

# Teenage Pregnancy among Senior High School Students in Ghana: Causes, Effects and Prevention

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## ABSTRACT

From classroom to cradle, unravelling the crisis of teenage pregnancy in Ghana's senior high schools and charting a path to prevention has become very crucial. The main objective of this study was to examine the causes, effects, and prevention of teenage pregnancy among students in Senior High Schools in Ghana. Three research questions guided the study. The study employed cross-sectional descriptive survey design. The target population of the study consisted of all third year Senior High School (SHS) students totaling 1,370. A sample size of 300 students was selected for the study. Descriptive statistics was used to analyze the research data. It was concluded that teenage pregnancy is mainly caused by lack of education on the causes, effects and prevention of the phenomenon. It was also concluded that negative peer group influence and poverty can lead to teenage pregnancy. It was observed from the study that the main source of education on teenage pregnancy is the parents. Furthermore, it was observed that poverty is one of the effects of teenage pregnancy. It was recommended that parents should ensure proper supervision and monitoring of their children. Parent should give their children appropriate sex education and sanction them when necessary. Sex education should be taught as a stand-alone subject instead of being integrated into other subjects such as religious and moral education as is found in the current curriculum. This will help broaden the scope of teenage pregnancy education and increase the time allocated for its teaching and creating room for parents and other resource persons to share their rich experiences with the school children.

**Key words:** Teenage, Pregnancy, Senior High School, Students, Ghana

## INTRODUCTION

Teenage pregnancy is one of the most common problems experienced worldwide. This phenomenon is prevalent in both developed and developing countries (Kaisa Family Foundation, 2004). The term “teenage pregnancy” refers to girls who get pregnant before reaching legal adulthood, that is, those between the ages of 13-17 years (Akakpo, 2013). Children are considered real gifts from our Creator, but to some people, it is considered a mistake or a misfortune, especially when it is not planned for (Selby, 2009). The term in everyday speech refers to girls who have not reached legal adulthood (which varies across the world) and become pregnant. Teenage pregnancy can also occur when adolescents become unintentionally pregnant before they mature. A report by the Kaisa Family Foundation (2004) found that annually 13 million children are born to women under age 20 worldwide, with more than 90% of them in developing countries. Adolescent pregnancy and childbirth are the leading cause of mortality among women between the ages of 15 and 19 years in such areas. This means that the first sexual experience and childbearing may take place for many in a different personal and social context (Locoh, 2000).

Globally, adolescent pregnancy remains a significant issue, particularly in developing countries. Approximately 21 million girls aged 15-19 years in low- and middle-income countries become pregnant each year, with about 12 million giving birth. The global adolescent birth rate for girls aged 10-14 years in 2023 was estimated at 1.5 per 1,000 women (World Health Organization, 2023). Sub-Saharan Africa and Latin America

and the Caribbean have the highest adolescent birth rates globally, at 97.9 and 51.4 births per 1,000 women respectively in 2023 (World Health Organization, 2023). There are significant differences within regions and even within countries. For example, in Zambia, the percentage of adolescent girls aged 15-19 who have begun childbearing ranged from 14.9% in Lusaka to 42.5% in another region (World Health Organization, 2023). According to Katherina (2024), Niger has the highest rate of adolescent pregnancy, with 170 out of 1,000 teenagers becoming pregnant. Other countries with very high rates include Mozambique (166 per 1,000), the Central African Republic (161 per 1,000), and Mali (150 per 1,000) (Katherina, 2024). The United Kingdom has a rate of 11 pregnancies per 1,000 teenagers, which is relatively high compared to other developed nations. Common factors contributing to high teenage pregnancy rates in developing countries include lack of sex education, limited access to contraceptives, poverty, early marriage, low educational attainment, peer pressure, and inadequate parental care (Katherina, 2024). Adolescent mothers face higher risks of complications such as eclampsia, puerperal endometritis, and systemic infections. Babies born to adolescent mothers have higher risks of low birth weight, preterm birth, and severe neonatal conditions (World Health Organization, 2023). There has been a general decline in adolescent birth rates globally, but the rate of change varies across regions (World Health Organization, 2023). Many countries have seen significant reductions. For example, England has experienced a 72% reduction in under-18 conceptions since 1998 (Office for National Statistics, 2023). While there has been progress in reducing teenage pregnancy rates globally, it remains a significant issue, particularly in developing countries. Continued efforts in education, access to contraceptives, and addressing socioeconomic factors are crucial for further reducing adolescent pregnancy rates worldwide.

In Asia, industrialized and developing countries have distinctly different rates of teenage pregnancy. In developed regions, such as North America and Western Europe, teenage parents tend to be unmarried and adolescent pregnancy is seen as a social issue. By contrast, teenage parents in developing countries are often married, and their pregnancy may be welcomed by family and society. However, in these societies, early pregnancy may combine with malnutrition and poor health care to cause medical problems. Complications of pregnancy and childbirth are the leading cause of mortality among women between the ages of 15 and 19 in such areas, as they are the leading cause of mortality among older women (Akakpo, 2013).

In Europe, the rates of teenage pregnancy may vary widely within a country. The most recent data from 2021 shows that the under-18 conception rate in England and Wales was 13.1 per 1,000 young women (University of Bedfordshire, 2023). This represents a slight increase of 0.8% from 2020, but overall, there has been a 72% reduction since 1998 (University of Bedfordshire, 2023). Specifically for England, the under-18 conception rate in 2021 was 13.1 per 1,000 young women under 18 (University of Bedfordshire, 2023). This rate has seen a significant decline over the past decades, with a 68% decrease between 2007 and 2021 (Office for National Statistics, 2023). For the United Kingdom as a whole, the most recent fertility rate data from 2022 shows a rate of 1.57 births per woman across all age groups. While this is not specific to adolescents, it provides context for the overall fertility trends in the country. While the UK has made substantial progress in reducing adolescent pregnancy rates, it still has relatively high rates compared to other developed countries, with only the United States and New Zealand having higher rates among Western nations (Diabelková, Rimárová, Dorko, Urdzík, Houžvičková, & Argalášová, 2023). Romania and Bulgaria have some of the highest teenage birth rates in Europe, with a rate of 39.3 and 46.7 teenage births per 1,000 women respectively. Both countries also have very large Romani populations, who have an occurrence of teenage pregnancies well above the local average. In Canada, the teenage birth rate in 2002 was 16 per 1,000 and the teenage pregnancy rate was 33.9. According to data from Statistics Canada, the Canadian teenage pregnancy rate has trended towards a steady decline for both younger (15-17) and older (18-19) teens in the period between 1992 and 2002. Canada's highest teenage pregnancy rates occur in small towns located in rural parts of peninsular Ontario. Alberta and Quebec also have high teen pregnancy rates (Dryburgh, 2002).

The U.S. teen birth rate was 53 births per 1,000 women aged 15–19 in 2002, the highest in the developed world. If all pregnancies, including those that end in abortion or miscarriage, are considered, the total rate in 2000 was 75.4 pregnancies per 1,000 girls. Nevada and the District of Columbia have the highest teen pregnancy rates in the U.S. The Guttmacher Institute Surveys from Thailand have found that a significant minority of unmarried adolescents are sexually active. Although premarital sex is considered normal behavior for males, particularly with prostitutes, it is not always regarded as such for females (Strasburger, 2007). The

highest rate of teenage pregnancy in the world is in sub-Saharan Africa, where women tend to marry at an early age. In Niger, for example, 87 percent of women surveyed were married, and 53 percent had given birth to a child before the age of 18 (Therese, 2000). Therese (2000) further indicated that in some sub-Saharan African and other African countries, early pregnancy is often seen as a blessing because it is proof of the young woman's fertility. This is because, in most societies, sterility is viewed with contempt and shame; therefore, it is desirable for a woman to prove her fertility before the marriage is clinched (Therese, 2000).

Teenage pregnancy has been identified as one of the challenges of African countries such as Niger and Togo because adolescents do not plan for their lives, let alone for their children before they are born. A report indicated that poverty is associated with increased rates of teenage pregnancy in economically developing countries such as Bangladesh, Ghana, and Niger, which have more teenage mothers (Awotwi, 2004). In Ghana, teenage pregnancy has become a national problem due to the increasing number of teenagers engaging in premarital sex and becoming pregnant (Asare, 2007). The teenage pregnancy group is made up of girls whose ages range between 13 and 19 years. This group is normally found in Junior High Schools and Senior High Schools (Asare, 2007). In Ghana, teenage pregnancy occurs among ages as low as 13 when these teenagers have no ideas or knowledge about how to go about things concerning the pregnancy. Awabil, Baaba, Obadofin, and Kwaku (2009) indicated that some students have no option but to take their pregnancies to the examination rooms to write their final examinations. Some students also must be at the examination center for some couple of days after giving birth. Initially, the notion was that teenage pregnancy happens only to adolescents who have no educational background or guardians, but this notion seems to be wrong, as many pupils and students are getting pregnant and dropping out of school (Selby, 2009).

In a report on the rise of teenage pregnancy rates in Ghana, between 2016 and 2020, Ghana recorded 542,131 pregnancies among adolescent girls aged 15-19 years and 13,444 pregnancies among young teenagers aged 10-14 years (United Nations Population Fund, 2023). A pooled analysis of national surveys estimated the prevalence of adolescent pregnancy in Ghana at 15.4%, with rural areas showing a higher prevalence (19.5%) compared to urban areas (10.6%) (Mohammed, 2023). This is not different from the past in Ghana. For instance, Ardayfio (2007) indicated that teenage births form about 40 percent of the total births in the country. Kafoya-Tetteh (2007) reported that most of the 41 candidates who absented themselves from the 2007 Basic Education Certificate Examination (BECE) in the Wassa Amenfi West District in the Western Region of Ghana were pregnant. He further reported that 12 BECE candidates in the Kumasi Metropolis in the Ashanti Region of Ghana failed to take part in the same examination because they were in advanced stages of pregnancy. Empirical studies have confirmed two of the newspapers' reports. Adesoka, Moses, Quagrain, and Saw (2008) revealed that between 2004 and 2007, 31 adolescent girls got pregnant in six Junior High Schools in the Wassa Amenfi District. Reports from the Ho Municipal Health Directorate showed that every year between 800 and 1,000 adolescent pregnancies are recorded in the Ho Municipality of the country. This means that the mothers were not prepared for childbearing and parenthood (Awabil, Baaba, Obadofin, & Kwaku, 2009).

The Ghana Demographic and Health Survey (GDHS), which took place between 2022 and 2023, confirms that teenage pregnancy in the Central Region is very high (Ghana Statistical Service (GSS), 2024). The Central Region, where Effutu municipality is located, has been a major concern to both governmental and non-governmental organizations due to the upsurge in teenage pregnancies. About 21.3% of females between 15 to 19 years old in the Central Region are bearing children. In Effutu municipality, 36 teenage pregnancies were recorded among adolescents of school-going age in the 2013/2014 academic year, increasing to 43 in the 2014/2015 academic year. These pregnancies forced the girls to drop out of school, affecting their education (Boateng, Botchwe, Adatorvor, Baidoo, Boakye, & Boateng, 2023).

According to a past report, teenage pregnancy, especially among teenagers between the ages of 15-19 years, was 14.7 percent between 2008 and 2009 (Asiedu-Addo, 2010). It further indicated that 50 adolescent girls between the ages of 10 to 14 got pregnant from January to April 2006 in the Central Region alone. It further expressed shock and concern that the total number of early teenage pregnancies was likely to exceed 149 in 2005 and 2006, while late teenage pregnancy also increased from 3,203 in the first quarter of 2005 to 3,292 in 2006 (Asiedu-Addo, 2010). A total of 74,945 pregnant women were registered in all the facilities in the region in 2006. Out of this number, 11,564, representing 15.4%, were adolescents. Early adolescent pregnancies (10 –

14 years) continue to rise in number from 22 in 2003, 99 in 2004, 149 in 2005, and 168 in 2006. The trend remains the same: Agona District led with the highest number of 49, followed by Mfantseman with 24 teenage pregnancies (Ghana Demographic and Health Survey, 2006).

The rate at which teenage pregnancies are being reported everywhere in the country, including the Agona-West Municipality in the Central Region of Ghana, is alarming and serious attention must be given to this issue. Adolescent girls are no longer confined to the home and kitchen, so they become vulnerable to sexual harassment, leading to teenage pregnancy (Awotwi, 2004). The former insistence on moral values and social control mechanisms like the puberty rites is now a thing of the past in many communities. These days, this type of social order has broken down. There is now no adherence to puberty rites in many cultures because of one or more of the following: socialization, urbanization, or education. This, in one way or the other, has given way to moral decadence for which society is now advocating for positive measures to arrest. Previously, it was taboo for a girl to become pregnant when she was not married; especially when the traditional puberty rite which signified one's initiation into womanhood in most cultures had not been performed on her. Most adolescent girls have lost their traditional values and there is a need for our society to reconsider these cultural values and modernize them to suit the modern society (Awotwi, 2004). A study conducted by the University of Ghana Medical School revealed that adolescent pregnancy constitutes 20% of the deliveries at the Korle Bu Teaching Hospital in the Greater Accra Region (Ato, 1999). In another study by Aboalik (2004), it was discovered that from 2001 to 2003, 62 teenage girls became pregnant in some of the basic schools in the Builsa district in the Upper East Region of Ghana. Recent reports from the media have shown that adolescent pregnancy is still an educational problem and health concern in Ghana (Aboalik, 2004). In Ghana, illegal abortions are very common. Desperate girls, especially schoolgirls who become pregnant, first think of the possibility of a successful abortion. The practice of aborting a pregnancy sometimes results in death. The methods that have been tried by pregnant girls to achieve abortion are many and varied. These have been known to result in serious infections and death. Some teenage girls even lose their fertility and never have children in life (Awotwi, 2004).

### **Purpose of the Study**

The purpose of the study was to examine the causes, effect and preventions of teenage pregnancy among students in senior high schools in the Agona West municipality in the Central Region of Ghana. Specifically, the study seeks to

1. Identify the causes of teenage pregnancy in senior high schools in the Agona West Municipality in the Central Region of Ghana.
2. Examine the consequences of teenage pregnancy on the senior high schools.
3. Suggest strategies to prevent to teenage pregnancy among senior high schools.

### **Research Questions**

The following research questions were asked to guide the conduct of the study:

1. What are the causes of teenage pregnancy among Senior High School students in the Agona –West Municipality in the Central Region of Ghana?
2. What are the consequences of teenage pregnancy among Senior High Schools students in Agona-West Municipality in the Central region of Ghana?
3. What are the suggested preventions for teenage pregnancy among Senior High Schools students in Agona-West Municipality in the Central region of Ghana?

## **RESEARCH METHODS**

### **Research Design**

The study investigated the causes, effects, and prevention of teenage pregnancy among senior high school students in the Agona-West Municipality in the Central Region of Ghana. A cross-sectional descriptive survey

design was employed. This type of descriptive research provides a snapshot of a population at one or more points in time and focuses on the present status of a phenomenon. The cross-sectional design was used because it is comparatively quick and cost-effective to conduct and administer (Creswell, 2000).

## **Population**

The population comprised students. The target population of the study consisted of all third-year Senior High School (SHS) students in Agona West Municipality during the 2013/2014 academic year. However, the accessible population comprised third-year students from the six selected schools for the study. There were 13 SHSs with a third-year student population of 3,908 as of the 2013/2014 academic year (Agona West Municipality Education Directorate, 2014). The third-year students were selected for the study because, having gone through SHS for almost three years, they were in a better position to provide the necessary information for the study.

## **Sample and Sampling Procedure**

The sample size of the study consisted of 300 students. The 300 students were selected from a population of 1,370. According to Krejcie and Morgan (1970), for a population of 1,370, the suggested minimum sample size is 300. This constituted the sample size used for the study. The choice of the sample size was also informed by factors such as cost, representativeness, and sampling error tolerance. A multistage sampling procedure was employed to select students for the study. The first phase involved obtaining a sample frame (a list of all the students in the 13 SHSs) from the Agona-West Municipal District Education Directorate for 2015. The second phase involved proportional allocation of the sample size among the 13 schools such that schools with larger populations received larger sample sizes. Finally, a simple random sampling technique (random numbers generated from Microsoft Excel) was employed to select the sample (300 third-year students). This technique was used to give equal chance and opportunity for respondents to be selected.

## **Research Instrument**

The main data collection instrument was a developed questionnaire by the researchers. The questionnaire was divided into five sections. Section A covered the demographic data of respondents. Sections B, C, D, and E were structured along the following headings: the causes of teenage pregnancy; the effects of teenage pregnancy; sources of information on teenage pregnancy; and measures to prevent teenage pregnancy. Some items (comprising both closed-ended and open-ended questions) were modifications and selections from available literature. The use of the questionnaire was preferred because it ensured wider coverage and enabled the researcher to reach many respondents. This minimized the problem of no-contact faced by other methods. The questionnaire was also chosen because it is characterized by its impersonality, ensuring anonymity and consistency in responses, with no geographical limitations to its implementation. Although questionnaires potentially have a low response rate, they are relatively economical in terms of cost and time and allow time to carefully check the contents of the items (Walliman, 2005). This is important for the study, which seeks reliable information from the respondents. According to Patton (2002), researchers can get the right responses from respondents when using questionnaires. The items in sections B, C, D, and E were structured along the lines of the Likert scale. This is because such a scale enables respondents to indicate the degree of their agreement with each statement. It is easy to construct, administer, and score. Thus, statements on the Likert scale were structured on a five-point scale, requiring respondents to indicate the extent to which they agree or disagree, ranging from Strongly Disagree (SD), Disagree (D), Undecided (U), Agree (A), and Strongly Agree (SA).

## **Data Collection Procedures**

After the questionnaire was tested for validity and reliability, it was administered to the selected sample. Each school was separately contacted to arrange the appropriate time to administer the questionnaire. The questionnaire was distributed in person to all the schools to (a) explain the goals of the study; (b) direct the teachers' and students' attention to their rights during the study; (c) clarify the instructions for answering; and (d) obtain a good return rate and more accurate data. To facilitate the administration of the questionnaires, a

letter of introduction from the Department of Educational Foundations, Faculty of Education, University of Cape Coast, was presented to the headmistresses or headmasters of the respective schools. Additionally, some research assistants were trained to assist in the administration of the questionnaires. The questionnaires were distributed and retrieved on the same day. To ensure successful collection and sorting of the questionnaires, each was given a serial number according to the separate schools. All the questionnaires were returned, indicating a 100% return rate for students and teachers.

**Data Analysis Procedures**

Prior to coding and tabulation for analysis, all the items were edited to check for uniformity in following instructions and whether all items had been responded to. The responses to the questionnaire were coded by assigning them to various categories for the purpose of analysis. Research questions one, two, and three were analyzed using descriptive statistics, specifically frequencies and percentages.

**RESULTS**

**Research Question 1:** What are the causes of teenage pregnancy among senior high school students in Ghana?

The researcher was interested in finding out the causes of teenage pregnancy among senior high school students. Section ‘B’ of the questionnaires was therefore devoted to finding out why students engage in teenage pregnancy. Frequencies and percentages were used to analyse participants responses. The students were asked to indicate why students engage in teenage pregnancy. The outcome of their responses is shown in Table 1. Table 1 indicates that 268(89.3%) of the student respondents agreed that lack of education on teenage pregnancy is one of the main causes of teenage pregnancy while 28(9.3%) of them disagreed. Regarding negative peer group influence leading to teenage pregnancy, Table 1 shows that 277(92.3%) of the student respondents agreed while 14(4.7%) of them disagreed. About permissive behaviour adopted by some parents, the student responses indicate that 274(91.3%) agreed while 18(6.0%) disagreed.

**Table 1:** Causes of teenage pregnancy among senior high school students in Ghana

Statement	D (No.)	D (%)	U (No.)	U (%)	A (No.)	A (%)	Total (No.)	Total (%)
Lack of education on teenage pregnancy	28	9.3	4	1.3	268	89.3	300	100
Negative peer group influence	14	4.7	9	3	277	92.3	300	100
Permissive behaviour of some parents	18	6	8	3	274	91.3	300	100
Parents negligent attitude toward their children	19	6.3	3.00	1	278	92.7	300	100
Parents pushing their children to enter into early boy–girl relationships	68	22.7	9	3	223	74.3	300	100
Lack of recreational facilities such as football pitches	90	30	13	4.3	197	65.7	300	100
Absence of laws against teenage pregnancy	58	19.3	8	2.7	234	78	300	100
Inadequate knowledge on contraceptive use among the youth	33	11	6	2	261	87	300	100
Poverty	25	8.3	12	4	263	87.7	300	100

Sexual abuse	28	9.3	3	1	269	89.7	300	100
Indecent dressing among the youth	28	9.3	4	1.3	268	89.3	300	100
Death of parents	46	15.7	8	2.7	246	82.3	300	100
Average Frequency and Percentages	38.00	12.7	7	2.3	255	85	300	100

Table 1 indicates that 278 (92.7%) of the students agreed that parents’ negligent attitudes towards their children cause teenage pregnancy while 19(6.3%) disagreed. Table 6 also shows that 223(74.3%) of the student respondents agreed that parents pushing their children to enter early boy-girl relationship cause teenage pregnancy but 68(22.7%) disagreed.

Table 1 also indicates that majority of the student-respondents 234(78.0%) agreed to the suggestion that lack of law against teenage pregnancy can bring teenage pregnancy but 58(19.3%) were not in agreement. Table 1 reveals 261(87.0%) of the student respondents agreed that inadequate knowledge on contraceptive use among the youth cause teenage pregnancy, but 33(11.0%) were not in agreement.

Table 1 shows that majority of the student respondents 263(87.7%) agreed that poverty is one of the main causes of teenage pregnancy. Table 1 also indicates that 269(89.7%) of the students agreed that sexual abuse can results in teenage pregnancy but 28(9.3%) were not in agreement. Finally, Table 1 reveals that majority 246(82.0%) of the student respondents agreed death of parents is one of the main causes of teenage pregnancy, but 46(15.7%) disagreed.

From the analysis, it is concluded that on average, the majority 225(85%) of the students had positive perception or views concerning the causes of the teenage pregnancy. They agreed with the statements on the causes of teenage pregnancy.

**Research Question 2:** What are the consequences of teenage pregnancy in senior high school?

To obtain results on the consequences of teenage pregnancy research question 2 was formulated. The student respondents were therefore asked the consequences of the teenage pregnancy among senior high school students. Items 19 to 29 were designed to collect information in this respect. Frequencies and percentages were used to analyse participants responses. The outcome of their responses is shown in Table 2. Regarding teenage pregnancy, it can bring poverty to the teenage mother and her child, 282(94.0%) of the student respondents agreed while 17(5.7%) disagreed. Regarding teenage pregnancy resulting in serious complications during delivery, Table 8 indicates majority 28(93.78%) of the student respondents agreed, 19(6.3%) disagreed.

**Table2:** Effects of Teenage Pregnancy in Senior High School

Statement	D (No.)	D (%)	U (No.)	U (%)	A (No.)	A (%)	Total (No.)	Total (%)
Teenage pregnancy can bring poverty to the teen girl and her child.	17	5.7	1	0.3	282	94	300	100
Teenage pregnancy could end up in complications during delivery.	19	6.3	0	0	281	93.7	300	100
Insufficient preparation for family life	20	6.7	3	1	277	92.3	300	100
School drop out of the teen mother	6	2	8.00	3	286	95.3	300	100
Teenage pregnancy brings shame and disgrace to the teenage girl and her family.	11	3.7	1	0.3	288	96	300	100

Lack of respect between the victim and the culprit	18	6	7	2.3	275	91.7	300	100
Inadequate nutrition for teenage mother	27	9	7	2.3	266	88.7	300	100
Family neglect of the teenage mother	29	9.7	4	1.3	267	89	300	100
Health problems for the teenage mother	15	5	9	3	276	92	300	100
Unemployment for the teenage mother	25	8.3	8	2.7	267	89	300	100
Death through termination of pregnancy	15	5	6	2	279	93	300	100
Inadequate nutrition for the teenage child	18	6	4	1.3	278	92	300	100
Average Frequency and Percentages	18	6	5	1.7	277	92.3	300	100

Table 2 shows that teenage pregnancy can result in insufficient preparation for family life. This represents the views of majority 227(92.3%) of the respondents as against the views 20(6.7%) who disagreed. The table indicates that overwhelming majority 286(95.3%) of the student respondents agreed that teenage pregnancy can lead to school drop out of the teenage mother, while 6(2.0%) disagreed. It is further indicated in Table 2 that while 288(96.0%) of the student-respondents agreed that teenage pregnancy brings disgrace and shame to the teenage girl and her family, 11(3.7%) disagreed. Table 2 also shows that while 275(91.7%) of the student respondents indicated that lack of respect between the victim and culprit is one of the main consequences of teenage pregnancy, 18(6.0%) disagreed.

Regarding inadequate nutrition for teenage mother as consequences of teenage pregnancy, Table 2 shows that 266(88.7%) of the student respondent agreed while 29(9.0%) disagreed. About family neglecting of the teenage mother as effect of teenage pregnancy, 267(89.0%) of the student respondents agreed while 29(9.7%) disagreed. From the analysis, it is concluded that on average, majority 277(92.3%) of the students agreed to the statements on the consequences of teenage pregnancy among teenagers. These results infer those students had positive perception or view on the consequences of teenage pregnancy among students.

**Research Question 3:** What strategies can prevent teenage pregnancy among adolescents?

Teenage pregnancies among the youngster in their schooling had increased despite measures to reduce it. Section ‘E’ of the questionnaire was designed to solicit information from the respondents. The outcome of the data gathered is shown in Table 3. Frequencies and percentages were used to analyse participants responses. The result from Table 3 indicated that when parents ensure proper supervision and monitor their children by disciplining them appropriately, it will deter their children from engaging in teenage pregnancy. In this respect, while majority 285(95.0%) of the student respondents agreed, 10(3.3%) disagreed.

**Table 3:** Preventions to Teenage Pregnancy

Statement	D (No.)	D (%)	U (No.)	U (%)	A (No.)	A (%)	Total (No.)	Total (%)
Parents should give sex education at home	11	3.7	4	1.3	285	95	300	100
The youth should have adequate knowledge on the use of contraceptives from school	15	5	5	1.7	280	93.3	300	100
Parents should discipline their children appropriately	10	3.3	5	2	285	95	300	100
Teachers or schools should intensify their teaching on sex education, focusing on causes, consequences, and	10	3.3	7.00	2	283	94.3	300	100



suggested preventions of teenage pregnancy								
Religious leaders should teach causes, consequences, and preventions of teenage pregnancy	13	4.3	3	1	284	94.7	300	100
Youth should have access to facilities that promote good moral training, such as counseling centers at school and in the community	22	7.3	5	1.7	273	91	300	100
Teenage girls should dress decently	14	4.7	8	2.7	278	92.7	300	100
Punishment by the society for teenage mothers	14	4.7	3	1	283	94.3	300	100
Provision of facilities for recreational activities	12	4	4	1.3	284	94.7	300	100
Parents should provide basic needs for their children such as food, clothes, and school fees	2	0.7	3	1	295	98.3	300	100
Guidance and counseling coordinators in the school should have guidance programs for students on causes, consequences, and preventions of teenage pregnancy	2	0.7	3	1	295	98.3	300	100
Rules and regulations should be set in the community to control teenage pregnancy	4	1.3	0	0	296	98.7	300	100
Average Frequency and Percentages	11	3.7	4	1.3	285	95	300	100

It is the task of every parent to teach his or her children everything about sex and good morals at home. Results from Table 3 also shows that majority 27.3(91.0%) of the student respondent agreed that teachers should have access to facilities that promote good moral training such as counselling centres at school and communities. This view was, however, not shared by 22(7.3%) of the student respondents. Table 3 further indicate that 278(92.7%) of the student respondent agreed that teenage girls should dress decently but 14(4.7%) were not in agreement.

Regarding punishment by the society for teenage pregnancy 283(94.3%) of the student respondents agreed, but 14(4.7%) disagreed. Table 3 reveals that majority 284(94.7%) of the student respondent agree provision of facilities for recreational activities while 12(4.0%) disagreed. About the statement: parents should provide basic needs for their children such as food, clothes and school fees, 295(98.3%) of the student respondents agreed while 2(0.7%) were not in agreement. Regarding guidance and counselling coordinators in the schools should have guidance programme for students on causes, consequences and preventions for teenage pregnancy 295(98.3%) of most of the student respondents agreed, but 2(0.7%) of the student respondents disagreed. From the analysis, it is concluded that on average, majority 285(95%) of the students agreed to the statements on the remedies of preventing teenage pregnancy among students.

## DISCUSSION

Regarding research question one, the majority of respondents' views align with those of Melgosa (1997), who concluded that a lack of education on teenage pregnancy is the primary cause. Awortwi (2004) indicated that permissive parenting by some mothers and fathers allows children to do whatever they want. According to Melgosa (1997), permissive parents offer much emotional support but exhibit very little control. They are ready to listen and talk to their children but set virtually no restrictions. He concluded that some parents allow their children to dictate to them, and in some cases, these children decide for their parents what they should buy and give them.

Findings from the study indicated that negative peer influence is one of the main causes of teenage pregnancy in the Agona West Municipality. This confirms the studies of Afenyadu and Gaporadu (2003), who stated that

peer influence is a significant factor driving the sexual behavior of many adolescents, including those in Agona West. The study found that six out of every ten teenage sexual activities might be due to peer pressure. Teenagers growing up in promiscuous societies tend to date earlier than those in more conventional setups.

During adolescence, teenagers often feel pressured to make friends and fit in with their peers. Many times, these teenagers let their friends influence their decision to have sex, even when they do not fully understand the consequences. Teenagers may have sex to appear cool and sophisticated, but this can result in unplanned teenage pregnancies. The Kaiser Family Foundation (2004) stated that over 29 percent of pregnant teenagers felt pressured to have sex, and 33 percent felt they were not ready but proceeded anyway due to fear of rejection. Peer pressure is a significant factor in the early onset of sexual activity among teenagers. Colin (2003) also confirmed that peer pressure encourages both girls and boys to have sex, leading to teenage pregnancy. The study concluded that negative peer group influence is a major cause of teenage pregnancy in Agona West Municipality. Contrary to this, Awortwi (2004) indicated that the lack of sanctions for offenders, both those who impregnate and the impregnated, allows more people to indulge in sexual immorality without regret.

The study also indicated that a lack of education on teenage pregnancy is a main cause in Agona West Municipality. Many girls face teenage pregnancy due to a lack of education on the subject at home, in school, and in the media. Because most parents and teachers fail to educate teenagers about teenage pregnancy, many youth today find themselves dealing with it. Walker (2001) revealed that some parents feel uncomfortable or embarrassed talking about sexuality with their children, making it difficult to educate them on sexual issues. This is compounded by the fact that many parents are too busy with daily work to discuss matters concerning teenage pregnancy with their children.

It is important to note that schools, as social institutions, have a unique opportunity to educate youth about teenage pregnancy. Schools can continuously instruct and observe teenagers, studying their backgrounds, pressures, relationship problems, and information gaps. Other community organizations, such as churches and media outlets, also have a responsibility to educate on teenage pregnancy. However, none of these groups seem to reach as many teenagers, especially those of low socio-economic status, as schools do.

Poverty is another socio-economic factor contributing to teenage pregnancy in Agona West Municipality. With few jobs available and many residents being subsistence farmers, poverty is prevalent. Gallagher (1999) claimed that teenage pregnancy occurs in all types of communities, but teenagers who give birth are more likely to come from economically disadvantaged families and neighborhoods. Amoako (2005) confirmed that poverty is a contributing factor to teenage pregnancy in Ghana. Many children are victims of teenage pregnancy because their parents cannot support their education or provide basic needs. Consequently, they engage in premarital sex to earn money to support themselves and their families.

The study also revealed that school dropout is a major consequence of teenage pregnancy in Agona West Municipality. Pregnant schoolgirls often terminate their education, leading to a cycle of poverty. Because these girls start having children early, they tend to have high reproductive rates, resulting in many children. One consequence of teenage pregnancy in the Agona West Municipality is death through unsafe abortion attempts. Desperate girls may resort to quack medical practitioners, leading to health complications or death. Akakpo (2013) confirmed that unwanted pregnancies often result in abortion attempts, sometimes ending in tragedy.

Findings also revealed that poverty is a major consequence of teenage pregnancy in Agona West Municipality. Bour (2008) noted that teenage girls who become pregnant often lack support from the fathers of their children, leaving the financial burden to their parents or other relatives who may not be able to support them. Kirby (2007) confirmed that economic demands require a sophisticated and educated workforce, but pregnancy often causes girls to permanently terminate their education, limiting their future opportunities and perpetuating poverty.

Regarding research question three, the results indicate that both students and teachers have positive views on the remedies for teenage pregnancy. According to Taylor and Buku (2006), the problems and needs of adolescents call for guidance and counseling. Physical, physiological, and emotional changes require parents

and teachers to assist by offering socio-personal information to students. They stated that as society becomes more complex, parents and teachers should help individuals make intelligent decisions about responsible life management. The study revealed that rules and regulations should be set in communities to control teenage pregnancy, though a small percentage of student respondents disagreed.

To curb teenage pregnancy, parents should provide sex education to their children early in life. Awortwi (2004) maintained that parents are the primary sex education teachers for their children. It is their duty to help their children understand the purpose of sex in life. Parents should not wait for their children to get into trouble before teaching them about sex. They should allow their children to ask questions and provide answers to ensure they understand sex education fully. Proper supervision and discipline from parents are also crucial in preventing teenage pregnancy. White (2001) confirmed that as soon as children start to show independence, education in discipline should begin. Parents should not allow their children to show disrespect or speak harshly, as this can lead to negative outcomes later in life. Failing to require prompt and perfect obedience in childhood fails to lay the right foundation of character.

Teachers and schools also play a major role in curbing teenage pregnancy. Schools provide a holistic development of a child, and teachers serve as secondary parents. School-based sex education can enhance students' behavior, knowledge, and attitudes about sex and sexuality. Gladding and Matick (2004) concluded that teachers, as the main adults interacting with students daily, play a critical role in providing accurate information and discussing sensitive issues about sexuality.

Guidance and counseling coordinators should have programs on the causes, consequences, and prevention of teenage pregnancy. Pietrofesa (1996) confirmed that counselors must address students' relationship concerns and motivate them to become involved in relationship counseling and education to reduce unhealthy practices and teenage pregnancy. School counselors face the challenge of developing outreach strategies to solve student problems related to sexuality.

## CONCLUSION

Based on the findings of the study, the following conclusions are drawn: Teenage pregnancy is primarily caused by a lack of education, peer group influence, and poverty. The main consequences are poverty, serious complications during delivery, and school dropout. The primary sources of education on teenage pregnancy are parents, the media, and schools. To prevent teenage pregnancy, parents should ensure proper supervision and sex education for their children, and schools and the media should increase education efforts.

## IMPLICATIONS FOR COUNSELLING

1. Counsellors should be posted to all senior high schools to offer guidance and counselling service for students.
2. Counsellors should assist teenagers to make intelligent decision about responsible life management.
3. School counsellors must be trained in appropriate methods of counselling students who become pregnant or exposed to pre-marital sex.
4. Counsellors must learn to deal with the relationship concerns of their students and motivate students to become involved in relationship counselling and education to reduce unhealthy practices and teenage pregnant.
5. Counselling centers should be created or established in all communities in Ghana, especially in Agona West Municipality to offer guidance and counselling services for teenagers and adolescents to avoid teenage pregnancy.
6. Family education and family planning counseling should be offered to all teenagers providing education and employment opportunities as alternative to teenage pregnancy.

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