



## EARLY PREGNANCY OF JUNIOR HIGH SCHOOL GIRLS: CAUSES AND IMPLICATIONS ON ACADEMIC PROGRESSION IN THE TALENSI DISTRICT OF THE UPPER EAST REGION OF GHANA

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### Abstract

*Early pregnancy by teenagers has recently become a topic for discussion in Ghana and has eventually gained media attention. Its occurrence has become very frequent, making one to wonder if the sex education campaigns by the government, NGOs as well as the media always fall on deaf ears. Pregnancy and birth rates among teenagers in Ghana and its accompanying social, physical, behavioral, economic, and educational consequences for the teenage mothers and the society have prompted many initiatives to prevent adolescent pregnancy. The study examined the socio-economic causes of early pregnancy, psychological causes as well as its implications in Talensi District of the Upper East Region of Ghana. Non-pregnant and pregnant teenage girls were selected using probability and non-probability sampling techniques. Data was collected through semi-structured interview schedules and structured questionnaires and analyses were done with the help of the Statistical Package for Social Sciences involving frequency tables, percentages as well as charts. The results showed that cell phone usage by teenagers, inadequate contraceptives, peer group influence, family neglect and poverty had a negative and detrimental effect on teenagers' academic career, increased family burden and sexual transmitted diseases. The study recommended that sex and sexuality learning programmes should be introduced in JHS, ban the open dances at funeral centers and provide contraceptives at vantage points, establishment of youth centers and finally, establishment of parent information sessions in various communities of the district. These would go a long way to reduce the incidence of early pregnancy in the district.*

**Keywords: Early Pregnancy, Socio-Economic factors, Psychological Factors, Poverty, and Education.**

### Introduction

All over the world, about 80 million unwanted pregnancies take place annually and more than half of those pregnancies are aborted (World Health Organization 2013). According to Sedgh (2012), almost half of these abortions done are unsafe and they occur in less developed countries. Out of these, 40% are among girls less than 25 years old. The World Health Organization (2013) further reported that a lot of adults die early because of the behavioral choices they make in their adolescence. The report indicates that about 16 million girls aged

15 to 19 years and two million girls under the age of 15 give birth every year worldwide.

Teenage pregnancy affects the immediate family, local community and the entire nation. Adolescent mothers like their peers have goals and aspirations with regards to their future plans. These goals are unachieved due to unexpected pregnancy and additional responsibilities within the family. Mothers experience role conflict between their academic demands and parenting demands.

Abraham (2004) found that for some adolescents, pregnancy and parenting may actually cause them to change destructive behaviors and improve outcomes tremendously.

Studies by Mwansa (1994) found that, at least one out of every twenty girls in Africa is likely to give birth during the school going age. In Ghana, throughout history, children are known to be gifts from God, for some it is either considered a curse or a misfortune, especially when it is not planned for (Standoff 2012). The issue of teenage pregnancy has become rampant in the Ghanaian society, especially among the Junior High School pupils. Some have no choice than to take their pregnancy to the examinations halls for the Basic Education Certificate Examination (BECE). Some would have to write their BECE a couple of days after giving birth and some also would have to give birth or abort at the examination centers as reported by the Talensi District Education Office of the Upper East after the 2013 Basic Education Certificate Examination.

Unwanted pregnancy and early motherhood has the propensity to bring to a halt one's education with subsequent effects on employment opportunities. This situation results in negative consequences for the quality of life of both the mother and child. It also makes her less productive to be able to contribute fully to the socioeconomic development of the country. The pregnant adolescent who does not give birth and decides to abort the pregnancy may bring upon herself long term effects such as infertility arising from abortion complications or even death if it is an unsafe abortion (National Population Council, 2004). A School Performance Appraisal Meeting (SPAM) organized by the Talensi District Education Office for basic schools in 2013, revealed that some female teenagers were pregnant in many schools in the district before the 2013 BECE (TDA, 2013).

The activities of vibrant social marketing programmes such as the Ghana Social Marketing Foundation and the Planned Parenthood Association of Ghana have virtually become a household name in Ghana. Evidence from the Ghana National Population Council Report (2000) indicates that knowledge of any contraceptive method is almost

universal in Ghana with 98% of all women and 99% of all men knowing at least one method of contraception. Modern methods are widely known in Ghana and these include condoms, sterilization, the pill, injectable, implants, diaphragm, foam tablets, jelly and emergency contraceptives. However, many of these programmes were concentrated on the adults' while little concentration was on the adolescent fertility. Also the causes and implication of teenage pregnancy was ignored. This study therefore seeks to examine the socio economic and psychological causes of early pregnancy and its implications on academic progression in the Talensi district of the Upper East Region of Ghana.

### **Theoretical Bases of the study**

The theories guiding this study are aimed at lowering unhealthy sexual practices of teenage girls who are pregnant or have a child. Numerous interventions have been designed to promote safer premarital behavior amongst young girls. However, relatively few have proven effective, in part due to the lack of development of theoretically based programs and structure (Wright, Abraham, and Scott, 1998). An understanding of the origins and control of inappropriate sexual behavior can be derived from basic social science research. Unless this is applied to the design of behavior change programs, the latter are unlikely to target the most important determinants of young people's behavior and are therefore unlikely to be effective (Wright, Abraham and Scott, 1998).

According to Wright et al. (1998), it is imperative that programs whose goal is to deter teen pregnancy comply with the following: Improve the quality of young people's relationships, particularly in terms of reducing anxiety and regretted sexual behaviors, reduce the incidence of unsafe sex and reduce the rate of unwanted pregnancies. The theoretical basis of this study was intentionally eclectic, combining social psychological cognitive models with sociological interpretations since this study was not concerned with advancing a particular theory but with findings which are most useful in promoting sexual health. The social influences on sexual behaviors are considered, followed by the way in which these translate into teenagers' perceptions

and beliefs. It is important that educators develop a theoretical understanding of sexual interaction and the social contexts of sexual behavior among teenage girls. This will go a long way to ensure that programmes are designed to control early pregnancy and educators will see the need to effectively combine the teenagers' psychological behavior as well as their interpersonal relationships with their environment and peers. The theory is relevant to this study because the study examined both the psychological as well as the social-economic causes of early pregnancy which are a force to reckon with so far as early pregnancy is concerned in the Talensi District in the Upper East District is concern.

Drawing on symbolic interaction phenomenology and feminist analyses, recent sociological research on young people's sexuality highlights three key issues. First, individuals' understanding of sexuality is largely learned and it is learned differently according to one's gender (Makinson (1985). Because sexuality is socially constructed, it is theoretically open to change. Second, the outcome of heterosexual encounters which is shaped by gendered power relationships. Third, the recognition and interpretation of health risks are culturally specific, varying with age, gender, and social class (Wright et al. 1998). Gender relations, power and risk are all key aspects of the teenager's sexual world but no one aspect is absolute. Wright et al. (1998) stated that young people are capable of reflecting on their social and sexual practices and need to be given the opportunity to do so in a context where they are under no immediate pressure but where they can come to understand and deal with different points of view.

At the individual level, social cognition models have sought to identify those cognitions that motivate and regulate health-related behaviors. The most important cognitions relative to sexual practice appear to be the personal susceptibility to risk, perceived benefits of and barriers against an action, social approval perceived, self-efficacy, intention formation and context-specific planning (Wright et al. 1998). The attributes of the teenagers involved and what happens in sexual encounters is largely the result of the interaction that takes place and the context within which the encounter occurs.

Relationship education programs must also take this into account in improving understanding, targeting cognitions, and developing social skills of program participants (Wright et al., 1998).

Also underlying the theoretical perspective of this study is the social cognitive theory (Bandura, 1986, 1992) initially called cognitive social learning theory. Social cognitive theory emphasizes behavior, environment and cognition as the key factors in development and this is in line with the study which is used in the discussions of both psychological and sociological causes and its implications on teenagers' academic progression in the subsequent pages. The social cognitive model is concerned with ways in which mental representations of social events, societal and cultural norms, and personal characteristics influence behavior, reasoning, emotion and motivation. Specifically, the approach addresses acknowledgment of self and social goals, mental representations of self and the role of social facilitation in decision-making, memory and judgment (Bandura, 1986, 1992). According to social cognitive theory, complex cognitive functioning involved in coping with everyday problem-solving and decision-making in health as well as in social situations depend on basic cognitive methods. Furthermore, it depends on the organization of existing knowledge structures and socially-derived emotional and motivational influences on performance. Martino, Collins, Kanouse, Elliott (2005) explained how cultural influences serve as behavioral models for young people: Social-cognitive theory contends that people observe important role models, peers, make inferences and attributions and acquire scripts, schemas and normative beliefs that then guide their subsequent behavior.

This theoretical perspective would predict that adolescents learn sexual behaviors from their peers, from the environment in which they live and the likely consequences of watching television. To the extent that adolescents acquire favorable beliefs about sex and confidence in their own sexual abilities as a result of viewing sexual content on television they become more likely to attempt the modeled behaviors. The social cognitive analysis of early pregnancy prevention would stress the

importance of information concerning sexual activities, skills for managing behavior in relation to reducing pregnancy risk, feelings of self-efficacy in relation to pregnancy prevention and social influence factors as determinants of pregnancy preventive behavior. In a similar vein, the social-cognitive analysis of sexually transmitted diseases (STDs) sees the latter as caused by sexual risk-taking behavior.

Prevention would stress the importance of information, providing skills for managing behavior in relation to STD risk, increasing feelings of self-efficacy concerning STD prevention and awareness of social influence factors as determinants of preventive behavior. Self-efficacy is a frequently cited construct in social cognitive theory. Bandura's (1986, 1992) social cognitive theory assumes self-efficacy and outcome expectancies (related to situation and action) are central determinants of behavior. According to Bandura (1992), self-efficacy is confidence in one's own ability to carry out a particular behavior. In the present context, self-efficacy theory predicts that pregnancy and STD prevention behaviors will be performed if the individual perceives they have control over the outcome, there are few external barriers and they have confidence in their own ability to carry out the behaviors (Bandura, 1992).

In this context the theory of planned behavior would apply in the present investigation as an extension of the theory of reasoned action. The theory of reasoned action proposes that an individual's sexual preventive behavior is a function of the individual's behavioral intention to perform a particular act. Behavioral intentions in turn are assumed to be a function of three factors. These include a person's attitude toward performance of a particular preventive behavior, the individual's subjective perception of what significant others wish the individual to do with respect to the behavior in question, or both.

Another predictor of intentions is perceived behavior control. This concept is similar to Bandura's (1986) concept of self-efficacy. Even though a limitation of the theory of planned behavior in relationship to sexual behavior is that, the model seems to be unable to explain behavior

that may be under affective (emotional) control and does not adequately take into account emotional factors in decision making, the theory is still relevant and therefore is used in the discussions of the causes and implications of early pregnancy in the Talensi District of the Upper East Region of Ghana. In addition to the earlier limitation, it would appear that social-cognitive theory constructs have not been thoroughly specified in relation to AIDS or pregnancy preventive behavior. Literature has not seen social cognitive theory being tested empirically as an integrated model with respect to early pregnancy and sexually related behavior.

### **Methodology**

Cross-sectional research design was used because the design allows the researcher to collect data at a single point in time. In spite of the fact that the design is often associated with quantitative research, it allows triangulation therefore the study was both qualitative and quantitative. The purpose of the triangulation was to provide an explicit description and explanation of the issues relating to the causes and implications of early pregnancy among Junior High School Pupils and how it retards their academic progression in the Talensi District of the Upper East Region of Ghana.

Probability and non-probability sampling techniques were used. The probability technique included simple random sampling which was used to select twenty Junior High Schools from a list of forty JHS, while the non-probability sampling was purposive sampling used to select and interview non-pregnant girls from the Junior High Schools through a questionnaire. Convenient sampling was used to select pregnant Junior High School girls and interview through an interview guide. Members of the Ghana Education Service, NGOs were purposively selected and interviewed through an interview guide. The non-pregnant Junior High School girls were three hundred in number while the pregnant girls were ten in number. The sample size was categorical, therefore respondents of the questionnaire and respondents of the interview guides were not put together as one sample size they were analysed separately because as Brink (2000) noted, in research that involves multiple responses and sample sizes, it is not appropriate to put all the respondents together as one sample size and that is exactly what this study has done. The

selected schools are illustrated on the following

table:

**Table 1:** Selected School in the Talensi District

Selected Schools	Selected Schools
Balungu JHS	Yinduri JHS
Ting-Zug JHS	Takano JHS
Yagzore JHS	Pusu-Namogo JHS
Gorigo JHS	Datuku JHS
Winkogo JHS	Nungu JHS
Dapore JHS	Bio JHS
Shega JHS	Baare JHS
Awradoone JHS	Tongo-Beo JHS
St. Joseph JHS	St Martins JHS
Garegbani JHS	Shia JHS

**Source:** Field survey (2014)

Data was collected using a semi-structured interview guide and structured questionnaires specifically designed for this study. A structured questionnaire enabled the investigator to be consistent in asking questions and data yielded is easy to analyse (Brink 2000). The questionnaires were distributed to the selected non-pregnant school girls and then collected after completion. The semi structured interview guide was used during the in-depth interviews. This type of interview guide was used mainly because of sensitivity of the nature of the research. It was anticipated that unexpected answers and information may be discovered in the interview; hence the in-depth interview was used to proof-investigate the answers found in the questionnaires.

The primary data was taken from the open discussions, interviews and the administered questionnaires which served as instrument for data collection. Individual interviews were held with ten pregnant teenagers, the Guidance and Counselling Coordinator, health officer and the Girl Child officer in the District Education Office. The questionnaires were administered to three hundred non-pregnant JHS girls. Also, twenty headteachers and six parents were all interviewed

The secondary data was sourced from Ghana Education Service (Talensi District Education Office), Ministry of Health (Talensi district) and

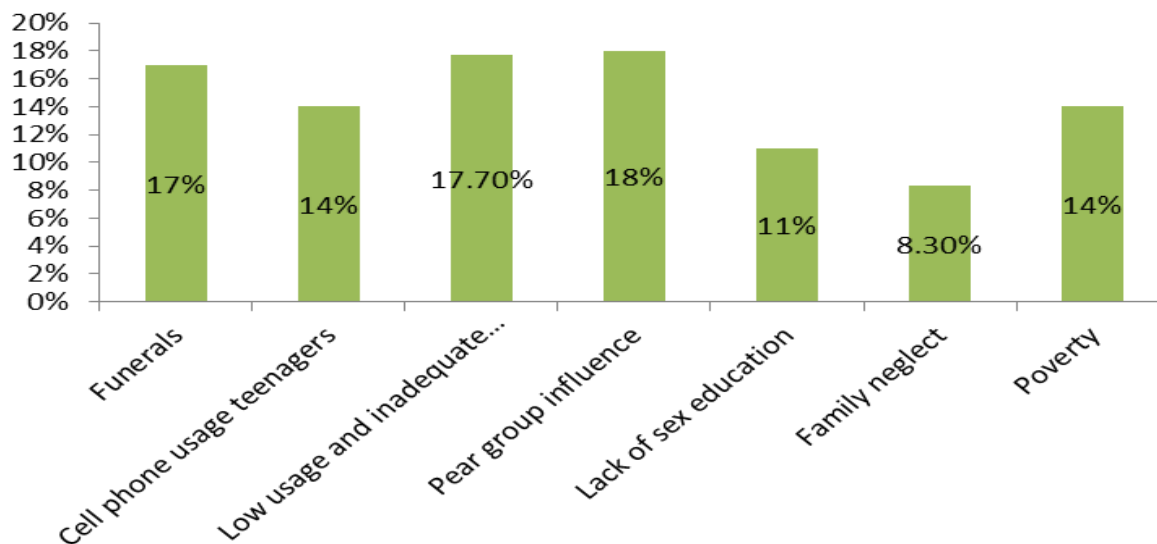
Internet, books, journals, articles and other publications. Secondary data can be examined over a period of time. Both primary data and secondary data have their pros and cons. Primary data offers tailored information but tends to be expensive to conduct and takes a long time to process. Secondary data is usually inexpensive to obtain and can be analyzed in less time. However, because it was gathered for other purposes, one may need to tease out the information to suit the objective of the paper.

Data collected from the field was first cross-checked to ensure that it was correct and has no errors in them. The data from the completed questionnaires was inputted into the computer and the Statistical Package for the Social Sciences (SPSS) especially the package for descriptive statistics was used for the analyses. Tables and charts were used to present the results. The qualitative data was categorized under specific themes and in some case the qualitative data was used to support the quantitative data in the analyses.

### **Findings**

There were many socioeconomic and psychological factors causing teenage pregnancy in the Talensi District of the Upper East Region of Ghana. Table 1 below indicates the socio-economic factors.

**Figure: 1** Socio-Economic Factors Influencing Teenage Pregnancy



Sources: Field survey (2014)

**Table 1** Psychological Factors Influencing Teenage Pregnancy

Responses	Frequency	Percentage
Sexual desire	89	29.7
Death of parents	66	22
Ignorance of vulnerability to pregnancy	145	48.3
<b>Total</b>	<b>300</b>	<b>100</b>

Sources: Field survey (2014)

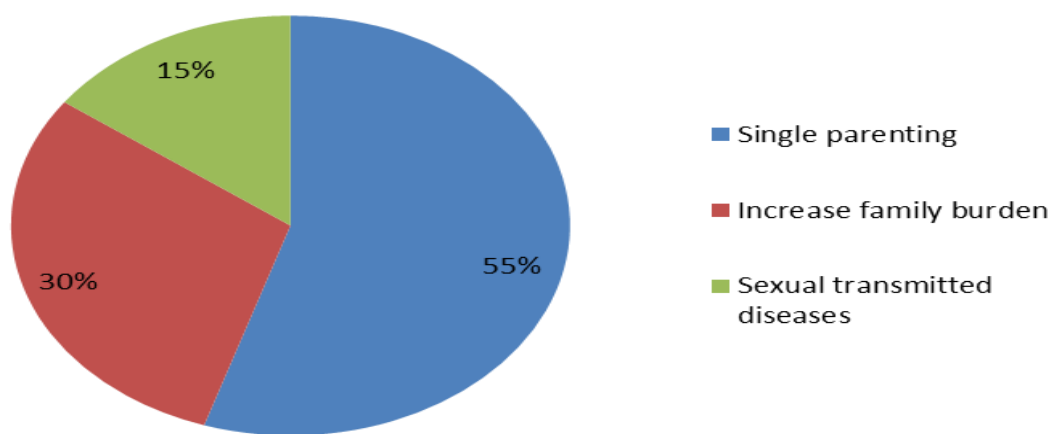
The effects of teenage pregnancy in the district were numerous. These were categorized into two broad themes namely disruption of academic career and the contextual effects. The effects on the academic career included school dropout, temporal withdrawal from school and absenteeism. The contextualized factors included: early marriage, single parenting, increased family burden and sexual transmitted diseases.

**Table 2** Disruption of academic career

<b>Responses</b>	<b>Frequency</b>	<b>Percentage</b>
School drop-out	105	35.0
Temporal withdrawal from school	102	34.0
Absenteeism	93	31.0
<b>Total</b>	<b>300</b>	<b>100</b>

Source: Field survey (2014)

**Figure: 2** Effects of Contextual Factors



Source: Field

survey (2014)

### Discussions of the Findings

As indicated in figure 1, peer group influence, inadequate knowledge of contraceptives and dances at funeral grounds came up strongly as the major socio-economic and socio-cultural factors affecting

early pregnancy of teenagers in the district. Even though factors like poverty, cell phone usage, lack of sex education and family neglect also contributed to early pregnancy, they did not stand out as the

major factors causing teenage pregnancy in the Talensi district. About 18% of the respondents explained that the influence of friends encouraged them to take boyfriends and to some extent engage in sexual relations. Adolescents interact easily with their peers than their parents when it comes to discussion of sexual activities. They share information better with their peers than their parents; they share a lot of information including “love” and romantic chats. A peer who had no boyfriend or never had sex becomes a misfit in the group and this forces a lot of the young girls in the district to pick boyfriends which puts them at a risk of becoming pregnant at an early stage of their lives. Kosterman et al. (2008) collaborated this as well as Clarke (2005) who ascertained that peer pressure is a driving force to teenage pregnancy and that teenage girls are forced to engage in unprotected sex for fear of being rejected by the group she belongs to.

Albert (2007) supporting this assertion explained that there are many social factors that push the teens toward falling pregnant and that some girls feel that they will only be accepted as girls once they have been able to prove their fertility. Also, the author opines that because teenagers do not have much experience in dealing with social matters it puts them at a disadvantageous position or makes them vulnerable to some socio-economic factors which consequently lead to unplanned pregnancies and thus ending their schooling. In addition to peer group influence, poverty, funerals and inadequate knowledge of contraceptives were other causes of teenage pregnancies in the Talensi district. Funeral grounds are centers where many of the young girls start their relationships and where they involve in sexual intercourse with their male counterparts. This revelation is in line with Bandura’s (1986, 1992) cognitive social learning theory which specifically recognizes how people learn from each through social interaction at different places and through their peers. As one of the girls (code: 8) said:

*“We go to the funeral grounds for entertainment and we enjoy ourselves with the boys...” (Field Work, March, 2014).*

The roles given to the girls during the funeral celebrations may make them think that they are matured enough to practice sexual activities. When the girls are asked to choose husbands and play the role of a wife during the funeral it influences them negatively, thus making many of them to become pregnant, these young teenagers either stop schooling or find it difficult to progress in education especially after Basic School Certificate Examination. The Guidance and Counseling Coordinator of the District Education Office explained that

*“At the traditional funeral rites, girls are officially sent to the funeral house to perform some roles. They are to choose men who will act as their husbands until the end of the funeral after which they go to their respective chosen husband’s houses to perform some household chores and this is where most of them get pregnant and are unable to continue their education” (Field Work, March, 2014).*

The study was supported by the studies of Brown et al. (2006) who noted that the elaborate funeral ceremonies that are often held over several days become conducive environments for adolescents to engage in casual sex and that funerals in nature are engulfed with series of entertainment and the modern sound systems which produces loud hip-hop and highlife music at the funeral grounds pull the youth to the funeral centers. Wright’s (1998) assertion that through sociological interaction teenagers make friends and this friendship can lead to unwanted pregnancy. It can be explained that it is not the cultural and spiritual performance at the funeral centers that attract the adolescents to go there; however, it is the modern disco which has been introduced during funerals which attracts the youth. Teens go to these centers to enjoy themselves and to meet their peers of the opposite sex. They entertain together and by so doing they end up engaging in sexual related activities which put them at high risk of getting pregnant and eventually ending their academic career.

The in-depth interview revealed that all the ten pregnant girls interviewed have never seen or used the female condom. Some have seen the male condom but explained that their partners have never



used them during sexual intercourse. One of the girls (code: 10) said:

*“I don’t know what contraceptives are and I have never used some during sexual intercourse. My boyfriend also never used some during sex...”*  
(Field Work March, 2014).

The study further showed that teenagers in the district do not go to the health centers for birth control practice. This was confirmed by an official from the Health Centre who explained that since she was posted to the Center two years ago, she had never seen a teenager coming to this Health Center to seek advice on how to prevent teenage pregnancy but she sees pregnant teenagers and teenage nursing mothers trooping in here every day for antenatal and postnatal care.

Ignorance of the knowledge and usage of contraceptives put the adolescent girl at risk of becoming pregnant. The JHS education curriculum does not encourage the usage of contraceptives by teenagers as preventive methods to teenage pregnancy but teaching the teenagers only to abstain without teaching them how to use other methods to prevent teenage pregnancy and this put sex loving adolescents at risk of becoming pregnant since they cannot abstain from sex. Once they become pregnant their education is in doubt. This is supported by Buston and Wright’s (2004) assertion that inadequate use or knowledge on conventional methods of preventing pregnancies is the main cause of teenage pregnancy in most African societies. Also, Newman and Newman (2006) explained that some teenagers do not use contraceptives consistently and in some cases, not correctly. Incorrect usage can lead to tears in condoms and missed doses of birth control pills which can lead to ovulation.

Mobile phone usage by teenagers was one of the causes of early pregnancy in the district. Technology had made cell phones so cheap that it was common to see young females having access to the cell phone. They do not only call their peers and “lovers” but also watch videos of sexual content with their peers and “lovers” and this behavior poses a high risk of practicing what they watch which eventually lead them to pregnancy and dropping out from school. One of the girls (code: 6) said:

*“I don’t have a phone, my boy-friend also has no phone, but we normally communicate using our parents’ phones. I know the time my boy-friend will have the mother’s phone, I always flash him at that time and he will then call for us to plan where to meet...”* (Field Work, March, 2014).

Also, one of the headteachers also said:

*“When we were young, anytime we want to see our girl-friends, we will have to go to the girls’ house, hide somewhere and send someone to secretly call the girl for us. Most at times, you may stand there in vain. It may take you several days if not weeks to get the girl. But now the phones have made it so simple for the boys to be able to communicate with the girls especially at night”* (Field Work March, 2014).

This implies that mobile phones in recent times aid communication among teenagers of the opposite sex. Teenagers do not need to get their own phones before they can communicate to their peers; they communicate using their relatives and friends’ phones. Communication through mobile phone is an easy and quick medium that teenagers of today use to start love relationships. Once the parent has a mobile phone, the child has access to the phone and sometimes more access to the phone than the parent. When teens watch these kinds of videos, it increases their sexual feelings which lead them to pregnancy at tender ages. Studies by Wight et al. (2002) describe teenage pregnancy rates as higher among teens who watch lots of movies with explicit sexual behaviour and sex dialogue on the media as compared to those who do not watch those kinds of movies. It is also very clear that watching a lot of sex on social media influence teenagers to have sex at earlier ages and these mobile phones have made easy for the young females.

Poor parental guidance is another major factor contributing to early pregnancy. During the day, most parents are at work, leaving young children unattended to and this attitude of parents give the children enough time to explore some things that might have negative impact on them. Some parents in the district do not show concern about the wellbeing of their adolescent girls; they do not cater

for their basic needs. These adolescent girls are therefore forced to look for their own means of livelihood and the simplest way is for them to pick boyfriends who can cater for their daily needs. These men at the end abuse the innocent girls sexually before meeting their needs. This finding is supported by Wright (2004) who explained that girls are allowed by parents to dress like “prostitutes” and boys are trained to treat them as such. They are also allowed by parents to stay out all hours of the night and this attitude was a possibility of young females to become pregnant and eventually drop out from school.

Additionally, parents find it difficult discussing with their children issues of reproductive health as they fear that they might direct them to engage in sexual activities. Also parents feel that they are ill equipped to discuss the topic and therefore choose to avoid talking about sex deliberately. A parent from the Talensi district remarked that:

*“It is very difficult for me as a parent to tell my child about consistent condom use, for early pregnancy prevention because when I teach him ways to prevent it is like I will be directing her to practice sex” (Field Work, March, 2014).*

It was clear in the district that sex education is not taught at basic schools and this explains why adolescents lack sexual knowledge and become pregnant at the tender age. Collaborating these findings, Miller (2006) noted that lack of education on safe sex, either on the side of the parents or the educators might lead to teenage pregnancy. While authors like Conger (1991) acknowledged that sex education, even in secondary school is dangerous for adolescents, Wright (2003) noted that it is a taboo to talk about sex with your child particularly in black African cultures therefore, the more parents do not talk about sex with their children the more children would want to experiment with sex trying to find out exactly what their parents are hiding from them.

The study identified poverty as one of the causes of teenage pregnancy in the Talensi district. Poverty is really pushing many female teenagers into pre-marital sex leading to unwanted pregnancies. Most parents because of economic hardship, the children

are given the free will to fend for themselves and this attitude of parents induce their female teenagers to engage in pre-marital sex which unfortunately causes unplanned pregnancies. The head teacher in one of the schools in the district explained that parents find it difficult to cater for the basic needs of their children. Sometimes it is difficult to provide three square meals for the children some girls according to the headmaster come to the school with empty stomachs, no food and no money to buy food. Gyan (2013) also collaborated this by explaining that 94% of the people of Chorkor, a suburb of Accra, either agree or strongly agree to the fact that poverty can lead to teenage pregnancy. Also GDHS (2008) confirmed that poverty is one of the predominant factors that cause most teenagers to become pregnant in Ghana. This was again supported by Ghana Statistical Service (2010) and Clarke (2005) who noted that early pregnancy is highly associated with poverty and that early pregnancy is profound in poverty stricken communities.

The desire for sex by adolescents is a major cause of teenage pregnancy. The teenagers in the district engage in risky behaviors such as unprotected sex without considering the consequences. This is as the result of the uncontrollable inner feelings the girls undergo during their adolescent period. This view is in line with Moore and Rosenthal (1996) and also the theory of cognitive social learning by Bandura (1986, 1992) which the study used as bases. This theory also made emphasize on the psychological discomfort which adolescence experience and their feelings and behavior towards their opposite sex. Moore and Rosenthal (1996) explained that, sometimes pregnancy is as a result of the teenager’s conscious desire to get pregnant. The authors added that the psychoanalytic model is pre-eminent in psychological explanations of the adolescent pregnancy. The health workers remarked that teenage girls have weak mind, they feel weak when it comes to negotiation for sex and this low statuses of girls in relationships often hinder them from voicing their concerns as far as sex is concerned. The health workers added that men are seen as the ones who have the right to initiate sex and dictate how it should be done. Women are expected to satisfy their male partners and should be voiceless so far as sex is concerned. This makes women more

vulnerable to sexual manipulation and increases the risk to become pregnant.

Supporting the evidence, Dilorio et al. (2003) reported that girls submitting power to guys are seen as a major cause of teenage pregnancy. The girls find it difficult to negotiate about condom usage in fear of being abandoned by her boyfriend. Although a girl may want to use a condom when the boy refuses she ends up agreeing in order to appease the wishes of the boyfriend. The death of parents and ignorance of the vulnerability of pregnancy on the part of the girls in the district put the girls in a dangerous situation which lead them into early pregnancy while still in school. This was corroborated by Elliot et al. (2005) who found that girls whose fathers left the family early in their lives had the highest rates of early sexual activity and pregnancy and also fathers' absence had a greater impact on their daughters' sexual activity and teenage pregnancy than on other behavioral or mental health problems or academic achievement.

It was revealed that the effects of this early pregnancy in the district include school drop-out where the teenage mother had to stop schooling and look after the baby after delivery. One of the headteachers of JHS in the district said:

*"The girls, when they become pregnant they stop coming to school. In my school I had one case like that. The girl stopped coming to school for more than two weeks and when we followed up the parents told us that the girl cannot come back to school because she was pregnant..." (Field Work, March, 2014).*

Temporal withdrawal from school was identified as one of the effects of teenage pregnancy in the district. The pregnant expectant mother is not allowed to stay in school but only accepted back to school after delivery. Teens therefore have no choice to stay at school when pregnant. More often than not even those that are allowed to attend school after delivery absent themselves from school since they could not manage their roles as mothers and pupil at the same time.

Apart from the disruption of academic career there are other implications associated with the teenage pregnancy and these include single parenting and

the high risk of sexual transmitted diseases which can lead to the death of the teenage mother. Additionally, increasing burden on the limited family resources and increasing the poverty level of the families of the concerned teenager were cases in point. One of the parents remarked:

*"I am already poor, adding another 'month' to my meal will mean something else. It is not easy to take care of my children let alone my daughter and her baby..." (Field Work, March, 2014).*

## **Conclusion and Recommendations**

There are many causal factors to teenage pregnancy such as funerals, mobile phones usage, peer pressure influence, lack of sex education, low usage and inadequate knowledge of contraceptives, family neglect, poverty, ignorance, sexual desire and death of parents. The effects of teenage pregnancy and its implication in the district cannot be overemphasized. Teenagers need special attention during the developmental process else the target of the Millennium Development Goal which emphasizes achieving educational parity at all levels will remain an illusion if this menace persists in Ghana. Even though early pregnancy is viewed largely as negative in terms of academic progression of the teenage mothers it is not a problem in many cultures especially in cultures where teenage mothers are still allowed to attend school even after delivery.

Funeral centers are points where these teenagers meet to entertain themselves and at the end involve in negative sexual activities which may lead to pregnancy. The disco that is usually organised at the funeral center encourages the youth to stay longer at night. And this disco continuous as long as the funeral. Putting a ban on disco at the funeral centers by the District Assemblies and the chiefs will discourage the youth from organising disco at funerals.

The establishment of youth centers by the District Assemblies will assist in organising the youth at a central venue with the purpose of influencing them positively and hence eliminating the threat of negative peer pressure. In such centers the awareness campaign on the impact of unsafe and unprotected sexual conduct would be discussed

together with teenagers both boys and girls. Parents should be encouraged by the assemblies and the chiefs to talk openly and freely with their children about sex. If children get proper information and guidance from their parents at home they would disregard whatever misinformation they come across outside the boundaries of their homes.

The schools are very important in the shaping of children's future and ultimately the future of the country as a whole. It is therefore recommended that education on sex and sexuality should not just be a concept but should be developed further as a complete discipline and much more research should be conducted to that regard. In schools this should be introduced as a complete learning subject. It should not be included in other learning areas but should enjoy autonomy as a learning curriculum. By doing this learners would be exposed to first hand information instead of ill-informed advice they can get from their peers.

Contraceptives in the form of condoms, birth control pills and so on should be made freely available at schools. Some learners for some reason are not adequately exposed to proper contraceptives, therefore it is recommended that learners should get them at schools and constant education on the correct way of using such contraceptives should also be introduced as that may help to overcome the problem. Finally, a review of some public policies concerning children will help in this direction for example, allowing children as young as twelve to access contraceptives without parental consent should be reviewed. While it is important to work on reducing teenage pregnancy, the emotional, developmental and financial needs of pregnant teenagers should be considered in policy making to prevent the teen mothers to end up being trapped in the cycle of poverty.

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