“We were girls but suddenly became mothers”: Evaluating the effects of teenage motherhood on girl’s educational attainment in the Volta Region

Anthony Kwame Morgan1*, Seth Agyemang, Emmanuel Dogbey, Abdul Wahid Arimiyaw and Alfred Foster Senior Owusu

Abstract: Evidence suggests that teenage motherhood undermines human capital development such as the education of young girls in developing economies. Teenage motherhood is associated with school dropout due to stigmatization and inadequacy of finance to support their studies and the need to care for their child. While teenage pregnancy is topical among research areas in Ghana, there is a dearth of literature on the issue in the Kpando Municipality of Ghana’s Volta region. This study examined the predisposing factors to teenage motherhood as well as the consequences of teenage motherhood on the education of adolescent mothers in the Kpando Municipality. The descriptive case study design, with a mixed-method approach, was adopted. Data were obtained with the aid of structured interview guides from 85 teenage mothers through purposive and snowball sampling techniques. The study revealed that poverty is the principal predisposing factor to teenage pregnancy and teenage motherhood in the municipality. The study further revealed that 79% of the teen mothers have dropped out of school, thereby placing them in a dreadful position as far as their education and human capital development are concerned. In cognizance of the life-changing impact of education on the lives of teenage mothers, the authors recommend that

ABOUT THE AUTHOR

Anthony Kwame Morgan holds a Master of Science Degree in Development Policy and Planning and a Bachelor of Arts Degree in Geography and Rural Development from Kwame Nkrumah University of Science and Technology, Ghana. His research interests include Public Health, Health Services Research, Ageing, Local Governance, Rural Development, Poverty and Livelihoods Studies, Migration and Poverty Studies, Urban Studies, Sustainable Development and Environmental Management. The authors’ work contributes to studies on the importance of concerted efforts in addressing teenage pregnancy in Ghana due to its tendency of predisposing these young mothers to school dropout, lesser opportunities and longsuffering. Explicitly, this study examined the hindrance posed by teenage pregnancy on the educational attainment or accomplishment of young mothers with an emphasis on the Kpando municipality.

PUBLIC INTEREST STATEMENT

A present-day societal issue menacing the education, human capital development and the future of young girls in most countries of the world is teenage pregnancy. The predominance of this issue in poor, marginalized communities produces severe consequences for teenage mothers spanning physical health, social relations, educational achievement, and future economic freedom. The utility of this study is therefore linked to the urgent need for defining predisposing factors to adolescent pregnancy which are well contextualized, and identifying detrimental outcomes for teen mothers so targeted strategies are implemented to minimize harm. The findings of this study are beneficial for advocacy efforts and provide evidence-based guidance to community leaders and policymakers to boost the effectiveness of planned or implemented programs.
barriers to school re-entry such as stigmatization should be addressed through public sensitization. Moreover, livelihoods should be improved through agricultural and informal sector development policies to revamp the economic activities of the people, since poverty was found as a major predisposing factor to teenage pregnancy in the municipality.

**Subjects:** Education; Development Studies; Gender & Development; Development Policy; Rural Development;

**Keywords:** education; poverty; school; sex education; teenage mothers; teenage pregnancy; Ghana

1. Introduction

Teenage pregnancy is a canker affecting the educational and human capital development of today’s young girls. It is a major contemporary social problem threatening most countries in the world (Gyan, 2013; McCall et al., 2015; Panting et al., 2019). This issue has been the cradle of contention among policymakers, social workers and other human service providers due to its negative repercussions on the development of the girl-child (Grunseit, 2007). By 2012, global estimations indicated that about 18 million teenagers gave birth annually (Ayanaw Habitu et al., 2018; United Nations Population Fund [UNFPA], 2013). In 2016, 21 million adolescents aged between 15 and 19 years were pregnant and nearly 12 million of those pregnancies resulted in childbirth within developing countries (Darroch et al., 2016). According to Chong’ach (2012), teenage pregnancy is rampant in Sub-Saharan Africa where up to 40 percent of teenagers are either pregnant or are teenage mothers. A multi-country cross-sectional study in Sub-Saharan Africa by Odimegwu and Mkwananzi (2016) also reported rates between 16.3 percent and 28.9 percent of teenage girls who are likely to become pregnant by the age of 19. In Ghana, a survey report revealed that 30 percent of births recorded were attributable to adolescents, and 14 percent of young women aged between 15 and 19 years had already begun childbearing (Ghana Statistical Service, Ghana Health Service & ICF International, 2018).

A variety of factors are identified as acting together to produce the noted prevalence of teenage pregnancy. The intersection of poverty and socio-economic vulnerability of young girls remains a long-standing explanation for teenage motherhood (Gyan, 2017; Garwood et al., 2015; Gyan, 2013; Monyai & Metsing, 2019). Gyan (2013) further notes the integrated effect of poor parenting, poverty, media influence, peer pressure, and school dropout on increased likelihoods of pregnancy among young girls. Strong associations between teen pregnancy and reduced educational attainment are easily observable once these high likelihoods are realized. Panday et al. (2009) affirms that teenage mothers are unlikely to complete high school education (i.e. secondary school education). The non-completion of a secondary school education limits the life earning potentials among the teenage population, which perpetuates cycles of impoverishment and socio-economic vulnerability. Thus, teenage motherhood predisposes the girl child to several deteriorating circumstances like multiple unplanned pregnancies, dropping out of school, parental neglect and rejection, and less opportunities in the future. This places them in a situation where finding for themselves and the baby becomes difficult particularly when they are driven away from home. Since poverty is the major predisposing factor to teenage pregnancy, many of them end up perpetuating this trend and their children live in deteriorating conditions (Garwood et al., 2015).

There have been several studies in this direction and this study will not be the pioneer on the impacts of teenage pregnancy on girl’s educational attainment in Ghana. Other researchers such as Imoro (2009) highlighted teenage pregnancy as one of the major causes of school dropout among girls in rural Ghana and C. Gyan (2013) also made a similar finding in Chorkor-Greater Accra. Adu-Gyamfi (2014) also found out that teenage pregnancy was one of the factors that negatively affected Universal Basic Education in Ghana. Specifically, Adu-Gyamfi (2014) found that
96.25 percent of adolescent girls had dropped out of school as a result of teenage pregnancy. The findings of these studies are highly contextualized however, both spatially and culturally. The various predisposing factors to teenage motherhood are highly influenced by local community characteristics, and this fact is emphasized by the WHO, who highlight the huge variations in adolescent pregnancy prevalence within countries. For example, while just over 3% of teenage women in Addis Ababa, Ethiopia had begun childbearing, the proportion of teenage mothers in the Affar region of Ethiopia was about 23%—highlighting the spatial variation and likely cultural context which influence teen pregnancy issues (World Health Organization [WHO], 2020). This study is therefore relevant for broadening insight into the complex relationship and dynamics between teenage pregnancy and educational attainment within the Ghanaian context. We assessed the causes and impact of teenage pregnancy on the educational attainment of the teenagers in the Volta Region of Ghana using the Kpando Municipal as a case study area. Specifically, the study explored the causes of teenage pregnancy among teen mothers in and out of school and the challenges they face, examined whether school drop-out teenage mothers participate in school re-entry programmes after child-birth and finally evaluated the effects of teenage pregnancy on girls’ education in the Volta Region.

2. Causes of teenage pregnancy
Teenage pregnancy is on the rise in Ghana (Domhnaill et al., 2011; Gyan, 2013; Gyesaw & Ankomah, 2013). Several works attribute the rising phenomenon to poverty (Domhnaill et al., 2011: Gyan, 2017; Garwood et al., 2015: Gyan, 2013; Monyai & Metsing, 2019). As noted by Gyan (2013), poor parenting, poverty, media, peer pressure and school dropout were the major factors that led to teenage pregnancy among teenagers at Chorkor, a suburb of Accra. The finding of Gyan (2013) is analogous to that of Copeland (2017) where they noted that parents play a crucial role in curbing teenage pregnancy through parenting skills and parental attitudes that inculcate values such as abstinence from sex in their children. Other causes of teenage pregnancy include inadequate sex education, biological, social, cultural and economic challenges, and the influence of the mass media (Adu-Gyamfi, 2014). However, teenagers encountering family breakdown, home conflicts and peer influence are very much at risk of teenage pregnancy. This confirms the findings of Copeland (2017) that the relationship and atmosphere within the home can push teenagers to seek love and affection from their male colleagues thus exposing them to teenage pregnancy.

At first, teenage pregnancy used to be associated with teenagers who have no educational background and without guardians, but recent manifestations have shown that those from well-endowed backgrounds and with quality education are also found in this “web of teenage pregnancy” (Monyai & Metsing, 2019: Selby, 2009). Transactional sex (offering sex in exchange for money, food or other life-supporting needs) to meet basic needs, sexual violence and exploitation are also some of the causes of teenage pregnancy (Gyesaw & Ankomah, 2013). A few others desire to become pregnant to command respect from people in society (Gyesaw & Ankomah, 2013). The esteem and satisfaction derived from having children within the traditional setting push some teenagers into early motherhood. Juveniles are predisposed to pregnancy if their parents have an extramarital affair or are cohabiting with romantic or sexual partners (Panday et al., 2009, p. 63). The mass media has also been noted for its contribution to teenage pregnancy in recent times (Adu-Gyamfi, 2014). A lot of teenagers, particularly girls, depend on mainstream media as an essential source of information about sex, birth control and health-related issues (Strasburger, 2009, p. 237). They become prone to explicit sexual contents which increases their predisposition to sexual activity.

Connected to the mass media or traditional media, social media’s influence on teenage pregnancy has been rising over the years (Carroll & Kirkpatrick, 2011; Kimemia & Mugambi, 2016). Developed with the intent of providing platforms for people to engage and interact, social media has been identified as platforms that expose teenagers to sexually explicit music, sex images, videos, and sex texting, in addition to sex solicitation, with little use geared toward academic material (Kimemia & Mugambi, 2016). This partly contributed to higher teenage pregnancy
incidence among the students. The use of social media occurs simultaneously with their developing identity, emerging sexuality, physical development, and moral consciousness on the part of teenagers (Carroll & Kirkpatrick, 2011), and as such, the tendency to be swayed by such contents is high. The tendency to become sexually active is also linked with social media comments on sex and how sex is generally portrayed on such platforms and this predisposition increases with frequent social media usage (Connel, 2009; Litt & Stock, 2011). It was ascertained from the foregoing that teenage pregnancy is influenced by a myriad of factors although poverty is usually outlined as the major predisposing factor. It is worth noting that the concept can be better understood when the causes are studied synergistically. Pregnant teens from a family with a history of teenage pregnancy are likely to suffer the same in their attempt to seek love and affection out of their family (Sámano et al., 2017), since the economic and social challenges at home might affect peaceful coexistence. A similar finding was reported by East et al. (2007) when they discovered that compared with no family history of teenage births, teenagers from a family of teenage mothers are more likely to experience a teenage pregnancy. Other researchers such as Smith et al. (2018) and Wall-Wieler et al. (2016) also reported higher odds of becoming pregnant when one hails from a family with a history of teenage pregnancy.

3. Effects of teenage pregnancy on girls educational attainment

The consequences of teenage pregnancy and its sometimes concomitant teenage motherhood are devastating to the wellbeing of the adolescent population as well as development in the broader spectrum (Adu-Gyamfi, 2014; McCall et al., 2015; Panting et al., 2019). The existence of teenage pregnancy affects the development and education of the girl-child (Gatbonton, 2021; Gyan, 2013; Krugu et al., 2017) Krugu et al. (2017) and Panday et al. (2009) affirm that teenage mothers are unlikely to complete high school education (i.e. secondary school education). This is attributable to the girls’ age and the absence of any consistent means of support to care for the children and themselves when they should decide to go back to school. The non-completion of secondary school limits the life gaining possibilities among the adolescent populace, which could propagate the cycle of impoverishment among them. According to Natalie-Rico (2011), school dropout is one of the major effects of teenage pregnancy for girls in school which restricts their progression in life. It was noted in a conference organized in Nairobi that 42 million girls that drop out of school can be attributed to teenage pregnancy (Chang’ach, 2012). This shows how great the issue of teenage pregnancy is on the educational attainment of girls.

It is purported that teenage pregnancy and its associated teenage motherhood are characterized by shame, disgrace (Urindwanayo & Richter, 2020), and school dropout, and sometimes the end of the individual’s dreams of achieving higher academic pursuits (Gatbonton, 2021; Krugu et al., 2017). Gatbonton (2021) avowed that a pregnant schoolgirl is being challenged with options like taking days off school just to be with her baby, re-entry and continuation. Studies have shown that the birth of a child marks the end of schooling for these teen parents (Grant & Hallman, 2008; Timeeus & Moultrie, 2015). There are, however, factors that can influence whether or not a school girl should proceed with her schooling after giving birth. These are; the ability for her to continue managing responsibilities and financial obligations associated with mothering and schooling at the same time (Gatbonton, 2021; Timeeus & Moultrie, 2015). While pregnancy has become the girls’ major factor for school dropouts, issues relating to social, economic and cultural aspects have recently become complex factors in this regard.

Hosie (2007) also found out that bullying by teachers or other students were instrumental in their dislike of school. Studies on teenage motherhood suggested that statistically, young mothers facing a life of poverty have lower levels of education and have less opportunity in the workplace than non-parenting teens. Teenagers who become pregnant are more likely to drop out of school and teenagers who drop out of school are more likely to become pregnant (Gatbonton, 2021). Thus teenage motherhood predisposes the girls to several deteriorating circumstances like multiple unplanned pregnancies (Okine & Dako-Gyekye, 2020; Okine et al., 2020), dropping out of school (Krugu et al., 2017), parental neglect and rejection (Gatbonton, 2021), and limited future opportunities (Krugu
et al., 2017). This places them in a circumstance where finding for themselves and the baby becomes difficult particularly when they are driven away from home. Since poverty is the major predisposing element to teenage pregnancy, many of them end up perpetuating this trend and their children live in deteriorating conditions (Garwood et al., 2015; Gyesaw & Ankohmah, 2013).

4. Profile of the study area
Kpando Municipal is located in the Volta Region of Ghana. It shares boundaries with Biakoye District to the North, Afadjato South to the East and North Dayi District in the South (Kpando Municipal Assembly, 2016). According to the 2010 Housing and Population Census, the population of the Municipality stood at 53,736, made up of 25,906 males and 27,830 females (Ghana Statistical Service, 2013). The Municipality’s economy is dominated by agricultural activities and it is estimated by the Ghana Statistical Service (2013) that about 32.3 percent of the active population is engaged directly in this sector. The area is noted for a high level of youth unemployment and the severity of poverty in the municipality (Kpando Municipal Assembly, 2016).

The study area is located in the Volta Region which ranked first among the ten regions in Ghana (now 16 regions following the redemarcation of some regions in 2019) with teenage pregnancy in the year 2018 (GhanaWeb, 2018 July 14th). The preference for the Municipality for this current study is based on the incidence of teenage pregnancy that has engulfed the municipality recently. Although there are no adequate statistics from the Social Welfare Department in the Municipality covering the incidence of teenage pregnancy, discussions with the Municipal Health Director portrayed the alarming rate of the social ill in the area.

5. Research methodology
This section of the paper described how data was gathered and the analytical framework employed in the study. It also explained how the respondents were selected for the study. It also sheds light on how the findings were presented.

5.1. Research design
The study adopted the descriptive case study design involving a mixture of both quantitative and qualitative research paradigms. Descriptive studies provide the impetus for gaining in-depth knowledge on a subject, by creating an avenue for many probes into the issue. The mixed-method approach was adopted because it is regarded as a standard feature of empirical research (Schreier, 2005). A common argument for the use of mixed-method designs is the ability to use the strengths of one method to compensate for the weaknesses of another (Niederberger & Keller, 2018). Whereas the quantitative approach offered prospects for the summary and establishment of a relationship among the variables, the qualitative approach was used to offer an in-depth understanding of the causes and challenges associated with teenage pregnancy. Likewise, it provided much information on teenage pregnancy and girl’s educational attainment and their participation in school re-entry. Thus, it helped to capture diverse standpoints of the respondents which otherwise would have been difficult to obtain using only the quantitative approach.

5.2. Unit of analysis
According to Parker et al. (2015), the unit of analysis remains the fundamental component of empirical research since it constitutes the “what” or who’ that is being investigated and analysed for a study. The unit of analysis for this study was young girls not older than 19 who had become teenage mothers within the Kpando Municipality.

The inclusion criterion was that the individual should have delivered a baby for a period not less than six weeks. Girls who were either pregnant during the study period or had given birth within a period less than six weeks were excluded from participating in the study. The reason for the inclusion criteria was premised on the need to ascertain plausible participation in school re-entry programmes. To this end, pregnant teenagers and teenage mothers who have delivered within
a period fewer than six weeks are less likely to re-engage—owing to the need to cater for themselves and their babies.

5.3. Sources of data
Data for this study was obtained from only primary sources. The primary data involved first-hand data, gathered from the field to address a particular research problem (Hox & Boeije, 2005). The essence of primary data collection in social research is that it helps address contemporary issues, replication of original research and adding to methodological advancements (Hox & Boeije, 2005). The data was obtained from teenagers who have delivered a baby for a period not less than six weeks preceding the study. All procedures performed in this study involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. A retrospective exemption approval was granted by the Ghana Health Service Ethics Review Committee (GHS-ERC) according to the Standard Operating Procedures 2015. As approved by the Ethics Board, informed consent was obtained from the participants by agreeing orally to participate in the study as most could not read nor write. As the dignity, safety and wellbeing of the interviewees were a matter of primary concern to the researchers, participation in the study was strictly voluntary, and no identifying or sensitive information was recorded.

5.4. Sampling techniques and procedures
It has been widely established that non-probability sampling techniques, especially purposive techniques are always suitable for more inclined descriptive studies (Tongco, 2007). Because of the close-ended perspective of the study, a purposive sampling technique was adopted to select the study respondents. Purposive and snowballing sampling techniques were considered appropriate for this mixed-method study which is more tailored towards the qualitative paradigm because it provides the needed flexibility to focus on people who understand and experience the issue under investigation and the decisions to select those respondents are influenced by the researchers. Overall, 85 respondents were purposively selected. The adoption of the purposive sampling technique is also premised on the absence of a sampling frame that could have been relied on for the operationalization of a probability sampling technique. The absence of appropriate documentation on the issue in the Municipality thus does not support probability sampling. The communities within which the study was conducted were; Gbefi, Agbenorxoe, Konda, Sovje-Kudzra and Gabi all within the Kpando Municipality.

5.5. Data collection tools and procedures
Both quantitative and qualitative tools were used for data collection in the study. A qualitative data collection instrument involving an in-depth interview guide (Patton, 2002) was used to gather the data on key areas of the study such as causes of teenage pregnancy and its effects on educational attainment which provided a detailed description of the phenomenon, people, behaviours, thoughts, feelings, beliefs and experiences and direct quotes. The in-depth interview is effective in collecting data for addressing certain types of assumptions (Berg, 2007). The interview addressed questions about people’s perceptions, feelings, experiences and opinions. With the view of exploring people’s views and experiences about the effects of teenage pregnancy on girl’s education, using the interview for data was considered appropriate. With in-depth interviews, rich data, which can be used to describe and explain people’s behaviour within their social and cultural context, were provided (Srivastava & Thomson, 2009). A comprehensive interview guide comprising 18 items in sections A, B, and C of the interview guide was used for the collection of quantitative data. Section “A” was on the demographic profile of the respondents. This comprised information on age, level of education before pregnancy, socio-economic status, and information on the nature of the parental union. Section “B” focused on the causes of teenage pregnancy. This section contained information on predisposing elements like poverty, media influence (social and traditional media), lack of access to free contraceptives, parental care and control, and peer influence. Section “C” sought information on the effects of teenage pregnancy on the girl’s education and the extent to which girls who drop out of school are encouraged to get back to school after childbirth. The researchers visited all the 85
teenage mothers who had gone back to school or dropped out of school at their homes upon information from other informants to meet the snowballing criteria (Johnson, 2014). The data collection spanned the period 5 June 2018 to 23 June 2018.

5.6. Data management and analysis

Analysis of the data was done using both qualitative and quantitative analytical techniques. The quantitative data were summarized with the aid of descriptive statistical tools within the Statistical Package for Social Sciences (SPSS ver.20) and presented in tables, using frequencies and percentages. The qualitative data for the study, on the other hand, was analysed contently and thematically. This analytical approach involved several stages including data transcribing, familiarization, transcripts reading, studying and editing, data coding development, codes linking and themes development (Srivastava & Thomson, 2009). The essence of thematic analysis is that it helps to identify, analyse and report patterns within data, and also aids the organization and description of the data in rich detail (Braun & Clarke, 2006). The qualitative results were presented based on themes and the normative views of the study participants were presented using quotes or excerpts and textual write-ups.

6. Results

Following a thorough cleansing and a meticulous analysis of the data obtained from the field, the results of the study are presented in the sections below. The findings are presented under the following headings; personal information about teen mothers (age and educational qualification), causes of teenage pregnancy in the municipality, challenges faced by the teenage mothers and the implication of teenage pregnancy on their education. The final aspect of the results covers their participation in school re-entry programmes.

6.1. Socio-demographic characteristics of the teenage mothers

The study examined the ages and level of education of the participants (teenage mothers) when they got pregnant, and the responses are presented in Table 1. Additionally, their self-rated socio-economic status at first birth and the marital status of the respondents’ parent at first birth were also explored, owing to the significance of these variables in predisposing teenage girls to pregnancy (Gyan, 2017; Garwood et al., 2015; Gyan, 2013; Monyai & Metsing, 2019).

Table 1 depicts a range of all ages within which the teenage mothers fell. The age range with most respondents is the ages of 17–19 years, recording as much as 64 percent of the respondents. The next age category of respondents recorded a high level of participants in the age range of 14–16 years. Additional background information of the respondents considered by the paper is the educational level of the respondent at the time of the pregnancy. Knowing the level of education where teenagers usually get pregnant will be paramount in formulating policies particularly those related to sex education to curb the situation. The results revealed that 29 percent of the respondents got pregnant while in Senior High School form one (Table 1). This is followed by those who became teen mothers in Senior High Schools two and three with 24 percent and 20 percent respectively. A cross-examination of the ages of the respondents against their level of education revealed that the majority of the teenage mothers were in Senior High School and fell within the age range of 14–16 years and 17–19 years. Within the junior high school (JHS) level, it was found that teenage pregnancy was mostly only among students JHS 3 (up to 12 percent of participants becoming mothers at that stage of their education).

Owing to the significance of self-rated socio-economic status at first birth and the marital status of the respondents’ parent at first birth, information on this variable was gathered. From Table 1, up to 47 percent of the respondents rated their socio-economic status as quite poor, 35 percent rated their socio-economic status as not quite well off and 12 percent rated their socio-economic status as extremely poor. More than half of the respondents were poor, which provides an indicative characteristic to assess predisposition to teenage pregnancy. Additionally, 40 percent of the teenage mothers had cohabiting parents at the time of pregnancy while 28% of them were in a family where their parents were divorced. Parental supervision and involvement in the
Table 1. Socio-demographic characteristics of the respondents

| Variable                                      | Categories      | Frequency (85) | Percentage |
|-----------------------------------------------|-----------------|----------------|------------|
| Age at first birth                           | 10–13 years     | 6              | 7          |
|                                               | 14–16 years     | 25             | 29         |
|                                               | 17–19 years     | 54             | 64         |
| Level of educational attainment at first birth| JHS one         | 5              | 6          |
|                                               | JHS two         | 8              | 9          |
|                                               | JHS three       | 10             | 12         |
|                                               | SHS one         | 25             | 29         |
|                                               | SHS two         | 20             | 24         |
|                                               | SHS three       | 17             | 20         |
| Self-rated socio-economic status at first birth| Extremely poor  | 10             | 12         |
|                                               | Quite poor      | 40             | 47         |
|                                               | Not very well off | 30          | 35         |
|                                               | Quite well off  | 5              | 6          |
| Marital status of the respondents’ parent at first birth | Married  | 27             | 32         |
|                                               | Cohabitation    | 34             | 40         |
|                                               | Divorced        | 24             | 28         |

Note*

JHS—Junior High School.
SHS—Senior High School.

upbringing of children are often used to explain vulnerability to teenage pregnancy. By this, children with cohabiting parents and those from divorced homes are likely to suffer teenage pregnancy and its attendant teenage motherhood. Nonetheless, in this work, this extrapolation is vague and not borne out of any statistical analysis—but premised on past evidence.

6.2. Causes of teenage pregnancy in the municipality

The Relative Importance Index (RII) was used to rank the specific causes of teenage pregnancy in the Kpando Municipality using the formula

$$RII = \frac{\sum w}{AN}$$

where \(w\) is the weighting as assigned by each respondent on a scale of one to five with one implying the least and five the highest. \(A\) is the highest weight and \(N\) is the total number of the sample. In all, seven specific causes of teenage pregnancy were ranked. According to Akadiri (2011), five important levels are transformed from RI values: high (H) \((0.8 \leq RI \leq 1)\), high-medium (H–M) \((0.6 \leq RI \leq 0.8)\), medium (M) \((0.4 \leq RI \leq 0.6)\), medium-low (M–L) \((0.2 \leq RI \leq 0.4)\) and low (L) \((0 \leq RI \leq 0.2)\). This decision rule was used.

From Table 2 which shows the causes of teenage pregnancy in the municipality, the dominant predisposing factor to teenage pregnancy is poverty. Peer influence, social media influence and non-usage of contraceptives ranked second, third and fourth respectively among the causes of teenage pregnancy in the Kpando Municipality. Ranked in fifth, sixth and seventh positions as the causes of teenage pregnancy in the Kpando Municipality were lack or inadequacy of sex education, parental negligence or neglect and parent’s (parental) experience with teenage pregnancy. A detailed discussion of the various causes of teenage pregnancy in the study is presented in the subsequent paragraphs.
Table 2. Predisposing factors to teenage pregnancy in the municipality

| Predisposing Factors to Teenage Pregnancy | Mean | Std. Dev | RII | RII Level | Rank |
|------------------------------------------|------|----------|-----|-----------|------|
| Poverty                                  | 4.82 | 0.530    | 0.91| High      | 1    |
| Peer influence                           | 4.59 | 0.604    | 0.81| High      | 2    |
| Social media influence                   | 4.18 | 1.378    | 0.76| High-Medium| 3    |
| Non-usage of contraceptives              | 3.82 | 1.262    | 0.72| High-Medium| 4    |
| Lack of sex education                    | 3.71 | 1.264    | 0.68| High-Medium| 5    |
| Parental negligence                      | 3.63 | 1.356    | 0.64| High-Medium| 6    |
| Parent’s experience with teenage pregnancy| 2.87 | 0.763    | 0.59| Medium    | 7    |

The study therefore revealed that poverty was a major contributory factor to teenage pregnancy in the area. A significant proportion of the respondents affirm that poverty pushed them into early sex (mean score = 4.82 on a 5-point scale, standard deviation = 0.530). An inability to meet basic needs was consequently manifested in a push towards transactional sexual relationships. The inability of the victims’ parents or guardians to afford food, clothing, education and other basic material necessities for them compelled them to finance such needs from persons of the opposite sex. This usually results in the development of sexual relationships with the provider of such needs and the resultant pregnancy and teenage motherhood. Some teenage mothers had this to say;

My parents could not afford to care for me and so I have to devise a strategy for surviving on my own. I became friends with this man who always provided for me and this paid off initially as my survival was on it for three years. But there are no free gifts, so I have to pay with what I have. He began making advances at me which I rejected initially but my parents forced me to give in to his demands since our sustenance depends on him. In the end, I became pregnant” [A teenage mother with a one-year-old daughter from Konda]

My father divorced my mother. I was caught in the web of neglect and bitterness. Both of them transferred their anger to me and refused to cater for me. To fend for me, I had to give my body out to men who accepted the responsibility of caring for me. [A teenage mother with a three-year-old son from Gbefi]

I live with my single mother who has no source of sustainable income. She often pushes me on men who subtly come to the house. Through that one man made an advance on me and started buying items for me. One thing led to another and before I realised, I was pregnant. [A teenage mother with an eight-month-old child from Gbefi]

The quest to meet financial obligations and provide for their basic needs has propelled the young girls to have sexual relationships with men or boys who were in a position to shoulder those responsibilities. In certain instances, it was observed that their parents and guardians approve of such relationships and are the “architects” behind such “livelihood strategies” as a coping measure against poverty.

Additionally, it was evident from the study that peer influence greatly sways teenagers’ decision to participate in early sex. Evidence of this as presented in Table 2 clearly illustrates the strong associations that exist between peer pressure and rising incidences of teenage pregnancy. This gives credence to the notion that most teenagers learn a lot from their peers and rely on their peers for information thus making them fall victim to teenage pregnancy. That is peer influence as depicted by the study has a greater influence on the conduct of teenagers.
I was in this group with five other girls. They also talk about sex and relationship. They make it so appealing and I always felt I was losing out. I was not that close to my mom. I had no one to speak to. Their pressure to experience what they have experienced increased by the day. Finally, I joined them. It was a wonderful experience. [she said with a quick smile].

[Teenage mother with a two year old child from Agbenorxoe]

The beautiful smile she wore disappeared immediately and was replaced by a sad look, with tears running down her cheeks. She continued her narrative.

Sweet things do not last long. Unfortunately for me, I became pregnant. My mother kicked me out and the boy denied the pregnancy. It took much pleading and intervention from other family members and my church for my mother to take me back. Worst of it all was that my so-called friends deserted me after I became pregnant. [A teenage mother with a two year old child from Agbenorxoe]

The study further revealed the influence of social media on the prevalence of teenage pregnancy. Sexually explicit contents displayed on social media had a deleterious effect on adolescents particularly those with minimal parental guidance and are at the mercy of their peers for character formation. Their attempt to practice what they see and hear from social media concerning sex without proper education leads them into early motherhood. One of the teenage mothers at Sovie-Kudra and another at Konda said this in affirmation of social media’s role in predisposition to sexual materials;

On social media, sex is displayed and sexual contents are easy to come by. Marital ties or good personal conduct are not displayed, thereby making sex look easy, fun and glitzy. It often seems like everyone else is into it. By the time you will realize, there is no turning back since it is addictive [A teenage mother with a two year old from Sovie-Kudra]

Social media is the new ‘ish’ in town. We spend a lot of time on various platforms. There, you come into contact with everything. Some are addictive and could influence your sexual habits. You end thinking everyone is having sex. So you will also end up doing it. The worst of it all is that sexual contents on these platforms do not encourage you to use contraceptives or condoms. Following such information is destroying the lives of many teenagers. [A teenage mother with a three and half year old from Konda]

The evidence from the study shows that social media influence also contributes greatly to teenagers’ involvement in early sex. They are exposed to various sexually captivating contents on platforms. Without guidance and direction, they are lured into practising what they see with pregnancy and teenage motherhood being the likely consequences.

Teenage pregnancies could be avoided by using condoms or other contraceptives (the latter often referred to as “family planning”). However, most sexually active young people do not use contraceptives. The study discovered the non-usage of contraceptives as a cause of teenage pregnancy. While a few of the respondents had used condoms at a point in time, the usage was irregular. The respondents largely indicated that the non-usage of condoms was down to some factors. First, non-usage of condoms was influenced by young women feeling too inhibited and ashamed to seek contraception services. Second, non-usage of condoms was influenced by the inability to negotiate condom use with the sexual partner and third, the unavailability of condoms at the point of need. Other reasons for the non-usage of condoms include being unaware that the boy was not using condoms, their partner promising to marry them and their partner complaining of not getting enough sexual sensation with condoms. However, none of the respondents mentioned shyness in buying condoms as a barrier to its usage. It was discovered that due to the inability to negotiate condom use, the decision on actual usage was ceded to their partners. Without the use of condoms, they exposed
themselves to pregnancy and sexually transmitted infections (STIs), with the former being the focus of this study.

I have never engaged my partner on condom use. He uses it sporadically. He decides most of the things in the relationship. I am just there to meet my needs. Having the knowledge and ability to engage him on condom use will have prevented me from getting pregnant. [A teenage mother with a one-year-old daughter from Konda]

We always have unplanned sex. Due to that, there is usually no condom at that point. So we just had it like that. Now I am the one suffering. [A teenage mother with a two and half years old child from Konda]

I always confronted him on why he does not use condoms. He lied to me that he will marry me. He said sweet words to convince me each time. I was stupid to have fallen for those lies. Finally, when I got pregnant, he denied the pregnancy and left me to my fate. [A teenage mother with a two years old child from Agbenorxoe]

Lack of sexual education also accounts for high teenage pregnancy among the youth—many adolescents engage in sexual activities with little or no knowledge about their sexual and reproductive health. The study revealed that the respondents attribute the high incidence of teenage pregnancy in the municipality to the lack of sex education. Adolescents tend to have little knowledge of their reproductive health. Some of them believe that it is impossible to get pregnant at the first time of sexual activity. In effect, the sexual activeness of these teenagers was directly influenced by the lack of information. In affirmation of the above-mentioned point a teenage mother at Kpando Gabi and Kpando Agbenorxoe and another from Gabi had this to say:

Young people are not being prepared for adulthood due to inadequate sex education and so they are vulnerable to sexually transmitted infections and teenage pregnancy on the part of girls. Sex is still regarded as a taboo subject and parents, teachers and elderly persons are uncomfortable talking about it. Some of us would not have been victims of teenage pregnancy if we had sex education. The lack of awareness on the subject matter as far as teenagers are concerned is catastrophic to their reproductive health and general development [A teenage mother with a two and half years old child from Gabi]

Most teenagers do not have the right kind of sex education. In instances where you need to even engage someone on sex-related issues, you are afraid. Simply because you are brought up not to talk about sex. The moment you mention it you become the object of criticism. From my personal experience, I had no one to talk to about sex and the pressures I was encountering from my peers. In the end, we make sex so sacred that not knowing about it is hurting us the more. [A teenage mother with a two years old child from Agbenorxoe]

The study again revealed that parental negligence leads to teenage pregnancy and from Table 2 it is apparent that the respondents agree with the perception that parental negligence can cause teenage pregnancy. The study revealed that most of the respondents live in “domestic violence-prone homes” and had parents who did not accord them the desirable love and care. This finding shows that the relationship and atmosphere within the home can force teenagers to seek out affection and love from their male colleagues which unvaryingly compel them to engage in early sex which subsequently leads to teenage pregnancy.

... as I said earlier, my father left my mother for another woman. My mother is also struggling with her life. None of them is ready to take care of me. My mom blames my dad and my dad also blames my mom. I was caught in this web of neglect and bitterness. I had to survive. With no qualification to work, I had to devise a strategy. Around here, the easiest way is to have a boyfriend. Most of the girls of my age were doing it (not out of need and neglect). But mine was as a result of neglect, I told myself back then. I am doing it out of desperation and not out of joy. But actions they say, have consequences, and this is mine
[pointing to her three-year-old son]. Parental neglect has landed me in this mess. [A teenage mother with a three-year-old son from Gabi]

Evidence abounds that parents who suffered teenage pregnancy are likely to have their wards suffering the same. Parental experience with teenage pregnancy was found to be another cause of teenage pregnancy. It was found that 8 percent of the respondents had mothers who suffered teenage pregnancy. As a result, the “vicious cycle of teenage pregnancy” was repeated.

My mother became pregnant at the age of 15. She dropped out of school and became a hustler. She always advises me not to follow her steps. I did not know how it happened. By 14 years I became pregnant and out of school. I hope my daughter will also not do the same. But when survival is the goal, everything goes and good virtues are compromised. [A teenage mother with a four year old child from Gbeif]

The “vicious cycle of teenage pregnancy” could be explained by the limited economic opportunities that are at the disposal of teenage mothers that drop out of school, limiting their life earning potentials. They are therefore prone to several deteriorating circumstances like multiple unplanned pregnancies, dropping out of school, parental neglect and rejection. These factors work either in isolation or synergistically to perpetuate the cycle of impoverishment among them and they are unable to raise their children with proper supervision and care.

6.3. Challenges faced by the mothers

The challenges faced by teenage mothers in the Municipality are discussed here. The account details post-childbirth challenges that affect school re-entry. The emotional and social challenge, health concerns, financial challenge, family adjustments and educational challenges were the identified difficulties the teenage mothers had to confront. See Table 3 for more details.

6.3.1. Emotional and social challenge

The respondents reported stigmatization and prejudice from society. These produce emotional and psychological stress. They were viewed as miscreants deserving of shame and sometimes excluded from social events that involved people of their age. Some of them revealed that they lost their friends while some were warned by the parents of their friends not to engage or interact with their children. In essence, the majority of society viewed teenage mothers as the problem, rather than the visible manifestations of debilitating structural limitations.

We were a group of five friends. We did everything together. The other four initiated me into this relationship and sex stuff. Unfortunately, when I became pregnant they abandoned me. They treated me with disdain. They led the crusade for stigmatizing me. I was shocked to the extent that I almost hanged myself. [A teenage mother with a two year old child from Agbenorxoe]

Following my pregnancy and childbirth, I was seen as a bad influence. No parent around wants their daughter to get close to me. They treat me like an infectious disease. People say all manner of things against you. You become a rag, everybody drags you on the ground. This makes me think a lot. I am always indoors, crying or singing sorrowful songs. [A teenage mother with a one-year-old daughter from Konda]

The complexities and circumstances of teenage motherhood narrated by the respondents regarding emotional challenges they faced shows how society perceives teenage pregnancy and teenage mothers. Linked to the emotional challenge, the respondents also reported social challenges. This largely relates to changes in their social life. The teenage mothers had to adjust their social life to meet that of an adult and parent. Navigating this complexity is challenging and frustrating, as affirmed by the respondents.
Yesterday, you woke up and could do whatever you wanted. The next you are told to do this and that, and not the things you were used to. At once, you are expected to apply an invincible brake and change course into adulthood and motherhood. Less socialization and dealing with that stress and anxiety. It feels like hell! [A teenage mother with a three-year-old daughter from Gabi]

The respondents affirmed that these emotional and social challenges they have to deal with often makes them angry with themselves. Others revealed that the complexity and severity of these issues pushed them to attempt suicide or abortion, nonetheless, they were unsuccessful.

6.3.2. Health concerns
The participants indicated that they faced two major health concerns, related to their personal health and their child's wellbeing. Eight of the teenage mothers delivered through caesarean section (CS), as a result, some had some health issues to deal with. Three of the teenage mothers had health complications, specifically wound infections from the CS. Similarly, two of them also noted that their children were born with some health issues and deformities. For instance, one of the respondents had a pre-term delivery. The care burden for a pre-term child was a major challenge for such a respondent. The health concerns were largely raised by the respondents who had limited social support (from parents, partners or other family members). As a result, they had to do most of the things on their own and likewise fend for themselves and their children. Additionally, some of the teenage mothers had little money to cater for the health needs of their children and themselves. As such, they often forgo such an important basic need (healthcare). This challenge of forfeiting healthcare services puts the mother and the children at risk.

My boyfriend abandoned me for the city (Accra). Without any work, I am supposed to cater for myself and the child. I fetch water for people to cater for myself. It is not daily work. Sometimes she is seriously sick, but I have to ignore it. Because I have no money to send her to the hospital. [A teenage mother with a one-year-old son from Gbefi]

I was diagnosed with hypertension when I was 17. I became pregnant that same year. Now I am 19 years old. My condition is deteriorating. Without a helper, I am not able to afford my drugs. I am so worried about my health. I just do not know what to do. [A teenage mother with a one-year-old son from Konda]

The findings depict that owing to the financial difficulties that some of the respondents were going through, they had difficulty meeting their healthcare needs. This poses a challenge to them. The anxiety and stress from not having access to healthcare for their health issues or that of their children create additional psychological distress for them.

6.3.3. Financial challenge
Despite the predisposition to transactional sexual relationships due to prevailing poverty, the financial needs of many teenage girls still remain unmet. Some of them have their financial situations worsened after pregnancy. This was attributed to neglect by their partners and to an extent, the neglect of their parents or guardians. With no sustainable livelihood activity to support them, they are forced to join hawking and petty trading—which yields no significant returns. Some narrated incidences in which they carried their young children to hawk in the market, even though the children were not feeling well.

My child is often sick. I carry him in the sun every day to sell. I have to do that to survive. I am worried about his health and mine. It gives me headache. But what can I do? I have no one who supports me. So I have to shoulder every responsibility. [A teenage mother with an eleven months old daughter from Gabi]

To meet my needs and that of the child, I am forced to look for another man to shoulder the responsibility. Nobody will help without any form of attachment. Here, my son is a year and
eight months and I am two months old pregnant for another man. This is all in an attempt to survive. [A teenage mother with a year and eight months old son and a two months pregnancy from Agbenoxoe]

With tears running down her cheeks, she paused, wiped the tears and continued her narrative.

I thought getting a man to support me was an escape from poverty and hardship. However, the decision rather made me come face-to-face with poverty. I saw how horrible poverty is and I am still seeing it. The suffering is real. [A teenage mother with a year and eight months old son and a two months pregnancy from Agbenoxoe]

The excerpts show that poverty is both a cause and consequence of teenage pregnancy. In their quest to escape poverty and hardship, most teenage girls develop sexual relationships with the opposite gender in which they offer sex in exchange for money and other material support. Nonetheless, teenage pregnancy and its consequential teenage motherhood make the teenage mother susceptible to poverty (out of parental or partner neglect and lack of life-sustaining activity or strategy).

6.3.4. Family adjustments

Family adjustments was another problem the teenage mothers encountered. These adjustments manifest in isolation from partners, co-parenting, violence and neglect. The participants revealed that they were separated from their partners following their pregnancy and childbirth. The separation was either engineered by the men or boys responsible for the pregnancy or by the parents of the girls. There were few instances in which the isolation was engineered by the girls. For such separations, unfaithfulness on the part of the men or the boys were professed as the reasons for ending the relationship. The isolation, however, brings emotional and psychological challenges to teenage mothers. Here are some excerpts from the teenage mothers to buttress the point.

I was the apple of his eyes until I got pregnant. Immediately I became pregnant, his behaviour changed. He started dating other girls. The emotional torture he subjected me to for the first six months of the pregnancy was horrible. It took the return of my mother from Kpando to drive me out of that horrible house. Now I am separated from him and I have to deal with the emotional stress from the break-up. [A teenage mother with a two years old son from Konda]

My family never approved of our relationship from the onset. I did not listen to whatever they said. In the end, I became pregnant. Now they forbid me from seeing him. He also does not want to see, due to the treatment my family meted out to him. He sends money for the child’s upkeep, but we are no longer together. I am lacking affection, but worst of it is that my family does not understand how I feel. [A teenage mother with a ten months old daughter from Gbefi]

Linked to the issue of isolation from a partner, it was discovered that most teenage mothers were engaged in co-parenting. By this arrangement, the teenage mothers together with the father of the child work to raise the child without any form of emotional or sexual attachment. For most of the respondents, this was challenging them. This stemmed from the pain and hatred some harbour within themselves. The following quotations give further details on the challenges co-parenting presents to teenage mothers.

After denying and neglecting me for almost two years, he came back to take the child. Now we are both involved in raising the child. Whenever I see him, it brings back those memories. The terrible things I had to endure in his absence. The lies he told me and all that. For how long will I have to deal with this? On top of that, when he comes to see the child, he starts making advances at me. That irritates me the more. [A teenage mother with a two years old child from Agbenorxoe]
Following my pregnancy, he got married to another lady. They are now living happily. But I have to meet him from time to time so we make decisions about the child’s wellbeing and education. Such meetings often end in arguments, because I felt used and dumped. [A teenage mother with a four years old child from Gbefi]

The third variant of family adjustment challenge the respondents reported is violence and neglect. Some of the teenage mothers confirmed that they have been victims of violence and abuse. Some were physically and verbally abused by their partners or boyfriends. Others were neglected or left to their fate by their parents, partners or boyfriends.

My son’s father got angry with me for speaking about his sexual escapade. He was having multiple sex partners and I confronted him. In the heat of the argument, he slapped me several times and burnt my shoulder with a hot iron [she pulled her blouse down a little to the scar from the iron injury]. Since then, he has stopped taking care of me and the child. He goes to town early and comes home at the time he likes. [A teenage mother with a two and half years old child from Gabi]

6.3.5. Educational challenge
The final challenge confronting teenage mothers, as identified in the study, has to do with the disruption of their education. All the respondents indicated that they had to drop out of school at a point in time to deliver and take care of their children. Dropping out of school signalled the end of educational hopes for some of the respondents since they were unable to re-engage. There were minimal proportions of the teenage mothers who had re-entered school. This, therefore, hinders their human capital development. Their opportunities become limited and the potential to lift themselves out of poverty in the future is diminished.

Following my pregnancy in the first year of senior high school, I could not continue my schooling. My parents said they had no money for me to go. I am home with no certificate to

| Table 3. Challenges faced by the mothers in the Municipality |
|-------------------------------------------------------------|
| **Main theme**                                              | **Sub-categories**                      |
| Emotional and social challenge                              | * Stigmatization                        |
|                                                            | * Prejudice from society                |
|                                                            | * Changes to social life                |
|                                                            | * Self-anger                            |
| Health concerns                                            | * Health and wellbeing of the child     |
|                                                            | * Health and wellbeing of the mother    |
| Financial challenge                                        | * Challenge with meeting the basic needs of the child and the mother |
| Family adjustments                                         | * Isolation from partner                |
|                                                            | * Co-parenting                          |
|                                                            | * Violence and neglect                  |
| Educational challenge                                      | * Difficulty with learning              |
|                                                            | * Break from education                  |
|                                                            | * Stigmatization                        |
work with and no hope of going back to school. The pregnancy and the childbirth drifted me away from my goals. [A teenage mother with a two year old child from Sovie-Kudzra]

I was the star of the family. All hopes were placed in me and I was supported to deliver the family from all of its sufferings. What I was supposed to do was to learn and become a nurse. Instead of nursing and caring for the sick, I am caring for my child at the age of 17. I have dropped out of school and I don't know if I will ever have the chance to go back. [A teenage mother with a one and half year old son from Sovie-Kudzra]

The teenage mothers who were able to re-engage are not spared additional challenges. These challenges include difficulty in learning and stigmatization. The time available to learn while taking care of a child is severely constrained, limiting time commitments for school and personal study. Since survival and caring for the baby are immediate and are needs that can be easily noticed, educational needs are sacrificed. In the end, their academic performance plummets.

On a normal day, I woke up early, go to the market, prepare my child and leave her with my grandmother before going to school. I always go to school late. In the evening, I have to go to the market and sell, cook and bathe the child. By the time I am done, the body is weak and I sleep without learning. Everyone at school is complaining about how my performance has plummeted after childbirth. I wish there was a way out, but I must survive before furthering my education. I am even contemplating quitting again. [A teenage mother with a two year old son from Konda]

6.4. Teenage pregnancy and girls educational attainment

The respondents were queried about their schooling status during the conduct of the study. The results in Table 4 show that 79 percent of teenage mothers have dropped out of school. School dropout is seen as a cause as well as a consequence of teenage pregnancy. Pregnancy acts as a promoter of school dropout among girls from poor families. Only 12 percent of the teenage mothers were back to school at the time of the study whereas 9 percent had completed school. Financial barriers (35 percent), stigmatization (12 percent), neglect (24 percent), and time constraints (29 percent) were the reasons stated for dropping out of school. Financial barriers are reflected in the lack of a sustainable means of funding to support education and upkeep of a child. Further, constraints with taking care of the child, schooling and working (especially where social support is non-existent or minimal) made some of the respondents drop out of school. Some noted instances where they were hooted at in school and had become a topic of discussion among teachers and students alike. This occurrence, however, discouraged them and some of them had to quit and come back at later stages, thereby interrupting their education greatly.

I saw and knew the struggle of my parents. So when they told me they have no money to cater for my child and send me to school I understood them. I had to sit at home, hoping a miracle would happen. Until then, my educational hopes are dashed. [A teenage mother with a two year old child from Sovie-Kudzra]

At the early stage of the pregnancy, I was still going to school. When it became obvious I couldn't go again. I stayed till I delivered. After delivery, I am unable to combine school and caring for the child. I am a single parent, with no support. Even with money, who will I give the child to? Maybe when he starts going to school and I have money, I will be able to go. [A teenage mother with a one-year-old so from Konda]

I was a reserved type at school. When I became pregnant, it took time for people to realise it. I was going to school all right. But when they realised it, they started speaking ill about me and some teachers would call me to the staff room and make a mockery of me. It was very disgraceful and challenging. Finally, I could not take it again and I quit school. [A teenage mother with a one-year-old daughter from Konda]
The respondents who dropped out of school were asked about their willingness to go back to school. The results provide evidence that shows that 58 percent of them were willing to do so. Motivating this readiness to return to school was the recognition of the contribution of school towards the development of individual capabilities and human capital and subsequently, better livelihoods in the future. The 33 percent of the teenage mothers who showed no interest in going back to school attributed it to financial and time constraints, stigmatization and mockery experienced by teen mothers who had re-enrolled earlier. To them, these factors demotivate them from going back to school.

The desire to go is there. But the money to help me make the move is not available. I am in a kind of web, without no rescuer. [A teenage mother with a two year old child from Sovie-Kudzra]

Parenting and education are two full-time jobs. It is difficult to combine them. Most especially for young ones like us. Next academic year, my parents promised to send me back to school. But I have to be a day student so I take care of my child. It will be a difficult task. The thought of it brings me fear and frustration. [A teenage mother with a two year old son from Konda]

For those who went back to school, they noted that their parents, other relatives and partners or friends played vital roles in their school re-entry. They gave them the necessary support (both

| Variable                                      | Categories          | Frequency | Percentage |
|------------------------------------------------|---------------------|-----------|------------|
| Schooling Status of the respondents           | Dropout of school   | 67        | 79         |
|                                                | Completed school    | 8         | 9          |
|                                                | Back to school      | 10        | 12         |
| Reasons for dropping out of school            | Financial barriers | 30        | 35         |
|                                                | Stigmatization     | 10        | 12         |
|                                                | Neglect             | 20        | 24         |
|                                                | Time constraints    | 25        | 29         |
| Willingness to participate in school re-entry programmes | Yes                | 49        | 58         |
|                                                | No                  | 28        | 33         |
|                                                | Not applicable      | 8         | 9          |
| Barriers to participating in school re-entry programmes | Financial barriers | 38        | 45         |
|                                                | Stigmatization     | 7         | 8          |
|                                                | Neglect             | 10        | 12         |
|                                                | Time constraints    | 22        | 26         |
|                                                | Not applicable      | 8         | 9          |
| Received support to go back to school         | Yes                 | 28        | 33         |
|                                                | No                  | 57        | 67         |
| Who provided you with the support to go back to school? | Parents         | 13        | 15         |
|                                                | Other relatives     | 5         | 6          |
|                                                | Partner or boyfriend| 7         | 8          |
|                                                | Peers               | 2         | 3          |
|                                                | Others              | 1         | 1          |
|                                                | None                | 57        | 67         |
financial and emotional) for them to fortify themselves against all forms of discrimination and stigmatization.

Following my pregnancy, my partner neglected and travelled to Accra. He came back after two years. But for my mother, I don't know what I will have done. She was and is still supportive. She made everything possible so that I went back to school after delivery. I will be in my final year next year. I am so grateful to my mother for all she has done for me. Her advice, encouragement and financial support are too much. [A teenage mother with a - two year old child from Agbonorxoe]

The study discovered very few of the teenage mothers received or currently receive motivation and support from their parents or family members. Their parents served as a major source of support for their re-engagement and their decision to go back to school. These support were mainly in the form of financial and emotional assistance. Other actors who were identified as important players in the decision of teenage mothers to go back to school are their partners, peers or teachers. The guidance and financial support provided by these actors helped them cope with the stress and the social stigmatization that comes along with early motherhood and school re-entry.

On the contrary, 67 percent of teenage mothers received no form of support or encouragement from any source to participate in school re-entry programmes. For this category of respondents, they were left to their fate by their parents and partners either before or after the pregnancy. A teenage mother with a two year old child from Sovie-Kudzra shared her frustration on lack of support.

Before I became pregnant, I used to fend for my family. How do you expect them to support me going back to school? It cannot happen. My family is even struggling with how to afford three square meals a day. We are at a stage where the struggle is towards survival and not any luxury like education. I have given up on pursuing my educational aims. They insult me every day and even threaten to throw me out of the house daily.

Poverty was identified as a major cause and consequence of teenage pregnancy. It is therefore not surprising to see the limited support from parents in particular towards their wards’ school re-entry ambitions. Some of these girls fend for themselves even long before their pregnancy, thus they survived as though they had no parents. Therefore, they received no support from their parents to that effect to facilitate their re-engagement. For some, the community and other stakeholders were happy as a result of their pregnancy since they were tagged “devils” in the communities. They are mocked by people whom they relied on for emotional and financial support to go back to school. This eventually discourages them from going back to school.

7. Discussion
This paper explored the effects of teenage pregnancy on the educational attainment of teenage mothers in the Kpando Municipality of the Volta Region. This section covers the discussion of the major findings revealed by the study based on the study objectives and in line with the literature reviewed in the study.

7.1. Bio-data of the teenage mothers
The findings demonstrate that most of the teenage mothers are clustered around the ages of 14 to 19 years and this is congruent to the findings of Donkor and Lariba (2017). The age range with most respondents is the ages of 17–19 years recording as much as 64 percent of the respondents. The next age category of respondents which recorded a high level of participants is the age range of 14–16 years. The fairly young age ranges of the respondents indicate that most of them are likely to be exposed to the issue of school dropout which is one of the biggest effects of teenage pregnancy (Manzi et al., 2018) at a very early period. Also, contrary to the study of Adu-Gyamfi (2014) where the majority of the teenage mothers in the Upper Denkyira West District of Ghana fell within the ages of 14–16 years, our study revealed that most of the teen mothers are
clustered around the ages of 17–19 years. Normally, these are girls within school-going ages but due to teenage pregnancy, they are forced to drop out. This needs to be given serious consideration by the government (Ministry of Education and Ministry of Gender, Children and Social Protection) due to the socio-economic effects of school dropouts. This extends beyond impact on the individual to consequences for the holistic development of the nation.

Identifying the stages of education where teenagers usually get pregnant will be paramount in formulating policies particularly those related to sex education to curb the issue. The results showed that the majority got pregnant while in Senior High School. With the current educational curriculum and the culture of silence on issues on sex education, it is obvious that most of the victims in SHS had little or no education on their sexual health. Within the junior high school level, it was found that teenage pregnancy was most prevalent among students in form three, with up to 12 percent of participants becoming mothers at that stage of their education. It was noted, however, that the stage at which students became pregnant was not an independent factor; it was reasonably subject to factors such as weak family support, poor academic performance, childhood environment and low education value (Sottie & Awasu, 2011). The non-completion of a secondary school education limits the life earning potentials among the teenage population, which could perpetuate the cycle of impoverishment among them. In this manner early parenthood inclines the young girls to dilapidating conditions like unplanned pregnancies, dropping out of school, parental disregard and dismissal among others. The findings support what Gatbonton (2021) established that poverty remains a significant predisposing factor to teenage pregnancy.

7.2. Causes of teenage pregnancy
Poverty was espoused as the major vulnerability factor of teenage pregnancy in the municipality. The pervasiveness of teenage pregnancy in the municipality can be attributed to the rising phenomenon of poverty, a situation that has been reported by other researchers (Garwood et al., 2015; Gatbonton, 2021; Gyan, 2013; Monyai & Metsing, 2019). According to the teenage mothers, the inability of their parents to provide for their basic needs made most of them engaged in an early sexual relationship for money and food which translated into becoming victims of teenage pregnancy. This inability on the part of the victims’ parents or guardians to afford food, clothing, education and other basic material necessities for them compelled them to finance such needs from elsewhere, usually persons of the opposite sex. This usually results in the development of sexual relationships with the provider of such needs and the resultant pregnancy and teenage motherhood. Thus as a coping mechanism to meet their needs, young girls of school-going age are indirectly forced to engage in a relationship that usually leads to teenage pregnancy. Brooks-Gunn and Duncan (1997) indicated that poor children suffer higher incidences of adverse health, developmental, and other outcomes than non-poor children. It is therefore imperative that to eliminate teenage pregnancy, efforts must be taken to address the issue of poverty since they go hand in hand.

Again, the study gives credence to the notion that most teenagers learn from their peers and rely on their peers for information thus making them fall victim to teenage pregnancy when they succumb to the influence of their peers. That is peer influence as depicted by the study has a grander impact on the conduct of teenagers. Peer pressure or influence places girls encountering family breakdown, home conflicts and any other teenager at risk of teenage pregnancy (Gyan, 2013; Okine & Dako-Gyeke, 2020). Lack of sexual education also accounted for high teenage pregnancy among the youth. Many adolescents engage in sexual activities with little or no knowledge about their sexual and reproductive health. Most adolescents usually have little or no knowledge of their reproductive health. Some of them perceive that one could become pregnant through sexual intercourse, but not for the first time of sexual activity. So lack of proper information probably led them into sexual activities which tend to hamper their education due to the resultant pregnancy (Adu-Gyamfi, 2014). It is therefore necessary that teenagers be equipped with vital information on sex and how to deal with sexual pressures. This information should span abstinence, condom use and the adoption of other family planning methods.
Choices on sex education and teenage pregnancy resolution are guided by personal, religious, filial, and educational orientation (Binney & Nyarko, 2017; Challa et al., 2018; Ndjukendi et al., 2017; Shahabuddin et al., 2017). However, it is recommended that sex education should not be hinged on one’s religious beliefs, but on the totality of sexual knowledge that the adolescents are supposed to be equipped with for proper decision making.

Parental negligence was revealed as paramount in causing teenage pregnancy in the municipality. The finding is similar to that of Copeland (2017) and Gyan (2013) where they noted that parents play a crucial role in curbing teenage pregnancy through proper parenting skills and parental attitudes. Where they provide an enabling environment, the teenager will be at ease to discuss their problems with them. Likewise, they will not go out seeking love and affection with the outcome being pregnancy. Social media was also noted for its contribution to teenage pregnancy in recent times. This confirms previous evidence where the intention to become sexually active among teenagers was identified to be influenced by social media (Connel, 2009; Litt & Stock, 2011). Parents and guardians must take it upon themselves to ensure they guide their teenage children on what to watch and do via social media. Leaving teenagers at their discretion over the use of social media will be deleterious since the use of social media occurs simultaneously with their developing identity, emerging sexuality, physical development, and moral consciousness (Carroll & Kirkpatrick, 2011). They must be guided through this character formation cycle of their lives. Linked to parental negligence, mothers’ experience with teenage pregnancy was identified as a cause of teenage pregnancy. This likewise gives credence to the multiplicity of research that points to the relationship between mothers’ experience with adolescent pregnancy and their child’s teenage pregnancy (Sámano et al., 2017; Smith et al., 2018).

Non-usage of contraceptives or condoms also led to teenage pregnancy. Evidence abounds that teenage pregnancies can be prevented by using condoms or other contraceptives (family planning methods). Our finding, therefore, reiterates the point made by Doku (2012) that most sexually active young people in Ghana do not use contraceptives. Previous studies have established that contraceptive usage in Ghana is influenced by young women feeling too inhibited and ashamed to seek contraception services or because contraceptives are not easily available (Apanga & Adam, 2015; Krugu et al., 2017). The reasons espoused for not using condoms includes ceding condom use responsibility to their partners. Other reasons mentioned were the non-availability of condoms at the point of need and being unable to negotiate condom use. These findings support what Krugu et al. (2017) discovered that most teenage girls ceded condom use responsibility to their partners, and were unable to negotiate condom use. Overall, the study found negative attitudes towards family planning and ceding condom use responsibility to their male partners makes the young girls highly dependent on their partners regarding pregnancy prevention. To this end, Krugu et al. (2017) recommended that “family planning methods like the oral pill (if access can be guaranteed) may provide young women with more control over pregnancy prevention” if negotiating condom use with unwilling partners fail. The findings however contradict studies by Hindin et al. (2014) and Opoku (2010) where they reported shyness in buying contraceptives as a primary barrier to condom use. In all, the results suggest the need to change beliefs towards negotiating condom use among young women, since it will provide an effective intervention to prevent teenage pregnancies in Ghana.

7.3. Challenges faced by the teenage mothers
Emotional and psychological stress from stigmatization and prejudice were identified as challenges facing the teenage mothers. Banerjee et al. (2009) noted that social stigma constitutes a challenge teenage mothers have to deal with, further complicating the already complex circumstances the adolescent mother has to deal with. Plethora of evidence exists on the stigmatization teenage mothers are subjected to (Copeland, 2017; Gatbonton, 2021; Mokwena et al., 2016). This stigma is likely a direct consequence of conservative cultural sensibilities. The stigmatization of teenage mothers represents a greater challenge, which might mask the underlying issues that
need to be addressed. Stigma reinforces that the young girls are immoral, and pushes both the cause and the solution onto their shoulders. But they could actually be victims of the structural failures in the society, and not a reflection of their personal morality. The health challenges reported by the respondents mirror those identified by Krugu et al. (2017). In their study, they found out that children born to teenage mothers face several challenges and some eventually die. Twintoh et al. (2021) ascribed the poor health outcome of children born to teenage mothers to limited skills in childcare practices and their resort to practices with potentially adverse health outcomes for their children. The mothers are often not in sync with their macro- and exo-systems, thereby depriving themselves and their babies of the much-needed guidance and support in caring for their babies (Twintoh et al., 2021).

Even though poverty was a predisposing factor to teenage pregnancy, the needs of some teenage mothers were unmet. Some faced excruciating financial difficulties after pregnancy, owing to the neglect by their partner or boyfriend and some extent the neglect of their parents or guardians. Gyan (2017) and Okine and Doko-Gyeke (2020) intimated that poverty and economic hardships are the consequences of teenage pregnancy. With already existing financial challenges, teenage pregnancy acts to further deepen the woes of teenage mothers. To this end, absence of adequate social support often results in repeated pregnancy (Okine et al., 2020). Thus, poverty is both a cause and consequence of teenage pregnancy. This is further heightened by the neglect from partner or parents or both (Gatbonton, 2021). School dropout was the major consequence of teenage motherhood. Significant proportion of the respondents were unable to continue their education, although they had the desire to do so. Copious evidence exists on the inhibiting effects of teenage motherhood on the education of young girls who suffer teenage pregnancy. Teenage motherhood is associated with school dropout and lower opportunities (Gatbonton, 2021; Krugu et al., 2017; Timaeus & Moultrie, 2015). Financial constraints and constraints with combining childcare and schooling have been espoused as barriers limiting educational prospects of teenage mothers. Targeted programs which address financial limitations and the absence of affordable childcare can boost the likelihood of re-engagement.

7.4. **Teenage pregnancy and girls educational attainment**

In exploring this objective, the paper first examined the schooling status of the respondents. According to Natalie-Rico (2011), school dropout is one of the major effects of teenage pregnancy on girls in school. It was revealed from the study that most of the teenage mothers had dropped out of school due to the pregnancy. They noted that they drop out of school to give birth and after delivery feel unenthusiastic due to stigmatization and do not return to school thereby serving as a baseline for other girls with similar problems to imitate. As noted in copious literature, pregnancy acts as a promoter of school dropout among girls, especially those from poor families (Mugando-Onyando & Omondi, 2008; Timaeus & Moultrie, 2015). For some cohort of teenage mothers surveyed, their inability to continue their education can be attributed to poverty. Some of these teen mothers used to be breadwinners for their families thus their inability to obtain income to support themselves and their families’ thwarts the dream of participating in school re-entry programmes. It is therefore unlikely for them to return to school since some families are even struggling with how to afford three square meals a day and perceives educating a teenage mother as a luxury, rather than a necessity. As identified by Kaufmann (2001), the ability of a teenage mother to continue managing time and finances associated with mothering and schooling at the same time poses a threat to their education.

Teenage pregnancy restricts and hinders the educational attainment and life potential of the victims. Timaeus and Moultrie (2015) and Panday et al. (2009) affirm that teenage mothers are unlikely to complete high school education (i.e. secondary school education). The non-completion of a secondary school education limits the employability and potential for higher earnings in the future, which could perpetuate the cycle of impoverishment among them. The catalysmic event in all this is that, since poverty is the major cause of teenage pregnancy, many of them end up perpetuating this trend and their children live in deteriorating conditions (Garwood et al., 2015).
Thus teenage motherhood predisposes the girl child to several deteriorating circumstances like multiple unplanned pregnancies, dropping out of school, parental neglect and rejection, less opportunity among others. There are also high likelihoods for children of teenage mothers to end up victims of teenage pregnancy themselves while the boys might take up deviant behaviours like stealing, smoking and dropping out of school. The potential compounding impact of teenage pregnancy on deviant behaviours in society is enormous and this cuts across both the individual and household levels to the community and national levels. Teenage pregnancy eats into the human capital development of young girls of today and it is a major contemporary social problem threatening most countries in the world (Gyan, 2013). Due to its negative repercussions on the development of the girl-child, it has been an issue of contention among policymakers; social workers and other human service providers (Grunseit, 2007). It requires a concerted effort from all stakeholders to effectively and efficiently address it.

The motivation to re-enter school was somewhat high among the teen mothers. While the motivation to go back to school is to develop their human capital to be better off in the future, there were lamentations about stigmatization from both students and teachers. On the issue of stigmatization, the significant numbers who are unwilling to go back to school attributed their decision to the same factor. Nyambura (2000) argued that “re-admission is not always a forthright issue because of the moral humiliation often concomitant with teenage motherhood. Nyambura additionally stated that some schools are not compassionate enough to give teenage mothers space in schools” (Nyambura, 2000).

8. Strength and weaknesses
The strength and limitations of this study ought to be acknowledged to help readers interpret the findings of this present study within the right setting and perspective. While to the best of our knowledge, this is not the pioneer study to provide insights into the effects of teenage pregnancy on the education of girls in Ghana; the present study provides an in-depth understanding from the interpretations of victims (teenage mothers) and helps fill the prevailing gap in knowledge on the subject matter. Nevertheless, this study intentionally prioritized the in-depth response provided by participants from their experiences. Also, the interpretation of our findings is possibly restricted by the fact that responses were self-reported by the participants and in turn, our results may be open to the effects of recall and social desirability biases. Finally, the findings were based on responses from some communities thus; teenage mothers in other settings outside the communities may have different experiences with school re-entry. Nevertheless, the authors believe that these limitations are far outmatched by the benefits offered by the findings of this empirical study on teenage pregnancy and its impact on the education of girls in Ghana.

9. Conclusion
The development of every nation is fundamentally contingent on the human capital development of its population which is attainable through formal and informal education. A major drawback to this in most developing countries for females, in particular, is the growing and alarming rate of teenage pregnancy. This has warranted diverse probing into the phenomena from various angles. While it can be concluded that poverty is the topmost causative agent of the phenomena, it is also noteworthy to highlight the influence of parental negligence, peer influence, lack of sex education and media influences among others. As a cause of teenage pregnancy, school dropout was also identified as the major effect of teenage pregnancy on the education of pregnant girls. Thus, teenage pregnancy becomes a promoter of school dropout among girls from poor families as they are unable to meet the financial obligations that come along with catering for the baby and schooling concomitantly. The paper among other things recommends that the economic and living conditions of households should be improved through policies that will revamp the agricultural sector of the municipality where a chunk of the labour force is employed since poverty is one of the major causes of teenage pregnancy in the municipality. Sex education should be intensified in areas such as the promotion of egalitarian gender attitudes to sex to ensure women’s sexual decisions are respected by their partners, abstinence, condom use and the adoption of other family planning methods. More so, the social welfare
department, parents, NGOs, and local education directorate and all other stakeholders in the municipality should embark on a crusade for school re-entry for teen mothers for their human capital development while lasting solutions (policy change) are introduced to make it re-entry easier and drastically reduce teenage pregnancy rates. Sensitization should also be done by the municipal education office in conjunction with other local actors in schools and communities to disabuse the minds of people to refrain from stigmatizing teenage mothers who re-enter school.

Acknowledgements
We acknowledge the respondents for providing the survey data and the authors and publishers whose works were consulted.

Funding
This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Author details
Anthony Kwame Morgan
E-mail: anthoniomorgan280@gmail.com
ORCID ID: http://orcid.org/0000-0001-7904-9955

Seth Agyemang
Emmanuel Dogbey
Abdul Wahid Arimiyaw
ORCID ID: http://orcid.org/0000-0003-2520-4563

Alfred Foster Senior Owusu

1 Department of Geography and Rural Development, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana.

Disclosure statement
No potential conflict of interest was reported by the author(s).

Declaration
There is no conflict of interest relating to the publishing of this article.

Ethics approval and consent to participate
Informed consent was obtained from the participants by agreeing orally to participate in the study.

Availability of data and material
The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Authors’ contributions
AKM drafted the paper; SA, ED, AWA and AFOS designed the study, developed study tools and participated in data analysis. All authors critically reviewed the manuscript before submission. All authors accept final responsibility for the paper. All authors read and approved the final manuscript.

Citation information
Cite this article as: “We were girls but suddenly became mothers”: Evaluating the effects of teenage motherhood on girl’s educational attainment in the Volta Region, Anthony Kwame Morgan, Seth Agyemang, Emmanuel Dogbey, Abdul Wahid Arimiyaw & Alfred Foster Senior Owusu, Cogent Social Sciences (2022), 8: 2036312.

References
Adu-Gyamfi, E. (2014). Assessing the effect of teenage pregnancy on achieving Universal Basic Education in Ghana: A case study of Upper Denkyira West District. Journal of Education and Practice, 5(17), 46–60. https://www.iste.org/Journals/index.php/JEP/article/viewFile/13910/14062
Akadi, O. P. (2011), Development of a multi-criteria approach for the selection of sustainable materials for building projects, PhD Thesis, University of Wolverhampton.

Apona, P. A., & Adam, M. A. (2015). Factors influencing the uptake of family planning services in the Talensi District, Ghana. Pan African Medical Journal, 2011, 1–9. https://doi.org/10.11604/pamj.2015.20.10.5301

Ayanaow Habitu, Y. Yolew, A., & Azale Biwetegn, T. (2018). Prevalence and factors associated with teenage pregnancy, northeast Ethiopia, 2017: A cross-sectional study. Journal of Pregnancy, 2018(1), 1–8. https://doi.org/10.1155/2018/1716527

Banerjee, B., Pandey, G. K., Dutt, D., Sengupta, B., Mondal, M., & Deb, S. (2009). Teenage pregnancy: A socially inflicted health hazard. Indian Journal of Community Medicine: Official Publication of Indian Association of Preventive & Social Medicine, 34(3), 227–231. https://doi.org/10.4103/0970-0218.55289

Berg, B. L. (2007). A dramaturgical look at interviewing. Qualitative Research Methods for the Social Sciences, 6, 101–152.

Biney, A. A., & Nyarko, P. (2017). Is a woman’s first pregnancy outcome related to her years of schooling? An assessment of women’s adolescent pregnancy outcomes and subsequent educational attainment in Ghana. Reproductive Health, 14(1), 1–15. https://doi.org/10.1186/s12978-017-0378-2

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. https://doi.org/10.1191/147808706qp063oa

Brooks-Gunn, J., & Duncan, G. J. (1997). The effects of poverty on children. The Future of Children, 7(2), 55–71. https://doi.org/10.2307/1602387

Carroll, J. A., & Kirkpatrick, R. L. (2011). Impact of social media on adolescent behavioral health. In Oakland. California Adolescent Health Collaborative (pp. 1–6). http://www.phi.org/wp-content/uploads/migration/uploads/application/files/g9gxbfghdxxoj3yymtc1f9vmm8t1ly9sr3j369pstdkojdy15.pdf

Challo, S., Manu, A., Morhe, E., Dalton, V. K., Loll, D., Dozier, J., and Hall, K. S. (2018). Multiple levels of social influence on adolescent sexual and reproductive health decision-making and behaviors in Ghana. Women & health, 58(4), 434–450. https://doi.org/10.1080/03002422.2017.1306067

Chang'ach, J. K. (2012). Impact of teenage pregnancy on the education of the girl-child: A case study of Keiyo South District, Keiyo-Marakwet County, Kenya. International Journal of Social Science Tomorrow, 1(1), 1–8.

Connel, R. S. (2009). Academic libraries, Facebook and Myspace and student outreach: A survey of student opinion. Portai: Libraries and the Academy, 9(1), 25–36. https://doi.org/10.1353/pla.0.0036

Copeland, R. J. (2017). Experiences of adolescent mothers in Costa Rica and the role of parental support. Journal of Family Social Work, 20(5), 416–432. https://doi.org/10.1080/10522158.2017.1300114

Darroch, J. E., Woog, V., Bankole, A., Ashford, L. S., & Points, K. (2016). Costs and benefits of meeting the
contraceptive needs of adolescents. Guttmacher Institute, New York. Retrieved June 18, 2021, from https://www.guttmacher.org/report/adding-it-meeting-contraceptive-needs-of-adolescents

Doku, D. (2012). Substance use and risky sexual behaviors among sexually experienced Ghanaian youth. *BMC Public Health*, 12(1), 1–7. https://doi.org/10.1186/1471-2458-12-571

Dohrnall, B. M., Hutchinson, G., Milev, A., & Milev, Y. (2011). The social context of schoolgirl pregnancy in Ghana: vulnerable children and youth studies. *An International Interdisciplinary Journal for Research, Policy and Care*, 6(3), 201–207. https://doi.org/10.1080/17450128.2011.564222

Donkor, A. K., & Lariba, A. L. (2017). The impact of sex education on teenage pregnancy in basic schools of Bawku Municipal District in Ghana. Online Submission, 3(3), 214–221. doi:10.22219/jpbi.v3i3.4915

East, P. L., Reyes, B. T., & Horn, E. J. (2007). Association between adolescent pregnancy and a family history of teenage births. Perspectives on Sexual and Reproductive Health, 39(2), 108–115. https://doi.org/10.1363/3910807

Garwood, S. K., Gerassi, L., Jonson-Reid, M., Plax, K., & Drake, B. (2015). More than poverty: The effect of child abuse and neglect on teenage pregnancy risk. *Journal of Adolescent Health*, 57(2), 164–168. https://doi.org/10.1016/j.jadohealth.2015.05.004

Gatbonton, R. R. G. (2021). Educational experiences of adolescent mothers while studying college in the Philippines. *IAFOR Journal of Education*, 9(1), 41–58. https://doi.org/10.22429/ijje.v9i1.03

Ghana Statistical Service. (2013). 2010 population & housing census: National analytical report. Ghana Statistical Service.

Ghana Statistical Service, Ghana Health Service, & Ghana Statistical Service, Ghana Health Service. (2018). Ghana Maternal Health Survey 2017. GSS, GHS, and ICF. https://dhsprogram.com/pubs/pdf/FR360/FR360.pdf

GhanaWeb (2018 July, 14). Volta Region tops teenage pregnancy list. Retrieved December 14, 2018 from https://www.ghanaweb.com/GhanaHomePage/regional/Volta-Region-tops-teenage-pregnancy-list-668639

Grant, M. J., & Hallman, K. K. (2008). Pregnancy-related school dropout and prior school performance in KwaZulu-Natal, South Africa. Studies in Family Planning, 39(4), 369–382. https://doi.org/10.1111/j.1728-4465.2008.00181.x

Grunseit, A. (2007). Impact of HIV and Sexual health education sexual behavior of young people: A review update. Geneva: UNAIDS.

Gyan, C. (2013). The effects of teenage pregnancy on the educational attainment of girls at Chorkor, a suburb of Accra. *Journal of Educational and Social Research*, 3(3), 53–60. https://doi.org/10.5901/jesr.2013.v4n3p53

Gyan, S. E. (2017). Adolescent girls’ resilience to teenage pregnancy and motherhood in Begoro, Ghana: The effect of financial support. Vulnerable Children and Youth Studies, 12(2), 130–137. https://doi.org/10.1080/17450128.2017.1290305

Gyesaw, N. Y. K., & Ankormah, A. (2013). Experiences of pregnancy and motherhood among teenage mothers in a suburb of Accra, Ghana: A qualitative study. *International Journal of Women's Health*, 2013, 773. https://doi.org/10.2147/IJWH.S55128

Hindin, M. J., McGough, L. J., & Adamu, R. M. (2016). Misperceptions, misinformation and myths about modern contraceptive use in Ghana. *Journal of Family Planning and Reproductive Health Care*, 40(1), 30–35. https://doi.org/10.1136/jfprhc-2012-100464

Hosie, A. C. S. (2007). “I hated everything about schools”. An examination of the relationship between dislike of school, teenage pregnancy and educational disengagement. *Journal of Social Policy and Society*, 6(3), 333–347. https://doi.org/10.1017/S1474746407003661

Hox, J. J., & Boeije, H. R. (2005). Data collection, primary versus secondary. In: A.J-Kempf- Leonard K(ed.), Encyclopedia of Social Measurement. Atlanta, GA: Elsevier Science, pp. 593–599.

Imoro, B. (2009). Dimensions of basic school dropouts in rural Ghana: The case of Asuafii District. *Journal of Science and Technology (Ghana)*, 29(3), 72–85. https://doi.org/10.4314/jst.v29i3.5099

Johnson, T. P. (2014). Snowball sampling: Introduction. Wikipedia. Retrieved from John Wiley & Sons, Ltd. Statistics Reference Online.

Kaufmann, T. (2001). Teenage pregnancy: How can we help? *Midwives*, 4(10), 322–343.

Kimemia, K. A., & Mugambi, M. M. (2016). Social media and teenage pregnancy among students in secondary schools in Imenti North Sub-County, Meru, Kenya. *International Journal of Scientific Research and Management*, 4(9), 4586–4606. http://hdl.handle.net/11295/100660

Kpando Municipal Assembly (2018). The composite budget of the Kpando Municipal Assembly for the 2016 fiscal year. Retrieved October 12, 2018, from https://www.mofep.gov.gh/sites/default/files/composite-budget/2016VR/Kpando.pdf

Krug, J. K., Mevissen, F., Münkel, M., & Ruiter, R. (2017). Beyond love: A qualitative analysis of factors associated with teenage pregnancy among young women with pregnancy experience in Bolgatanga, Ghana. *Cultural, Health & Sexuality*, 19(3), 293–307. https://doi.org/10.1080/13691058.2016.1216167

Litt, D. M., & Stock, M. L. (2011). Adolescent alcohol-related risk cognitions: The roles of social norms and social networking sites. *Psychology of Addictive Behaviors*, 25(4), 708–714. https://doi.org/10.1037/a0024226

Manzi, F., Owang, J., Akankwatsa, A., Wokali, O. C., Obba, F., Bumba, A., Nekko, R., & Gavamukulya, Y. (2018). Factors associated with teenage pregnancy and its effects in Kibuku Town Council, Kibuku District, Eastern Uganda: A Cross Sectional Study. *Prim Health Care*, 8(298), 2167–1079. https://doi.org/10.4172/2167-1079.1000298

McCall, S. J., Bhattacharya, S., Okpo, E., & Macfarlane, G. J. (2015). Evaluating the social determinants of teenage pregnancy: A temporal analysis using a UK obstetric database from 1950 to 2010. *Journal of Epidemiology and Community Health*, 69(1), 49–54. https://doi.org/10.1136/jech-2014-204214

Mokwena, J. P., Govender, S., & Setwaba, M. B. (2016). Health and well-being among teenage mothers in a rural South African community. *Journal of Psychology in Africa*, 26(5), 428–431. https://doi.org/10.1080/14330237.2016.1219539

Monyai, R. B., & Metsing, K. M. (2019). Understanding teenage pregnancy in the South African Context. In *Socio-cultural influences on teenage pregnancy and contemporary prevention measures* (pp. 117–128).

Mugando-Anyondo, R., & Omondi, M. (2008). Down the drain: Counting the costs of teenage pregnancy and school drop out in Kenya. Centre for the Study of Adolescence, Nairobi, Kenya.
Natalie-Rico, B. A. (2011). Adolescent mothers and educational achievement: The factors associated with teenage pregnancy and the effects of pregnancy on truncated education. Georgetown University.

Ndikundu, A., Okitundu, D., N’Situ, A., Mpoaka, D., Lukoba, T., Ngoma, V., Moro, M.‐R., & Falissard, B. (2017). Adolescents in difficult situation in Kinshasa: What adaptation strategies? Psychiatric Evolution, 82(1), 75–87. https://doi.org/10.1016/j.evopsy.2015.12.008

Niederberger, M., & Keller, M. (2013). Mixed methods studies in health promotion: A case-study based on the life situations of young people of refugee backgrounds in Germany. In Md. Anwarul Azim Majumder, Russell Kabir and Sayeeda Rahman (ed.), Public health-emerging and re-emerging issues. IntechOpen

Nyambura, M. (2000). Regional Ministerial consultation on closing the gender gap in education: Curbing drop out. Kenyatta University.

Odimewwu, C., & Mkwananzi, S. (2016). Factors associated with teenage pregnancy in sub-Saharan Africa: A multi-country cross-sectional study. African Journal of Reproductive Health, 20(5), 94–107. https://doi.org/10.29063/ajrhj2016v20314

Okine, L., & Dako-Gyeke, M. (2020). Drivers of repeat pregnancy among teenage mothers in Accra, Ghana. Children and Youth Services Review, 2020(113), 105002. https://doi.org/10.1016/j.childyouth.2020.105002

Okine, L., Dako-Gyeke, M., Baiden, P., & Saa-Touch Mort, K. (2020). Exploring the influence of repeat pregnancy on the lives of teenage mothers. Journal of Human Behavior in the Social Environment, 30(7), 863–880. https://doi.org/10.1080/10911359.2020.1763226

Opoku, B. (2010). Contraceptive use among ‘at-risk’ women in a metropolitan area in Ghana. Acta Obstetricia Et Gynecologica Scandinavica, 89(8), 1105–1107. https://doi.org/10.1111/j.0001-6349.2010.018672

Panday, S., Mukiwane, M., Ranchod, C., & Letsoalo, T. (2009). Teenage pregnancy in South Africa: With a specific focus on school-going learners (Child, Youth, Family and Social Development, HSRC). Pretoria: Department of BasicEducation.http://hdl.handle.net/20.500.11910/4711

Panting, A. J., Abdullah, H., Roslan, S., & Ismail, I. A. (2019). Potential social risk factors for teenage pregnancy in Sarawak. Pertanika Journal of Social Sciences & Humanities, 27(1), 425–441. https://myadalescenthealth.org/MyCCADH/wp-content/uploads/2020/07/JSJH-2305-2017Published-25March2019.pdf

Parker, C. M., Burgess, S., & Al-Qirim, N. (2015). A review of studies on information systems and SMEs in high ranked IS journals (2000-2014). Australasian Journal of Information Systems, 19(5), 153–173. https://doi.org/10.3127/ajis.v19i10.1219

Patto, M. G. (2002). Qualitative interviewing. Qualitative Research and Evaluation Methods, 3(5), 344–347. https://aulasvirtuales.files.wordpress.com/2014/02/qualitative-research-evaluation-methods-by-michael-patton.pdf

Sámano, R., Martínez-Rojano, H., Robichaux, D., Rodríguez-Ventura, A. L., Sánchez-Jiménez, B., de la Luz Hoyuela, M., … Segovia, S. (2017). Family context and individual situation of teens before, during and after pregnancy in Mexico City. BMC Pregnancy and Childbirth, 17(1), 1–16. https://doi.org/10.1186/s12884-017-1570-7

Schreier, M. (2005). Qualitative und quantitative Methoden in der Sozialforschung: Vielfalt statt Einheit. In Symposium: Qualitative und quantitative Methoden in der Sozialforschung: Differenz und/oder Einheit (Vol. 1, pp. 24–25). Freie University, Berlin.

Selby, H. (2009, April 29). Teenage pregnancy: The onus lies on teenagers. Ghanaian Chronicle, p.12.

Shahabuddin, A., Nöstlinger, C., Devalux, T., Sarker, M., Delamou, A., Bardaji, A., De Brouwere, V., & Broere, J. E. W. (2017). Exploring maternal health care-seeking behavior of married adolescent girls in Bangladesh: A social-ecological approach. PLoS One, 12(1), e0169109. https://doi.org/10.1371/journal.pone.0169109

Smith, C., Strahschein, L., & Crosnoe, R. (2018). Family histories and teenage pregnancy in the United States and Canada. Journal of Marriage and Family, 80(5), 1244–1258. https://doi.org/10.1111/jomf.12512

Sottie, C. A., & Awasu, C. (2011). Prevailing against the odds of dropping out of schools in Ghana. African Journal of Education and Technology, 1(2), 125–142. http://researcher.isi.psu.edu/view/download?doi=10.1.310.8394646&rep=rep1&type=pdf

Srivastava, A., & Thomson, S. B. (2009). Framework analysis: A qualitative methodology for applied policy research. Research Note JOAAG, 4(2), 72–79. https://room.macewan.ca/islandora/object/gm%3A1207/datastream/OBJ/view

Strasburger, V. C. (2009). Children, adolescents and the media: What we know, what we don’t know and what we need to find out (quickly!). Archives of Disease in Childhood, 94(9), 655–657. https://doi.org/10.1136/adc.2008.157156

Timaeus, I. M., & Moultrie, T. A. (2015). Teenage childbearing and educational attainment in South Africa. Studies in Family Planning, 46(2), 143–160. https://doi.org/10.1111/j.sc.12465.20150021.x

Tongco, M. D. C. (2007). Purposive sampling as a tool for informant selection. Ethnobotany Research and Applications, 5, 147–158. https://doi.org/10.17348/era.5.1.147-158

Twintoh, R. F., Anku, P. J., Amu, H., Darte, E. K. M., & Korsh, K. K. (2021). Childcare practices among teenage mothers in Ghana: A qualitative study using the ecological systems theory. BMC Public Health, 21(1), 1–22. https://doi.org/10.1186/s12889-020-00989-7

United Nations Population Fund [UNFPA]. (2013). Motherhood in childhood: Facing the challenge of adolescent pregnancy (State of the World Population-2013).

Urindwanyo, D., & Richter, S. (2020). Teenage pregnancy in refugee camps: A narrative synthesis. Journal of International Women’s Studies, 21(1), 255–270. https://vc.bridgew.edu/cgi/viewcontent.cgi?article=2224&context=jwjs

Wall-Wieler, E., Roos, L. L., & Nickel, N. C. (2016). Teenage pregnancy: The impact of maternal adolescent childbearing and older sister’s teenage pregnancy on a younger sister. BMC Pregnancy and Childbirth, 16(1), 1–12. https://doi.org/10.1186/s12884-016-0911-2

World Health Organization [WHO]. (2020). Adolescent pregnancy. Retrieved October 29, 2021 from https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy
