UNIVERSITY OF EDUCATION, WINNEBA

ADOLESCENT PREGNANCY IN BREMAN JAMRA: EXPLORING HEALTH AND HUMAN RIGHTS IMPLICATIONS

BENJAMIN AGGREY

MASTER OF PHILOSOPHY

2023

UNIVERSITY OF EDUCATION, WINNEBA

ADOLESCENT PREGNANCY IN BREMAN JAMRA: EXPLORING HEALTH AND HUMAN RIGHTS IMPLICATIONS

BENJAMIN AGGREY
(202121397)

A thesis in the Centre for Conflict, Human Rights and Peace Studies, Faculty of Social Science Education, submitted to the School of Graduate Studies in partial fulfilment of the requirements for the award of the degree of Master of Philosophy (Human Rights, Conflict and Peace Studies) in the University of Education, Winneba

JANUARY, 2023

DECLARATION

Student's Declaration

I, Benjamin Aggrey, declare that this thesis, except for quotations and references contained in published works which have all been identified and duly acknowledged, is entirely my original work, and it has not been submitted, either in part or whole, for another degree elsewhere.

Signature: .....

Date: .....

Supervisor's Declaration

I hereby declare that the preparation and presentation of this work were supervised under the guidelines for supervision of thesis/dissertation/project as laid down by the University of Education, Winneba.

Dr Maxwell Acheampong (Supervisor)

Signature: .....

Date: .....

DEDICATION

This work is dedicated to my wife Mrs Florence Nimoh-Aggrey

ACKNOWLEDGEMENTS

My supervisor, Dr Maxwell Acheampong, deserves a lot of credit for making the effort to read my work and offer insightful guidance as I was conducting the study and writing the paper. I couldn't have finished this thesis without your profound knowledge and contributions.

My wife, Mrs Florence Nimoh-Aggrey, and my children, Papa, Dorothy, Nana Adjoa, and Ama deserve the deepest thanks for their unwavering support throughout the difficult phases of my studies. All of my close pals, but especially Isaac King Ofori, I pray for God's blessings because you are truly unique.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF ABBREVIATIONS

CDC	-	Centers for Disease Control and Prevention
CED AW	-	Convention on the Elimination of All Forms of Discrimination Against Women
CIA	-	Central Intelligence Agency
CRC	-	Convention on the Rights of the Child
EC	-	Emergency Contraceptives
GDHS	-	Ghana Demographic Health Survey
GHS	-	Ghana Health Service
HIV	-	Human Immune Virus
NGOs	-	Non-Governmental Organizations
PET	-	Participatory Educational Talks
SSA	-	Sub-Saharan Africa
UDHR	-	Universal Declaration of Human Rights
UDHS	-	Uganda Demographic and Health Survey
UN's	-	United Nations
UNESCO	-	United Nations Educational, Scientific and Cultural Organisation
UNFPA	-	United Nations Population Fund
UNICEF	-	United Nations International Children's Emergency Fund
WHO	-	World Health Organization

ABSTRACT

Adolescent health and development are global issues, particularly in many underdeveloped nations such as Ghana. The study's goal was to investigate the factors of teenage pregnancy among teenage girls in Breman Jamra to inform policy decisions about the health and human rights difficulties that come with it. The study employed a case study design with qualitative approach. Using a purposive sampling strategy, fourteen (14) young ladies aged 15 to 19 years were chosen for the study. The data were collected utilizing a semi-structured interviewing guide and then thematically analyzed. The study discovered that crucial individual traits such as lack of contraception use and excessive pornographic viewing influence adolescent girls' sexual behaviour Breman Jamra. Again, peer pressure and poverty expose adolescent females to individual variables that make them vulnerable to sexual activity. Obstructed labour, preterm labour, and low birth weight were discovered to be the three most common health issues associated with teen pregnancies in the area. Another significant study conclusion is that adolescent pregnancy acts as a key impediment to girls continuing their formal education, primarily through school dropouts. The study concluded that because they were pregnant or had kids, those adolescent girls were denied their fundamental rights, such as the right to an education, equitable treatment, freedom from physical abuse, and access to social support and health information. As a result, the study proposes that government social welfare programs target teenagers who are vulnerable in society owing to a combination of contributing factors contributing to the risk of pregnancy.

CHAPTER ONE

INTRODUCTION

1.0 Background

Adolescent pregnancies are a global problem but occur most often in poorer and marginalized communities. According to WHO about 17 million adolescent girls give birth every year and most of these births occur in low- and middle-income countries (WHO, 2014). Adolescence is the period between 10 and 19 years with peculiar physical, social, psychological and reproductive health characteristics. Rates of adolescent pregnancy are increasing in developing countries, with higher occurrences of adverse maternal and perinatal outcomes (Kassa et al, 2018). About 11% of all births worldwide are from mothers aged 15 to 19 years with about 95% occurring in low and middle-income countries (World Health Organization, 2014).

The African continent has the highest adolescent pregnancy rates in the world, according to the United Nations. Every year, thousands of girls become pregnant at a time when they should be learning history, algebra, and life skills. Adolescent girls who have early and unintended pregnancies face many social and financial barriers to continuing with formal education. All girls have a right to education regardless of their pregnancy, marital or motherhood status. The right of pregnant—and sometimes married—girls to continue their education has evoked emotionally charged discussions across African Union member states in recent years (Human Rights Watch, 2013). Sub-Saharan Africa (SSA) recorded the highest prevalence of adolescent pregnancy in the world in 2013 and countries have prevalence levels of less than 30% (Loaiza and Liang, 2013). The need to prevent early pregnancy among adolescent girls in Sub-Saharan Africa has been recognized increasingly over recent years (Philips & Mbizvo, 2016).

Adolescent health and development are of global concern. It is a period when a child transits into adulthood and is characterized by the various transformations in the make-up of the individual in the areas of psychological, social and biological changes among others. It is a period when the individual is most exposed to the risks in the environment due to the innate desire to experiment, the natural tendency to go against parental advice and the pseudo-feeling of maturity. Prominent among these risks is adolescent pregnancy (GHS, 2008; Garfield, 2007). Teenage pregnancy increases when girls are denied the right to make decisions about their sexual and reproductive health and well-being. Girls must be able to make their own decisions about their bodies and futures and have access to appropriate healthcare services and education. Adolescent pregnancy remains a major contributor to maternal and child mortality. Complications relating to pregnancy and childbirth are the leading cause of death for girls aged 15-19 globally (Plan International, 2020).

Adolescents develop psychological problems from social stigma and suffer physical and domestic violence in their attempt to meet the demands of pregnancy and childbearing (Hodgkinson et al., 2014; Atuyambe et al., 2005). Also, they most likely would drop out and may not get the chance to return to school (Aransiola, 2013). The inadequate resources of low and middle-income countries would have to be channelled to cater for the health needs of pregnant and teen mothers including their children (Ganchimeg et.al, 2014). Economic opportunities are limited to adolescents who could not complete school because of unintended pregnancies. This could be the beginning of a poverty cycle in families; however, some can face the challenge and become productive later in life.

Literature has associated the level of formal education of the adolescent, economic status, peer influence, child/parent relationship, religious affiliation, knowledge and usage of contraceptives to be among the major contributory factors contributing to adolescent pregnancies in many countries including Ghana.

1.1 Problem Statement

Adolescent pregnancy remains a global health and human rights issue, with significant implications for the affected individuals and their communities. According to the World Health Organization (WHO), approximately 36.4 million girls globally become mothers before the age of 18, with about 11% of all births worldwide attributed to mothers aged 15 to 19 years (Loaiza & Liang, 2013; WHO, 2014). Notably, 95% of these births occur in low and middle-income countries, emphasizing the challenge's prevalence in these regions (WHO, 2014).

In Ghana, the situation mirrors this global trend. Michael's (2011) study indicates a significant number of teenage pregnancies occurring between the ages of 16 to 19 years. The Ghana Health Service (GHS) reports rising incidences of teenage pregnancy, with the Central Region, and particularly Bremen Jamra, emerging as areas of concern (Edwards, Reddington, & Waters, 2013). Factors contributing to these high rates include economic challenges and transactional sex, as highlighted in studies by Gyesaw & Ankomah (2013).

The impact of adolescent pregnancy extends beyond physical health risks. Gyan (2013) notes that early pregnancy can deny girls the right to education and limit their future job opportunities. The issue also encroaches upon the girls' right to self-dignity and exposes them to various health complications, including higher morbidity and mortality rates for both mother and child (Henry & Fayorsey, 2002).

While existing research predominantly focuses on the educational aspects and situational reports of adolescent pregnancy, there is a noticeable gap in comprehensively addressing its health and human rights implications, particularly in specific areas like Bremen Jamra. This gap is significant as it overlooks the multifaceted impact of teenage pregnancy on young girls' lives and the broader societal implications.

This study aimed to fill this gap by examining the causes of teenage pregnancies in Bremen Jamra and their effects on the health and human rights of adolescent girls in the area. It seeks to provide a detailed understanding of the challenges faced by these young women, encompassing not only their physical and mental health but also their access to education, their societal and familial roles, and their overall quality of life. This research is crucial in guiding effective policy and intervention strategies to support and empower adolescent mothers, safeguard their rights, and improve their health outcomes.

1.2 Purpose of the Study

The primary purpose of this study is to analyze the challenges leading to adolescent pregnancy in Bremen Jamra and to assess the resulting health and human rights implications for the affected young women. This research sought to identify the root causes of teenage pregnancy, encompassing socio-economic, cultural, educational, and health-related factors. A key focus was on examining the physical and psychological health outcomes for adolescent mothers, alongside the impact on their educational and future economic opportunities. The study also delved into the human rights dimension, particularly how these pregnancies affect young women's access to education and healthcare, and their overall quality of life.

1.3 Objectives of the Study

Generally, the study aimd to explore the implicatons for health and human rigts of adolescent pregnancy in Breman Jamra.

Specifically, the study seeks to:

1. Explore the individual challenges contributing to adolescent pregnancy in Breman Jamra.
2. Identify the socio-economic cultural factors that influence adolescent pregnancy in Breman Jamra.
3. Explore the consequences of adolescent pregnancy on the health, as well as the human rights, of teenage girls in Breman Jamra.

1.4 Research Questions

1. What are the key individual challenges and factors that contribute to adolescent pregnancy in Breman Jamra?
2. How do sociocultural, environmental, and economic factors influence the rate of adolescent pregnancy in Breman Jamra?
3. What are the health consequences and human rights implications for teenage girls who experience adolescent pregnancy in Breman Jamra?

1.5 Scope of the Study

The primary goal of the study was to look into the potential effects of adolescent pregnancy on the health and human rights of any affected females. It was used to conduct a study on adolescent girls aged 15 to 19. The study's main focal point was Breman Jamra in Ghana's Central Region's Asikuma-Odoben-Brakwa District.

1.6 The Significane of Study

Teenage pregnancy often leads to physical and psychological complications. Adolescents, due to their young age and physical development, face higher risks during pregnancy and childbirth. Hodgkinson et al. (2014) highlight that adolescent mothers are more prone to experiencing physical complications compared to adult mothers. The psychological impact is equally concerning, as Atuyambe et al. (2005) note that teenage mothers often face social stigma, leading to mental health issues like depression and anxiety. These challenges are exacerbated in settings like Breman Jamra, where healthcare resources might be limited, and cultural norms might stigmatize adolescent pregnancy.

Education is often significantly disrupted for pregnant teenagers. Aransiola (2013) observed that many adolescent mothers are forced to abandon their education, which has long-term consequences on their economic opportunities. This educational disruption not only affects the individual but also has broader implications for their families and communities. The inability to complete schooling can result in limited employment opportunities, contributing to a cycle of poverty.

The healthcare system in low- and middle-income countries, like Ghana, often struggles with resource allocation. Ganchimeg et al. (2014) point out the necessity of diverting these limited resources to meet the health needs of teenage mothers and their children. This situation underscores the importance of understanding the specific needs and challenges faced by this demographic in Breman Jamra, to ensure that resources are utilized effectively and efficiently.

Despite the challenges, some adolescent mothers overcome these hurdles and lead successful lives. This aspect of resilience and success amidst adversity is critical to

explore. Understanding the factors that enable some teenage mothers to break the cycle of poverty and achieve personal and professional success can inform interventions and support systems for others in similar situations.

By focusing on Breman Jamra, the study aims to uncover unique local factors contributing to adolescent pregnancy. It seeks to identify gaps in existing support systems and potential areas for policy intervention. The findings will be crucial in guiding local authorities and non-governmental organizations in formulating effective strategies to protect the rights of adolescent mothers and to address pregnancy-related issues.

An integral part of this study is to raise awareness about the realities of teen pregnancy and the associated challenges. By bringing these issues to light, the study aims to contribute to a reduction in the stigma faced by adolescent mothers and to promote more supportive community attitudes.

Finally, this study contributes to the broader body of research on adolescent pregnancy in Ghana. It not only adds to existing knowledge but also identifies potential gaps in research, paving the way for future studies. This is crucial for a comprehensive understanding of the issue at the national level, leading to more targeted and effective policy interventions.

1.7 Organization of Study

This study is organized into five chapters. Chapter one is the introduction and it covers the background information on adolescent pregnancy, the problem statement, the rationale of the study, research questions, and general and specific objectives. Chapter two reviews related literature based on the objectives and study variables.

Chapter three describes the methodological approach to the study's philosophical underpinning, approach, design, population, sample technique and size and data collection and analysis. Chapter four covers the findings of the study and discussion respectively. Finally, chapter five catalogues the summary, conclusions and specific recommendations to stakeholders based on the major findings made in the study. Limitations and assumptions employed in the study are also captured in this chapter.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In the line with research questions, the review of the literature provides an overview of current knowledge, allowing the identification of relevant theories, methods, and gaps in the existing research. Hammond and Wellington (2013) indicated that reviewing literature requires researchers to establish an overview of what has already been studied in the field or area under investigation. A comprehensive review of the literature is provided in this chapter. The review of literature covered empirical review, conceptual and theoretical frameworks and hypotheses.

2.1 Theoretical Framework

The theoretical lens through which teenage pregnancy risk has been often viewed is rooted in an opportunity cost framework. This model suggests that individuals, when faced with potential actions, consider the relative costs and benefits of those actions in guiding their decisions. This decision-making process is central to the theory of reasoned action developed by Fishbein and Ajzen. According to their theory, individuals' behaviors are influenced by their attitudes towards the behavior and the perceived severity of its outcomes (Fishbein & Ajzen, 1975). When applied to adolescent behavior concerning pregnancy, the theory implies that teenagers assess the potential consequences of pregnancy in their decision to engage in sexual activity.

The literature on the subject has often highlighted the significant costs associated with teenage pregnancy, particularly regarding educational and later economic outcomes (Hoffman, K. L., & Padberg, 993; Klepinger et al., 1995; Klepinger et al., 1999). Klepinger and colleagues (1999) observed that teenage childbearing correlates with

wage losses later in life, a result of diminished educational achievements and reduced work experience in young adulthood.

Contrastingly, Geronimus (1991) argued that for disadvantaged females, the costs of teenage pregnancy might not be as detrimental as often portrayed. Teenage mothers often come from backgrounds of economic disadvantage, belonging to minority groups, and residing in underprivileged urban or rural areas. These factors make a direct comparison between teenage mothers and their non-parenting peers inappropriate, as it can inflate the perceived costs of teenage childbearing (Geronimus, 1991). Geronimus proposes that a more accurate assessment can be achieved by comparing teenage mothers with their sisters from the same family background (Geronimus & Korenman, 1992; Geronimus & Korenman, 1993). Such comparisons have suggested that the consequences of teenage pregnancy for disadvantaged teens might be less severe than commonly assumed.

Moreover, emerging research indicates that the delay of childbirth beyond the teenage years could, in fact, elevate health risks for both mothers and their children from disadvantaged backgrounds (Geronimus & Korenman, 1992; Geronimus & Korenman, 1993). This suggests a reevaluation of the prevailing view that teenage pregnancy is uniformly costly and detrimental, especially within contexts of socioeconomic disadvantage.

2.2 Adolescent Pregnancy and Prevalence

The term adolescence describes the emotional and biological developmental stage of girls. Kassa et al., (2018) define adolescence as the period between 10 and 19 years with peculiar physical, social, psychological and reproductive health characteristics. It is characterized by various psychological, social and biological transformations which

expose adolescents to the innate desire to experiment, and natural tendencies including a pseudo-feeling of maturity thereby risking an unplanned pregnancy (Bester, 2007).

The term adolescent pregnancy is used to include all girls who can become pregnant and give birth. The term "adolescent" is often used synonymously with "teenager". In this sense "adolescent pregnancy or teenage pregnancy" means pregnancy in a woman aged 10–19 years (WHO, 2004). Cherry & Dillon, (2018) consider teenage as occurring between thirteen and nineteen years of age and conceded, however, those girls as young as ten who are sexually active can occasionally become pregnant and give birth. Globally, around 1 in 6 people are adolescents aged 10 to 19 years old (WHO, 2017) but research involving teenage pregnancy typically looks at women aged 15 to 19. According to the Centers for Disease Control and Prevention (CDC), in 2017, around 194,000 babies were born to American girls between the ages of 15 to 19 (Carey & Seladi-Schulman, 2018). The Ghana Demographic Health Survey (GDHS, 2014) reports measured teenage pregnancy as a "Percentage of women aged 15-19 who have given birth or are pregnant with their first child". Adolescent pregnancy is a great challenge for major stakeholders due to the increasing number of cases in many developing countries (Ahinkorah et al. 2019a, 2019b; Ayibani 2013). Available statistics show that in Ghana, adolescent pregnancy is endemic and on the rise among female youths of school-going age (Ahinkorah et al. 2019a, 2019b). Recent national data from Ghana Health Service (GHS) showed that in the year 2020 alone, a total of 110,000 adolescent pregnancies were recorded; 13 adolescent pregnancies were reported every 60 min, and 301 adolescents were impregnated every single day (Ghana Health Service (GHS), 2021).

Adolescents' unwanted pregnancies are estimated at 16 million girls 15–19 years old give birth each year, contributing to nearly 11% of all births worldwide and close to 95% of them happened in low and middle-income countries where several females become mothers before they turn 18 years (WHO, 2014, Nove et al., 2014). One-tenth of all adolescent births occurring in developing countries have a higher rate in sub-Saharan Africa (WHO, 2017). The highest teenage pregnancy rates, which are often associated with early marriage, in the sub-region is one in every four girls who have given birth by the age of 18 years (Nugent, 2006). The regional average rate of births per 1000 females 15–19 years of age is 143 with the highest in Guinea at 229 in contrast with the world's average rate of 65 (WHO, 2004, Mayor, 2004).

CIA (2016), World Fact Book, cited that teenage pregnancy is very common in Ethiopia, and it is an important demographic factor making the country the second most populous in Africa. The Ethiopian Demographic Health Survey (2016) found the rate of adolescent pregnancy to be 13%. Ghana's situation is not different from that of the sub-region. Naziru (2017) observed that one in ten young females, between 15 and 19 years of age had begun childbearing in the cities whereas about twice this figure occurs in rural settings. Williamson (2013) observed that most teenage pregnancies and childbirths take place in the west and central Africa, east and southern Africa, South Asia, Latin America, and the Caribbeans.

2.3 Factors that Influence Adolescent Pregnancy

Adolescence represents a critical transition period marked by significant physical, emotional, psychological, cognitive, and social changes (Eccles et al., 2003). Eccles et al. highlighted the importance of this stage in acquiring and consolidating skills, attitudes, and principles essential for a successful transition to adulthood. The

decisions made during this period significantly influence health and well-being in later life. The global concern for adolescent health and development is underscored by the increasing focus on preventing early pregnancy among adolescent girls in Sub-Saharan Africa (Phillips & Mbizvo, 2016).

Empirical studies have identified a myriad of factors contributing to adolescent childbearing worldwide, with social, cultural, and economic aspects playing pivotal roles in shaping adolescents' sexual and reproductive experiences. Philips & Mbizvo (2016) pinpointed sociocultural, economic, individual, and health service factors as the primary determinants of adolescent pregnancy. Sedgh et al. (2015) found that these factors similarly influenced high rates of adolescent pregnancy in sub-Saharan Africa, as observed in the developed world.

Research has also linked unintended adolescent pregnancies to a range of factors including early marriages, cultural and religious influences, gender roles, socioeconomic support deficiencies, curiosity, peer pressure, lack of comprehensive sexuality education, inadequate reproductive health services, and negative attitudes of health workers towards providing contraceptive services to adolescents (Warenius et al., 2016; Ahorlu et al., 2015; Kumi-Kyereme et al., 2014; Yidana et al., 2015; Atuyambe et al., 2015; Adekunle et al., 2000). Other contributing factors include unmet contraceptive needs and fear of contraceptive side effects (Yidana et al., 2015; Abdul-Rahman et al., 2011). Barriers to contraceptive use among adolescents have been attributed to inadequate sexual knowledge, skewed risk perceptions, lack of skills and power to negotiate safer sex options, ambivalence towards sex, and negative social norms surrounding premarital sexual activity and pregnancy (Krugu et al., 2016).

2.3.1 Individual Challenges and Factors that Contribute to Adolescent Pregnancy in Breman Jamra

According to Lottes & Kontula (2000), individual-level determinants of sexual health are sometimes also referred to as 'micro-level' determinants of sexual health. In the context of teenagers, these include excessive use of alcohol and substance abuse (Atuyambe et al., 2015), educational status (Gyan, 2013), marital status, low self-esteem and inability to resist sexual temptation (McCleary-Sills et al., 2013), curiosity and cell phone usage by teenagers (Alhassan, 2015).

(a) Use of Alcohol and Substance Abuse

Hilary et al., (2014) opine that risk factors associated with unplanned pregnancy included substance intoxication during sexual activity and lack of contraceptive use. Black et al., 2012 observed that an Australian opioid treatment program revealed that nearly half (47%) had a teenage pregnancy and 84% of these were unplanned from a prospective self-report survey of outpatient women. Adolescents who are sexually active and use substances have high rates of unintended pregnancy and repeat unplanned pregnancies for multiple reasons (Hilary et al., 2014). Cavazos-Rehg (2011) revealed that teens that use tobacco, alcohol, marijuana or other drugs are more likely to be sexually active, engage in risky sexual behaviour and experience the consequences of risky sex, including unintended pregnancy, compared with peers who do not use substances (Hilary et al., 2014). Atuyambe et al., (2015) observed that substance abuse in the wider society is on the increase and that agents of addictive dangerous substances such as tobacco, and marijuana, target adolescents to boost their sales. This they said is not unique to Uganda but to most parts of the world. Ideally, if girls begin to fall under the ecstasy of alcohol, they become prey to men or boys and would not know when they were even slept with and who did what. There are

instances where some men trap their victims with strong liquor to get them intoxicated for easy access to them. These girls end up becoming pregnant without a slight knowledge of who is responsible.

(b) Education Status

Evidence has shown that educational level is associated with teenage pregnancy (Williams & Abdullah, 2013). (Kefale et al., (2020) identified that the odds of experiencing teenage pregnancy with primary and below-educated teenagers were higher than with secondary and above-educated teenagers. Their findings revealed that educated adolescents have better knowledge and skills to prevent pregnancy as compared to primary-level and uneducated adolescents who may be limited in access to sexual and reproductive health information and services in doing so. Educated adolescents are more likely to get married at a later stage and have developed resilience against early marriage and sexual abuse. Gyan (2013) raised a concern about school dropout and how it pushes teenagers into early sexual activities. Mezmur et al., (2021) in their findings identified a lack of education and school dropout as consistent with adolescent pregnancy. They found out that teenage pregnancy is significantly related to teenagers with no formal education.

(c) Marital Status

Early marriage is a major contributor to adolescent pregnancy at the individual level on the background of societal or traditional norms. Odu & Ayodele (2007) observed that most traditions and cultures in Sub-Saharan Africa encourage teenage marriages and parenting. Though there are laws to prevent child marriages across several Sub-Saharan African countries, the practice persists (Yaya et al., 2019). Many studies had showed that child marriage had an association with teenage pregnancy in Africa

(Ayele et al., 2018; Envuladu et al., 2014; Gideon, 2013). In early marriage, the adolescent girl is exposed to frequent and unprotected sexual escapades, which often result in early pregnancy compounding the first risky birth. McCleary-Sills et al., (2013) concluded that girls whose basic needs were not met at home might accept marriage at an early age to relieve the economic burden their care and support place on their birth family. Also, Female Problem (2010) reported that in developing countries, teenage pregnancy is a result of traditional roles and early marriage because teenage pregnancy is seen as a blessing from God. Locoh (2000) posited that in some societies, early and traditional gender roles are important factors in the rate of teenage pregnancy particularly in some Sub- Sahara African countries, early pregnancy is often seen as a blessing because it is proof of the young woman's fertility.

Ghana is among the countries with child marriage prevalence. Gyesaw & Ankomah (2013) revealed that 12% of adolescent girls between the ages of 15 and 19 years had already become mothers or were pregnant and above to give birth through child marriage. The Ghana Statistical Service report of 2012 on the 2010 Population and Housing Census indicated that adolescents 5.2% of girls between the ages of 12 and 14 are married whereas 9% between the ages of 15 and 19 are in marital relationships.

(d) Low self-esteem and inability to resist sexual temptation and others

Low self-esteem is viewed as a risk factor for teens to become involved in risky sexual behaviour which may lead to pregnancy. Sexual risk-taking is a daily norm of most adolescent girls who are confronted every day to engage in sexual activities by their fellow boys or older men. The fear of being brandished 'colo' or 'sex phobia' puts pressure on many girls to give in to sexual advances or temptation. Constant pressure from men and from their male peers to have sex puts adolescent girls into a

very difficult situation of resisting sexual temptation (McClearly-Sills et al., 2013). It is a common expectation that men and boys have to convince a woman to have sex, and this is generally done through material or financial incentives (Koning de et al., 2013). Many girls find it very difficult to resist some of these material attractions from men and eventually leading to sexual activities and hence the tendency of getting pregnant in the process. According to Koning de et al (2013), the most commonly accessed sources by young people to gain information about love and sex are informative films, pornographic materials, TV soaps and observations of siblings and parents. This information produces the kind of knowledge that makes them curious about exploring sex and love. Many girls had been lured into sexual activities by watching pornography on their cell phones which stimulates them to experience what they have watched. The watching of pornography videos exacerbates the lack of sexual control which make their male partners take advantage of their sexual vulnerability. Wood & Jewkes (2006) reported that adolescents intentionally became pregnant as proof of love and commitment to their sexual partners.

2.3.2 Sociocultural, Environmental and Economic Factors Influencing Adolescent Pregnancy

Yakubu & Salisu (2018) identified some major key determinants of adolescent pregnancy concerning the sociocultural background, environment and economic status. Some of the social-cultural, environmental and economic factors identified include peer influence, unwanted sexual advances from adult males, coercive sexual relations, unequal gender power relations, poverty, religion, early marriage, lack of parental counselling and guidance, parental neglect, absence of affordable or free education, lack of comprehensive sexuality education, non-use of contraceptives, male's responsibility to buy condoms, early sexual debut and inappropriate forms of

recreation. This study highlights peer influence, poverty, early marriage and non-use of contraceptives and lack of parental counselling and guidance and neglect in this review.

(a) Peer Influence

Research has proven that peer pressure is usually linked to incidents of adolescent sexually adventuresome behaviour and consequently, teenage pregnancy since these events normally happen in the circles of agemates (Leclerc-Madlala 2013; Steinberg & Monahan 2007).

Schultz and Schultz (2013) cited in Eyiah-Bediako et al., (2021) indicated that adolescents are vulnerable to peer pressure, such that they may learn some behavioural patterns from friends, which affect their attitudes, beliefs, and values.

Isuku (2015) observed that the role of peers as agents of socialisation could have dicey consequences on the lifestyle of teenagers, especially in the area of sexual activity. He stressed that pressure from peers could influence the typical teenager's perception of sexuality to the extent that teenagers tend to conform to the norms about sexual behaviour which are deemed acceptable to the peer group to which she belongs. A study of minority adolescents found that the number of sexually active girlfriends was positively associated with permissive sexual attitudes, intentions for future sexual activity, and non-marital childbearing (East & Kiernan, 2001).

Ochen et al., (2019) found that over 56% of adolescent pregnancy prevalence were observed among adolescent who had experienced peer pressure. They concluded that a higher prevalence of teenage pregnancy was reported among girls who had intense

peer pressure, had experienced sexual abuse and had no control over sex with partners than peers with no similar experiences.

It is believed that contemporary time peer pressure with an increasing rate of usage of social media and other digital technology further worsens adolescents' engagement in some risky behaviours, including the sharing of sexually seductive materials (Eyiah-Bediako et al., 2021). According to Klein (2005) central to many important policy issues in our societies is the potential for peers to affect individual behaviour.

(b) Poverty

For most parents because of economic hardship, the children are given the free will to fend for themselves. This attitude of parents induces their female teenagers to engage in pre-marital sex. Yakubu et al., (2018) considered that the low socioeconomic status of parents makes adolescents vulnerable to unintended pregnancies since the means to afford basic needs, and sometimes contraceptives are a challenge. Consequently, some adults take advantage of this situation to provide basic needs to unsuspecting adolescents and engage in sexual relationships with them.

Gyan (2013) revealed that poverty was a major contributory factor to teenage pregnancy. He found that over 90% of girls confirmed having been pushed into early sexual activities due to poverty. He concluded that material deprivation made most of them engage in an early sexual relationship for money and food which made them victims of teenage pregnancy.

A study by Nyovani et al. (2007) as cited by Boamah (2013) also indicated that female adolescents from poor families have 2.7 times the odds of being engaged in premarital sex which mostly leads to adolescent pregnancy from affluent families.

Findings in the Ghana Demographic Health Survey (GDHS) (2008), Ghana Statistical Services (2010) and a study by Clarke (2005) collaborate on the correlation between poverty and teenage pregnancy among adolescent girls. The Uganda Demographic and Health Survey (UDHS, 2011) also observed that economic deprivation is likely to influence teenage behaviours and heighten their exposure to early pregnancy. Lambani (2015) also reported that adolescents intentionally get pregnant to receive government support intended for teenage mothers to improve their economic condition not considering the consequence of their actions.

(c) Non-use of contraceptive

Okechukwu et al., (2018) observed that in many developing countries, a lack of resources makes contraception and reproductive advice inaccessible and this situation may be exacerbated by religious beliefs that disapprove of artificial birth control methods. As a result, many adolescents get unwanted pregnancies. Ayuba & Gani (2012), furthermore, agreed that there may be few facilities offering such support, particularly in remote rural areas where the poorest often lack the resources to convey these facilities and any fee charged for the services on offer would push them even further out of reach.

Ochen et al. (2019) found that irregular use of contraceptive methods is another form of risky behaviour that result in teenage pregnancy. Despite their study did not address the reasons for irregular contraceptive use, they attributed some of the contributory factors to inadequate access, stigma and limited information on the availability of contraceptive methods.

Krugu et al., (2016) observed that barriers to contraceptive use among adolescents include inadequate sexual knowledge and risk perceptions. They continued with a

lack of skills and power to negotiate safer sex options, ambivalence towards sex, and negative social norms around premarital sexual activity and pregnancy as additional barriers to the use of contraceptives. Kumi-Kyereme et al., (2007) observed that whilst the use of effective contraception can prevent unwanted pregnancies, few sexually active adolescents between the ages of 15 – 19 years use family planning and condoms. They indicated that 80% of girls did not use any contraceptive method during their last sexual encounters. Dubey & Dixit (2014) concluded that a girl is more likely to become pregnant due to factors such as poverty, social exclusion, marginalization, low educational level, and gender inequality. Inadequate knowledge, misconceptions and non-use of contraceptives influence adolescent pregnancy and uninformed adolescents perceive contraceptives as a reserve for married couples (Silberschmidt & Rasch, 2001).

(d) Poor/lack of parental guidance and counselling

Poor parental guidance is another major factor contributing to early pregnancy. Miller (2006) posited that girls have sex at early ages between 10-13 years. This has been attributed to the lack of parental guidance in that most people evade their children from talking about sex. Colin (2003) observed that in some cases, parents provide false information regarding sex and discourage their children to participate in any informative discussion about sex.

Also, during the day, most parents are at work, leaving young children unattended and this attitude of parents give the children enough time to explore some things that might hurt them. Alhassan (2015) observed that parents find it difficult to discuss with their children issues of reproductive health as they fear that they might direct them to engage in sexual activities. Also, parents feel that they are ill-equipped to discuss the

topic and therefore choose to avoid talking about sex deliberately. Many adolescent girls lived in a social environment where they had the free will to choose sexual partners at an early age without much criticism from their parents. Akanbi et al., (2021) cited that parents have a strong influence on the choice of their children. They believed the lack of proper supervision and poor parent-child communication can contribute to unsafe behaviours and early sexual activity. Lack of parental counselling and guidance and severe family dysfunction with parental neglect were found as risk factors for adolescent pregnancies (Gyan, 2013, Adzitey et al., 2011). Parental counselling and guidance improve communication between parents and adolescents and enables parents to address the challenges of adolescents. Silk & Romero (2014) cited that improved family communication and parent involvement in adolescents pregnancy prevention programs could delay adolescent sexual activity and pregnancy.

2.3.3 Health Service Challenges

Mushwana et al., (2015) cited the availability of services such as 24/7, referral, specific adolescent health, reproductive, emergency contraceptive and substance abuse services; and a variety of health services offered during a single consultation. They argued that the unavailability of these health services would impact the adolescent pregnancy rate. Baloyi (2007) collaborated with this argument by indicating that services provided by healthcare workers are neither available nor accessible at the times that suit adolescents, especially when emergency contraceptives are needed. Mushwana et al., (2015) had negative responses from their study participants concerning factors such as the lack of offering various health services in one consultation compromised the value of such information. Maharaj & Rogan (2008) supported this notion and found that there is fairly low awareness and little knowledge about emergency contraceptives (EC) among healthcare providers.

Thus, the information given by healthcare providers should be coupled with availability, accessibility and a warm attitude.

Akanbi et al., (2021) study shows a significant association between teenage pregnancy and visiting a health facility. Inadequate knowledge of sex education and lack of access to quality health services could make a teenage girl make uninformed sexual and reproductive health decisions and consequently increase her chances of adolescent pregnancy.

Adolescents readily need to access information from health workers, especially nurses. A strained relationship would imply that adolescents would be hesitant to seek advice which could affect the prevalence rate of adolescent pregnancy. Warenius et al., (2006) identified that the lack of friendly adolescent reproductive services and the negative attitude of health workers towards providing reproductive health services for adolescents were all associated with adolescent pregnancy.

Wood & Hendricks (2017) indicated that health practitioners don't relate health education to the socio-cultural context of adolescents but rather to biomedical facts and warn of negative consequences. They do not as well explore their fears regarding contraception; therefore, adolescents do not feel the impact of comprehensive sex education.

Besides, Atuyambe et al., (2015) mentioned other health-service-related factors such as the cost of contraceptives, and inadequately skilled staff to attend to adolescents who need reproductive health services. Interestingly, Hokororo et al., (2015) found that long waiting times and lack of privacy at clinics discourage adolescents from visiting the facilities for services.

Lack of comprehensive sexual education by health centres could have consequences on adolescents' behaviour towards sex. Teaching abstinence is the best method for avoiding unintended pregnancy. Also, teaching about condoms and contraception helps to reduce the risk of unintended pregnancy among adolescent girls and equally empowers them to resist sexual temptations and peer pressure.

2.3.4 The Use of Contraception and Social Norms

Teens in the United States receive conflicting messages about sexuality from their peers and institutions (Franjic, 2018). These norms are concerned with various sexual behaviours such as sex, contraception, abortion, and pregnancy. However, sexuality norms from the same people are frequently incompatible. "Don't have sex, but use contraception," people who communicate a practical rationale may remark. The moral justification is also contradictory, stating, "Don't get an abortion, but don't become a teen parent." Metanorms on how to treat teen parents are likewise inconsistent, pushing teens to avoid and assist them at the same time. Even though sexuality norm sets are internally contradictory, they are nevertheless social norms, and those who violate them face social consequences. According to interviewees, families, peers, schools, and communities, all work together to influence adolescent behaviour and put it in line with their respective norm sets. Their norm-enforcement techniques fluctuate depending on how much influence they have over teens, but young people are well aware of this authority and work hard to attain their own goals while avoiding sanctions. The ideal contraceptive would be 100% effective, without any adverse effects, entirely reversible, and unaffected by sexual activity (Franjic, 2018). It would also be inexpensive and easily accessible, with no medical or nursing participation required. There is currently no perfect contraception, and all currently available techniques involve some degree of compromise. For some couples,

preventing conception may not be the most important issue, and they may be satisfied to use a less effective contraception with fewer adverse effects. It should also be noted that some forms of contraception may be considered unacceptable due to cultural or religious views.

Strong moral feelings, religious beliefs, legal restraints, and gender relations have frequently hampered the supply of counsel and techniques of birth control throughout the long history of developing ways to regulate fertility (Finkel, 2007). Victorian morals, sexual prudence, moral objections to birth control, and political gamesmanship frequently made obtaining and using safe and effective contraception difficult or impossible. In addition to religious and moral convictions limiting contraception availability, economic hurdles prevented (and continue to prevent) many women from receiving safe and effective methods of birth control.

2.4 Implications of Teenage Pregnancy for the Adolescent

In many parts of the world, including Africa, adolescents are struggling with the physical and emotional transformations that usually accompany their change of status. The majority of adolescents lack proper access to information and services relating to their sexuality, especially concerning contraception (Durojaye, 2011). Over the years, the sexual and reproductive health needs of adolescents have continued to be ignored or treated with levity. This in turn has led to unmet needs of adolescents' sexual health needs. It is estimated that about fifteen million adolescents worldwide between the ages of fifteen to nineteen years give birth annually (de Bruyn & Packer, 2004). Adolescent pregnancy and child-bearing, whether wanted or not, pose health risks to mothers as well as children.

It is important to examine the access to health services and information for female adolescents and the threats to the realization of the rights to health, life, and non-discrimination of adolescents, which may arise due to lack of access to health services and information.

2.4.1 Health Implications

According to Adeyinka et al., (2010), the most important health problems among adolescents in developing countries are increased incidence of preterm labour and delivery, hypertensive disease, anaemia, more severe forms of malaria, obstructed labour, poor maternal nutrition, poor breastfeeding, low birth weight and increased neonatal mortality and morbidity. Josephine & Premraj (2016) asserted that adolescent girls' reproductive health is affected by unsafe abortion, sexually transmitted infections, sexual violence and limited access to medical services.

Langille (2007) asserted that teenage pregnancy is a major public health problem alongside obesity, diabetes, cardiovascular disease, and cancer rates. Studies among social-deprived subpopulations and from third-world countries with very poor medical conditions saw teenage pregnancy as an obstetric problem per se, which is associated with an increased risk of anaemia, preterm labour, urinary tract infections, hypertension, preeclampsia, a high rate of cesarean sections but also preterm birth, low birth weight, and intrauterine growth restriction (Mayor, 2004; Kirchengast, 2009). Habitu et al., (2018) observed that adolescent pregnancy in low-income countries context remains a significant contributor to maternal and child mortality and unsafe abortion. Unsafe abortions among 15–19 occurring globally each year had been known to lead to increased danger of chronic health problems among teen mothers (UNFPA, 2013).

Paranjothy et al., (2009) believed that pregnancy and childbirth during the teenage years are associated with an increased risk of poorer health and well-being for both the mother and the baby and possibly reflect the socioeconomic factors that precede early pregnancy and childbirth.

A large body of research has found an association between teenage motherhood and depression, anxiety disorder, eating disorders, and perinatal suicide (Zaltzman et al., 2015; Mei-Dan et al., 2015; Bottorff et al., 2014; Orri et al., 2019).

Research by Leftwich et al., (2017) and Azevedo et al., (2015) agreed that adolescent maternal mortality and morbidity are due to complications during pregnancy and childbirth, including higher rates of hypertensive disorders of pregnancy, anaemia, gestational diabetes, co-morbidities, and delivery complications, determining an increase in maternal and fetal mortality. WHO (2014) reported that Complications during pregnancy and childbirth are the second cause of death for 15-19-year-old girls globally.

Atuyambe et al., (2005) and Hodgkinson et al., (2014) cited that adolescents develop psychological problems from social stigma and suffer physical and domestic violence in their attempt to meet the demands of pregnancy and childbearing.

Adolescent pregnancy remains a major contributor to maternal and child mortality. Complications relating to pregnancy and childbirth are the leading cause of death for girls aged 15-19 globally. Pregnant girls and adolescents also face other health risks and complications due to their immature bodies. Babies born to younger mothers are also at greater risk.

Chlamydia trachomatis, human papillomavirus, Mycoplasma, and Trichomonas vaginalis are the most prevalent infections. These infections raise the possibility of termination and early birth. A young body, along with unfinished physical progress, makes it difficult to adapt to the new needs that necessitate pregnancy. The uterus did not attain full "maturity," making it more susceptible to infections. Increased blood vessel loading may result in gestational development, a condition that puts both mother and kid at risk, with elevated blood pressure and sluggish infant growth. Internal digestion overloading the gland might result in sugar metabolism issues and fast growth in an immature youngster. Prematurely increasing skeletal load might result in irreversible musculoskeletal abnormalities. All of this can lead to birth pathology, with a larger need for operative pregnancy terminations. There are various dangers associated with early pregnancy. Every day, at least 1,600 mothers worldwide die as a result of pregnancy or childbirth complications—the equivalent of four jumbo planes crashing every day with no survivors (Dillon, 2001). At least 99% of maternal deaths occur in impoverished countries. Almost half of all deliveries in underdeveloped nations are performed without the assistance of a competent expert. Despite the fact that the majority of maternal deaths occur shortly after childbirth, less than one-third of new moms receive postnatal care. In addition, for every 30 to 100 deaths, more women suffer from short- or long-term disorders associated with pregnancy and childbirth. Teenage ladies, for the most part, carry the burden: Adolescent girls account for 11% of all births (15 million each year). Furthermore, girls aged 15 to 19 are twice as likely as women in their 20s to die during childbirth. Girls under the age of 15 are five times more likely than boys to die during childbirth.

Adolescent maternal mortality and morbidity are major public health issues on a global scale (WHO, 2012). Adolescents aged 15 to 19 are twice as likely as women

over 20 to die during pregnancy or childbirth; adolescents aged 15 to 19 are five times more likely to die during pregnancy or delivery. Every year, an estimated 2.0-4.4 million teenagers in underdeveloped countries have unsafe abortions. Furthermore, adolescent moms are more likely to have low birth weight babies who are vulnerable to malnutrition and poor development. Adolescent mothers have the greatest infant and child death rates. Adolescent pregnancy is a significant medical and public health issue.

2.4.2 Human Rights Implications

UN's World Population Monitoring Report indicates that adolescent pregnancy is related to a whole string of human rights violations and so it must gain more attention in global development policy. Again, United Nations Population Fund (UNFPA) opines that adolescent pregnancy is the reflection of a whole string of human rights violations.

Adolescents develop psychological problems from social stigma and suffer physical and domestic violence in their attempt to meet the demands of pregnancy and childbearing and this violates their rights (Atuyambe et al., 2015; Hodgkinson et al., 2014).

Human Rights Watch (2018) observed that adolescent girls who have early and unintended pregnancies face many social and financial barriers to continuing with formal education. They affirm that girls have a right to education regardless of their pregnancy, marital or motherhood status.

Ajayi and Ezegbe (2020) widely see adolescent pregnancy as a form of sexual violence. Miller et al., (2010) observed that the pathway through which sexual

violence could lead to unintended pregnancy is through the non-use of contraceptives, underreporting of incidences of sexual violence, and lack of requisite care to address the potential impacts of sexual violence, including unintended pregnancy. Christofides et al., (2014) identified a close link between physical abuse and a higher likelihood of unintended pregnancy. Krebs et al., (2007) looked at the situation as a form of domestic violence. They established that most perpetrators of sexual violence are close to the survivors, with friends and boyfriends being the most likely culprits, making the incidence more frequent and the consequences severe. Jewitt & Ryley (2014) reported that rape as sexual abuse has more effect on the life of teenage girls causing unwanted sex and teenage pregnancy.

MacPherson et al., (2015) considered lack of access to accurate sexual and reproductive health information and services; incidence of unprotected sex and poor contraceptive use among sexually active adolescents; gender inequality and the unfriendly nature of the health care setting as a form of denial the adolescent her rights. This creation is the consequence of many unintended pregnancies that prevail among many adolescent girls. Adolescents require accurate information concerning their sexual health, including information related to contraception, otherwise, they may take decisions which could be injurious to their health and lives and this is enshrined in Article 13(2)(b) of the Convention on the Rights of the Child (CRC) (UNICEF, 1989).

Reporting on the denial of rights of the adolescent to health and total well-being in society, Adeyinka et al., (2010) reported that adolescent pregnancies are linked to a higher risk of cesarean deliveries, ectopic pregnancies, pregnancy-induced hypertension, prolonged obstructed labour, low birth weight babies, sepsis, poverty,

divorce and dropping out of schools. UNFPA reported that adolescent girls who face physical, emotional, and socioeconomic challenges that compound their vulnerability are at increased risk of pregnancy when they encounter multiple forms of discrimination and when their special needs for reproductive health are not met. The social consequences of teenage pregnancy are enormous and culminate into social consequences which include school drop-out or interrupted schooling, falling prey to criminal activity, abortion, ostracism, child neglect, school adjustment difficulties for their children, adoption, lack of social security, poverty, repeated pregnancy and negative effects on domestic life. These social consequences constitute human rights implications for the adolescent since it denies her the right to self-dignity and social privileges.

UNFPA advocates for a human-rights-based approach that includes ensuring the right to access affordable sexual and reproductive health information and services, including contraceptives; access to safe abortion where legal; providing comprehensive and age-appropriate sexuality education both in and out of schools; and the ban of marriage under the age of 18. It also urges governments to combat social and cultural beliefs that contribute to the lower status of women and girls and to invest in developing girls' human capital by maintaining girls in schools and ensuring quality education for all.

The human rights of adolescent girls are firmly enshrined in international human rights (IHR) law, notably, in the Convention of the Rights of the Child (CRS) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) with their foundations earlier established by the Universal Declaration of Human Rights (UDHR) all affirmed by the vast majority of the world's governments.

The breadth of these enumerated rights, which span the range of civil and political rights, as well as social, economic, and cultural rights, recognizes adolescent girls' status as both children and women, and as such, their particular susceptibility to a wide range of human rights abuses due to their youth and their sex. But adolescent girls face enormous challenges in the realization of their rights because the barriers they face are embedded in social systems that are deeply discriminatory and that systemically oppress and exploit them.

Adolescent participation is a worldview that "emphasizes a belief in their capacities and respects their ability to make decisions" (Senanayake & Faulkner, 2003). "Participatory methods enable a focus on people's felt needs, overcoming some of development professionals', practices', and programs' preconceptions and biases" (Senanayake & Faulkner, 2003). For example, teaching sex education necessitates shifting from a didactic to a participatory, interactive, and youth-centered style (Berglas et al., 2014). The impact of an interactive sex education program delivered through participatory educational talks (PET) in Kinshasa high schools in Africa revealed that students scored higher on knowledge, attitudes, and practices related to STI/HIV/AIDS dual prevention and unwanted pregnancies when compared to the control school group (Nsakala, Coppieters, & Kayembe, 2014). It demonstrated that using interactive methods such as interactive interpersonal communication sessions and taking into account the specific needs of adolescents through close follow-up of teenagers divided into small groups could positively affect both educational outcomes and the reproductive health of adolescents (Nsakala et al., 2014, pp.204-6). Another example is that involving African teenagers in the early stages of developing a mobile application to improve adolescent sexual and reproductive health could foster a sense of ownership and make the mobile application more adolescent friendly (UNESCO,

2017). The previously described human rights-based approach is a three-pronged approach to preventing teenage pregnancy. It can provide "a normative framework based on entitlements and obligations" (UNICEF, 2012) to strengthen the capacities of adolescents as right-holders while also strengthening the capacities of national and local authorities, health care providers, educators, parents, and the community as duty-bearers. Because the human rights-based strategy incorporates international human rights norms as well as equality and nondiscrimination principles (UNICEF, 2012), it can be used not only in China but also in other nations throughout the world. Adolescents' rights to sexual and reproductive information, sexual and reproductive health services, and participation must be promoted in order to recognize that adolescents as a specific group deserve to be treated equally and respectfully, and such rights can help to realize the values of empowerment and inclusiveness. The human rights-based approach can provide a practical framework for developing, implementing, and monitoring development policies and programs, allowing countries around the world to translate the standards and principles derived from international human rights treaties into attainable and progressive national outcomes (UNICEF, 2012).

2.5 Social and Economic Human Rights Implications of Adolescent Pregnancy Globally

Adolescent pregnancy can have both social and economic consequences for girls, their families, and communities. Unmarried pregnant teens may experience stigma or rejection from their parents and friends, as well as violent threats. Similarly, girls under the age of 18 who become pregnant are more likely to face violence in a marriage or cohabitation. In terms of education, school-leaving can be a choice made by a girl who believes that pregnancy is a better alternative in her circumstances than

continuing education, or it can be a direct cause of pregnancy or early marriage. In some countries, an estimated 5% to 33% of girls aged 15 to 24 years drop out of school due to early pregnancy or marriage. Because of their eventual lower educational achievement, they may have fewer skills and career prospects, often perpetuating poverty cycles: child marriage reduces girls' future earnings by an estimated 9%. This can also have an economic impact on a national level, with countries losing out on the annual revenue that young women would have earned if they had not had early pregnancies.

Adolescent pregnancy is a complicated topic with numerous causes for concern. Teenage pregnancy is a natural human occurrence that is unsuitable for modern culture. In many ways, it has served as a proxy in what could be described as cultural battles. Political and religious leaders on one philosophical side of the debate use cultural and moral norms to sway public opinion and advocate public policy with the declared goal of reducing teen pregnancy. Martin et al. (2012) begin by providing national vital statistics on teen pregnancy. Leishman and Moir (2007) provide an excellent review of these larger challenges. Demographic studies conducted by organizations such as the Alan Guttmacher Institute (Alan Guttmacher Institute 2010) provide a statistical picture of adolescent pregnancy in the United States. The frequency of teen pregnancies and the results of those pregnancies are sometimes cited to support allegations that teenage pregnancy is a severe social problem. The other side of this debate, as presented in publications by organizations such as the World Health Organization (World Health Organization 2004), reflects medical professionals, public health professionals, and academicians who argue for viewing adolescent sexuality and pregnancy through the lens of human development, health, and psychological needs. Children's Aid Society; Healthy Teen Network; Center for

Population Options; Advocates for Youth; National Campaign to Prevent Teen Pregnancy; National Organization on Adolescent Pregnancy, Parenting, and Prevention; state-level adolescent pregnancy prevention organizations; and other organizations that include teen pregnancy within their scope of interest and services represent these two divergent views of teen pregnancy in the United States. Mollborn et al. (2011) define other essential characteristics of adolescent pregnancy (race, poverty, and religious influences) that help explain why some people regard adolescent pregnancy to be a problem. However, the link between adolescent pregnancy and social hardship is not limited to the United States. Harden et al. (2009) published a study on the impact of poverty on teenage pregnancy rates in the United Kingdom. This phenomenon is not limited to the United States and the United Kingdom; it is global. Holgate et al. (2006) and Cherry and Dillon (2014) provide a comprehensive survey of global adolescent pregnancy. To round up this broad overview, Jiang et al. (2011) describe a practical nationwide endeavour to promote the sexual and reproductive health of all adolescents and young people. Professional journals and monographs from national and international health and development agencies focusing on individual countries, regions, and worldwide teenage pregnancy variations and trends are the finest study sources.

2.6 Health Implications of Policies and Laws on Early and Unintended Pregnancy Among Adolescents

Laws and policies can create an enabling environment for the promotion and protection of health, including sexual health and the prevention of EUP (Early and unintended pregnancy), but they can also pose barriers to accessing education and health services, particularly for young people, with negative consequences for sexual health, including EUP (UNESCO, 2018). It is critical to create and implement explicit

regulations that codify teenagers' rights to complete their education regardless of whether they are pregnant or parenting. Such policies must also address the practical support required to allow parenting girls to return to school - for example, by providing monetary transfers to girls or child care - and so require allocated budgets to support their implementation. As key components of the policy implementation process, efforts to inform pregnant and parenting adolescents of their right to continue their education, as well as initiatives to sensitize and train school principals/administrators, teachers, and school authorities about the needs of pregnant and parenting girls, should be reflected in national policies and within individual school policies. Finally, statistics should be gathered to track the implementation and adherence to national policy at the school level.

2.7 Child Marriage and Adolescent Pregnancy Consequences

Child marriage is utilized to safeguard chastity because premarital sex and childbirth bring shame to the family (Malhotra, 2010). Premarital sex and childbearing are frowned upon in traditional Ghanaian civilizations, thus early marriage is encouraged. For example, betrothal (in certain situations, the exchange of daughters) is sometimes performed early, even before birth, to ensure that sex and childbirth occur inside marriage. Another traditional element that favours child marriage is the desire to strengthen social relations or form alliances (Bulley, 2016).

Because premarital sex and childbirth are deemed "immoral," Ghana's two religious traditions (Christianity and Islam) advocate early marriage. These behaviors were and are frequently now strictly restricted and occasionally penalized. Both Christianity and Islam strive to keep sex and childbearing within marriage. As a result, they tend to indirectly support early marriage (Addai, 2000). Some Muslim communities

attempt to ensure that births occur during marriage by shortening the time between menarche and marriage (Kirk, 1967). While traditional and religious customs attempt to shield girls from pre-marital sex and pregnancy, pregnant girls are often married off to men who impregnated them to ensure they take care of them.

Marriage is very essential in Ghanaian societies for women's status. Marriage requires both recognition and respect. Evidence reveals that early marriage earns some young brides respect and honour from peers and adults in society since they have "settled down" (married) and are perceived to be responsible. Parents who have married daughters receive some prestige and respect from people in the community (Ahonsi et al, 2019).

Poverty is another element that contributes to child marriage (Chowdhury, 2004). It has a multifaceted impact on child marriage, stemming from parents' socioeconomic status and children's desire for financial commodities that their parents cannot afford (in some cases attributable to parental neglect and supervision). Some parents and girls agree to child marriage because they are driven by financial gain and family security. In some circumstances, it gives financial stability to girls from low-income families, as some child brides marry to escape poverty. Child brides receive financial support not just from their spouses, but also from their in-laws, ensuring that they lack nothing. Some adolescent brides can earn enough riches from their husbands to support their own families (Ahonsi et al, 2019). As a result, parents who marry off their children at a young age "are not necessarily cruel parents, but rather parents surviving under callous conditions," as some parents utilize child marriage as a strategy to break free from poverty (Addai, 2000).

There are numerous reasons why child marriage is still practised, which can be advantageous in a variety of ways. However, empirical research reveals that, on balance, the same factors that make child marriage desirable are also the factors that make it problematic, with numerous negative socioeconomic and health consequences for girls, their children, families, and communities.

Evidence suggests that child marriage is a concern even before sex and reproduction, with higher rates of suicidal thoughts or attempts among girls promised or desired in marriage and wedded girls compared to those not yet in the marriage process (Gage, 2013). Due to the uneven power relations within marriage, child marriage is a type of violence against young girls since it increases their vulnerability to sexual, physical, and psychological assault (de Groot et al, 2018).

While child marriage is commonly used to ensure that sex and childbearing take place within marriage, it effectively ends a girl's childhood and adolescence and imposes adult roles and responsibilities on young girls before they are physically, psychologically, and emotionally prepared to handle them (UNPF, 2012). Sexual intercourse and pregnancy among girls can result in a variety of health concerns; however, child marriage exacerbates these health issues. Early sexual debut, for example, is associated with child marriage, which raises a girl's health risks since an adolescent's vaginal mucosa has not yet fully grown, exposing them to an elevated risk of sexually transmitted illnesses such as HIV (Nerquaye-Tetteh et al, 2007). Female adolescents were found to be more vulnerable to HIV infection than older women in 29 countries, including Ghana. Women who marry young typically have considerably older husbands, are in polygamous relationships and are frequently junior wives, which raises the risk of HIV infection in young girls (Clark et al., 2006).

Child marriage will almost certainly result in early childbearing, which will have major health consequences. Girls who marry young have a two-year younger mean age at first birth than women who marry later in life (de Groot et al., 2018). Furthermore, early pregnancy loss is twice as common among girls aged 15-19 in Ghana as it is among other age groups (Henry, 2002). According to the 2014 GDHS, neonatal (42 deaths per 1000 live births), newborn (62 deaths per 1000 live births), and under-5 mortality (84 deaths per 1000 live births) were higher among children born to women under the age of 20 compared to those aged 20 and above (GDHS, 2014) Another study in Ghana discovered that first-born children of women who married before the age of 18 had a higher risk of death than first-born children of women who married after the age of 18. (de Groot et al., 2018). Thus, child marriage exposes females to heightened intergenerational health risks because they face a variety of reproductive health issues, and their offspring have higher mortality rates and are more likely to be delivered preterm (de Groot et al., 2018). Aside from reproductive health issues, child marriage has been linked to an increased risk of difficulties with daily living activities (such as carrying a 10 kg burden for 500 m, bending, crouching, or kneeling, and walking a distance of 2 km) (de Groot et al., 2018).

A frequent misconception is that child marriage is a poverty-relief technique that gives girls and parents status and honour. However, evidence suggests that child marriage is a source of poverty that damages social status and honour. Early marriage has been found to harm education in Sub-Saharan Africa, especially Ghana, as it lowers the likelihood of literacy and completion of secondary school (Nguyen & Wodon, 2014) Early marriage among girls is one of the major barriers to effective enrolment and school attendance in Ghana, leading to school dropout (Ampiah &

AduYeboah, 2009). In essence, it ends a girl's opportunity to continue her education and acquire employable skills, resulting in persistent poverty among girls and effectively undermining their status and honour as they are unable to meet their daily needs (Ahonsi et al, 2019).

2.8 Abortion as a Woman's Right and Adolescent Decision-Making Capacity

The debate around abortion often centers on the perspective of it being a fundamental right for a woman to control her own body, as posited by Cruz (2001). From a consequentialist moral viewpoint, abortion is sometimes equated to an intentional decision not to have a child, with the argument that just as contraception is accessible, so too should abortion be. This argument extends to the consideration of the fetus's personhood and its rights, which are often viewed as limited in comparison to the rights and interests of existing persons, such as the parents or other children in the family.

In certain societal contexts, the interests of the broader society, like concerns over overpopulation or resource scarcity, might take precedence over the rights attributed to a fetus. In such scenarios, abortion could transition from being a neutral act to a desirable one, respecting the adult woman's autonomy and perspective on this multifaceted issue. However, when it comes to adolescent pregnancy, the situation becomes more complex, as it raises questions about the rights of adolescent females and their decision-making capacity.

Rachel Needle & Walker (2007) highlight the cognitive capabilities of most adults in making complex decisions such as those related to pregnancy outcomes, which include continuing the pregnancy and raising the child, placing the child for adoption,

or opting for abortion. The decision-making process is critical, especially given the limited timeframe for safe pregnancy termination.

However, there is considerable debate regarding the cognitive abilities of adolescents to make such significant decisions. When an adolescent reveals her pregnancy, counselors or therapists face an increased responsibility to ensure that the adolescent is capable of making an informed and thoughtful decision. Despite some legal rights being granted to adolescents in certain contexts, such as juvenile criminal cases, the legal stance in cases of adolescent abortion often requires minors to obtain parental consent or notification. This requirement may also involve a special bypass procedure involving a judge, if the adolescent chooses to maintain confidentiality.

Despite psychological evidence supporting adolescents' competence in making such decisions, the legal system often favors parental notification as a minimal requirement. This legal stance reflects a divergence from scientific understanding, suggesting a gap between public policy and empirical knowledge about adolescent cognitive development and decision-making capabilities.

2.8 Prevention of Adolescent Pregnancy

More young individuals of varied demographic backgrounds are having sexual interactions at younger ages; they have more options for preventing pregnancy; they have more alternative pregnancy resolutions; and fewer marry to legalize a non-marital birth while deciding to become parents (Farber, 2009). As the likelihood of an adolescent having sex and a pregnant teen who bears a live infant becoming a single mother has increased over time, social work and other social science academics' perspectives on teen pregnancy and parenthood have shifted.

Sexuality is a fluid notion that encompasses far more than sexual behavior and sexual orientation (Andrews, 2006). It encompasses what being male or female means to us and how we express our gender; how we feel about our bodies, our appearance, and physical pleasure; who we are attracted to and what we choose to do about it; and how we behave with our partners if we have intimate relationships. Our ability to reproduce is determined by our sexual conduct, and our thoughts about our sexuality and sexual identity can be profoundly influenced by our sense of fertility. Because a disproportionate percentage of women who leave or kill their children appear to be young, the issue must be studied in conjunction with the larger issues of teen pregnancy and adolescent sexuality (Flavin, 2008). Teenage pregnancy rates in the United States fell about 30 per cent in the 1990s, and the most recent data indicate that both teen pregnancy and birth rates are at an all-time low. Nonetheless, teen pregnancy is not uncommon. In the Western industrialized world, the United States has the highest rates of teen pregnancy and birth. Every year, around 750,000 women and girls between the ages of 15 and 19 become pregnant; more than half will give birth, and almost one-third will have an abortion. Contraception use has grown, which is a major cause of the drop in teen pregnancy. In the mid-1960s and 1970s, contraception and abortion became more widely available, weakening the relationship between sex and reproduction. Women, like men, could now choose whether or not to have children and indulge in sex only for pleasure without the threat of an undesired pregnancy. Around the same time, school-based comprehensive sex education began to turn away from preparing teenagers for marriage and parenthood and toward avoiding premarital sex.

Sex educators began to view marriage as just one of many possible contexts for sex. Concerns about HIV/AIDS and a perceived crisis in teen pregnancy fueled a focus on

teaching young people how to control the "risks" of sex. Adolescent pregnancy is caused in part by society's inability to appropriately teach sex education in the home, school, church, and health community. Prevention begins with comprehension and knowledge (Franjic, 2018). People are especially sensitive and protective when it comes to sex education. From the beginning of a child's education, the physical body, attitudes, and powerful sensations produced, particularly during puberty, must be discussed at home and in school. Sexual feelings are neither negative nor positive. They are as much a part of our existence as our sciences, history, philosophy, and fine arts.

2.9 Conceptual Framework

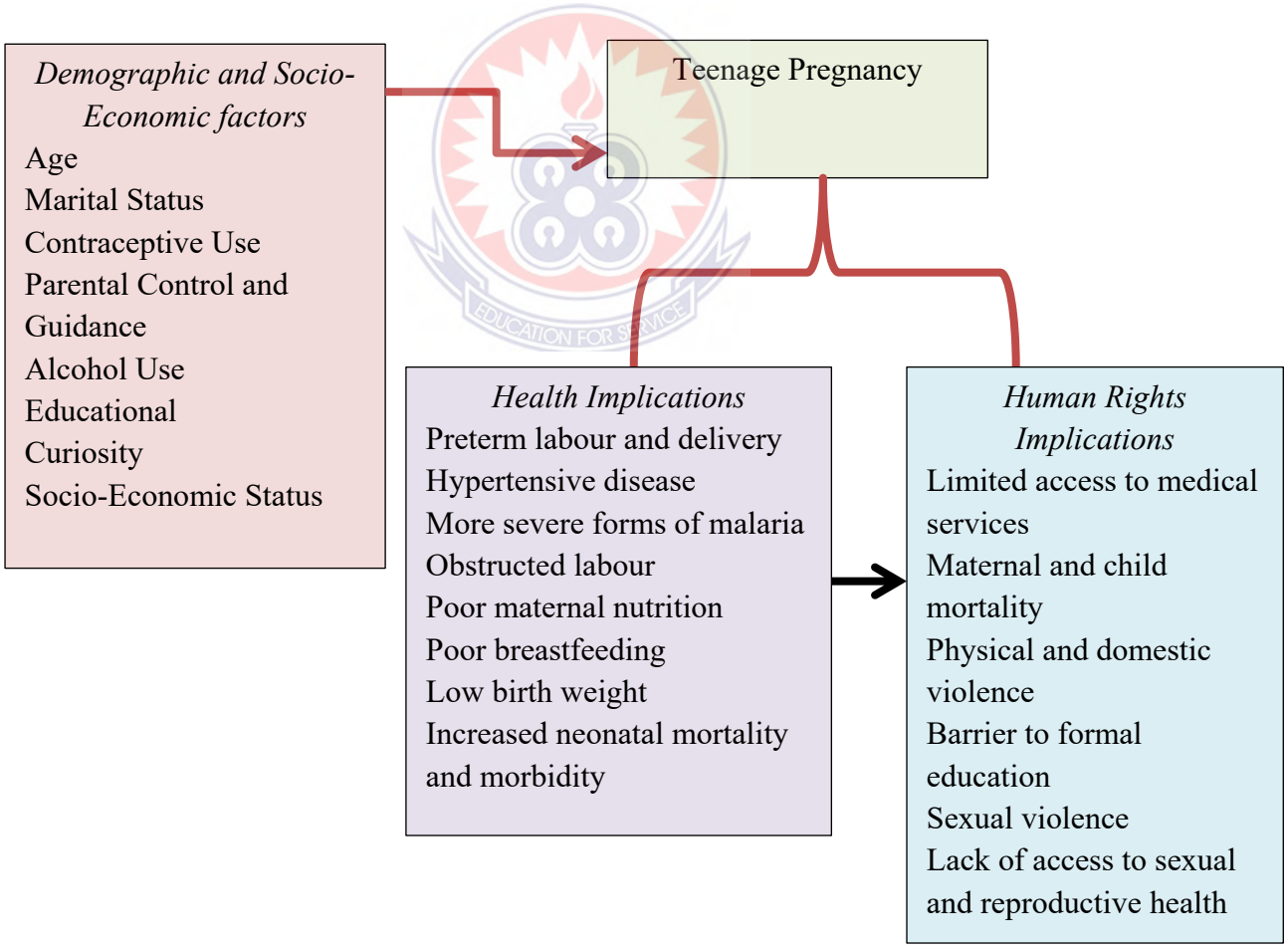

Figure 2.1 Conceptual Framework based on the Study's Literature

(Source: Author's Construct, 2022)

Figure 2.1 presents a conceptual framework delineating the linkage between demographic and socio-economic factors with the incidence of teenage pregnancy, which in turn precipitates significant health and human rights consequences. It posits demographic elements like age and marital status, alongside socio-economic aspects such as educational attainment and economic status, as foundational influences on teenage pregnancy rates. The framework further indicates the downstream health complications associated with teenage pregnancy, including risks during childbirth and to the neonate, as well as broader human rights concerns that hinder access to healthcare and education, and increase the risk of violence and coercion. This model underscores the intricate and multi-layered impact of teenage pregnancy on individuals and their communities.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

The philosophical position supporting the study was introduced in this chapter. It examined the study's population as well as the methodology, design, and research contexts. It encompassed the study instrument, sample size and technique, data analysis methods, and trustworthiness as well as the researcher's positionality.

3.1 Study Area

Formally located in the Asikuma-Odoben-Brakwa District Assembly (A.O.B.D.A.) in the North-Central portion of the Central Region of Ghana, Breman-Jamra is a small village the represents so many like it across the country of Ghana. As of 2015, the District had a total population of 112,706 representing, 5.1 percent of the total population of the Central Region of Ghana (GSS, 2013); representing a 2% increase since 2000. Overall, the district is sparsely populated, made up of many scattered small villages & settlements much like Jamra. The District is richly endowed with Human and Natural Resources, particularly, mineral deposits, forests and timber species, rich soil and good climatic conditions. The District produces large quantities of cassava, maize, rice, plantain, cocoyam and vegetables. Cocoa and Oil Palm are the major cash crops. Crop Farming is the major agricultural activity practiced in the District and also the primary occupation of people that live there, roughly 65 percent (65%) of the Labour Force. Approximately, 52 percent (52%) of those engaged in other Occupations still take up agriculture as a secondary occupation. While there is no current estimate of literacy levels in the region, as of 2015 it was estimated that a total of 45,131 children (3yrs or older) were enrolled in basic and secondary schools. Of that number, 51.9 percent (51.9%) were at the Primary Level, 18.3 percent

(18.3%) at the Kindergarten Level, 18.2 percent (18.2%) at the Junior High School (JHS) Level, and, 5.1 percent (5.1%) at the Senior High School (SHS) Level. Jamra and the surrounding region face many challenges: Poor educational infrastructure. Poor road network in the rural areas. Poor sanitation and Poor drainage systems (about 25% of the District Population do not have access to potable water). Illegal felling of trees. Low electricity coverage. Inadequate credit facilities to support businesses.Inadequate market infrastructure. Poor physical planning. Limited access to health facilities. Poor housing structures. Lack of accommodation for public officers. Increase in school drop-outs. High rates of unemployment, teenage pregnancy and Child labour.

3.2 Philosophical Underpinning/Research Paradigm

The conceptual foundation of scientific inquiry, as delineated by Gliner et al. (2001), encapsulates the methodologies, theoretical frameworks, and practical approaches deployed in the conduct of research. Saunders et al. (2007) further elucidate research philosophy as the scaffold supporting the edifice of knowledge construction, underpinned by intrinsic assumptions about the nature of reality, the essence of truth, and the methodologies through which knowledge is apprehended. Žukauskas et al. (2018) posits that such assumptions are inherently reflective of the researchers' intellectual rigor and epistemological orientations, serving as the bedrock upon which hypotheses and investigational logic are constructed. This premise underscores the diversity of epistemic perspectives that researchers bring to the exploration of truth and knowledge, shaped by their disciplinary backgrounds and interpretive lenses (Cohen et al., 2007). Within this paradigm, the application of a scientific research philosophy is instrumental in transforming theoretical constructs into empirical knowledge.

The adoption of interpretivism as the philosophical backbone for the study is premised on its epistemological and ontological tenets, which prioritize the understanding of social phenomena through the lens of multiple subjective realities (Kaplan & Maxwell, 2005). Interpretivism posits that the social world is not a monolithic entity but a mosaic of interwoven realities, each susceptible to distinct interpretations. This philosophy accentuates the significance of delving into the myriad ways individuals perceive and interact with their social milieu, emphasizing the researcher's role in discerning and elucidating these perceptions. Termed alternatively as constructivism or social constructivism, this approach advocates for a research paradigm where observation and pattern recognition within social dynamics are employed to elucidate broader sociological principles.

Interpretivism, often aligned with qualitative research methodologies, is predicated on the notion that individuals seek to make sense of the society around them, imbuing their experiences with subjective meanings directed towards specific phenomena or entities. The heterogeneity and fluidity of these interpretations compel the researcher to embrace the complexity of human perspectives, eschewing reductive categorizations in favor of a holistic appreciation of lived experiences (Creswell, 2013). This methodological stance is particularly suited to exploring the nuanced and layered perceptions of adolescent girls regarding factors contributing to their vulnerability to teenage pregnancy, thereby enabling an in-depth examination of its implications for health and human rights.

By grounding the study in the interpretivism philosophy, the research strategically positions itself to capture the subjective experiences and perceptions of its participants, offering invaluable insights into the socio-cultural dynamics that

underpin teenage pregnancy. This philosophical orientation not only facilitates a profound understanding of the participants' realities but also enhances the study's capacity to generate meaningful conclusions that can inform policy and practice in health and human rights domains.

3.3 Research Design

The research design adopted was a case study methodology. This approach is well-suited for in-depth explorations of complex issues within their real-life settings, offering a comprehensive understanding of the phenomena under investigation (Denzin & Lincoln, 2011). The case study design is recognized for its efficacy in delving into the intricacies of a subject, particularly within the domains of social sciences, where it facilitates a nuanced examination of events, processes, or groups through detailed contextual analysis (Crowe, M. & Sheppard, 2011).

The choice of a case study methodology for this research was predicated on its capacity to enable an exhaustive investigation of adolescent pregnancy within the specific socio-cultural and geographical confines of Breman Jamra. This approach allowed for a focused analysis of the experiences, challenges, and health and human rights implications faced by adolescent girls within this community. By defining the case within the temporal and activity-related boundaries of adolescent pregnancy occurrences in Breman Jamra, the research aimed to collect in-depth data over a significant period. This was achieved through employing a variety of data collection methods, thereby ensuring a rich and multifaceted comprehension of the issue (Yin, 2012; Creswell & Creswell, 2005).

Furthermore, the study was underpinned by an interpretivist research philosophy, emphasizing the importance of understanding the lived experiences of adolescent girls

affected by pregnancy. This philosophical stance supports the exploration of subjective meanings and realities, thereby offering insights into how adolescent pregnancy is perceived and experienced by the girls in Breman Jamra. Through this lens, the case study design was instrumental in examining, explaining, and characterizing the phenomenon of adolescent pregnancy within its natural context, highlighting its implications for the health and human rights of the involved individuals (Yin, 2012).

The justification for employing a case study design in this research stemmed from its effectiveness in facilitating a deep, contextualized understanding of the complex dynamics of adolescent pregnancy and its broader societal implications. By focusing on the specific context of Breman Jamra, the study leveraged the strengths of the case study methodology to illuminate the multifaceted nature of adolescent pregnancy, contributing valuable insights into its impact on health, human rights, and social structures within the community.

3.4 Research Approach

According to Creswell & Creswell (2005), research methodologies encompass a spectrum of approaches, ranging from overarching paradigms to specific strategies for data collection, analysis, and interpretation. The formulation of a research strategy necessitates deliberate decision-making, guided by the nature of the research question, the investigator's experiential background, and the expectations of the intended audience.

For this study, a qualitative exploratory approach was meticulously chosen as the most fitting methodology. Qualitative research is inherently designed to probe into the depths of human experiences, elucidating the meanings and interpretations individuals

or groups attribute to social or human phenomena. This approach is particularly suited to exploring complex, nuanced issues such as adolescent pregnancy, where understanding the lived experiences, perceptions, and impacts on health and human rights is paramount. The research process under this paradigm involves formulating open-ended questions, employing flexible data collection methods that are responsive to the participants' contexts, inductively analyzing data to distill overarching themes, and integrating the researcher's interpretive insights to frame the findings.

The adoption of a qualitative exploratory approach facilitates an immersive exploration into the multifaceted dimensions of adolescent pregnancy in Breman Jamra. It allows for an in-depth examination of how adolescent pregnancy is experienced by the young women involved, alongside its broader implications for health and human rights. Through methods such as purposive sampling, open-ended interviews, and thematic analysis of textual or visual data, this approach enables a rich, contextual understanding of the phenomenon. The data are presented in a manner that vividly captures the complexity of the participants' experiences, using figures, tables, and narrative descriptions to convey the findings.

This methodological choice is justified by its potential to uncover the intricate web of social, cultural, and systemic factors influencing adolescent pregnancy in Breman Jamra. It provides a conduit for the voices of adolescent girls to be heard, offering insights into their perceptions, challenges, and the health and human rights issues they face. By prioritizing the subjective experiences and interpretations of the study participants, the qualitative exploratory approach empowers the research to generate nuanced, actionable knowledge that can inform interventions, policies, and practices aimed at addressing the multifaceted impacts of adolescent pregnancy.

3.5 Study Population

The study population encompasses a broad array of individuals or entities that form the primary focus of a social science inquiry. Given the expansive nature of such populations, it is often impractical for researchers to examine every constituent due to the prohibitive costs and extensive time requirements involved. Consequently, researchers employ sampling methodologies to delineate their target population effectively. A study population is characterized as a distinctly identified collection of individuals or entities sharing common attributes or belonging to a specific cohort. Robinson (2014) posits that the sample size must be sufficiently manageable, as dealing with an overly extensive sample can present significant logistical challenges.This study's population was defined as all adolescent females residing in Breman Jamra, located within the Asikuma-Odoben-Brakwa District. Specifically, the accessible population comprised girls aged between 15 and 19 years, navigating through their teenage years. The study's focus was narrowed to teenage girls who had experienced pregnancy within this age group, thereby constituting the study's target population. The sampling strategy was implemented to select participants directly from this defined accessible population.

3.6 Sampling Technique and Size

The methodology employed for participant selection was rooted in non-probability sampling, specifically through purposive sampling. This approach was instrumental in identifying and selecting a cohort of teenage girls, aged between 15 and 19, who had experienced pregnancy. Such a targeted sampling strategy was pivotal for the study, as it aimed to glean insights into the nuanced experiences of adolescent pregnancy within the specific socio-cultural and geographical confines of Breman Jamra, thereby elucidating its broader health and human rights dimensions.

Purposive sampling allowed for the deliberate selection of individuals who could provide rich, relevant, and diverse perspectives on the phenomenon under study. By exercising researcher discretion, the study honed in on adolescent girls who had navigated the complexities of pregnancy during their teenage years, ensuring that the insights garnered were directly pertinent to the study's thematic focus.

The participant demographic predominantly spanned ages 16 to 19, with educational backgrounds ranging from completion of Junior High School to partial attendance at Senior High School. Research conducted by Kefale et al. (2020) indicates that the likelihood of encountering teenage pregnancy is significantly elevated among adolescents with primary or lower levels of education compared to those with secondary or higher educational attainments. A substantial portion of the participants had recently become mothers and were residing with their parents or guardians at the time of the interviews. A minority were living independently or cohabitating with their male partners. Distinct from the patterns observed in young adults or adults, a notable number of these pregnancies were attributed to peers. Furthermore, a majority of participants reported that their partners had undertaken some level of responsibility for both the pregnancy and the child.

This methodological choice facilitated a deep dive into the lived experiences, challenges, and systemic interactions encountered by these young women, thereby enriching the study's analytical depth. The determination of the sample size, comprising fourteen adolescent girls, was a strategic decision underscored by considerations of depth over breadth. The rationale behind selecting this specific number of participants was to strike a balance between obtaining a comprehensive array of insights and maintaining a manageable scope for in-depth individual

interviews. This sample size was deemed sufficient to achieve saturation in the data, where the addition of more participants would unlikely yield new thematic insights. The chosen sample size thus allowed for a thorough exploration of the adolescents' experiences, within the practical constraints of qualitative research, ensuring that the study could deliver meaningful contributions to the discourse on adolescent pregnancy, its implications for health and human rights, and the specific context of Breman Jamra.

3.7 Sources of Data

A comprehensive approach to data collection was employed, integrating both primary and secondary data sources to ensure a rich and nuanced understanding of the subject matter. The primary data were meticulously gathered through a series of semi-structured interviews, designed specifically to elicit direct, firsthand insights pertinent to the phenomena of adolescent pregnancy within the context of Breman Jamra. These interviews were structured to allow for both directed inquiries and open-ended responses, thereby facilitating a depth of understanding and personal narratives that shed light on the intricate dynamics of adolescent pregnancy, its health ramifications, and its implications for human rights within the community.

Secondary data sources were extensively utilized to complement and contextualize the primary data, drawing from a diverse array of online resources, academic publications, policy documents, and other pertinent literature. These secondary sources provided a broader socio-cultural, legal, and health-related framework, enabling a comprehensive analysis of the factors contributing to adolescent pregnancy in Breman Jamra and its wider implications. By integrating findings from these secondary sources, the study was able to situate the local experiences and perspectives

within the larger discourse on adolescent pregnancy, health, and human rights, thereby enhancing the robustness and relevance of the research findings.

The justification for employing this dual-pronged research approach lies in its capacity to offer a holistic view of the issue at hand. The primary data obtained through semi-structured interviews afforded an invaluable insight into the lived experiences of adolescent girls in Breman Jamra, offering a granular understanding of the individual, familial, and societal factors influencing pregnancy outcomes in adolescents. Meanwhile, the secondary data sources provided a critical backdrop against which these personal stories could be analyzed, offering a comparative lens and situating the local narratives within global trends and frameworks. Together, this integrated approach to data collection was instrumental in developing a comprehensive understanding of adolescent pregnancy in Breman Jamra, facilitating a nuanced exploration of its health and human rights implications that is both contextually grounded and globally informed.

3.8 Data Collection Methods

primary data was meticulously gathered through semi-structured interviews targeting a select group of adolescent girls within the community. This methodological choice was strategic, prioritizing flexibility and depth in the data collection process. Semi-structured interviews diverge from the rigidity of traditional questionnaires, offering a conversational framework that encourages participants to share their experiences and perspectives more freely. This approach is particularly effective for sensitive topics like adolescent pregnancy, as it allows for the exploration of complex emotions, opinions, and experiences that might not surface in a more structured interview format.

Employing an open-ended interview guide, the researcher crafted questions that prompted detailed responses rather than binary "yes" or "no" answers. This technique facilitated a rich, nuanced dialogue between the interviewer and the participants, ensuring that the discussions remained aligned with the overarching research questions while also allowing for the emergence of unanticipated insights (Doyle, 2020). The thematic organization of these interviews guaranteed a focused exploration of the study's key objectives, with particular emphasis on understanding the health and human rights implications of adolescent pregnancy in the Breman Jamra context.

The bilingual conduct of interviews in both English and Fante catered to the linguistic preferences of the participants, ensuring that language barriers did not impede the expression of their lived experiences. This considerate approach underscored the study's commitment to inclusivity and accessibility. Moreover, the researcher's flexibility regarding the interview settings—ranging from predetermined sites to locations chosen by the participants—enhanced the comfort and convenience for the interviewees, potentially leading to more open and honest disclosures.

The utilization of a printed questionnaire alongside digital recording methods for capturing participants' responses facilitated a meticulous documentation process. This dual approach not only ensured the accuracy of the recorded information but also provided a tangible framework for organizing the data in alignment with the interview guide. Follow-up questions, prompted by initial responses, were instrumental in delving deeper into specific aspects of the participants' experiences, allowing the researcher to gather comprehensive insights and supporting evidence relevant to the study's focus on health and human rights implications.

3.9 Trustworthiness

Cope (2014) noted that the utility and integrity of the findings depend greatly on the truth value of qualitative research, also known as the trustworthiness and transparency of the study's conduct. Trustworthiness is the level of assurance in data, interpretation, and procedures used to ensure the quality of a study, according Connelly (2016). For a study to be deemed worthy of attention by readers, the researcher must be able to construct the protocols and procedures required. Credibility, dependability, confirmability, and transferability are some of these standards and guidelines. Credibility relates to the accuracy of the information provided or the participant's viewpoints, as well as the researcher's interpretation and portrayal of them (Polit & Beck, 2013). By involving the participants in an interview guide and allowing them to share their opinions regarding the research problem, the researcher gained credibility. The consistency of the data under identical circumstances is referred to as dependability. The study's findings may be duplicated with comparable subjects under comparable circumstances by following the same procedures, according to the careful research methods used in the study. A case study design from the qualitative approach was considered an appropriate way of measurement for the study. Once more, the study showed that the data reflect the participants' responses and not the researcher's prejudices or opinions, allowing the researcher to apply confirmability. Without any force or pressure to please the researcher, the information was collected directly from the respondents. Rich participant quotes that exemplify each new theme were extensively used in the study. According to Houghton et al. (2013), findings that may be applied to different contexts or groups are said to as transferable. As a result, even those who were not involved in the study can understand the findings and relate them to their own experiences. To allow others to assess if the findings are applicable or

transferrable, the study gave enough details on the informants and the research context. In light of its findings, the study came to several conclusions.

3.10 Positionality

Positionality refers to a person's viewpoint, the stance they take on a study task and its social and political context (Rowe, 2014). The person's worldview, or "where the researcher is coming from," includes assumptions about human nature and agency (individuals' assumptions about how we interact with and relate to our environment), ontological assumptions (an individual's beliefs about the nature of social reality and what is knowable about the world), and epistemological assumptions (Scotland, 2012 and Ormston, et al. 2014). Positionality "reflects the position that the researcher has chosen to adopt within a given research study" (Holmes, 2020: 2) and it influences how research is conducted, its outcomes, and results (Rowe, 2014). This study must have been conducted in the District, that the researcher had known based on his observations and interactions with people. An outsider looking for solutions to issues surrounding teen pregnancies in Breman Jamra, the researcher wants to learn more. To lessen bias and partisanship, the researcher made room for reflexivity in this regard. The interpretivist point of view, which permits participants to give subjective answers to the research questions, was the one adopted by the researcher as their philosophical stance. Theoretically, the researcher relied on the opportunity cost framework as the anchor that guided the study's theory.

3.10 Data Analysis

A meticulously structured four-stage analytical process was implemented to dissect and comprehend the gathered data, which was primarily derived from semi-structured interviews and focus group discussions. This methodical approach was pivotal in

unearthing insights pertinent to the study's aims, thereby facilitating a nuanced understanding of the complexities surrounding adolescent pregnancy and its ramifications on health and human rights within the community. The initial phase of data analysis involved the meticulous organization of the collected data into discrete segments for ease of access and analysis. This step entailed the labeling and categorization of data based on thematic relevance or conceptual significance, thereby laying the groundwork for a structured analytical process.

Leveraging established qualitative analysis methodologies, as advocated by Strauss and Corbin (1998), the study employed a tripartite coding scheme comprising open, axial, and selective coding. This facilitated the distillation of key themes and concepts from the data, enabling the identification of recurring patterns and themes indicative of the underlying narratives around adolescent pregnancy in Breman Jamra. Building on the coded data, the analysis proceeded to consolidate these coded segments into overarching themes and patterns, drawing on theoretical frameworks to guide the synthesis. This stage was instrumental in elucidating the interconnections between different data points, thereby revealing significant themes that resonate with the core objectives of the research.

The final step involved a critical interpretation of the identified themes, examining their implications in relation to the research questions and objectives, and situating these findings within the broader theoretical and empirical landscape. This deductive analysis illuminated the intricate dynamics of adolescent pregnancy in Breman Jamra, highlighting its health and human rights implications.

To bolster the validity and reliability of the findings, the study engaged in a triangulation process, juxtaposing the research outcomes with extant literature to

underscore congruencies and divergences. This comprehensive review, as underscored by Flick (2018), fortified the study's conclusions, enhancing its credibility and contributing to the discourse on adolescent pregnancy's multifaceted impact.

This analytical approach, characterized by its systematic and rigorous nature, ensured the thorough examination of adolescent pregnancy in Breman Jamra, shedding light on its profound health and human rights implications. Through this meticulous process, the study not only validated its findings but also contributed valuable insights into the discourse on adolescent pregnancy, offering a foundation for future research and intervention strategies.

3.11 Ethical Considerations

Researchers must always abide by a certain code of conduct while gathering data from individuals because ethical considerations in research are made up of a set of principles that direct study designs and procedures (Bhandari, 2020). According to Bhandari (2020), these factors contribute to study validity, scientific integrity, and the protection of research participants' rights. Once the human rights or dignity of the study participants are violated, defying research ethics reduces the credibility of the study. Through CHRAPS, permission was acquired from the University of Education Ethics Committee to conduct interviews with the relevant participants.

Informed consent and confidentiality were two important ethical issues that applied to this investigation. Before they were asked to agree or decline to participate in the study, the participants were provided with information about its goal, advantages, risks, and institutional permission through informed consent. In addition, the final data report did not contain the information that the participants had identified. In other

words, after being used for research analysis, participant data was safeguarded from being accessed by a third party for an additional reason that would breach their privacy.

2.12 Limitations of the Study

The study's methodology and sample size are both limited. It used a qualitative approach. Due to this, only a limited sample size of 14 research participants (14) was chosen to take part in the study. In Breman Jamra, the study only focused on adolescent girls between the ages of 15 and 19. Adolescent boys being included in the study could have added yet another dimension and viewpoint to the comprehension of the problems it set out to investigate. Finally, not all of the adolescent girls in the research area were interviewed. Because of this, the study's capacity to properly generalize its findings is constrained.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.0 Introduction

The exploration of adolescent teenage pregnancy, particularly through the lens of its health and human rights implications, presented a critical area of inquiry within the realm of public health and social justice. This chapter delved into an in-depth examination of the challenges and consequences associated with teenage pregnancy, a phenomenon that posed significant risks not only to the health and well-being of young mothers but also impacted their educational and socioeconomic opportunities for the peope of Breman Jamra. Through a thematic analysis, this chapter sought to unpack the complex interplay between adolescent pregnancy and its implications on health and human rights, drawing upon a rich tapestry of experiences and perspectives.

4.1 Findings

In this study, answers to the following research questions were sought:

1. The individual challenges that contribute to adolescent pregnancy in Breman Jamra.
2. The socio-economic and cultural factors influencing adolescent pregnancy in Breman Jamra.
3. The impact of adolescent pregnancy on the health and human rights of teenage girls in Breman Jamra.

To thoroughly investigate these areas, insights were garnered from the experiences and perspectives of twelve adolescent girls as participants. The study honed in on adolescent girls who had navigated the complexities of pregnancy during their teenage years, ensuring that the insights garnered were directly pertinent to the study's

thematic focus. To safeguard the participants' anonymity, pseudonyms were adopted in place of their real names, ranging from Participant 1 to Participant 14, to maintain their confidentiality.

The findings, enriched by the participants' narratives, offer a deep dive into the complexities surrounding adolescent pregnancy and its ramifications for health and human rights. These insights, coupled with a review of pertinent literature, are discussed in alignment with the initial research questions, presenting a nuanced understanding of the issue at hand.

4.2 Causes of Adolescent Pregnancy in Bremen Jamara

4.2.1 Individual Factors

Within the scholarly discourse on adolescent behavior, the literature has systematically identified several individual-level determinants of teenage pregnancy. These determinants encompass a range of factors including the excessive consumption of alcohol and engagement in substance abuse (Atuyambe et al., 2015), educational attainment (Gyan, 2013), marital status, challenges with self-esteem, and the difficulty in resisting sexual advances (McCleary-Sills et al., 2013). Additionally, the allure of curiosity and the pervasive use of cell phones among teenagers have also been highlighted as contributing factors (Alhassan, 2015).

In the specific context of Breman Jamra, a series of individual circumstances have been pinpointed as significant contributors to adolescent pregnancy among young women. These individual-level factors, identified through research, delineate the nuanced and multifaceted nature of teenage pregnancy causality.

Lack of Contraceptive Use

The investigation into the prevalence of teenage pregnancy in Jamra uncovered a significant correlation with the non-utilization of contraceptives among adolescent girls. Participants revealed a notable gap in their awareness and usage of contraceptive methods. This gap underscores a reluctance rooted in various factors, ranging from a lack of comprehensive education on the subject by parents or guardians to apprehensions about societal perceptions and the inherent value of contraceptives in preventing unwanted pregnancies. The majority of these adolescents faced unintended pregnancies primarily due to their insufficient knowledge about contraceptives coupled with a failure to employ such preventive measures. For instance, one participant candidly expressed during the interview:

> "*I'm not aware of any birth control pills that could help me prevent pregnancy. I'm also hesitant to go to the pharmacy and obtain these medicines. The cashier might judge me negatively. Moreover, the disapproval from my parents upon discovering this would be disheartening."* [Participant 2, Field Interview, 2022]

In another instance, a participant recounted a conversation with her partner regarding contraceptive use:

> *"When we were engaging in sexual activity, I suggested the use of a condom to my partner, but he declined. He contended that condom use was morally wrong and equated it to committing an abortion. This left me quite taken aback."* [Participant 14, Field Interview, 2022]

These testimonies highlight the barriers adolescents with primary or lower levels of education face in accessing sexual and reproductive health resources. The findings align with Mezmur et al. (2021), who observed that insufficient knowledge about contraceptives is a predictor of adolescent pregnancy. Similarly, Okechukwu et al. (2018) observed that in many developing countries, constraints in accessing contraception and reproductive health advice are exacerbated by limited resources, a

situation further complicated by religious beliefs opposing artificial contraceptive methods. Ochen et al. (2019) also identified sporadic contraceptive use as a risk factor contributing to teenage pregnancy, indicating a broader pattern of risky sexual behaviors among adolescents.

The influence of Alcohol and Drug

The study revealed that drug inducement plays a significant role in instances of adolescent pregnancy. One noteworthy testimony came from a participant who disclosed that she fell victim to a man who used drug inducement as a means to engage in sexual intercourse with her. Despite her familiarity with alcohol, she clarified that her initial sexual experience, which resulted in pregnancy, was not under the influence of alcohol but rather due to the man's deliberate use of drugs to lower her inhibitions. The participant's account is as follows:

> *"I used to drink alcohol, but I wasn't drunk when I had my first sexual encounter. However, in this particular instance, he used drugs to induce me into having sex with him, which led to my pregnancy."* [Participant 3, Field Interview, 2022]

This personal account aligns with the research findings of Hilary et al. (2014), who pinpointed the use of substances during sexual encounters as a contributing factor to the risk of unintended pregnancy. The triangulation of this study's findings with existing literature underscores the complexity of factors leading to adolescent pregnancy. It highlights the need for comprehensive strategies addressing substance abuse and sexual health education to mitigate the risks associated with drug-induced sexual activities among teenagers. Such an approach would involve not only preventive education and awareness campaigns but also support systems for adolescents, aiming to empower them to make informed decisions about their sexual health and well-being.

Exposure to Sexual Temptation

The phenomenon of sexual temptation emerges as a significant factor contributing to adolescent pregnancies within the context of Breman Jamra. Specifically, the exposure to pornographic images and videos has been identified as a catalyst for engaging in sexual activities, subsequently leading to pregnancy among adolescent girls in the area. Participants in the study reported their encounters with sexual temptation, primarily through the consumption of pornographic content. These interactions reportedly not only piqued their curiosity but also propelled them toward experimenting with the sexual behaviors depicted, culminating in pregnancy. The narratives from the interviews reveal a profound influence of peer exposure to such materials, as illustrated by the reflections of the participants:

> *"Friends exposed me to pornographic material. After watching, I felt an overwhelming urge to enact what I saw in those obscene items."* [Participant 12, Field Interview, 2022]

> *"My exposure to sexual temptation came from watching pornographic materials. Succumbing to the curiosity sparked by these materials, I attempted to replicate the acts, which resulted in my pregnancy."* [Participant 11, Field Interview, 2022]

These firsthand accounts underscore the role of pornographic materials as not merely passive content but as active agents in shaping young individuals' perceptions and actions regarding sex. This finding corroborates the research by Koning de et al. (2013), who assert that pornography serves as a primary source for young people to acquire knowledge about love and sex. The allure of such content, coupled with its accessibility on personal devices, has been shown to stimulate a desire among adolescents to explore sexual activities firsthand, often leading to unintended consequences such as pregnancy.

Curiosity

The investigation revealed that curiosity was identified as a significant factor contributing to adolescent pregnancy in Breman Jamra. Adolescent girls acknowledged that their curiosity propelled them towards early sexual encounters and explorations, rather than economic constraints. Their desire to experience sexual relations firsthand led to unexpected pregnancies. Two participants shared their experiences, illustrating how curiosity precipitated their early engagement in sexual activities:

> *"Curiosity, not economic hardship or poverty, was the driving force behind my engagement in sexual activities. The desire to understand the experience of sex was my motivation, and it resulted in my pregnancy."* [Participant 2, Field Interview, 2022]

> *"My involvement in sexual activities was spurred not solely by peer influence but by a personal eagerness to explore what my friends described about sex and its pleasures. This curiosity led me to engage in sex, which subsequently led to my pregnancy."* [Participant 13, Field Interview, 2022]

4.2.2 Sociocultural, Environmental and Economic Factors

According to Yakubu & Salisu (2018), some of the social-cultural, environmental, and economic factors identified that influence adolescent pregnancy includes peer pressure, unwanted sexual advances from adult males, coercive sexual relations, unequal gender power relations, poverty, religion, early marriage, a lack of parental counselling and guidance, and parental neglect. The following findings discuss some of the sociocultural, environmental and economic factors that influence adolescent pregnancy in Breman Jamra.

Peer Pressure

In Breman Jamra, teenage girls often find themselves under the influence of their peers, leading them to initiate sexual activities at an early age, which subsequently results in adolescent pregnancies. This peer pressure is identified as a crucial environmental factor contributing to such outcomes. Adolescent girls have acknowledged the pressure exerted by their peers to engage in sexual activities prematurely, marking their initial exposure to such experiences. For some, the entry into these activities began with introductions to dating. One participant disclosed that rejecting sexual advances led to derogatory labeling by a peer, who called her an "idiot." Others recounted instances where partners resorted to using pornographic content as a means to coerce them into consenting to sex. The participants described their experiences of peer pressure as follows:

> *"I was influenced into engaging in sexual activities by friends at school. I had a friend who had had an abortion twice. She often remarked that I would be a fool for not engaging in sexual activity"* [Participant 1, Field Interview, 2022].

> *"Friends influenced me to start engaging in sexual activities. They facilitated my introduction to dating by bringing a boy into my life, and it all started from there"* [Participant 13, Field Interview, 2022].

> *"Friends led me to try sexual activities. My friend would bring over new pornographic materials, and after watching them together, I decided to give it a try"* [Participant 11, Field Interview, 2022].

> *"My engagement in sexual activity was spurred by my friends through their advice and sharing pornographic materials"* [Participant 12, Field Interview, 2022].

One participant strongly believed in the decisive role of peer influence over economic factors in leading her towards sexual activities and eventual pregnancy:

> *"My friends were the main influence behind my sexual activities, not because of any financial need or lack of support from my parents"* [Participant 4, Field Interview, 2022].

These findings align with the research by Leclerc-Madlala (2013) and Steinberg & Monahan (2007), which identified peer pressure as a significant driver behind sexually adventurous behaviors and adolescent pregnancies among teenagers. Similarly, Ochen et al., (2019) observed that females subjected to strong peer pressure were at a higher likelihood of teenage pregnancy. Furthermore, Eyiah-Bediako et al. (2021) highlighted how the advent of social media and other digital platforms intensifies peer pressure, leading adolescents to engage in risky behaviors, including the dissemination of sexually explicit materials.

Early Marriage

Early marriage emerged as a significant factor contributing to adolescent pregnancy within the study. Several participants revealed that they had been coerced into marriages against their will, underscoring forced marriage as a notable cause of teenage pregnancy. This phenomenon is particularly prevalent in many traditions and cultures across sub-Saharan Africa, where teenage marriage and parenting are often encouraged (Odu & Ayolede, 2007). Consequently, early marriage has been identified as a pivotal factor leading to teenage pregnancy in Breman Jamra. Intriguingly, some participants disclosed that they had been offered to a partner by their parents and relatives, a situation that ultimately led to pregnancy. The following statements from participants highlight this issue:

> *"I was compelled by my parents to enter into a relationship with a man. They accepted an offer of drinks and cash from the man's family and gave their consent. I became pregnant while living with him."* [Participant 13, Field Interview, 2022]

> *"There was a point in my life when I was given a partner, not by my parents but by my aunt. She insisted I accept the advances of a specific man, claiming he could well provide for my needs. She accepted money from him on my behalf. Consequently, I agreed to be with the man and got pregnant during our relationship."* [Participant 8, Field Interview, 2022]

> *"My parents discussed their financial difficulties with me and proposed giving me to a man in exchange for money they had secretly received from him. Believing the man was significantly aiding us, and receiving money from him myself, I did not oppose my parents' decision to give me to him."* [Participant 3, Field Interview, 2022]

Research by Ayele et al. (2018), Envuladu et al. (2014), and Gideon (2013) has demonstrated a correlation between child marriage and adolescent pregnancy in Africa, findings that are corroborated by this study. Adolescent girls who marry young often face coerced sexual encounters, leading to early pregnancies and exacerbating the risks associated with their first childbirth. Furthermore, the research by McCleary-Sills et al. (2013) suggests that girls lacking essential provisions at home may agree to marry young as a strategy to alleviate the financial burden their care imposes on their biological families. This study's outcomes lend further support to these insights, illustrating the complex interplay between early marriage, financial motivations, and the incidence of adolescent pregnancy.

Economic hardship/Poverty

The study found that economic hardship or poverty had some influence on adolescents' early sexual decisions. Teenage girls in Jamra could not hide their frustrations but admitted how economic hardship had forced them into sexual indulgence. Little or no support for these girls influenced them to resort to male partners who could assist them to regain their economic freedom through payment of fees, daily upkeep money, learning of vocation and buying of books for school. This

immediate support from a male means that the girls could not resist any form of sexual demands that would come from them. Consequently, their indulgence in sex resulted in unwanted pregnancies. Some of the comments made by the girls about this situation are as follows:

> *"I had sex because of extreme economic suffering. My male partner bought books, covered my expenses, and provided me with upkeep funds. So when he requested sexual favours, I was powerless to object"* [Participant 6, Field Interview, 2022]

> *"I was forced into sexual activity by poverty. Maintaining funds for school was challenging for me because my dad passed away. This prompted me to find a man who could support me, and I did. We had sex, and I got pregnant and gave birth as a result"* [Participant 5, Field Interview, 2022]

> *"Because of difficulties, I was persuaded to have early sex. Because of this, I requested a guy partner to help me find a profession. He then forced me to have sex with him, and I was unable to refuse because he had assisted me in beginning my career-learning process"* [Participant 10, Field Interview, 2022]

> *"I have to give in to casual sex to my male partner so that I can get financial support. I was powerless because daily bread was very difficult for me to get"* [Participant 1, Field Interview, 2022]

The results are consistent with those made by Yakubu et al. (2018), who identified parental poor socioeconomic position as an area of susceptibility for teenage girls getting pregnant unintentionally. They believed that because adolescent females lack the resources to meet their basic requirements, this leaves them open to adult predators who will take advantage of them to meet their needs and then engage in sexual intercourse with them. Also, Gyan (2013) revealed that poverty was a major contributory factor to teenage pregnancy and concluded that material deprivation made most of them engage in early sexual relationships for money and food.

Lack of Parental Control and Guidance

Each adolescent girl resides in proximity to her parental figures, suggesting that the ability of parents to exercise oversight and offer pertinent guidance could significantly enhance the capacity of these young women to make informed decisions regarding their sexual health. One notable environmental factor impacting the occurrence of unintended pregnancies among adolescent girls in Breman Jamra is the lack of parental supervision and guidance. It has been observed that parental separation or divorce has led to a diminution of custodial responsibilities, leaving adolescents more susceptible to external influences. Regrettably, it was noted that some adolescents were placed under the care of their grandparents, who granted them unfettered freedom without imposing disciplinary measures. The experiences of the participants highlight these dynamics:

> *"My guardian is my grandmother. She imposes no restrictions on me that could influence my future actions, nor does she provide any guidance. She has never initiated conversations about sexual activity or educated me on preventive measures or the importance of caution."* [Participant 11, Field Interview, 2022]

> *"After my parents separated and stopped cohabitating, I was afforded the liberty to act as I pleased. Although my grandmother offered advice on sexual matters, she did not ensure I adhered to a correct path. Consequently, I did not take her advice to heart."* [Participant 6, Field Interview, 2022]

> *"While my parents exerted a considerable degree of control over me, they scarcely facilitated discussions related to sexual matters. The topic of sex was never broached, nor was I educated on how to be mindful of my sexual behaviors."* [Participant 3, Field Interview, 2022]

> *"My parents did not involve themselves in my sexual life or provide me with advice on such matters. Therefore, I turned to my peers for guidance, following their advice in the absence of alternative sources of information."* [Participant 4, Field Interview, 2022]

4.3 Adolescent Pregnancy Implications On Health

According to Paranjothy et al. (2009), early pregnancy and labour are connected with an increased risk of worse health and well-being for both the mother and the baby, which may be a reflection of the socioeconomic conditions that precede them. Conde-Agudelo, Belizán & Lammers (2005) linked adolescent pregnancy to an increased risk of adverse pregnancy and childbirth outcomes compared to older women. The study sought to find out the implications of adolescent pregnancy on health among teenage girls in Breman Jamra. Some of the health implications on the adolescent girls the study found are discussed as follows:

4.3.1 Obstructed labour, Preterm delivery and Low Birth Weight

The investigation revealed that adolescent girls participating in the study had encountered various health complications associated with teenage pregnancy. These included anemia, severe malaria, obstructed labor, inadequate maternal nutrition, insufficient breastfeeding practices, and notably, low birth weight. Participants were queried about their experiences with these health issues during or after their pregnancy. Among the reported complications, obstructed labor, preterm delivery, and low birth weight were most frequently cited.

Poor maternal nutrition was pinpointed as a primary contributor to the low birth weight observed in infants born to adolescent mothers. The lack of resources for basic self-care among these young women significantly elevates the risk of birthing underweight babies. Preterm birth, defined as delivery before completing 37 weeks of gestation, was another critical issue highlighted by participants. Some recounted their experiences, leading to emergency cesarean sections (CS) due to the premature onset of labor:

> *"When I was seven months pregnant, I had to undergo a CS due to premature birth. Throughout my pregnancy, I was engulfed by a profound fear for my life."* [Participant 14, Field Interview, 2022]

> *"My delivery before my due date almost resulted in death. Despite the ordeal, I'm thankful for the swift intervention of caregivers during my heavy bleeding post-CS."* [Participant 6, Field Interview, 2022]

Obstructed labor occurs when the fetus does not progress into the birth canal despite strong uterine contractions. Some participants shared their struggles with delivering their babies even when full term was reached:

> *"The birth of my child was extremely challenging. Despite the encouragement from the medical staff, I couldn't deliver naturally and required surgical intervention. The fear of death was overwhelming."* [Participant 13, Field Interview, 2022]

> *"I was in labor at home and delayed going to the hospital. Upon arrival, I was too exhausted to deliver naturally. The baby was too large, necessitating a surgical birth."* [Participant 3, Field Interview, 2022]

Consistent with findings from Pun & Chauhan (2011), the study found that low birth weight and associated risks are significantly higher among teenage mothers compared to older mothers. Franji (2018) further discovered that infants born to adolescent mothers are more susceptible to low birth weight, preterm delivery, and severe neonatal conditions than those born to mothers in their twenties. The World Health Organization (2018) states that complications during pregnancy and childbirth are the leading cause of death among girls aged 15 to 19 worldwide. The evidence from this study underscores the grave risk of mortality due to pregnancy complications among teenagers in Jamra, highlighting the critical need for medical intervention. These complications not only pose a significant health risk but also threaten the fundamental human rights of adolescent girls, emphasizing the urgency of addressing adolescent

pregnancy and childbearing, irrespective of its intent, due to its inherent health risks to both mothers and their children.

4.3.2 Abortion

Globally, unsafe abortions among adolescents aged 15–19 are recognized to significantly increase the risk of enduring health issues among teenage mothers. The United Nations Population Fund (UNFPA, 2013) highlights this grave concern, while the World Health Organization (WHO, 2018) reports that approximately 3.9 million girls within this age group resort to unsafe abortion practices annually. The study revealed that numerous participants either attempted to terminate their pregnancies through abortion, influenced by personal decision-making, coercion from intimate partners, or pressure from family members, highlighting abortion as a critical health consequence of adolescent pregnancy within the community.

One narrative from the study vividly illustrates the external pressures and risks involved:

> *"My male partner compelled me to abort the pregnancy. He was able to obtain the medication I needed for that. Despite the medication I used to end the pregnancy, it was unsuccessful. I bled instead."* [Participant 3, Field Interview, 2022]

Financial constraints and the refusal of male partners to acknowledge paternity also emerged as significant factors prompting abortion attempts:

> *"My boyfriend wouldn't take responsibility for the pregnancy, so I tried to abort it. In addition, I had no financial support to care for the pregnancy and the child. I attempted to have the baby aborted out of fear, but it failed, so I was forced to give birth instead."* [Participant 6, Field Interview, 2022]

In another case, familial pressure played a pivotal role in the decision to seek an abortion:

> *"My aunt's in-law pressured me to terminate the pregnancy. I attempted, but it didn't work. I then experienced complications."* [Participant 12, Field Interview, 2022]

The fear of potential death and health complications deterred some from proceeding with abortion:

> *"I had thought of aborting the pregnancy but my mother told me I would end up with complications and die if I do so. I was scared so I changed my mind about it."* [Participant 5, Field Interview, 2022]

These findings resonate with the research by Franjic (2018), who observed an increased likelihood of abortion, premature birth, stunted growth, and delayed developmental milestones among adolescent girls. The Plan International Report further underscores that many young girls neither plan nor desire pregnancy or motherhood, often resorting to unsafe abortions that jeopardize their health and lives.

4.4 Adolescent Pregnancy Implications for Human Rights

The purpose of the study was to determine how adolescent pregnancy affects young girls' human rights in the Breman Jamra. The main goal of the study was to ascertain whether girls had been sexually exploited in any way before getting pregnant, whether they had received any government assistance or social support to help them achieve their goals, whether their education had been cut short as a result of their circumstances, and how society had accepted or rejected them throughout their pregnancy or after giving birth. The result of the findings is detailed as follows:

4.4.1 A barrier to continuing with formal education

The research findings highlight teenage pregnancy as a significant barrier to formal education in Breman Jamra, effectively infringing upon the right to education due to

early pregnancy. Participants expressed their inability to overcome the shame associated with returning to school post-pregnancy, citing embarrassment and the absence of viable alternatives as reasons for discontinuing their education.

One participant recounted,

> *"When I got pregnant, I was a JHS 2 student. Discovering my pregnancy made me feel terrible about my actions. Despite no barriers to my education, my guilt was overwhelming, and I chose not to return to school."* [Participant 2, Field Interview, 2022]

This sentiment was echoed by another participant who stated,

> *"I did not have to leave school because of the pregnancy. It was fear and embarrassment that led me to drop out."* [Participant 9, Field Interview, 2022]

Furthermore, the lack of support played a crucial role in compelling some girls to leave school shared one participant.

> *"After becoming pregnant, I left SHS 1. The responsible individual refused to support my return to school, forcing me to pursue a trade. Even minimal assistance from an NGO couldn't bolster the confidence I needed to return to school,"* [Participant 6, Field Interview, 2022].

Another participant revealed,

> *"I had to leave school due to financial difficulties. My aunt, who had been supporting me, told me she couldn't continue after I gave birth. Without her support, I couldn't even complete JHS."* [Participant 12, Field Interview, 2022]

These findings align with Mezmur et al. (2021), who observed that adolescent pregnancy often leads to illiteracy and school dropout, suggesting that a lack of formal education among girls is significantly linked to teen pregnancy. Additionally, this research supports Human Rights Watch's (2018) conclusion that young women facing early or unintended pregnancy encounter numerous social and economic challenges in completing their education. They assert that all girls, irrespective of

their pregnancy, marital status, or motherhood, are entitled to education. The study thus underscores the social ramifications of teenage pregnancy in Jamra, notably school dropout or interrupted schooling, highlighting a critical area for intervention to ensure the educational rights of all girls are protected and fulfilled.

4.4.2 Stigmatization and Discrimination

Furthermore, the research illuminated instances of stigmatization and discrimination as significant human rights violations associated with teenage pregnancies in Breman Jamra. It was found that the fundamental rights of the participants to be treated equally and with dignity were infringed upon. Participants recounted their experiences of being stigmatized and discriminated against by neighbors, family members, and peers. These accounts underscore the pervasive societal challenge in fully accepting and integrating pregnant teenagers, highlighting a considerable gap in societal acceptance of this reality. Pregnant adolescents often face ostracization, exacerbating their sense of isolation and rejection. Such experiences are indicative of the potential for psychological distress or trauma, impacting their overall well-being. Participants shared their experiences in their own words:

> *"I became a topic of conversation among my friends, neighbours, and locals. Some people thought that even with NGO support, I would not be able to finish SHS and would instead become pregnant. Every time I moved around, I felt isolated and as though everyone was against me."* [Participant 6, Field Interview, 2022]

Echoing similar sentiments, another participant shared:

> *"Many of my friends and the neighbourhood residents hated me after I gave birth. I was embarrassed by the snide remarks that were made about me and my baby. If I had the resources to leave the community, I would have done so. The embarrassment overwhelmed me."* [Participant 7, Field Interview, 2022]

These findings align with research by Atuyambe et al. (2015) and Hodgkinson et al. (2014), which identified that teenage girls often endure physical and domestic violence as they navigate the complexities of pregnancy and childbearing. Such conditions not only infringe upon their rights but also lead to psychological distress, compounded by societal stigmatization.

4.4.3 Physical Abuse

The study discovered that certain adolescent girls in Breman Jamla experienced physical violence from their male companions. They were denied their right to be free from torture. The participants clarified this throughout the interviews. They confessed to being slapped and assaulted by their male partners due to the perception that their pregnancy was burdensome, leading to the partners being unable to handle the pressure. The participant articulated their experiences as follows:

> *"My male partner moans every time I ask him for money to buy meals or anything else. I also become furious, and this consistently angers him. He proceeds to strike and pound me"* [Participant 6, Field Interview, 2022]

These girls' vulnerability makes them susceptible to many sorts of physical assault. Adolescent females may choose to cohabiting with a male partner if their parents refuse to provide lodging, particularly if they are accountable for the pregnancy. Violence could result in bodily harm, such as injuries, bruises, and welts on their bodies. A participant recounted an incident of harm resulting from physical assault, stating,

> *"That day I misjudged him." He hit me with the metal buckle of his belt in anger. I was taken to the hospital following an assault. I had severe bodily agony and fractured one of the bones in my arm"* [Participant 8, Field Interview, 2022]

4.4.4 Social and Health Information Inaccessibility

The investigation revealed that adolescent girls in the research area faced significant barriers in accessing social support and health information. Participants reported the absence of government social welfare assistance post-pregnancy, leaving them vulnerable and without necessary support. Furthermore, there was a notable lack of access to essential medical information on pregnancy-related issues. This deficiency indicated that local health centers were ill-equipped to offer services that could mitigate any pregnancy-associated health complications. The dearth of support and information on health services underscores the infringement on the rights of these teenage girls. One participant highlighted the dire situation of healthcare services in the area.

> *"No sex, pregnancy, or health-related services are offered to us. There are just two nurses at the CHPS compound here, and they hardly pay attention to us when we visit. I didn't receive the prenatal care I needed there"* [Participant 14, Field Interview, 2022]

Moreover, the significance of social support in empowering the girls to resume their education and pursue their goals was emphasized by another participant:

> *"I was quite eager to return to school and sit for the WASSCE after becoming a mother. I could have achieved my dreams if I had received support from any government social welfare program. Now, without a certificate, I feel my potential is wasted, leaving me dissatisfied with my current situation,"* [Participant 6, Field Interview, 2022].

These findings starkly contrast the United Nations Population Fund (UNFPA)'s advocacy for a human-rights-based approach that ensures the right to accessible sexual and reproductive health information and services. This includes the availability of contraceptives, access to safe abortion where legal, the provision of comprehensive

and age-appropriate sexuality education both in and out of school settings, and the enforcement of laws prohibiting marriage before the age of 18.

CHAPTER FIVE

SUMMARY AND CONCLUSION

5.0 Introduction

The study's overall results are presented in this chapter. It aims to confirm whether the research goals and questions were met and addressed. It also presents some recommendations for future research and policy decisions as well as some significant conclusions from the findings.

5.1 Summary

This study was aimed to investigate the factors contributing to teenage pregnancies in Bremen Jamra and their impact on the health and human rights of adolescent girls in the region. This aimed to offer a comprehensive insight into the difficulties encountered by these young women, including their physical and emotional well-being, educational opportunities, societal and familial responsibilities, and general well-being. The study was based on three particular objectives aimed at examining individual characteristics that influence adolescent pregnancy. Identify specific variables that impact adolescent pregnancy, including societal, environmental, and economic influences, and examine the consequences of adolescent pregnancy on health and human rights.

The study was based on the interpretivism philosophy, which provided the epistemological and ontological framework. The study utilized a qualitative approach and a case study design. The researcher examined the viewpoints of adolescent females aged 15 to 19 to determine the causes of teenage pregnancies and their impact on the health and human rights of young girls in Breman Jamra. The study utilized

purposive sampling to choose 14 adolescents for the research. Data was collected through a semi-structured interview guide and subsequently analyzed thematically.

5.2 Key Findings

The study uncovered the following key findings:

1. Factors such as lack of contraceptive use, the influence of alcohol and drug use, exposure to sexual temptation, and curiosity were significant contributors to adolescent pregnancy.
2. Peer pressure, early marriage, economic hardship, and lack of parental control and guidance played crucial roles in influencing adolescent pregnancy.
3. The consequences of adolescent pregnancy on health included obstructed labor, preterm delivery, and low birth weight, while implications for human rights involved barriers to education, stigmatization and discrimination, physical abuse, and inaccessibility to social and health information.

5.3 Implications for Theory and Policy

The findings from Breman Jamra on adolescent pregnancy elucidate significant implications within the opportunity cost framework, particularly in economic and social realms. The individual, sociocultural, and economic factors leading to adolescent pregnancy, coupled with its health and human rights consequences, underscore the lost opportunities for teenage girls. These include foregone education, diminished employment prospects, and constrained social mobility, highlighting a tangible cost not only to the individuals but also to the community's economic development and social welfare. This scenario reflects the broader socio-economic impact, suggesting that investments in education, healthcare, and social services could significantly alter these opportunity costs, leading to improved outcomes for

individuals and society at large. The argument underscores the critical need for comprehensive strategies that address the root causes of adolescent pregnancy and its extensive implications, advocating for policies that enhance educational opportunities, healthcare access, and social support systems to mitigate the opportunity costs associated with adolescent pregnancy.

The implications for health and human rights concerning adolescent pregnancy in Breman Jamra highlight a critical need for integrated health services and human rights protections. For health, there is an urgent necessity to improve access to reproductive health services, prenatal and postnatal care, and sexual education to reduce health risks for teenage mothers and their children. From a human rights perspective, ensuring adolescent girls' rights to education, freedom from discrimination, and access to health care are paramount. Policies must prioritize safeguarding these rights to support the well-being and autonomy of adolescent girls, addressing both immediate health needs and long-term rights implications.

Adolescent girls' human rights are firmly established in international human rights (IHR) law, particularly the Convention on the Rights of the Child (CRS) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which were all affirmed by the vast majority of governments in the world. Adolescent girls' dual status as children and women, as well as their unique vulnerability to a variety of human rights abuses because of their childhood and their sex, are recognized by the breadth of these enumerated rights, which include social, economic, cultural, and political rights. However, adolescent girls encounter significant obstacles in exercising their rights because those obstacles are ingrained in

social institutions that are profoundly discriminatory and that systemically victimize and exploit them.

5.4 Conclusion

The study makes several insightful deductions based on the main findings.

1. The prevalence of adolescent pregnancy is significantly influenced by individual behaviors and decisions, such as unprotected sex and substance abuse.
2. Sociocultural pressures, environmental conditions, and economic hardships contribute to adolescent pregnancy.
3. Adolescent pregnancy adversely affects the health and violates the human rights of teenage girls, limiting their educational and future economic opportunities.

5.5 Recommendations

The study based on the findings makes the following recommendations:

1. Implementation of comprehensive sexual education programs in schools and communities that focus on the consequences of unprotected sex and substance abuse, along with promoting contraceptive use and healthy decision-making.
2. Engagement of community leaders and stakeholders in dialogues to address early marriage and economic hardships.
3. Development of programs aimed at empowering girls economically and educationally, and reinforce community support systems to provide guidance and oversight for adolescents.
4. Strengthening of health care services targeting adolescent mothers to include prenatal, postnatal, and reproductive health education.

5. Advocating for policy reforms that protect the educational rights of pregnant teenagers and young mothers, ensuring they have the opportunity to continue their education and achieve economic independence.

5.6 Suggestion for Future Studies

Future studies should delve deeper into the effectiveness of existing sexual education programs in reducing adolescent pregnancy rates, examining their content, reach, and impact on youth behavior. Additionally, research could explore the role of digital media in shaping adolescent perceptions and behaviors regarding sexuality and pregnancy. Investigating the long-term health and socioeconomic outcomes for teenage mothers and their children would provide valuable insights into the intergenerational impacts of adolescent pregnancy. Finally, comparative studies across different communities and cultures could uncover unique factors and effective interventions relevant to diverse settings.

REFERENCES

Abdul-Rahman, L., Marrone, G., & Johansson, A. (2011). Trends in contraceptive use among female adolescents in Ghana. *African Journal of Reproductive Health, 15*(2).

Addai, I. (2000). Religious affiliation and sexual initiation among Ghanaian women. *Review of religious research*, 328-343.

Adekunle, A. O., Arowojolu, A. O., Adedimeji, A. A., & Roberts, O. A. (2000). Adolescent contraception: survey of attitudes and practice of health professionals. *African Journal of Medicine and Medical Sciences, 29*(3-4), 247-252.

Adeyinka, D. A., Oladimeji, O., Adekanbi, T. I., Adeyinka, F. E., Falope, Y., & Aimakhu, C. (2010). Outcome of adolescent pregnancies in southwestern Nigeria: a case–control study. *The Journal of Maternal-Fetal & Neonatal Medicine*, *23*(8), 785-789.

Adeyinka, D. A., Oladimeji, O., Adekanbi, T. I., Adeyinka, F. E., Falope, Y., & Aimakhu, C. (2010). Outcome of adolescent pregnancies in southwestern Nigeria: a case–control study. *The Journal of Maternal-Fetal & Neonatal Medicine*, *23*(8), 785-789.

Adolescent substance use: America's #1 public health problem. The National Center on Addiction and Substance Abuse at Columbia University; 2011. http://www.casacolumbia.org/upload/2011/20110629adolescentsubstanceuse.pdf

Adzitey, S. P., Adzitey, F., & Suuk, L. (2011). Teenage pregnancy in the Builsa District: a focused study in Fumbisi. *J Life Sci Biomed*.

Ahinkorah, B. O., Hagan Jr, J. E., Seidu, A. A., Budu, E., Hormenu, T., Mintah, J. K., ... & Schack, T. (2019). Access to adolescent pregnancy prevention information and services in Ghana: a community-based case-control study. *Frontiers in Public Health*, *7*, 382.

Ahinkorah, Bright Opoku, John Elvis Hagan Jr., Abdul-Aziz Seidu, Joseph Kwame Mintah, Francis Sambah, Thomas Schack, and Thomas Hormenu (2019)a. Examining pregnancy related sociocultural factors among adolescent girls in the Komenda-Edina-Eguafo-Abrem municipality in the central region of Ghana: A case-control study. *Frontiers in Public Health 7*: 1–11

Ahonsi, B., Fuseini, K., Nai, D., Goldson, E., Owusu, S., Ndifuna, I., ... & Tapsoba, P. L. (2019). Child marriage in Ghana: evidence from a multi-method study. *BMC Women's Health*, *19*(1), 1-15.

Ahorlu, C. K., Pfeiffer, C., & Obrist, B. (2015). Socio-cultural and economic factors influencing adolescents' resilience against the threat of teenage

pregnancy: a cross-sectional survey in Accra, Ghana. *Reproductive Health, 12*(1), 1-12.

Ajayi, A. I., & Ezegbe, H. C. (2020). Association between sexual violence and unintended pregnancy among adolescent girls and young women in South Africa. *BMC Public Health*, *20*(1), 1-10.

Ajzen, I., & Fishbein, M. (1975). A Bayesian analysis of attribution processes. *Psychological Bulletin*, *82*(2), 261.

Akanbi, M. A., Ope, B. W., Adeloye, D. O., Amoo, E. O., Iruonagbe, T. C., & Omojola, O. (2021). Influence of socio-economic factors on the prevalence of teenage pregnancy in Nigeria. *African Journal of Reproductive Health*, *25*.

Alan Guttmacher Institute (2010). *U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity*. New York: Alan Guttmacher Institute.

Alhassan, E. (2015). Early Pregnancy Of Junior High School Girls Causes And Implications On Academic Progression In The Talensi District Of The Upper East Region Of Ghana.

Ampiah, J. G., & Adu-Yeboah, C. (2009). Mapping the incidence of school dropouts: a case study of communities in Northern Ghana. *Comparative Education*, *45*(2), 219-232.

Andrews, S. (2006). Sexuality and sexual health throughout the childhood and teenage years. *Sexuality and Fertility Issues in Ill Health and Disability-From Early Adolescence to Adulthood, Jessica Kingsley Publishers, London, Philadelphia*, *20*.

Aransiola, J. O., Asa, S., Obinjuwa, P., Olarewaju, O., Ojo, O. O., & Fatusi, A. O. (2013). Teachers' perspectives on sexual and reproductive health interventions for in-school adolescents in Nigeria. *African Journal of Reproductive Health, 17*(4).

Atuyambe, L. M., Kibira, S. P., Bukenya, J., Muhumuza, C., Apolot, R. R., & Mulogo, E. (2015). Understanding sexual and reproductive health needs of adolescents: evidence from a formative evaluation in Wakiso district, Uganda. *Reproductive Health*, *12*(1), 1-10.

Atuyambe, L. M., Kibira, S. P., Bukenya, J., Muhumuza, C., Apolot, R. R., & Mulogo, E. (2015). Understanding sexual and reproductive health needs of adolescents: evidence from a formative evaluation in Wakiso district, Uganda. *Reproductive Health*, *12*(1), 1-10.

Atuyambe, L., Mirembe, F., Johansson, A., Kirumira, E. K., & Faxelid, E. (2005). Experiences of pregnant adolescents-voices from Wakiso district, Uganda. *African Health Sciences, 5*(4), 304-309.

Atuyambe, L., Mirembe, F., Johansson, A., Kirumira, E. K., & Faxelid, E. (2005). Experiences of pregnant adolescents-voices from Wakiso district, Uganda. *African Health Sciences*, *5*(4), 304-309.

Ayele, B. G. K., Gebregzabher, T. G., Hailu, T. T., & Assefa, B. A. (2018). Determinants of teenage pregnancy in Degua Tembien District, Tigray, Northern Ethiopia: A community-based case-control study. *PloS One*, *13*(7), e0200898.

Ayibani, I. T. (2013). Adolescent pregnancy-A hindrance to harnessing the development potential of young people in Ghana. *Government of Ghana official Portal*.

Ayuba, I. I., & Gani, O. (2012). Outcome of teenage pregnancy in the Niger Delta of Nigeria. *Ethiopian Journal of Health Sciences*, *22*(1), 45-50.

Azevedo, W. F. D., Diniz, M. B., Fonseca, E. S. V. B. D., Azevedo, L. M. R. D., & Evangelista, C. B. (2015). Complications in adolescent pregnancy: systematic review of the literature. *Einstein (São Paulo)*, *13*, 618-626.

Baloyi, G. O. (2007). *The evaluation of the national adolescent-friendly clinic initiative (NAFCI) programme in greater Tzaneen sub-district, Limpopo Province, South Africa* (Doctoral dissertation).

Berglas, N. F., Constantine, N. A., & Ozer, E. J. (2014). A rights-based approach to sexuality education: Conceptualization, clarification and challenges. *Perspectives on Sexual and Reproductive Health*, *46*(2), 63-72.

Bester, G. (2007). Personality development of the adolescent: Peer group versus parents. *South African Journal of Education*, *27*(2), 177-190.

Black, J. C., Van Rechem, C., & Whetstine, J. R. (2012). Histone lysine methylation dynamics: establishment, regulation, and biological impact. *Molecular Cell*, *48*(4), 491-507.

Boamah, E. A. (2014). Use of contraceptives among adolescents in Kintampo, Ghana: a cross-sectional study. *Open Access Journal of Contraception*, 7-15.

Bottorff, J. L., Poole, N., Kelly, M. T., Greaves, L., Marcellus, L., & Jung, M. (2014). Tobacco and alcohol use in the context of adolescent pregnancy and postpartum: a scoping review of the literature. *Health & Social Care in the Community*, *22*(6), 561-574.

Bulley, M. (2016). Early childhood marriage and female circumcision in Ghana. Seminar on traditional practices affecting the health of women and children in Africa. Dakar: Senegal Ministry of Public Health and the NGO Working Group on Traditional Practices Affecting the Health of Women and Children; 1984.

Carey E. & Seladi-Schulman J. (2018). Teenage Pregnancy. Available at https://www.healthline.com/health/adolescent-pregnancy.

Cavazos-Rehg, P. A., Krauss, M. J., Spitznagel, E. L., Schootman, M., Cottler, L. B., & Bierut, L. J. (2011). Substance use and the risk for sexual intercourse with and without a history of teenage pregnancy among adolescent females. *Journal of Studies on Alcohol and Drugs*, *72*(2), 194-198.

Central Statistical Agency and The DHS Program ICF, 2017.*The DHS Program ICF Rockville M, USA Ethiopian Demographic and Health Survey*, vol. 201, CSA and ICF, Addis Ababa, Ethiopia and Rockville, MD, USA,

Chandra-Mouli V, Camacho AV, Michaud P-A. WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. *J Adolesc Health.52*(5):517–22.

Chandra-Mouli, V., Camacho, A. V., & Michaud, P. A. (2013). WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. *Journal of Adolescent Health*, *52*(5), 517-522.

Cherry, A. L. & Dillon M. E. (2018). Teenage Pregnancy. Available at https://www.oxfordbibliographies.com/view/document/obo-9780199791231/obo-9780199791231-0111.xml

Chowdhury, F. D. (2004). The socio-cultural context of child marriage in a Bangladeshi village. *International Journal of Social Welfare*, *13*(3), 244-253.

Christofides, N. J., Jewkes, R. K., Dunkle, K. L., McCarty, F. A., Shai, N. J., Nduna, M., & Sterk, C. E. (2014). Perpetration of physical and sexual abuse and subsequent fathering of pregnancies among a cohort of young South African men: a longitudinal study. *BMC Public Health*, *14*(1), 1-7.

Clark, S., Bruce, J., & Dude, A. (2006). Protecting young women from HIV/AIDS: the case against child and adolescent marriage. *International Family Planning Perspectives*, 79-88.

Clarke, L. (2005). Fighting the "Dual Fight" Early pregnancy and HIVAIDS. *AIDS Bulletin*, *14*(2), 12-13.

Cohen, J., Foster, J., Barlow, M., Saito, K., & Jones, J. (2010). Winter 2009–2010: A case study of an extreme Arctic Oscillation event. *Geophysical Research Letters*, *37*(17).

Conde-Agudelo, A., Belizán, J. M., & Lammers, C. (2005). Maternal-perinatal morbidity and mortality associated with adolescent pregnancy in Latin America: Cross-sectional study. *American Journal of Obstetrics and Gynecology, 192(*2), 342-349.

Connelly, L. M. (2016). Research questions and hypotheses. *Medsurg Nursing*, *24*(6), 435-436.

Cope, D. G. (2014). Methods and meanings: credibility and trustworthiness of qualitative research. In *Oncology Nursing Forum* (Vol. 41, No. 1).

Creswell, J. W. (2013). *Steps in conducting a scholarly mixed methods study.*

Crowe, M., & Sheppard, L. (2011). A general critical appraisal tool: an evaluation of construct validity. *International Journal of Nursing Studies*, *48*(12), 1505-1516.

Cruz PD (2001) *Comparative Healthcare Law.* Cavendish Publishing Limited, London 79.

de Bruyn, M., & Packer, S. (2004). *Adolescents, Unwanted Pregnancy, and Abortion: Policies, Counseling and Clinical Care*. Ipas.

de Groot, R., Kuunyem, M. Y., & Palermo, T. (2018). Child marriage and associated outcomes in northern Ghana: a cross-sectional study. *BMC public health*, *18*(1), 1-12.

de Koning, K., Jalloh-Vos, H., Kok, M., & Alpha M. Jalloh. (2013). *Realities of teenage pregnancy in Sierra Leone*. KIT Publishers.

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2011). *The Sage handbook of qualitative research*. Sage.

Dillon, A. L. C. M. E., & Rugh, D. (2001). *Teenage pregnancy: A global view*. Penn State Press.

Dillon, M. E., & Cherry, A. L. (2014). An international perspective on adolescent pregnancy. In *International handbook of adolescent pregnancy* (pp. 1-38). Springer, Boston, MA.

Doyle, O. (2020). COVID-19: Exacerbating educational inequalities. *Public Policy*, *9*, 1-10.

Dubey, R., & Dixit, S. (2014). A Cross-Sectional Study To Assess Socio-Economic Complications Of Adolescent Pregnancy In A Metropolitan City Of Central India. *National Journal of Community Medicine*, *5*(4), 428-433.

Durojaye, E. (2011). Access to contraception for adolescents in Africa: a human rights challenge. *Comparative and International Law Journal of Southern Africa*, *44*(1), 1-29.

East, P. L., & Kiernan, E. A. (2001). Risks among youths who have multiple sisters who were adolescent parents. *Family Planning Perspectives*, 75-80.

Eccles, J., Templeton, J., Barber, B., & Stone, M. (2003). Adolescence and emerging adulthood: The critical passage ways to adulthood.

Edwards, Carly; Reddington, Tom and Fiona Waters (2013) Challenging Heights Child-led Research Project 2013 Teenage Pregnancy http://challengingheights.org/wp-content/uploads/2014/11/Child-led-research-teenage-pregnancy-CH-FINAL-report-24-Oct-2013.doc

Edwards, J., Reddington, A., & Waters, E. (2013). *Teenage Pregnancy in the Central Region of Ghana: An Intervention Study.*

Envuladu, E. A., Agbo, H. A., Ohize, V. A., & Zoakah, A. I. (2014). Determinants and outcome of teenage pregnancy in a rural community in Jos, Plateau State, Nigeria. *Sub-Saharan African Journal of Medicine*, *1*(1), 48.

Eyiah-Bediako, S., Quansah, F., Omotosho, J. A., & Hagan, J. E. (2021). Assessment of Peer Pressure and Sexual Adventurism among Adolescents in Ghana: The Moderating Role of Child-Rearing Practices. *Social Sciences*, *10*(11), 418.

Farber, N. (2009). *Adolescent pregnancy: Policy and prevention services*. Springer Publishing Company.

Female Problems. (2010). Top 20 effects of teenage pregnancy. [Online] Available: www.herbal-home-remedies.com (June 7, 2022)

Finkel, M. L. (2007). *Truth, lies, and public health: How we are affected when science and politics collide* (p. 48). Westport: Praeger.

Flavin, J. (2008). *Our bodies, our crimes: The policing of women's reproduction in America* (Vol. 16). NYU Press.

Franjić, S. (2018). Adolescent pregnancy is a serious social problem. *Journal of Gynecological Research and Obstetrics*, *4*(1), 006-008.

Gage, A. J. (2013). Association of child marriage with suicidal thoughts and attempts among adolescent girls in Ethiopia. *Journal of Adolescent Health*, *52*(5), 654-656.

Ganchimeg T, Ota E, Morisaki N, Laopaiboon M, Lumbiganon P, Zhang J, et al. Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multi-country study. BJOG. 2014;121(Suppl 1):40–8.

Ganchimeg T, Ota E, Morisaki N, Laopaiboon M, Lumbiganon P, Zhang J, et al. Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multi-country study. BJOG. 2014;121 (Suppl 1):40–8.

Garfield, E. (2007). The evolution of the science citation index. *International Microbiology*, *10*(1), 65.

Geronimus, A. T. (1991). Teenage childbearing and social and reproductive disadvantage: The evolution of complex questions and the demise of simple answers. *Family Relations*, 463-471.

Geronimus, A. T., & Korenman, S. (1992). The socioeconomic consequences of teen childbearing reconsidered. *The Quarterly Journal of Economics*, *107*(4), 1187-1214.

Geronimus, A. T., & Korenman, S. (1993). Maternal youth or family background? On the health disadvantages of infants with teenage mothers. *American Journal of Epidemiology*, *137*(2), 213-225.

Ghana Statistical Service, (2015). Ghana Health Service, ICF International. Ghana demographic and health survey 2014. Rockville: GSS, GHS, and ICF International;

Ghana Statistical Service, (2015). Ghana Health Service, ICF International. Ghana Demographic and Health Survey 2014. Rockville, MD: Ghana Statistical Service; Ghana Health Service; ICF International

Gideon, R. (2013). Factors associated with adolescent pregnancy and fertility in Uganda: analysis of the 2011 demographic and health survey data. *American Journal of Sociological Research*, *3*(2), 30-5.

Gliner, J. A., Morgan, G. A., & Harmon, R. J. (2001). Measurement reliability. *Journal of the American Academy of Child & Adolescent Psychiatry*.

Gyan, C. (2013). The effects of teenage pregnancy on the educational attainment of girls at Chorkor, a suburb of Accra. *Journal of Educational and Social Research, 3*(3), 53-53.

Gyan, C. (2013). The effects of teenage pregnancy on the educational attainment of girls at Chorkor, a suburb of Accra. *Journal of Educational and Social Research*, *3*(3), 53.

Gyan, S. E. (2013). The effects of teenage pregnancy on the educational attainment of girls at Chorkor, a suburb of Accra.

Gyesaw, N. Y. K., & Ankomah, A. (2013). Experiences of pregnancy and motherhood among teenage mothers in a suburb of Accra, Ghana: a qualitative study. *International Journal of Women's Health,* 5, 773.

Gyesaw, N. Y., & Ankomah, A. (2013). Experiences of pregnancy and motherhood among teenage mothers in a suburb of Accra, Ghana: A qualitative study. *International Journal of Women's Health,* 5, 773–780.

Habitu, Y. A., Yalew, A., & Bisetegn, T. A. (2018). Research Article Prevalence and Factors Associated with Teenage Pregnancy, Northeast Ethiopia, 2017: A Cross-Sectional Study.

Hammond, M., & Wellington, J. (2013). *Research methods: The key concepts*. Routledge.

Harden, A., Brunton, G., Fletcher, A., & Oakley, A. (2009). Teenage pregnancy and social disadvantage: systematic review integrating controlled trials and qualitative studies. *Bmj*, *339*.

Henry, K., & Fayorsey, C. K. (2002). *Coping with Pregnancy: Experiences of Adolescents in Ga Mashi,* Accra.

Henry, R. (2002). *Coping with pregnancy: experiences of adolescents in Ga Mashi,* Accra.

Henry, R., & Fayorsey, C. (2002). Coping with pregnancy: Experiences of adolescents in Ga Mashi. Accra, Calverton, MD, USA: ORC Macro.

Hilary, G., Hsu, C., & Wang, R. (2014). Management forecast consistency. *Journal of Accounting Research*, *52*(1), 163-191.

Hodgkinson, S., Beers, L., Southammakosane, C., & Lewin, A. (2014). Addressing the mental health needs of pregnant and parenting adolescents. Pediatrics, 133(1), 114-122.

Hodgkinson, S., Beers, L., Southammakosane, C., & Lewin, A. (2014). Addressing the mental health needs of pregnant and parenting adolescents. *Pediatrics*, *133*(1), 114-122.

Hoffman, K. L., & Padberg, M. (1993). Solving airline crew scheduling problems by branch-and-cut. *Management science*, *39*(6), 657-682.

Hokororo, A., Kihunrwa, A. F., Kalluvya, S., Changalucha, J., Fitzgerald, D. W., & Downs, J. A. (2015). Barriers to access reproductive health care for pregnant adolescent girls: a qualitative study in Tanzania. *Acta Paediatrica*, *104*(12), 1291-1297.

Holgate, H., Evans, R., & Yuen, F. K. (2006). *Teenage pregnancy and parenthood: global perspectives, issues and interventions*. Routledge.

Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigour in qualitative case-study research. *Nurse Researcher*, *20*(4).

Human Rights Watch (2013). Leave No Girl Behind in Africa. Retrieved from https://www.hrw.org/report/2018/06/14/leave-no-girl-behind-africa/discrimination-education-against-pregnant-girls-andon 26/11/2021.

Human Rights Watch (2018). Leave No Girl Behind in Africa. Discrimination in Education against Pregnant Girls and Adolescent Mothers. Accessed https://www.hrw.org/report/2018/06/14/leave-no-girl-behind-africa/discrimination-education-against-pregnant-girls-and

Isuku, E. J., (2015). Peer Pressure and Teenage Pregnancy among Adolescent Secondary Schools Girls in Ibadan Metropolis. Research Gate: Lagos Education Review15, 2, 88 - 99

Jewitt, S., & Ryley, H. (2014). It'sa girl thing: Menstruation, school attendance, spatial mobility and wider gender inequalities in Kenya. *Geoforum*, *56*, 137-147.

Jiang, N., Kolbe, L. J., Seo, D. C., Kay, N. S., & Brindis, C. D. (2011). Health of adolescents and young adults: trends in achieving the 21 Critical National Health Objectives by 2010. *Journal of Adolescent Health*, *49*(2), 124-132.

Joesephine, P., & Premraj, C. (2016). Adolescent sexual and reproductive health. *Global Journal for Research Analysis*, *5*(5).

Kaplan, B., & Maxwell, J. A. (2005). Qualitative research methods for evaluating computer information systems. In *Evaluating the organizational impact of healthcare information systems* (pp. 30-55). New York, NY: Springer New York.

Kassa, G. M., Arowojolu, A. O., Odukogbe, A. A., & Yalew, A. W. (2018). Prevalence and determinants of adolescent pregnancy in Africa: a systematic review and meta-analysis. Reproductive health, 15(1), 1-17.

Kefale, B., Yalew, M., Damtie, Y., & Adane, B. (2020). A Multilevel Analysis of Factors Associated with Teenage Pregnancy in Ethiopia. International Journal of Women's Health, 12, 785.

Keller, E.T., Hilton, D.B. &Twumasi-Ankrah, K., 1999. Teenage pregnancy and motherhood in a Ghanaian community. *Journal of social Development in Africa*, *14*, pp.69-84.

Kirchengast, S. (2009). Teenage-pregnancies-a biomedical and a sociocultural approach to a current problem. *Current women's health reviews*, *5*(1), 1-7.

Kirk D. Factors affecting Muslim natality. Belgrade: United Nations, New York; 1967. https://www.popline.org/node/516796. Accessed 23 Jan 2023

Klein, J. D. (2005). Adolescent pregnancy: current trends and issues. *Pediatrics*, *116*(1), 281-286.

Klepinger, D. H., Lundberg, S., & Plotnick, R. D. (1995). Adolescent fertility and the educational attainment of young women. *Family planning perspectives*, 23-28.

Klepinger, D., Lundberg, S., & Plotnick, R. (1999). How does adolescent fertility affect the human capital and wages of young women?. *Journal of human resources*, 421-448.

Krebs, C. P., Lindquist, C. H., Warner, T. D., Fisher, B. S., & Martin, S. L. (2016). Campus sexual assault (CSA) study, final report (2007).

Krugu, J. K., Mevissen, F. E. F., Prinsen, A., & Ruiter, R. A. (2016). Who's that girl? A qualitative analysis of adolescent girls' views on factors associated with teenage pregnancies in Bolgatanga, Ghana. Reproductive health, 13(1), 1-12.

Kumi-Kyereme, A., Awusabo-Asare, K., & Darteh, E. K. M. (2014). Attitudes of gatekeepers towards adolescent sexual and reproductive health in Ghana. African journal of reproductive health, 18(3), 142-153.

Kumi-Kyereme, A., Awusabo-Asare, K., Tanle, A., & Biddlecom, A. (2007). Influence of social connectedness, communication and monitoring on adolescent sexual activity in Ghana. *African journal of reproductive health*, *11*(3), 133-147.

Lambani, M. N. (2015). Poverty: the cause of teenage pregnancy in Thulamela municipality. *Journal of Sociology and Social Anthropology*, *6*(2), 171-176.

Langille, D. B. (2007). Teenage pregnancy: trends, contributing factors and the physician's role. *Cmaj*, *176*(11), 1601-1602.

Leclerc-Madlala, S. (2013). Why young women in southern Africa are going for riskier older men. *Exchange on HIV/AIDS Sexuality and Gender*, *4*, 5-8.

Leftwich, H. K., & Alves, M. V. O. (2017). Adolescent pregnancy. *Pediatric Clinics*, *64*(2), 381-388.

Leishman, J., & Moir, J. (Eds.). (2007). *Pre-teen and teenage pregnancy: A twenty-first century reality*. M&K Update Ltd.

Loaiza, E., & Liang, M. (2013). Adolescent Pregnancy: A Review of the Evidence. UNFPA.

Lottes, I., & Kontula, O. (Eds.). (2000). New views on sexual health: The case of Finland. Population Research Institute.

MacPherson, P., Munthali, C., Ferguson, J., Armstrong, A., Kranzer, K., Ferrand, R. A., & Ross, D. A. (2015). Service delivery interventions to improve

adolescents' linkage, retention and adherence to antiretroviral therapy and HIV care. *Tropical medicine & international health*, *20*(8), 1015-1032.

Maharaj, P., & Rogan, M. (2008). Emergency contraception in South Africa: a literature review. *The European Journal of Contraception & Reproductive Health Care*, *13*(4), 351-361.

Malhotra, A. (2010). The causes, consequences and solutions to forced child marriage in the developing world. *International Center for Research on Women (ICRW) US House of Representatives Human Rights Commission, Washington DC*, *15*, 1-12.

Martin, J. A., B. E. Hamilton, S. J. Ventura, M. J. Osterman, E. C. Wilson, and T. J (2012). Mathews. "National vital statistics reports." National Vital Statistics Reports 61.1

Mayor, S. (2004). Pregnancy and childbirth are leading causes of death in teenage girls in developing countries.

McCleary-Sills, J., Douglas, Z., Rwehumbiza, A., Hamisi, A., & Mabala, R. (2013). Gendered norms, sexual exploitation and adolescent pregnancy in rural Tanzania. Reproductive health matters, 21(41), 97-105.

Mei-Dan, E., Ray, J. G., & Vigod, S. N. (2015). Perinatal outcomes among women with bipolar disorder: a population-based cohort study. *American journal of obstetrics and gynecology*, *212*(3), 367-e1.

Mezmur, H., Assefa, N., & Alemayehu, T. (2021). Teenage pregnancy and its associated factors in eastern Ethiopia: a community-based study. International Journal of Women's Health, 13, 267.

Michael, S. (2011). Adolescent Pregnancy in America: Causes and Responses.

Miller, E., Jordan, B., Levenson, R., & Silverman, J. G. (2010). Reproductive coercion: connecting the dots between partner violence and unintended pregnancy. *Contraception*, *81*(6), 457-459.

Miller, K. (2006). Causes of teenage pregnancy. Children and Youth Review, 19(5/6), 341- 367.

Mollborn, S., Domingue, B. W., & Boardman, J. D. (2011). Racial, Socioeconomic, and Religious Influences on School-Level Teen Pregnancy Norms and Behaviors. *Social Forces*.

Mushwana, L., Monareng, L., Richter, S., & Muller, H. (2015). Factors influencing the adolescent pregnancy rate in the greater Giyani Municipality, Limpopo Province–South Africa. *International Journal of Africa Nursing Sciences*, *2*, 10-18.

Naziru, M. T. (2017). Determinants of adolescent pregnancy: a case-control study in the Amenfi West District.

Nerquaye-Tetteh, J. O., Awusabo-Asare, K., Kumi-Kyereme, A., & Hessburg, L. (2007). Protecting the next generation in Ghana: New evidence on adolescent sexual and reproductive health needs.

Nguyen, M. C., & Wodon, Q. (2014). Impact of child marriage on literacy and education attainment in Africa. *Washington, DC: UNICEF and UNESCO Statistics*.

Nove, A., Matthews, Z., Neal, S., & Camacho, A. V. (2014). Maternal mortality in adolescents compared with women of other ages: evidence from 144 countries. *The Lancet Global Health*, *2*(3), e155-e164.

Nsakala, G. V., Coppieters, Y., & Kayembe, P. K. (2014). Cognitive and Behavioral Effects of Participatory Sex Education on the Dual Prevention of STI/HIV/AIDS and Unwanted Pregnancies among Adolescents in Kinshasa High Schools, DR Congo. *Open Journal of Preventive Medicine*, *4*(04), 204.

Nugent, R. (2006). Youth in a Global World, Population Reference Bureau.

Nugent, T.(2016). Improving data transparency in clinical trials using blockchain smart contracts. *F1000Research*, *5*.

Nyovani, M., Zulu, E., & Ciera, J. (2007) Is poverty a driver for risky sexual behaviour ? Evidence from national surveys. *African Journal of Reproductive Health*, *11*(3), 83-98.

Ochen, A. M., Chi, P. C., & Lawoko, S. (2019). Predictors of teenage pregnancy among girls aged 13–19 years in Uganda: a community based case-control study. *BMC Pregnancy and Childbirth*, *19*(1), 1-14.

Odu, K. B., & Ayodele, J. C. (2007). The menace of teenage motherhood in Ekiti State. Middle-East. *Journal of Scientific Research, 2*(3-4), 157–161.

Okechukwu, A., Ngwu C. N., Ayibo, H., (2018). Socio-economic factors that promote teenage pregnancy among secondary school students: implication for social work practice. Accesssible at https://www.researchgate.net/publication/331345691.

Ormston, R., Spencer, L., Barnard, M., & Snape, D. (2014). The foundations of qualitative research. *Qualitative Research Practice: A Guide for Social Science Students and Researchers*, *2*(7), 52-55.

Orri, M., Gunnell, D., Richard-Devantoy, S., Bolanis, D., Boruff, J., Turecki, G., & Geoffroy, M. C. (2019). In-utero and perinatal influences on suicide risk: a systematic review and meta-analysis. *The Lancet Psychiatry*, *6*(6), 477-492.

Paranjothy, S., Broughton, H., Adappa, R., & Fone, D. (2009). Teenage pregnancy: who suffers?. *Archives of disease in childhood*, *94*(3), 239-245.

Phillips SJ, & Mbizvo MT. 2016Empowering adolescent girls in sub-Saharan Africa to prevent unintended pregnancy and HIV: a critical research gap. Int J Gynaecol Obstet.;132(1):1–3.

Phillips, S. J., & Mbizvo, M. T. (2016). Empowering adolescent girls in Sub-Saharan Africa to prevent unintended pregnancy and HIV: A critical research gap. *International Journal of Gynecology & Obstetrics*, *132*(1), 1-3.

Plan International – Teenage Pregnancy. Retrieved from https://plan-international.org/sexual-health/teenage-pregnancy on 26/11/2021.

Polit, D. F., & Beck, C. T. (2013). Is there still gender bias in nursing research? An update. *Research in Nursing & Health*, *36*(1), 75-83.

Pun, K. D., & Chauhan, M. (2011). Outcomes of adolescent pregnancy at Kathmandu University Hospital, Dhulikhel, Kavre. *Kathmandu University Medical Journal, 9*(1), 50-53.

Rachel Needle, P., & Walker, L. E. (2007). *Abortion counselling: A clinician's guide to psychology, legislation, politics, and competency*. Springer Publishing Company.

Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative research in psychology*, *11*(1), 25-41.

Rowe, F. (2014). What literature review is not: diversity, boundaries and recommendations. *European Journal of Information Systems*, *23*(3), 241-255.

Santelli, J.S., Kaiser, J., Hirsch, L., Radosh, A., Simkin, L. and Middlestadt, S., 2004. Initiation of sexual intercourse among middle school adolescents: The influence of psychosocial factors. *Journal of Adolescent Health*, *34*(3), pp.200-208.

Saunders, M., Lewis, P. H. I. L. I. P., & Thornhill, A. D. R. I. A. N. (2007). Research methods. *Business Students 4th edition Pearson Education Limited, England*, *6*(3), 1-268.

Schultz, D., Schultz, M. (2013). *A history of modern psychology*. Academic Press.

Scotland, J. (2012). Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *English Language Teaching*, *5*(9), 9-16.

Sedgh, G., Finer, L. B., Bankole, A., Eilers, M. A., & Singh, S. (2015). Adolescent pregnancy, birth, and abortion rates across countries: levels and recent trends. Journal of adolescent health, 56(2), 223-230.

Senanayake, P., & Faulkner, K. M. (2003). Unplanned teenage pregnancy. *Best Practice & Research Clinical Obstetrics & Gynaecology*, *17*(1), 117-129.

Silberschmidt, M., & Rasch, V. (2001). Adolescent girls, illegal abortions and "sugar-daddies" in Dar es Salaam: vulnerable victims and active social agents. *Social science & medicine*, *52*(12), 1815-1826.

Silk, J., & Romero, D. (2014). The role of parents and families in teen pregnancy prevention: An analysis of programs and policies. *Journal of Family Issues*, *35*(10), 1339-1362.

Singh, S., & Darroch, J. E. (2000). Adolescent pregnancy and childbearing: levels and trends in developed countries. Family planning perspectives, 14-23.

Steinberg, L., & Monahan, K. C. (2007). Age differences in resistance to peer influence. *Developmental Psychology*, *43*(6), 1531.

Uganda Bureau of Statistics. Uganda demographic and health survey 2011. In. Kampala, Uganda: UBOS and Calverton. Maryland: ICF International Inc; 2011. p. 2011.

UN General Assembly. Convention on the Elimination of All Forms of Discrimination Against Women, December 18, 1979, United Nations, Treaty Series, vol. 1249, p. 13. Available at: http://www.refworld.org/docid/3ae6b3970.html. Accessed July 10, 2020.

UN General Assembly. Convention on the Rights of the Child, November 20, 1989, United Nations, Treaty Series, vol. 1577, p. 3. Available at: http://www.refworld.org/docid/3ae6b3 8f0.html. Accessed July 5, 2022.

UN General Assembly. Universal Declaration of Human Rights, December 10, 1948, 217 A (III). Available at: http://www.refworld.org/docid/3ae6b3712c.html. Accessed July 5, 2022.

UNESCO. (2017). Early and unintended pregnancy & the education sector: Evidence review and recommendations.

Unicef. (1989). *Convention on the Rights of the Child.*

UNICEF. (2012). Application of a human rights-based approach and a gender mainstreaming strategy to programming for work with adolescents in Latin America and the Caribbean. Retrieved October 15, 2022, from https://www.unicef.org/lac/Adolescentes_Unicef-en_baja(1).pdf

United Nations Population Fund (UNFPA), (2013). Motherhood in Childhood: Facing the Challenge of Adolescent Pregnancy. Retrieved from: https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP2013-final.pdf.

University of Ghana Centre for Social Policy Studies & World Vision Ghana (UG-CSPS and WVG) (2017). A Study on Child Marriage in Selected World Vision Operational Areas in Ghana.

Warenius, L. U., Faxelid, E. A., Chishimba, P. N., Musandu, J. O., Ong'any, A. A., & Nissen, E. B. (2006). Nurse-midwives' attitudes towards adolescent sexual and reproductive health needs in Kenya and Zambia. *Reproductive Health Matters*, *14*(27), 119-128.

Warenius, L., Pettersson, K. O., Nissen, E., Höjer, B., Chishimba, P., & Faxelid, E. (2007). Vulnerability and sexual and reproductive health among Zambian secondary school students. Culture, health & sexuality, 9(5), 533-544.

WHO. (2014). Adolescent pregnancy Fact sheet. *Adolescent Pregnancy Fact Sheet*, 1-4.

Williams, K., & Abdullah A. (2013). Investigating Risk Factors Affecting Teenage Pregnancy Rates in the United States.

Williamson, N. E. (2013). Motherhood in childhood: facing the challenge of adolescent pregnancy. United Nations Population Fund.

Wood, K., & Jewkes, R. (2006). Blood blockages and scolding nurses: barriers to adolescent contraceptive use in South Africa. *Reproductive Health Matters*, *14*(27), 109-118.

Wood, L., & Hendricks, F. (2017). A participatory action research approach to developing youth-friendly strategies for the prevention of teenage pregnancy. *Educational action research*, *25*(1), 103-118.

World Atlas. World Facts: Highest Teen Pregnancy Rates Worldwide 2015 [updated April 25, 2017. Available from: http://www.worldatlas.com/articles/highest-teen-pregnancy-rates-worldwide.html.

World Health Organization (2004). Adolescent pregnancy.

World Health Organization. (2011). *WHO guidelines on preventing early pregnancy and poor reproductive health outcomes among adolescents in developing countries*. World Health Organization.

World Health Organization. (2012). *Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries: What the evidence says* (No. WHO/FWC/MCA/12/02). World Health Organization.

World Health Organization. WHO.(2017) Adolescents: health risks and solutions. Geneva, Switzerland. Retrieved from: http://www.who.int/mediacentre/factsheets/fs345/en/

World Health Organization: Adolescent pregnancy Factsheet [Internet]. World Health Organization. 2014 [cited September 2014]. Available from: http://www.who.int/mediacentre/factsheets/fs364/en/

Yakubu, I., & Salisu, W. J. (2018). Determinants of adolescent pregnancy in sub-Saharan Africa: a systematic review. *Reproductive health*, *15*(1), 1-11.

Yaya, S., Odusina, E. K., & Bishwajit, G. (2019). Prevalence of child marriage and its impact on fertility outcomes in 34 sub-Saharan African countries. *BMC international health and human rights*, *19*(1), 1-11.

Yidana, A., Ziblim, S. D., Azongo, T. B., & Abass, Y. I. (2015). Socio-cultural determinants of contraceptive use among adolescents in northern Ghana.

Yin, R. K. (2012). *Case study methods.*

Zaltzman, A., Falcon, B., & Harrison, M. E. (2015). Body image in adolescent pregnancy. *Journal of Pediatric and Adolescent Gynecology*, *28*(2), 102-108.

Žukauskas, P., Vveinhardt, J., & Andriukaitienė, R. (2018). Philosophy and paradigm of scientific research. *Management culture and corporate social responsibility*, *121*(13), 506-518.

APPENDICES

APPENDIX A

Interview Guide

UNIVERSITY OF EDUCATION, WINNEBA

CENTER FOR HUMAN RIGHTS CONFLICT AND

PEACE STUDIESINTERVIEW GUIDE

Dear respondent, my name is BENJAMIN AGGREY, a final year M.Phil. Student of the University of Education, Winneba. This questionnaire is being administered to gather data for my research work titled HEALTH AND HUMAN RIGHTS IMPLICATIONS OF TEENAGE PREGNANCY AND MOTHERHOOD. A CASE STUDY OF BREMAN

JAMRA. The research is an entirely academic exercise to fulfil part of the University requirement for the award for the Master of Philosophy in Human Rights Conflict and Peace Studies. All information provided shall be treated with the highest level of confidentiality and all ethical considerations will be adhered to.

A. Individual Characteristics of Adolescent Pregnancy

1. Educational background

PRIM ( )

JHS ( )

SHS ( )

2. Age

13-15 ( )

16-19 ( )

3. Pregnancy

Pregnant ( )

Have a baby ( )

Pregnant but aborted ( )

4. Who impregnated you?

Age mate ( )

Young adult ( )

Adult ( )

5. Did he take responsibility?

Yes ( )

No ( )

Some Extent ( )

6. Living Condition if pregnant or have a baby

Married ( )

Cohabiting ( )

Alone ( )

Living with Parents/Guardian ( )

B. Individual factors that influence adolescent pregnancy?

1. Do you know contraceptive use and how to use them?
2. Do you take alcohol? Were you under the influence of alcohol engaging in sex?
3. Have you been given in to a partner at any point in your life by your parents? Did you become pregnant whilst you were with this partner?
4. Were you exposed to sexual temptation such as watching pornographic material, or being lured by a man into sexual activity? How did you handle this that led to sexual encounters and pregnancy?

C. Sociocultural, Environmental and Economic Factors that influence Adolescent Pregnancy

1. Did someone influence you into engaging in sexual activities? And how did the person doit?
2. Were you influenced by sexual activities because of economic hardship? How did that make you engage in sexual relations?
3. Are your parents/guardian the type that has control over you or not has control over you or gives you guidance or counselling or not on sexual activities? How did that influence you in engaging in sexual activities?

D. Health and Human Rights Implications of Adolescent Pregnancy

1. Did you experience any of the following health situations during the pregnancy and after

birth?

a. Labour and delivery complications ( )

b. Anemia ( )

c. Severe forms of malaria ( )

d. Obstructed labour ( )

e. Poor maternal nutrition ( )

f. Poor breastfeeding ( )

g. Low birth weight ( )

h. Infant death ( )

2. Were you forced to abort your baby when pregnant and what circumstance compelled you to do so?
3. Were you forced to drop out of school because of the pregnancy? Why did you choose to leave rather than stay and give birth and continue?

4. How did your partner, neighbours, community and friends treat you when you became pregnant and gave birth or otherwise?
5. Was your pregnancy through rape or forced sex or induced alcoholism or drug or deception? Did you feel cheated and humiliated through the incident?
6. Did you receive any social support from your parents, guardian, and an NGO or government institution when you became pregnant? How would this support be of help to your situation?
7. Did you experience any death situation during the delivery or in case you attempted abortion? Do you feel unsafe with pregnancy or abortion?
8. If you were staying with a partner, has he subjected you to any sexual exploitation or physical violence?
9. Have your parents denied you food or shelter because you were pregnant?