage mother's choices are restricted. This is confirmed by Devenish and Greathead (1992).

The study by Elkind (1984) revealed that early pregnancy hinders educational attainment. The dual role of being a mother and a learner becomes so stressful to the teenager that she ends up quitting. The dual role thus impinges on the learner's school achievement. School attendance is also disturbed by babysitting arrangements and the health of the child. Nevertheless, it should be noted that although the girls' education is interrupted by their pregnancies, there are still opportunities for those who would go back to school after giving birth and they might still become more successful in their career sometimes than those who were not pregnant.

2.4.4 HIV/AIDs and other Diseases

The limited financial resources teenage mothers have create financial pressure and contribute to stress of not having enough money which often means living in poor housing and being unable to afford adequate health care or even basic necessities. This tends to jeopardize the health of the teenage mothers (Kaiser, 2005).This is supported by research done by Clarke (2005) who stated that these teenagers' health is often poor, their cognitive development slower and their behavior problems are worse than that of their peers. The Gauteng Department of Education (2007) sees high teen birth rates as an important concern because teen mothers and their babies face increased risk to their health, and thereby weakening their opportunities of building their future. Teenage pregnancy is a public health concern that poses risks to both the mother and the child. These included being forced to go on welfare, leaving school and missing out on employment opportunities. Teenage pregnancy has also become a concern due to its contribution to the maternal mortality rate which is one of the millennium development goals that is a focus in many developing countries and for that matter sub-Saharan Africa (Shisana, 2005). As a matter of fact it could be seen that teen pregnancies deprive teens and their children of their childhood and their future as productive adults.

Marule (2008) verifies the above point by highlighting that teenage pregnancy is likely to force the younger girl to be more dependent on the adults around her, possibly frustrating her desires to become more independent and self-sufficient. In this regard social and economic circumstances play a major part. For instance the lack of finance, secure housing, love and support may cause the teenager to become depressed. With limited education and skills, the teenage mother may be forced to turn to prostitution in order to support herself and the child. Having multiple partners

34

places her and her unborn child at greater risk for sexually transmitted diseases including HIV/AIDS. If safe sexual behavior is not practiced the outcome of this sexual experience is more often detrimental to their wellbeing. Should we want to advance the knowledge of the health of adolescents, information about the status of teenage pregnant women is crucial. Factors that may contribute to the number of teenagers who fall pregnant are gender power imbalances, lack of bargaining power about the use of contraceptives, lack of access to quality contraceptives and / or family planning services, as well as inadequate information on sexual reproductive health (Meier, 1994). Research done by Macleod (1999a) found a significant relationship between teenage pregnancies and HIV/AIDS. Furthermore, one in three women in South Africa has given birth prior to the age of eighteen marking a high rate of teenage pregnancy in the country. For this reason, Macleod (1999a) portrays STDs and HIV/AIDS as endemic among young people in most parts of South Africa.

2.4.5 Lack of paternal care

Komane (2001) describes teenage pregnancy as a social issue in developing countries and encompassing lower educational levels, higher rates of poverty, and other poorer life "outcomes " in children of teenage mothers. The father's role in catering for or contributing to the upbringing of the child has received little or no attention at all. Research done by Love Life (2007) showed that teenage pregnancies and the care of the child do not impinge directly or not at all, on the father's life. Hardly any attention has been given to the emotional support and fathering role or to his financial responsibility towards his offspring. However, one might argue that to some extent the lack of interest reflects traditional attitudes towards sexual behavior of men and

their responsibility for their children. For example, it has been considered more or less normal or traditional for men to have a wide range of sexual relationships than would be generally permissible for women. Therefore, in order to lower the high rate of teenage pregnancies, it is high time that men should be involved in planning for their children as abandonment by men often forces the girl child to abort an unwanted pregnancy. Although authors like Burman (1992) and Swartz (2004) explain that fathers of the children do not usually give emotional or financial support or any form of material support to teenage mothers. Very often, the fathers are also young unemployed with low levels of education and live in low socio-economic communities. This leads to them being unable to provide financial support as their families are also poor. This also implies that adolescents themselves are developmentally still immature and thus emotionally and cognitively unprepared to cope with parental responsibility. The teenage fathers may also deny paternity out of fear of the reactions of their parents and the possible financial consequences of fathering a child. Adolescents are generally not ready to commit to long term relationships as they are still in process of experimenting with different lifestyles and roles. As a result the adolescent father may be scared off by the prospect of having to assume the responsibilities and the permanent role of father and husband that he is not ready for. In support of this view Swartz (2004) acknowledges that there is a lack of male responsibility in childbearing and rearing.

2.5 African and Modern Perspectives of Education

Some African scholars Adeyemi and Adeyinka (2003) have pointed to different cultural views of education and its purpose. They explain that many philosophers, scholars and students have defined education in different ways. For example, some scholars have defined education as the transmission of life by the living to the living,

36

while some define it as the acquisition of the art of the utilization of knowledge. Adeyinka (2000) has defined education as the process by which the adult members of a society bring up the young ones, hence passing on their culture from one generation to another. He further explains that from its Latin origin, education can be inferred to be the process of bringing up children by adult members of the family and society. Since all the adult members are involved with these tasks of bringing up, rearing, guiding, directing, and educating children, this approach means that education is more than schooling. Therefore these tasks carried out by the adult members in any society complement the efforts of the school. Sifuna (1990) defines education as a process by which people prepare effectively and efficiently to live in their environment.

2.5.1 The African Perspective of Education

The education of Africans before the coming of Europeans was informal, and prepared Africans in their responsibilities as adults in their communities. This is what has come to be referred to as traditional African education (Boateng, 1983). Unlike the formal systems of education introduced by the colonialists, it was inseparable from other segments of life. It was not only there to be acquired, but it was actually there to be lived. Children acquired education through the maintenance of and participation in socio-political and religious institutions that ensured effective means of communication between the different generations. Similarly, Sifuna (1990) notes that Africans did not have one single indigenous form of education since they never lived as one nation. Different African societies had different systems of education to transmit their particular knowledge and skills. However, though the indigenous education was different from one community to another, its goals were similar.

It is thus possible to argue that as much as the purpose of education could be

common, education system differs from one community to another and from one nation to another. Adeyemi and Adeyinka (2003) point out that different traditions value education differently. The community played a key role in providing the necessary environment for learning and education was a lifelong process. In modern times, the preparation of youth for their distinctive roles in society is by acquisition of appropriate skills through schooling.

They contrast traditional African education with modern education maintaining that in recent times institutionalized education seems to, among others, aim at promoting national unity and international understanding especially in developing countries such as Nigeria, Ghana, Tanzania and Malawi. However in developed countries, such as those in Western Europe and North America, education now focuses on the acquisition and marketization of new knowledge in science and technology. Hence, this type of knowledge prepares them for the utilization and preservation of existing products of science and technological genius.

My interpretation then is that in the traditional context, the objectives of education are preparation of the youth for different roles in adulthood while in modern times the purpose of schooling is to acquire skills for better future life.

2.5.2 Perceptions on Traditional and Modern system of Education

Traditionally the purpose of education was to pass on cultural traditions as well as skills. There seems to be a gap however between the cultural position of education and the modern position of schooling. In the developing world, and especially in Sub Saharan Africa, schooling has been perceived to be different from traditional education and is deemed to undermine it since both have different objectives. What happens at school is more likely to change the perception of life in terms of traditional

education and conformity to traditional cultural values. To some extent, it can be argued that traditional education is threatened by the modern type of schooling. Those who still value traditional education believe that schooling is likely to erode the traditional values which are part of their life. These kinds of attitudes and perceptions of schooling are likely to contribute to making it difficult for many girls to access schooling in the developing world.

Some of the traditions, values, and customs that promoted traditional education have gradually become irrelevant in the modern time, which has led to a move toward schooling. According to Mungwini (2011) modernity has brought with it a new value system, a new way of conceptualizing the individual and the community. The indigenous people's outlook on what counted as knowledge has of necessity changed, as Africans have adapted to and developed a whole new world-view consistent with Christianity, science and technology. For example, cattle and land were traditionally regarded as symbols of wealth, but due to population explosion, land has become scarce and what was once grazing land is now being cultivated to feed the ever growing number of mouths. Because of this shift, salaried work is being regarded as source of wealth in modern times that can be obtained through schooling

2.6 Benefits of Girls Education

The World Declaration on Education For All (EFA) at the Jomtien Conference in 1990 noted the high incidence of girls amongst children out of school and outlined some of the first signals that the education of girls was important for a global social justice project. It highlighted that girls and women comprised two-thirds (2/3) of the large numbers of children without access to primary school and large number of adults without literacy. The exclusion of girls and women from education was thus

part of the problem EFA sought to solve. Girls and women inclusion was seen as part of the solution which was to be supported by policies for universal access and a focus on learning rather than just enrolment. There was also a concern to utilize a range of different forms of delivery, and strengthen the international solidarity that would underpin a common and universal human responsibility (UNESCO, 1990).

Because of its importance for all, and specifically for girls, education has attracted much attention and interest globally as a result of an increasing interest in human rights. It can be argued that education has been viewed as an instrument for success and development both at individual and societal levels. Education has also been associated with the realization of democracy and self-emancipation among individuals, and it is for this reason that deprivation of education, especially to girls, is regarded as social injustice and infringement of a fundamental human right. There are many benefits that could be realized by educating girls at various levels.

The Centre for Rights Education and Awareness (CREAW, 2007) indicates that education is an important pillar that determines one's health and legal status. Education helps people to become aware of their rights and have adequate knowledge of basic health care skills that include; improving child health and reducing infant mortality, complying with medical prescriptions, observing basic hygienic standards and seeking medical services such as antenatal and postnatal health care. In addition, the report argues that education enables rationalized thinking and reasoning, providing opportunities for girls and women to learn and understand their rights, making it easier to recognize laws and social attitudes that hinder the enjoyment of their rights. Another aspect outlined by the report is that education is an important tool in liberating girls and women from historical discrimination and thus enabling them also to teach the next generation about the benefits of education.

Maluwa-Banda (2004) argues that girls' education is an investment that serves as a way to achieve education for all children. He adds that it has been broadly accepted as being a powerful tool for self-advancement and fulfillment of development outcomes for present and future generations of children. Chege and Sifuna (2006) noted that getting and keeping young people in school, especially girls, dramatically lowers their vulnerability to Human Immune deficiency Virus (HIV), leads to them having greater independence, equips them to make decisions pertaining to their lives and provides them with higher income earning potential.

Bhana.et. al, (2010) concur that allowing pregnant teenagers to remain in school and return after giving birth is considered to be significant in delaying a second birth and also in offering young women increased opportunities to get an education and increase their economic standing.

A UNICEF (1999) report confirmed that investing in girls' education leads not only to realization of female educational attainment, but also benefits such as good mothers and children's health, sustainable families, women's empowerment, democracy, income growth, and productivity.

Lawrence Summers, Chief Economist at the World Bank in 1993 emphasized the national benefits of girl's education referring to research that shows that educating females produces far reaching profits for girls and women themselves, their families, and the societies in which they live. He further remarked that, indeed, during his tenure as chief economist of the World Bank, he became persuaded that once all the benefits are acknowledged, investment in the education of girls may well be the highest profit venture obtainable in the developing world.

Similarly, a key World Bank policy document published in 1995 argued for

increasing access to education for women and girls in terms of the benefits that would flow to their existing and future children's health and to the gross domestic product of their countries:

Mothers with more education provide better nutrition to their children, have healthier children, are less fertile, and are more concerned that their children be educated. The report further states that education in particular female education is key to reducing poverty and must be considered as much part of a country's health strategy as, say, programs of immunization and access to health clinics (World Bank, 1995).

This perspective is supported by United Nations Secretary General, Kofi Annan, who underscored this in a UNICEF (2003) report saying that: to educate girls is to educate a whole family. And what is true of families is also true of communities and, ultimately, whole countries. No tool for development is more effective than the education of girls. No other policy is likely to raise economic productivity, lower infant and maternal mortality, improve nutrition and promote health including preventing the spread of Human Immune deficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS).

Bank (2007a) notes that women's education has been mentioned in a number of international conferences, and agreements that have been held since 1990 as being important in bringing about national development and the emergence of a more democratic world. Further examples of this are given by King and Hill (1993) and Aikman and Unterhalter (2005) who explain that valued aspects of global policy such as economic growth or social development may be realized through gender equality in education. Zadja, Biraimah and Gaudeli (2008) also noted that over the last three decades, and especially since the 1990 World Conference on EFA in Jomtien,

Thailand, issues of gender inequality in schools within developing countries have gained increased attention globally.

A study carried out by the African Population and Health Research Centre (2007) noted that secondary education is seen today as being critical for economic development and poverty reduction in Sub Saharan Africa. It further found that the most important strategy for creating economic opportunities and social development for individuals and nations alike was increasing access to quality secondary education. Moreover the foundation for development and prosperity in Sub Saharan Africa would be laid through several benefits associated with secondary education.

In support of this, the CREAW (2007) report argues that education is power and its access should be equal in all regions without discrimination. Therefore, the government should set a target for the minimum level that women should attain, and ensure that all educational institutions are safe havens for the girl.

As indicated above there is strong agreement that education for girls is important for social and economic development and that discrimination against women is not acceptable. This is reinforced by several research articles which show that globally girls' education has always been associated with multiple benefits ranging from individual, communal to national development. The low enrolments for girls in many developing countries indicates aspects of social injustice and gender inequity in education. Increasing access to education through the re-entry policy for girls after school pregnancy could be seen in terms of bringing about social justice and equity in education especially in developing countries and enabling them to realize its benefits.

It would be seen that education is not only important to girls as individuals, but also to families, societies and nations. This strong international and philosophical

43

commitment to the idea that the education of girls is crucial to national wellbeing is different from the traditional view of education as preparation for life roles. Therefore, implementing it in the African context might be expected to raise several problems, possibly resulting in a lack of commitment on the ground.

2.7 Exclusion of Girls from Education

Although a considerable amount of international literature has been published on exclusion, similar African studies are lacking. However, for the purposes of this study, findings can have some implications for understanding the issue. A study was undertaken by Osler and Starkey (2005) across six localities in England of 81 girls aged 13 to 15 years in order to understand girls' experiences of schooling and exclusion. Findings in this research suggest that definitions of school exclusion need to be extended to include the experiences of girls. In particular, they maintained that it is important to understand exclusion from school as a wider problem than disciplinary exclusion and to extend it to include truancy, self-exclusion and other absence as a result of pregnancy and caring responsibilities. Their study further suggested that although exclusion from school can sometimes take the form of voluntary self-exclusion, girls often exclude themselves when their schools fail to adapt to their needs, or when the processes of learning are inaccessible. In such situations, they are unable to claim their right to education or access rights through education. They concluded that, in England, the term exclusion from school is generally understood to mean disciplinary exclusion, either on a fixed-term or permanent basis. Other forms of exclusion, particularly exclusion as a result of factors such as bullying, caring responsibilities, truancy and pregnancy are consequently obscured. As the young people who experience these forms of exclusion do not tend to put direct pressure on teachers, their needs are often overlooked.

Gillborn and Gipps (1996) noted that exclusion is being used by schools in Britain more frequently than before on a fixed period or permanent basis. Also they confirmed that two out of every three pupils who are permanently excluded never return to another secondary school. They further explain that preventing some groups from gaining access to the provision of education can be viewed as exclusion. They add that what is important to note at this point is that greater social divisions and levels of exclusion could be encouraged by particular forms of schooling. Although there is not much literature in Africa on exclusion, there is evidence of it in most countries of the continent.

Aikman and Unterhalter (2005) contend that although Africa has some of the most innovative and dynamic examples of what works, neither boys nor girls are doing well in many of these Sub Saharan countries. For example, through the Forum for African Women and Education (FAWE), Africa has a dynamic and active network for working change in girls' education. They further argue that how girls progress through school and complete their education can be problematic even where there are favorable enrolments. In Africa, girls attend school for an average of only 2.82 years before they reach the age of 16. This is less than anywhere else in the world. Only 46% of girls enrolling in Sub Saharan Africa complete primary school.

Lewis and Lockheed (2007) found that countries in which women have historically been marginalized, try in educating all children and lag behind on girls' education. They note that issues surrounding excluded girls and schooling have been recognized but not addressed since according to recent global assessments of education rural children, low income children and children from ethnic minorities are still at risk. These issues also expose the girls to the risk of not accessing education or being excluded from education. It was emphasized that girls in excluded groups suffer not

only as members of the excluded group but also as girls, and sources of exclusion include: impoverished families, girls from ethnic, or linguistic "minority" communities, girls living in remote settings and girls from lower caste. They further added that these girls are less likely to participate in education and more likely to stay in school only briefly, if they enroll at all, and girls who are pregnant are at the bottom of the barrel.

From the above research, it could be concluded that exclusion is a wider problem and takes various forms and it is different for boys and girls. While it is easy to recognize and understand some forms of exclusion, it is difficult to recognize others. This has led to the low enrolments especially for girls in schools hence they are lagging behind in education. Even though some countries have enacted policies on how to deal with exclusion, many of these policies have not been successful. This study therefore attempts to provide information on how to make these policies effective in addressing exclusion of girls from schools. It also seeks to understand the experiences of the young girls who have been excluded through teenage pregnancy as suggested by Osler and Starkey (2005). It is worth noting what constrains girls and women from accessing education and the section below highlights the barriers to education for girls in Africa.

2.8 Barriers to Education for Girls in Africa

There are numerous challenges and barriers preventing many girls from accessing education worldwide. This has blocked them from having opportunities to better their lives and hence denied them the enjoyment of individual freedoms. This form of marginalization could be viewed as subjecting the girls to social injustices hence making them unable to enjoy several of their human rights. It is for these reasons that

46

provision of education is regarded as emancipation from those barriers that are confining the girls into marginalized and excluded groups. It is only by understanding the impact of these barriers that significant and meaningful increase in the numbers of girls accessing education can be achieved. Moreover, as argued in a previous section, there are also communal and national benefits that could be realized by overcoming these barriers.

Maluwa-Banda (2004) study indicated that there are a variety of reasons that prevent girls from completing education and these include socio-economic, socio-cultural and school related factors. In support of this Bunyi (2008) explains that this combination of factors interacts in complex ways to impact negatively on the participation of girls and women in education. Maluwa-Banda (2004) further noted that in Malawi, teenage pregnancy, disciplinary matters and lack of school fees are the major reasons why students drop out of secondary schools. Further statistics from the Ministry of Education Science and Technology Malawi (MoEST, 2000) show that 3.1% of the female students and 0.1% of the male students dropped out because of school girl pregnancy; 0.8% of the boys and 0.3% of the girls dropped out because of disciplinary matters; and 2.8% of the boys and 2.6% of the girls dropped out because of other reasons, which include lack of support, taking care of sick parents or relatives, lack of school fees and sickness.

In the section that follows each group of barriers currently classified as socio-cultural barriers, socio-economic barriers, and violence as a barrier to inclusion are discussed briefly.

47

2.8.1 Social Cultural Barriers in Africa

The CREAW (2007) report noted that in a country like Kenya, girls in many communities are still seen as homemakers, not deserving to go to school. Hence, equality and equity in education has not yet been achieved as disparities exist regionally in urban and rural areas and among various communities due to social and cultural factors. The report further points out that despite the introduction of free primary education; massive poverty has crippled many families' efforts to educate their children. Many families with limited resources prefer to send their sons to school to acquire skills, since it is believed that they are more likely to be future sources of income to their parents than girls, as the sons will go on to be the breadwinners. This is supported by the Human Rights Watch (2005) and Bunyi (2008) who indicate that parents in many cultures in developing countries give priority to their sons over their daughters for schooling because of their traditional biases against educating girls. Traditionally sons were seen as being more permanent in their parents' homes since they are expected to inherit the family land and other resources and take care of their parents in their old age. Parents therefore consider a girl's education to be more beneficial to her husband and his family than to themselves. In a household where resources are scarce and sending all children to schools is difficult, boys are given preference.

Bunyi (2008) furthermore states that socio-cultural practices such as FGM and other rites of passage as well as early marriages and teen pregnancies cause girls to drop out of school prematurely. A global monitoring report carried out by UNICEF (2004) noted that in many societies it is traditional for girls to marry young and in some countries as young as 14. As a consequence, the report establishes that such early marriages mean that these girls must stop their schooling.

Mwanzia and Strathdee (2010) suggest that as a result, in order to increase access to services and participation of disadvantaged groups such as women, the aged, youth, children, physically and mentally challenged, and the poor, affirmative action policies are necessary. Notwithstanding this, in their study they found that the cultural belief that women are less intelligent than men limited the effectiveness of affirmative action policies aimed at addressing gender inequalities. They further claimed that due to such entrenched cultural paternalism, women have arguably become unconscious of cultural and gender inequalities and have come to accept a denial of rights to own property and have leadership and decision making authority as the norm. For this reason, they argued women seemed to prefer male leadership and believe that their voices should be heard through male representatives. This has helped to promote the idea that women are less knowledgeable compared to men, enhancing the cultural view that women are good only as housewives, their role is in the kitchen, and suggests that women are the weaker sex and thereby require male shields, all of which have led women to devalue their own humanity and potential.

Mwanzia and Strathdee (2010) identified a key determinant to the empowerment of women is addressing the cultural barriers which lead them to be treated as lesser beings and which as a consequence, make them feel insecure. Consequently they propose that to reduce gender inequalities both in schools and educational development, men need to unlearn the cultural beliefs and practices that make them devalue education for girls and not listen to women's ideas. In addition they suggest that unless structural disadvantages such as poverty, lack of information, time, materials and low awareness levels among disadvantaged groups and communities are addressed, emancipation and sustainable development are unlikely. Hart (1992) also suggests that in designing programmes for girls there is the need to recognize the

different ways girls are treated in different cultures and discover how to address the barriers to their effective participation in the family, school, and community. For example, he maintains that in many societies it is still assumed that boys will be decision-makers and girls will not. Finally he concludes that to have some special value for girls, the single best strategy or technique is to diversify and integrate all programmes where girls and boys at different stages in the process participate equally. He further adds that during his visits to programmes in the developing world, he observed many examples of innovative projects for street and working boys who are actively involved in evaluating and improving their own lives in a collective manner, but relatively few for girls. Also, whereas working boys are commonly in the streets, the girls are invisible - hidden in kitchens and backyards, involved in endless domestic chores. He thus recommends the creation of more special programmes of participation for these isolated, forgotten children.

The Elimu Yetu Coalition (2005) drew attention to out-of-school factors that influence girls' participation in education. Their report mentions that these factors could be classified as social and cultural factors which include, among others, early marriage, female circumcision, student pregnancies, the low status of girls and women, poverty and girls and boys unequal labor burdens. For example, it states that in communities where traditional practices such as female circumcision are widespread, both girls and boys interviewed felt that girls education was not valued as highly as boys education.

The CREAW study (2007) suggested that while boys attend school, girls are less likely to attend and complete school since some of them stay at home to be groomed for marriage and matrimonial responsibility. It further indicates that even where educational opportunities are afforded to girls, equality is not achieved automatically,

50

because girls are many times overburdened with domestic chores, impeding upon their ability to fully concentrate or participate in their studies. Therefore, pregnancy often ensures that they drop out of school permanently, or miss out on attendance to raise the child.

Similarly, the report by CSA (2008) found that loss of bride price due to pregnancy or the lowering of such prices has forced parents to marry off girls who get pregnant to older men to at least get the anticipated benefits from such marriages. The report indicates that taking such a girl to school is viewed as increasing the risk of the girl getting pregnant again which will erode the bride price further in the event that the girl will be married.

The socio-cultural barriers facing girls in Africa therefore appear related to traditional attitudes to the different roles of boys and girls. To overcome these barriers some writers suggest unlearning of some cultural traditions and values. However to date there is no information on the best way to overcome these barriers or, indeed, how to unlearn a tradition.

2.8.2 Socio-Economic Barriers

As much as issues such as compulsory education, child labor and re-entry into school have been guaranteed in many international and national conventions, education is not free and compulsory in principle and practice. Bunyi (2008) explains that the high direct and indirect costs of education acts as a barrier to the education of girls. She further mentions that while many countries in Sub Saharan Africa have recently instituted free primary education policies, secondary education is still not free in the great majority of the countries.

Bank (2007b) maintains that until recently exclusion was more commonly reported by writers who focus on the position of young girls who become pregnant while at school. In most countries where enrolment rates are low in primary and secondary schools, exclusion of pregnant and mothering girls opens up scarce spaces for boys who tend to be more valued in economic terms. He further argues that parenting teens often find themselves isolated and are unable to participate in classes or activities within regular school settings though in many countries they are legally entitled to formal inclusion.

A further example is of the Human Rights Watch (2005) report which showed that for many children, particularly those from poor families, school fees and related costs of schooling such as electricity, water, heat, teachers bonuses, books, cost of maintenance, transportation among others put education beyond their reach. Accordingly, in more than a dozen countries, Human Rights Watch found that these combined costs often cause children to drop out of school, start late, or never attend at all.

Colclough (2004) and Kane (2004) remarked that forms of exclusion vary for boys and girls since the boys are regarded as carrying more economic value. They indicated that the financial and social costs of schooling, the low quality of learning and availability of schools are some causes of exclusion from schools for girls.

The EFA monitoring report of 2003/2004 reported that many children may not attend school because they have to work and since most of the work takes place within the household, it is not paid. The report also indicated the regional variations in the incidence of child labor and of the total number of children in the world engaged in child labor: Africa takes the top place of 41% followed by Asia, 21% and Latin

52

America, 17%. It further noted that in Africa, factors such as population growth, a weak economy, famine and armed conflict have contributed to keeping child labor high and school attendance low.

Bunyi (2008) adds that endemic poverty in many Sub Saharan Africa countries impacts on the education of girls in various ways. She reports that at the national level, inadequate resources constrain governments in their effort to provide education and result is that there are inadequate schools and girls more than boys get excluded.

Earlier, Hart (1992) reported that the work of the family in non-industrial countries may not reflect greater awareness of children's competence in these cultures, but simply the greater need for work in the family economy. He further clarified that choice was an important distinction in determining whether a child was participating or being exploited. When, however, a young child is trapped in a house working all the time, it is hard to blame parents for exploitation if they themselves are doing this out of economic necessity. On the other hand, it is important for the child to know that the family is being exploited by the situation, and that the pressures put upon her parents prevent them from offering her the childhood she deserves. It is also important that families and societies be encouraged to reassess the necessity of child labor to ensure it has not simply become an excuse for governmental or societal inaction.

The African Population and Health Research Centre (2007) estimated that 1,000,000 children of school going age are not attending school. Similarly, the World Bank report (2005b) established that teenage pregnancy is one of the main reasons for girls dropping out of primary school at the age of 12-14. It adds that girls as young as 14 are frequently faced with child care and do not have the support to help them attend school.

2.8.3 Violence as a barrier to inclusion

Unsafe educational environments within the school lead to girls avoiding schools or to their parents asking them to stay away from schools. According to the report by United Nations Girls Education Initiative (UNGEI, 2005) the physical and psychological wellbeing of many children is at risk when the environment within and near their schools is violent. This situation is more likely to cause them to drop out of school entirely and threatens their right to education. Issues of unsafe environment include corporal punishment, violence and sexual harassment against girls by their fellow students and teachers and the risk of violence against girls when travelling to and from school.

An unsafe environment outside the school could prevent many girls from participating in education. A similar view is given by UNICEF (2004) which reports that war is a major barrier for girls wanting to go to school. School buildings are destroyed and the roads leading to them often have dangers ranging from attack to land mines. It furthers presents that many families are displaced from their villages during years of fighting. The report notes the contrast, with the number of girls in schools being on the rise in areas with cease fires.

Unequal power relations between men and women, rape and violence are factors that could be responsible for many young girls being subjected to sexual activities early in their lives. There is a likelihood that when young girls engage in sex they are unable to say no to sex, and unable to protect themselves against pregnancy, have no power to decide when to have sex, and this may lead to them withdrawing from schools. Jewkes, Vundule, Maforah and Jordaan (2001) study in South Africa found that many pregnant teenagers had probably been beaten repeatedly and experienced involuntary

sexual introduction. They further note that these teenage sexual affairs are facilitated through unequal power associations which are strengthened by violence. They add that the inequality and lack of power in the relationships make the teenage girls who become pregnant unable to face their partners about them being unfaithful and age differences and poverty in their homes reinforce the situation.

According to the 2003 Kenya Demographic Health Survey, teenage pregnancy is frequent and the study found that a quarter of young women aged 15 to 19 years were either pregnant with their first child or were already mothers. Further statistics from the survey show that 19% of teenage girls were mothers, 5% were pregnant with the first child and 23% of them had begun child bearing. The fact that girls are unable to resist sexual pressures and sexual harassment by male teachers and boys may lead to low self-esteem and eventual drop out.

This is supported by Wood and Jewkes (1997) who noted that sexual encounters are sites in which unequal power relations between women and men are expressed. In the context of unequal power, it is always men who determine the timing of sexual intercourse and its nature, including whether or not condoms will be used. They further showed that power relations between men and women in South Africa are commonly manifested as, and imposed through, sexual violence and assault, meaning women commonly find themselves unable to negotiate the timing of sex, and the conditions under which it occurs. Many of them feel powerless even to protect themselves against pregnancy.

Teenage pregnancy has been seen as a threat to the sexual behavior among the young and moral judgments are made against the girls. This fear that teenage pregnancy may negatively influence the sexual behavior of other students confirms Pillow (2006)

study that noted a common assumption that the presence of a pregnant girl in school who is perceived to be sexually active may pollute other students, activating widespread immoral and loose sexual conduct. According to Bank (2007a) throughout the first half of the 20th century it was common policy to exclude pregnant and mothering students from public schools on the grounds that they posed a threat to the control of sexual behavior. She notes that this is still the case in various countries around the world where enrolments rates are low.

All the above factors combine to present an unfriendly environment which girls must endure to remain in school, as a result of which their learning is severely compromised, even if they do remain. This is supported by research which indicates that access to education and learning has improved in areas that are peaceful or have witnessed cease fires.

2.9 Policies on Teenage Pregnancy While in Education

International literature relating to the schooling of girls who have experienced teenage pregnancy, and the implementation of relevant policies, tends to fall under the umbrella of gender equity, non-discrimination and specialist interventions for pregnant girls.

Teenage pregnancies have been generally in the past and also now viewed as undesirable. Jones, et al., (1985) contend that there is broad agreement in developed countries that teenagers require help in avoiding pregnancies and births since they are viewed in general to be undesirable. However they found out that one reason for the more successful experience of teenage pregnancy in developed countries was that possibly public attention was directed at a search for solutions to prevent increased teenage pregnancy and childbearing and not directly focused on the morality of early

56

sexual activity.

Allen and Bourke-Dowling (1998) noted that most of the teenage mothers had not planned their pregnancy so many of them often reported being shocked or surprised to find that they were pregnant even if they had not been using contraception. On the other hand Baragwanath (1997) established that in New Zealand, although section 8 of the Education Act 1989 provides that "people who have special educational needs (whether because of disability or otherwise) have the same rights to enroll and receive education at state schools as people who do not" (Baragwanath, 1997:2), these same rights are also enshrined in the Education Act of Ghana and the policy on girls' education. However many schools may not actively encourage young mothers to stay in school. Baragwanath, (1997) attributed this attitude to the fact that schools may not provide for the child and it is unreasonable to expect that a school should allow a student to bring her baby into the classroom. She further reveals that since young mothers suffer educational difficulties, first because of their pregnancy and then because of the need to care for their child, it means that they cannot practically be accommodated in a conventional class. She therefore suggests that there is the need for policy to encompass students such as these and alternative systems of education, that if properly monitored and evaluated, can and do work.

A similar perspective is given by De Jong (2001) who points out that teenage pregnancy is considered a public health problem in Western societies because its association with social and economic problems. Similarly Pillow (2006) notes that teenage pregnancy has been associated with cultural shortfalls and seen as carelessness on the side of the pregnant girls. She further adds that these conceptions and attitudes of teenage pregnancy as recklessness and negligence of the girls, impact on policy and practice affecting the education of pregnant and mothering students.

She then suggests that the assumption that the pregnant girls are irresponsible has limited the monitoring and collection of information regarding the education of pregnant and mothering students. Consequently, she concludes that the education of pregnant and mothering students will continue to be determined not by knowledgeable investigation but by beliefs.

Policy responses on teenage pregnancy appear to have been unsuccessful. Vlachou (2004) reports that different countries have come up with stated intentions and written policies that are meant to achieve inclusion. Although inclusion as a policy has received attention globally through debates, there are difficulties in its full attainment resulting in piecemeal reforms. She further argues that ironically, as much as there is a growing concern over the issues of rights and inclusion, exclusionary practices and hindrances in various social contexts are evident. It is therefore paramount to understand why these policies that are meant to achieve inclusive education are unsuccessful. Equally, for the re-entry policy to be more useful in the realization of inclusive education there is need for a consultative approach, incorporation and sensitization of all stakeholders on issues about education. This could possibly lead to the support of education practices and policies by all education actors and give an opportunity for the marginalized, who are always the minority, to be heard. It could also help in the elimination of the prevalent exclusion and discrimination practices in education systems.

Responses to teenage pregnancy have often called for more support for the pregnant girls and mothering students. In line with supporting pregnant girls, De Jong's (2001) study revealed that socio-economic problems are, to a great extent, precursors rather than penalties of teenage motherhood. He then suggested that policies need to give emphasis to support services for the young mothers to enable them to recover from

social disadvantage.

Riordan (2002) clarifies this by stating that young parents are rarely specifically identified by education policies as a group at risk of experiencing educational disadvantage or targeted by strategies or initiatives to combat early school leaving or educational disadvantage. He therefore recommends that there is a need for a response through a comprehensive support system involving all relevant agencies and education policies and strategies to recognize the diversity of needs, life experiences and circumstances amongst teenage parents.

Other policy responses have called for more outreach programmes to target and benefit all pregnant girls, mothering students and other girls in all settings. These outreach programmes are meant to support the pregnant girls, mothering students and prevent the occurrence of teenage pregnancy among other girls. Cummings and Williams (2008) affirm that marginal children and youth portray a special challenge to the worlds education system since they are often invisible, vulnerable and regularly excluded. They further argue that reaching these children through conservative approaches is difficult. They suggest that educationalists concerned with educating marginal children must get out of school and provide educational programs using student-adapting provision thereby overcoming obstacles they face in accessing education.

Unterhalter (2007) agrees that provision of schools for all children and enrolment for girls are some of the global intervention approaches meant to bring about social justice. The aspects of girls' differences which make them vulnerable and often hard to reach, have made them receive special attention. Unterhalter, further clarifies this by mentioning that aid agencies work in countries with a low net enrolment ratio has

focused on programmes to enhance girls' access to education.

Lewis and Lockheed (2007) concur that very little is known about how to successfully attract excluded girls into primary schools and retain them through secondary school. Though useful, existing knowledge on generic problems is unlikely to be sufficient in shaping policies that meet the needs and concerns of parents and children from excluded communities. They further found that experiences with excluded groups in some countries such as New Zealand and United States of America, showed that traditional incentives were insufficient to attract girls back to school meaning, extra effort was required to reach them

Policy implementation for inclusive education in general points to the importance of a ground up approach, but where teenage pregnancy is concerned, literature still advocates a top-down approach. The process of formulating and implementing policies in inclusive education has always neglected to take into account the voices of the excluded groups. The policies have often been informed by what the governments and policy makers think is the problem and not by the experiences and knowledge of the excluded groups, for example the pregnant teenagers and teenage parents. Osler & Starkey (2005) agree that the struggle for the right to education is an on-going process and educational exclusion routinely involves the process of multiple discrimination which is structural. They say that affected people, despite being disadvantaged, are often able to identify both ways in which they are excluded and the changes which need to take place if their right to education is to be secured. Oduran and Bhola (2006) argue that the challenge of the new century is to expand access, while dismantling existing structures of exclusion and discrimination. If this challenge is overcome then this could lead to a new order of accessing education being reconstructed which would serve the interests of all. They further argue that

ultimately, social justice would be realized, thereby serving the cause of prosperity and peace within, between, and among the nations of the world. It is worthy identifying the various existing forms of exclusion and discrimination with the aim of eliminating them. The removal of these barriers would prepare the ground to ensure successful implementation of re-entry policy leading to inclusive education.

Bank (2007a) asserts that across many highly industrialized countries, there is a crisis of consensus over inclusiveness in schools. On one hand there are those who want to reward students who are most productive, while on the other hand there are those who see the classroom as a public forum for challenging social injustices in education. She concurs that the conflicts of formal inclusion versus formal exclusion between these two groups, shape policy debates over whether to use pregnancy as a basis for grouping students and the nature of their education. It can be suggested here that democratic discussions among conflicting groups based on rationality and equality would bring about the much wanted consensus on educational policies. This is important as stakeholders' voices are significant in shaping educational policies and the inclusion of their views in policy formulation and implementation could lead to the support of the educational practices. Jacobsen (2009) points out that to maintain satisfaction and loyalty, it is critical to understand what the people have to say about their public schools, hence activating their voice. She further argues that the voice of the people can provide policy makers with important direction in policy formulation and implementation.

Aikman and Unterhalter (2005) agree that an analysis of the barriers and inequalities faced by girls and women inside and outside school in the most marginalized and exploited communities is important to government agencies. They maintain that involvement of girls and women and other marginalized groups in the planning of

61

policy and implementation strategies would be of significant value. The incorporation of these marginal groups into decision making process will lead to successful innovative approaches to education while taking into account their rights of citizenships.

Stromquist (2001) argues that girls and women continue to face discrimination in the educational systems of their respective countries and studies focusing on access have failed to document these statistics. In this regard, more studies based on qualitative research methods are urgently needed. She further reports that education for girls still has tensions as access, completion and quality goals remain unfulfilled. In as much as compensatory policies make sense, there is a danger in restricting them to poor girls as the group most in need.

There seems to have been a shift in policy emphasis around the world away from seeing teenage pregnancy as a problem, to seeing it as a consequence of inequality. However, there is still a lack of research into the experiences of the young mothers (Arai 2009, Pillow 2006).

There is the need for the re-politicization of teen pregnancy as an education issue to enable pregnant and mothering students to be provided with the education for which they are eligible and merit. This move would enable a change of attention from the teen mothers to the educational policy and practice, recognizing and acknowledging that pregnant and mothering students have the same rights to an education as their peer (Duncan, 2007; Pillow, 2006). It is towards this re-politicization of teenage pregnancy and putting emphasis on the pregnant girls and mothering student's experiences, that my study is directed.

Duncan (2007) noted that in Britain, the New Labor's political party used the teenage

pregnancy strategy to understand teenage parents as victims of ignorance, misinformation and low expectations. He argued that there is little evidence that lack of knowledge causes pregnancy or that increased knowledge prevents it. He further noted that the age at which pregnancy occurs seems to have little effect on future social outcomes, and that many young mothers themselves express positive attitudes to motherhood, describing how motherhood has made them feel stronger, more competent, more connected to their children and more responsible. He believed that in this case becoming a young mother may not cause poor outcomes in terms of education and income, rather both young motherhood and poor outcomes may be caused by pre-pregnancy social disadvantage. He therefore suggests that teenage parenting may therefore be a consequence of social disadvantage rather than its cause. He further argues that decisions about policy are made within a political culture, concerned with political gains and losses within a balance of forces. He concludes that narrow feasible solutions to implementation problems which promise some gain might be welcomed, but research implying that current policy is misconceived and that a new paradigm is needed, which therefore threatens political losses, may not even be recognized. He then recommends that to correct the situation instead of being focused on blaming the victims, attention should be directed towards removing the inequalities that produce the problem.

It can be noted that there are always symptoms that particular children are more likely to drop out and that there is need for the policy makers to understand that dropping out of school by children is a process. It is also important that the policy makers identify these signs that are crucial areas of intervention. It is equally essential to understand how different interactions between factors work in particular contexts to exclude girls from education.

2.10 Conclusion

Chapter two provides an extensive overview on concepts and theories on the subject of teenage pregnancy and education especially of girl children. The chapter provides definitions to key concepts as well as a review of various studies relating to the causes, consequences of teenage pregnancy, African and modern understanding of education, educational policies among others.

There is also a strong support in the literature for accessing the views of stakeholders and this study aims to highlight the importance of considering stakeholders opinions in relation to teenage pregnancy policies. The literature in this section also indicates that researching stakeholders' perspectives is also important, as is sensitizing people.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter focuses on the methodology utilized in the present study. It gives an outline of the research design, the procedure that was followed and the process of data collection and analysis. The ethical issues taken into consideration during the data collection process.

3.2 Research Design

The research adopted a mixed method approach in order to broaden the understanding of the research problem. According to Creswell (2009), "mixed methods has procedures that employ aspects of both quantitative and qualitative techniques. The importance of doing this is "to broaden understanding by incorporating both qualitative and quantitative research, or to use one approach to better understand, explain, or build on the results from other approaches" (Creswell, 2009, p.205).

A mixed method approach employs strategies of inquiry that involve collecting data either simultaneously or sequentially to best understand research problems. The data collection also involved gathering both numeric information (e.g., on instruments) as well as text information (e.g., on interviews) so that the final database represents both quantitative and qualitative information (Creswell, 2003). Mixed methods research is a research design with a methodology and methods. As a methodology, it involves collecting, analyzing, and mixing qualitative and quantitative approaches at many phases in the research process, from the initial philosophical assumptions to the drawing of conclusions. As a method, it focuses on collecting, analyzing, and mixing quantitative and qualitative data in a single study or series of studies. It is premised on

the idea that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone (Creswell & Clark, 2006).

According to Neuman (1997), the strength of quantitative measures is their ability to allow the researcher to measure the social world objectively without the researcher adding his/her own impressions or interpretations. In quantitative research, the researcher can generalize research findings beyond the confines of the research location.

Qualitative approach is also based on the view that the phenomenon being investigated should be addressed in such a way as to make sense of the lived world of the participants. Qualitative researchers seek to present the participants perspective (Marshall & Rossman, 1995). Qualitative methodology approach is the study of the social world which seeks to describe and analyze the culture and behavior of humans and their groups from the point of view of those being studied (Bryman, 1993).

Through a qualitative approach, participants are allowed to share their experiences and view point without the researcher being seen as a judge. Researchers do not include any information that would be seen as bringing some change or different meaning to what the participant has presented. Qualitative approach allows the researcher the opportunity to learn and understand different social and cultural contexts.

3.3 Target Population

The target population is the entire group a researcher is interested in; the group about which the researcher wishes to draw conclusions. Jaeger (1988) defines the target population as the group of persons, objects or institutions that define the objects of the

66

investigation. As defined by Sarantakos (2000), a research population is also known as a well-defined collection of individuals or objects known to have similar characteristics. All individuals or objects within a certain population usually have a common, binding characteristic or trait. The target population for this study comprised teenage mothers' of aged 12 to 19 years within the Tamale Metropolis.

The study focused on only pregnant teenagers, teenage mothers who drop out of school from various communities, parents and or care takers of teenage mothers, teachers of some selected basic schools, GES officials in the Tamale Metropolis and civil society organizations working with teenage girls and some health institutions in the metropolis.

3.4 Sample Size and Sample Selection

A multi-stage sampling technique was used to arrive at the sample size of the study. Non-probability purposive sampling was utilized in selecting key informants such as teachers, parents, GES and CSO officials, and nurses. This type of sampling involves choosing participants on the basis of their knowledge, availability and some features or process that may be of interest for a particular study Strydom and Venter (2002). The snowball technique was also employed in identifying the key target sample; teenage mothers and pregnant teenagers.

The suitability of each of the selection techniques to a particular research topic is always specified. The participants in this study were nominated as they are the key sources of data in the study area. All the participants were selected according to their suitability for obtaining the information related to the research.

Gall (1996) explains that if the researcher cannot study all individuals, he will consider which of them have experiences or perceptions that give special value as

data sources. Creswell and Clark, (2007) recommend that participants who have experience with the phenomenon under study could be deliberately selected to give the needed information.

The main target of the study, teenage mothers were selected using the snowball sampling technique. Snowball sampling is the method of asking study participants to make referrals to other potential participants, who in turn make referrals to other participants, and so on. According to Vogt (1999), snowball sampling may simply be defined as: a technique for finding research subjects. One subject gives the researcher the name of another subject, who in turn provides the name of a third, and so on. This strategy can be viewed as a response to overcoming the problems associated with sampling concealed populations such as the criminal and the isolated (Faugier & Sargeant, 1997).

Snowball sampling can be placed within a wider set of link-tracing methodologies (Spreen, 1992) which seek to take advantage of the social networks of identified respondents to provide a researcher with an ever-expanding set of potential contacts (Thomson, 1997). This process is based on the assumption that a 'bond' or 'link' exists between the initial sample and others in the same target population, allowing a series of referrals to be made within a circle of acquaintance (Berg, 1988).

Thus for the multi-stage sampling technique resulted in the selection of the sample size of: 56 teenage mothers, 12 teachers, 10 parents, 2 nurses, 3 GES officials, 2 CSOs (constituting 85 study participants). A sample of 12 public schools was generated from a list of schools in the Tamale metropolis through a random sampling process. Of the 12 schools, 3 were Junior High Schools (JHS) whereas 9 were primary schools. The schools were used as reference points in identifying pregnant teenage

mothers who had dropped out of school. Teenage mothers were traced from schools into communities, at the community level, one teenage mother led the team to another. Thus 9 communities were reached with a total of 55 teenage mothers met. These were sieved to a total of 50 teenage mothers based on the inclusion and exclusion criteria developed (see pg.75). An additional 6 teenage mothers were met at the health centers thus bringing the number of teenage mothers met to 56.

Teenage mothers and their parents, relevant stakeholders who were available and showed their willingness and interest in participating in the study were considered and included. Teenage mothers who had never been to school were excluded (because the research sought to determine the effect of pregnancy on educational progression), those who were within the Tamale metropolis at the time of interview but got pregnant in other districts prior to relocating were also excluded. Fifty six (56) teenage mothers, ten (10) of their parents or care takers and twelve (12) selected teachers, 3 GES officials (the Tamale Metropolitan Girl Child officer, Guidance and Counseling Officer and a Circuit supervisor), 2 civil society organizations working with girls (CAMFED & the regional department of children) and 2 nurses from health centers (Tamale Central hospital and the Metropolitan Health Centre) constituting a total of 85 respondents were interviewed.

The ages of teenage participants ranged from 12 to 19 years. The pregnancy period ranged from 3 to 9 months and nursing teenage mothers with babies less than 5 years

3.4.1 List of Communities where Interviews were conducted

Community	Number of participants
Teenage Mothers	
Warizehi	12
Gumbihini	18
Salamba	6
Changli	8
Tishegu	3
Mohiyabihi	1
Moshi Zongo	1
Chogu	1
Health Centers-Tamale Central Hospital & Reproductive and Child Health Center (RCH)	6
Sub-total	*56*
Key Informants	
Parents	10
Teachers	12
GES officials	3
CSO Staff	2
Nurses	2
Sub-total	*29*
Grand Total	85

Source: Field data, 2016

Figure 3.4.1: A diagrammatic presentation of the Sampling technique for Teenage Mothers
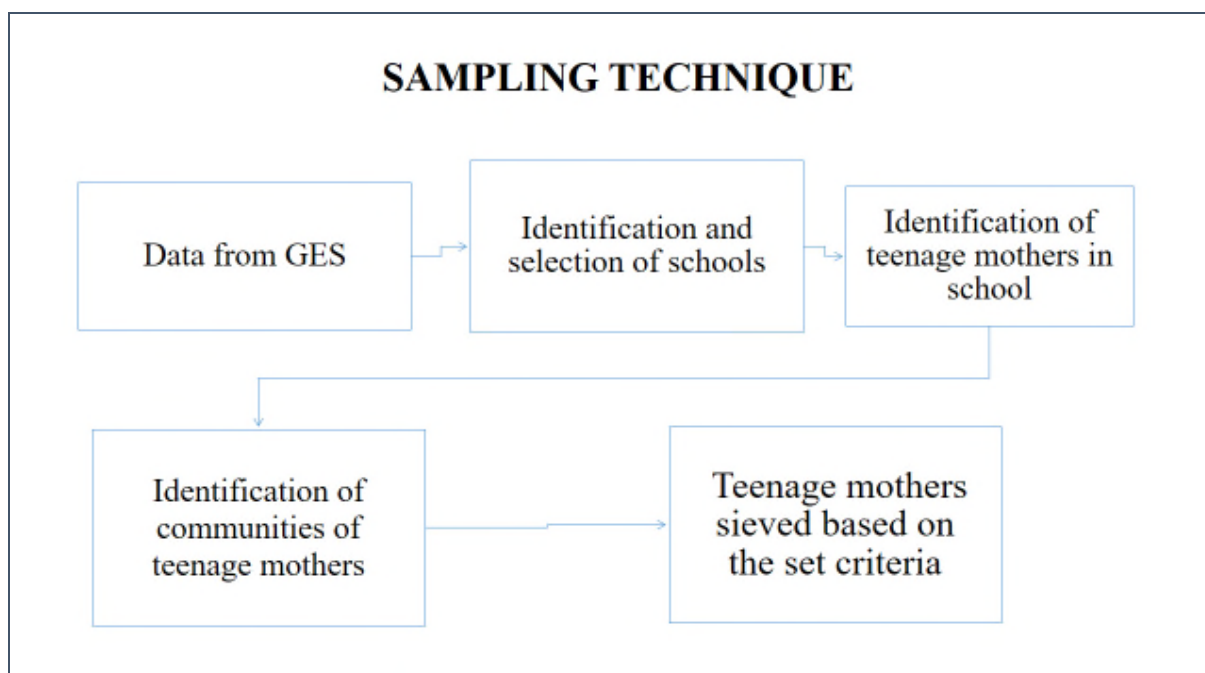
Author's Construct, 2016

3.5 Unit of Analysis

The individual pregnant teenagers, teenage mothers and their parents or care takers, teachers of some selected basic schools and GES officials as well as civil society organizations working with girls constituted the sampling units for this study. In this study therefore, the teenage mothers, parents and or guardians of teen mothers and teachers opinions and characteristics were sought to identify the challenges confronting young teen mothers in their attempt to return to school in the Tamale metropolis of Ghana.

3.6 Research Instruments

Questionnaires were developed for different category of respondents of this study. Questionnaires are an inexpensive way to gather data from a potentially large number of respondents. Often it is the only feasible way to reach a number of reviewers large enough to allow statistical analysis of the results. A well-designed questionnaire that is used effectively can gather information on both the overall performance of the test system as well as information on specific components of the system. They offer greater assurance of anonymity. Questionnaires are stable, consistent and uniform measures without variation.

For the purposes of this study, questionnaires were used as the primary method of data collection. Administration of questionnaires is the most common method of data collection when performing a survey (Langemar, 2008). Questionnaires included both closed-ended questions and open-ended questions. The use of open-ended questions allowed for follow-up questions to be asked and for respondents to provide additional information which were relevant to understanding some underlining issues related to the study. According to Saunders, Lewis, and Adrian (2009) semi-structured questionnaire help explain how different variables relate to each other. Furthermore some of the questions were open-ended because it allowed for alternatives than if well-structured questionnaires (Saunders, Lewis, & Adrian, 2009). Thus with the open-ended questions, the researcher had the opportunity to discuss issues and further understand what ensued in the interviewees life prior and after pregnancy. Questionnaires were administered to teenage mothers and key informants: parents, teachers, GES and CSO officials.

Some interviews were also conducted at some health facilities (nurses who were in

charge for the facilities) to better understand the situation of pregnancy especially among teenage girls.

3.7 Data Collection

3.7.1 Sources of Data

The study made use of two main types of data. These are primary sources of data and secondary sources of data. The primary sources of data were gathered through the administration of the research instrument (mainly questionnaire, interviews and Focus Group Discussion (FGD)). The secondary sources of data were gathered from published thesis, articles, news items and reports.

3.7.2 Primary Data

The main research instruments were questionnaires, interviews, FGD and field observations. This was done with the focus on the objectives set in the study. The primary data were collected from the selected respondents within the sample frame in the research population.

The researcher recruited a female and a male field assistants who are familiar with the communities to help in collecting primary data from the field. The field assistants supported in making contacts with possible participants who were requested to participate in the study. After the field assistants had secured the participation of the participants, the researcher and field assistants met with the participants to explain the process and the objectives of the study.

First of all nine communities were identified from contacts to 12 schools through a simple random process based on the list of schools shared by the Ghana Education service. Upon entry into the various communities, the first teenage girl from the

contacted school was identified who then led the researcher to the next teenage mother and in that sequence. Interviewers interviewed teenage mothers who met the set criteria. Teenage mothers who were however not at home but were at specific places, for example hair salons, trading joints within the community and met the said criteria were also interviewed.

A total of 79 questionnaires were ultimately received back with 2 interview responses from clinics and 6 participants in FGD. The questionnaires were filled during free time schedules of the participants and stakeholders whereas in the case of teenage mothers, pregnant teenagers and their parents questionnaires were administered during their free periods. There was no provision on the questionnaire for teenagers to provide their names. This was to make it easier for participants to respond without the fear of being tagged or associated to specific responses.

The researcher also met with the 12 selected teachers, 3 GES and 2 civil society officials and gave them self-administered questionnaire to fill and return within a period of 2 weeks. Some were able to meet deadlines whereas others completed theirs within a period of 4 to 6 weeks due to heavy work schedules. Interviews were also conducted at the Tamale Metropolitan Health Directorate, the Tamale Central hospital and the Tamale Central Sub-metro health unit.

The analysis of the study were substantially based on this data.

3.7.3 Inclusion and Exclusion Criteria

To limit the amount of possible biases, a criteria was set-up to help define who and where data should be collected from. Thus for pregnant and lactating teenage mothers, the girl ought to have been a student either currently enrolled or out of a school in the Tamale metropolis. She needed to be between the ages of 12 to 19 years and willing

to participate in the interview process.

Teachers were also required to be attached to a recognized school within the Tamale metropolis. Thus teachers were randomly picked from a list of schools generated by the Tamale Metropolitan Education directorate. Parents were randomly picked but needed to have some knowledge on teenage pregnancy, had a teenage girl who had gotten pregnant and willing to participate in the study.

Health centers within the Tamale metropolis were also selected as well as CSOs working in the area of girls' education and sexual and reproductive health issues.

All persons who did not meet these criteria were excluded from the study.

3.7.4 Secondary Data

Secondary data refers to various publications of foreign and local origin, books, journals, articles, newspapers, reports obtained from libraries, and the internet on the subject to obtain additional information in order to answer the questions set in the problem definition.

The researcher reviewed published and unpublished materials, online papers, articles, books and materials from the graduate library which contributed to the chunk of literature used. Local news items published in the daily graphic were also referred to especially on issues relating to gender and education.

3.8 Questionnaire Design

The research questions were developed by the researcher and reviewed by an expert in academia. Generally, the questionnaire was designed to collect general data from teenage mothers, parents of teenage mothers, teachers and other key informants working in the area the education of teenage girls and or Sexual Reproductive Health

75

and Rights (SRHR). These questions were grouped in categories of sections. Some items were rated by participants on a five-point like scale. Items were scaled from 1-5 with statements like: **Fair, Average, Good, Excellent and others** respectively.

3.8.1 Piloting of the Questionnaire

A pilot study of the questionnaires was undertaken using ten (10) pregnant teenagers and two (2) teachers from 2 public basic schools and the girl child officer in Mion District to ascertain whether the concepts used would be well understood by respondents and to examine the time taken to complete each category of questionnaires.

3.9 Data Analysis

Responses gathered from the questionnaires, interviews and FGD were coded and entered into the Statistical Package for Social Science (SPSS). After the entry, the coded data was statistically analyzed using frequencies and descriptive statistics. Results were presented in the form of tables, figures, graphs and narrations. Qualitative data was analyzed manually by reviewing individual views and opinions on specific questions.

3.10 Ethical Consideration

This section briefly outlines some of the broadly agreed-upon norms in ethical research. In doing so, this section explains the most important aspects of ethical research and how these aspects were operationalized and included in the current research study. Throughout every process of data collection the problem of persuading participants to co-operate with the researcher is ever present. Bless and Higson-Smith (2000) generally accept the ethical rights of a participant to be: the right to privacy and voluntary participation; anonymity and confidentiality.

Participation in research often disrupts the subject's regular activities (Babbie & Mouton, 2001) and can possibly invade the person's privacy (Bless & Higson-Smith, 2000). People should not be subjected to research of such a nature unless they have agreed to it. Participation in research must be voluntary and participants must have the option to refuse to divulge certain information about themselves. Research often requires participants to reveal personal information that may be unknown to their friends and associates (Babbie & Mouton, 2001). Many people are, however, prepared to divulge this information of a very private nature on condition that their names are not mentioned (Bless & Higson-Smith, 2000). This norm of voluntary participation does however go directly against the scientific concern of generalizability. The researcher cannot generalize the sample survey findings to an entire population unless a substantial majority of the selected sample actually participates (Babbie & Mouton, 2001).

In terms of the present study therefore, permission to conduct the study was sought from the various heads of selected primary and junior high schools, the Ghana Education Service, the Metropolitan health directorate and health superintendents. The research participants were educated to understand that their participation in the study implied consent after the purpose of the study was explained to them. The purpose was for individuals not to be coerced to fill the questionnaires and or respond to questions that were administered.

In order to protect the integrity of the respondents or participants in this study, anonymity and confidentiality of the information given for the research purposes was strictly protected. All relevant target participants who were forthcoming with confidential information and assistance agreed with the researcher that the data collected would be used solely for the purpose of the research, and should the

researcher wish to publish the thesis, the stakeholders would be consulted.

Agreement was reached with the stakeholders that no information would be made public without their prior consent, and after they have been provided with the opportunity to view the findings of the research.

The research also ensured the protection of the respondents' interests and well-being through the protection of their identity. The issue of anonymity was easily overcome by omitting the names of the participants or any form of identification which made it easy for responses to be linked to a particular respondent (Bless & Higson-Smith, 2000).

3.11 Study Area Profile

Demographic Characteristics

The Tamale Metropolitan Assembly (TaMA) is the largest of the 26 districts in the Northern Region. The Metropolis is located in the central part of the Northern Region and is bounded by Sagnarigu to the north, Mion District Assembly to the east, Tolon to the west, Central Gonja to the south-west and East Gonja to the south.

The Metropolis also has a total estimated land size of 550 km sq which is about 12% of the total land area of the Region. The metropolis is located about 180 meters above sea level with some few isolated hills. It has a single rainfall season (May - October) in a year, characterized by dry harmattan winds from November to February. The temperature can rises to as high as 40°C and a minimum of 25°C. The Metropolis has a limited number of water bodies. The metropolis lies within the savannah woodland region of the country. The main soil types are sandstone, gravel, mudstone and shale that have weathered into different soil grades. Due to seasonal erosion, soil types emanating from this phenomenon are sand, clay and laterite ochrosols.

Cultural Heritage

The metropolis is a cosmopolitan area with Dagombas as the majority tribe. Other minority ethnic groupings are Gonjas, Mamprusis, Dagaabas, and other tribes from the Upper East, West and Southern Regions of Ghana. The area has deep rooted cultural practices such as festivals-typical of which is the Damba, Fire festival, funerals and religious ceremonies.

The metropolis has about 42% of the working class in agriculture related activities. Majority of the workforce in the metropolis of 58% are engaged in sales, services, transport and production. This is as a result of the increase in marketing, banking and other non-governmental activities in the metropolis.

Population

The 2010 Population Census gave the population of the Tamale Metropolis as 371,351. This is made up of 185,995 males and 185,356 females. This figure shows an increase of 75 percent over the 1984 population of 167,778 and represents a growth rate of 3.5 percent. This is far higher than the national and regional rates of 2.7 percent and 2.8 percent respectively.

With an urban population of 67.1 percent, the metropolis is the only district in the region which is predominantly urban. The population density of 318.6 persons per square kilometre for the metropolis is about 12 times higher than the Regional average density of 25.9 persons per square kilometre. There exists a vast difference between the densities of the urban and rural areas. This is an indication of influx of people to urban Tamale, and gives credence to the assertion that facilities and opportunities for modern employment are concentrated in few central places. The structure of the population of the metropolis indicates a broad base that gradually

tapers off with increasing age due to death. The youthfulness of the population implies that the metropolis has an important human resource potential and that this tremendous potential will determine the strength and resilience of the metropolis in pursuing social, economic and political development goals.

On the other hand, the proportion of people aged sixty years and above is about 4.1 percent lower than the regional and national averages of 4.5 percent and 5.3 percent respectively, an indication of a comparably low life expectancy (GSS, 2000). Islam is the predominant religion in the Metropolis with 84 percent of the population affiliated to it. Christians follow with a proportion of 13.7 percent while the traditionalists constitute 1.6 percent of the population. All other religious denominations constitute 0.7 percent of the population in the Metropolis.

Education

There are 240 nurseries, 222 primary, 89 Junior High, and 11 Senior High schools in the Tamale metropolis (Statistic unit of GES, TaMA). In addition to these, there are two vocational and Technical schools, and one campus of the University for Development Studies. The total primary school enrolment in 2005/2006 was 53,889 comprising 29,303 males and 24,586 females. The pupil- teacher ratio was 1:33 for the primary and 1:21 for the Junior High schools according to the Ghana Statistical Service survey in 2010 (GSS, 2012).

Health

The Tamale Teaching Hospital, Tamale Central Hospital and the West End Hospitals are the main health institutions in the Tamale metropolis. But there are several health centres and clinics in the metropolis. The high level of illiteracy and poverty as well as limited access to safe drinking water and poor sanitation have combined to expose

many people to health hazards which accounts for the low standard of living of the people .

Malaria and diarrhoea are among the top five diseases in the metropolis and these have severe effect on the lives of the people. Malaria alone contributes about 25 percent of total deaths in the metropolis. The Tamale Metropolis is as vulnerable to the HIV/AIDS pandemic as other districts in the country. High poverty rate which compels people especially women to engage in unsafe sex practices is a predisposing factor to the spread of the disease in the metropolis (UNICEF, 2010). Also, the long dry season when traditional farming is at its lowest ebb also encourages a greater proportion of the youth particularly young women who move down south in search of non- existing jobs. Most of the young women who come to the cities become head porters or "kayaye", which is another predisposing factor to abuse and the spread of various diseases.

CHAPTER FOUR

RESULTS AND DISCUSSIONS OF FINDINGS

4.1 Introduction

This chapter gives a detail presentation of the analysis and interpretation of data and the discussion of findings that resulted from the analysis. The research information was primarily gathered through sets of questionnaires and interviews.

4.2 Demographic Characteristics

The number of teenage female respondents in the survey were 56 (see pg.70), no males were interviewed. Six percent (6%) of these respondents were below the age of eighteen years, twenty four percent (24%) were between the ages of eighteen and nineteen years and sixty eight (68%) percent were above 20 years (Table 4.1 below illustrates this). Five of the responses was rejected and not included in the analysis since the respondent had never been in school, or had gotten pregnant in different districts.

The majority of respondents as at the time of being interviewed were above eighteen years of age and as such gave informed responses to the issues raised. Only eight (8%) percent of the respondents were currently enrolled and learning a vocation, fifty eight (58%) percent were unemployed and another eight (8%) percent were back in school. The table 4.1 below gives a summary of the age category of teenage girls interviewed.

UNIVERSITY FOR DEVELOPMENT STUDIES

Table 4.1: Age of Teenage respondents at the time of being interviewed

Age of respondents		Frequency	Percent
Valid	Less than 15years	1	2.0
	Less than 18years	3	6.0
	Between 18 &19 years	12	24.0
	20 years and above	34	68.0
	Total	50	100.0

Source: Field data, 2016

Aside teenage mothers, 10 parents were sampled and interviewed on their understanding of teenage pregnancy and its impact on the education of girl children. These were parents who had a teenage girl dropping out of school as a result of pregnancy. The age category of the sampled adults was between the ages of 36 years and 65 years. A significant percentage of these parents (80%) were engaged in petty trading with ten percent not employed.

Forty percent (40%) of the sampled population, parents, had some l evel of formal education; thirty percent (30%) of this number had education up to the Junior High school level with the remaining 10% receiving primary education. A significant number of parents sixty (60%) percent reported as not having received any formal education, reasons given included the non-existence of school in their community and for female respondents cultural dispositions limited their ability to gain an education, since their parents felt education was the preserve of males.

Twelve teachers, four officers from two government institutions; the Ghana Education Service and Department of Children, and 1 civil society organization were also interviewed. Teachers were randomly selected from 12 primary and Junior High schools within the Tamale metropolis. Visits were also made to 2 health centers where

interviews were conducted with two senior in-charge nurses for the antenatal units of the Tamale Central Hospital and the Reproductive and Child Health Center (RCH).

The girls who were selected had their identities undisclosed to observe the ethics of research.

Anonymity does not constitute a serious constraint on research and as such the researcher was interested in group data rather than individual results. A total of eighty five (85) persons were identified and interviewed. Some of them did not respond fully to the questionnaires, thus of the 3 CSOs that were selected only 1 feedback was received, 50 of the 55 teenage girls had responses analyzed, with 6 others in a FGD and 2 of the 4 health centers were available for interviews.

4. 3 Restatement of Research Objectives

The research was undertaken with particular achievable objectives in mind. The objectives gave guidelines and focus on interpretation of the data process, clarity on the analysis and the presentation of research findings.

The questionnaire inquired the understanding, knowledge and perceptions of the respondents regarding teenage pregnancy and reasons for teenage pregnancy. Sections C-D of the questionnaire were for parents & GES officers, B, C & D of questionnaire for teenage girls, C & E of questionnaire for teachers and B, C&D of questionnaire for CSOs, section A of all the questionnaires gathered background information of respondents (Appendix A). Data collected from the field was computerized and analyzed by the researcher using SPSS.

The sections are linked to the aims and objectives of the study. Aims and or objectives of the research were to:

1. Examine the trend of teenage pregnancy among school girls in the Tamale Metropolis.

2. Assess the relationship between parental background and teenage pregnancy among girls in the Tamale Metropolis.

3. Investigate the re-entry rate to school by teenage mothers in the Tamale Metropolis.

4. Identify and describe issues confronting teenage mothers in their educational pursuit in the Tamale Metropolis.

4.4 The Trend of Teenage Pregnancy among school girls in the Tamale Metropolis.

The very first objective of the research was to determine the extent of teenage pregnancy among school girls within the Tamale metropolis. Data collected from the field revealed that twenty percent (20%) of the respondents that is teenage girls got pregnant within the 2015/2016 academic year, thirty six percent (36%) in the 2014/2015 academic year and twenty six percent (26%) 2013/2014 academic period respectively.

The Tamale Metropolitan Education Unit indicated that the metropolis had recorded only four incidents of pregnancy cases for the 2015/2016 academic year this was however at variance with field data which revealed that 18 pupils who responded to the survey got pregnant within the said period. Though the Tamale Metropolitan Education directorate has a statistics and data unit they did not have any existing data on the number of teenage girls enrolling and transiting successfully in school, nor records on the incidence of dropout rates except enrolment. Aside the absence of the

data on incidence of pregnancy over the past academic years (except for the 2015/2016 academic year which was also inaccurate compared to field findings) no further information was available on the current status of these girls. There was no secondary data at the metropolitan nor regional education directorates on the incidence of teenage pregnancy for the past five years and beyond.

Data from eight selected communities (see pg.71) indicated that the 2014/2015 academic period had the highest incidence of pregnancy cases which was 36% of the sampled population. The Metropolitan Girl Child Officer noted that, a lot of pregnancy cases were not reported by heads of schools. Other reasons given for this situation was that, girls who dropped out of school could not be said to have done so as a result of pregnancy. Though the assertion is true, however the onus is on the school and the Ghana education unit which has the responsibility to track incidence of dropouts and equally find out the reasons behind these dropouts. Unfortunately, there was neither data on dropouts and as such making it difficult to track such girls.

The research findings further revealed that a greater percentage of pregnancy cases were as a result of increased sexual activity among teenagers. Girls in their mid-teenage years were found to be more likely to engage in sexual activity and or unprotected sex as compared to teenagers in their younger or older years. Seventy two percent (72%) of teenage girls interviewed got pregnant while in JHS with fourteen percent (14%) also getting pregnant in Basic 6 and SHS respectively. This finding is in conformity with a study conducted by Holgate (2006), who noted sexual activity among the youth was common and up to 80 % of girls aged fifteen years had some experience of sexual intercourse (figure 4.1 shows this).

Sixty four (64%) percent of teenage girls interviewed reported as having gotten pregnant at the ages of 18 years and 19 years, with thirty percent (30%) falling between 15years and 16 years and 6% within the ages of 13 to16years. Of this age category 86% indicated that their first encounter resulted in pregnancy (Table 4.3) which meant most of these pregnancies were unplanned as compared to 14% who reported of having had more than one encounter with a man before getting pregnant. Allen & Bourke-Dowling (1998), opined that most of the teenage pregnancies are unplanned and so many of them often reported being shocked. Not only are teenage girls having unplanned pregnancies, but are equally engaged in a high level unprotected sexual experimentation. This is confirmed by Collins (2003) who noted the characteristics of this stage of development of adolescents are that of experimenting different forms of life which also includes sexual activities. Aside the health implications that this growing trend poses on teenage girls and boys in the metropolis, it will lead to a huge number of teenage girls ending up as dropouts further worsening the GPI in the metropolis.

The issue of increasing sexual experimentation among teenagers re-emphasizes the need for sexual and reproductive health education for pupils in the basic school level, (Ibid). The fact that seventy six (76%) of the teenagers reported engaging in sex with a schoolmate and twenty four percent (24 %) with their friends is quite threatening and thus reflects the extent to which the current school system has failed in providing the necessary education and support for teenage girls and boys. Table 4.2 below shows this.

While fourteen percent (14%) of the sampled teenagers reported that they were forced into having sex, eighty six (86%) engaged in sex voluntary. Thirty two (32%) of respondents indicated that they engaged in sex because they wanted to have

experiential knowledge, twelve percent (12%) of the teenagers who engaged in sex did so for economic reasons, and eight percent (8%) engaged in sex because they were married off as teenagers.

Figure 4.1: Rate of Teenage Pregnancy at various Levels
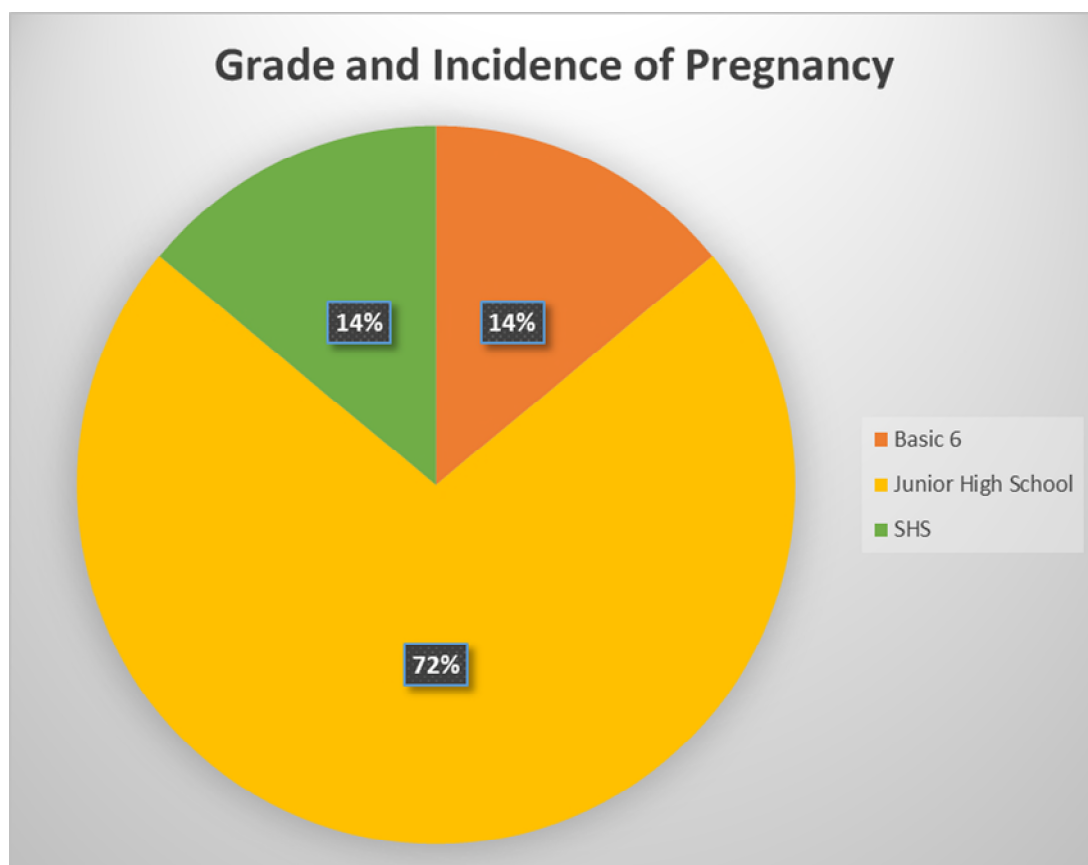
Source: Field data, 2016

Table 4.2: Sexual Relationships among Teenage girls

Who was the first person you had sexual intercourse with?			
		Frequency	Percent
Valid	Friend	12	24.0
	School mate	38	76.0
	Total	50	100.0

Source: Field data, 2016

88

Table 4.3 Incidence of Sexual Encounter prior to Pregnancy

Was it your first time with a man that resulted in Pregnancy?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	43	86.0	86.0	86.0
	No	7	14.0	14.0	100.0
	Total	50	100.0	100.0	

Source: Field data, 2016

4.5 The relationship between parental background and teenage pregnancy

Some parents who were interviewed demonstrated some level of knowledge on what teenage pregnancy is. Thus for the majority of parents "*teenage pregnancy is where a small or young child gets pregnant".* Though the majority of respondents had the age limits right it was also interesting to note that others confused unmarried girls or women getting pregnant with teenage pregnancy. Thirty percent (30%) of parents defined teenage pregnancy as *"a small girl getting pregnant without marriage"*. This was not surprising since the majority of parents (60%) reported as not having received any kind of education, (Table 4.4). The implication here is that so far as a child is given out for marriage and gets pregnant, then such pregnancy is not considered as teenage pregnancy.

Table 4.4: Parents Understanding of Teenage Pregnancy

What is your understanding of teenage pregnancy?			
		Frequency	Percent
Valid	A small girl less than 18 years giving birth	1	10.0
	A small girl less than 20 years giving birth	2	20.0
	A small or young girl getting pregnant	4	40.0
	A small girl getting pregnant without marriage	3	30.0
	Total	10	100.0

Source: Field data, 2016.

Parents who participated in the interviews observed that the background of a parent had an influence on the sexual life of their children and for that matter teenage pregnancy. Respondents indicated that parental background - broken homes, poor parenting, poor homes, and uneducated parental background - among others contributed to the teenage pregnancy menace.

Interview responses from GES officials were not quite different. GES officials revealed that broken or single parent households accounted for teenage pregnancy cases recorded, single parents they noted are compounded with a whole chain of responsibility; attending to the physical, social, psychological and other needs of the child alone. And with so much attention on meeting economic needs of the family, ensuring a balance in the up-bringing process is usually missing thus creating a gap for mis-education from peers. This assertion is confirmed by Shisana (2005), who noted that teenagers who live in single parent or headed families are likely to become more sexually active than those who live with both parents. A single parent or headed family refers to the absence of the father or mother (Bezuidenhout & Joubert, 2008).

UNIVERSITY FOR DEVELOPMENT STUDIES

Respondents (parents) also noted that girls from poor parental background are more vulnerable and thus will engage in sexual relationships in return for material favors. According to McKenry, Walters and Johnson (1979) as cited by Moore & Rosenthal (1993) poverty influences pregnancy rates. Thus teenagers who do not have access to basic needs are much more vulnerable in giving in to sex in return for material gain than those who come from "well-to-do-families".

Apart from coming from poor parental background, girls from uneducated background were noted to be more likely to fall pregnant compared to their colleagues from literate families (Shishana 2005). Girls from backgrounds where their parents are uneducated may have their education compromised. Children may be compelled to give up their education to undertake economic activities in order to boost household incomes and in situations where girls drop out of school due to pregnancy then that ends the opportunity given them to earn an education. This is because families still consider it more beneficial to invest in order children.

General responses from key informants indicate that most parents in the Tamale Metropolis were not living up to expectations thus serving as a catalyst for the rising incidence of teenage pregnancy. Respondents observed that some parents are not meeting the basic needs of their adolescent girls thus compelling them to engage in illicit sexual relationships with the intention of getting economic favors in return.

A key informant working directly with children in the metropolis noted that *"some parents are just irresponsible, the children go out and return whichever time they desire"* thus contributing to the menace of teenage pregnancy in the metropolis. Dittus and Jaccard, (2000) underscore that parents with permissive attitudes have teenagers who are more likely to have unsafe sex and become pregnant.

The role of the family structure in the Tamale metropolis is losing its authority in the life of young people. The practice where every older member of the family was responsible for the coaching and discipline of children, has given way to personal and individual decision making and less or no check whatsoever for younger persons. According to Martin (2007) girls are allowed to dress like "common prostitutes" and boys are trained to treat them as such. They are also free to stay out all hours of the night; thus giving room for all manner of unhealthy life styles. Hence, the high possibilities for the girls to get pregnant.

4.6 Teenage Mothers and Schooling in the Tamale Metropolis

Data collected from the field revealed that twenty percent (20%) of teenage respondents got pregnant within the 2015/2016 academic year, thirty six percent (36%) in the 2014/2015 academic year and twenty six percent (26%) 2013/2014 academic period respectively. Thus the 2014/2015 academic period had the highest incidence of pregnancy cases which was 36% of the sampled population of teenage mothers.

Of those interviewed, eighty six percent (86%) were pupils in basic school i.e Primary and JHS and as such were between the ages of eleven and sixteen years of age. Fourteen percent (14%) of this number were pregnant in primary six, whereas seventy two (72 %) reported having gotten pregnant in Junior High school (JHS) level. Another fourteen percent (14%) however got pregnant while in Senior High School (SHS). The reality is that several teenage girls before they turn eighteen years of age have had not less than one sexual encounter. This is confirmed by Marule (2008) who noted that most adolescents, irrespective of their culture, are sexually active before the age of twenty. However, the findings disagree to a review by California's 1990 vital

statistics, which indicated that men older than high school age sired 77% of all births to high school-aged girls (age 16-18) and 51% of births to junior high school-age girls (15 years and younger).

Table 4.5 below gives a graphical representation of the grade or class to teenage pregnancy cases recorded.

Table 4.5: Incidence of Pregnancy among teenagers at various grade levels

Which grade where you in when you got pregnant?			
	Grade	Frequency	Percent
Valid	Basic6	7	14.0
	Junior High School	36	72.0
	Senior High School	7	14.0
	Total	50	100.0

Source: Field data, 2016

The research found that it was rare for teenage mothers to access any kind of education after drop out. Of the sampled pregnant teenage mothers interviewed, eighty percent (80%) had dropped out of school completely for varied reasons. Twenty two (22%) percent of these dropouts were attributable to unfriendly learning environments; either their colleagues mocked at them or their teachers threatened them or treated them unfairly. Thus for girls to successfully transit, all necessary effort must be put in place to ensure that the school environment promotes holistic and inclusive learning. The need for behavioral change in handling victims of abuse ought to be reconsidered especially among trained teachers. Teachers ought to demonstrate positive attitudes especially toward girl children who for various reasons have had to drop out of school and subsequently make attempts to re-enroll.

93

Aside the fact that interview responses indicated the majority of girls had dropped out as a result of school related abuses, (table 4.6) twelve (12%) percent also reported that they were married off after their families realized they were pregnant.

As stated earlier, the gender parity gap will continue to increase if deliberate efforts are not put in place to address peculiar issues confronting the effective participation of girl children in school. Teenage mothers are denied their basic rights to an education and are exposed to further abuse. Their economic rights are reduced because they lack requisite employable skills and knowledge, and this perpetuates the poverty cycle. The implication is that both mother and child miss out on the necessary childhood experience thus affecting their psychological and social development.

Apart from the above, the research found that only 8% of teenage mothers were back in school. All of these girls indicated that their parents were instrumental in their return to school. The family has been and continuous to be a necessary actor in the development process of the child, as such there is the need for the GEU of GES to work closely with parents if the rights of the girl child are to be respected and upheld. Where parents are uninformed about policy issues and directions then very little is achieved.

Table 4.6: Reasons for school dropout by some Teenage Mothers

If you dropped, what informed that decision?		Frequency	Percent
Valid	Was being mocked by colleagues	6	12.0
	Was sacked by teachers	5	10.0
	Was ashamed	9	18.0
	Was married off	6	12.0
	Total	16	52.00

Source: Field data, 2016.

The majority of dropouts who constituted forty four percent (44%) had been out of school between 4 months and 2 years. The second largest number of school dropouts was twenty six percent (26%) who were out of school for the past four years. Thirty two percent (32%) of teenage girls who were found to be out of school for more than two years do not have any aspirations of going back to school. Unfortunately these girls do not have any skills to merit them any gainful employment. *"One sixteen year old states that I want to learn how to sew and so I don't want to go back to school"*.

A significant number of teenage mothers in the Tamale metropolis end up at market places where they are engaged in petty trading, work as shop attendants, waitresses at food joints and so on in order to earn a living. Most of these girls are being exploited on a daily basis and are exposed to several other abuses. Interestingly they have developed apathy toward schooling. Statements like *"much time has been lost", 'I will soon be wedded by my husband'* etc are common feedbacks when asked what their plans for schooling are. Much effort is thus needed to psych such girls to re-enroll in school. An all-inclusive approach involving school authorities, parents, victims of teenage pregnancy from the period of pregnancy to child birth is therefore needed so as to provide the necessary emotional and psychological support for these

girls to ensure their re-enrolment in school at least after one year of delivery. For most of these girls, the most significant hurdle is the lack of motivation and support from their families, with child care and financial burdens nonetheless being a challenge in some cases.

Though a very small number of teenage mothers are currently back in school, several others still aspire for another opportunity to re-enroll in school. Fifty two (52%) percent of teenage mothers in the Tamale metropolis have dreams of going back to school because they consider schooling as a means to having a secured future. Unfortunately none of these girls have the requisite support to enable them achieve this dream. Others also want to return to school because they need to care for their parents and their children, whereas others feel they have to redeem their image.

4.7 Challenges confronting Teenage Mothers in the Tamale Metropolis

The research identified that there are quite a number of challenges confronting the continuous participation of teenage mothers and for that matter pregnant teenage girls in their attempt to continue with their schooling.

4.7.1 Financial Burden

Though the constitution of Ghana enjoins every child of school going age to enjoy free basic education (FCUBE), with some most recent debate on progressively free education at the SHS and tertiary levels, this is yet to be realized. The absorption of teaching fees is just but a drop in the ocean when it comes to educational financing. The demand for school uniforms, text books and exercise books alongside school levies has made education even in public institutions an economic instead of a public good. For most teenage mothers who are left to their fate after child birth, meeting their educational demands and caring for their children is but a night mare. One

expectant teenage mother recounts how she dropped out of school, *"I was unable to pay the registration fee for my BECE because I couldn't afford it. I was living with someone and the person said she didn't have money and I eventually got into a relationship which led into pregnancy. I will return to school after I give birth only if I get someone to sponsor me"*. Teenage mothers who were interviewed were of the view that financial support and day care centers for their babies will enable them return to school. The provision of some financial support for these teen mothers will ensure that the basic needs of their children are met and thus giving them a free mind to pursue their education.

The GUE of the Tamale Metropolitan education service and CAMFED indicated that supporting teenage mothers in meeting their basic educational needs such as school books, uniforms, paying levies etc. is critical in ensuring their return to school. This they observed is a huge challenge for girls within the Tamale metropolis.

4.7.2 Unfriendly School Environment

The GEU of the Ghana Education Service, as part of its policy directives on girls' education, provides that every child irrespective of sex, skin color, religion etc has the right to quality education devoid of any form of discrimination or abuse. It further provides for pregnant girls and or teenage mothers to remain and complete their education. However, 100 % of teenage mothers who re-enrolled in school indicated that they faced one or more of these challenges; teased by friends, sacked by teachers and had difficulty coping in class. Most of the respondents indicated they had re-enrolled in different schools. This was confirmed from school level data, which confirmed that teenage mothers were coming from different schools all together. Though teachers play a critical role in the educational and personal development of

pupils, some teenage mothers were discouraged from continuing their education due to poor teacher relationship.

Twenty percent (20%) of the sampled population thus noted that a separate school for teen mothers will enhance their level of participation in school. Teenage mothers in the Tamale metropolis consider this as the surest way of dealing with stigma thus allowing girls the opportunity to freely relate and interact as they pursue their studies. The onus thus lies on GES to include training on child welfare, rights and protection for teachers at all levels. This will support in addressing the knowledge gap on how to confront current issues relating to girls education.

4.7.3 Child Care

Forty (40%) percent of teenage mothers underscored the importance for day cares where their children can be cared for while they access education. The inability to get some level of support in caring for these children prolongs their stay at home to an average of about two years during which period most mothers begin to explore and engage in income generating activities to care for themselves and their children thus drifting their attention from schooling. Most teenage mothers are optimistic that having places where their children are being cared for will take off a greater part of their burdens and give them ample time and free minds to study. Figure 4.2 below shows the kind of support teenage mothers felt they needed to ensure their return to school.

Figure 2.2: The kind of support needed by Teenage Mothers
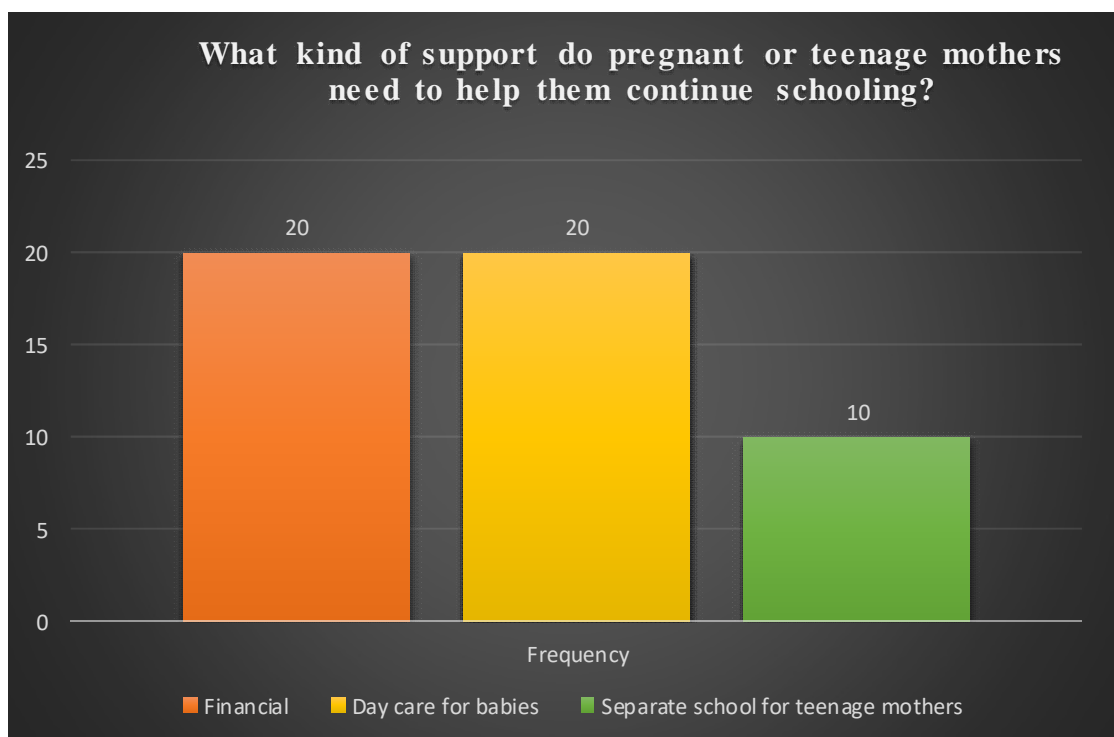
Field data, 2016.

4.7.4 Abuse

The research also found that teenage pregnancy serves as a recipe for further abuse of teenage girls. Girls who get pregnant were exposed to physical, economic and social exploitation. Unfortunately a lot of abuse cases among teenage or adolescent girls go unreported. Figure 4.3; gives a graphical presentation on why abused girls do not report such cases. One of the girls related her story *"when I got pregnant, I didn't want my parents to know because I knew they will beat me. However my mother found out and reported to my father. I was beaten by my father and sacked from home"*.

Figure 4.3: Reporting Sexual Abuse

Reasons for not reporting sexual abuse

10%

31%

59%

■ Fear of being beaten

■ Felt Ashamed

■ I did not want anybody to know
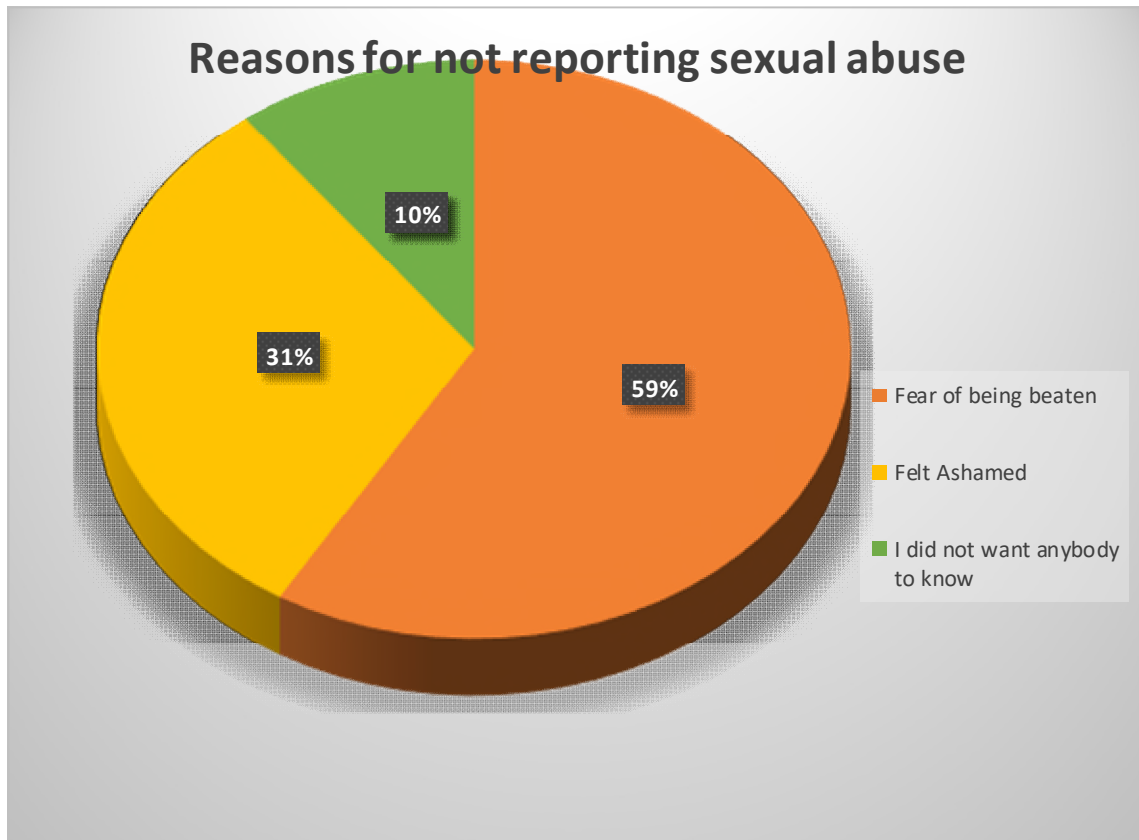
Source: Field data 2016.

Table 4.7: Experiences of some Teenage Mothers

Any further comments		Frequency	Percent
	I gave birth and divorced him	1	2.0
	I hid it from my parents until they found out	1	2.0
	I left home ,stayed with my grandmother and was finally sent to live with the guy	1	2.0
	I was beaten by my parents and asked to give birth and return to school	1	2.0
	It has no good impact	1	2.0
	My father sacked me from home	1	2.0
	Teenage pregnancy is bad because it makes friends neglect you	1	2.0
	Though I feared being beaten by my parents, I was beaten &sacked from home	1	2.0

Source: Field data, 2016.

4.7.5 Stigma

Some teenage mothers noted that they were stigmatized by colleagues and teachers and denied the opportunity to continue their schooling. According to GES officials these girls are seen as a bad influence to their peers and as such are mostly not welcome by teachers when they make the attempt to return to school. Not only are they not received by teachers, but some of their colleagues as well mock and shun them. Though it is one of the main issues policies on girls' education sought to address, it appears much more education is needed in this area since teachers who ought to uphold and instill this in pupils are themselves sources of stigma (table 4.6)**.**

4.7.6 Complete Dropout from School

Parents who were interviewed admitted that, pregnancy among teenage girls resulted in several issues: complete drop out from school, early marriage and delayed educational progression of the girl in question.

Fifty percent of parents (50%) confirmed that teenage pregnancy results in complete drop out from school, twenty percent (20%) indicated it retards the educational progression of the girl and 10% indicated it led to early and forced marriage.

Aside stigma and school drop outs, the research revealed that teenage pregnancy increases the financial burden of the girl's family. Thus most of these teenage mothers are left alone to fend for themselves and their babies and so find it difficult meeting such demands. Thus the majority end up dropping out of school since they need to work in order to meet such demands. Figure 4.4 below shows the views of respondents of the impact of teenage pregnancy on the girl child.

Figure 4.4: Effects of Teenage pregnancy on girls
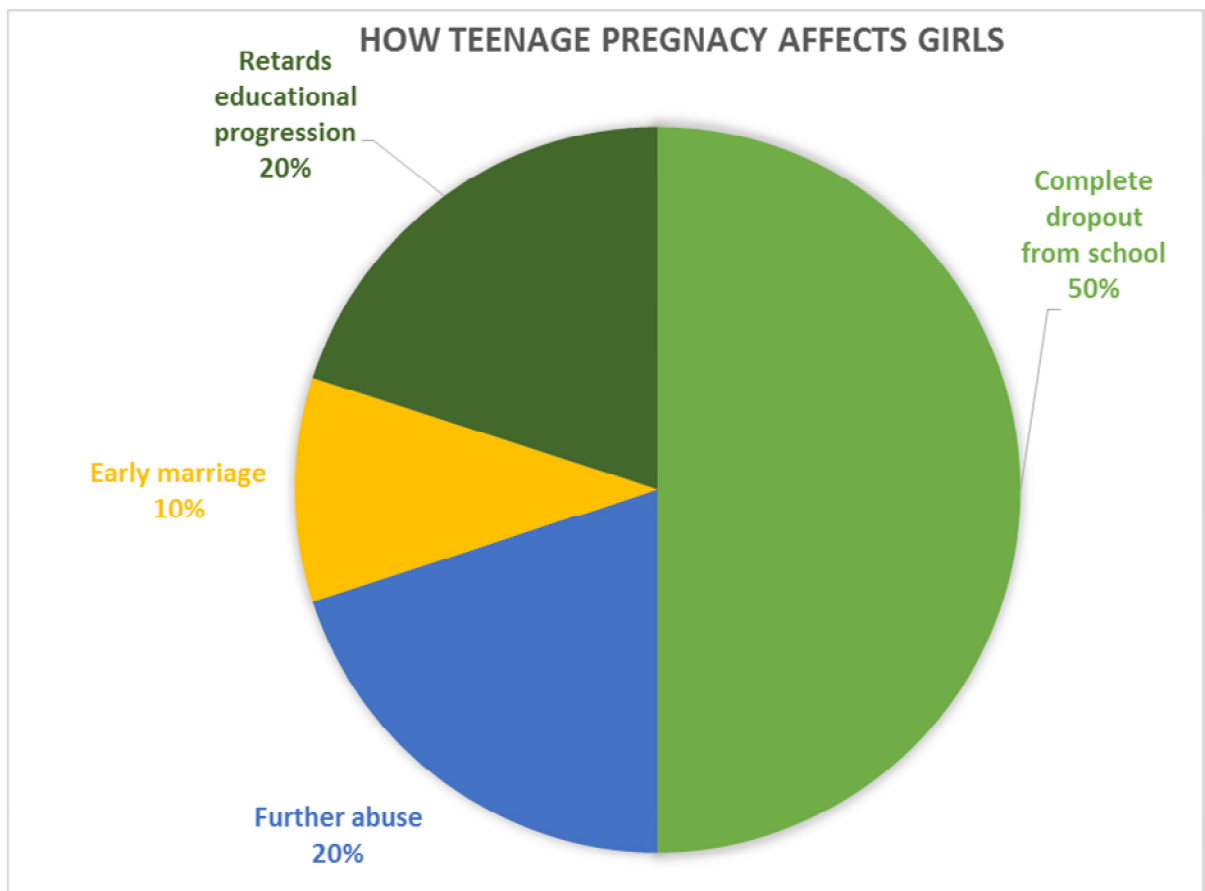
Source: Field data, 2016.

Though the researcher set out to understand some key objectives, the process also exposed some significant issues which have been detailed out in the ensuing pages.

4.8 Current Status of Teenage Mothers in the Tamale Metropolis

A total of 50 teenage mothers and pregnant teenagers were asked to indicate by multiple choice question what they were currently engaged in. Results from the data collected from the field indicated that majority of teenage mothers were currently unemployed. Fifty eight percent (58%) of the respondents were living either with their parents or had been married off to the one responsible for the pregnancy. It was also found out that only eight percent (8%) of teenage mothers were already back in

103

school, however not a single pregnant teenage girl was still in school though the Ghana Education Service provides for such girls to continue their schooling. Thirty three percent (33%) were either engaged in petty trading or learning how to sew. The implication is that teenage mothers do not have economic power and thus have difficulty in caring for themselves and their children. Their decision making powers are limited and most of these girls continue to suffer further abuse. Figure 4.5 below gives a detailed picture of the various occupations being pursued by teenage mothers.

Figure 4.5: Occupation of Teenage Mothers

Status of Teenage mothers

- Unemployed — 59%
- Student — 8%
- Learning a vocation — 33%
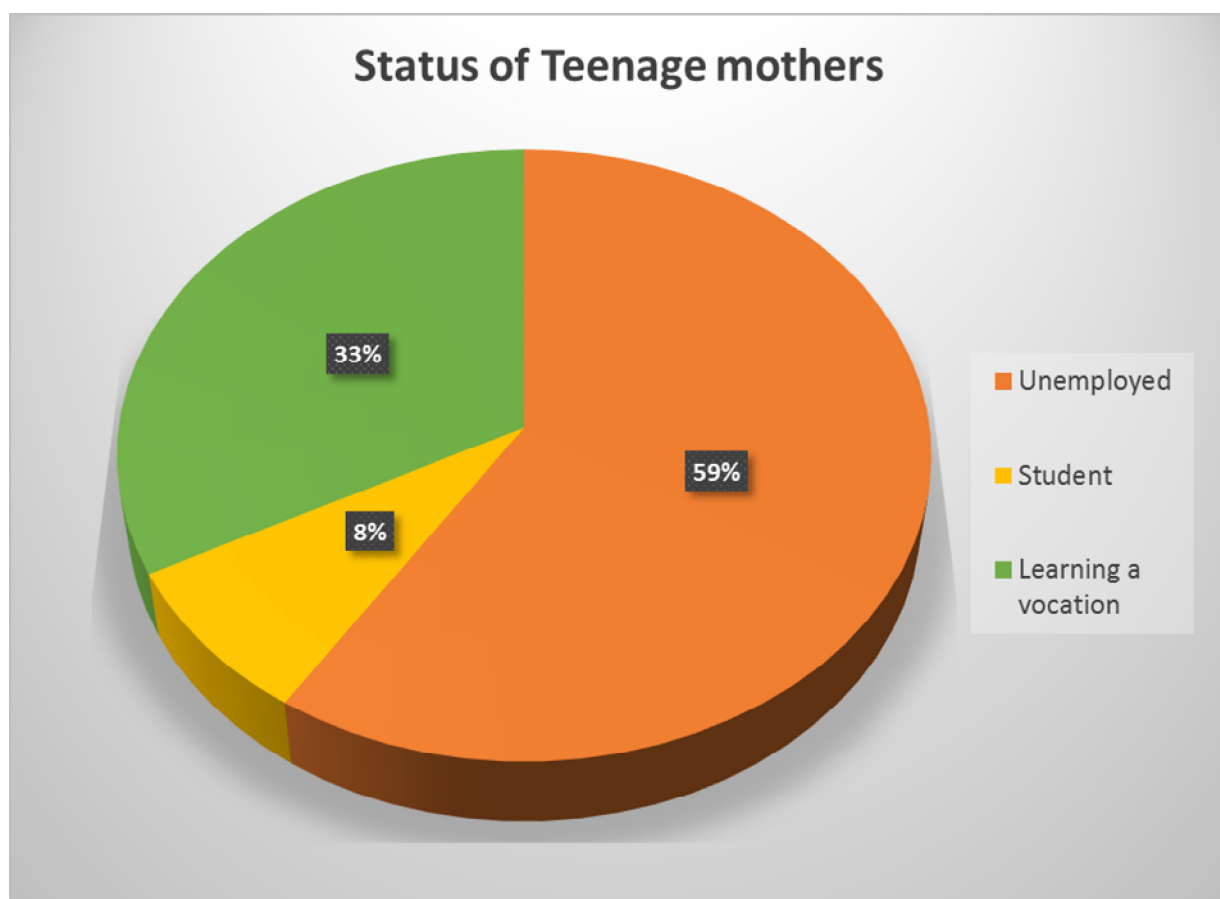
Source: Field data, 2016.

4.9 Causes of Teenage Pregnancy in the Tamale Metropolis

The research also sought the views of teachers, parents, GES officials and teenage mothers on what the possible causes of teenage pregnancy were in the Tamale metropolis. Parents were of the opinion that peer influence is the main cause of teenage pregnancy especially within the Tamale Metropolis and as such contributes invariably to fifty (50%) percent to teenage pregnancy. This was confirmed by CSOs, teachers and GES officials.

Aside peer influence, poor parental care was identified as contributing thirty (30%) percent with the media and societal influence contributing twenty (20%) percent. Broken homes and or single headed households, poverty, the love for quick money and poor sex education were also cited as contributing meaningfully to the menace.

Though parents and stakeholders agreed that the issue of teenage pregnancy was influenced by a whole complex of factors, peer influence according to them was the number one influence. Thus the fact that children get influenced by their colleagues negatively is a reflection of weak cohesion between children and their parents. It also implies failure of the school and home in providing the necessary education and guidance needed to support the development of children owing that pupils spend most of their productive time either in school or at home.

4.10 Curbing Teenage Pregnancy

The research also sought to understand if there are ways through which issues of teenage pregnancy could be addressed. Respondents shared strategies that in their view will help mitigate teenage pregnancy in the Tamale metropolis.

4.10.1 Counseling

 Twenty percent (20%) of parents felt counseling was the best step in addressing the menace of teenage pregnancy. Counseling would help in educating teen girls and also provide a platform where their questions are answered thus giving teenage girls and boys enough information to make informed decisions. Apart from parents, teachers and other stakeholders agreed that counseling was necessary for teenagers and thus the need for the presence of counseling units with trained counselors in schools.

Though respondents confirmed that the existence of counseling services for teenage mothers and or expectant teenage mothers will go a long way to ensure their return to school, only 30% of the schools indicated it had a counseling unit. However, these teachers were not trained counselors and thus the quality of service provided is questioned.

4.10.2 Physical Discipline

Physical discipline was identified as another alternative approach in dealing with the menace of teenage pregnancy. Twenty percent (20%) of parents and teachers identified discipline as an alternative approach in handling issues of teenage pregnancy. For this category, discipline included inflicting physical pain (caning) on girls and boys. Only ten percent (10%) indicated the punishment of perpetuators.

Thus the research finding points to the fact that girls are usually targeted in issues of teenage pregnancy though their colleague boys are equally responsible. Girls continue to suffer further abuse while the male perpetuator walks about free. There is therefore the need for a more conscious effort in re-orienting parents on wrong perceptions, who really is at fault and should be punished or supported in the event of pregnancy on the part of teenagers. This also means that boys have to be equally targeted in

whatever strategies are developed to support girls in their educational pursuits since their actions or inactions can derail the end results.

4.11 Perceptions of Stakeholders on Teenage Mothers and Schooling

According to some teachers who were interviewed, forty percent (40%) of teenage mothers' participation in school is good. On a scale of 5, teenage mothers were rated 3, which invariably suggest sixty percent of the total score. On their level of performance sixty percent (60%) of selected respondents reported that the performance of teenage mothers was good whereas forty percent (40%) rated their performance as average.

A total of fifty percent (50%) of parents interviewed rated the level of completion of teen mothers at the basic level with only ten percent (10%) being confident that teen mothers can make it through to the tertiary level. The fact that the majority of parents do not have confidence in teenage mothers progressing beyond basic school is a worry. This is because these perceptions reflect in the nature of support and or investment parents are willing to make in these girls. The probability of a teenage mother receiving educational support is low since parental perceptions on their ability to transit and complete higher levels of education is quite poor.

The research also sought the views of teenage mothers on their level of participation in school. Those who were back in school indicated they participated effectively in school activities. However, only fourteen (14%) percent of teen mothers were confident of completing Junior High school education. Majority of teenage mothers do not see themselves progressing beyond basic education.

This is quite disheartening, in that it is only when right attitudes are developed that dreams can be pursued. These feedback further emphasizes on the need for counseling

and mentorship services to be readily available in schools to help shape the thoughts of 'vulnerable' children, especially girls.

Access to the right information must be made available to children at all levels so as to guide in the kind of decisions pupils make.

Fifty eight percent (58%) of teachers interviewed indicated that the performance of teenage mothers was on the average with twenty five (25%) rating them above average. Thus the perception that girls, who usually drop out of school especially by getting pregnant, are academically poor is not wholly true. What this means is that there are equally other push factors that lure girls into getting pregnant. Table 4.8 gives a pictorial view of these assessments.

Table 4.8: Performance of Teenage Mothers in School

Rate the performance of teenage mothers in your class/school			
		Frequency	Percent
Valid	Fair	2	17
	Average	7	58
	Good	3	25
Total		12	100

Source: Field data, 2016.

Though teenage mothers are reported to be doing quite well academically, teachers noted that there are some challenges limiting their effective participation in school. Poor parental support, absenteeism, peer influence, burden of child care among others were having a negative impact on the schooling of teenage mothers.

Teachers indicated that the inability for parents to effectively support these girls in meeting their basic needs was contributing to all the above. Thus teenage mothers are

compelled to engage in other economic activities to make some income. The resultant effect is that they absent themselves in school or have poor concentration when they show up in school with some even getting pregnant again.

4.12 Parental Attitude toward the schooling of teenage mothers

As to whether parents were willing to invest in the education of their female children, all parents interviewed said yes, because they saw education as a means to securing the future of the girl, aside that parents indicated that girls equally perform well in school and thus will invest in their girls' education.

On the basis of priority when it comes to investing in a girl or a boy, thirty (30%) percent of parents indicated they will chose a boy over a girl with ten (10%) percent being indifferent, twenty percent (20%) indicated both and another 30% indicated girls. It is sad to note that some parents still give priority to boys' education over that of girls though they agree that education is the surest way of securing the future of girls. Most of the reasons for such decisions are however not unanticipated following that some parents feel boys will remain and assume household responsibility of fending for the family whereas girls will leave and get married to other families. Other negative perceptions were that girls cannot study to higher heights as compared to boys. Parents who preferred girls over boys however, indicated that girls were soft hearted and will easily support the family given the opportunity. One parent said *"girls are fools, and easily have pity on others thus I would invest in her so that when she becomes better off she can help the family"*.

The issue of cultural and religious disposition against female education continues to be a challenge in most parts of Northern Ghana thus limiting access to education for many girl children. This has also contributed to widening the gender parity gaps

currently experienced. Though quite significant strives have been made toward addressing this, most non-literate parents are yet to appreciate the essence of education, especially for girl children.

4. 13 Educational Policies, Structures or Systems on Girls education

The research also sought to determine if parents had any knowledge of policies, structures or systems that are currently in place with the aim of enhancing girls' education. Seventy (70%) percent of parents interviewed had no idea of any government policy on girls education, whereas of the thirty percent (30%) who confirmed of having knowledge of these policies only ten percent (10%) mentioned a government institution; department of children whose mandate extends to girls' education . The other twenty percent (20%) however confused NGO activities and support with government policies. Such parents had heard of NGOs activities either on air or had a child benefiting from their support but had no clue of government bodies responsible for girls' education.

As to whether existing systems and policies on girls' education were effective, fifty percent (50%) of respondents indicated that existing policies and systems on girls' education were ineffective. Their reasons included: *"I have not heard or seen any, I have not seen them helping any children in my community, there are none in my community and young boys and girls are left to do their own thing"*. The bottom line is people can only assess the effectiveness of policies and or systems if they know about them. Access to privileges can only be attained when people have information; this is therefore reflected in the feedback of parents. They are uninformed about systems and policies that are in place for the benefit of their children thus they cannot seek redress or the necessary support when the need arises.

Sixty seven percent of (67 %) of teachers interviewed claimed having some level of knowledge of policies on child protection. Table 4.9 shows this. This was found to be impressive since these were teachers of basic school pupils and as such they ought to be equipped with the necessary information in helping these children access and claim most of their rights with respect to education. Thus teachers were asked to list a minimum of three policies which had to do with the girl child. Of the total sampled population only 8% was able to identify one policy directive on girls' education. Table 4.10 shows the responses of teachers. The study thus revealed that most teachers especially in the basic schools do not have knowledge on policies on child protection nor girls' education. Thus they can neither teach nor support children in seeking necessary redress where need be.

The research also identified that teachers were aware of NGO activities in their schools; however were not informed on the nature of activities thus confused activities such as hand washing, sports among others as child protection policies.

Table 4.9: Teachers knowledge on Child Protection Policies

Do you know of any child protection policy for the girl child?			
		Frequency	**Percent**
Valid	**Yes**	8	66.7
	No	2	16.7
	No response	2	16.7
Total		12	100.0

Source: Field data, 2016.

Table 4.10: What Teachers think constitute Policies/Systems on Child Protection

If yes, mention examples of these Policies.		Frequency	Percent
Valid		2	17
	CAMFED	2	17
	CAMFED, CCFC and Maltiti Child Foundation	1	8
	DLA	1	8
	None discrimination of girls	1	8
	No idea	1	8
	The school has a team; staff and volunteers ensuring checks and sharing information about child protection with parents and staff	1	8
	UNICEF	1	8
	UNICEF and CAMFED	1	8
	UNICEF and NGOs	1	8

Source: Field data, 2016.

The research sought to confirm from the Ghana Education service if it has any policy on children and their education. The following were listed as policies of GES concerning every school child;

- a child shall not be discriminated against on the basis of gender, race and or religion,

- the right of the child to quality education and good parenting,

- the right of the child to education and security.

On girl education, the respondents indicated that the Ghana education service has the following policies: Every girl child;

- shall have equal access to education

- must be in school, stay in school and complete her education

- has the right to education and wellbeing and no person shall deprive a child of education.

Not only does the Ghana education service have policy guidelines on girls' education but it has also made specific provisions in the case of pregnancy. These provisions were made to ensure girls are retained in school and to provide teenage mothers the opportunity to access and complete their respective education. The decision of the Ghana Education service to formulate policies around girls' education and more especially teenage pregnancy and schooling were to;

- protect girls against discrimination,

- curb dropout and early or forced marriages and

- give teenage mothers the opportunity to return and complete their schooling.

CHAPTER FIVE

SUMMARY OF RESEARCH FINDINGS, CONCLUSION AND RECOMMENDATION

5.1 Summary of Findings

This section gives a summary of key findings and results from the research. From the data analysis, the following are the major findings. In the first place, the research found that there was a high incidence of teenage pregnancy among pupils in the Tamale metropolis with the majority of those cases of pregnancy nurtured by girls in Junior High School. Apart from the fact that most of the girls reported pregnant whilst still in basic school, the majority got pregnant from their first sexual encounter. Which meant most of these pregnancies were unplanned for.

Secondly, the research findings revealed that older teenagers are more likely to engage in spontaneous and unprotected sexual relations as compared to younger teenagers below the ages of thirteen years. Aside unprotected sexual activity among older teenagers, majority of teenage girls were engaging in these sexual acts with their school mates and friends. This finding is in agreement with Collins (2003) who notes that the period of adolescents is characterized with lots of experimentation which includes that of their sexual life. A greater proportion of girls constituting 82% were decoyed into engaging in pre-marital sex (consensual) because they wanted to have experiential knowledge. This is similar to a study conducted by Holgate (2006) which revealed that many unplanned births occur because of the increased and widespread sexual activity among the young. The study of sexual behavior also found that about 40% of boys and 80% of girls aged as young as fifteen had some experience of sexual intercourse which is significantly true in the case of teenage girls in the Tamale

Metropolis.

Thirdly, majority of sexual abuse cases goes unreported among teenage girls. Most teenage girls decline reporting non-consensual sexual relations because of the fear of victimization from parents or guardians. Teenage girls who report issues of abuse are either beaten, denied basic care and in some cases sacked from home. This is shown in table 4.3. The decision of not reporting instances of abuse is not only among children but adults as well. Schools do not report to higher authorities, neither are there any structures at higher levels to collect this information from schools. A gap in information sharing is thus created, leaving authorities with little or no data to refer to. Schools visited had very poor records on incidence of pregnancy; there were no registers to record these cases nor systems to respond to such issues when they arose. There was very limited information at the Ghana Education directorate on how it seeks to address these issues moving forward.

The research also found that most teenage mothers lacked requisite knowledge and skills to engage in any meaningful employment. 86% of teenagers got pregnant whiles accessing basic education and the majority of these girls dropped out of school completely (table 4.6). Thus a greater percentage of teenage mothers in the TaMA do not have any certification, not even the least, BECE. The lack of skills on the part of teenage mothers leads to all manner of economic exploitation. Bhana, Morrel, Shefer and Sisa (2010), concur that allowing teenage mothers to remain in school does not only increase their educational opportunities but also increases their economic standing. Chege and Sifuna (2006) also note that education lowers vulnerability of girls to some diseases and provides them with higher income earning potentials.

Teenage mothers, just like other girls, also have peculiar issues limiting their effective

participation in school. The burden in caring for a child and fending for oneself is one but a huge challenge limiting access to education for teenage mothers. This is in conformism with the study conducted by Baragwanath (1997) which revealed that young mothers suffer educational difficulties, first because of their pregnancy and then because of the need to care for their child. It means that they cannot be accommodated in a conventional class and this practically excludes them from accessing education. The availability of child care centers where teenage mothers can have free care for their children will serve as enough motivation for them to return to school. Apart from child care centers, teenage mothers need some financial support to cater for the educational and basic needs of themselves and children.

The issue of child -marriage as a restraining force to the continuous education of teenage mothers cannot be overlooked. Most teenage mothers are forced into early marriages (figure 4.4). There are more cases of child marriages that go unreported since parents or guardians do not consider it wrong for underage children to get married especially when such marriages are contracted through the "right procedure", customary process. The issue here is that if such girls got pregnant, it was not regarded as teenage pregnancy.

Furthermore, the current school environment in most communities in the Tamale metropolis is not gender friendly enough for all categories of children; boys and girls, abled and special needs children etc. In this case, teenage mothers found it difficult returning to their former schools because teachers were a source of abuse and stigma. Stromquist (2001) argues that girls and women continue to face discrimination in the educational systems of their respective countries and studies focusing on access have failed to document these statistics. Aikman and Unterhalter (2005) agree that an analysis of the barriers and inequalities faced by girls and women inside and outside

116

school in the most marginalized and exploited communities is important to government agencies. Thus this research findings maintains that the involvement of girls, women and other marginalized groups in the planning of policy and implementation of strategies would be of significant value. The incorporation of these marginal groups into the decision making process will lead to successful innovative approaches to education while taking into account their rights of citizenship.

Also there is a very low level of knowledge of parents and even trained teachers on government policies on girls' education. Teachers and parents are uninformed about child protection policies and existing systems which seek to protect and support girls' education. Tables 4.9 and 4.10 illustrate this. This is confirmed in Osler and Starkey (2005) study which points to the need for a bottom up approach in developing policies around inclusive education, where the experiences, knowledge and voices of excluded groups are factored in.

Existing structures in the GES are quite ineffective in addressing the current challenges confronting teenage mothers. Most schools never take any action on issues of abuse, nor do parents. The rights of girls are abused and institutions such as the family and school which ought to provide the necessary care are failing in this regard. This finding thus agrees with the study of Vlachou (2004) which states that though there is a growing concern over the issues of rights and inclusion, exclusionary practices and hindrances in various social contexts are evident, and as such it is paramount to understand why these policies that are meant to achieve inclusive education are unsuccessful. It is also critical in understanding that the realization of the re-entry policy will only be useful in achieving inclusive education only when a consultative approach, incorporation and sensitization of all stakeholders on issues about education is done. This could possibly lead to the support of education practices

and policies by all education actors and give an opportunity for the marginalized, who are always the minority, to be heard. It could also help in the elimination of the prevalent exclusion and discrimination practices in education systems.

Cultural disposition against girls' education is still lingering in most parts of our society with no exception in the TaMA. Some parents will choose a boy over a girl if their present situation does not permit them to keep both in school. Though parents appreciated that girls equally perform better in school in recent times and in some cases do much better than boys, they felt that they will end up leaving the family upon marriage. There is still the wrong perception that the male child will assume such responsibilities as family head, therefore making it incumbent on him to have an advantage over the girl child in all spheres of life, including education. Colclough (2004) and Kane (2004) remarked that forms of exclusion vary for boys and girls since boys are regarded as carrying more economic value than girls. Thus the financial and social cost of schooling invariably excludes girl children from receiving the needed education.

Time lag in the re-entry to school serves as a demotivation for teenage mothers. Teenage mothers who were found to have left schooling for an average period of 2 years no longer have education as a priority. The exposure to the new role of motherhood and its related demands shifts their attention drastically from schooling to family life. This finding confirms the study by Elkind (1984) who noted that the dual role of being a mother and a learner becomes not only stressful but expensive to the teenager and family, thus impinging on the learner's school achievement. School attendance is also disturbed by babysitting arrangements and the health of the child. Early pregnancy thus hinders educational attainments for girl children.

The research also revealed that most teenage pregnancies in the TaMA were fathered by younger teens. This finding does not agree with the study conducted by the California 1990 vital statistics. Age discrepancy was identified as a factor that leads to teenage pregnancy. Thus teenage girls in relationship with older boys and in particular adult men, are more likely to become pregnant than when they are involved with someone of their own age. The research however found that 76% of sexual relationships were with school mates, with 72% of respondents getting pregnant at Junior High school level and 14% at basic 6.

5.2 Conclusion

Following the findings arrived at based on the analysis of data collected from the field, I wish to highlight the under listed key points by way of conclusion.

The research findings revealed that there is a high incidence of teenage pregnancy in the Tamale metropolis. And the majority of these cases involved basic school pupils. The research established that some of the factors influencing this are:

- The quest for sexual experimentation on the part of teenage girls and boys

- Inadequate knowledge on the part of girls on how to engage in safe sex

- Poor parental care

- Poor economic background of parents

- Early and forced marriages

Secondly, the study revealed that parental background to a larger extent can influence girls into either falling pregnant or not. The major factors revealed from the study are:

119

- Girls whose parents are less economically sound stand a higher risk of falling pregnant.

- Literate parents will invest and ensure the continuous progression of their girl children as compared to non-literate parents

- Girls from single parent households are at a greater risk of getting pregnant.

The research also found that only a few teenage mothers are able to return to school with majority of them unable do not make it to tertiary levels. The chunk of drop outs in the TaMA constitute girls at the basic level, most of whom are likely to end up without basic certificates, which currently is the least qualification with respect to the formal educational system in Ghana.

Lastly, the study identified that teenage mothers are encircled with a whole chain of issues thus limiting their effective participation in school;

- Teenage mothers in most cases automatically become single parents thus having to care for their babies and themselves

- Teenage mothers are stigmatized by colleagues and teachers, making schooling unattractive

- Teenage mothers continue to face several forms of abuse from home and their social circles

- Teenage mothers stand a greater risk of being married off thus limiting their chances of continuing their education

- Teenage mothers in the Tamale metropolis receive very limited and in some instances no support from government institutions which have the mandate of protecting and promoting their rights.

5.3 Recommendations

Based on the above analysis and research findings, I wish to make the following recommendations:

Firstly, the research findings revealed that most teenage girls and boys were engaged in intimate sexual relationships. Not just that, but most of these teenagers engaged in unprotected sexual relations, thus resulting in increased cases of teenage pregnancy. There is therefore the need for girls and boys to have access to the right information about their sexual health and rights. The recommendation is that the GES should mainstream sexual health education into the formal curricula for basic schools. This will ensure that all children in school have the requisite information and guidance needed, thus ensuring that teenage girls and boys engage in safe sexual relationships.

There is the need for rigorous education of all actors in education on existing and emerging policies on education, child rights and girls' education for that matter. Girls can only access privileges due them when they have the right information about policy issues and where such privileges can be accessed from. Cases of abuse will be reported when girls know that they will be protected and culprits punished. Parents and teachers are in a better position to uphold the rights of girls when they are informed and understand policy issues. There is therefore the need for a broader consultative approach in policy design and formulation to include the very persons whom such policies seek to safe guard and executioners of such policies especially at the bottom line.

121

It is recommended that counseling units be established in schools to provide the needed support for girls and boys. The establishment of counseling units should extend to the basic school levels and should include periodic training for not just school counselors but all teachers. This will equip teachers with the right skills to identify issues of abuse among their pupils and provide the necessary support. The existence of counseling units could serve a dual purpose of supporting the Ghana Education Service gather the necessary information on pregnancy cases and abuse. The existence of a solid data base is key in tracking progress being made in addressing issues.

Furthermore, there is the need for the Ministry of Gender, Children and Social Protection in partnership with GEU to develop a data base on girls in every district. This will help in tracking progression and dropout rates. The research realized that the existence of one girl child officer in a district makes their work ineffective. As such there is also the need for the girls' education unit to collaborate with the supervision unit of GES to support in collecting information from schools on teenage pregnancy and dropouts of girls from school. Training should also be organized by the unit periodically to inform and educate teachers on policy issues on girls' education and child rights.

Finally I wish to recommend that the Ghana education service partners with CSOs in the metropolis to design and implement interventions specifically for teenage mothers. Though it is stated in the policy document on girls' education as a strategy to partner with NGOs and CBOs in order to leverage on their ***"unique resources, capabilities, and competencies, which provide opportunities to increase girls' access to quality education***", it was realized that the girls education unit was not taking opportunity of the existence of such institutions in the metropolis to better its work.

The existence of institutions such as CAMFED, NORSAAC, the department of children and other UN child based organizations in the Tamale metropolis working to support children and girls especially serves as an opportunity for the Girls' Education Unit to leverage on. This will help in ensuring that all girls currently enrolled in school receive the needed support; educational scholarships, education on sexual health and rights, child care centers for teenage mothers, free and consistent counseling services among others to enable them transit successfully in all stages of their educational life.

REFERENCES

Academy for Educational Development. (2002). *A National Vision for Girls' Education in Ghana and a Framework for Action: Charting the Way Forward.* Washington, DC.

Gauteng Department of Education. (2007). The social problem of teenage pregnancy: Statistics. *South Africa journal of comprehensive health.*

Ghana Statistical Service. (2012). *Ghana Multiple Indicator Cluster Survey with Enhanced Malaria Module and Biomarker, 2011, final report.* Accra, Ghana: Ghana Statistical Service.

Human Rights Watch. (2005). *Failing our children barriers to the right to education.* New York: Author.

Academy for Educational Devrlopment. (2002). *A National Vision for Girls Education in Ghana and a Framework for Action: Charting the way forward.* Washington DC.

Adesoka J, M. S. (2008). *Incidence, causes and effects of teenage pregnancy among public JHS Girls in the WASSA Amenfi District in the Western Region of Ghana. .*

Adesoka J, M. S. (2008). *Incidence, causes and effects of teenage pregnancy among public JHS Girls in Wassa Amenfi District in the Western Region of Ghana.*

Adeyemi, M. B., & Adeyinka, A. A. (2003). *The principles and Content of African traditional education. Educational Philosphy and Theory, 35(4), 425-440.*

Adeyemi, M. B., & Adeyinka, A. A. (2003). *The principles and Content of African traditional education. Educational Philosphy and Theory, 35(4), 425-440.*

124

Adeyinka, A. A. (2000). *Basic concepts in education. In H.J. Msango, E.C. Mumba, & A. L.Sikwibele, Selected topies in philosophy and education. .* Lusaka: University ofZambia Press, pp. 18-23.

Afenyadu, D., & Goparaju, L. (2003). *Adolescent Sexual and Reproductive Health Behaviour in Dodowa, Ghana.* Washington, DC: CEDPA;.

Afenyadu, D., & Goparaju, L. (2003). *Adolescent Sexual and Reproductive Health Behaviour in Dodowa, Ghana.* Washington, DC: CEDPA.

African Population and Health Research Centre. (2007). *Annual Report: Promoting the wellbeing of Africans through policy-relevant researchmon poplation and health.*

Agency, G. N. (2013). *750,000 teenagers become pregnant in Ghana annually.* Accra Ghana: Ghana News Agency.

Agyei WKA, B. R. (n.d.). *Sexual behavior and contraception among unmarried adolescents and young adults in Greater Accra and Eastern Regions of Ghana.* J Biosoc Sci .2000; 32:495–512.

Agyei WkA, B. R. (2000). *Sexual behavior and Contraception among unmarried adolescents and young adults in Greater Accra and Eastern Regions of Ghana.* J Biosoc Sci. 2000:495-512.

Aikman, S., & Unterhalter, E. (2005). *ETimu Yetu Coalitionn;The challenge of educating girls in Kenya. Beyond access: Transforming policy and practice for gender equality in education.* London: Oxfam GB.

125

Albert, B. (2007). *With one voice: America's adult and teens Sound Off about Teen Pregnancy.*

Allen, I., & Bourke-Dowling, S. (1998). *Teenage Mothers: Decisions and Outcomes, London: Policy Studies Institute.*

Arai, L. (2009). *Teenage pregnancy: The making and unmaking of a problem. .* Bristol, England: Policy Press.

Awusabo-Asare, K., & Kumi, K. (2004). *Adolescent Sexual and Reproductive Health Behavior in Ghana: A Synthesis of Research Evidence Occasional Report, No 13.* New York, NY: The Guttmacher Institute.

Awusabo-Asare, K., Abane, A., & Kumi-Kyereme. (2004). *Adolescent Sexual and Reproductive Health in Ghana: A Synthesis of Research Evidence Occasional Report.* New York, NY:: The Alan Guttmacher Institute.

Babalola, S. (2004). Perceived per behaviour and the timing of sexual debut in Rwanda: A survival analysis of youth data. , . *Journal of Youth and Adolescence*, 33 (4), 353 – 364.

Babbie, E. (1995). *The practice of social research (7th ed.) .* Belmont, CA: Wadsworth.

Babbie, E., & Mouton, J. (2001). *The Practice of Social Research.* Cape Town: Oxford.

Babbie, E., & Mouton, J. (2010). *The practice of social research. .* Cape Town: Oxford University Press.

Bank, J. (2007a). *Gender and education: An encyclopaedia Vol. 1.* Connecticut: Praeger.

Bank, J. (2007b). *Gender and education: An encyclopaedia (Vol. 2).* London: Praeger.

126

Baragwanath, S. (1997). The education of teenage mothers in New zealand: a policy vacuum and a practical example of assistance. *Social Policy Journal of New Zealand Te Puna Whakaaro*, (9), 98-105.

Berg, S. (1988). Snowball sampling . In S. Kotz, & N. L. Johnson, *Encyclopaedia of Statistical Sciences Vol. 8.*

Bezuidenhout, C., & Joubert, S. (2008). *Child and youth misbehavior in South Africa (2nd edition).* Pretoria: Van Schaik Publishers.

Bhana, D., Morrel, R., Shefer, T., & Sisa, N. (2010). *South African teachers' responses to teenage pregnancy and teenage mothers in schools. Culture, Health and Sexuality.*

Bless, C., & Higson-Smith, C. (2000). *Fundamentals of social research methods, an African perspective (3rd ed.).* Lansdowne, South Africa: Juta.

Boateng, F. (1983). African Traditional Education: A Method of Disseminating Cultural Values.. *Journal of Black Studies,*, 13 (3), 321-336.

Bowling, A. (2002). *Research Methods In Health (Second Edition). Investigating Health and Health Services Open University Maideniiead Press.* http://www.mcgraw-hill.co.uk/html/0335206433.html.

Boyer, T. (2006). *The development of risk-taking: A multi-perspective review. Developmental Review, 291 – 345. .*

Bryman, A. (1993). *Quantity and quality in social research. London: Routledge.* London.

Bunyi, G. W. (2008). Gender, education and Efa in Sub-Saharan Africa: Progress, challenges

and the way forward. The African Symposium. *An On Line Journal Of African Educational Research Network*, 8(1), 177-190.

Burger, H. (2002). *South Africa Yearbook (6th ed.).* Cape Town: Rustica.

Burman, S. (1992). *The Category of The Illegitimate in South Africa'. In S. Burman and E. Preston-Whyte (eds.) The Questionable Issue – Illegitimacy in South Africa.* Cape Town: Oxford University Press.

Caplan, G. (1964). *Principles of preventive psychiatry. .* New York: Basic Books Inc.

Centre for Rights Education and Awareness [CREAW]. (2007). *Status of women and girls in Kenya: Urgent need to uphold Human Rights.* Nairobi, Kenya: Author.

Chege, F., & Sifuna, D. N. (2006). *Girls' and women's education in Kenya: Gender perspectives and trends.* UNESCO.

Chibuzo, P. C. (2007). Teenage Pregnancy Issues in Our World Today. *ezinearticles*.

Clarke, L. (2005). *Fighting the "Dual Fight" Early pregnancy and HIVAIDS. .* AIDS Bulletin, 12-13.

Colclough, C. (2004). *Towards universal primary education in R. Black and H. White (Eds) Targeting development: Critical perspectives on the Millennium Development Goals. .* London: Routledge.

Collins, W. (2003). More than myth: The developmental significance of romantic relationships during adolescence. *Journal of Research on Adolescence*, 13, 1-25.

UNIVERSITY FOR DEVELOPMENT STUDIES

Commission, O. (2005, July 24, 2007 - 727). *ABC guidance # 1 for United States government in country staff and implementing partners applying for ABC approach to preventingsexually transmitted HIV infections with the President's Emergency Plan for AIDS Relief.* <htt://www.pepfar.gov /uidance/c19545.htm>.

Conger, R. D., Cui, M., Bryant, C. M., & G. H. Elder, J. (1991). Competence in early adult Romantic Relationships: a developmental perspective on family influences. *Journal of Personality and Social Psychology*, 79(2), 224-37.

Creswell, J. (2002). *Research Design: Qualitative, Quantitative and Mixed Method Approaches,.* London: Sage Publications.

Creswell, J. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches. (2nd ed.) .* Thousand Oaks: Sage.

Creswell, J. W. (1994). *Research design: Qualitative and quantitative approaches.* Thousand Oaks, CA: Sage.

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions.* Thousand Oaks, CA: Sage.

Creswell, J. W. (2003). *Research Design; Qualitative and Qauntitative and Mixed Methods Approaches;Second Edition.* University of Nebraska, Lincoln: Sage Publications.

Creswell, J. W. (2009). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches. 3rd Edition.* Los Angeles: Sage Publications, Inc.,.

Creswell, J. W., & Clark, V. L. (2006). *Designing and conducting mixed methods research.*

Thousand Oaks, Calif. [u.a.] : SAGE Publ.

Creswell, J., & Clark, V. P. (2007). *Designing and conducting mixed methods research.* London.

Cummings, K. W., & Williams, H. J. (2008). *Policy-making for education reform in developing countries; Policy options and strategies.* New York: Rowman and Littlefield Education.

Cunning, H., & Boult, A. (1996). *Sexual Intercourse for at Risk Adolescents: Child Development.* New York: Garland.

D, H. (2008). Three ways to reduce teen pregnancy in South Africa. *Paper prepared for the HSRC Youth Policy Initiative Roundtable.* Pretoria.

Darroch, J. E., & Singh, S. (1998). *Why is Teenage Pregnancy Declining? The roles of Abstinence, Sexual Activity and Contraceptive Use. Guttmacher Institute Occasional Report.* Retrieved from: <http://www.guttmacher. org/pubs/or_ teen_preg_decline.html>.

Darroch, J. E., Singh, S., & Frost, J. J. (2001). Differences in Teenage Pregnancy Rates Among. *Family Planning Perspectives*.

Darroch, Jacqueline, & Singh, S. (1998). *"Why is teenage pregnancy declining? The rolesof abstinence, sexual activity, and contraceptive use." Occasional Report.* The Alan Guttmacher Institute. Available online: http://www. alanguttmacherinstitute.org /pubs/or_teen_ preg_decline.html.

Darroch.et.al. (2001). Differences in Teenage Pregnancy Rates Among Five Developed Countries: The Roles of SexualActivity and Contraceptive Use. *Family Planning Perspectives*.

130

David, S. (2001). *The Call to Action to Promote Sexual Health and Responsible Sexual Behavior.* University of Columbia: Polity Press.

De Jong, A. (2001). Support teenage mothers: A qualitative study into the views of women about the support they received as teenage mothers. *Journal of Advanced Nursing,*, 36 (1), 49 – 57. .

Devenish, C. F., & Greathead, E. (1992). *Responsible teenage sexuality. A manual for teachers, youth leaders and health professionals, .* Pretoria. Academica .

Dickson, G. (2002). *Adolescent health: Development across Life span .* . United States: Sage.

Dittus, P., & Jaccard, J. (2000). Adolescents' perceptions of maternal disapproval of sex: relationship to sexual outcomes. *Journal of Adolescent Health*, 26:268-278.

Duncan, S. (2007). What's the problem with teenage parents? And what is the problem with policy? *Critical Social Policy,*, 27, 307-334.

Education Management Information Sector. (2014). *Report on Basic Statistics and Planning Parameters for Basic Education in Ghana, 2013/2014.* Ministry of Education.

Elimu Yetu Coalition. (2005). *The challenge of educating girls in Kenya. In S. Aikman & E. Unterhalter (Eds.), Beyond access: Transforming policy and practice for gender equality in education.* London: Oxfam GB.

Elkind, I. (1984). *Adolescent Pregnancy and Parenting. Cambridge University.* New York.

Erikson, E. (1963). *Identity: Youth and Crisis. .* London: Faber and Faber Ltd.

Faugier, J., & Sargeant, M. (1997). Sampling hard to reach populations,Journal of Advanced Nursing, vol. 26. 790-797.

FAWE. (2001). *Promoting Girls' education through community participation: A case study in Kenya. : .* Nairobi, Kenya.

Fraenkel, R. J., & Wallen, E. N. (2009). *How to design and evaluate research in education (7th ed.).* Boston: McGraw- Hill Higher Education.

Frank, J. (2005). *Pregnancy, Poverty and Unemployment. .* New York. : Oxford University Press.

G, A. (2004). *The impact of teenage pregnancy on the education of girls in the Builsa District of Ghana.*

Gall, M. D. (1996). *Educational Research: An Introduction.* New York: Longman.

Ghana Statistical Service. (2013). *NON-MONETARY POVERTY.*

Ghanaian Chronicle. (2009, April 29). Teenage pregnancy:The onus lies on teenagers. *https://www.modernghana.com/blogs/213742/teenage-pregnancythe-onus-lies-on-teenagers.html*, p. 1.

GhanaWeb. (2013, October 8th). Retrieved from http://www.ghanaweb.com/GhanaHomePage/NewsArchive/acticle.php?ID=27350Accessed

GhanaWeb. (n.d.). *750,000 teenagers become pregnant in Ghana annually. Accra, Ghana: .* Ghana News Agency; 2013. Retrieved from: http://www .ghana web.com/GhanaHomePage/NewsArchive/artikel.php?ID=27350Accessed October 8,

2013.

Gillborn, D., & Gipps, C. (1996). *Recent Research on the Achievements of Ethnic Minority Pupils.* London, HMSO.

GSS. (2000). *Population Housing and Census report.* Accra, Ghana.

GSS. (2012). *2010 Population Housing and Census report.* Accra.

Gyesaw, N. Y., & Ankomah, A. (2013). *Experiences of pregnancy and motherhood among teenage mothers in a suburb of Accra, Ghana: a qualitative study.*

Harrison, D. (2008). *A gauge of HIV prevention in South Africa: October 2008* . Sandton: loveLife. Retrieved, 25 May, 2009, fromhttp://www.lovelife. org.za/ corporate/news/article.php?uid=1549 .

Harrison, D. (2008). Three ways to reduce teen pregnancy in South Africa. Paper prepared for the HSRC Youth Policy Initiative Roundtable 5: . *Teenage Pregnancy. Reserve Bank,.* Pretoria.

Harrison, D. (2008, Retreived 2009, May 25). *http://www.lovelife.org.za/cor porate/ news/article.php?uid*.

Hart, R. A. (1992). *Children's Participation from Tokenism to Citizenship.*

Health Statistics of South Africa. (2007). *Teenage pregnancy: The challenge for South Africa. Human and Rousseau: South Africa.*

Helen, S., Holgate, R., & Francisco, K. O. (2006). *Teenage pregnancy and parenthood:Global*

133

perspective issues and interventions. London: Routledge, Taylor and Francis group.

Helen, S., Holgate, R., & Francisco, K. O. (2006). *Teenage pregnancy and parenthood: Global perspective issues and interventions.* Routledge: Taylor and Francis group:London.

Henry R, F. C. (2004). *Coping with Pregnancy: Experience of Adolescents in the Ga Mashi, Accra. .* Accra, Ghana: Calverton, MD:ORC Macro;2004.

Henry R, F. C. (2004). *Coping with Pregnancy: Experiences of Adolescents in Ga Mashi, Accra. .* Calverton, MD: ORC Macro; .

Hill, M. (2005). *Ethical considerations in researching children's experience. In S. Greene &D. Hogan, (Eds.), Researching children's experience, (pp. 61-86).* London: Sage Publications.

Hjelle, L., & Ziegler, D. (1981). *Personality theories: Basic Assumptions,Research, and Application (2nd ed.) .* Singapore: McGraw-Hill Book Co.

Hogan. (n.d.). *"Sexual and Fertility Behaviors of American Females," 1421- 1425.*

Holgate, F. (2006). *Adolescence: Biological and psychological perspectives on Teenage pregnancy. United States of America.* Green wood.

Ibid. (n.d.).

Iddris, A.-S. I. (2012). *The role of NGOs in promoting Girl Child Education in the Savelugu-Nanton District in the Northern region of Ghana. .*

Iddrisu, A.-S. I. (2012). *The role of NGOs in promitng Girl Child Education in the Savelugu-*

Nanton District in the Northern region of Ghana.

Jaccard, J., P.J., D., & Gordon, V. V. (2000). Parent-teen communication aboutpremarital sex: Factors associated with the extent of communication. *Journal of Adolescent Research, 15, 187-208*.

Jacobsen, R. (2009). *The voice of the people in education policy. In G. Sykes, B. Schneider & D. N. Plank (Eds.), Handbook of education policy research. .* New York: Routledge.

Jaeger, R. M. (1988). *Survey research methods in education. In R. M. Jaeger (Ed.),Complementary methods for research in education (pp. 303-330). .* Washington, DC: : American Educational Research Association.

Jaffe, M. (1998). *Adolescence.* John Wiley & Sons Inc: New York.

Jessor, R., & Jessor, S. L. (1977). *Problem behavior and psychosocial development: A longitudinal study of youth. .* New York: Academic Press.

Jewkes, R., Vundule, C., Maforah, F., & Jordaan, E. (2001). *Relationship dynamics and adolescent pregnancy in South Africa. Social Science and Medicine, 52(5), 733–744.*

Jones, E. F., Forrest, J. D., Goldman, N., Henshaw, S. K., Lincoln, R., Rosoff, J. I., & al, e. (1985). *Teenage pregnancy in developed countries: Determinants and policy implications. Family Planning Perspectives, 17(2), 53-63.*

Kail, & Cavanaugh. (1996). *Treatment for sexuality abused children and adolescents. American Psychologist, 551, 206-210.*

Kaiser, S. (2005). *An "Epidemic" of adolescent Pregnancy?: Some historical and policy*

considerations. . London; New York Routledege.

Kane, E. (2004). *Girls' education in Africa: what do we know about strategies that work.* Washington. D C: World Bank.

Keller ET, H. D.-A. (1999). *Teenage pregnancy and motherhood in a Ghanaian community* . J Soc Dev Afr.1999;14:69-84.

King, E., & Hill, M. (1993). *Women's education in developing countries: Barriers, benefits and policies.* Baltimore: John Hopkins University Press.

Komane, M. (2001). *Africa is in the Middle of AIDS explosion.* JohannesburgDereck Butcher.

Konadu, N. Y., & Ankomah, A. (n.d.). *Experiences of preganacy and motherhood among teenage mothers in a suburb of Accra, Ghana: A qualitative study.*

Korboe, D. (2007). Does skills acquisition result in poverty reduction and growth? Lessons from northern Ghana. *9th UKFIET international conference on education and development: going for growth.* Oxford.

Korboe, D., & Williams, A. (2012). *Young women: Life choices and Livelihoods in Urban areas in Ghana.* ActionAid, Ghana.

Langemar, P. (2008). *Qualitative Research Methods in Psychology.*

Lewis, M. A., & Lockheed, M. E. (2007). *Exclusion, gender and schooling: Case studies from the developing world.* Washington, DC: Center for Global Development.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry.* Beverly Hills, CA: Sage Publications,

136

Inc.

Love Life. (2007). *A National survey of South African teenagers.* Johannesburg: South Africa.

Luker, & Kristin, E. (2006). *Adolescents Health: A series of Facts Sheets on contraception, Sexuality and sex Education: .* Brooks\Cole: New York:.

Macleod, C. (1999a). Teenage pregnancy and its 'negative' consequences: Review of South African research-Part 1. *South African Journal of Psychology, 29(1)*, 1-7.

Macleod, C. (1999b). The „causes‟ of teenage pregnancy: Review of South African research – Part 2. . *South African Journal of Psychology, 29(1)*, 8 - 16.

Madeez A, L. E. (2007). *Achieving universal primary education in Ghana by 2015: a reality or a dream?* New York.: © United Nations Children's Fund (UNICEF),.

Makhethe, T. (1996). *Adolescent Pregnancy and its Birth Outcomes among Adolescents aged 13-16 years in Soweto Gauteng Region. Unpublished Masters Thesis. .* University of Witwatersrand.

Makiwane, M., & Udjo, E. (2006). *Is the child support grant associated with an increase in teenage fertility in South Africa?(Final report). Pretoria: HumanSciences Research Council. .*

Maluwa-Banda, D. (2004). *Gender sensitive educational policy and practice: The case of Malawi. Prospects, (1), 71-84.*

Manzini, N. (2001). "Sexual initiation and child bearing among adolescent girls in KwaZulu Natal", South Africa. *Reproductive Health Matters*, 9 (17):44-52.

Manzini, N., Kaufman, C., Shelley, C., & Julian, M. (2002). "Adolescent Behavior the Context of AIDS in South Africa." . *Stud Family Planning 35, no.4* , 261-274.

Marcia, M. (2001). *When children want Children: The crisis of Child bearing. .* New York: Marshall Clavendish.

Marshall, C., & Rossman, G. B. (1995). *Designing Qualitative Research (2nd edition).* Thousand Oaks,London and New Delhi: Sage Publications.

Martin, R. (2003). *Understanding sexuality.* Chicago: World Book, inc. a Scott Fetzer company.

Martin, S. (2007). *Teen Pregnancy.* Retrieved on 18 June 2008, from http://www. associatedcontent.com/article/307371/teen pregnancy.html?cat=49.

Marule. (2008). *By the Numbers: the Public Cost of Teen Childbearing.: National Campaign to Prevent Teen Pregnancy.* United States of America: : Brook\Cole publishers.

Mason, J. (2002). *Qualitative Researching (2nd ed.).* London: Sage Publications.

Mba, C. (2003). *Psychological impact of teenage prenancy on pregnant teenagers.*

Mba, C. J. (2003). *Sexual behaviour and the risks of HIV/AIDS and other STD"s among young people in Sub-Saharan Africa: A review. Research Reviews, 19 (2), 15 – 25.*

McKenry, P. C., Walters, H. L., & Johnson, C. (1979). *Adolescent Pregnancy;a review of the literature. The Family Coordinator, Jan.*

Medical Research Council of South Africa. (2007). *A National Health plan for South Africa.* Pretoria South Africa.

138

Meier, G. (1994). *Teenage pregnancy; Life Issues.* Marshal Canvedish:New York.

Mensch, B., Grant, M., & Blanc, A. (2006). *The changing context of sexual initiation in Sub-Saharan Africa, Population and Development Review, 2006, 32(4):699.*

Mfono, Z. (2003). *Focus on women in Development. Parents and the teenage pregnancy crisis in South Africa, SALUS, 13 (3), 6-8.* South Africa.

Miller, B. (2006). Family influences on adolescent sexual and contraceptive behaviour. *Journal of sexresearch*, 39 (17, 2.

Ministry of Education. (2014). *Education Management Information Sector (2014). Report on Basic Statistics and Planning Parameters for Basic Education in Ghana 2013/2014.* Accra.

Ministry of Finance. (2014). *The Composite Budget of the Tamale Metropolitan Assembly for the 2014 Fiscal year.* Accra, Ghana.

Mkhize, J. (1995). *Teenage pregnancies crisis and the issues of sexuality: Unpublished Masters Thesis. University of KwaZulu Natal.*

MoE. (2010). *Education Sector Performance report.*

MoEST. (2000). *Education for all 2000 assessment report: Malawi (under the coordination of J Matola).* Lilongwe, Malawi.

Moore, S., & Rosenthal, D. (1993). *Sexuality in adolescence: 258.* New York: Routledge.

Moore, S., & Rosenthal, D. (2006). *Sexuality in Adolescence.* Routledge: London and New York.

Mungwini, P. (2011). *The challenges of revitalizing an indigenous and afrocentric moral theory in postcolonial education in Zimbabwe.* https://unisa.pure.elsevier.com/en/publications/the-challenges-of-revitalizing-an-indigenous-and-afrocentric-mora.

Mwanzia, J. S., & Strathdee, R. C. (2010). *Participatory Development in Kenya. Surrey: Ashgate Publishing Limited.*

National Research Council and Institute of Medicine (NRC-IOM). ((2005). *Growing up global: The changing transitions to adulthood in developing countries.* Washington, D.C: National Academies Press.

Neuman, W. L. (1997). *Social research methods: Qualitative and quantitative approaches, (3rd ed.). .* New York: Allyn & Bacon.

Neumann, W. (2000). *Social Research Methods: Qualitative and Quantitative Approaches. 4th Ed. Boston: Allyn and Bacon.*

New Dictionary of Social Work. (1995). *Revised and Comprehensive Edition: The Terminology committee for Social work, .* Cape Town: CTP Book printers (PTY) Limited:.

Oduran, A., & Bhola, H. S. (2006). *Widening access to education as social justice. Netherlands: Springler.*

Osler, A., & Starkey, H. (2005). *Changing citizenship democracy and inclusion in education.* New York: Open University Press.

Panday, S., Makiwane, M., Ranchod, C., & Letsoalo, T. (2009). *Teenage pregnancy in South*

140

Africa with a specific focus on school-going learners. Child, Youth, Family and Social Development,Human Sciences Research Council. Pretoria: Department of Basic Education, with support from UNICEF.

Pillow, W. (2006). *Teen pregnancy and education: Politics of knowledge, research, and practice. Educational Policy, 20(1), 59–84.*

Riordan, S. (2002). *The invisible students: Young parents in education. Dublin Institute of Technology.*

S, B. (2004). Perceived per behaviour and the timing of sexual debut in Rwanda: A survival analysis of youth data. *. Journal of Youth and Adolescence*, 33 (4), 353 – 364.

Sadler, L., & Catrone, C. (1983). The adolescent parent: a dual developmental crisis.. *Journal of Adolescent Health Care*, 4 (2), 100 – 105.

Sales, B., & Folkman, S. (. (2000). *Ethics in Research With Human Participants.Wash.,DC: APA.*

Santelli, J. S., Lindberg, L. D., Finer, L. B., & Singh, S. (2006). Explaining recent Declines in Adolescent Pregnancy in the United States: The Contribution of Abstinence and Improved Contraceptive Use. *American Journal of Public Health: January 2007, Vol. 97, No. 1,* , pp. 150-156.doi: 10.2105/ AJPH.2006.089169.

Sarantakos, S. (2000). *Social research. South Yarra: Macmillan Education.* Australia.

Saunders, M., Lewis, P., & Adrian, T. (2009). *Research methods for Business Students (fifth ed.).*

Scott, M. J., Stradling, S., & Dryden, W. (1995). *Developing Cognitive-Behavioural Counseling.*

New York: Sage.

Service., G. S. (n.d.). *Ghana Multiple Indicator Cluster Survey with Enhanced Malaria Module and Biomarker, 2011, Final Report. .* Accra: Ghana: Ghana Statistical Service; 2012.

Shisana O, R. T. (2005). *South Africa National HIV prevalence, HIV Incidence, Behavior and communication Survey.* Cape Town: HSR Press.

Shisana, O., Rehle, T., Simbayi, L., Parker, W., Zuma, K., Bhana, A., . . . Jooste, S. P. (2005). *South African National and HIV prevalence, HIV Incidence, Behaviour and Communication Survey.* Cape Town,: HSRC Press.

Shisana, S. (2005). *Adolescent Pregnancy and Parenthood: Recent Evidence and Future Directions. American Psychologist.* Oxford University.

Sifuna, D. N. (1990). *Development of education in Africa: The Kenyan experience. .* Nairobi: Initiatives Limited.

Singh, S., & Daroch, J. (2000). *Adolescent and childbearing: Levels and trends in developing countries. Family Planning Perspective, 32(1): 14-23.*

Singh, S., & Darroch, J. (2000). Adolescent pregnancy and childbearing: levels and trends in developed countries. *Family Planning Perspect*, 32:14-23 .

SNV-Ghana. (2006). *Girls' participation in education : findings from a multi-stakeholder context analysis in Northern Ghana. Briefing Paper No.3.* Tamale: SNV-Ghana, Northern Portfolio.

Spreen, M. (1992). 'Rare populations, hidden populations and link-tracing designs: what and

why?" . *Bulletin Methodologie Sociologique, vol. 36*, 34-58.

Stake, R. (1978). *"The case study method in social inquiry", Educational Researcher vol. 7, pp. 5-8.* .

Stake, R. (1994). *Case Studies: Handbook of Qualitative Research, Sage, Thousand Oaks.* .

Stake, R. (1995). *The Art of Case Study Research.* Sage, Thousand Oaks.

Stromquist, N. P. (2001). *What poverty does to girls' education: the interaction of class, gender and policy in Latin America. Compare, 31(1), 39-56.*

Strydom, H. &. (2005). *Sampling and sampling methods. In de Vos, A. S. (Ed.) Research at grass roots: for the social sciences and human service professions (2nd ed.). (pp. 197 – 209). .* Pretoria: Van Schaik .

Strydom, H., & Venter, L. (2002). *Sampling and sampling methods. In de Vos, A. S. (Ed.) Research at grass roots: for the social sciences and human service professions (2nd ed.). (pp. 197 – 209).* Pretoria: Van Schaik .

Sutherland-Addy, E. (2012). *Impact Assessment Study of the Girls' Education Programme in Ghana.*

Sutherland-Addy, E. (n.d.). *Gender Equity in Junior and Senior Secondary Education.*

Swartz, B. (2004). *Teenage pregnancy: STDs and HIV\AIDS:.* United States of America: Green wood.

Tamale Metropolitan Assembly (TaMA). (2011). *Medium-term development plan, 2010-2013.*

143

Tamale Metropolitan Assembly.

Thomson, S. (1997). *Adaptive sampling in behavioural surveys, NIDA Research Monograph, 296-319.*

UNDP. (2015). *Human Development Report 2015; Work for Human Development.* 1 UN Plaza, New York, NY 10017, USA.

UNESCO. (1990). *World declaration on education for all. Paper presented at the World Education Forum. Jomtien, Thailand: Author.*

UNGEI. (2005). *Annual Report.*

UNICEF. (2003). *The state of the world's children.* New York: Author.

UNICEF. (2004). *The state of the world's children. Girls Education and Development, 4, 34-35.*

UNICEF. (2008). *Behind close Doors: The Impact of Domestic Violence on Children.* http://www.unicef.org/media/files/BehindClosedDoors.pdf.

UNICEF. (2010). *UNICEF Botswana Annual Report.* Botswana.

United Nations Children's Fund, UNICEF. (2008). *Young People and Family Planning: Teenage Pregnancy.* Retrieved from: <http://www.unicef.org/ malaysia/ Teenage_Pregnancies_-_Overview.pdf>.

Unterhalter, E. (2007). *Gender, schooling and global justice. New York: Routledge.*

Vlachou, A. (2004). Education and inclusive policy-making:implications for research andpractice. *International Journal of Inclusive Education*, 8(1), 3-21.

144

Vogt, W. P. (1999). *Dictionary of Statistics and Methodology: A Nontechnical Guide for the Social Sciences,*. London: Sage.

Weinstein, B. G. (1985). *Regional growth and decline in the United States.* Praeger, New York.

Wells, C. (1992). *Pregnancy in adolescents: Needs, Problems and Management. .* New York: Van Nostrand Reinhold.

Westoff, C. F. (2003). *Trends in marriage and early childbearing in developing countries. DHS Comparative Reports No. 5. Calverton, MD: ORC Macro.*

Wiersma, W., & Jurs, G. S. (2005). *Research methods in education. An introduction.* New York: Pearson.

Wikipedia, the free encyclopedia. (2005). *Child marriage in India retrieved;https://e n.wikipedia.org/wiki/Child_marriage_in_India.*

Wikipedia, the free encyclopedia. (2008). *Teenage pregnancy. Retrieved on 03 June2008, from http://en.wikipedia.org/wiki/teenage_pregnancy. Pp 1-16.*

Wood, K., & Jewkes, R. (1997). *Violence, rape, and sexual coercion: everyday love in a South African township. Gender and Development, 5(2), 41-46.*

Zadja, J., Biraimah, K., & Gaudeli, W. (2008). *Education and Social Inequality in the Global Culture.* New York: Springer.

APPENDIX

SCHOOL OF GRADUATE STUDIES

UNIVERSITY FOR DEVELOPMENT STUDIES

FACULTY OF INTEGRATED DEVELOPMENT STUDIES – WA

TTEENAGE PREGNANCY AND EDUCATIONAL PROGRESSION OF THE GIRLCHILD; A STUDY OF THE TAMALE METROPOLIS, GHANA.

QUESTIONNAIRE FOR PARENT AND/OR GUARDIAN

Dear Research Participant,

The aim of this study is to analyze the effects of teenage pregnancy on educational progression of girls in the Tamale Metropolis of Ghana. It is a study in partial fulfillment for the award of a Master of Philosophy (Philosophy) degree at the University for Development Studies (UDS), Tamale. Thus, the information obtained through this questionnaire is for academic purposes only. Please be assured that your participation in this project is completely voluntary and your responses would be treated with utmost confidentiality. Your agreement to respond to these questions implies your consent to participate in this research process. Thank you for your cooperation and understanding. .

A. Personal Data

1. Respondent's Age: …………………………………………………………………........

2. Occupation: …………………………………………………………………………..

3. Residence: …………………………………………………………………………

1

4. Religion: …………………………………………………………………………....

5. Contact: ……………………………………………………………………………….

B. Educational Background and Values

6. Have you had formal education? 01 = Yes [   ] 02 = No [   ]

7. If No, why? 01= Parents were poor   [   ]   02= Parents felt education is not for

   females   [   ]   03= There was no school in my community [   ] 04= I dropped

   out   of   school   [   ]   05   =   Others

   (specify)…………………………………………………………………

8. If yes, what level of formal education did you attain? 01 = Basic [   ]   02 = Secondary

   [   ] 03 = Tertiary [   ]   04 = Others (specify): ………………………………………….

9. By completing the table below, please indicate the gender, age, level of education and

   current status in terms of education of each of the other members of your household.

S/N	Name of Household member(s)	Gender	Age	Level of education	Still in school or out?	If out of school, why?
1						

UNIVERSITY FOR DEVELOPMENT STUDIES

2						
3						
4						
5						
6						
7						

UNIVERSITY FOR DEVELOPMENT STUDIES

10. How is their education financed?

S/N	Name of Household member	Gender	Personal	Government grant	NGO support	Other(specify)
1						
2						
3						

4					
5					
6					
7					

11. Why do you send your child (ren) to school? 01= To give them an education 〔 〕 =2

To give them a secured future〔 〕 03= Is part of my responsibility 〔 〕 04= Others

(specify)...

12. Will you invest in a girls' education and why? 01= Yes〔 〕 02= No 〔 〕

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

13. If you had to choose between investing in educating your wards, whom will you invest in

and why? 01 = Girls 〔 〕 02= Boys 〔 〕 03 = Indifferent 〔 〕

……………………………………………………………………………………………

……………………………………………………………………………………………

C. Knowledge on Teenage Pregnancy

14. What is your understanding of teenage pregnancy?

....

....

15. What in your opinion is the cause of teenage pregnancy? 01= Poor parental care [   ] 02=

Peer influence [   ] 03= Media and societal influence [   ] 04= Cultural practices 05=

Others

(specify).…………………………………………………………………………………

…………………………………………………………………………………………

16. Is there any concrete evidence of pregnancy cases especially among school pupils in your

community? 01= Yes [   ] 02= No [   ] If yes, what is the evidence?

....

....

17. Does teenage pregnancy affect the girl involved?

01= Yes [   ] 02= No [   ]; If yes how? 01= Complete dropout from school [   ] 02=

Stigma [   ]   03=Further abuse [   ]   04= Early Marriage [   ] 05= Others (specify).

....

D. Teenage Pregnancy and Educational Systems

UNIVERSITY FOR DEVELOPMENT STUDIES

5

18. Are you aware of any systems or policies that seek to provide support for such girls? 01=

Yes [ ]   02= No [ ]

19. If yes, which are they?

....

....

What kind of support do they give?

01= Financial [ ] 02= Legal [ ]03= Educational[ ] 04= Counseling [ ] 05=

Others

(specify)………………………………………………………………………………………

………………………………………………………………………………………………......

20. Do you think the systems and/or policies put in place by government to support girls'

education are effective? 01= Yes [ ] 02= No [ ]. Why?

………………………………………………………………………………………………………

………………………………………………………………………………………………………

21. What will you do if your teenage girl gets pregnant? 01= Abort the pregnancy [ ] 02=

support her deliver [ ] 03= Support her get back to school after delivery [ ] 04=

Marry her off [ ] 05= Others

(specify)………………………………………………………………………………………

………………………………………………………………………………………………………

22. What do you think should be done to stop teenage pregnancy?

…………………………………………………………………………………………………

…………………………………………………………………………………………………

23. What do you think should be done to get teenage mothers back to school?

…………………………………………………………………………………………………

…………………………………………………………………………………………….......

E. Pregnancy and Progression

24. On a scale of 1 to 5, please rate the level of participation of teenage mothers in school activities. 01= 1[   ]   02-=2 [   ]   03=3 [   ]   04 =4[   ]

05= 5[   ]

25. How will you rate in your opinion the performance of teenage mothers in school? 01=Fair [   ] 02= Average[   ] 03= Good [   ]04= Excellent[   ]

26. What do you think is the average completion rate among teenage mothers?

…………………………………………………………………………………………………

Thank you for your time.

UNIVERSITY FOR DEVELOPMENT STUDIES

UNIVERSITY FOR DEVELOPMENT STUDIES

FACULTY OF INTEGRATED DEVELOPMENT STUDIES – WA

TEENAGE PREGNANCY AND EDUCATIONAL PROGRESSION OF THE

GIRLCHILD; A STUDY OF THE TAMALE METROPOLIS, GHANA.

QUESTIONNAIRE FOR PREGNANT TEENAGERS/ TEENAGE MOTHERS

Dear Research Participant,

The aim of this study is to analyze the effects of teenage pregnancy on educational progression of girls in the Tamale Metropolis of Ghana. It is a study in partial fulfillment for the award of a Master of Philosophy (Philosophy) degree at the University for Development Studies (UDS), Tamale. Thus, the information obtained through this questionnaire is for academic purposes only. Please be assured that your participation in this project is completely voluntary and your responses would be treated with utmost confidentiality. Your agreement to respond to these questions implies your consent to participate in this research process. Thank you for your cooperation and understanding.

A. Personal Data

1. Name of area (sub-metro): …………………………………………………………….

2. Sex: 01 = Female [   ]   02 = Male [   ]

3. Age: …………………………………………………………………………………...

4. Current occupation: ………………………………………………………………..

5. Residence/Contact: ………………………………………………………………...

6. Religion: …………………………………………………………………………

1

B. Knowledge on Teenage Pregnancy and Values

7. What is your understanding of teenage pregnancy?

....

8. What is your view on teenage pregnancy? 01= Bad [   ] 02=Hindrance to girls'

   education [   ] 03= Normal [   ] 04 = Others

   (specify)..

9. When did you realize you were pregnant? ....

10. How old were you when you got pregnant? 01 = 10-12 years [   ]   02 = 13-15years [   ]

    03 = 16-17 years [   ]   04 = 18-19years [   ]

11. Was it your first time with a man that resulted in the pregnancy? 01=Yes 02= No

12. If No, when did you have your first encounter? …………………………………………..

13. Who was the first person you had sexual intercourse with? 01= Friend/school mate [   ]

    02 = Family member [   ]   03= Teacher [   ]   04 = Others (specify)……………………

14. Did you consent into having sex? 01=Consented [   ]   02= Forced [   ]

15. If you consented what was your reason? 01= wanted to experience sex [   ] 02= for

    economic gains [   ] 03= for grades [   ] 04 Others

    (specify)…………………………………………………………………………………………

16. If it was not consensual, did you report and to whom? 01 = Friend [ ] 02=

parent/Guardian [ ] 03 = Teacher [ ] 04 = Did not report [ ] 05 = Others

(specify)

....

17. If you reported, what was the reaction of the one you reported it to? 01= was beaten [ ]

02= Counseled [ ] 03= a legal action was taken. [ ] 04= was sent out of home [ ]

05= Others (specify)……………………………………………………………………..

18. If you did not report, what informed that decision? 01= fear of being beaten [ ] 02=

was threatened by the perpetrator [ ] 03= felt ashamed [ ] 04= Others

(specify)……………………………………………………………………………………

19. Any further comments?

………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

C. Teenage Pregnancy and Education

20. Which grade were you in when you got pregnant? 01=4 [ ] 02=5 [ ] 03=6 [ ]

04=JHS [ ] 05= Others (specify)…………………………………………………………...

21. What happened to your schooling when you realized you were pregnant? 01=

Dropped[   ] 02= Continued[   ]

22. If you dropped, what informed that decision? 01= was being mocked by colleagues[   ]

02= Was sacked by teachers[   ] 03= Was ashamed[   ] 04= Was married off[   ] 05=

Others (specify)…………………………………………………………………………

23. How long has it been now since you left school? 01= 1year [   ] 02= 2years [   ] 03=

4years[   ] 04=others (specify...

24. Do you have any dreams of going back to school? 01=Yes[   ] 02= No[   ] 03= am back in

school already[   ]

25. Give reason(s) to your answer in 24 above?

………………………………………………………………………………………

………………………………………………………………………………………

………………………………………………………………………………………

26. If you are already back in school, who supported you? 01=Parents[   ] 02= Teachers[   ]

03=Girl child Officer[   ] 04 = went back on my own [   ] 05 = Others

(specify)………………………………………………………………………….

UNIVERSITY FOR DEVELOPMENT STUDIES

27. What was the nature of support? 01= Financial [   ] 02= parental care of my child [   ]

03= Got enrolled in a new school [   ] 04= Counseling [   ] 05 = Others

(specify)…………………………………………………………………………………

………………………………………………………………………………

28. What challenges did you face getting back to school? 01= Could not cope in class [   ]

02=Teased by friends [   ] 03= Teachers were unfriendly [   ] 04= Had to work and school

[   ] 05= others

(specify)…………………………………………………………………………………

…………………………………………………………………………………………

29. What kind of support do you think pregnant/ teen mothers need to help them continue

their education? 01= Financial Support [   ] 02= Day care for babies [   ] 03= separate

school for teen mothers [   ] 04= Others(specify)

....

....

D. Pregnancy and Progression

30. On a scale of 1 to 5, please rate in your opinion the level of participation of teenage

mothers in school activities. 01= 1[   ]   02-=2 [   ]   03=3 [   ]

04 =4[   ]   05= 5[   ]

5

31. How will you rate the performance of teenage mothers in school? 01=Fair 〔 〕 02=

Average〔 〕 03= Good 〔 〕04= Excellent〔 〕

32. What do you think is the average completion rate among teenage mothers?

…………………………………………………………………………………………

Thank you for your time.

UNIVERSITY FOR DEVELOPMENT STUDIES

FACULTY OF INTEGRATED DEVELOPMENT STUDIES – WA

TEENAGE PREGNANCY AND EDUCATIONAL PROGRESSION OF THE GIRLCHILD; A STUDY OF THE TAMALE METROPOLIS, GHANA.

QUESTIONNAIRE FOR TEACHERS

Dear Research Participant,

The aim of this study is to analyze the effects of teenage pregnancy on educational progression of girls in the Tamale Metropolis of Ghana. It is a study in partial fulfillment for the award of a Master of Philosophy (Philosophy) degree at the University for Development Studies (UDS), Tamale. Thus, the information obtained through this questionnaire is for academic purposes only. Please be assured that your participation in this project is completely voluntary and your responses would be treated with utmost confidentiality. Your agreement to respond to these questions implies your consent to participate in this research process. Thank you for your cooperation and understanding.

A. Personal Data

1. Name of school…………………………………………………………………………..

2. Sex: 01 = Female [   ]   02 = Male [   ]

3. Age: ………………………………………………………………………………………….

4. Portfolio/Designation: …………………………………………………………………...

5. Location of school & Contact: ……………………………………………………………

1

B. Knowledge on Sexual Abuse and Educational Systems

6. Have you ever seen or heard that a child in your school has been sexually abused? 01= Yes [   ] 02= No [   ]

7. If yes, what was the form of abuse? 01= was touched and fondled [   ] 02= was exposed to pornographic images [   ] 03 = was forced to touch another persons' sexual areas [   ] 04= had anal or vaginal intercourse [   ] 05= others (specify)

   …………………………………………………………………………………....

8. Who was the perpetrator? 01= Teacher [   ] 02= Colleague student [   ] 03=Family member [   ] 04= others (specify)……………………………………………………….

9. What action did you take against the perpetrator? 01= Warned him [   ] 02 =Reported him to superior authorities [   ] 03= Reported to Police/WAJU [   ] 04= Did nothing [   ] 05=others (specify)…………………………………………………………………..

10. Have you ever recorded any pregnancy incidence among your school pupils? 01=Yes [   ] 02=No [   ]

UNIVERSITY FOR DEVELOPMENT STUDIES

11. If yes, how many cases were registered in the last academic year? 01= 2 〚   〛   02 = less than 5 〚   〛 03 = less than 10   〚   〛   04 = others (specify)...

12. Who were the perpetrators? 01= school mates 〚   〛 02= Teachers〚   〛 03= Family members   〚   〛   05=   Community   members   04=   others (specify)…………………………………………

13. What action did the school take?

....

....

14. What   action   was   taken   by   parents   of   the   girl   against   the perpetrators?…………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

C. Teenage Pregnancy and Schooling

15. How   many   of   those   who   got   pregnant   are   back   to   school?   01=   None〚   〛

02=……………………… …………………………………………………………..

16. What role did the school play in ensuring their return?

01= Counselling service 〚   〛 02= Supported victim to get enrolled in a new school 〚   〛

03= Linked victim to an organization working with girls〚   〛   04 = others (specify)

……………………………………………………………………………………………….

17. How will you rate the performance of teenage mothers in your class/school? 01= fair [　]

02= Average [　] 03=Good [　] 04= Excellent [　]

18. Are there any challenges limiting their effective participation in class/school? 01=Yes

[　] 02= No [　]

19. List three of such challenges?

....

....

....

20. How many have completed successfully? ....

D. **Educational Systems/Structures**

21. Do you know of any child protection policy/for the girl child? 01= Yes [　] 02=No[　]

22. If yes, mention them.

……………………………………………………………………………………………………

……………………………………………………………………………………………………

…………………………………………………………………………………………………

23. Are teachers, students and the SMC aware of these policies? 01=Yes [　]02= No [　]

24. Does the school have a copy of any document on child protection? 01=Yes [   ]

02=No[   ]; If yes, which

ones?..

....

25. Are there any training programmes on sexual abuse or child protection for teachers and

students? 01=Yes[   ]02=No[   ]

26. Are there any structures/ actions put in place by the school to help address this issue? 01=

Yes[   ]02=No[   ].

27. Explain your answer to question 26 above.

………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

28. Mention 3 of these structures or actions.

………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

29. Who handles complaints or issues of sexual abuse in the school?

01=SMC [   ]

02= Head teacher [   ]

03= Assigned teacher [   ]

04=others (specify)…………………………………………………………………………......

30. Does your circuit have an assigned girl child officer? 01=Yes[   ] 02=No[   ] Why?

    ……………………………………………………………………………………………

    ……………………………………………………………………………………………

    ……………………………………………………………………………………………

31. How many times has she/he visited your school in the last year?

    ....

    ....

32. What role has she played concerning girls abuse cases?

    ....

    ....

33. Does parental background have an influence on teenage pregnancy? 01=Yes[   ]

    02=No[   ]. Why?

    ……………………………………………………………………………………………

    ……………………………………………………………………………………………

E. Pregnancy and Progression

34. On a scale of 1 to 5, please rate in your opinion the level of participation of teenage mothers in school activities. 01= 1[ ]   02-=2 [ ]   03=3 [ ]

    04 =4[ ]   05= 5[ ]

35. How will you rate the performance of teenage mothers in school? 01=Fair [ ]   02= Average[ ] 03= Good [ ] 04= Excellent[ ]

36. What do you think is the average completion rate among teenage mothers?

    ………………………………………………………………………………………

Thank you for your time.

UNIVERSITY FOR DEVELOPMENT STUDIES

7

UNIVERSITY FOR DEVELOPMENT STUDIES

FACULTY OF INTEGRATED DEVELOPMENT STUDIES – WA

TEENAGE PREGNANCY AND EDUCATIONAL PROGRESSION OF THE GIRL CHILD; A STUDY OF THE TAMALE METROPOLIS, GHANA

QUESTIONNAIRE FOR GES AND GIRL CHILD OFFICERS

Dear Research Participant,

The aim of this study is to analyze the effects of teenage pregnancy on educational progression of girls in the Tamale Metropolis of Ghana. It is a study in partial fulfillment for the award of a Master of Philosophy (Philosophy) degree at the University for Development Studies (UDS), Tamale. Thus, the information obtained through this questionnaire is for academic purposes only. Please be assured that your participation in this project is completely voluntary and your responses would be treated with utmost confidentiality. Your agreement to respond to these questions implies your consent to participate in this research process. Thank you for your cooperation and understanding. .

A. **Personal Data**

1. Portfolio/Job Schedule: …………………………………………………………….

2. Sex: 01 = Female [   ]   02 =   Male [   ]

3. Circuit: …………………………………………………………………………..

B. Systems and Structures

4. Does GES have any policy on child protection? 01=Yes [   ] 02= No [   ]

1

5. List any of these policies?

....

....

....

6. Does GES have a policy specifically on girls' education and participation in schools?

   01=Yes [   ]   02= No [   ]

7. Explain your answer in 6 above?

   ....

   ....

   ....

8. Does GES have any policy on teenage pregnancy and girls' education? 01= Yes [   ]

   02=No [   ]

9. What   informed   that   decision   by   GES   in   8   above?

   ....

   ....

   ....

10. In what way(s) does this policy seek to protect the education of the teenage girl or

    mother?

    ....

    ....

    ....

C. Teenage Pregnancy and Girls Education

11. Have you recorded any pregnancy cases in the past 1 year among teenage pupils?

01=Yes[   ] 02= No[   ]

12. If yes, how many cases?

....

....

27. Did your outfit take any action(s) in this regard? 01=Yes[   ] 02= No[   ]

28. If yes, what action was taken?

....

....

....

....

29. How many of these girls are back in school?

……………………………………………………………………………………………

……………………………………………………………………………………………

30. What efforts are being put in place to bring those still out of school back to school?

....

....

....

31. What   was   the   challenge(s)   in   getting   these   girls   back   to   school?

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

3

32. What role have you played in supporting such girls?

....

....

33. In order of significance, what in your opinion are the underlying causes of teenage

pregnancy in the Tamale metropolis?

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

34. Is there any road map or line of action in addressing these challenges in the medium to

long term? 01=Yes[   ] 02=No[   ]

35. If yes, list any of these action points.

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

36. Do you think parental background has an influence on teenage pregnancy? 01= Yes [   ]

02=No[   ]; Explain your answer to 22

....

....

UNIVERSITY FOR DEVELOPMENT STUDIES

....

....

D. Pregnancy and Progression

37. On a scale of 1 to 5, please rate in your opinion the level of participation of teenage mothers in school activities. 01= 1[   ]   02-=2 [   ]   03=3 [   ]

    04 =4[   ]   05= 5[   ]

38. How will you rate the performance of teenage mothers in school? 01=Fair [   ]   02= Average[   ] 03= Good [   ]04= Excellent[   ]

39. What do you think is the average completion rate among teenage mothers?
    ....
    ....

Thank you for your time.

UNIVERSITY FOR DEVELOPMENT STUDIES

UNIVERSITY FOR DEVELOPMENT STUDIES

FACULTY OF INTEGRATED DEVELOPMENT STUDIES – WA

TEENAGE PREGNANCY AND EDUCATIONAL PROGRESSION OF THE GIRL CHILD; A STUDY OF THE TAMALE METROPOLIS, GHANA.

QUESTIONNAIRE FOR CIVIL SOCIETY ORGANISATION & OTHER STAKEHOLDERS WORKING ON CHILD PROTECTION AND GIRLS EDUCATION

Dear Research Participant,

The aim of this study is to analyze the effects of teenage pregnancy on educational progression of girls in the Tamale Metropolis of Ghana. It is a study in partial fulfillment for the award of a Master of Philosophy (M.Phil.) degree at the University for Development Studies (UDS), Tamale. Thus, the information obtained through this questionnaire is for academic purposes only. Please be assured that your participation in this project is completely voluntary and your responses would be treated with utmost confidentiality. Your agreement to respond to these questions implies your consent to participate in this research process. Thank you for your cooperation and understanding.

A. **Personal Data**

1. Name of Organization: ………………………………………………………

2. Sex of respondent: 01 = Female [   ]   02 = Male [   ]

3. Occupation: ………………………………………………………………….

6

4. Title:

………………………………………………………………………………………

B. Knowledge on Teenage Pregnancy

5. How long has your outfit been working with Teenage girls? 01=less than a year [ ] 02= 2 years[ ]   03 = 3years[ ] 04= 5 years[ ] 05= others

(specify)…………………………………………………………………………

6. What has been the area of focus? 01=Sexual health [ ] 02=Access to

education [ ]   03=Child rights promotion[ ]   04= others

(specify)…………………………………………………………………………

7. Is teenage pregnancy an area of interest in your work with teenage girls? 01= Yes [ ]02= No[ ]

8. Please explain your answer in 7 above?

....

....

9. How will you rate the incidence of pregnancy among teen girls in the Tamale Metropolis over the past 5 years? 01=Increasing [ ] 02= Decreasing [ ]

03=No   change   [ ]   04=   Don't   know   05=   others

(specify)…………………………………………………………………

UNIVERSITY FOR DEVELOPMENT STUDIES

10. Any reason(s) to back your answer (in 9 above)?

....

....

....

C. Challenges Confronting Pregnant Teenagers and Teenage Mothers

11. What in your opinion are the underlying causes of teenage pregnancy in the

    Tamale Metropolis?

    ....

    ....

    ....

12. Has your outfit supported teenage mothers back to school? 01= Yes [ ]

    02=N0 [ ]

13. If   yes,   what   is   the   nature   of   support?

    ....

    ....

    ....

14. What have been the main challenges in getting these girls back to school?

    ………………………………………………………………………………

    ………………………………………………………………………………

    ………………………………………………………………………………

15. Do you know of any government institution(s) working to support teen mothers? 01= Yes [   ] 02=No [   ]

16. Which institutions are these?

....

....

....

17. What specific roles have they played in ensuring the return of these girls back to school?

…………………………………………………………………………………

…………………………………………………………………………………

……………………………………………………………………………....

18. In your opinion what should be done to support teenage mothers have a successful education? 01= Counseling units to be established in schools [   ] 02= Financial support to be given to victims [   ] 03= Special school for teenage mothers should be established [   ] 04= others (specify)……………………………………………………………………

19. Does parental background have any influence on teenage pregnancy? 01=Yes [   ] 02=No [   ]

20. Please explain your answer in 19 above.

…………………………………………………………………………………

9

……………………………………………………………………………………

……………………………………………………………………………………

D. Pregnancy and Progression

21. On a scale of 1 to 5, please rate in your opinion the level of participation of teenage mothers in school activities. 01= 1[   ]   02-=2 [   ]

    03=3 [   ]   04 =4[   ]   05= 5[   ]

22. How will you rate the performance of teenage mothers in school? 01=Fair [   ]

    02= Average[   ] 03= Good [   ]04= Excellent[   ]

23. What do you think is the average completion rate among teenage mothers?

    ……………………………………………………………………………………

    ……………………………………………………………………………………

Thank you for your time.

UNIVERSITY FOR DEVELOPMENT STUDIES

SCHOOL OF GRADUATE STUDIES

UNIVERSITY FOR DEVELOPMENT STUDIES

FACULTY FOR AFRICAN AND GENERAL STUDIES – WA

TOPIC: TEENAGE PREGNANCY AND EDUCATIONAL PROGRESSION OF THE GIRL CHILD; A STUDY OF THE TAMALE METROPOLIS, GHANA.

Dear Research Participant,

The aim of this study is to analyze the effects of teenage pregnancy on educational progression of girls in the Tamale Metropolis of Ghana. It is a study in partial fulfillment for the award of a Master of Philosophy (Philosophy) degree at the University for Development Studies (UDS), Tamale. Thus, the information obtained through this questionnaire is for academic purposes only. Please be assured that your participation in this project is completely voluntary and your responses would be treated with utmost confidentiality. Your agreement to respond to these questions implies your consent to participate in this research process. Thank you for your cooperation and understanding.

INTERVIEW GUIDE FOR CLINICS

Name/Location of Health post:

Date:

1. How many communities thus this clinic serve?

2. Do you provide antenatal and or post natal services here?

3. How often do you provide antennal services?

4. How many cases of antenatal care do you record in a week?

5. What is the age range of people who come here?

6. Do teenage mothers visit your outfit, if yes what are the statistics for the various cases for the past 5 years?

7. What peculiar issues have you identified regarding such teenage girls and mothers?

8. Do you have any information on their educational and parental background?

9. In your opinion, does parental background have an influence on teenage pregnancy, how?

UNIVERSITY FOR DEVELOPMENT STUDIES