

Chapter one

Family, Teenage Pregnancy



CHAPTER ONE INTRODUCTION 1. 1 Background to the Study The terms ‘ youth’, ‘ teenager’, ‘ adolescent’, and ‘ young people’ are all used to describe people in the phase of life that marks the conversion from childhood to adulthood. While there is universal agreement on the transition from childhood to adolescence, when exactly adolescence ends and adulthood begins is less clear as the stage of adolescence is culture-specific and therefore different in every society. In some cultures, the transition from teenager to adult could be very short, while, in other cultures it could be longer (Govindasamy et al., 2002). The World Health Organization (WHO, 2009) defines ‘ adolescents’ as people aged 10-19; ‘ youth’ as those aged between 15-24; and ‘ young people’ as those aged between 10 and 24 years old and ‘ teenager’ as people aged 13-19 years. Traore (2010) agrees that age has been used to differentiate adolescents from teenagers based on their physical development. This study, however, prefer to take females in the age group between 13 to 19 years as ‘ teenagers’. In this study, the term ‘ teenagers’ was used throughout. The incidence of teenage pregnancy remains high around the world. According to Nanda (2006), teenage females give birth to 15 million infants every year. Thus, teenage pregnancy is a concern from both a human rights and a public health perspective. Teenage pregnancy and its effect on teenage motherhood are among the major societal problems confronting the contemporary global community (Gatara & Muriuki, 2005). In Ghana, for example, one report estimates that nearly one-third of the childbirths recorded in public hospitals occurred to women under 19 years of age (Xinhua, 2006). The prevalence is higher in the rural areas and small- to-medium-sized towns which are often under-represented in the

hospital birth statistics. A survey conducted by the UN Regional Institute for Population Studies reported that one out of three girls aged 15 to 19 living in Ghana's Central Region has had a child (Xinhua, 2006). Similar prevalence of teenage pregnancies have been described for other African countries (Mwansa et al., 2004). One study in Swaziland found that females aged 15-19 years accounted for 32.8 per cent of the total fertility (Gule, 2005). Another study reported that females in the same age group contributed 103 births per 1000 women in the Kenya (Gatara & Muriuki, 2005). It has been estimated that at least one out of twenty girls is likely to give birth during the school-going age. Data for Botswana also show that by 2004, about 25 percent of girls 15-19 years old were already mothers (Curtis, 2008). Two years later, in 2006, 56 per cent of the girls had dropped out of secondary schools in the country due to pregnancy (Mashalaba, 2009). On explaining the factors that contribute to teenage pregnancy, (Anderson, 2001) found that in poor neighbourhoods, teenagers experience less control over many aspects of their lives than the non-poor.. Anderson (2001) has further reported that some impoverished teenage girls consider childbirth as a rare source of self-esteem, or a sign of growing up, while sexual conquest brings a feeling of accomplishment to some teenage boys to whom legitimate opportunities may be blocked (Farley, 2005). The discussion of teenage pregnancy and childbirth therefore, tends to characterise the problem as mainly a feature of the poor segment of society. Besides, a literature review (Lewis, 2006; 2009) shows that aside poverty, factors such as early exposure to sexual activity, lack of sex education, weak parental control and supervision, peer pressure, low self-esteem and the need for self-fulfillment

are associated with teenage pregnancy. It is in light of these factors that this study seeks to assess the factors that influence teenage pregnancy and their effects in the Sunyani Municipality in order to help policy makers address the problem.

1.2 Problem Statement

Teenage pregnancy has long been a worldwide social and educational concern for the developed, developing and underdeveloped countries. Many countries continue to experience high incidence of teenage pregnancy despite the intervention strategies that have been put in place. In 2000 approximately 530, 000 teenagers in the United States became pregnant, out of which 51% gave birth (Coley & Chase-Lansdale, 2008). Available literature suggests that in Africa, the total fertility rate has declined to an average of 2. 9 children per woman (Dickson, 2002). A decline in fertility rates has been associated with a high use of contraceptives among women and also the legalisation of abortion in most African countries (Swartz, 2002). Despite the decline in the total fertility rate, teenage pregnancy has been found to be significantly high (Dickson, 2002). The high prevalence of teenage pregnancy in societies characterised by poverty, low education, fewer job opportunities and families headed by mothers who gave birth to their first children in adolescence (Dryfoos, 2006; Macleod, 2009). Teenage pregnancy is also associated with other problematic behaviours such as alcohol and drug use, and early initiation of sexual activity, which have been identified as predictors of pregnancy (Coley & Chase-Lansdale, 2008). Plant and Plant (2002) argue that risk or problem behaviour is associated with social disadvantage, poverty, homelessness, unemployment, bad housing, fragmented family structure and stressful life events. The youth emulate the behaviour of their parents and of their

society, thus social and cultural factors influence patterns of risk taking (Plant & Plant, 2002). The high incidence of teenage pregnancy has become a major societal and educational concern, as it seems to perpetuate poverty and low levels of education (Furstenberg et al., 2007; Morgan, 2007). Also due to changing social circumstances and values, teenage pregnancy is a tolerated phenomenon in modern Ghanaian society. Social permissiveness towards sex outside marriage, and absence of serious social repercussions like isolation or exclusion following an out of wedlock birth, contribute to the high rate of teenage pregnancy (Parekh & De La Rey, 2007). It has also been argued by Preston-Whyte and Zondi (2002) that the high value placed on fertility and education encourages adolescent girls to aspire for both motherhood and academic qualifications. The high cultural value placed on education and fertility is seen as a contributory factor to the prevalence of teenage pregnancy (Preston-Whyte & Zondi, 2002). Education and the link employment prospects enhances the possibility of improved quality of life and thus may be one of the factors that encourage adolescent to continue with school after child birth (Kaufman et al., 2001). Even though pregnant teenagers may not officially be prevented from remaining at school, realistically, due to the demands of parenting, they may be forced to drop out of school, for example, in instances where there is no one to look after the child while the teenage mother continues with her schooling. Sometimes the pregnant teenager feels isolated from her peers. She may be embarrassed by her condition and have difficulty fitting in with her non-pregnant peers and as a result may drop out of school. Parenting teenagers often have to deal with strained family relationships. Sometimes parents

react with anger to the pregnant teenagers. She may be blamed or ostracised for causing a problem (Cervera, 2004). Consequently, she may not get assistance and support from her family members forcing her to drop out of school in order to raise her child. Based on the aforementioned problems and its effect on the teenager, child, family and the society, this study seeks to assess the factors that influence teenage pregnancy and their effects in the Sunyani Municipality in order to help policy makers address the problem. It has been established that there has not been any similar study concerning teenage pregnancy and their effects on teenagers at the Sunyani Zongo community. Although there have been countless cases of teenage pregnancy in the community depriving affected teenagers from furthering their basic education. The aged in the community based on interaction with the researcher revealed that people come to the community to seek the support of the residents in response to their questionnaires, their projects aimed at other relevant community related problems but none of them is focused on teenage pregnancy.

1.3 Justification of the Study

Little attention has been given to psychological variables and processes that predict the occurrence of teenage pregnancy (Coley & Chase-Lansdale, 2008). Most literature focuses on social factors, which predispose teenagers to falling pregnant. Pregnancy may cause psychological distress, as it is often associated with dropping out of school, either before or shortly after childbirth (Zondi, 2002). Teenage mothers are more likely to present with symptoms of depression when compared with their non-parenting peers and older mothers (Kalil & Kunz, 2000). The transition to motherhood puts teenagers at a greater risk for psychological distress because they are

socially, cognitively and emotionally immature to cope with the demands of motherhood. This study examines the experiences of pregnant learners, both in a scholastic and personal context. It assesses how these learners are affected by the demands of coexisting motherhood and adolescence. There appears to be little research done on how Ghanaian pregnant adolescent learners perceive their situation and how they cope with the demands of adolescence and of motherhood. The results drawn from the study would form a basis for further research on the psychological effects of pregnancy during teenagers and may also be of value to designing intervention strategies.

1. 4 Research Objectives The study focused on the following objectives.

1. 5 General Objective To assess the factors that influence teenage pregnancy and their effects in the Sunyani Municipality (SM) in order to recommend policy actions for policy makers.

1. 5. 1 Specific objectives This study intended: To assess the influence of socio-economic status on teenage pregnancy; To identify the effect of peer pressure on teenage pregnancy; and To examine mass media exposure and its effect on teenage pregnancy. To assess the effects of teenage pregnancy in the Sunyani Municipality. To make recommendations based on the findings of the study.

1. 5 Research Questions Based on the specific objectives of the study, the research seeks answers to the following questions: What is the influence and effects of socio-economic status on teenage pregnancy in the SM? What are the influences and effects of peer pressure on teenage pregnancy in the SM? How does the mass media exposure impact on teenage pregnancy? What are the consequences of teenage pregnancy in the Sunyani Municipality?

1. 6 Significance of the Study The outcome of this

study will provide useful information about the psychological well-being of pregnant teenagers. This will assist mental health professionals in developing appropriate psycho-educational programmes to address the psychosocial challenges associated with teenage pregnancy and motherhood. Furthermore, the findings of the study will help to inform public debate that could lead to the development of appropriate policies on how to deal with the challenge of teenage pregnancy and motherhood. Also victims of teenage pregnancy will get the opportunity to disclose information about their experiences in order to help in their addressing problems. Considering the nature of this study, including student affairs professionals, counsellors or psychologists, and those interested in woman's issues would be assisted to identify the factors associated with teenage pregnancy in the Sunyani Municipality and their effects on the teenager, the child and the society. Future researchers, who would study into determinants of teenage pregnancy in the Municipality, would also have a complement or a basis for their literature review. Finally, the research is likely to raise questions leading to further research.

1. 7 Scope of the Study For feasibility purposes, the study focused on how socio-economic status; peer pressure and early exposure to sexual activity by the mass media influence teenage pregnancy and their effects on the teenager, child and the society. The study considered school going teenagers who dropped out of school due to teenage pregnancy in the Sunyani Municipality. In the study, a pregnant teenager was pregnant girl aged 13 to 19 years. Besides, psychological effects in this study referred to the presence of symptoms related to somatic complaints, anxiety and insomnia, social isolation, and depression. The

current study focused on pregnant teenagers who were drawn from the Sunyani Municipality who attended antenatal clinic (ANC) at the Sunyani Municipal Hospital (SMH) during the period of data collection. 1. 7

Delimitation Even though the study was carried out in Sunyani Municipality, concentration was on teenagers at Sunyani Zongo community considering the fact that they have stake in the topic understudy. This research was conducted within the following parameters: the influence and effects of socio-economic status on teenage pregnancy: the influence and effects of peer pressure on teenage pregnancy:: the influence and effects of mass media exposure on teenage pregnancy: the consequences of teenage pregnancy on teenagers. 1. 8 Organisation of the Chapters The research is in five different chapters. In the first chapter, an insight is given as to what the study is all about with the statement of research problem, research questions and objectives, significance of the study, limitations of the study, and the organization of the essay. In the second chapter, an overview of relevant materials related to the study is discussed. In the third chapter, the researcher presents the methodology used in the study; chapter 4 will focus on the presentation and analysis of data, and the final chapter will look at the conclusions and recommendations. CHAPTER TWO LITERATURE REVIEW 2. 1 Introduction This chapter reviewed several selected studies which relate to the topic. The chapter focused on literature related to socio-economic status and teenage pregnancy; peer pressure and teenage pregnancy, mass media exposure and teenage pregnancy as well as the effects of teenage pregnancy 2. 2 Socio-economic status and Teenage Pregnancy It has been revealed that teenage pregnancy is often associated with low socio-

economic status (Dryfoos, 2006). Economically disadvantaged teenagers are characterised by low levels of education and lack of employment opportunities (Preston-Whyte & Zondi, 2002). Certain family characteristics have also been identified as factors that put teenagers at risk of becoming pregnant in early life. Factors such as poverty, single parent families — especially the female headed households, poorly educated parents have been associated with teenage pregnancy (Furstenberg et al., 2007). Teenagers from one-parent headed families are apt to suffer from deprivations that may lead them to seek affection, security and a sense of significance elsewhere (Chillman, 2006). There are two contrasting views on the subject of single parenting. In some sources it is argued that most parenting adolescents have been found to come from impoverished single parent families, which are often headed by a female (Swartz, 2002). In the other source, children raised in single parent families are more likely to have been victims of an unstable family environment, have experienced a divorce or parental conflict (Russell, 2004). Negative family environment plays a major role in contributing to early teenage sexual experience and teenage pregnancy (Cunningham & Boulton, 2002; Macleod, 2009). A family's low economic status with all the factors associated with it, impacts negatively on teenagers' attitudes towards early pregnancy. Life experiences associated with poverty minimise the perceived repercussions of adolescent pregnancy (Preston-Whyte & Zondi, 2002). Andorka (2008) stated that people with higher income show lower fertility levels at the earlier stage of socioeconomic development than people with lower income. Other basics of economic conditions such as economic security also seem to have a

significant influence on teenage pregnancy (Andorka, 2008). A study by Kamal (2009) showed that a significant negative relation was found between teenage motherhood and the wealth index. About three out of four women with a poor wealth index started childbearing before they reached the age of nineteen. Choe et al. (2001) showed that woman's education was significantly related to the probability of child bearing before the age of 20. The results of a study by Were (2007) also showed that teenage pregnancies were perpetuated by poor educational access as women with low levels of education tended to be the victims of teenage birth. Because educated woman were more likely to participate in the labour force than their uneducated or lower educated counterparts, women who were working also tended to delay their first marriage and first birth compared with those women who were not working. In Ghana, Bogue (2009) argue that education showed a stronger and more consistent relationship with teenage pregnancy. The level of education of women is a socioeconomic indicator which is frequently found to be negatively related to teenage pregnancy. This is because educated women tend to marry and use contraception later compared to women who have a low level of education (Bongaarts, 2008). Furthermore, Cochrane (2009) also stated that education was positively related to more favourable attitudes toward birth control, greater knowledge of contraception, and husband-wife communication. Thus, concerning the context of the study, it assumes that the level of educational attainment of women may affect the timing of childbearing among women.

2. 3 Peer Pressure and Teenage Pregnancy Preston-Whyte & Zondi (2002) found that schoolmates exerted a lot of pressure on their peers to engage in sexual

relations. Some studies have found that teenagers often cite their peers as being of strong influence on their sexual behaviour (Preston-Whyte & Zondi, 2002; Chillman, 2006). Teenagers' need for approval and a desire to belong to a group makes them vulnerable to peer influence thereby leading to them to teenage pregnancy (Kamal, 2009). Nowadays teenagers' preferred position is to stay away from their parents, to avoid to be controlled by parents. They rather listen to their peers than to their parents. Bezuidenhout (2002) said that during that time norms and values taught by parents start to fade out and are replaced by liberal sexual values orientated by peers. Preston-Whyte and Zondi (2002) mentioned that peer pressure plays a role in teenage pregnancy. Buga et al. (2006) found that 20% of girls and 10% of boys respectively indicated that they had initiated sexual activity because of peer pressure. Wood et al. (2006) said peer pressure takes a form of exclusionary practices (e. g. sending sexually inexperienced teenagers away when having discussions concerning sexual matters). Again Mfono (2008) indicated that one of the dynamics operative in sexual relations is that girls and young women are under pressure to demonstrate that they are sexually capable of giving birth. Furthermore, Rozakis (2003) believed that many teens are pushed by their friends into doing something they are not ready for, and really do not understand that peer pressure can be a very strong and persuasive force for sexual relations during adolescence. Peer association has been indicated as one of the strongest predictors of adolescent sexual behaviour and teenage pregnancy (DiBlasio & Benda, 2004). Youth that do not engage in sex tend to have friends who also abstain. Those that are sexually active tend to believe that their friends are

sexually active as well. Males, particularly those over 16, report more pressure from peers to be sexually active while females report more pressure from partners (Guggino & Ponzetti, 2007). Moore and Rosenthal (2003) pointed to the following ways peer influence can operate: Through sharing of information, which can serve as a guide in decision-making about sex (this may include inaccurate information). Through prevailing attitudes about sexuality (implicitly reflected in their behaviour and serving as a role model or explicitly stated in discussions etc.). For example, there is some research evidence that the age of first intercourse is related to the perceived peer approval of premarital intercourse (Daugherty & Burger, 2004).

2. 4 Mass media exposure and Teenage Pregnancy

Lucas (2004) stated that the age at first marriage is the one of the determinants of fertility and is classed as the intercourse variable. Early entry into marriage or a union is considered to be strongly connected with early child bearing. The supposition is that it will expose women to regular sexual intercourse through the mass media, and therefore increase the possibility of conception (Mahy & Gupta, 2002). Gupta and Leite (2009) stated that access to the media was found to be the most significant predictor of fertility among young adult women in Brazil based on an analysis of DHS data. In this region, the mass media are believed to play an important role in promoting social attitudes about fertility and reproductive behaviours, especially given the country's linguistic homogeneity (Gupta & Leite, 2009). It can be assumed that women who are used to being exposed to mass media are likely to understand the risks of teenage motherhood, and, as a result, they tend to delay their pregnancies. It is clear from different sources that the media

often plays a major role in influencing teenage pregnancy. Parents can hardly consistently monitor what programmes their teenagers are watching. Rozakis (2003) believed that television is the main source of sexual socialization in many teenagers' lives in the USA. According to A Rozakis (2003), in a single year there were 20, 000 sexual messages on television used to sell almost anything you can imagine: cars, travel, soft drinks, toothpaste, and clothing. Television also shows six times more extramarital sex than sex between husbands and wives. During the absence of any elderly person children become bored and want to experiment with many things including exploring TV channels as source of entertainment. Devenish et al. (2002) agreed that the media also portray sex as fun and exciting. Bezuidenhout (2004) added that sexually arousing material, whether it is on film, in print or set to music, is freely available to the teenager and such information is often presented out of the context of the prescribed sexual norms of that society. Schultz (2004), in his empirical study, suggested that sex educators, social workers, other helping professionals, and parents should work together to counteract distortions that affect adolescents' sexual development and sexual growth, and professionals and parents need to recognize the reality and power of the media as an influence on sexual growth. All of the above can influence teenager's behaviour and encourage them to experiment with sex which will lead to unwanted teenage pregnancies (Schultz, 2004). Similarly, Moore and Rosenthal (2003) pointed out that television, films and other forms of media have removed a lot of the mystery surrounding sex by increasingly explicit portrayal of sexual acts, which can provide a model of sexual behaviour. The stereotypic portrayals

often do not provide positive role models with hedonistic values rather than responsibility being promoted (e. g. planning for sex being rarely included) (Moore, 2000). According to McCabe (2005), the media's message is that teenagers should be sexually experienced.

2. 5 Effects of Teenage Pregnancy

Teenage pregnancy has been associated with a number of negative effects, hence it is perceived as a social problem (Furstenberg et al., 2007; Macleod, 2009). In medical literature it has been associated with obstetrics problems such as high infant and maternal mortality, risks of clandestine abortion, delivery complications and low infant birth weight (Dickson, 2002). Other complications for the teenage mother are limited educational opportunities, self-determination and a poor quality of life (Prater, 2002). At the broader social level the high teenage fertility rate has been found to have a negative effect on the economic development (Varga, 2003). Some young mothers do not get support from their families. They may be rejected by their families and blamed for introducing a permanent crisis (Hudson & Ineichen, 2001; Cervera, 2004). In a situation where there was a pre-existing interpersonal problem, there is a potential that tension might be orchestrated (Dryfoos, 2006). Therefore conflict may arise between the pregnant daughter and other members of the family. Some sources have reported positive results, indicating that sometimes a family reorganises itself in order to adjust to the new member of the family (Cervera, 2004). The family may react with dismay or anger when they discover about the pregnancy, but when the baby is born the family may become the source of support for the mother (Moore, 2000). Positive family support has been associated with emotional adjustment and mental stability for both mother

and child (Camerana et al., 2008). According to Kalil and Kunz (2008) young mothers who lived with a supportive family tended to cope better. In the Ghanaian context, a child of an unmarried mother belongs to its mothers' family (Burman, 2002). It is very unlikely that her family will reject a teenage mother (Kaufman et al., 2001). Most communities no longer practice acts of exclusion to the unmarried mother and her child (Parekh & De La Rey, 2007). In her review of South African studies on teenage pregnancy, Macleod (2009) stated that teenage mothers reported a perceived improvement in the relationship with their parents. Parents were reported to relate to teenage mothers as adults. Thus parenthood gave the teenage mothers an entry to adulthood (Preston-Whyte & Zondi, 2002). Prater (2002) stated that teenage pregnancy and subsequent parenting could create major obstacles to any learner's achievements at school. Thus, pregnant learners are impaired by their situation. Even though they have as much potential for academic success as their non-parenting cohorts, there are multidimensional causes for their academic failure. Many investigations have shown that early pregnancy hinders educational attainment. Erikson (2004) reported that teenage mothers exhibited a ' syndrome of failure', which included a failure to remain in school. Pregnant learners are more likely to drop out of school for at least an academic year. The dual role of being a mother and a learner is stressful (Parekh & De La Rey, 2007) and impinges on school achievement. School attendance, is also disturbed by such things as babysitting arrangements and the health of the child. Furstenberg et al. (2007) referred to what is termed ' role overload'. He defined ' role overload' as the strain that exists when the teenage mother simultaneously attempts to meet the

demands of parenting and schooling. Parenting learners cannot participate in experiences enjoyed by their peers, for example, extra-curricular activities, which can add much value to the total school experience of most teenagers. Despite these hardships schooling emerged as important (Prater, 2002). Depression has been correlated with teenage pregnancy (Hamburg, 2006). Parenting teenagers are more likely to present with higher levels of depression when compared with non-parenting adolescents and older mothers. In most literature psychological distress among adolescent mothers is perceived as resulting from psychosocial stressors related to the adjustment into the role of being the mother (Kalil & Kunz, 2000). In some literature it is argued that teenage girls are predisposed to depression (Galambos, 2004). It is postulated that teenage girls are more prone to experiencing mothers of the same ethnic and socio-economic status had similar findings (Field et al., 2006; Hudson & Ineichen, 2001). It was found that infants of teenage mothers are more likely to receive less verbal stimulation and to have developmental delays. These negative effects were associated with the fact that teenage mothers had limited knowledge of developmental milestones and held punitive child rearing attitudes. Literature concludes that teenage mothering is contributory to poor cognitive development of the child. Low education levels of the mother, poor socioeconomic status and negative attitudes towards child rearing are correlated with the child's poor developmental outcome (Field et al., 2006). Cunningham and Boulton (2006) also postulated that the young mother's immaturity, social inexperience and lack of child rearing skills have a negative effect on the child. The young mother and her off-spring are at a

risk of becoming victims of crime like incest, rape, neglect, abuse, family violence and of participation in criminal activities such as drug trafficking, prostitution etc. In the Ghanaian context the teenage mother often resides in her parental home (Preston-Whyte & Zondi, 2002) and the child is often in the care of an adult during the day either the grandmother or at an alternative day care. This implies that the child of a teenager is more than likely to receive parenting from an adult mother figure and to benefit from this interaction (Camerana et al., 2008). Multiple care giving has also been found to be of benefit for the mother. While an adult is looking after the child, the mother gets the opportunity to attend to other responsibilities thus alleviating the stressors for the mother (Yozi, 2003). It is beneficial for both the teenage mother and her child and consequently children who are raised in their mother's parental home are more likely not to suffer the detrimental consequences associated with teenage mothering. CHAPTER THREE:

METHODOLOGY 3. 0 Introduction The purpose of this chapter was to discuss the methodology followed to collect and analyse data for the purpose of answering the research questions mentioned in chapter one of this study. The rationale for the use of a specific methodology was discussed. 3. 1 Study Area 3. 1. 1 Location and Size Sunyani Municipality is one of the twenty-two administrative districts in the Brong Ahafo Region of Ghana. It lies between Latitudes 70 20'N and 70 05'N and Longitudes 20 30'W and 20 10'W and shares boundaries with Sunyani West District to the North, Dormaa District to the West, Asutifi District to the South and Tano North District to the East. There are effective economic and social interactions with the neighbouring districts which promote resource flow among these districts. The municipality

has a total land area of 829. 3 Square Kilometres (320. 1square miles). 3. 1. 2 Population Size and Growth rate SMA had a population of 260, 924 with growth rate of 3. 8 percent (PHC, 2010). The male female ratio is of 50. 4 females to 49. 6 males, thus the sex ratio of the municipality is 1 Male: 1. 01 Females. The percentage of female teenagers in the municipality is 12. 3% (PHC, 2010). 3. 1. 3 Household Characteristics 26 percent of households in the municipality have 1-3 persons making up a household, 45. 3 percent have 4-6 persons, and 22. 7 percent 7-9. Also the least composition has 4 percent and 2 percent for 10-12 and 13-15 respectively (PHC, 2010). The municipality has an average household size of 4. Comparing the municipality's average household size of 4 to the national average household size of 5. 1, the average household size of the municipality is low. 3. 1. 4 Literacy Levels Given the criterion that persons aged 15 years and above who complete basic school (Primary, JSS or Middle school level) are literates, the survey revealed that about 76 percent of the population of the municipality is literates. The municipality can therefore be said to be highly literate when compared to the national average of 53. 3 percent. This situation allows for majority of people to understand and get involved in the development process of the municipality. 3. 2 Study Design The study design is descriptive cross-sectional. Descriptive cross-sectional design provided clarification and description of accurate information about factors influencing teenage pregnancy and the effects of teenage pregnancy. This study design was used because according to Majova (2002), in descriptive cross-sectional research there is no manipulation of subjects. The researcher measures things as they are. Besides, descriptive cross-sectional study provides

answers to the research question. Finally, Ntsholo (2002) believes that this design is suitable in cases where time and resources are limited.

3. 3 Study Population

A teenager according to Collins English Dictionary (1998: 557) is a person aged from 13 to 19 years of age. The study population from this research point of view defines a pregnant teenager as a school going person between the ages of 13 and 19 who took a pregnancy test and the results are positive, which means she is pregnant. According to the 2010 Population and Housing census, there are 1086 school-going women of this age range in the Sunyani Municipality, representing 22. 1 percent of all women in fertility age.

3. 4 Sampling Methods and Sample Size

The researcher used both non-probability and probability sampling methods for the study. For non-probability sampling, the researcher used convenience sampling method. For the convenience sampling, the researcher used pregnant teenage girls that were easily accessible and were willing to participate in a study. This helped to save time and money. Besides, for the probability sampling, the researcher employed a simple random sampling. For the sampling random sampling, the researcher will write “ Yes” and “ No” on pieces of nicely cut hard cardboard papers and give them to the respondents who will be at the antenatal clinic (ANC). All respondents who will choose “ Yes” were given the questionnaire upon their consent to partake in the study. This procedure was repeated for the entire three weeks of data collection until the sample size of was sampled. Using the formula for computing sample size (Epi-Info version 7. 09. 34), this formula was used: $N = t^2 * p(q) / d^2$ Where N = required sample size t = Confidence level at 95% (standard value of 1. 96) p = Estimated prevalence of teenage pregnancy in the Sunyani Municipality (17%= 0. 17) d

= level of precision at 5% (standard value of 0.05) $q = 1 - p$ Hence, $n = (1.96)^2 \frac{p(1-p)}{d^2}$ $n = \frac{3.8416 \cdot 0.17(0.83)}{0.0025}$; $n = 0.54204976 / 0.0025$ $n = 216.82 \hat{\approx} 217$ An additional sample size of 23 (10.6%) was added to take care of attrition. In all, 240 eligible respondents were supposed to be sampled. For lack of time, the researcher used half of 240 (120) for the study. However, this sample size (120) was large enough to make room for generalization and non-response error having taken care of attrition.

3.5 Data Collection Methods

3.5.1 Questionnaire

The instrument used was a self designed structured questionnaire titled Questionnaire on Teenage Pregnancy. The questionnaire was divided into three major parts of A and B. Part A is made up of the bio-data otherwise known as the personal data of the respondents which comprises of age, location, educational level, religion and current occupation. Part B of the instrument was made to elicit responses from teenage mothers in order to test and discuss the research questions raised. The researcher administered the instrument with the assistance of nurses at hospitals on subjects that came for antenatal clinic. The use of nurses was sought to allow for professionalism as they would be able to know through the personal data of their clients the sample sought for. The researcher also used teenagers at the Sunyani Zongo community. In this study, the researcher used questionnaire as a method of collecting data because it has an advantage that the researcher can reach large number of respondents at the same time. Besides, the questionnaire serves two purposes. Firstly, it translated the research objectives into specific questions the answers provided the data necessary to answer the research question. The second purpose was to

motivate the respondent to communicate the required information. The researcher used close-ended questionnaire. This has an advantage in that it eliminated irrelevant responses and allowed respondents to focus on most important issues at hand and saved time. The questionnaire is quick, efficient and relatively easy to administer.

3.5.2 Document/Literature Review

Besides, the tools for secondary data were search engines such as Hinari, Pubmed, Science Direct, Google Scholar and Social Science Research Network (SSRN). Furthermore, books from the University College and Kwame Nkrumah University of Science Technology (KNUST) library as well as newspaper articles online on teenage pregnancy were used.

3.5.3 Study Variables

The dependent variable in this study was teenage pregnancy. That is, a teenager who pregnant at the time of the study. Besides, the following dependent variables have been selected for the analysis:

1. There were four demographic variables which are expected to have an effect on teenage pregnancy: teenager's current age, religion, location, and current occupation. Peer pressure and exposure to mass media will also be considered as factors influencing teenage pregnancy as independent variables.
2. Socio-economic variables were considered to influence the prevalence of teenage pregnancy. There were seven socio-economic variables: women's education, husband's education, religion, type of place of residence, wealth index, working status, and media exposure index.

| Variables | Operational Definition | Data Collection Methods |
|------------------------------------|---|-------------------------|
| Objective 1: Socio-economic status | Economically disadvantaged teenagers are characterized by: Low levels of education Lack of employment opportunities Female headed households Poorly educated parents | Structured |

questionnaire Literature review Objective 2: Peer pressure Schoolmates exerting a lot of pressure on their peers to engage in sexual relations. Teenagers' need for approval and a desire to belong to a group. Structured questionnaire Literature review Objective 3: Mass media exposure The type of movie and its correlation with sexual intercourse. Access to the media and teenage pregnancy. TV channels teenagers normally watch as source of entertainment. Structured questionnaire Literature review Objective 4: Effects of teenage pregnancy. Isolation Depression School drop rate Poor quality of life Structured questionnaire Recommendations Recommendations for policy makers, municipal health directorate, future researchers and NGOs Literature review Source: Researcher's Construction, 2012

3. 6 Data Analysis Method

In this study, quantitative method of data analysis was used. Firstly, demographic variables were assigned numerical values since these responses did not have a quantitative relationship. Data was analysed using chi-square. In order to test the association between teenage pregnancy and some selected demographic and socio-economic characteristics of respondents among teenagers, univariate analyses including descriptive statistics of relevant variables was done. Then, this was followed by more complex analyses which comprise bivariate and multivariate analyses, in particular, the Chi Square Test and Binary logistic regression. All of the statistical analyses were performed using SPSS version 20. 0 software.

3. 7 Ethical Consideration

Ethical clearance was first sought from the Faculty of Public Health and Allied Sciences, Ethics Committee Board of Catholic University College of Ghana, which offered an ethical backing for the study. Informed permission was also sought from the District Director of Health

Services, the District Public Health Unit, and the head of institutions of the various health facilities used for the study. All procedures in accordance with the ethical standards of the Ghanaian Ministry of Health were followed. Every respondent was assured of confidentiality of the information given and that the information was meant scientific purposes only. Voluntary participation of the respondents was ensured. Finally, all secondary data were duly documented in the text and the reference list.

3. 8 Limitations of the Study

The researcher faced a number of constraints in this study considering the fact that outsiders were involved in the study. Factors such as time allotted for the study, combining studies and research, financial constraints and hiring of research assistance impeded the success of this study. Considering the fact that Catholic University College of Ghana, Fiapre library is not well stocked it became necessary for the researcher to search for extra materials on “ factors that influence teenage pregnancy and their effects” outside the university.

CHAPTER FOUR 4. 0 PRESENTATION, ANALYSIS OF DATA AND

DISCUSSIONS 4. 1 Presentation and Analysis

This chapter analyzed the data gathered from the field using the stated objectives as a guide. Considerably, the analysis was grouped into bio data and the main data. With the main data emphasis was on socio-economic status of teenage mothers, peer pressure and teenage pregnancy, effects of mass media on teenage pregnancy and effects of teenage pregnancy.

4. 1. 1 Section A: Demographic

Figure 1: Distribution of Respondents by Age Source: Field Work, 2013

Inferring to figure 1, 24% (n= 29) of the respondents were within 13-15 years while 58% (n= 69) were also within 16-19 and 5 %(n= 6) were within the range of 22-25. Additionally, table 1 further explained that %4 (n= 5)

were within 28-31 with 5% (n= 6) also within 34-37 years. Meanwhile, table 1 noted that the remaining 4% (n= 5) were 34+. Table 2: Distribution of Respondents by Educational Background

| Age | Frequency | Percentage |
|--------------------------|-----------|------------|
| JHS/SHS | 110 | 92 |
| Nurses' training college | 7 | 6 |
| University | 3 | 2 |
| Total | 120 | 100 |

Source: Field Work, 2013 Table 1, observed that 92% (n= 110) of the respondents were still in JSHS/SHS while 6% (n= 7) also attended nurses' training school with the remaining 2% (n= 3) been university graduates. Table 3: Distribution of Respondents by Religion

| Religion | Frequency | Percentage |
|-----------|-----------|------------|
| Muslim | 88 | 73 |
| Christian | 32 | 27 |
| Total | 120 | 100 |

Source: Field Work, 2013 According to table 3, 73% (n= 88) of the respondents were Muslims while 27 % (n= 32) were also Christians. Table 4: Distribution of Respondents by marital status

| Marital status | Frequency | Percentage |
|----------------|-----------|------------|
| Single | 93 | 78 |
| Married | 22 | 18 |
| Divorced | 5 | 4 |
| Total | 120 | 100 |

Source: Field Work, 2013 Table 4 explained that 78% (n= 93) of the respondents were single while 18% (n= 22) were married and the remaining 4% (n= 5) were also divorced.

4. 1. 2 Section B: Socio-economic status of teenage mothers Source: Field Work, 2013 Figure 2: Socio-economic status of teenage mothers According to figure 2, 73% (n= 80) of the teenagers disclosed that the socio-economic status of teenage mothers is very poor while 27% (n= 30) also described the socio-economic status of teenage mothers as poor. Table 4 : Social class that dominates teenage pregnancy

| Social class | Frequency | Percentage |
|--------------|-----------|------------|
| Middle class | 20 | 18 |
| Lower class | 90 | 82 |
| Total | 110 | 100 |

Field Work, 2013 According to figure 2, 18% (n= 20) of the teenagers said teenagers from middle class families dominates teenage pregnancy while 82% (n= 90) explained that children from lower class families always form a core number of teenage pregnancy related cases.

Table 5: Social characteristics associated with teenage mothers

| Social characteristics | Frequency | Percentage |
|------------------------|-----------|------------|
| Lack of medical care | 15 | 14 |
| Lack of employment | 25 | 23 |
| Social neglect | 10 | 9 |
| Poverty | 60 | 54 |
| Total | 110 | 100 |

Source: Field Work, 2013

Table 5 indicates that 54% (n= 60) of the teenagers said one main common characteristics associated with teenage pregnancy is poverty while 14% (n= 15) also added lack of medical care and 23% (n= 25) revealed that lack of employment is also another problem associated with teenage pregnancy with the remaining 9% (n= 10) mentioning social neglect. Source: Field Work, 2013

Figure 3: means of earning a living by teenage mothers

Figure 3 observed that 53% (n= 58) of the teenagers used in this study disclosed that teenage mothers earn a living through menial jobs while 18% (n= 20) also added parental support and 29% (n= 32) disclosed that teenager mothers survive through assistance from philanthropists. Source Field Work, 2013

Figure 4: Family's social status and teenage pregnancy

All the 110 teenagers used in this study representing 100% responding affirmative meaning they strongly believe that family's social status can impact negatively on teenagers' attitude towards early pregnancy. Section C: peer pressure and teenage pregnancy

Table 6: Contribution of peers towards teenage pregnancy

| Peer pressure | Frequency | Percentage |
|--------------------------------------|-----------|------------|
| Sexual influence | 80 | 73 |
| Obscene material provided by friends | 30 | 27 |
| Total | 110 | 100 |

Source: Field Work, 2013

Table 6 shows that 73 % (n= 80) of the respondents said they were influenced by their peers to engage in sexual relationships whereas 27% (n= 30) also mentioned obscene materials provided by friends.

Table 7: Moving With Peers

| Peer pressure | Frequency | Percentage |
|---------------|-----------|------------|
| Yes | 10 | 9 |
| No | 100 | 91 |
| Total | 110 | 100 |

Source: Field Work, 2013

reference to table 7, 9% (n= 10) of the teenagers stated categorically with " Yes" response indicating that they are comfortable moving with their peers while 91% (n= 100) said " No" meaning based on what they have been through in the hands of friends they are no more comfortable with their peers. Source: Field Work, 2013 Figure 5: engagement in sexual relationship With emphasis on figure 4, it was realized that 71% (n= 78) of the teenagers responded " Yes" indicating that they were coerced by their peers to engage in sexual relationship while 29 % (n= 32) added " No" implying that they were not coerced by their peers to engage in sexual relationship. Source: Field Work, 2013 Figure 6; Cause of pregnancy Figure 6 shows that 89% (n= 98) of the teenagers said sexual experimentation led to their pregnancy while 11% (n= 12) of them said it was as a result of genuine relationship.

Table 8: Operation of Peers

| Operation of peers | Frequency | Percentage |
|-------------------------------------|-----------|------------|
| Sharing of information | 60 | 55 |
| Prevailing attitude about sexuality | 30 | 27 |
| Premarital intercourse | 20 | 18 |
| Total | 110 | 100 |

Source: Field Work, 2013

According to table 8 55% (n= 60) of the teenagers said peers do operate by sharing information while 27% (n= 30) also said peers carry out their activities through prevailing attitude about sexuality. Additionally, 18% (n= 20) also said peers operate through premarital sexual intercourse. Section D: effects of mass media on teenagers Table 9: role of the mass media on teenager issues

| Role of mass media | Frequency | Percentage |
|----------------------|-----------|------------|
| Educative programmes | 70 | 64 |
| Role modeling | 40 | 36 |
| Total | 110 | 100 |

Source : Field Work, 2013 Table 9 shows that 64% (n= 70) of the teenagers said the mass media can help teenagers overcome their plight through educative programmes while 36% (n= 40) also adding by inviting role models on their talk shows.

Table 10: rating the effect of mass media on teenagers

| Effects of mass media | Frequency | Percentage |
|-----------------------|-----------|------------|
| Good | 10 | 9 |
| Very bad | 85 | 77 |
| Bad | 15 | 14 |
| Total | 110 | 100 |

Source: Field Work, 2013 Concerning the ratings of the effects of mass media on teenage pregnancy, 77% (n= 85) of the respondents said very bad whereas 14% (n= 15) added bad with the remaining 9% (n= 10) good.

Source: Field Work, 2013 Figure 7: management of teenage pregnancy by the mass media Figure 7 shows that 55% (n= 60) said doing away with obscene programmes is one major way the mass media can help overcome teenage pregnancy with 45% (n= 50) explaining that developing education oriented programme for teenagers is also one other way the mass media can contribute towards the crusade against teenage pregnancy.

Table 11: mass media and management of teenage pregnancy

| Influential | Frequency | Percentage |
|-------------|-----------|------------|
| TV | 80 | 73 |
| Radio | 20 | 18 |
| Magazine | 10 | 9 |
| Total | 110 | 100 |

Source: Field Work, 2013 According to table 11 revealed that 73% (n= 80) said one medium that influence teenage most is TV while 18% (n= 20) also disclosed that radio do influence teenagers and 9 % (n= 10) were of the view that magazines have influence on the lifestyle of teenagers. Source: Field Work

Figure 8: Role of Parents The teenagers used in this study established that parents have a role to play in the campaign against teenage pregnancy. As a result of that figure 7 observed that 64% (n= 70) of the teenagers said one major role of parents in the fight against teenage pregnancy is by providing the needs of their children while 27% (n= 30) also noted that social monitoring is another way parents can help control teenage pregnancy with the remaining 9%(n= 10) adding playing their parental role. Section D:

Effects Teenage Pregnancy Figure 9: effects of Teenage Pregnancy Source :

Field Work, 2013 Table 9 shows that 40% (n= 4) of the nurses believed that in most cases teenage pregnancy can lead to low infant birth weight while 3% (n= 3) also disclosed that teenage pregnancy leads to high infant mortality with 2% (n= 2) adding high maternal mortality rate. Additionally, the remaining 10% (n= 1) mentioned that teenage pregnancy is associated with delivery complications. Figure 10: effect of teenage pregnancy on formal education Source: Field Work, 2013 According to figure 10, all the 10 nurses representing 100% disclosed that teenage pregnancy has serious effect on formal education with " Yes" response. Source: Field Work, 2013 Figure 11: Problem face by teenage mothers Figure 11 explained that 50% (n= 5) of the nurses noted that one of the problems that teenage mothers go through is stigmatization while 40% (n= 4) also said dismissal from school with the remaining 10% (n= 1) stating that in most cases some parents reject their teenage children after delivery. Source: Field Work, 2013 Figure 12: Problems associated with teenage babies With reference to figure 10, 80% (n= 8) of the nurses said teenage babies have poor nutrition due to the unfortunate state of their mothers while 20% (n= 2) added that babies from teenage mothers have poor cognitive development problem. Figure 13; Advice for teenagers Source: Field Work, 2013 According to table 13, 60% (n= 6) of the nurses used in this study said one of the reliable ways for teenagers to protect themselves against teenage pregnancy is through self-denial while 40% (n= 4) also added it can be done through the use of condom.

4. 2 Discussions

4. 2. 1 Socio-economic status of teenage mothers

Inferring to the field data majority (73%) of the teenagers disclosed that the socio-economic status of teenage mothers is very poor. In a similar study,

Lesch and Krugar (2005) revealed that teenage pregnancy is often associated with low economic status. Supportively, 82% of the teenagers responded that lower class families always form a core number of teenage pregnancy related cases. In support of the respondents view Lesch and Krugar (2005) once again explained with a study on the relationship between teenage pregnancy and socio-economic status that due to high rate of poverty, teenagers from low class families are faced with a number of socio-economic problems leading them to sexual experimentation with an intention of getting money to cover their social needs that their parents find it difficult to meet them as required. However, the end result of such act is mostly pregnancy. In a related development based on the field data 54% of the teenagers strongly believed that one main common characteristic associated with teenage pregnancy is poverty. This revelation from the respondents was in line with a study carried out Furstenberg (2007) that factors such as poverty, single parent families, especially female headed families, poorly have been associated with teenage pregnancy. Bogue (2009) asserted that in most cases teenage mothers are seen engaging themselves in all kinds of petty trading of which they believe can make life out of that to sustain themselves and their babies. Most of them are seen competing in economic activities by the road side in most developing countries selling toffees, handkerchiefs and other viable economic products. Similarly, taking into consideration the field report, 53% of the teenagers who took part in this study noted that teenage mothers earn a living through menial jobs. Unanimously, 100% stated emphatically that family's social status can impact negatively on teenagers' attitude towards early pregnancy. On the

contrary Choe et. al, (2001) posited that is not always that the socio-economic condition of parents can lead teenagers into associated themselves into bad companies however, the truth of the matter is that there some teenagers who get all the necessary socio-economic support yet they believe in sexual experimentation which end result is often teenage pregnancy.

4. 2. 2 Peer pressure and teenage pregnancy

On the contribution of peer pressure towards teenage pregnancy majority (73%) of the teenagers upon the field data said they were influenced by their influenced by their peers to engage in sex. Contributing to the responses from the teenagers, Peterson-Whyte and Zondi (2002) found that school mates exerted a lot of pressure on their peers to engage in sexual relations. Most teenagers often cite their peers as being strong influence on their behaviour. Mfono (2006) also supported the field argument explaining that peer pressure takes the form of exclusionary practices, for example sending sexual inexperienced teenagers away when having discussion concerning sexual matters. To Peterson-Whyte and Zondi (2002) most teenagers often cite their peers as being strong influence on their behaviour. Contrary to Peterson-Whyte and Zondi (2002) study on teenage and their friends 91% of the teenagers used in this study said based on what they have been through in the hands of friends they are no more comfortable with their peers. Analytically, the field study established that 71% of the teenagers said sexual experimentation led to their pregnancy. To add to this, Rozakis (2003) believed that many teens are pushed by their friends into doing something they are not ready for and really do not understand that peer pressure can be very and persuasive force for sexual relations during adolescent. Guggino

and Ponzetti (2007) also argued that teenagers that do not engage in sex tend to have friends who also abstain. Those that are sexually active tend to have their friends who are also sexually active. The field data added that peer operates in diverse ways. Base on that score, greater part (55%) of the teenagers said peers do operate by sharing information. The ideas of the teenagers was in direct correspondence with Moore and Roseenthal (2003) findings that teenagers operate through sharing of information , which can serve as a guide in decision making about sex. They also added prevailing attitudes about sexuality as one other way that peers do carry out their activities.

4. 2. 3 Impact of mass media on teenagers

The teenagers that took part in this study believed that the mass media play a leading on issues concerning teenagers. Accordingly 64% of the teenagers said the mass media can help teenagers overcome their plight through educative programmes. Supportively, Gupta and Leite (2009) were of the view that the mass media play an important role in promoting social attitudes about fertility and reproductive behaviours. It can be assumed that women are used to exposure of the mass media are likely to understand the risk of teenage motherhood and as a result they tend to delay their pregnancies. On the contrary, Moore and Rosenthal (2003) also explained that TV, films and other forms of media have removed a lot of the mystery surrounding sex by increasingly explicit portrayed of sex acts, which can provide model of sexual behaviour. The stereotypic portrayals often do not provide positive role models with hedonistic values rather than responsibility being promoted. For MacCabe (2005), the mdia's message is that teenagers should be sexually experienced. However, 77% of the respondents disclosed that the

effect of the mass media on teenagers is very bad. Adding to this, Devenish et al., (2002) agreed that the media also portrays sex as fun and exciting. To Bezuidenhout (2004) sexuality arousing material, whether it is on film, in print or set to music, is freely available to teenagers and such information is often presented out of context of the prescribed sexual norms of society. Majority (55%) of the teenagers believed that doing away with obscene programmes is one major way the mass media can help overcome teenage pregnancy. Additionally, 45% of them explained that developing education oriented programme for teenagers is also one other way the mass media can contribute towards the crusade against teenage pregnancy. Correspondingly, Schultz (2004) in an empirical study, suggested that sex educators, social workers other helping professionals and parents should work together with the mass media to counteract distortions that affect adolescents' sexual growth. Empirically it was realized with 64% responses from the field that one major role of parents in the fight against teenage pregnancy is by providing the needs of their children. This attests to the fact that the crusade against teenage pregnancy should be seen as a shared responsibility.

Section D: Effects Teenage Pregnancy The nurses used in this study mentioned low infant birth weight, high infant mortality, and high maternal mortality as some of the health complications associated with teenage pregnancy. Meanwhile, 40% been the majority percentage believed that in most cases teenage pregnancy can lead to low infant birth weight. In a medical literature Macleod (2009) also mentioned obstetric problems such high infant and maternal mortality, risks of clandestine abortions, delivery complications and low infant birth weights as some of the leading medical

challenges associated with teenage pregnancy. Inferring to the field data, a realistic percentage of the nurses (50%) of the nurses noted that one of the problems that teenage mothers go through is stigmatization. In line with the nurses' view, Hudson and Ineichen, (2001) posited that some young mothers do not get support from their families. They may be rejected by their families and blamed for introducing permanent crisis. From a health point of view, 80% of the nurses said teenage babies have poor nutrition due to the unfortunate state of their mothers. Substantiating the argument made by the nurses, Boulting (2006) was of the view that poor socio-economic background of most teenage mothers correlate with most teenage babies not getting nutritious foods. In the end, majority (60%) of the nurses used in this study said the most reliable way for teenagers to protect themselves against teenage pregnancy is through self-denial.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5. 1 This chapter takes a critical look at summary, conclusion and recommendations. They were all based on the findings of the study.

5. 2 Conclusion The study sought to assess the factors that influence teenage pregnancy and their effects in the Sunyani Municipality. There is growing opinion that teenage pregnancy has adverse effects on the social lives of affected teenagers. Upon that score, the researcher realized the need to carry out this study. The sample size for the study was 120. Convenience sampling technique was used to select the respondents for the study. Also, questionnaire was the instrument used for the study.

5. 2. 1 Socio-economic status of teenage mothers The outcome of this study helped to realize that the socio-economic status of teenage mothers is very poor. This showed clearly that teenage pregnancy per this study is mostly characterized with

poverty. In view of that affected teenagers thrived to earn a living by engaging themselves menial jobs. In sum, this study made it known that socio-economic status of families can sometimes have negative effect on the lives of teenagers. In the situation of Sunyani Zongo community the study realized that most of the families are vulnerable and such has been a precipitating tool to their children engaging themselves in sexual related relationships in anticipation of getting moneys for their needs.

5. 2. 3 Peer pressure and teenage pregnancy As it has already been confirmed by most renowned teenage advocates, this study conclusively revealed that in most cases teenagers in their quest to experiment are influenced by their peers to engage in sex and through continue experimentation most of them become pregnant. Even though there are numerous practical ways in which teenagers operate, this study showed that the major operation tenet of teenagers is sharing of information.

5. 2. 4 Impact of mass media on teenagers It was established by the teenagers used in this study that the mass media has contributed massively to the woes of most teenagers, particularly on the issue of pregnancy. This is due to the fact that in most cases some teenagers develop the idea of early sex from TV/radio programs, however the teenagers were of the view that the mass media can help overcome teenage pregnancy by eschewing obscene programs and also through the development education oriented programme. The teenagers therefore stated emphatically that parents have a major role to play in the crusade against teenage pregnancy and their responsibility is by providing the needs of their children.

5. 2. 5 Effects Teenage Pregnancy From the nurses used in this study low infant birth weight, high infant mortality, and

high maternal mortality some of the health complications associated with teenage pregnancy. However, low infant birth weight is the dominant problem. Summarily, stigmatizations from friends/ families as well as malnourishment on the part of their babies are other problems according to the nurses that teenagers have to battle with. Meanwhile, the nurses further educated the teenagers on the use of condom, particularly for those who cannot control their libido.

5. 3 Recommendations Per the field data, the study made the following recommendations for practice: Considering the fact that some programmes on TVs and other radio talk shows have ripple effects on the lives of teenagers, it would be on a safer side for the National Media Commission (NMC), Ministry of Women and Children Affairs as well as the National Communication Authority (NCA) and other related bodies to endeavour to ensure that all accredited radio and TV stations including the Ghana Broadcasting Corporation (GBC) stick to the ethics surrounding journalism. Additionally, since teenagers used in this study realized that the media has a role to play in the crusade against teenage pregnancy the media must try and organize healthy programmes whereby modeling and other social experts will be on board to educate teenagers on burning issues bothering the minds of teenagers. Neglect of parental responsibility was seen to be a pivotal tool in teenage pregnancy, therefore parents should do their possible best and provide the needs of their children and if possible monitor their movement when the need arises. Schools are mostly seen to be second home of most teenagers particularly those privileged to have first and second cycle education. In view of that teacher, headmasters as well as guidance and counsel coordinators in the various Junior and Senior High

Schools within the Sunyani Municipality should throw their weight behind the crusade against teenage pregnancy by inculcating into pupils/students (teenagers) the possible disciplinary measures. Health workers (nurses and other paramedics) also have a leading role to play in the campaign against teenage pregnancy. Since the Sunyani Municipal Hospital is close to the Zongo community to liaise with chiefs and other opinion leaders in the area and find a way of educating teenagers in the community on the dangers associated with teenage pre