

**UNIVERSITY OF EDUCATION, WINNEBA**



**EXPERIENCES OF PREGNANT TEENAGERS IN THE DORMAA WEST  
DISTRICT OF THE BONO REGION OF GHANA**

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DISTRICT OF THE BONO REGION OF GHANA**



**A dissertation submitted to the school of Graduate Studies in partial  
Fulfilment of the requirements for the award of  
the degree of Master of Education  
(Social Studies Education)**

**Department of Social Studies Education,  
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## DECLARATION

### Student's Declaration

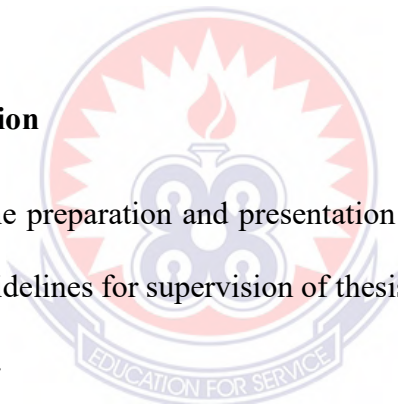
I, **Hagar Amma Afful**, declare that this thesis, with the exception of quotations and references contained in published works which have all been identified and duly acknowledged, is entirely my own original work, and it has not been submitted, either in part or whole, for another degree elsewhere.

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### Supervisor's Declaration

I hereby declare that the preparation and presentation of this work was supervised in accordance with the guidelines for supervision of thesis as laid down by the University of Education, Winneba.



Supervisor's name: DR. (MRS.) FELICIA ESINAM PUFAA

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **DEDICATION**

This thesis is dedicated to my family.



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## ABSTRACT

Teenage pregnancy remains a significant public health and socio-economic challenge, particularly in rural communities. This study explores the lived experiences of pregnant teenagers in the Dormaa West District of Ghana, focusing on their emotional struggles, social stigma, healthcare access, education, and coping mechanisms. Using a qualitative narrative inquiry approach, the study collected data through in-depth interviews with ten pregnant teenagers, analyzed using thematic analysis. Findings revealed that teenage mothers face emotional distress, rejection by family and peers, healthcare challenges, and educational disruptions. Many rely on prayer, family support, or vocational aspirations to cope, yet lack adequate counseling and reintegration programs. The study recommends policy interventions, improved adolescent healthcare, flexible education programs, and community-based support systems. Addressing these challenges requires collaborative efforts from the government, educators, healthcare providers, and NGOs to improve the well-being of adolescent mothers and prevent future teenage pregnancies.



## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background of the Study

The idea of adolescent pregnancies is mostly associated with disadvantaged social and economic situations (Sedgh, Finer, Bankole, Eilers, & Singh, 2015). Adolescent pregnancy is widely recognized as a major global health concern. One major public health issue in Africa including Ghana is teenage pregnancy. Although there has been a decline in the last decade, it remains a problem. Adolescent pregnancy affects the fortunes of the youth and the nations at large (Acheampong, et al. 2018).

Global estimates show that millions of girls between the ages of 15 and 19 experience pregnancy each year, particularly in developing countries. This resulted in an estimated 12 million births, and based on 2019 data, 55% of unintended pregnancies among adolescent girls aged 15–19 years ended in abortions, which are often unsafe.

Teenage pregnancy generally refers to pregnancies that occur among girls in their adolescent years, typically between early and late teenage stages. Current trends suggest that adolescent pregnancy may continue to rise in the coming years, especially in regions with limited access to reproductive health services. A large proportion of adolescent pregnancies worldwide are unplanned, often resulting in early childbirth and related health challenges.

A study conducted in Swaziland by Dlamini (2022), concluded that adolescent mothers experienced problems in several aspects of their lives. The most pressing problems discovered were a lack of support from individuals and institutions, including educational, social, cultural, and financial difficulties.

Adolescent mothers (aged 10–19 years) face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20–24 years, and babies of

adolescent mothers face higher risks of low birth weight, preterm birth, and severe neonatal conditions (Gyimah, 2023).

Data on childbirth among girls aged 10–14 years is becoming more widely available. Globally, the adolescent birth rate for girls aged 10–14 years in 2022 was estimated at 1.5 per 1,000 women, with higher rates in sub-Saharan Africa (4.6) and Latin America and the Caribbean (Gyimah, 2023).

According to World Atlas (2017), the highest teenage pregnancy rates are recorded in Africa, and these records show high prevalence across the sub-Saharan African regions: 16.3% in Eastern, 27.9% in Western, and 28.9% in Southern Africa (Odimegwu & Mkwanzani, 2016). In Ghana, about 14% of adolescent girls aged between 15 and 19 years have started childbearing, with about an 11% live birth rate (Ghana Statistical Service, 2014).

The proportion of teenage girls who are mothers or who are currently pregnant in sub-Saharan African countries is staggering. Many scholars have noted that pregnancy and childbirth are among the leading causes of death among adolescents in sub-Saharan Africa. A significant number of adolescent girls experience pregnancy every year, particularly in low-income settings. A report on adolescent fertility points out that the number of births to adolescents in sub-Saharan Africa is projected to increase over the next few decades, exceeding a total of 4.8 million births to girls aged 15–19 years during the period from 1995 to 2020 (Kaufman, 2020).

Maternal mortality is common among teenagers due to their increased risk of obstetric and medical complications. In Africa, there is a lack of robust and comprehensive data on the prevalence and predictors of teenage pregnancy.

The WHO stated in its 2013 report that Ghana has one of the highest child marriage prevalence rates in the world.

The Ghana Statistical Service also noted in 2019 that adolescent childbearing has potentially negative demographic and social consequences, and births to teenage mothers have been found to have the highest infant and child mortality rates (Panchaud et al., 2019). A study conducted by Afenyadu (2018) in a small rural town in Ghana found that 19% of adolescents in Junior High School had already given birth. Twelve percent of girls aged 15–19 years are either pregnant or have already given birth. A study conducted by Oluyemisi et al. (2014) revealed that the adolescent birth rate in Ghana in 2011 was 60 per 1,000 women. In one district, Gomoa West (out of over 270 districts in Ghana), a total of 762 teenagers became pregnant in 2012, some of whom were aged between 10 and 14 years. Other districts have reported high pregnancy rates, including Builsa District in the Upper East Region of Ghana and Wasa Amenfi in the Western Region (Oluyemisi et al., 2014).

In Ghana, adolescent childbearing has potentially negative demographic and social consequences, and births to teenage mothers have been found to have the highest infant and child mortality rates.

Hanna (2000) found that adolescent mothers tend to be poor and care for their children in penurious or poor situations that are hard to escape from or improve. Teenage mothers and their children are at risk of long-term disadvantages due to a lack of preparation and maturity needed to be a parent, and there is a likelihood that these pregnancies will be repeated in subsequent years. Subsequent childbirths are very likely to occur again (Singh, 1998).

According to the WHO, it is generally known that neonatal mortality, which explains the number of deaths during the first 28 completed days of life per 1,000 live births each year or other periods, increases as the age of the mother decreases. Younger

mothers face a higher risk of complications during pregnancy and childbirth compared to older women.

The United Nations Population Fund reported that adolescent mothers have higher difficulty rates during both pregnancy and delivery compared to adult mothers (Westoff, 2013). Adolescent mothers are at increased risk of experiencing poor maternal and infant outcomes, such as maternal and infant death or having a low-birth-weight infant. The challenges faced by pregnant teenagers seem to affect their education as well as their health. As a result, this study, therefore, seeks to examine the experiences of pregnant teenage mothers in the Dormaa West District of the Bono Region in Ghana.

## **1.2 Statement of the Problem**

Every year, an estimated 21 million girls aged 15–19 years in developing regions become pregnant, and approximately 12 million of them give birth. Despite the growing body of literature on pregnant teenagers in Ghana, several gaps exist. Limited qualitative research has explored the nuanced experiences of pregnant teenagers in their own voices, highlighting the need for in-depth qualitative investigations. Additionally, understanding the long-term outcomes of these experiences and the intersectionality of factors such as rural-urban differences and ethnicity is an area requiring further exploration.

Although many studies have been conducted, and much attention has been placed on the connection between teenage pregnancy, unsafe abortions, and family planning among teenagers, little is known about the experience of pregnant teenagers in school. (Gyesaw & Ankomah, 2013).

A significant number of adolescents aged 10-19 are experiencing pregnancy throughout Ghana, with over 555,000 cases reported from 2016-2020, or an

average of 112,000 per year. Adolescent pregnancy is still an ongoing national issue, despite efforts to create policies that support sexual and reproductive health education, as well as adolescent health currently on average the prevalence rate of teenage pregnancies remains critically high in most regions. The Bono Region has had an ongoing history of extremely high rates of adolescent pregnancy; for example, in the 2020-2021 period the prevalence was 14.2% and has since increased to approximately 16.1% according to current national and Ghana Health Service surveys . There are continued concerns about the public health impact of this increased rate of pregnancy amongst adolescents in the Bono Region. It is therefore assumed that this will also hold true within the individual districts of the region (e.g., Dormaa) based on health survey data and regional comparisons. A clear illustration of the public health impact at the district level is provided by Dormaa West, which reports a prevalence of 36% in relation to the adolescent sexual activity in the district; therefore a large number of female adolescents who are 15-19 years of age are at risk of becoming pregnant.

Local administrative records also indicate that teenage pregnancy cases are on the rise in Dormaa West District, contributing to increases in school dropouts, interruptions in girls' education, and socioeconomic vulnerability among young mothers (District Health Directorate assessments). While exact case numbers at the district level are scarce in public sources, the combination of high adolescent sexual activity rates and the growing regional adolescent pregnancy burden underlines the need for context-specific investigation.

It is, therefore, important to examine the key experiences associated with this public health issue in the Dormaa West District of Ghana to inform the most appropriate and effective interventions.

Preventing adolescent pregnancy and pregnancy-related mortality and morbidity is foundational to achieving positive health outcomes across the life course and is imperative for achieving the Sustainable Development Goals (SDGs) related to maternal and newborn health. Besides, the findings from this study will provide contextual evidence as expected in a case study, drawing the attention of authorities and all stakeholders toward sustainable solutions. It is on this basis that the study seeks to evaluate the experiences associated with adolescent pregnancy in the Dormaa West District in the Bono Region of Ghana.

### **1.3 Objectives of the study**

The specific objectives of the study are to:

1. Examine the factors accounting for teenage pregnancy in the Dormaa West District.
2. Evaluate the experiences of pregnant teenagers in the Dormaa West District of the Bono Region of Ghana.
3. Assess the coping strategies adopted by the teenagers to manage their challenges.

### **1.4 Research Questions**

1. What are the factors accounting for teenage pregnancy in the Dormaa West District?
2. What are the experiences of pregnant teenagers in the Dormaa West District?
3. How do pregnant teenagers cope with the challenges they encounter?

### **1.5 Significance of the study**

This study provides valuable insights into the lived experiences of pregnant teenagers in the Dormaa West District of the Bono Region, Ghana. It contributes to a deeper

understanding of the socio-cultural, economic, and psychological challenges faced by these adolescents, as well as the coping mechanisms they adopt. The findings hold significance for a range of stakeholders involved in policy formulation, advocacy, healthcare, education, and social protection.

This study will provide important information on teenage pregnancies that will be beneficial to academia and students. Moreover, it will also serve as a foundation for developing educational materials that will be used to further educate individuals interested in adolescent reproductive health. Furthermore, the study will contribute to the general body of knowledge and provide a basis for further research on teenage pregnancy and its associated challenges.

The study offers context-specific evidence that can guide the Ministry in designing gender-responsive policies and adolescent-focused interventions. By illuminating the social stigma, limited healthcare access, and educational barriers faced by pregnant teenagers, the findings can inform national strategies aimed at promoting adolescent reproductive health, reducing teenage pregnancy rates, and supporting reintegration programs for young mothers.

NGOs and CSOs working in the areas of sexual and reproductive health, child protection, and youth development will benefit from this research as it identifies the gaps in current interventions and highlights the lived realities of affected teenagers. The study can serve as an empirical foundation for designing more targeted community-based programs, advocacy campaigns, and psychosocial support services that resonate with the actual needs of adolescent girls.

Healthcare providers and educators can utilize the findings to enhance adolescent-friendly services within clinics and schools. Understanding the barriers pregnant teenagers face in accessing antenatal care and continuing their education can help

practitioners develop inclusive and non-discriminatory approaches that encourage early care-seeking behaviour and educational continuity.

For policy makers and social workers, the study sheds light on the systemic and structural factors contributing to teenage pregnancy. It emphasizes the urgent need for collaborative, multi-sectoral responses that involve families, schools, community leaders, and governmental institutions. The evidence generated can support the implementation of inclusive reproductive health education, support mechanisms, and life skills training tailored for adolescents.

### **1.6 Delimitations of the Study**

This study focuses specifically on the experiences of pregnant teenagers in the Dormaa West District of the Bono Region of Ghana. The study is limited to pregnant teenagers within the district, excluding other adolescent groups such as teenage mothers who have already given birth or those who have never been pregnant.

Additionally, the study adopts a qualitative research approach, which allows for an in-depth exploration of the lived experiences of participants. As a result, quantitative methods such as statistical analysis of teenage pregnancy prevalence rates are beyond the scope of this research.

### **1.7 Scope of the Study**

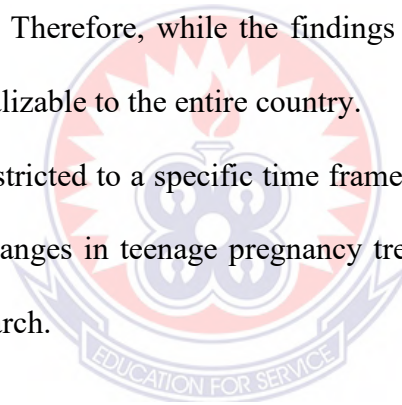
The study is conducted in the Dormaa West District of the Bono Region of Ghana. It focuses on teenage pregnancy within this district, examining the factors leading to adolescent pregnancies, the experiences of pregnant teenagers, and the coping mechanisms they adopt. Although teenage pregnancy is a nationwide issue, this research is limited to the Dormaa West District due to its high prevalence of adolescent pregnancies and the need for localized interventions.

The study focuses on pregnant teenagers aged 13–19 years within the Dormaa West District. It does not include teenage mothers who have already given birth or adolescents who have never been pregnant. The study participants are selected based on purposive sampling, ensuring that only individuals with relevant experiences contribute to the findings.

The study covers data collected from January to November 2024. It does not account for teenage pregnancy trends outside this time frame. The findings reflect the experiences of pregnant teenagers during this period and may not capture future changes in teenage pregnancy rates or social conditions.

The study also does not cover all regions of Ghana but is geographically limited to the Dormaa West District. Therefore, while the findings may provide valuable insights, they may not be generalizable to the entire country.

Finally, the study is restricted to a specific time frame, covering data collected within the year 2024. Any changes in teenage pregnancy trends beyond this period are not considered in this research.



## **1.8 Definition of Terms**

### **Pregnant Teenagers**

This refers to female individuals within the age range of adolescence, typically between 13 and 19 years old, who are expecting a child or have conceived.

### **Adolescent**

A young person in the transitional phase between childhood and adulthood, generally characterized by significant physical, cognitive, emotional, and social development.

Adolescence typically spans the ages of 10 to 19 years.

### **Childbirth**

The process through which a baby is born, involving a series of events that lead to the delivery of the baby from the mother's uterus.

### **Maternal Mortality**

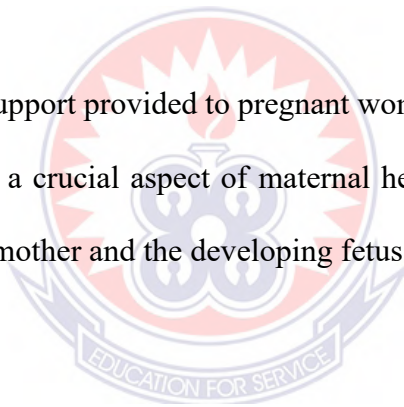
The death of a woman during pregnancy or within 42 days after the termination of pregnancy, from any cause related to or aggravated by the pregnancy or its management, excluding accidental or incidental causes.

### **Fertility**

The natural capacity of an individual, couple, or population to reproduce. It includes the ability to conceive and give birth.

### **Antenatal Care**

The medical care and support provided to pregnant women by healthcare professionals during pregnancy. It is a crucial aspect of maternal healthcare aimed at ensuring the well-being of both the mother and the developing fetus.



### **Experiential Factors**

These refer to the circumstances, challenges, support systems, societal perceptions, emotional responses, and overall impact of pregnancy on the lives of pregnant teenagers in the Dormaa West District.

## **1.9 Organization of the study**

This study is structured into five chapters, each covering different aspects of the research.

Chapter 1, which is the introduction, presents the background of the study, the statement of the problem, research objectives, research questions, significance of the study, research methodology, delimitations, scope, definition of terms, and organization of the study.

Chapter 2 follows with the literature review, which reviews existing literature relevant to the study, including theoretical, conceptual, and empirical perspectives on teenage pregnancy and the experiences of pregnant teenagers. It also identifies gaps in the literature that this study seeks to address.

In chapter 3, the research methodology outlines the research design, target population, sampling techniques, data collection methods, and data analysis approach. It also discusses ethical considerations taken into account during the study.

Chapter 4 presents and analyzes the findings from the study based on the collected data. It interprets the results in relation to the research objectives and existing literature.

In the final chapter, chapter 5, it provides a summary of the key findings, draws conclusions based on the study's objectives, and offers recommendations for policy, practice, and future research.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

This chapter provides a comprehensive review of the existing literature on the experiences of pregnant teenagers in the Dormaa West District of the Bono Region of Ghana. The literature review aims to explore the various factors and challenges faced by pregnant teenagers in this region and to understand the implications for their physical, emotional, cultural, social well-being and economic context of Ghana. The literature review aims to identify key themes, gaps, and trends in the current research landscape, while also providing a foundation for the subsequent chapters of the thesis.

The chapter begins with an overview of teenage pregnancy in Ghana, followed by a discussion of the factors contributing to teenage pregnancy. Subsequently, the focus shifts to the experiences of pregnant teenagers, including the social stigma they encounter, the impact on their education, and their access to healthcare services. The chapter concludes with a summary of the gaps in the literature that this research aims to address.

#### 2.2 Empirical Review

Teenage pregnancy has an adverse effect on the wellbeing of teenagers, including a high rate of infant and maternal mortality as well as sex-related diseases such as infection by the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) (Kyei, 2022; Sodi, 2019). Noticeable consequences of teenage pregnancy include dropping out of school, truancy, abortion, child neglect and poverty (Kanku & Mash, 2020; Kyei, 2022; Sayegh, Castrucci, Lewis & Hobbs-Lopez,

2020). As a result of dropping out of school prematurely, teenagers may only be able to find temporary or unskilled jobs and have to rely on welfare to survive (Doğan-Ates & Carrión-Basham, 2007). In some instances, they may not find or keep a job because of a lack of the necessary skills (Genobaga, 2014).

### **2.2.1 Meaning of Teenage Pregnancy**

Addressing adolescent pregnancy is important for improving overall health outcomes within societies. It is also a media-focal-point and a major issue irrespective of the teenager's marital status.

According to the publication by Healthy Teen Network (2018), they explained teenage pregnancy is defined as a teenage girl, usually within the ages of 13-19, becoming pregnant.

According to them, the term teenage pregnancy used in everyday speech usually refers to girls who have not reached legal adulthood, which varies across the world, who become pregnant.

Early pregnancy among adolescents presents serious social and health challenges that affect both individuals and communities.

In the U.S., teenage pregnancy and birth rates have been better dramatically declined over the past twenty years, however, the U.S. rates of teen childbearing still remain far higher than in other comparable countries in the world. Moreover, considerable disparities exist in the rates of teenage pregnancies amongst the racial and ethnic groups within the country. African American and Hispanic youth contribute to 57 percent of teen births even though they represent 35 percent of the total population of 15–19-year-old females in the United States (Centres for Disease Control, 2010). Teen birth rates amongst Latino and African American youth in the age group of 15 to 17 are 83 and 64

per 1000, which is more than two times that of Caucasian girls (Federal Interagency Forum on Child and Family Statistics, 2007). Teen birth rate among non-Hispanic white teens was 21 births per 1,000. Teen birth rate among non-Hispanic black teens was 44 births per 1,000. The Latina teen birth rate was 46.3 births per 1,000 and the teen birth rate among American Indian or Alaska Native teens was 35 births per 1,000 teens. For Asian or Pacific Islander, the teen birth rate was 10 births per 1,000 teens (National Campaign to Prevent Teen Pregnancy, 2014).

According to Atuyambe et al., (2018), Almost about 16 million teenage girls become mothers every year, but the highest concentration is in sub-Saharan Africa, where 20%–40% of teenagers are mothers or currently pregnant.

According to Tetteh et al. (2022), Teen pregnancy has always been seen as a health issue that has an effect on families around the world. If a teenage child is to have a baby, then they are more likely to face critical social issues like poverty, poor education, risky behaviours that lead to poor health issues, and child welfare. The financial cost of teens having babies is financially devastating. Educational attainment is difficult for the teen mother and this leads to decreased economic opportunities and earnings throughout their lifetime.

In 2008, public spending for births resulting from unplanned pregnancies totalled an estimated \$12.5 billion (National Campaign to Prevent Teen Pregnancy, 2014). Moreover, according to the National Campaign to Prevent Teen Pregnancy 2013, the teen birth rate for girls in the age group of 10-14 was 0.4 per 1,000 girls in 2012 with no significant change between 2011-2012, and an overall decrease of 71 percent since 1991. There were 3,674 births to girls age 10-14 in 2012. The teen birth rate for girls' age 15-17 years was 14.1 per 1,000 girls in 2012, and an overall decrease of 63 percent

since 1991. In total there were 86,440 births to girls in the age group of 15-17 in 2012. There was however a slight decrease of 5 percent between 2011 and 2012.

### **2.2.2 Concepts of Teenage Pregnancy**

Teenage pregnancy encompasses various complex concepts and implications, touching on social, health, and economic dimensions. Some core concepts related to teenage pregnancy include:

#### **Adolescent Sexual Health**

Adolescent sexual health involves the overall well-being of young people in relation to their reproductive and personal development. It goes beyond simply avoiding illness and includes the ability to make informed and responsible decisions. For adolescents, this period is characterized by rapid biological, cognitive, and psychosocial changes that influence sexual behavior and reproductive choices. These transformations make adolescents particularly vulnerable to risky sexual practices, unintended pregnancies, sexually transmitted infections (STIs), and sexual violence if they lack access to accurate information and youth-friendly services (Chandra-Mouli et al., 2015; Bankole et al., 2007).

Access to comprehensive sexuality education is a key component of adolescent sexual health. Studies have shown that adolescents who receive accurate, age-appropriate, and culturally relevant education are more likely to delay sexual debut, use contraceptives effectively, and avoid risky behaviors (UNESCO, 2018). In contrast, a lack of education contributes significantly to early and unprotected sexual activity, which is a major predictor of teenage pregnancy in many low- and middle-income countries, including Ghana (Guttmacher Institute, 2017; Nyarko, 2015). Additionally, many adolescents in sub-Saharan Africa, including those in rural parts of Ghana, face multiple barriers to accessing reproductive health services. These include fear of stigma, judgmental

attitudes from healthcare providers, financial constraints, and restrictive cultural norms (Chandra-Mouli et al., 2015; Amoadu et al., 2022).

Addressing adolescent sexual health, therefore, requires a multi-faceted approach. It involves providing comprehensive sex education both in and outside of schools, improving access to adolescent-friendly sexual and reproductive health services, training health personnel to offer non-discriminatory care, and engaging communities to challenge harmful norms and practices (WHO, 2020; Bankole et al., 2007). Equipping adolescents with knowledge, resources, and supportive environments is critical not only for reducing teenage pregnancies but also for empowering young people to make autonomous, safe, and informed decisions about their sexual health.

### **Risk Factors Associated with Teenage Pregnancy**

Adolescent pregnancy is shaped by several interconnected factors at the personal, family, and societal levels. These risk factors vary across contexts but are consistently associated with increased vulnerability among adolescent girls, particularly in low- and middle-income countries such as Ghana. A key individual-level determinant is the lack of comprehensive sexuality education, which leaves many adolescents ill-equipped to make informed decisions about sexual activity and contraceptive use (UNESCO, 2018; Guttmacher Institute, 2017). In many Ghanaian communities, sexuality remains a taboo subject, resulting in a knowledge gap that contributes to risky sexual behaviors and unintended pregnancies (Nyarko, 2015).

Economic hardship significantly increases the likelihood of early pregnancy among adolescents. Adolescents from low-income households are more likely to engage in early sexual activity, transactional sex, or relationships with older men due to economic hardship (Amoadu et al., 2022; Yakubu & Salisu, 2018). The absence of economic security often limits their access to contraception and healthcare services, thereby

increasing the likelihood of pregnancy. In Ghana, studies have shown that teenage girls in rural and economically disadvantaged areas are more likely to become pregnant than their urban counterparts (Alhassan et al., 2024).

Family dynamics also play a significant role. Adolescents who grow up in dysfunctional family environments, experience parental neglect, or lack open communication with guardians about sexual and reproductive health are more likely to engage in unsafe sexual practices (Darroch et al., 2016; Chandra-Mouli et al., 2015). Additionally, peer pressure and the influence of social media have been cited as contributing to early sexual initiation, particularly among adolescents with limited adult supervision (Tetteh et al., 2022).

Cultural practices and gender norms can further exacerbate the problem. In some Ghanaian communities, child marriage is still practiced, often legitimizing early pregnancy (Ghana Statistical Service [GSS], 2018). Gender inequality, which limits girls' decision-making power regarding their bodies and sexual choices, further increases the risk of adolescent pregnancy (UNFPA, 2022).

Moreover, limited access to adolescent-friendly reproductive health services remains a structural barrier. Even when services are available, adolescents may face judgmental attitudes from healthcare providers, lack of privacy, or financial constraints, all of which discourage them from seeking care (Chandra-Mouli et al., 2015). The compounded effect of these risk factors creates a high-risk environment in which teenage girls are more susceptible to unintended pregnancies, especially in underserved districts like Dormaa West.

### **Social and Psychological Impact of Teenage Pregnancy**

Early pregnancy can lead to serious emotional and social challenges for young girls. Socially, teenage mothers are often subjected to stigmatization, discrimination, and

social exclusion, particularly in contexts where early pregnancy is considered deviant or morally unacceptable (Amoadu et al., 2022; Chigona & Chetty, 2008). In Ghana, adolescent girls who become pregnant frequently experience public shaming, insults, and ridicule, which may force them into self-isolation or premature withdrawal from school and other community engagements (Musa et al., 2022).

A major outcome of adolescent pregnancy is the interruption of formal education. Several studies have documented a strong correlation between early childbearing and interrupted formal education among adolescent girls (Nyarko, 2015; Gyan, 2013). The inability to continue education limits young mothers' future opportunities for gainful employment, financial independence, and socio-economic mobility, thereby reinforcing cycles of poverty and dependence (Amoadu et al., 2022). Additionally, teenage mothers are often pressured into early marriages, either to avoid societal shame or due to parental coercion, further entrenching gender inequality and limiting personal autonomy (Yakubu & Salisu, 2018).

Many pregnant adolescents experience emotional difficulties such as stress, anxiety, and low self-esteem. These effects are frequently exacerbated by the absence of supportive relationships, parental rejection, and the sudden responsibility of caring for a child while still undergoing emotional development. The dual stress of social judgment and childcare responsibilities often overwhelms adolescent girls, leading to long-term mental health challenges (Gyan, 2013; Musa et al., 2022).

Moreover, many adolescent mothers report feelings of shame, guilt, and fear, particularly when pregnancies are unplanned or result from sexual coercion (Chigona & Chetty, 2008). These psychological burdens can persist beyond childbirth, affecting their parenting style, social interactions, and ability to reintegrate into school or the workforce. The lack of structured psychosocial support systems in many communities,

including those in Ghana, further complicates their emotional recovery and adjustment to motherhood (Amoadu et al., 2022).

In summary, the social and psychological impacts of teenage pregnancy are interrelated and often mutually reinforcing. They extend well beyond the individual, contributing to broader societal challenges such as intergenerational poverty, poor maternal mental health, and reduced human capital development. Addressing these issues requires integrated interventions that provide both psychosocial support and social reintegration pathways for adolescent mothers.

### **Prevention and Intervention Strategies**

Reducing adolescent pregnancy requires coordinated efforts across different sectors. Effective prevention and intervention strategies must begin with offering accurate and age-appropriate reproductive health education is important for young people. Evidence suggests that CSE helps adolescents delay sexual initiation, reduces the number of sexual partners, and increases the consistent use of contraception (Guttmacher Institute, 2017; Chandra-Mouli et al., 2015). In Ghana, the absence or inconsistency of sexuality education in schools has been identified as a significant gap in efforts to reduce adolescent pregnancy (Amoadu et al., 2022).

Improving access to youth-friendly health services is essential in supporting adolescents. These services should be confidential, non-judgmental, and accessible in terms of cost and geographic reach. In sub-Saharan Africa, including Ghana, adolescents often face barriers such as fear of stigma, lack of privacy, and provider bias, which deter them from seeking contraception or medical advice (Chandra-Mouli et al., 2015; Nyarko, 2015). Training healthcare providers to offer youth-friendly services and establishing designated adolescent health corners in clinics have been shown to improve service utilization (Bankole et al., 2007).

Parental and community involvement also play a crucial role in prevention. Parents and guardians should be empowered to communicate openly with adolescents about sexual and reproductive health. Community-based education programs that engage traditional leaders, religious institutions, and youth organizations can foster supportive environments that challenge harmful gender norms and cultural practices such as child marriage (UNFPA, 2022; Amoada et al., 2022).

In addition, economic empowerment programs targeting adolescent girls can reduce their vulnerability to early pregnancy by providing them with vocational training, scholarships, or cash transfers. These interventions have demonstrated effectiveness in several African countries by reducing school dropout rates and delaying marriage (UNICEF, 2019; Yakubu & Salisu, 2018). In Ghana, programs such as the Ghana Adolescent Reproductive Health Policy and the Livelihood Empowerment Against Poverty (LEAP) initiative offer platforms for scaling such interventions, though implementation challenges remain.

At the policy level, enforcing laws against child marriage and ensuring the reintegration of pregnant schoolgirls into the formal education system are essential. Ghana's Education Strategic Plan (2018–2030) emphasizes inclusive education and provides guidelines for the return of adolescent mothers to school; however, societal stigma and institutional resistance often hinder successful implementation (Ghana Education Service, 2018).

In conclusion, the prevention of teenage pregnancy requires a coordinated and sustained effort involving schools, healthcare systems, families, communities, and government institutions. Policies and programs must be grounded in evidence, culturally sensitive, and responsive to the needs and rights of adolescents.

### *2.2.2.1 Theoretical Framework of Teenage Pregnancy*

Theoretical framework is best seen as a logically structured representation of concepts, variables and relationship involved in a scientific study with the purpose of clearly identifying what will be explored, examined, measured or described.

In the context of the experiences of pregnant teenagers' pregnancy, Roy's Adaptation model, and theory of Reasoned Action/Theory of Planned Behaviour model would be a best suit in this framework of the study.

## **2.3 Socio-Economic Model**

The socio-ecological model was adapted to explain the multiple factors influencing recurrent teenage pregnancy (Okine L. et. al 2020) and the challenges confronted by teenagers with recurrent pregnancy. The model indicates that people interact with different social and ecological factors at different levels, which influence their experiences and behaviours (Harding, 2022). These levels consist of individual, interpersonal, and environmental factors (Harding, 2022).

At the individual level, the teenagers' characteristics such as knowledge of contraceptives, use of contraceptives, early marriage, poverty, and low level of education (CDC, 2022) may influence the occurrence of recurrent pregnancy and would be confronted by challenges such as dropping out of school, financial hardship, and depression (Okine L. et. al 2020).

At the interpersonal level, teenager's closest social circle such as peer pressure, living with a partner, parental support, and higher perceived parental monitoring (CDC, 2022) may influence the occurrence of recurrent teenage pregnancy and the teenager may face neglect by families and partners. Environmental factors such as having a high proportion of peers or friends who are teen parents, and home delivery of the first baby (Raneri LG, Wiemann CM, 2017) influence recurrent teenage pregnancies and

teenagers with recurrent pregnancies may face challenges such as stigmatization, accused of infidelity, and hostile attitude by some health care providers (Raneri LG, Wiemann CM, 2017).

### **2.3.1 Roy's Adaptation model**

Callista Roy, as one of the nursing theorists considers the role of a nurse to promote the adaptation level of people in all life processes that can have an effective impact on life quality and health (Phillips KD, Harris R, 2014). The model provides a comprehensive framework for understanding how individuals respond and adapt to internal and external environmental changes. Roy's model describes individuals as people who continuously adjust to changes in their environment. In this model, health is seen as a condition that develops through successful adjustment to life challenges. Within the Roy Adaptation Model, pregnant adolescents are regarded as biopsychosocial adaptive systems who must react to multiple internal and external stimuli. Roy adaptation model considers the major role of nursing interventions to promote adaptation responses in four dimensions of Roy adaptation (physiological, self-concept, dependence-independence, and role-playing).

According to this theorist, adaptation is a set of processes in which the person responds to environmental stresses or stressors while the main, contextual, and remaining stimuli are three key concepts of this model that influence adaptation (Phillips KD, Harris R, 2014).

According to the Roy adaptation model, self-concept is consisted of the physical self-concept, personal self-concept, and interpersonal self-concept in relationships with others. Psychologist has extensively examined his self-concept as one of the human existential dimensions to find mental coordination and cohesion (Phillips & Harris, 2014).

Many studies have indicated the positive effect of employing this pattern on disease course improvement and adaptation promotion in chronic diseases such as heart failure, diabetes, and kidney failure (Phillips & Harris, 2014). In the other research, the positive effect of nursing interventions based on the Roy adaptation model on the self-concept of pregnant women was studied ((Phillips & Harris,2014).

Lin studied the role adaptation between maternal and student roles of 118 mother-students who had at least one child, younger than age 18, and returned to study in nursing programs in Taiwan. A cross-section correlational study was conducted using Roy's adaptation model as the theoretical framework for the study. The results found that those women who were both mothers and students might not be effective in adapting to their new roles and might not be able to balance the demands of the maternal and student roles. Gigliotti (2022) studied the psychological involvement in both the student and the maternal role of women who experienced both roles in the United States. The two groups of participants were women aged 21-36 and 37-53, and all had at least one child <19. The study used the Perceived Multiple Role Stress Scale (PMRS), the Maternal Role Involvement Questionnaire (MRIQ) and the student

### *2.3.1.1 Theory of Reasoned Action/Theory of Planned Behaviour model*

The theory of reasoned action and its extension, the widely used theory of planned behaviour, state that intention to perform a behaviour follows reasonably (but not necessarily rationally) from specific beliefs that people hold about the behaviour, and that people act on their intentions when they have the required skills and when situational factors do not impede behavioural performance.

The relevance of the reasoned action approach for understanding media effects lies in its direct applicability to the question of how exposure to media information leads to behaviour change. Seen through a reasoned action lens, media are one of multiple

sources of information that form the basis of beliefs that guide people's intention to perform a particular behaviour.

These theories explain how media affect behaviour, when they are most likely to affect behaviour, which factors they can directly influence, and the likely magnitude of media effects on behaviour.

### **2.3.2 Conceptual Review**

#### *2.3.2.1 Social Learning Theory (1970)*

Social Learning Theory explains that behaviour develops through interaction between personal thoughts, actions, and the surrounding environment. People learn new behaviours by watching others in a social situation, absorb it and then imitate that behaviour. The Social Learning Theory is based on four fundamental premises consisting of differential association, definitions, differential reinforcements and imitation (Akers and Sellers, 2014).

Social Learning Theory can be effectively used to understand the occurrence and reoccurrence of teenage pregnancy. The concepts of differential association, definitions, imitation and differential reinforcement can be used to explore the different facets within a teenage mom's life and their decisions to become a mother early. Social Learning theoretical framework would be helpful in explaining the onset of early sexual and reproductive behaviour and further conformation to this behaviour code.

However, in spite of being an effective theory to understand observational learning and modelling, this theoretical framework suffers from a major limitation. Bandura (1977) and his colleagues developed conceptions of modelling and mechanisms of internalization but ignored reinforcement and punishment, even though they are the central concepts of the learning theory. There are a number of questions, which have remained unanswered. Is punishment always detrimental? Will different forms of

punishment (e.g., withdrawal of love, physical punishment, withdrawal of privileges and criticism) have any cognitive impacts on the individuals? How is it possible to modify these behaviours or rather “manipulate the processes or environmental contingencies that impinge on them” (Akers and Sellers, 2004: 101)? This research study on adolescent moms will use social learning theory to understand adolescent sexual and reproductive behaviours and how to reduce deviant behaviour.

### *2.3.2.2 Maternal Role Attainment (MRA) Concept (1967)*

A nursing theorist, Rubin (1967), introduced the concept of Maternal Role Attainment (MRA) which was described as the process of accomplishing the development tasks of a maternal role. This process is learned and is both interactive and reciprocal which leads a mother to achieve a maternal identity. After delivery, the new mother shifts her attention to her relationship with her infant. Another author, Rubin (1967), Mercer, a student of Rubin, defined Maternal Role Attainment (MRA), as a psychosocial development process of the mother. The mother becomes attached to her infant and obtains capability in the care-taking tasks and expresses gratification involved in the role.

Furthermore, maternal identity was identified as a woman having an internalized sense of herself as a mother. The study of Mercer reviewed the evolution of MRA. She compared the MRA among three age groups: 15-19, 20-29, and 30-42 years. The results showed that adolescents showed a decrease between 8 and 12 months, whereas older mothers reported increased gratification. Furthermore, studies relating to women who take on the maternal and student roles simultaneously are explore

## 2.4 Factors Contributing to Teenage Pregnancy in Ghana

In this section, the various factors that contribute to teenage pregnancy in the Dormaa West District are examined. This includes an exploration of socioeconomic factors, cultural norms, lack of comprehensive sexual education, peer influence, and the role of family dynamics in shaping the behaviours and choices of pregnant teenagers but the Socio-economic factors, including poverty and lack of educational opportunities, play a crucial role.

The socio-economic effects of teenage pregnancy have been highlighted as; truncated academic and intellectual development, low levels of employable skills, and consequently low socio-economic status (Sedgh, Finer, Bankole, et al. (2015); Yussif, et.al. (2017); Bissell. (2020). For this reason, prevention of child marriage and reduction of teenage pregnancy has long been the focus of several governmental and non-governmental organizations.

Limited access to comprehensive sexual education and reproductive health services also contributes to the problem. Cultural norms and gender inequality may lead to early and forced marriages, further increasing the risk of teenage pregnancy. Early sexual initiation, often driven by peer pressure, media influence, and inadequate knowledge about contraceptives, also contributes to the problem.

Several factors contribute to pregnancy among adolescents. In a qualitative study in Odumasi in Ghana, Keller et al. (2018) identified poverty, early sexual activity, and contraceptive non-use as the main risk factors for teenage pregnancy. Similarly, in a case-control study of teenage pregnancy in South Africa, Vundule et al. (2020) found that low economic status, sexual frequency, contraceptive non-use, forced sexual initiation, and not living with the biologic father were risk factors Vundule et al. (2020).

### **2.4.1 Poverty**

According to the research minority populations in the United States faces problems involving poverty, lack of education and quality healthcare. Black, Hispanic and Native American youth live in families with incomes at or below 200 percent federal poverty level (Healthy Teen Network, 2008). Poverty has a negative effect on the entire household, community, our nation and global economy. Children coming from an environment of poverty may be affected by a multitude of social factors. These social factors do not include teen pregnancy alone, but also community violence, gang membership involvement, alcohol and substance abuse and a high incidence of illiteracy. There is also the likelihood of the cycle of teen pregnancy to continue within the family (National Campaign to Prevent Teen Pregnancy, 2013). Researchers have stated that there happens to be a direct relationship between teenage pregnancy and poverty. According to Moore, 1993, as cited in Healthy Teen Network, 2008: 3, “There is a high correlation between living in poverty, lack of education and early childbirth.” Early parenting can lead to negative consequences like less education, lower earning potential and a greater likelihood of a life of poverty. Children born to teen parents can have a greater tendency to emulate early sexual behaviours and motherhood, thus perpetuating the cycle of poverty among future generations (Healthy Teen Network, 2008).

### **2.4.2 Social and Cultural Influences**

This raises questions about the relationship between factors like ethnicity and race, cultural and social variables and teenage pregnancy. Issues emerge between the culture of racial groups, their customs, economic background and its influence on teenage pregnancies. This research study seeks to connect the personality and actions of

teenagers, their perceptions and attitudes towards sex and early motherhood with their external cultural and social environment prevailing in their community. Does our environment cause our behaviour? Does interaction between environment, behaviour and a person's psychological processes cause external actions? Bandura's Social Learning Theory enables explaining and influencing behaviour (Bandura and Walters, 1963). The authors will concentrate on African American minority section of the teenage population. They will deconstruct the behaviour of African American teenagers within the model of Social Learning Theory to gain insights about their behaviour, perceptions, actions and attitudes. This study will make a contribution towards this theoretical model thereby providing possible interventions (i.e., recommendations) to circumvent the problem of teenage pregnancy.

Intervention programs to reduce the rate of adolescent pregnancy have been tried in many societies. Nevertheless, there is unconvincing evidence on the most effective way of addressing the problem (Philliber *et al.* (2020); Wiggins *et al.* (2019)). A combination of keeping young people in school and promoting adolescent contraceptive use has been found to reduce the rate of unintended adolescent pregnancy (Wiggins *et al.* 2019) and (Wiggins *et al.* 2019) also demonstrated that being in school was protective against involvement in premarital sex among both boys and girls in Ghana.

### **2.4.3 Education and Socioeconomic Impact**

The experiences of pregnant teenagers are intertwined with their educational aspirations and socioeconomic circumstances. Pregnancy often disrupts educational pursuits, contributing to a cycle of limited opportunities and economic challenges. The high school dropout rate among pregnant teenagers is a major concern, limiting their potential for upward mobility (Gyamera *et al.*, 2019). Vocational training programs and

policies that support the continuation of education during and after pregnancy are essential for empowering pregnant teenagers to improve their economic prospects.

In Ghana, youth development programs, including the promotion of adolescent reproductive health and the Free Compulsory Universal Basic Education (FCUBE) program, do exist. Moreover, in the social studies program of basic schools, some sex education is given under the subject of “family life”. Nevertheless, adolescent pregnancy remains a public health problem in the country Gyamera et al., (2019).

The more people who are educated in a community, the less likely the number of poor people will exist without the knowledge and skills necessary to be productive in the workforce. Preventing teen pregnancy is just one way to positively impact critical social issues, but preventing or breaking the cycle of poverty makes a tremendous impact on our nation (Furstenberg, 2008).

## **2.5 Experiences of Pregnant Teenagers in Ghana**

This section delves into the experiences of pregnant teenagers in the Dormaa West District. It explores the social stigma associated with teenage pregnancy and its impact on the emotional well-being of pregnant teenagers. Additionally, it discusses the challenges faced by pregnant teenagers in continuing their education and the consequences of early motherhood on their long-term prospects and opportunities.

The experiences of pregnant teenagers in Ghana are heavily influenced by cultural norms, traditions, and societal perceptions. Traditional beliefs and values often contribute to stigma and discrimination against pregnant teenagers, leading to isolation and shame. The concept of "family honour" and fear of community judgment can result in secrecy around pregnancy and limited access to prenatal care (Gyimah et al., 2016).

Additionally, gender roles and power dynamics within relationships can impact teenage girls' decision-making autonomy and access to support systems (Dako-Gyeke et al., 2018).

Pregnant teenagers should be viewed as adolescents who experience "the usual turbulence of development and need support and assistance" (Sarri & Phillips, 2014)

Complications associated with pregnancy and child bearing are the leading causes of death among teenagers (WHO, 2014). Teenage mothers are at high risk of poor maternal and infant outcomes including maternal and infant death, preterm birth or giving birth to an infant who is of low-birth-weight as compared to adult mothers (Dillon and Cherry, 2014). In sub-Saharan Africa, even where services are available, majority of pregnant women attend antenatal care very late and many do so only once thereby limit the quality of care received (Solarin and Black, 2013). Teenagers are particularly reluctant to resort to health services for their sexual and reproductive health needs due to fear of being stigmatised (Atuyambe et al., 2015).

### **2.5.1 Access to Healthcare Services**

This section focuses on the accessibility and quality of healthcare services available to pregnant teenagers in the Dormaa West District. It examines the barriers they face in accessing prenatal care, the attitudes of healthcare providers towards teenage pregnancy, and the potential implications for the health outcomes of both the teenagers and their babies.

The sexual and reproductive health (SRH) rights of adolescents in Ghana and other African countries under the new educational reforms for the Ghanaian student under the free senior high school programme are protected by law.

Pregnant teenagers in Ghana face unique health challenges due to their age and limited access to healthcare services. Early pregnancy increases the risk of complications for both the mother and the child. Limited antenatal care and delayed healthcare seeking behaviours among pregnant teenagers have been documented, leading to adverse outcomes (Baku et al., 2020). Addressing the healthcare needs of pregnant teenagers requires strategies that consider their specific vulnerabilities and barriers.

Mistreatment by or negative attitudes of healthcare workers (HCWs) and schoolteachers have also been identified as barriers to access to healthcare amongst pregnant adolescents (Jewkes et al. 2009; Durojaye 2009; Ngabaza and Shefer 2013).

These attitudes may be adopted to discourage sexual activity amongst adolescents and reflect deeply set patriarchal societal norms that punish particular reproductive and sexual behaviour based on cultural standards and socio-economic status (Amroussia et al. 2017; Godia et al. 2014; Alli et al. 2012).

Delays in disclosure of pregnancy may lead to delays in adolescents seeking ANC, increasing the chances of pregnancy related complications going undetected (Chaibva et al. 2009).

### **2.5.2 Support Systems and Interventions**

Efforts to address the experiences of pregnant teenagers in Ghana have led to the implementation of various support programs and interventions. These include government initiatives, NGOs, and community-based efforts aimed at reducing stigma, promoting sexual health education, and providing healthcare services (Appiah et al., 2017).

Evaluating the effectiveness of these interventions and understanding their impact on the lives of pregnant teenagers is essential to inform future policy and programming.

National policy exists to prevent discriminatory practices that exclude pregnant students from education, and maternity care within government health facilities is available free of charge, yet adolescents still face numerous barriers to accessing SRH services (Macleod and Feltham-King 2019; Cooper et al. 2016; Hoopes et al. 2015; Ngabaza and Shefer 2013).

Pregnant adolescents often encounter violence, anger, and breakdown in relationships with parents or caregivers as a result of their pregnancy (Hill et al. 2015; Phafoli et al. 2007; Ilika and Anthony 2004). The fear that accompanies disclosing one's pregnancy to parents or guardians also deters early ANC uptake (Ngabaza 2011).

In Africa and the concentration being on Ghana, adolescent pregnancy is most often depicted in negative terms, conjuring up the image of an impoverished teen who's impeded bright future acts as a burden to community and national development (Ngabaza 2021; Mkhwanazi 2022; Ngabaza and Shefer 2013; Macleod and Feltham-King 2019).

Discourse on adolescent pregnancy and parenting centers around notions of deviance, irresponsibility, and shame (Mkhwanazi 2012). This discursive framework, as well as the embedded gendered norms within it, is actively challenged by some civil society, scholarly work, and pregnant teens themselves (Ngabaza and Shefer 2013; Macleod and Feltham-King 2019). In challenging the dominant discourse on adolescent pregnancy, there is a move to engage with the very real and potentially harmful outcomes of being young and pregnant, while simultaneously not inflicting harm.

## **2.6 Copping strategies of pregnant teenagers**

Pregnancy during adolescence is often accompanied by significant psychosocial stress, societal stigma, and disruption of normal developmental trajectories. To navigate these challenges, pregnant teenagers employ a range of coping strategies—both emotion-

focused and problem-focused—shaped by their social environment and individual resilience.

A qualitative narrative inquiry conducted in Southern Ghana explored how pregnant adolescents cope with their situation (Amankwaa et al., 2022). Many participants reported self-isolation, purposefully distancing themselves from peers, family, and neighbors to escape ridicule and shame (Amankwaa et al., 2022). Concurrently, they relied heavily on spiritual coping, often "depending on God" and praying for emotional strength and protection (Amankwaa et al., 2022).

Despite deepening vulnerabilities—such as financial hardship, parental neglect, and the risk of terminating pregnancies—most adolescents chose not to seek abortions. Instead, family support emerged as a crucial buffer. Mothers, grandmothers, or other caregivers often provided emotional encouragement and helped with basic needs, including access to antenatal care (Amankwaa et al., 2022).

Emotion-focused strategies—such as prayer, positive reframing, and emotional suppression—were prevalent. One survey using the Revised Jalowiec Coping Scale found optimistic coping styles most widely used among pregnant teens, alongside some confrontive (problem-focused) methods. While optimism helped manage stress, its predominance suggested a possible underpreparedness for impending parenting responsibilities (Clark & Stannard, 2001).

Supporting these findings, studies from sub-Saharan Africa describe similar patterns: pregnant adolescents often combine emotion-focused (e.g., isolation) and problem-focused (e.g., planning educational or childcare schedules) strategies to regain a sense of control (Njoroge et al., 2021; Manjengwa et al., 2004).

Research also indicates that adolescents with better social, economic, and cultural capital are more resilient in coping with pregnancy and childbirth. In Accra, Ghana,

girls with supportive relationships, modest financial assets, or cultural knowledge demonstrated higher coping competence relative to peers lacking these resources (Ahorlu et al., 2015).

However, many coping strategies remain informal, psychologically oriented, and insufficiently supported by formal systems. A qualitative study in Nairobi slums revealed that while some teens pursued problem-focused social networking with other young mothers, others resorted to maladaptive behaviors like substance use due to lack of support (Mwangi et al., 2021).

## **2.7 Empirical Review of Trends of Teenage Pregnancy in Ghana**

In Ghana, teenagers represent 22.4% of the total population, with high rates of teenage pregnancies (Yussif, Lasse, Ganyaglo, et al. (2017)). About 30.0% of all births registered in Ghana in the year 2014, were by teenage mothers, of which the great majority, 14.0%, were late adolescents (Bissell, 2020)

Adolescent pregnancy is a significant concern in Ghana, as it intersects with various social, economic, and health-related issues. Statistics indicate that Ghana has one of the highest rates of adolescent pregnancy in West Africa (UNFPA, 2020). Early pregnancy among teenagers is influenced by factors such as inadequate sex education, limited access to contraceptives, poverty, and cultural norms. Previous studies have emphasized the need for comprehensive sexual and reproductive health education programs targeted at adolescents to address this issue (Asante & Hall, 2018). According to (Darroch et al., 2016; World Health Organization, 2020), all concluded that, an estimated 21 million girls aged 15–19 years in developing countries become pregnant with approximately 12 million of them giving birth.

In Africa, the prevalence of adolescent pregnancy has been reported as 18.8%; the sub-Saharan African region accounts for 19.3% (Kassa et al., 2018). Meanwhile, among

five countries in Africa, 25.4% of TP prevalence among adolescent women aged 15–19 years exists (Tetteh et al., 2020). Teenage mothers accounted for more than half of all the births in this region. It is estimated that 101 births per 1000 women aged from 15 to 19. This almost doubles the global average (Odimegwu & Mkwanaenzi, 2017). From 15 countries that identified more than 30% of women giving birth before the age of 18 worldwide, 14 of them were found in Sub-Saharan Africa including Niger, Mozambique, Malawi, Uganda and Cameroon (Odimegwu, Mkwanaenzi, 2017; Loaiza & Liang, 2018). The continent accounts for half of the world's burden of maternal, newborn and child deaths (Kurth et al., 2020)

The current situation of teenage pregnancy in Ghana is not different from other developing countries. The Ghana Demographic and Health Survey (GDHS) 2014 report indicates that about 14% of pregnancies were amongst adolescents aged 15–19 years. (GSS, GHS & ICF International, 2015). In Ghana, as in many other developing countries, teenage pregnancy remains a concerning problem with multifaceted implications for the affected adolescents and their communities. This literature review aims to provide an overview of the current state of knowledge regarding teenage pregnancy in Ghana, examining its causes, consequences, interventions, and the broader socio-cultural context.

Teenage pregnancy rates in Ghana have been a matter of concern for several decades. The Ghana Statistical Service's 2017 Maternal Health Survey indicated that about 14% of girls aged 15 to 19 had begun childbearing, with regional variations in prevalence. Urban areas tend to have lower rates compared to rural areas, and the Northern and Upper East regions have consistently reported higher teenage pregnancy rates. While teenage pregnancy rates have shown some decline over the years, the issue remains a significant challenge.

In the 2008 annual report of the Ejisu-Juabeng municipality—a fast growing district near Kumasi, the second largest city in Ghana—it was contended that reporting of teenage pregnancy among the health facilities of the district was increasing (unpublished data). Assessing the magnitude of the problem, in addition to identifying modifiable local factors associated with it, is needed to adopt feasible and acceptable interventions.

## **2.8 Conclusion**

The literature review provides an overview of the literature related to multifaceted experiences of pregnant teenagers in the Dormaa West District Ghana. The review highlights factors contributing to teenage pregnancy, explores the experiences and challenges faced by pregnant teenagers, and discusses the availability and quality of healthcare services, health challenges, the influence of cultural norms, educational disruptions, and support systems on these teenagers. The review of the literature establishes a foundation for the subsequent chapters and identifies gaps in the existing research, which this study aims to address. Identifying the gaps in current research underscores the need for further studies that delve deeper into the individual and collective narratives of pregnant teenagers in Ghana, offering insights that can inform effective interventions and policies to improve their well-being and prospects. The review of the literature establishes a foundation for the subsequent chapters and identifies gaps in the existing research, which this study aims to address.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.1 Introduction

This chapter outlines the research methodology used to explore the experiences of pregnant teenagers in the Dormaa West District of the Bono Region, Ghana. Given the study's focus on personal experiences and social realities, a qualitative research approach was adopted, specifically using narrative inquiry. This design enables an in-depth exploration of the lived experiences of pregnant teenagers, allowing them to share their personal stories in their own voices.

The chapter details the research design, sampling strategy, data collection methods, and analytical approach. Additionally, it discusses the ethical considerations taken to ensure the rights and well-being of participants were protected throughout the study.

#### 3.2 Research Approach

This study is grounded in the interpretivist research paradigm, which emphasizes understanding human experiences from the perspectives of those who live them. Unlike positivist approaches that seek objective truths through measurable data, interpretivism recognizes that reality is socially constructed and subjective.

By adopting an interpretivist approach, this research seeks to explore the personal experiences of pregnant teenagers in the Dormaa West District through their own narratives. The study assumes that each participant's experience is unique and shaped by cultural, social, and economic factors. Therefore, narrative inquiry is used to capture these individual perspectives, allowing for a deeper understanding of the meanings participants attach to their experiences.

The research is also influenced by constructivism, which posits that knowledge is developed through interaction and shared experiences. In this study, the researcher engages with participants to co-construct meaning, ensuring that their voices are central to the findings. This aligns with the study's objective of understanding the challenges, emotions, and coping strategies of pregnant teenagers.

### **3.3 Research Design**

This study adopts a qualitative research approach, specifically narrative inquiry, to explore the lived experiences of pregnant teenagers in the Dormaa West District. Narrative inquiry is a research design that focuses on collecting and analyzing personal stories to gain insight into how individuals make sense of their experiences (Clandinin & Connelly, 2000). This design is particularly suitable for this study because teenage pregnancy is a deeply personal and socially complex phenomenon that requires an understanding of individual perspectives.

The narrative inquiry approach allows participants to express their experiences in their own words, providing a rich and detailed understanding of their challenges, emotions, and coping mechanisms. This design also enables the researcher to explore how pregnant teenagers construct their identities, navigate social stigma, and find support within their communities.

Since narratives are shaped by cultural and social contexts, this study does not only focus on individual stories but also examines the broader social influences—such as family, healthcare systems, and education—that shape the experiences of pregnant teenagers. By using in-depth interviews, the study captures personal accounts, reflections, and interactions that provide a holistic view of teenage pregnancy in the Dormaa West District.

### **3.4 Study Setting**

This study was conducted in the Dormaa West District of the Bono Region, Ghana. The district is located in the western part of the region and shares boundaries with Dormaa Central Municipality to the northeast, Dormaa East District to the east, and Côte d'Ivoire to the west. The capital town of the district is Nkrankwanta. According to the Ghana Statistical Service (2021), the district has an estimated population of approximately 47,913, with a significant proportion being children and young people under the age of 20. The majority of the population lives in rural communities and depends largely on agriculture, particularly cocoa, food crop farming, and petty trading. Dormaa West District was selected for this study due to its relatively high prevalence of teenage pregnancy, as reported in recent district health and education directorate reports. Local schools and health facilities in the district have documented cases of school dropout and maternal health challenges related to adolescent pregnancy, making it a relevant site for exploring the lived experiences and coping strategies of pregnant teenagers.

The district is served by a few health centers, CHPS compounds, and one main district hospital, which provide maternal and child health services. Social services and access to adolescent-friendly health education and counseling, however, remain limited. This setting offered a suitable environment for gaining in-depth insight into the socio-cultural and structural factors influencing teenage pregnancy and how young girls navigate the associated challenges.

### **3.5 Population of the Study**

The target population for the study is 10 pregnant teenagers in Dormaa district. This specific group was chosen because they can provide firsthand accounts of their lived experiences, challenges, and coping strategies while navigating pregnancy.

Although teenage pregnancy affects adolescents across different regions of Ghana, this study focuses on the Dormaa West District due to its high prevalence of teenage pregnancies and the need to understand the experiences of young expectant mothers within this specific context.

### **3.6 Data Collection Methods**

This study employs in-depth interviews as the primary data collection method to explore the lived experiences of pregnant teenagers in the Dormaa West District. Given that narrative inquiry focuses on personal stories, semi-structured interviews were used to allow participants to share their experiences freely while ensuring that key research themes were addressed.

#### **3.6.1 Recruitment of Participants**

Participants were selected through purposive sampling, ensuring that only pregnant teenagers within the Dormaa West District were included. The selection criteria required that participants:

1. Be between the ages of 13 and 19 years.
2. Be currently pregnant at the time of the study.
3. Be willing to voluntarily share their experiences.
4. Reside within the Dormaa West District.

Recruitment was done through healthcare facilities, community leaders, and social workers, who assisted in identifying potential participants.

#### **3.6.2 Conducting the Interviews**

The interviews were conducted face-to-face in a private and comfortable setting chosen by the participants. Before the interview, the researcher provided a clear explanation of

the study's purpose, assured participants of confidentiality, and obtained informed consent.

Each interview session lasted between 30 to 60 minutes and was audio-recorded with the participant's consent. Field notes were also taken to capture non-verbal expressions and contextual details that enriched the data.

The interview guide consisted of open-ended questions, allowing participants to narrate their experiences in their own words. Some key areas explored included:

- The circumstances that led to their pregnancy.
- Their emotional, social, and financial challenges.
- Support systems available to them (family, healthcare, NGOs, etc.).
- Their coping strategies and future aspirations.

### **3.7 Sampling Strategy and Sample Size**

#### **3.7.1 Sample Size**

In qualitative research, sample size is determined by data saturation—the point at which no new information or themes emerge from additional interviews. For this study, an estimated sample size of 10 pregnant teenagers was considered sufficient to capture diverse narratives while allowing for an in-depth exploration of their experiences.

Participant recruitment and data collection proceeded concurrently and continued until data saturation was reached.

This approach ensures that the study provides a comprehensive understanding of the lived experiences of pregnant teenagers in the Dormaa West District.

#### **3.7.2 Sampling Strategy**

This study employs purposive sampling, a non-probability sampling technique that allows for the intentional selection of participants based on specific criteria. This

strategy is appropriate for this research because it ensures that only pregnant teenagers who can provide rich, firsthand insights into their experiences are included.

Participants were selected based on the following criteria:

1. They must be teenagers (aged 13–19 years).
2. They must be pregnant at the time of their study.
3. They must reside in the Dormaa West District.
4. They must be willing to voluntarily share their experiences.

The purposive sampling approach ensures that participants are information-rich cases whose experiences align with the study's objectives. This technique allows the researcher to gather deep, meaningful insights rather than focusing on generalizability.

### **3.7.3 Data Saturation**

Interviews continued until data saturation was reached—that is, when no new themes or insights emerged from additional interviews. This ensured that the study captured a comprehensive understanding of the participants' experiences.

### **3.8 Data Analysis**

The data collected from the in-depth interviews was analyzed using thematic analysis, a qualitative approach that focuses on identifying, analyzing, and reporting patterns or themes within data (Braun & Clarke, 2006). Thematic analysis was chosen for this study because it allows for a detailed examination of the lived experiences of pregnant teenagers in the Dormaa West District, helping to uncover common challenges, coping strategies, and social influences affecting them. By systematically coding and categorizing responses, this method ensures that key insights emerge from the participants' narratives while preserving the depth and richness of their experiences.

The process of thematic analysis followed Braun and Clarke's (2006) six-phase framework to ensure a structured and comprehensive interpretation of the data. The first stage involved familiarization with the data, where all interviews were transcribed verbatim and read multiple times. This allowed the researcher to immerse in the data, ensuring an in-depth understanding of the participants' experiences. Audio recordings were also reviewed to verify the accuracy of the transcriptions, and initial notes were made on recurring ideas and significant observations.

The second stage, generating initial codes, involved systematically identifying key phrases, expressions, and experiences in the transcripts. Open coding was used to highlight meaningful segments of text that related to the study's objectives. These codes were then grouped into preliminary categories, capturing various aspects of the participants' experiences, such as emotional distress, financial difficulties, social stigma, and healthcare access.

In the third stage, searching for themes, the researcher examined how different codes related to one another and clustered them into broader themes. For instance, codes related to community judgment, family rejection, and discrimination were grouped under the theme "Social Stigma," while issues such as lack of financial support and struggles with school fees were categorized under "Financial Hardships." This phase ensured that patterns in the data were identified and structured in a way that reflected the participants' realities.

The fourth stage, reviewing themes, involved refining and validating the themes to ensure they accurately represented the dataset. Some themes were merged if they overlapped, while others were broken down into sub-themes for clarity. For example, the broad theme "Coping Strategies" was divided into "Emotional Coping" (seeking support from friends, praying, etc.) and "Practical Coping" (engaging in small

businesses, seeking assistance from NGOs, etc.). This refinement process helped ensure that the final themes provided a nuanced understanding of the participants' experiences. In the fifth stage, defining and naming themes, each theme was carefully reviewed and given a distinct name that captured its core meaning. The researcher ensured that the themes aligned with the study's objectives and provided insights into the challenges and support systems available to pregnant teenagers. For example, the theme "Educational Disruptions" captured how pregnancy affected participants' schooling, while "Emotional Resilience" reflected the psychological strength exhibited by some participants despite their challenges.

Finally, in the sixth stage, producing the report, the themes were systematically organized and presented in alignment with the study's objectives. Direct quotations from participants were included to support each theme, ensuring that the voices of pregnant teenagers were authentically represented. The thematic analysis not only provided a structured way of interpreting the data but also allowed for the discovery of deeper meanings embedded in the participants' narratives.

### **3.9 Trustworthiness of the Study**

In qualitative research, reliability and validity are assessed through trustworthiness, which ensures that the findings are accurate, credible, and applicable. Lincoln and Guba (1985) proposed four key criteria for establishing trustworthiness: credibility, transferability, dependability, and confirmability. This study adheres to these principles to enhance the rigor and authenticity of the research findings.

#### **3.9.1 Credibility**

Credibility refers to the accuracy and truthfulness of the study's findings, ensuring that they reflect the real experiences of the participants. To achieve credibility, this study

employed member checking, where participants were given the opportunity to review the transcriptions and interpretations of their interviews to verify their accuracy. This helped prevent misrepresentation and ensured that their perspectives were authentically captured. Additionally, prolonged engagement with participants was undertaken to establish trust and obtain deeper insights into their experiences.

Furthermore, triangulation was used to strengthen credibility. This involved comparing data from multiple sources, such as interviews, field notes, and existing literature, to ensure consistency in the findings. By using these techniques, the study minimized biases and enhanced the accuracy of the reported experiences of pregnant teenagers.

### **3.9.2 Transferability**

Transferability refers to the extent to which the findings of this study can be applied to other similar contexts. Since qualitative research does not aim for broad generalizability, this study ensures transferability by providing thick descriptions of the research context, participants, and findings. Detailed descriptions of the participants' backgrounds, the socio-cultural setting of Dormaa West District, and the specific challenges faced by pregnant teenagers allow future researchers and policymakers to determine the applicability of the findings to other settings with similar characteristics.

### **3.9.3 Dependability**

Dependability is concerned with the consistency of the research findings over time and across similar conditions. To enhance dependability, this study maintained a detailed audit trail, documenting all research decisions, data collection procedures, coding processes, and thematic analysis steps. This transparency ensures that the study's methodology can be replicated or reviewed by future researchers. Additionally, peer

debriefing was employed, where fellow researchers or academic advisors reviewed the research process to provide feedback, ensuring consistency in the analysis.

#### **3.9.4 Confirmability**

Confirmability ensures that the research findings are based on the participants' experiences rather than the researcher's biases or personal assumptions. This was achieved by maintaining reflexivity, where the researcher consistently reflected on their own role, potential biases, and preconceptions throughout the research process. Additionally, an audit trail was kept to document how data was collected, analyzed, and interpreted, ensuring that the findings could be traced back to the original data. The use of direct quotations from participants further reinforced confirmability by ensuring that interpretations remained grounded in actual narratives.

#### **3.9.5 Ethical Considerations**

Ethical considerations are fundamental in qualitative research, particularly when dealing with sensitive topics such as teenage pregnancy. This study adhered to strict ethical guidelines to protect the rights, privacy, and well-being of the participants. The key ethical principles considered in this research include informed consent, confidentiality, voluntary participation, and ethical approval.

#### **3.9.6 Informed Consent**

Prior to participation, each respondent was provided with a detailed explanation of the study's purpose, objectives, and procedures. This included the potential risks and benefits of participation. Since the study involved teenagers aged 13–19 years, special care was taken to ensure that they fully understood the research before agreeing to participate. In cases where participants were minors (below 18 years), parental or guardian consent was obtained in addition to their own assent.

### **3.9.7 Confidentiality and Anonymity**

To protect the identities of participants, all data collected was kept confidential. No personal identifiers such as names, addresses, or specific locations were recorded in the final report. Instead, pseudonyms were used when quoting participants' responses. Audio recordings and transcriptions were securely stored and only accessible to the researcher and authorized supervisors. After the completion of the study, all recordings were securely deleted, and written transcripts were stored in a protected location.

### **3.9.8 Voluntary Participation and Right to Withdraw**

Participation in the study was entirely voluntary, and respondents had the right to withdraw at any stage without providing any justification or facing any consequences. This was clearly communicated to participants before the interviews began. Additionally, they were informed that they could refuse to answer any questions that made them uncomfortable.

### **3.9.9 Avoidance of Psychological Harm**

Considering the sensitivity of the topic, the researcher took measures to ensure that no participant experienced psychological distress during the interviews. The interviews were conducted in a respectful and non-judgmental manner, allowing participants to express their experiences freely. In cases where participants exhibited signs of emotional distress, they were given the opportunity to pause or discontinue the interview. Additionally, referrals for counseling support services were provided where necessary.

### **3.9.10 Ethical Approval**

Before data collection commenced, the study received approval from the Ethical Review Board of the relevant institution. This approval ensured that the study adhered to ethical research guidelines and protected the rights and welfare of participants.

### **3.10 Conclusion**

This chapter outlined the methodological approach adopted in the study, ensuring that the research aligns with qualitative inquiry. A narrative inquiry design was employed to explore the lived experiences of pregnant teenagers in the Dormaa West District. The study utilized purposive sampling to select participants who met specific criteria, ensuring that data was collected from individuals with firsthand experience of teenage pregnancy. In-depth interviews served as the primary data collection method, allowing participants to express their challenges, emotions, and coping mechanisms in their own words.

Data was analyzed using thematic analysis, which enabled the identification of patterns and recurring themes in the participants' narratives. To ensure the trustworthiness of the study, measures such as credibility, transferability, dependability, and confirmability were incorporated, with techniques like member checking, triangulation, and peer debriefing enhancing the study's rigor. Additionally, ethical considerations—including informed consent, confidentiality, voluntary participation, and ethical approval—were strictly adhered to, ensuring the protection and dignity of all participants.

This chapter provides a strong foundation for the next stage of the research, which involves the presentation and analysis of findings. The insights gained through the selected methodology will contribute to a deeper understanding of teenage pregnancy and its impact on young mothers in the Dormaa West District.

## CHAPTER FOUR

### DISCUSSIONS OF FINDINGS

#### 4.1 Introduction

This chapter presents the findings of the study based on the lived experiences of pregnant teenagers in the Dormaa West District. The study aimed to explore the challenges, emotions, coping strategies, and social dynamics surrounding teenage pregnancy, providing insights into how these young mothers navigate their circumstances. The findings are drawn from in-depth interviews conducted with teenage mothers, whose narratives reveal a range of emotional, social, and practical struggles, as well as the support systems available to them.

The data collected was analyzed using thematic analysis, following Braun and Clarke's (2006) six-step framework. Through this method, patterns and themes were identified in the responses of participants, allowing for a structured understanding of their experiences. The analysis revealed several key themes, including emotional and psychological impact, social stigma and judgment, changes in relationships, access to healthcare, lack of support and counseling, impact on education and future aspirations, coping strategies, and advice for other teenage girls.

Each of these themes is discussed in detail in the subsequent sections, supported by direct quotes from participants to ensure that their voices remain central to the study. The discussion provides a deeper understanding of how teenage pregnancy affects young mothers within their social, emotional, and economic contexts.

Table 1: Demographic Distribution of Interviewed Teenage Mother:

<b>Demographic Category</b>	<b>Details</b>
Sample Size	10 teenage mothers
Age Distribution	- Age 16: 2 respondents - Age 17: 6 respondents - Age 18: 2 respondents
Gestational Age	- 4 months: 1 respondent - 5 months: 4 respondents - 6 months: 5 respondents
Living Arrangements	- With mother/parents: 7 - With aunty: 2 - Alone/with partner: 1
School Attendance	- Dropped out due to pregnancy: 10 - Previously enrolled in university: 1
Location	Mostly from Domar West and nearby villages

## 4.2 Demographic Characteristics of Participants

This section presents a detailed account of the demographic profiles of the ten teenage mothers who participated in the research conducted at Domaa Hospital. Their age, educational background, and living conditions reflect a shared reality of vulnerability shaped by social, economic, and familial challenges. Each sub-section below provides specific numerical details based on the interview responses.

## 4.3 Age Distribution

Among the ten participants, the majority were 17 years old. Specifically:

- 2 participants were 16 years old
- 6 participants were 17 years old
- 2 participants were 18 years old

All participants were in their second trimester at the time of the interview, with most indicating they were between five to six months pregnant. The stage of pregnancy affected their daily routines, energy levels, and physical comfort, with several reporting

fatigue, back pain, and reduced ability to participate in activities like walking, farming, or school attendance.

Table 2: Age Distribution of Interviewed Teenage Mothers:

Age	Number of Respondents
16	2
17	6
18	2
Total	10

#### 4.4 Educational Background

At the time of pregnancy, 9 out of 10 participants were in school. Their distribution by educational level is as follows:

- 7 participants were enrolled in Junior High School (JHS)
- 2 participants were in Senior High School (SHS)
- 1 participant was in her first year at the University of Ghana (currently on study break)

Of these ten, 9 dropped out of school due to their pregnancies. The reasons included:

- Morning sickness and fatigue that made it hard to attend classes
- Fear of gossip and ridicule from classmates and teachers
- Emotional stress and anxiety
- Advice from parents to stay home

Although they had left school, 7 participants expressed a desire to return to formal education after childbirth, while 3 participants planned to enroll in vocational training programs, such as sewing, hairdressing, or petty trading, to support themselves and their babies.

Table 3: Educational Background of Interviewed Teenage Mothers

<b>Education Status</b>	<b>Number of Respondents</b>	<b>Notes</b>
Dropped out during pregnancy	9	Most left due to shame, illness, or family decisions
Never return after dropout	9	None had returned at time of interview
Hoped to return to school	7	Expressed desire to continue education post-pregnancy
Previously in secondary school	9	Most were in junior/senior secondary at time of dropout
Previously in tertiary education	1	One was in first year of university before pregnancy
Total Respondents	10	

#### 4.5 Living Conditions and Family Structure

The participants' households were primarily of low-income status, relying on subsistence farming, petty trading, or informal work for livelihood. Their living arrangements were as follows:

- 6 participants lived with their parents, typically in small, overcrowded homes
- 2 participants lived with their aunts, having been relocated due to pregnancy-related stigma or lack of support at home
- 2 participants lived with only their mothers, often due to separation, abandonment, or absence of the father

Parental and family support varied:

- 4 participants described their mothers as emotionally supportive and caring, ensuring they had food, rest, and access to healthcare

- 3 participants reported strained relationships with their fathers, characterized by disappointment, silence, or anger
- 2 participants were displaced to extended family homes to avoid shame within their immediate household
- 1 participant had been abandoned by both parents and relied on the support of a community woman

In addition, 4 participants mentioned receiving informal support from community women or church members, who offered advice, helped them get to clinics, or encouraged them to stay hopeful.

Table 4: Living Situation of Interviewed Teenage Mothers

Living Arrangement	Number of Respondents	Notes
Living with mother/parents	7	Most common; included supportive but concerned mothers
Living with aunt	2	Due to parental absence or distancing
Living with husband/partner	1	Married young to an older man (polygamous setting)
Living alone/independent	0	None reported living completely independently
Total Respondents	10	

#### 4.6 Presentation on Key Themes

This section presents the key themes that emerged from the interviews with pregnant teenagers in the Dormaa West District. Thematic analysis of the data revealed several recurring experiences that define their journey through pregnancy. These themes include emotional and psychological impact, social stigma and judgment, changes in relationships, access to healthcare, lack of support and counseling, impact on education and future aspirations, coping strategies, and advice for other teenage girls. Each theme

is discussed in detail below, with direct quotations from participants to ensure that their voices are authentically represented.

#### **4.6.1 Emotional and Psychological Impact of Pregnancy**

Many participants described experiencing a mix of shock, fear, confusion, and anxiety upon discovering they were pregnant. Some expressed moments of happiness, particularly when thinking about their baby, but these were often overshadowed by uncertainty and distress about their future.

*"When I found out I was pregnant, I cried for days. I was scared of how my parents would react and what people would say about me."* (Participant 3, 16 years old)

The emotional toll of pregnancy was worsened by isolation and societal judgment, leading some participants to experience low self-esteem and depression. Several teenage mothers admitted to struggling with suicidal thoughts but found comfort in their faith and personal resilience.

*"Sometimes, I feel like running away because people look at me differently now. I don't feel like the same person anymore."* (Participant 7, 17 years old)

#### **4.6.2 Social Stigma and Judgment**

A recurring theme among the participants was the negative perception of pregnant teenagers within their communities. Many described being mocked, whispered about, or looked down upon by neighbors, schoolmates, and even some family members.

*"People in my community gossip about me whenever I pass by. Some say I have disgraced my family."* (Participant 5, 15 years old)

Some participants avoided social interactions, preferring to stay indoors to escape judgmental remarks. Others reported feeling unwelcome at school or church, further reinforcing their sense of isolation.

*"Even in church, some people treat me differently, as if I have done something unforgivable."* (Participant 9, 18 years old)

#### **4.6.3 Changes in Relationships**

Teenage pregnancy significantly affected participants' relationships with their parents, friends, and the baby's father. While some mothers were supportive, many fathers reacted with disappointment and anger, leading to conflicts at home.

*"My father has not spoken to me properly since he found out. He is still angry and refuses to look at me."* (Participant 6, 17 years old)

Friendships also changed, with several participants noting that some friends distanced themselves after they became pregnant.

*"My best friend stopped talking to me. She said she doesn't want to be seen with a pregnant girl."* (Participant 2, 15 years old)

The role of the baby's father varied. While a few participants reported receiving support, the majority were abandoned, with some fathers denying responsibility altogether.

*"He told me it's not his child and left. Now, I have to face everything alone."* (Participant 4, 16 years old)

#### **4.6.4 Access to Healthcare and Medical Challenges**

Most participants attended antenatal clinics, but they faced barriers such as long distances, financial struggles, and judgment from healthcare workers.

*"The nurses sometimes scold us and ask why we got pregnant so young. It makes me feel bad."* (Participant 8, 14 years old)

Financial difficulties prevented some from affording proper nutrition and medication, increasing health risks for both mother and child.

*"There are medicines they told me to buy, but I don't have money, so I just manage without them."* (Participant 10, 18 years old)

#### **4.6.5 Lack of Support and Counseling**

A significant number of participants highlighted the lack of guidance and emotional support available to them. While some received advice from their mothers, many felt that there were no structured counseling services for pregnant teenagers.

*"I wish there was a place where girls like me could go and talk to someone without being judged."* (Participant 1, 15 years old)

A few mentioned informal support from church groups and older women in their communities, but these were not enough to address their emotional and psychological needs.

#### **4.6.6 Impact on Education and Future Aspirations**

Teenage pregnancy forced most participants to drop out of school, with uncertainty about returning due to childcare responsibilities and financial constraints.

*"I wanted to be a nurse, but now I don't know if I will ever go back to school."* (Participant 7, 17 years old)

Some expressed interest in vocational training as an alternative, hoping to acquire skills in hairdressing, sewing, or trading to support themselves and their babies.

*"Maybe I will learn a trade and start my own business since going back to school will be difficult."* (Participant 3, 16 years old)

#### **4.6.7 Coping Strategies and Resilience**

Despite the challenges, some participants demonstrated resilience and hope, relying on prayer, personal strength, and support from loved ones.

*"I pray a lot. It gives me hope that things will be better one day."* (Participant 5, 15 years old)

Others found solace in talking to their mothers or close relatives, while some kept their struggles to themselves due to fear of judgment.

*"I don't talk to anyone about my feelings. I just cry when I am alone."* (Participant 9, 18 years old)

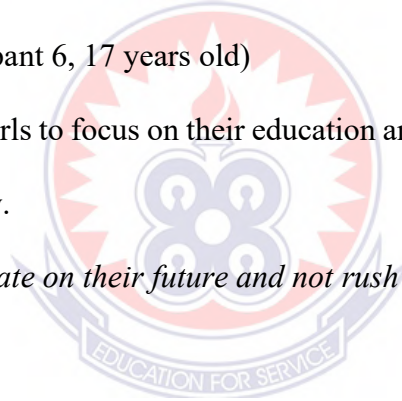
#### **4.6.8 Advice from Teenage Mothers to Other Girls**

Many participants expressed a desire to educate other young girls about the realities of teenage pregnancy, warning them to be cautious and make informed decisions.

*"If I could go back, I would have listened to my mother's advice. I would tell other girls to be careful."* (Participant 6, 17 years old)

Some advised young girls to focus on their education and avoid relationships that could lead to early pregnancy.

*"Girls should concentrate on their future and not rush into relationships."* (Participant 10, 18 years old)



#### **4.6.9 Summary of Key Themes**

The findings from the interviews highlight the complex realities of teenage pregnancy, including emotional struggles, societal stigma, strained relationships, financial difficulties, and educational setbacks. While some teenage mothers find hope in faith and family support, many continue to struggle with isolation, judgment, and lack of access to proper healthcare and counseling services.

The next section discusses these findings in relation to existing literature on teenage pregnancy, drawing comparisons and highlighting unique experiences specific to the Dormaa West District.

#### **4.7 Factors Accounting for Teenage Pregnancy in Dormaa District**

In the Dormaa West District of Ghana, teenage pregnancy continues to be influenced by a complex web of socioeconomic, educational, familial, and cultural factors. From the narratives gathered during this study, it became evident that poverty plays a fundamental role. Many of the teenage participants came from economically disadvantaged households where parents or guardians could barely meet the basic needs of the family. In such contexts, young girls are sometimes driven to engage in transactional sexual relationships, often with older men, in exchange for money, food, or school necessities. These circumstances significantly heighten their vulnerability to unintended pregnancies.

Another critical factor identified was the lack of comprehensive sexual education. The participants generally lacked formal, accurate information about sexual and reproductive health. In many schools within the district, sexuality education is minimal or entirely absent, and at home, discussing such topics remains taboo. This knowledge gap results in adolescents engaging in unprotected sex without fully understanding the consequences or how to prevent pregnancy.

Family dynamics and parental neglect also contributed to the problem. Several teenagers reported growing up in dysfunctional or unsupportive homes where there was little supervision or open communication. In households where parents are absent due to migration, divorce, or economic pursuits, adolescents are left emotionally vulnerable and often turn to peers or romantic partners for support, which can lead to early sexual involvement.

Peer pressure emerged as a notable influence. Participants acknowledged that friends and social circles played a role in encouraging early sexual behavior. Within their peer groups, sexual activity was sometimes normalized or even glamorized, and those who

resisted were mocked or labeled as immature. Additionally, some teenagers believed that becoming pregnant would earn them a certain level of respect or recognition as women in their communities.

Cultural and societal norms further compounded the issue. In some areas within Dormaa West, early marriage is still practiced, and girls who reach puberty are often perceived as ready for motherhood. Such cultural expectations limit girls' autonomy over their sexual and reproductive choices. Furthermore, the influence of media, especially social media and exposure to sexually suggestive content, shaped adolescents' perceptions of relationships, often without the necessary guidance to make informed decisions. All these factors combined to create a high-risk environment for teenage girls, resulting in elevated rates of adolescent pregnancy in the district.

#### **4.8 Experiences of Pregnant Teenagers in Dormaa District**

The lived experiences of pregnant teenagers in Dormaa District are marked by a combination of emotional distress, social exclusion, educational disruption, and healthcare access challenges. Many of the girls interviewed recalled the initial shock and fear they experienced upon discovering their pregnancies. Emotional turmoil, including anxiety, shame, and depression, was common, particularly for those whose pregnancies were unplanned or hidden from their families. The fear of disappointing their parents or being judged by society often pushed them into silence and isolation.

Social stigma played a dominant role in shaping their daily realities. Several participants shared stories of ridicule, gossip, and verbal abuse from both peers and adults in their communities. They described being called derogatory names or being excluded from social and school-related activities. This stigmatization not only eroded their self-esteem but also forced many to withdraw from social life altogether. In some instances, families reacted harshly to the pregnancy news, with some teenagers being

sent out of their homes or subjected to emotional neglect. However, a few participants mentioned that certain family members, especially mothers and grandmothers, eventually offered support and helped them navigate their pregnancies.

The impact on education was profound. Most of the girls had dropped out of school as a direct result of their pregnancies. Some left voluntarily due to embarrassment or pressure, while others were forced to leave by school authorities or parents. This interruption in education dashed the academic and career aspirations of many and left them uncertain about their future prospects. While a few expressed hope of returning to school or enrolling in vocational training after childbirth, they were aware of the numerous challenges they would face in doing so.

Access to healthcare services was another major challenge. Although some girls had knowledge of antenatal care services, many delayed seeking medical help due to fear of being judged by healthcare providers. There were also practical barriers such as financial constraints and long distances to clinics, especially for those in remote areas. The negative attitudes of some health workers further discouraged early care-seeking behavior. In some cases, participants reported being scolded or humiliated during clinic visits, which deterred them from returning.

One of the most consistent themes that emerged from the interviews was the absence of formal support systems. The teenagers noted that beyond family, there were few, if any, institutions offering counseling, emotional support, or reintegration services. Their experiences were largely shaped by individual resilience, informal family support, or personal religious beliefs. These findings underscore the need for holistic interventions that consider the psychological, social, and practical realities of teenage pregnancy in rural Ghana.

#### 4.9 Coping Strategies of Pregnant Teenagers in Dormaa District

Despite the numerous challenges faced by pregnant teenagers in Dormaa District, the study revealed that they employ a variety of coping strategies to manage their circumstances. One of the most common mechanisms was spiritual reliance. Many participants spoke of turning to prayer and their faith in God as a source of strength. Religion offered them comfort, hope, and a sense of purpose, especially when they felt abandoned or overwhelmed by societal judgment.

Support from close family members, particularly mothers and grandmothers, played a crucial role in helping some girls cope. These relatives often provided emotional encouragement, assisted with basic needs, and accompanied them to antenatal clinics. Such support was a significant buffer against the harsh social environment and offered a sense of stability. However, not all participants had access to this form of support. Those who faced rejection or neglect often resorted to self-isolation as a means of coping. They intentionally withdrew from social settings to avoid ridicule and further emotional harm, even though this often deepened their sense of loneliness.

Several participants expressed determination to overcome their circumstances by pursuing vocational training or planning to return to school after childbirth. Setting such personal goals helped them maintain hope for the future and gave them a sense of control over their lives. Others took practical steps by engaging in small-scale economic activities such as trading, hair braiding, or tailoring to support themselves financially. This sense of economic agency not only eased their immediate burdens but also helped restore some level of self-worth.

In rare cases, informal peer support networks were formed among pregnant teenagers. These small circles provided emotional support, shared advice, and served as safe spaces where the girls felt understood and accepted. While these networks were largely

spontaneous and unstructured, they demonstrated the value of peer solidarity in coping with the challenges of adolescent pregnancy.

Nonetheless, it is important to note that most coping strategies remained informal and largely unsupported by structured community or governmental programs. The absence of formal psychological counseling or social reintegration initiatives limited the effectiveness of these efforts. The findings suggest that while individual resilience and informal networks play a crucial role, there is a pressing need for institutional support mechanisms to provide guidance, emotional care, and practical resources for pregnant teenagers in the Dormaa West District.

#### **4.10 Discussion of Findings**

This section discusses the study's findings in relation to existing literature on teenage pregnancy. The discussion is organized according to the major themes identified in the study, highlighting areas where the results align or differ from previous research in Ghana and other African contexts.

##### **Interviewee Profiles**

Ten pregnant teenagers (ages 14-18, mostly 15-17) participated; 9 dropped out of school (mostly JHS/SHS), living primarily with mothers/parents in low-income rural homes. Key demographics include 7 living with parents, 2 with aunts, 1 with partner; support varied from maternal aid to paternal rejection.

Table 5: Interviewee Profiles

No.	Age	Education	Living Arrangement	Key Support
1.	15	Dropped (JHS)	Parents	Church/mother
2.	15	Dropped (JHS)	Parents	Limited
3.	16	Dropped (SHS)	Parents	Faith
4.	16	Dropped (JHS)	Mother	None from father
5.	15	Dropped (SHS)	Parents	Community women
6.	17	Dropped (SHS)	Parents	Mother
7.	17	Dropped (SHS)	Parents	Faith
8.	14	Dropped (JHS)	Parents	None formal
9.	18	Dropped (UNI)	Parents	Church
10.	18	Dropped (SHS)	Partner	Self-reliance

#### 4.10.1 Emotional and Psychological Impact of Pregnancy

The findings indicate that teenage pregnancy is associated with emotional distress, anxiety, and fear, particularly due to the uncertainty of the future and societal judgment. Several participants described experiencing isolation, shame, and depression, with some even admitting to struggling with suicidal thoughts. Participant 3 (16): "When I found out I was pregnant, I cried for days. I was scared of how my parents would react and what people would say." Participant 7 (17): "Sometimes, I feel like running away because people look at me differently now." These findings align with studies such as Adjei and Saewyc (2017), which reported that adolescent mothers in Ghana often suffer from psychological distress due to stigma, financial hardship, and social rejection. Similarly, research by Yakubu and Salisu (2018) found that teenage mothers in sub-Saharan Africa frequently experience low self-esteem and emotional distress, especially in cases where they lack strong family or peer support.

However, some participants in this study displayed resilience and coping mechanisms, such as prayer and seeking support from their mothers or close relatives. This contrasts with findings by Kaye (2008), who noted that many adolescent mothers in Uganda lacked coping strategies and often resorted to self-isolation. The presence of faith-based coping mechanisms among teenage mothers in the Dormaa West District may reflect the strong influence of religion and traditional beliefs in Ghanaian society.

#### **4.10.2 Social Stigma and Judgment**

A significant theme in this study was the social stigma and judgment faced by pregnant teenagers. Participants reported experiencing mockery, gossip, and negative perceptions from their community, schoolmates, and sometimes even family members. Participant 5 (15): "People in my community gossip about me whenever I pass by. Some say I have disgraced my family." Participant 9 (18): "Even in church, some people treat me differently, as if I have done something unforgivable." These findings support the work of Amo-Adjei and Tuoyire (2016), who found that societal attitudes toward adolescent pregnancy in Ghana are often harsh, reinforcing feelings of shame and alienation.

Additionally, participants' narratives confirm previous research by Nyarko et al. (2014), which highlighted how pregnant teenagers are often perceived as having weak morals, leading to discrimination within their families, schools, and religious institutions. However, while past studies have emphasized community rejection, this study found that some teenage mothers received partial support from certain individuals, particularly their mothers and a few close friends. This suggests that while stigma remains strong, some family members still offer limited emotional or practical assistance.

### **4.10.3 Changes in Relationships**

The study found that teenage pregnancy leads to strained relationships with parents, loss of friendships, and abandonment by the baby's father. Most participants reported negative reactions from their fathers, while mothers were more likely to be supportive, yet cautious. Participant 6 (17): "My father has not spoken to me properly since he found out." Participant 2 (15): "My best friend stopped talking to me." Participant 4 (16): "He told me it's not his child and left." These findings are consistent with results from Oppong et al. (2016), who observed that teenage pregnancy disrupts family dynamics, often resulting in conflict, disappointment, or outright rejection by male family members.

The impact on friendships was also notable. Several participants stated that some friends distanced themselves, reinforcing their feelings of isolation. This aligns with the findings of Mkwanaenzi and Odimegwu (2016), who documented similar experiences among adolescent mothers in South Africa, where peer rejection was common due to fear of association with "bad influences". Additionally, this study confirms the widely documented trend that most teenage fathers deny responsibility or withdraw financial and emotional support, as noted by Biddlecom et al. (2008).

### **4.10.4 Access to Healthcare and Medical Challenges**

Access to healthcare was a critical challenge for many participants, with some reporting long distances to clinics, judgmental attitudes from healthcare workers, and financial difficulties in purchasing prescribed medications. Participant 8 (14): "The nurses sometimes scold us and ask why we got pregnant so young." Participant 10 (18): "There are medicines they told me to buy, but I don't have money." This finding aligns with previous studies, such as Adolescent Reproductive Health in Ghana (GHS, 2019),

which noted that many pregnant teenagers delay seeking antenatal care due to fear of stigma and poor treatment by healthcare providers.

Similarly, research by Atuyambe et al. (2005) in Uganda found that health workers often have biased attitudes toward adolescent mothers, making them feel unwelcome in clinics. This study confirms that such experiences persist, as some participants expressed discomfort when attending healthcare facilities due to perceived judgment. However, unlike some studies that found teenage mothers completely avoiding medical care (UNFPA, 2015), most participants in this study still attended antenatal checkups despite challenges, suggesting a greater awareness of the importance of maternal health care in the Dormaa West District. These findings imply the need for policy emphasis on improving service delivery through adolescent-sensitive training for healthcare providers and the integration of psychosocial counselling into routine antenatal care services.

#### **4.10.5 Lack of Support and Counseling**

A recurring theme was the lack of structured counseling and support services for pregnant teenagers. Many participants expressed a desire for safe spaces to seek advice and emotional support, highlighting a significant gap in Ghana's adolescent health services. Participant 1 (15): "I wish there was a place where girls like me could go and talk to someone without being judged. This aligns with findings from Manu et al. (2015), which emphasized that Ghana's adolescent reproductive health programs remain underdeveloped, leaving many pregnant teenagers without guidance or mental health support.

While some participants received advice from church leaders or community elders, these informal support systems were often inconsistent or judgmental, further reinforcing feelings of alienation. This is consistent with the work of Wood and Jewkes

(2006), who found that social support for teenage mothers in sub-Saharan Africa is often unreliable, particularly when provided by religious institutions that emphasize moral responsibility rather than emotional well-being.

#### **4.10.6 Impact on Education and Future Aspirations**

Most participants in this study were forced to drop out of school, with few prospects of returning due to childcare responsibilities, stigma, or financial constraints. Participant 7 (17): "I wanted to be a nurse, but now I don't know." Participant 3 (16): "Maybe I will learn a trade." This is in line with previous research, such as Eloundou-Enyegue (2004), which found that teenage pregnancy significantly reduces the likelihood of completing secondary education in many African countries. Similarly, studies in Ghana (Gyan, 2013) confirm that pregnancy remains one of the leading causes of female school dropouts, particularly in rural communities where educational resources for adolescent mothers are limited.

However, a notable finding in this study was that some participants expressed hope of enrolling in vocational training as an alternative to formal education. This differs from previous studies that primarily focused on school dropout rates without considering alternative aspirations for economic survival (Malmusi et al., 2010). Educational policies should be strengthened with clear enforcement mechanisms, including school-based guidance and counselling units, flexible learning arrangements, and district-level monitoring to ensure compliance with re-entry policies.

#### **4.10.7 Coping Strategies and Resilience**

Despite their challenges, some teenage mothers demonstrated resilience through faith, personal strength, and reliance on a few supportive individuals. Participant 5 (15): "I pray a lot. It gives me hope." Participant 9 (18). Prayer and religious beliefs were

common coping mechanisms, as found in previous studies such as Agyei and Migosi (2016), which noted that religion plays a crucial role in how young mothers in Ghana manage stress and adversity.

However, unlike studies that found adolescent mothers fully dependent on family support (Panday et al., 2009), this study found that some participants engaged in small economic activities, such as selling goods or learning vocational skills, to prepare for their future. This suggests a growing sense of self-reliance among teenage mothers in the Dormaa West District.

#### **4.10.8 Summary of Discussion**

The findings of this study largely align with previous literature on teenage pregnancy, particularly regarding emotional distress, stigma, relationship breakdowns, and school dropout rates. However, unique findings include greater awareness of healthcare importance, aspirations for vocational training, and a blend of self-reliance and religious coping mechanisms. These insights contribute to a broader understanding of teenage pregnancy experiences in Ghana, emphasizing the need for improved counseling, healthcare access, and reintegration opportunities for adolescent mothers.

## CHAPTER FIVE

### SUMMARY OF FINDING, CONCLUSION AND RECOMMENDATION

#### 5.1 Introduction

This chapter presents the final section of the study, summarizing the key findings, drawing conclusions, and providing recommendations based on the lived experiences of pregnant teenagers in the Dormaa West District. The study sought to explore the challenges, emotional struggles, social stigma, healthcare access issues, and coping mechanisms of adolescent mothers, offering insights into their realities.

The chapter begins with a summary of the study, highlighting the research objectives, methodology, and major findings. This is followed by the conclusion, which reflects on the implications of the findings for teenage mothers, their families, and society. The chapter then provides recommendations targeted at government institutions, healthcare providers, educators, parents, and community stakeholders to help improve the well-being of pregnant teenagers. Additionally, the chapter outlines suggestions for future research and discusses the limitations of the study.

By providing practical recommendations and identifying areas for further study, this chapter contributes to ongoing discussions on how to support adolescent mothers and reduce the incidence of teenage pregnancy in Ghana.

#### 5.2 Summary of the Study

This study explored the lived experiences of pregnant teenagers in the Dormaa West District, focusing on the challenges, emotional struggles, social stigma, healthcare access issues, and coping mechanisms they encounter. The study aimed to provide an in-depth understanding of how teenage pregnancy affects various aspects of their lives, including relationships, education, and future aspirations.

To achieve this, the study adopted a qualitative research approach, using narrative inquiry to capture the personal stories of participants. Purposive sampling was used to select pregnant teenagers aged 13–19 years, ensuring that the participants had firsthand experience of teenage pregnancy. In-depth interviews were conducted to collect data, allowing participants to express their emotions, struggles, and coping strategies in their own words. The data was analyzed using thematic analysis, which identified key patterns and recurring themes in the participants' responses.

The findings revealed several key themes, including:

- **Emotional and Psychological Impact:** Many participants experienced fear, anxiety, and depression, especially due to uncertainty about their future and negative societal reactions.
- **Social Stigma and Judgment:** Teenage mothers faced gossip, mockery, and discrimination from peers, family members, and the community, leading to isolation and loss of self-esteem.
- **Changes in Relationships:** Participants reported strained relationships with their parents, loss of friendships, and abandonment by the baby's father.
- **Access to Healthcare and Medical Challenges:** Some teenage mothers struggled to access antenatal care due to long distances, financial difficulties, and judgmental attitudes from healthcare providers.
- **Lack of Support and Counseling:** Many participants lacked structured support systems or counseling services, relying mostly on informal support from family, religious institutions, or peers.
- **Impact on Education and Future Aspirations:** Most teenage mothers dropped out of school, with only a few expressing hope of returning or enrolling in vocational training.

- **Coping Strategies and Resilience:** Despite the challenges, participants demonstrated resilience through prayer, family support, and self-reliance.

The findings highlight the complex realities of teenage pregnancy, emphasizing the need for stronger support systems, better healthcare services, and policies that enable teenage mothers to continue their education.

### **5.3 Summary of Findings**

This chapter explored the lived experiences of pregnant teenagers in the Dormaa West District, highlighting their emotional struggles, societal challenges, disrupted relationships, healthcare access issues, lack of support, educational setbacks, and coping mechanisms. Through thematic analysis of the interview data, several key themes emerged, providing deep insights into the realities faced by these young mothers.

One of the most prominent findings was the emotional and psychological distress experienced by pregnant teenagers. Many participants expressed fear, anxiety, and depression, with some feeling isolated and rejected by their families and communities. Social stigma was another significant challenge, as participants reported being judged, mocked, and ostracized by their peers, family members, and society at large. These negative perceptions often resulted in low self-esteem and withdrawal from social interactions.

The study also revealed that teenage pregnancy led to strained relationships with parents, friends, and the baby's father. While some mothers provided limited emotional support, most fathers expressed anger or disappointment, and many teenage fathers abandoned their partners entirely. Participants also faced difficulty in accessing healthcare services, often due to long distances, financial struggles, and negative attitudes from healthcare workers. The lack of counseling and structured support

systems further compounded their challenges, leaving many without proper guidance or emotional relief.

In terms of education, nearly all participants had dropped out of school, with only a few expressing hope of returning. The burden of childcare, financial difficulties, and stigma made it unlikely for most to continue formal education, although some hoped to pursue vocational training.

Despite these difficulties, participants demonstrated resilience through various coping strategies. Many relied on prayer and religious faith, while others sought comfort from their mothers or close relatives. A few teenage mothers engaged in small economic activities to prepare for life after childbirth, showing a degree of self-reliance and determination.

Overall, this study highlights the complex and multifaceted challenges of teenage pregnancy, emphasizing the need for improved healthcare services, community support, and educational reintegration opportunities for adolescent mothers. The next chapter presents the conclusions and recommendations, offering possible interventions to improve the well-being of pregnant teenagers in the Dormaa West District.

#### **5.4 Conclusion**

This study provided an in-depth exploration of the lived experiences of pregnant teenagers in the Dormaa West District, shedding light on the emotional, social, educational, and healthcare challenges they face. Through narrative inquiry and thematic analysis, the study revealed that teenage pregnancy is often accompanied by emotional distress, social stigma, strained relationships, financial struggles, and educational setbacks. These findings emphasize the urgent need for interventions to support adolescent mothers and reduce the long-term consequences of early motherhood.

One of the most critical insights from the study is that social stigma and judgment remain major barriers for pregnant teenagers. Participants reported experiencing gossip, discrimination, and social exclusion, which significantly affected their self-esteem and mental well-being. The lack of emotional and financial support from families and the baby's father further compounded their struggles, making it difficult for many to cope with the demands of pregnancy.

Another key finding was the negative impact of teenage pregnancy on education and future aspirations. Most participants had dropped out of school, with only a few expressing hope of returning. The lack of supportive policies and flexible schooling options for young mothers limits their opportunities for economic empowerment, increasing their risk of long-term poverty and dependence.

The study also found that access to healthcare services was a challenge for many teenage mothers. While some participants attended antenatal clinics, they encountered long distances, financial constraints, and judgmental attitudes from healthcare providers. These barriers discourage early and consistent prenatal care, increasing the risks of complications during pregnancy and childbirth.

Despite these challenges, the study revealed remarkable resilience among some teenage mothers. Many relied on prayer, personal strength, and support from their mothers or a few close friends to navigate their struggles. Some were determined to learn vocational skills as a means of securing their future and providing for their child.

#### **5.4.1 Implications of the Findings**

The findings of this study have important implications for teenage mothers, families, communities, and policymakers.

- For Teenage Mothers: There is a need for greater support networks, accessible counseling services, and educational reintegration programs to help them rebuild their lives.
- For Families: Parents and guardians must create a more supportive environment for pregnant teenagers, offering emotional and financial assistance rather than rejection and judgment.
- For Communities: Sensitization programs should be introduced to reduce stigma and discrimination, promoting a more inclusive and understanding society.
- For Policymakers and Government Agencies: More efforts should be made to improve access to adolescent healthcare services, introduce flexible education policies for young mothers, and strengthen sex education programs to prevent unplanned pregnancies.

In conclusion, teenage pregnancy remains a multifaceted challenge that requires a holistic approach to address its emotional, social, educational, and healthcare implications. Without adequate interventions, teenage mothers in the Dormaa West District will continue to face significant hardships that affect their well-being and future prospects. The next section provides recommendations for stakeholders on how to improve the support systems available to teenage mothers and prevent further cases of adolescent pregnancy.

#### **5.4.2 Unique Findings**

The distinctive results from this work in the Dormaa West District emphasize that teenage pregnancy policies should move beyond national approaches that tend to be generic to localized, contextualised problem-solution models. This finding, along with entrenched stigma, a lack of continuity in schooling, access to healthcare services and

limited psychosocial support; as well as the new economic resilience shown by teenage mothers, shows us that policy success hinges on using lived experience to understand adolescents in particular rural settings.

## **5.5 Recommendations**

Based on the findings of this study, several recommendations are proposed to address the challenges faced by pregnant teenagers in the Dormaa West District. These recommendations are targeted at government and policymakers, educational institutions, healthcare providers, parents and community leaders, and non-governmental organizations (NGOs) and religious institutions. A multi-sectoral approach is essential to improving adolescent healthcare, education, and social support for teenage mothers.

### **5.5.1 Government and Policy Makers**

The government and policymakers play a crucial role in addressing the challenges associated with teenage pregnancy. The following initiatives should be considered:

- **Improve adolescent healthcare services:** The government should strengthen adolescent-friendly reproductive health services to ensure that teenage mothers receive non-judgmental, quality healthcare during and after pregnancy. This includes free or subsidized maternal healthcare services for pregnant teenagers.
- **Introduce flexible education policies:** Policies should be enacted to allow teenage mothers to re-enroll in school after childbirth without stigma. Special re-integration programs should be developed to provide daycare support within schools to help young mothers continue their education.
- **Strengthen sex education programs:** Comprehensive sexual and reproductive health education should be integrated into school curricula to provide teenagers

with accurate information on contraception, reproductive health, and pregnancy prevention.

- Economic empowerment initiatives: Government programs should focus on vocational training and entrepreneurship support for teenage mothers, enabling them to acquire skills and gain financial independence.

### **5.5.2 Educational Institutions**

Schools and educational institutions must play a role in supporting teenage mothers and preventing future cases of adolescent pregnancy. The following measures are recommended:

- School re-entry policies: Schools should implement supportive policies that allow pregnant teenagers and adolescent mothers to return to school without discrimination.
- Provision of scholarships and financial aid: Many teenage mothers drop out due to financial constraints. Educational institutions, in collaboration with the government and NGOs, should provide scholarships or financial assistance to enable them to complete their education.
- Counseling and mentorship programs: Schools should establish guidance and counseling units to provide emotional and psychological support to pregnant teenagers and young mothers.

### **5.5.3 Healthcare Sector**

The healthcare sector must ensure that pregnant teenagers receive adequate medical care without fear of stigma or discrimination. The following actions should be taken:

- Training healthcare workers on adolescent-friendly services: Healthcare providers should be trained to offer respectful, supportive, and confidential services to teenage mothers.
- Increase accessibility to maternal healthcare services: More teenage-friendly clinics should be established in rural areas to ensure easier access to antenatal care, counseling, and postnatal services.
- Expand mental health support for teenage mothers: Healthcare facilities should provide mental health services and counseling to help teenage mothers cope with stress, anxiety, and depression.

#### **5.5.4 Parents and Community Leaders**

Parents and community leaders play a pivotal role in either supporting or stigmatizing teenage mothers. The following recommendations can help improve family and community support:

- Parental support and acceptance: Parents should be encouraged to provide emotional and financial support to their pregnant daughters rather than rejecting or punishing them. Awareness campaigns can educate families on the importance of supporting adolescent mothers.
- Community awareness programs: Community leaders should promote education on teenage pregnancy to reduce stigma and create a more accepting environment for teenage mothers.
- Encourage responsible fatherhood: Community leaders should advocate for increased male involvement, ensuring that young fathers take responsibility for their children instead of abandoning them.

### **5.5.5 Non-Governmental Organizations (NGOs) and Religious Institutions**

NGOs and religious institutions can provide additional social, financial, and emotional support to teenage mothers. The following recommendations should be considered:

- Establish mentorship and peer support programs: NGOs should create mentorship initiatives where former teenage mothers can guide and support pregnant teenagers, sharing their experiences and coping strategies.
- Provide skills training and livelihood support: Organizations should offer vocational training programs in skills such as hairdressing, tailoring, and entrepreneurship to help teenage mothers become self-reliant.
- Offer psychological and social counseling: Religious institutions and NGOs should establish free or affordable counseling services to support teenage mothers in coping with emotional distress and stigma.
- Collaboration with schools and government agencies: NGOs should partner with educational institutions to support teenage mothers' re-entry into school and provide financial aid where necessary.

### **5.6 Suggestions for Future Research**

While this study has provided valuable insights into the lived experiences of pregnant teenagers in the Dormaa West District, several gaps remain unexplored, presenting opportunities for future research. Further studies could expand the scope of knowledge on teenage pregnancy by addressing the following areas:

#### **Long-Term Impact of Teenage Pregnancy on Young Mothers' Lives**

This study focused on the immediate experiences of pregnant teenagers, but future research could explore the long-term consequences of teenage pregnancy. Areas of interest include:

- How teenage pregnancy affects economic stability and career prospects in adulthood.
- The psychological and emotional well-being of adolescent mothers years after childbirth.
- The social mobility of teenage mothers—whether they overcome stigma and reintegrate successfully into society.

### **The Role of Fathers in Teenage Pregnancies and Their Level of Involvement**

This study found that many teenage fathers abandoned their partners or denied responsibility for the pregnancy. However, future research could:

- Investigate the motivations behind teenage fathers' responses to pregnancy.
- Assess factors influencing male involvement in parenting and co-parenting responsibilities.
- Explore strategies to promote responsible fatherhood among adolescent boys.

### **Community-Based Interventions to Reduce Teenage Pregnancies**

This study highlighted community stigma as a major challenge for pregnant teenagers, but future research could examine effective community-led solutions for preventing teenage pregnancies. Possible areas of study include:

- Evaluating the effectiveness of peer education programs, mentorship initiatives, and reproductive health campaigns.
- Investigating community attitudes toward sex education and how these influence adolescent pregnancy rates.
- Assessing the impact of traditional and religious leaders in shaping reproductive health behaviors among adolescents.

### **Conclusion of Suggestions for Future Research**

Future research should focus on long-term outcomes, male involvement, and community-based solutions to provide a more holistic understanding of teenage pregnancy. Expanding these areas will help policymakers, educators, and healthcare professionals develop more effective interventions to support teenage mothers and prevent early pregnancies.

### **5.7 Limitations of the Study**

While this study provides valuable insights into the lived experiences of pregnant teenagers in the Dormaa West District, several limitations must be acknowledged. These limitations may have influenced the findings and should be considered when interpreting the results.



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
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