

UNIVERSITY FOR DEVELOPMENT STUDIES, TAMALE

**ADDRESSING THE INCIDENCE OF IN-SCHOOL ADOLESCENT PREGNANCY IN
THE TOLON DISTRICT OF THE NORTHERN REGION OF GHANA**

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THE TOLON DISTRICT OF THE NORTHERN REGION OF GHANA**

BY

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DEVELOPMENT EDUCATION**

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DECLARATION

Student

I hereby declare that this dissertation/thesis is the result of my own original work and that no part of it has been presented for another degree in this University or elsewhere:

Candidate's Signature... .. Date:

Hannah Aziwu

Supervisors'

I hereby declare that the preparation and presentation of the dissertation/thesis was supervised in accordance with the guidelines on supervision of dissertation/thesis laid down by the University for Development Studies.

Supervisor's Signature: Date:

Dr. Mamudu A. Akudugu



REPORT SUMMARY

The main purpose of this project was to address the incidence of in-school adolescent pregnancy among students in the Tolon District of the Northern Region of Ghana. The project adopted the Action Research Design to achieve its goals and objectives. The purposive sampling strategy was employed to select 60 participants from five selected communities in the District to respond to pre-intervention questions and discussions. Based on the findings, key intervention strategies, such as transect walk, community fora and health talks were organized to address the menace. The project identified lack of or insufficient sex education for adolescents as the major cause of in-school adolescent pregnancies. Poor parental care, peer pressure, exposure to pornographic materials and insufficient knowledge on sexuality and the proper use of contraceptives were other causes identified. The project therefore, outlined the following recommendations for addressing in-school adolescent pregnancy: Teachers, parents, health workers and other opinion leaders should be committed to making conscious efforts to promote sex education among adolescents. Communities should also make use of the community level resources, such as schools, teachers, clinics and health professionals, as well as religious, youth and women leaders in addressing in-school adolescent pregnancy.



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DEDICATION

This work is dedicated specially to all adolescent girls, my lecturers, family and friends.



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LIST OF ACRONYMS

ARHR	Adolescent and Reproductive Health and Rights
FGDs	Focused Group Discussion
GHS	Ghana Health Service
GES	Ghana Education Service
HBM	Health Belief Model
JHS	Junior High Schools
NGOs	Non-Governmental Organisations
PHC	Population and Housing Census
SHS	Senior High Schools
UK	United Kingdom



CHAPTER ONE

INTRODUCTION

1.1 Chapter Overview

This project was aimed at addressing the incidence of in-school adolescent pregnancy among Junior and Senior High Schools in the Tolon District of the Northern Region of Ghana. This chapter is focused on the following thematic areas: Background to the Study, Problem Statement and Rationalization, Project Aims and Objectives, Significance/Outcomes and Project Assumptions/Risks.

1.1 Project Background

The background of the project includes analysis of the incidence of in-school adolescent pregnancies based on problem conceptualization, context (global, national and local or Ghanaian) and problem statement and rationalization.

1.1.1 Problem Conceptualization

In-school adolescent pregnancy has been identified as a major setback to educational achievement and attainment of girls across the globe especially, in sub-Saharan Africa. In-school adolescent pregnancy has been a pestilence to girl child educational pursuit. According to Adzitey, Adzitey and Suuk (2013), adolescent pregnancy remains a global contender that is threatening the success of developmental docket. Many young people across the globe are said to be experimenting sex as they drive to maturity, which sometimes results in pregnancies and sexually transmitted infections, including HIV and AIDS (Sibeko, 2012).

In-school adolescent pregnancies have been identified as a major cause of school drop outs and poor academic performance among Junior and Senior High School girls. According to Adzitey et al (2013), in-school adolescent pregnancies mostly results in school dropout



among female students which goes a long way to limiting their ability to contribute meaningfully to the development efforts of their communities and nations.

According to the World Health Organization (2012), about 16 million adolescent girls give birth annually, with the greatest percentage in developing countries. The WHO Fact Sheet reports that, this situation do not only affects the educational achievements and attainments, but also, it is the leading cause of death among girls between the ages of 15 -19 due to pregnancy and childbirth related problems.

1.1.2 Problem Contexts: Global, National and Local

Adolescent pregnancy is a global issue. Although adolescent pregnancy is a challenge facing both developed and developing countries, studies have shown that about ninety per cent (90%) of all adolescent pregnancies cases are from the developing nations, especially in sub-Saharan Africa (Berglas, 2003:2).

In the United States of America (USA), studies conducted by Berglas (2003) revealed that in 1997, there were 94 adolescent pregnancies cases in every 1,000 teens. In California, Berglas reveals that about 64% of all pregnancy cases are adolescents. The studies maintained that California remains the second highest among the developed countries with adolescent pregnancy cases (Berglas, 2003:9). Currently, adolescent pregnancies in the US are twice as high as in England and Canada, four times as high as in France, and nine times as high as in the Netherlands and Japan. In California, Berglas (2003) revealeds that the state, being the most populous state in the US, has recorded the highest number of adolescent pregnancies. In 1996 alone, the state recorded about 126,300 adolescent pregnancies.



In a study conducted in Botswana, Molosiwa and Moswela (2012), more girls drop out than boys with pregnancy being one of the main reasons for their drop out. The study also discovered that more boys dropped out at the primary level than girls. Girls drop out after primary school because they sometimes fall pregnant immediately during long vacations prior to their stepping into Junior Secondary School (Molosiwa & Moswela, 2012:266).

In Botswana, Molosiwa and Moswela (2012) observed that a total of 12,837 girls dropped out of school due to teenage pregnancy. Outlining the causes of school drop out for the periods 1998 to 2002, Molosiwa and Moswela (2012) revealed that 7,228 girls out of the total number of girls who dropped out of school were pregnant, especially, girls from the rural areas. According to the report, those who dropped out of school due to school fees were only 471, while those who were expelled were only 28. Again, about 394 students could not pursue their studies due to various forms of sicknesses and ailments while a total number of 161 lost their lives. Following these findings, Molosiwa and Moswela (2012) concluded that, in-school pregnancy cases are the main cause of school drop outs in Botswana.

In South Africa, Mushwana, Monareng, Richter and Muller (2015) reported that over 72,000 girls dropped out of school in the year 2006 in the country due to in-school adolescent pregnancy. Given a breakdown of the total figure of pregnancy related dropped out cases, the researchers revealed that, about 5,868 adolescent school girls became pregnant in KwaZulu-Nata state, while about 2,542 and 5,000 in-school adolescent girls got pregnant in Gauteng and Limpopo states respectively.

In Ghana, in-school adolescent pregnancy among students has become a great concern for many educationists, policy makers and parents. Nationally, adolescent pregnancy is pegged at



12%. A study conducted by Ghana Health Service (2013) on the incidence of adolescent pregnancy in Ghana revealed that, of the 12% adolescent pregnancy rate, Northern Region alone is 10.3%. According to Ghana Health Service (2013), in-school adolescent pregnancy is more pronounced in the Tolon District. The report shows that about 7.5% of all pregnancy cases in the District are within the teen age and mostly students in either the Junior or Senior High Schools. The report maintains that, the incidence has not only impacted negatively on the academic performance and achievements of these students, but also, it has contributed greatly to increasing rate of dropouts among girls in the District.

The negative effects of these developments are many. In-school adolescent pregnancies do not only lead to school dropout among female students, but also, it results in poor academic performance. According to the District Planning Coordinating Unit (2014) of the Tolon District, about 46% of girls who perform poorly in WASSCE for the past six years in the District were those who became pregnant in the cause of their studies. It also results in health related complications such as sexual related infections, infant and maternal mortality as well as unsafe abortions which may result in loss of life or destruction of the womb (GHS, 2013). According to Korboe and Aba (2012), over 70% of adolescent girls who becomes pregnant always try to terminate it so as to avert the embarrassment that may come with it, thereby resulting in womb destruction and sometimes, deaths. Again, teenage pregnancy reinforces the poverty cycle since this child-parent may not be well equipped with any livelihood skills (Berglas, 2003).

Despite the fact that many governments, policy makers, education managers, NGOs and parents have devised numerous strategies, such as abstinence-only sex education and moral talks to deal with the issue, in-school adolescent pregnancy still persists. It is against this



background that the researcher seeks to devise strategies to reduce the phenomenon if not eradicate in-school adolescent pregnancy among Junior and Senior High students in the Tolon District in the Northern Region of Ghana.

1.1.3 Problem Statement and Rationalization

The incidence of in-school adolescent pregnancy among female students in the Tolon District has been a source of worry for many well-meaning Ghanaians, educationists, parents, governments and policy makers. As a teacher in the District, I observed that many female students in most situations return from vacations with visible signs of pregnancies or reports of having performed abortions. Some students on the other hand do not even report to school for academic work after vacations and when follow ups are made; it was most often due to pregnancy. According to the District Planning Coordinating Unit (2014:2), this situation resulted in poor academic performance in the BECE and the SSCE in the District over the past six years.

The impacts of in-school adolescent pregnancy are numerous. It does not only results in absenteeism among the affected students, but also, it affects their academic achievements and performance. Also, in-school adolescent pregnancy is the second major cause of school drop outs after poverty, among girls in Sub-Saharan Africa, which results in the continues cycle of poverty among women especially, at the rural areas (Sibeko, 2012). Again, in-school adolescent girls who gets pregnant are reported to have suffered a great deal of discrimination mostly from peers and sometimes teachers (Makunde, 2010).

A number of factors have been blamed for in-school adolescent pregnancy. They include, factors within the adolescent girls themselves and other stakeholders such as parents, teachers and school authorities, religious groups and their leadership, chiefs, elders and opinion leaders,



political leaders and the government, etc. Others are the early onset of menarch, adolescents' lack of authentic knowledge about sexuality and contraception, adolescents' desire to prove sexuality, friends and peer pressure, readiness to be independent, wrong information on sexuality from social media, lack of parental guidance, adolescents' choice of role model, etc.

Considering the negative effects of this incidence on not only the adolescent, but also, on the parents, peers, schools, the nation and the world at large, it was appropriate that lasting solutions were sought to reverse the situation.

Despite the fact that numerous measures such as abstinence-only sex education and moral talks have been put in place to address the situation, those measures have not yielded the required results, since the phenomena still persist in most communities in the Tolon District. It is against this backdrop that an effective and child-centred strategy to curbing the menace of in-school adolescent pregnancy in the Tolon District is laudable.

1.2 Project Aims and Objectives

1.2.1 Project Aims

The main aim of the project was to address the incidence of in-school adolescent pregnancy in the Tolon District of the Northern Region of Ghana.

1.2.2 Project Objectives

The objectives of the project were to;

1. Explore local people's understanding of the key causes and effects of in-school adolescent pregnancies in the Tolon District.
2. Identify and map out local level resources for addressing in-school adolescent pregnancies.



3. Help local people devise strategies for curbing in-school adolescent pregnancies using local level resources.
4. Assist community members to devise ways of sustaining local actions against in-school adolescent pregnancies.

1.3 Project Significance

The outcomes of this project will contribute to the existing knowledge and skills of addressing in-school adolescent pregnancy. The project will be very instrumental in addressing the incidence of in-school adolescent pregnancy in the Tolon District, Northern Region and Ghana as a whole. Again, the project will assist adolescents especially girls to stay away from sexually related activities which would enable them to rise above the incidence of in-school adolescent pregnancy. This would not only result in improved academic achievements and performance, but also, it would enable them complete their education successfully without any form of interruption from unprepared pregnancies. This the researcher believes would enable them to realize their educational dreams and as well contribute their quota to the development of their communities, mother Ghana and the world at large. The researcher also envisages that the project would assist parents, teachers, health workers, religious leaders, governments, policy makers and development workers to devise effective strategies to curbing in-school adolescent pregnancies. Finally, the outcome of the project would serve as a foundation for further research work on effective strategies to addressing the incidence of in-school adolescent pregnancy in other parts of the nation.



1.4 Project Assumptions/Risks

It is assumed that adolescents' lack of knowledge of their sexual and reproductive health and rights is the reason for cases of in-school adolescent pregnancy. The risk involved in carrying out this project was that sexually inactive adolescents may want to experiment secretly the family planning methods introduced to them and may end up becoming sexually active and subsequently fall pregnant. A comprehensive sex education was employed to address this.



CHAPTER TWO

LITERATURE REVIEW

2.1 Chapter Overview

To make the project more authentic, valid and scholarly, the support of relevant literature is required. The relevant literature not only clarifies the different aspects of the study but acts as confirmation of that as well. A literature review is a body of the text that aims to review the critical points of current knowledge on particular topics. The purpose of this chapter is to review the available literature related to the topic under discussion especially in areas such as conceptual analysis of in-school adolescent pregnancies, major challenges to girl-child education, in-school adolescent pregnancy: effects on girl's education and causes of adolescent pregnancy. Others are measures to addressing in-school adolescent pregnancy and health belief advocacy model.

2.2 Conceptual Analyses

Several concepts relating to adolescence were used in the course of this project among which are adolescence and adolescent, in-school adolescent, in-school adolescent pregnancies, adolescent pregnancies, school dropout, abortion, early marriage, poverty, sexual health, reproductive health, sex education, etc.

2.2.1 Abortion

Abortion is the prevention of the birth of a life baby by terminatng a pregnancy intentionally (Nkuba, 2007:16).

2.2.2 Adolescence

Adolescence is the period of transition from childhood to adulthood, the state that someone is in between puberty and adulthood. The ages range considered adolescence is from 10 years to



19 years (GES, 2008:27). At this stage of life, boys and girls experience physical and emotional changes which cause them to develop much feelings and interest in the opposite sex (GES, 2008:27). The Ghana health Service Report further categorises adolescence into two groups, thus early adolescence (10-14 years) and late adolescence (15-19) (GHS, 2015:53). Adolescence is again defined as the period of transition which covers the ages of 10 and 19 years, thus the change from childhood to adulthood. An adolescent is therefore a boy or girl who finds herself or himself within the above age brackets (Achema, Emmanuel & Moses, 2015:48).

2.2.3 Adolescent

Adolescent is a term used to describe a person between the ages of 10-19 (Makunde, 2010, Achema, Emmanuel & Moses, 2015).

2.2.4 Adolescent Pregnancy

Adolescent pregnancy refers to a situation in which a female who has not yet reached legal adulthood becomes pregnant. It is therefore pregnancy that occurs in the life of a female who is between the ages of 10-19 ((Bitter et al, 2017:2, GHS, 2015, Achema et al, 2015). Most pregnancies within the adolescent age are unplanned and unwanted with the girls being physically and emotionally immature (Achema et al, 2015:48). Pregnancies that occur before the age of 18 mostly happen soon after the very first intercourse, making the incidence unplanned and unwanted (Karine, 2012:657).

2.2.5 Child/early Marriage

Child or Early marriage is any marriage that is contracted before a girl/boy reaches 18 years with or without the consent of the girl (Jenkins, 2014).



2.2.6 Girl-child

A girl-child is a female child between the ages of zero and 18 years, thus a female child from birth to the age of puberty (Huzeru, 2012:31).

2.2.7 In-school

In-school is a term used to describe children of age four and above who are enrolled in school (GES, 2008).

2.2.8 In-School Adolescent Pregnancy

In-school adolescent pregnancy describes a situation in which an adolescent, teenaged or under-aged girl, usually within the age group 10 to 19 years, becomes pregnant while still in school (Sibeko, 2012).

2.2.9 School Drop Out

School dropout refers to a student who quits school before he or she graduates from the level or system he/she is enrolled in (Gyan et al, 2014). School dropout is also defined as a situation in which a student discontinues school with or without the determination to return to school (Molosiwa & Moswela, 2012:266).

2.2.10 Sexual Reproductive Health

Sexual Reproductive Health refers to the state in which people are able to have a satisfying and safe sex life, have the capability to reproduce and the freedom to decide if, when and how often to do so. It has to do with the experience of ongoing process of physical, emotional and sociocultural well-being as it relates to sexuality (Darko-Gyeke & Ntewusu, 2012:102).

2.2.11 Sex Education

Sex education is education on the subject of sexual activity and sexual relationships including knowledge about the male and female reproductive parts to enable the learner understand expression of sexuality, recognise the onset of puberty, gain knowledge about contraception,



sexually transmitted infections, pregnancy, child birth, parenting and family planning, etc. (Nkuba, 2007:16).

2.2 Conceptual Framework

According to Al-hassan (2015:33), a conceptual framework is “a model that allows the researcher to explore the relationship among variables in a logical and prescribed fashion”. Conceptual framework is a foundation upon which research is built. It is a presentation or a model in which the researcher conceptualizes or represents the variables in the study graphically or diagrammatically. The diagram below represents the structure or the pictorial view of the entire project work.

The conceptual framework as presented in Figure 1 is an illustration of the causes and effects of in-school adolescent pregnancy, as well as strategies to addressing it and the expected outcomes of the project. In-school adolescent pregnancy is caused by a number of factors. They include factors relating to ignorance and lack of knowledge on ARHR among adolescents, exposure to pornographic materials, long vacations without plan activities and social gatherings. Others are curiosity and uncontrolled sexual desires, lack of clear laws to punish perpetrators, peer pressure and poverty.

The major effect of this development is poor performance which leads to dropping out of school. Others are unsafe abortions which results in Maternal and infant mortality, Sexually Transmitted Infections eg. HIV/AIDS. The rest are early or unprepared marriages, stigma, and poverty, social vices such as prostitutions, pilfering and armed robbery.

In our quest to address in-school adolescent pregnancy in the District, the project adopted the following strategies which has been identified is most effective and efficient ways of addressing social issues such as in-school adolescent pregnancy. These strategies are;

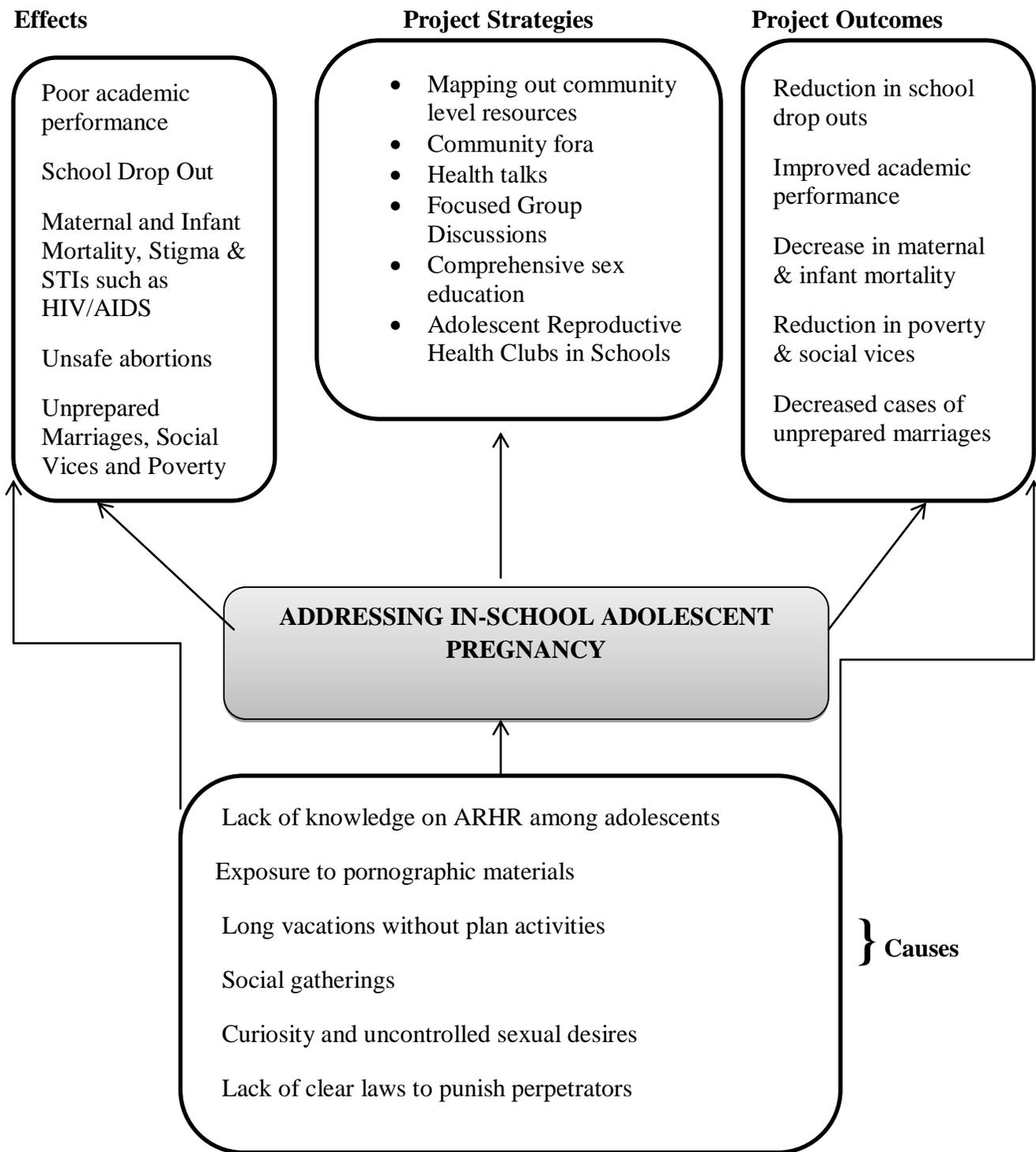


mapping out community level resources, organizing community level fora, health talks, comprehensive sex education, organizing Focused Group Discussions and the formation of community watch dogs and Adolescent Reproductive Health Clubs in Schools.

It is hoped that, with the effective implementation of these strategies, in-school adolescent pregnancy would not only be nipped in the bud in the District, but also, there would be a significant reduction in school drop outs, maternal and infant mortality, cases of unsafe abortions, child/ unprepared marriages, as well as poverty and social vices such as prostitution and pilfering. It is also hoped that the project strategies will result in lasting improvements in academic performance, attendance, retention and completion rates of students. Figure 1 in page 14 is a graphical presentation of the conceptual framework of the project.



FIGURE 1: CONCEPTUAL FRAMEWORK



Source: Authors Own Construct (2017)



2.3 Major Challenges to Girl-Child Education

A girl-child is a female child between the ages of zero and 18 years. That is, a female child from birth to the age of puberty (Huzeru, 2012:31). Girl-child education also refers to creating an enabling environment for girls between the age of four and eighteen years to attend school and receive good and quality education (Huzeru, 2012:34).

Educating the girl-child has a lot of benefits including bearing fewer and healthier babies than women with no formal education. Thus, lowering infant and child mortality rates as well as lowering maternal mortality ratios. Additionally, women's labour force is increased to benefit her home and society at large. It has been reported that educational background of a mother has a significant impact on her children's educational attainment and opportunities (Huzeru, 2012:36). In effect, girl-child education empowers women to participate in decision making on political, social and economic issues. These and several other benefits of girl-child education make it exceedingly important for its promotion.

Girl-child education is mostly not smooth sailing due to numerous challenges of various forms; poverty, child labour, peer pressure, etc. (Huzeru, 2012:40). In Ghana, studies show that women have lower literacy levels than men, irrespective of their location and age group. Girls in school are also mostly outperformed by their male counterparts in examinations, and the situation is worse in the Northern region of Ghana as compared to Greater Accra and Ashanti (Korboe & Aba, 2012:23). A number of factors have been blamed for unfortunate situation. They include, teenage pregnancy, household poverty, child labour, peer pressure, poor use of instructional time due to teacher absenteeism, and pervasive and corporal punishment. Others are, loss of self esteem due to insults for the least offences such as inability to answer questions, sexual harrassment by teachers, lack of decent washrooms for



adolescent girls, recurrent low performance and unavailability of key resources such as text books among others (Korboe & Aba, 2012).

According to the Ghana Living Standards Survey Six (GLSS 6) report, over 50% of girls particularly in rural, remote and poor areas of the country are still not accessing basic education. All the regions except the Northern Region are close to obtaining gender parity at primary level. Access to second cycle and tertiary education for females remains very poor across the three Regions of the North's rural and deprived communities (Association for Change, 2011:22).

Again, the report reveals that, there is a great disparity in educational attainments between girls and boys. The proportion of females who have never been to school (24.3%) is higher than that of males (14.6%). On the other hand, the proportion of males (22.8%) who have attained MSLC/BECE/Vocational education is higher than the proportion of females (19.3%). The same pattern is observed at the Secondary/SSS/SHS and higher category where the level of attainment is higher for males (18.0%) than for females (11.7%).

Poverty has been identified as the key challenge bedevilling of the enrolment, retention and completion rates of school children. According to the Ghana Living Standards Survey Six (GLSS 6) report, household poverty, the direct costs of education including school fees and opportunity costs of schooling all militate against girls' education in Ghana (Association for Change, 2011:23). The report maintains that, household poverty results in the family being dependant on children's contribution to the labour force to generate household income and basic food and household needs such as water and firewood. Household poverty often means the parental inability to provide the basic needs of school children such as uniforms, fees,



books, etc. Girls are affected particularly at basic and secondary school levels. The indirect costs of schooling have a greater effect on girls' education since parents in extreme poverty rely heavily on their children to support the family (Association for Change, 2011:23).

Closely linked to this is the issue of child labour. Child labour is another challenge bedeviling girl child education in Ghana; there are over 250 million child workers aged between 5 and 14 in the world. These children are denied education and health care though they work under hazardous environment (Sibeko, 2012). According to Jenkins (2014), many children in Africa are working instead of studying due to poverty and parental pressure, which results high illiteracy rates and the continuation of the poverty cycle. A research conducted in Ghana reveals that, children are trafficked for the purpose of labour as worse as prostitution (Adu-Gyamfi 2014).

The report added that, there is greater pressure on girls' unpaid labor at home. Older girls and boys from the poorest households have to sacrifice some school time to help with household chores. This situation is more pronounced in rural communities and smaller urban settlements. There are many roles in the household that are deemed to be specifically feminine. Where there are limited sources of water; girls may have to wake up earlier in the morning to queue for water. Their roles also include keeping the water vats filled, cooking, caring for younger siblings while their mothers attend to farm work or migrate, or other tasks outside the home (Adu-Gyamfi 2014, Jenkins, 2014).

This additional task on older girls means that older girls are more likely to be late to school or have inadequate time for study. They therefore, receive less from the schooling experience than boys, which mostly results in boys outperforming in school achievement tests than girls, which may consequently lead to girls dropping out of school for poor performance either by



themselves or by their parents and guardians (Adu-Gyamfi 2014). It must also be added some girls in some cases are required to work to finance their schooling. This is partly so because the Free Compulsory Universal Basic Education and its accompanying Capitation Grant policy are not able to fully cater for the needs of Ghanaian children (Korboe & Aba, 2012). Study shows that since the introduction of capitation grants in Ghanaian public schools, enrollements have increased but there is no significant impact on girls retention in school as they continually face the usual financial challenges they had prior to its introduction (Camfed, 2012:14, Korboe et al, 2011).

Child and early marriage is another serious challenge confronting girl child education in the Tolon District. A study conducted in the District on the measures to re-admit female students who dropped out of school due to in-school pregnancy cases reveals that, Tolon is a highly traditional area, with large family sizes due to polygamy. Girls are often given out in marriage at tender age (Jenkins, 2014). Jenkins defined early marriage as a marriage arrangement that is contracted before a girl reaches 18 years with or without her consent. He added that, early or child marriage constitutes a form of violence against girls since it undermines the health and autonomy of millions of young girls. The legal minimum age of marriage is usually lower for females than for males. In many countries, the minimum legal age for marriage with parental consent is considerably lower than without it; more than 50 countries allow marriage at 16 or below with parental consent. Early marriage leads to childhood teenage pregnancy, and can expose the girl to HIV/AIDS and other sexually transmitted diseases. It is also associated with adverse health effects for her children, such as low birth weight. Furthermore, it has an adverse effect on the education and employment opportunities of girls (Adu-Gyamfi, 2014:64).



The absence of school infrastructure leading to long distances from home to school, teacher absenteeism, limited teacher time on task, unavailability of sanitation facilities, water and school based gender violence affect girl's education (Association for Change, 2011). Other issues include unavailability of textbooks, teacher professionalism, methodological skills and language of instruction. These conditions often lead to poor performance in school, loss of motivation for learning and eventual drop out particularly in under-resourced schools in rural Ghana. For children yet to enter into school, these school conditions can influence parents' decisions in sending children to school (Association for Change, 2011).

The lack of potable water in schools is also another barrier to girls' education at the Junior and Senior High Schools. Learning time is often lost in the rural areas when pupils, often girls, have to travel long distances to fetch water during school hours (Association for Change, 2011). Another related barrier is lack of separate toilet and urinal facilities for girls in schools. Gender insensitive school environments such as lack of separate toilet facilities are another main cause of absenteeism and school dropout among girls at Junior and Senior High Schools in Ghana. This is so because of the need for privacy and safe environments among girls especially during their menstrual cycle (Association for Change, 2011). According to Association for Change (2011), unhealthy and unsafe school environment reduces the demand for education, particularly among girls. Punishment, gender-violence, verbal abuse by teachers and bullying among pupils can adversely affect school enrolment, attendance and retention of girls. Studies on sexual abuse in Ghanaian schools revealed that, issues of sexual harassment and sexual related abuse is widespread, especially at Junior and Senior Secondary School levels in Ghana (Association for Change, 2011).

In a nutshell, it must be stated that there is a need to add that it is usually not a single factor that causes girls to stay out of school or to participate only irregularly. Abuse of instructional time; parental pressure on teenage girls to marry; the pervasiveness and severity of corporal punishment; insults routinely hurled at children for the least offence (e.g. soiled or damaged clothing; inability to answer a question) leading to a loss of self-esteem; lack of key resources such as textbooks and electrical lighting in most parts of the rural savannah. These fuel a spiral of increasingly low achievement and loss of motivation for schooling. As suggested above, the challenges are inter-linked and not easy to unpick; these factors mostly do not operate independently. The barriers to girl-child education are therefore not presented in any order of significance in this study as each is greatly impactful.

2.4 In-School Adolescent Pregnancy: Meaning and Effects on Girl's Education

In a study to assess the socio-cultural factors that facilitate the high rate of adolescent pregnancy in Mtwara Municipality, South Africa, Makunde (2010) sees adolescent as a term used to describe persons between the ages of 10-19. Adolescence is also said to be development phase in the human life cycle that is situated between childhood and adulthood (Mushwana, 2015:10). Adolescence is the period of transition from childhood to adulthood, the state that someone is in between puberty and adulthood. The ages range considered adolescence is from 10 years to 19 years (GES, 2008:27). At this stage of life, boys and girls experience physical and emotional changes which cause them to develop much feelings and interest in the opposite sex (GES, 2008:27). The Ghana health Service Report further categorises adolescence into two groups, thus early adolescence (10-14 years) and late adolescence (15-19) (GHS, 2015:53; GSS, 2013).



Adolescent pregnancy refers to a situation in which a female who has not yet reached legal adulthood becomes pregnant (Bitter et al, 2017:2). Adolescent pregnancy is therefore pregnancy that occurs in the life of a female who is between the ages of 10-17. The trend in Ghana has shifted since there are fewer cases of adolescent pregnancy among adolescents between the ages of 10-14 and many more cases among adolescents between the ages of 15-17 (GHS:2015).

According to Makunde (2010), adolescent pregnancy is one of the post global challenges posing potential threat to future generations with the highest records in sub-Saharan Africa and approximately 53% of the total women population give birth before age 18. In Ghana, adolescent pregnancy is a serious issue as parents of the adolescent girls who fall pregnant are greatly burdened (Kumi-Kyereme, Awusabo-Asare & Dartey, 2014).

In-school adolescent pregnancy describes a situation in which an adolescent, teenaged or under-aged girl, usually within the age group 10 to 19 years, becomes pregnant while still in school (Sibeko, 2012). Becoming pregnant while still at school happens at the wrong time for a girl as it affects very much their education and often ends up ruining their future, thus the consequences of in-school adolescent pregnancy are enormous for the girl, her family, father of the child, the baby and society (Sibeko, 2012:9).

In-school adolescent pregnancy may include health risks such as complications during pregnancy or delivery, and secondary infertility if an abortion is done. In addition, the possibility of dropping out of school is high, which results in a lack of educational qualifications and future employment (Mushwan et al, 2015).



Regularity and punctuality of a girl to school may be challenged if she falls pregnant. Some of the most common physical problems associated with pregnancy are nausea and vomiting, dizziness, tiredness and oedema which may result in absenteeism; also antenatal clinic attendance and delivery are likely to cause absenteeism (Sibeko, 2012).

Poor academic performance is a serious adverse effect of in-school adolescent pregnancy. Most school girls who fall pregnant most often than not has serious challenges relating to regular attendance and punctuality to class, as well as concentration (Makunde, 2010). Also, pregnant in-school adolescent girls are discriminated against and in some cases, may be prevented from partaking in excursions, school functions and activities. Their colleagues worsen their plight by refusing to share desk and toilet facilities with them, their company is avoided and they are sometimes teased and made fun of. Discrimination in the school leads a girl to feel embarrassed and due to this stigma, an in-school adolescent pregnant girl may drop out of school (Makunde, 2010).

Dropping out refers to situation where a student quit school before he or she graduates from the level or system he/she is enrolled in (Gyan et al, 2014). School dropout is again defined as a situation in which a student discontinues school with or without the determination to return to school (Molosiwa & Moswela, 2012:266). According to Molosiwa and Moswela, more girls drop out than than boys with pregnancy being one of the main reasons for their drop out. The study also discovered that more boys dropped out at the primary level than girls while double of the number of girls drop out after primary school because they sometimes fall pregnant immediately during long vacations prior to their stepping into Junior Secondary School. Additional reasons for which a child may drop out of school are that, she may not be able to cope with caring for a baby and attending school, inadequate resources to navigate the world



of parenting and schooling thus the need to leave school and find work to earn for the baby (Sibeko, 2012).

Another major effect of adolescent pregnancy is loss of lives due to unsafe abortions. According to Korboe and Aba (2012), the tendency of students who become pregnant while in school to opt for abortion of all sorts are higher than those who would keep the pregnancy till delivery. Over 70% of adolescent girls who becomes pregnant try to terminate it so as to avert the consequences that may come with it. This situation has most often than not results in loss of precious lives. Abortion has been noted to be the second single largest cause of maternal deaths in Sub-Saharan Africa. In a Focus Group Discussion (FGD) held in Bulpela, a suburb of Tamale in the Tamale metropolis, Korboe and Aba (2012) revealed that, abortion is very rampant but highly a secret. They also maintained that such girls mostly go for unsafe and illegal abortions due to issues of cost and religious stigma (Korboe & Aba, 2012). Taking drugs without prescription and the intake of postinor-2, among others are some of the means by which some girls adopt to terminate their pregnancies in order to avoid the social stigma associated with pre-marital sex and teenage pregnancy (Korboe & Aba, 2012).

Teacher's attitude has also been identified as a great challenge for in-school adolescent pregnant girls. According to Sibeko (2012), most education professionals find it unpleasant having pregnant girls and adolescent mothers in their schools and they wish that these girls be put together in a special school where they can take care of their pregnancies and babies. This is because they lag behind in academic work and may even influence other girls to tow their line and also lead many students into sexual promiscuity. The Ghana Education Service also lacks a proactive policy that facilitates re-integration of girls who drop out of school due to pregnancy. In a Focus Group Discussion held at Bulpela, a suburb of Tamale in the Northern



Region, Korboe and Aba (2012) posit that it is very rare for adolescent girls to return to school after they are delivered of their babies. According to HEART (2015), Ghana has no policy to determine when adolescent school girls who fall pregnant should leave school to have their babies, no formal education is provided while they are away having their babies, neither is there any kind of support to go back to school once they have their babies and to overcome negative attitudes (Bolton, 2015).

Unlike Ghana, in the United Kingdom, Bolton (2015) reveals that, school girls who fall pregnant are encouraged to stay in school for as long as possible before giving birth and entitled to 18 weeks maternity leave to be taken before and after the baby is born, she is also supported with transport. During the 18 weeks of leave, one on one tuition is provided 5 hours per day by a qualified teacher with the effort of local authorities, this system is most effective in Brighton and Hove. Upon return to school, she is given pastoral and education support from a named teacher. She is also protected from discrimination based on the Equality Act 2010. Parents are also obliged under the Education Act 1996 to ensure that such girls are regular and punctual to school (Bolton, 2015:3).

2.5 Causes of Adolescent Pregnancy

In a study conducted in Botswana on the effects of pregnancy on schoolgirl's education, Sibeko (2003) identified lack of knowledge about sexuality, peer pressure, independence, influence of the media, early menarche, beliefs about fertility, unavailability of contraceptives, Poor socioeconomic conditions, risk-taking behavior and role modeling as the causes of in-school adolescent pregnancy. According to Berglas *et al* (2003), individual factors, family (in terms of its socioeconomic status and structure, values and role modeling, parental support and communication), choice of friends and peers, age of decision to have romantic and sexual



partners, organized and disorganized nature of communities, sexual content in media and government policies. Another study conducted in the Talensi District by Alhassan (2015) also identified poverty which is an effect in itself, lack of sex education, peer group influence, low usage of family planning methods, cell phone usage, funerals, uncontrollable sexual desire, death of parents and ignorance as factors contributing to in-school adolescent pregnancy.

Traditional or cultural beliefs and treatment of sex topics as taboos, family background, gender discrimination and violence against women, sexual behaviour as a result of lack of parental guidance and peer pressure as well as policy issues have also been identified as the causes of in-school adolescent pregnancies (Makunde, 2010; Mushwana et al, 2015).

Berglas et al (2003) report that, older adolescents are more likely to engage in sexual activities and consequently fall pregnant. This results from testosterone levels, physical and social changes and increased opportunity because of freedom. A finding showed African American youth having sex at an earlier age, getting pregnant and giving birth than their white peers. This led to the conclusion that, race and ethnicity as well as cultural differences determines the risk of pregnancy among adolescents (Berglas et al 2003). As at 2011, findings showed that one half of all Ghanaian adolescents were sexually active by the age of 18, typically before marriage. Also about 11% of 19 year olds in urban areas had begun childbearing and 16% for rural areas (Korboe & Aba, 2012). Additionally, an adolescent's level of attachment to school determines the risk level she stands to be pregnant as it was observed that girls who were already under performing and were less punctual were those who most often fell victim to pregnancy. Though with unclear reasons, studies also shows that positive feelings about school motivate adolescents to avoid risky behaviors such as sexual activity (Berglas et al 2003).



Also, the school environment is another course of in-school adolescent pregnancy. Schools with structured activities have been identified to be very effective in avoiding pre-marital sex than schools with open or unstructured activities (Berglas *et al* 2003). A study conducted in Botswana revealed that, adolescent pregnancy was highly rampant at the Junior High schools compared to all other levels of the educational ladder. This according to the study emanates from failure to transcribe long vacation periods of students into beneficial schedules; thus allowing teenagers free time to commit their idleness to engaging in intimacy with the opposite sex (Molosiwa & Moswela, 2012). Being a childhood victim of sexual abuse can also contribute to one falling pregnant during adolescent age and a more common antecedent among white young women .

Lack of authentic knowledge about sexuality of the adolescent is another cause of adolescent pregnancy. Sibeko (2012) indicated that adequate knowledge about sexuality can only be obtained by education and the family milieu, since parents are regarded as the most suitable vessels for educating children about their sexual life. Unfortunately, Sibeko (2012) maintains that, in certain cultures, issues of sexuality are the least spoken about or discussed by members of the family. Sex is regarded as a taboo in most homes and must not be discussed at all. Because of these beliefs, mothers and elder siblings who are expected to educate young adolescent girls on their sex lives including the onset of menarche are not encouraged to. Young adolescent girls are therefore left to seek such knowledge about their sex life from multiple sources such as peers and friends which sometimes leads them astray, since these friends and peers may seldom have the correct or complete information about these issues. Korboe and Aba (2012) add that the information about sex and reproductive health that

adolescents acquire from their peers and social media are most often very general, hence, not relevant to the specific needs of individuals.

Adolescents who are inquisitive about their sexual and reproductive health issues are most often than not tagged as immoral. This culture of silence has therefore left many innocent young girls and boys confused. Kroboe and Aba (2012) identified the culture of silence on sexuality as the major cause for in-school adolescent pregnancy in Africa. They maintained that, most adolescents do not seek Sexual and Reproductive Health knowledge from health workers due to issues of confidentiality, privacy and cost since family planning is not covered under health insurance (Kroboe & Aba, 2012).

Similar to the above cause is the fact that many adolescent school girls know almost nothing about contraceptives. This is the prevention of conception by using an agent such as a condom, spermicidal pessary or cream, cervical diaphragm or intrauterine device, oral contraception or natural methods (Philemon, 2007). Most girls are provided with at most very little and vague information about sexual matters and contraception by their mothers, other relatives or educators. For many girls, friends give them information about contraceptive methods or they occasionally visit clinics in small groups for information and advice. One reason for the high pregnancy rate amongst teenagers is that they use no method of contraception because they fear that contraception could cause infertility, the belief that contraceptives can make you sick, contraceptives diminished sexual feelings, limited and inaccurate knowledge about contraceptive methods, and some girls do not use birth control because they want to get pregnant and finally the unavailability of contraceptives. There are however, some other adolescents who use contraception but yet experience unplanned



pregnancy due to the simultaneous consumption of other medicines such as antibiotics without doctor's advice since most of these medicines are bought over the counter (Santos, 2012).

Friends and peer pressure is another cause of adolescent pregnancy. Friends and peers are agents of socialization just like parents and siblings who set standards of conduct and thus shaping the development of sexual attitudes. When adolescents have friends who are not attached to school, have poor grades, abuse drugs or delinquent behavior, they are likely to be influenced (Berglas et al, 2003). Adolescents are mostly influenced into sexual activities by their peers which frequently end up with adolescent pregnancies (Philemon, 2007).

Furthermore, the influence of the social media is another cause of in-school adolescent pregnancy. A wide range of social mediums such as Facebook, instagram, whatsApp, utube among others and other technological devices such as the television, videos, films and magazines has exposed many young people to unhealthy sexual related issues such as love-making and sex positions and how to enjoy sex, thereby having negative effects on them (Santos, 2012, Berglas et al, 2003). It increases their desire to experiment, experience and enjoy it practically. On the contrary, there are few scholars who think that sexual content on TV has enabled young people to learn positive lessons such as how to say no to an uncomfortable sexual situation, how to talk to a boyfriend or girlfriend about safer sex and discussions on sex due to scenes they see on TV (Philemon, 2007, Korboe & Aba, 2012). However, the majority thinks that images, movies, song lyrics, videos and adverts skew adolescents' understanding of sexual behavior without presenting the consequences of sexual activity. It has been shown that the portrayal of teen sex affects adolescents' sexual activity, and that sexually active teens watch more media programming containing sexual content than adolescents who are not sexually active (Berglas et al, 2003, Santos, 2012, Sibeko (2012).



The desire to prove one's fertility is another cause of in-school adolescent pregnancy. According to Sibeko (2012), the perception that the ability of a lady to have children before marriage as proof of fertility has pushed many young girls to become pregnant at their teen ages. A girl's sexual partner often would want to prove his fertility by fathering a child and pregnancy will prove love and commitment (Sibeko, 2012). For some girls, they risk the chance of adolescent pregnancy with a mentality of reaching benefits such as love, maturity, responsibility and a better relationship with the baby's father, such adolescents are ambivalent and are usually from disadvantaged backgrounds (Berglas et al, 2003). Aside being ambivalent, there are several other adolescents who engage in high-risk behaviours such as the use of drugs and alcohol, physical fights and unprotected sex. Once an adolescent finds herself/himself in one of the above, she/he could be influenced to do any other of or all of the rest. Using alcohol can increase the chance of having unprotected sex and thus falling pregnant (Berglas, 2003).

Poverty as Berglas et al (2003:23) puts it "can be both the consequence and the cause of teen pregnancy". This is to say poor adolescents are more likely to become pregnant and bear children, and adolescents who bear children are more likely to become poor. Poverty as a socioeconomic challenge accounts greatly for the prevalence of in-school adolescent pregnancy. Poverty rate in Ghana was pegged at 11% in 2006 while the Northern Region, the location of Tolon was pegged at as high as 52.3% (Korboe & Aba, 2012). In-school adolescent girls from families with a low socioeconomic status often engaged in unprotected sexual activities with the aim of becoming pregnant in order to receive money from the father or child grant to improve their circumstances (Sibeko, 2012). Berglas et al (2003) adds that the socioeconomic status of an adolescent's family is a contributory factor to the risk of



adolescent pregnancy. According to him, children of parents with low educational attainment, occupation and income are more likely to have sex at an early age, not use contraception consistently, and become pregnant or cause a pregnancy. In Ghana, adolescents from poorer households are likely to begin childbearing earlier than peers from wealthier households (Korboe & Aba, 2012). In other words a lack of necessary material resources to meet the needs of adolescents because of their parents' poor socio-economic status puts adolescent girls at a greater risk of pregnancy (Philemon, 2007).

Another cause of in-school adolescent pregnancy is the issue of whom a child sees as a role model. Movie stars and actresses in soap operas, who are single mothers or have children before getting married are often idolized by adolescent schoolgirls and viewed as role models. Also if parents of girls fell pregnant during adolescence, they are likely to do same (Sibeko, 2012).

Berglas et al (2003) adds that large family size, single parenting or no parenting may lead to adolescent pregnancy because adolescents look to their parents as role models and very often reproduce their behaviour. Therefore, it is not surprising that teens are more likely to initiate sex and become pregnant if their parents are having sex outside of marriage, are cohabitating with a romantic or sexual partner, have had a child outside of marriage, or gave birth as an adolescent. Other times, watching an elder sister get pregnant in adolescence and raise a child with support from family causes the act to lose its stigma and entice younger adolescents.

2.6 Measures to Address In-School Adolescent Pregnancy

Sex education seems to be the main tool that is being used to combat adolescent pregnancy. Education that is given to combat adolescent pregnancy comes in two forms; abstinence-only education and comprehensive sex education (Bitter et al, 2017). Abstinence-only education is



a form of sex education that intends to conceptualize all forms of sexual activities that occur outside marriage as wrong, by this, adolescents do not need to be educated on safe sex practices. These programs teach that abstinence is the expected standard for school age children and there is the belief that abstinence-only education delays teen sex when it is taught to adolescents, this emphasizes also on the negative physical, physiological and social results of sexual activity outside of marriage (Sibeko, 2012). The good news is that abstinence is the sure way adolescents can escape sexually transmitted diseases, pregnancy and emotional turmoil which result from sexual activity. Emotional and physical maturity, development of self esteem and stronger friendship result from waiting to have sex only in marriage. This is mainly why conservative communities believe in the value of abstinence-only education. Though widely implemented for the past decades, its ability to prevent sexual activity is statistically insignificant. It has been criticized of withholding information that could help adolescents make better decisions and is simply unsuccessful.

There is a great reliance on comprehensive sex education to prevent adolescent pregnancy in recent times, due to the failure of abstinence-only sex education. This is the kind of education that strives to inform adolescents of the essence of abstinence as well as provide essential information to assist in protecting their health if they do engage in sexual activity. Though not perfect, comprehensive sex education programs are proven to have contributed immensely to the decrease in rates of adolescent pregnancy since 2006 (Bitter, 2017).

Comprehensive Sex Education is criticised of giving mixed messages by encouraging abstinence while still teaching birth control methods and therefore less effective at encouraging abstinence. Some religious groups criticise comprehensive sex education of being an encourager of sexual activity and the use of contraceptives. Comprehensive Sex Education

is undoubtedly more expensive compared with abstinence only. There is however low-cost strategies that could be employed such as the use of social media (Bitter, 2017).

2.7 Health Belief Advocacy Model

The concept of in-school adolescent pregnancy can be analysed from the perspectives of several behavioural theories. Behaviour change among in-school adolescents as well as the stakeholders involved will contribute greatly to addressing the incidence of in-school adolescent pregnancy. The concept of this project was thus analysed through a behaviour change theory. Theory of change can be defined as the conceptual model for achieving a collective vision (Stachowiak, 2013:1). A theory of change typically addresses the linkages among strategies, outcomes and goals that support a broader mission and vision, along with the underlying assumptions that are related to these linkages (Stachowiak, 2013:1). Theories of behavioural change are helpful to choosing effective advocacy strategies and focusing evaluation efforts on very relevant outcomes (Cohen, Karkara, Stewart, Rees, Coffman, 2010:39).

In-school adolescent pregnancy is considered a social issue and sometimes a health issue as well (Rutaremwa, 2013:30). According to Rutaremwa (2013), in-school adolescent pregnancy is a social issue because, it is a moral issue which seems to be a deviation from the societal norm of “matured”, – which include, complete education, get job, marry and then procreate. It is also a health issue because, it is msot often associated with maternal related health complications such as depression, still births, infant and maternal mortality as well as high tendency of abortion.



Based on this fact, the advocacy model being implemented is the Health Belief Model (HBM) which was developed by Irwin Rosenstock in 1966. The HBM has been identified as one of the earliest and most influential models in health promotion because it enables negative health behaviours in the community to be addressed through community organization with all hands on the wheel, to yield good and timely results as well as leading to community ownership and sustainability. The model initially included four constructs thus perceived susceptibility (a person's subjective assessment of their risk of getting the condition as contrasted with statistical risk), perceived severity (the seriousness of the condition and its consequences), Perceived barriers (both those that interfere with and facilitate adoption of behaviour such as side effects, time, and inconvenience) and perceived cost of adhering to the proposed intervention (Brindis, Sattley and Mamo, 2005:56). The Health Belief Model is one of several models designed to help health educators and practitioners to plan, implement and evaluate programs. According to WHO (2012:22-23), the Health Belief Model is a behaviour change model meant to explain human health decision-making and subsequent behaviour. The WHO reports that, social psychologist way back in 1950 explained that people's beliefs about the severity of a health difficulty and their susceptibility to it influenced their willingness to take preventive action.

The Health Belief Model consist of six components namely; engaging and understanding the priority population; assessing the needs and assets of the priority population; developing programme goals and objectives; planning an intervention; implementing the intervention; and evaluating the importance of the intervention (WHO, 2012:20). The HBM is very relevant for this project because it is a theoretical model whose primary focus is familial or the community;our quest to address in-school adolescent pregnancy among students in the Tolon

District therefore can best be resolved or addressed by a collective community efforts (Brindis, Sattley & Mamo, 2005:18).

The model was later modified by Becker and colleagues in the 1970s and 1980s to help foretell if people will act to prevent, screen for and control health difficulties. The six(6) new modified concepts are; perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action and self efficacy. The table below explains in-school adolescent pregnancy using the Health Belief Model.

Table 2.1: Health Belief Model

CONCEPT	DEFINITION	EXAMPLES	POTENTIAL CHANGE STRATEGIES
1.Perceived Susceptibility	Beliefs about the chances of in-school adolescent pregnancy	Individual perceptions of personal susceptibility to in-school adolescent pregnancies vary widely from the realistic appraisal of their statistical probability. The nature of these perceptions may significantly affect their willingness to take preventive action. Help stakeholders ask if their in-school adolescent girls are at risk of pregnancy	-Define what population are at risk and their level of risk. -Tailor risk information based on an individual's characteristics or behaviour -Help the individual stakeholders to develop an accurate perception of his or her own risk
2. Perceived Severity	Beliefs about the seriousness of in-school adolescent pregnancy and its consequences	Stakeholders may not respond to suggestions that girls fall pregnant because they do not view unprotected premarital sex as a serious problem. The stakeholders must perceive the potential seriousness of in-school adolescent pregnancy in terms of infant and maternal mortality, school dropout, poor academic performance, child poverty, etc.	Specify the consequences of in-school adolescent pregnancy and recommended action.
3. Perceived Benefits	Beliefs about the	Individual stakeholders generally must believe that the	Explain how, where, and when to take action and



	effectiveness of taking action to reduce risk or seriousness of in-school adolescent pregnancy	recommended health action will actually do some good if they are to comply. For instance, some stakeholders may feel that the incidence of in-school adolescent pregnancy has persisted for so many years despite several interventions so why bother?	what the potential positive results will be.
4.Perceived Barriers	Beliefs about the material and psychological cost of taking action	If the change is perceived as difficult, unpleasant or inconvenient and outweighs the perceived benefits, it is less likely to occur	Offer reassurance, incentives and assistance; correct misinformation
5.Cues to action	Factors that activate “readiness to change” – a trigger mechanism	A reminder note from project personnel may be sufficient to prompt action	Provide “how to” information, promote awareness and employ reminder systems
6.Self-efficacy	Confidence in one’s ability to take action	Stakeholders’ opinion of what they are capable of doing is largely based on experience with similar circumstances observed in the past	-Provide training and guidance in performing action -use progressive goal setting -give verbal reinforcement -demonstrate desired behaviour

Source: Adopted From WHO (2012)



CHAPTER THREE

METHODOLOGY (INTERVENTION PROCEDURES)

3.0 Chapter Overview

This third chapter focuses on the following: the profile of project site and beneficiaries, situational/pre-intervention analysis, project inputs, activities, as well as monitoring and evaluation plan.

3.1 Profile of Project Site and Beneficiaries

The project was carried out in Nyankpala, Tolon, Tali, Chirifoyili and Kasuliyili communities in the Tolon District of the Northern Region of Ghana. The Tolon District Assembly came into existence in 2012 by LI. 2142 with Tolon as the District capital. Hitherto, the District was known as Tolon/Kumbungu; one of the 45 Districts created by the then Provisional National Defence Council (PNDC) Law 207 in 1988. The inauguration of 42 new Districts in 2012 made Kumbungu a separate District, thus culminating in the existence of the Tolon District.

3.1.1 Location

The District lies between latitudes 9° 15' and 10° 02' North and Longitudes 0° 53' and 1° 25' West. It shares boundaries to the North with Kumbungu, North Gonja to the West, Central Gonja to the South, and Sagnarigu Districts to the East. It also covers a total land area of 1353.65550 Sq.KM.



3.1.2 Population and Population Distribution

According to the 2010 Population and Housing Census, the District's population stands at 72,990. The male and female figures are 36,360 and 36,630 respectively. The age group 0-14 makes up about 43.7%, workforce recorded is over half (50.9%), whereas the aged indicating 5.4%. In terms of locality, the District is rural (88.4%) in nature compared to the entire Northern Region (69.7%). Its urban population only constitutes 11.6% (Ghana Statistical Service-2010 PHC, 2012). In lieu of the above figures, especially, the 43.7% of children between the ages 0-14, there is the need for more engagement and sensitization in the District on the effects of pre-marital sex so as to control the incidence of adolescent pregnancy in the District.

3.1.3 Culture and Ethnicity

Though one can find other tribes along the White Volta, Mole-Dagbomba is the predominant ethnic group, constituting 98.2% of the population. The Akan is about 0.7%, Ga-Adangbe 0.1%, Guan (0.2%), and Gurma (0.1%) and other minority of 0.4% (Ghana Statistical Service-2010 PHC, 2012). This implies that, the people of Tolon District co-exist peacefully with varied ethnic groups which serve as a very good ground for investment. In view of this figures, it would be appropriate to adopt cultural values of the predominant group of the District in addressing in-school adolescent pregnancy in the District.

3.1.4 Religious Beliefs

Islamic Religion is predominant religion of the District with about 94.1% as compared to the regional muslim population of 60.0%. However it is worth mentioning that, there are pockets of other spectrum religious denominations of the population especially in the urban settlements. These include Christians (3.7%), Traditional Belief (1.5%) whereas those without



religion constitutes 0.5% (Ghana Statistical Service-2010 PHC, 2012). In our quest to address in-school adolescent pregnancy in the Tolon District, it would be prudent to employ the ideals of Islam and the use of muslim clerics. This accounts from the fact that, the predominant religious group in the District is the Islamic religion. Again, it would be appropriate to sensitize the clerics such as mallams to include sex education in their sermons.

3.1.5 Settlement Systems

Generally, the Tolon District has two main settlements pattern which includes the linear where most of the communities and houses are said to be along White Volta or trunk road linking Tolon and Nyankpala; as well as nucleated where villages or houses are said to be clustered. The state of roads in the district is poor. The District is served by a single tar road linking Tolon and Nyankpala to the regional capital Tamale. The rest of the network is made up of feeder roads which are dusty during the dry season but rendered almost impassable during the rainy season. During the rainy season, however, the northern part of the district (known as Overseas) across the White Volta is cut off, and canoes become the only means of transport during this period. Availability and access to infrastructural facilities such as hospital and secondary schools is therefore very poor especially in the remote areas.

3.1.6 Economy of the District

The Tolon District has a lot of opportunities awaiting private investment; joint venture partnership between the private and the public sector. In Agricultural sector, studies have indicated that along the banks of the White Volta, irrigation farming is feasible and can take place throughout the year. There is a dam at Golinga with a small scale irrigation facility for farmers engaged in the cultivation of different crops ranging from vegetables to cereals. The District is endowed with vast truck of pasture suitable for livestock production. The District is



also blessed with a good breed of cows, sheep, goats, and pigs. With this endowment, the youth could be made to engage in such agricultural activities during vacations. This would not only keep them busy, but also, it would enable them to acquire their basic educational and personal needs.

3.1.7 District Income, Poverty Levels and Standard of Living

Generally the standard of living is very low as compared to the National average. The people earn very little and cannot save to build up capital for development. The average income per month for a household is about GH¢20.20. The inhabitants are peasant and subsistent farmers who farm on subsistence basis making it difficult to even offer some of their produce for sale. This has culminated into most of the youth travelling to the South for non-existing jobs. Thus, the District is well known as contributing significantly to the incidence of ‘Kayaye’ which is a national canker.

This situation seems to be partially responsible for the inability of most parents to provide their wards with their personal and educational needs. This situation has been identified as a major cause of in-school adolescent pregnancy in the District (Korboe and Aba, 2012). In this regard, in fighting against in-school adolescent pregnancy in the District, there is the need for governments and other development partners to assist the various communities in the District with income generating activities.

3.1.8 Education

The District Directorate of Education in the Tolon has seven educational circuits namely; Nyankpala East and West, Tolon East and West, Tali, Kasuliyili, and Lungbunga. The District has 68 KGs, 69 Primary Schools, 19 Junior High Schools, 3 Senior High Schools (1 public and 2 private). However, it is sad to note that, the District is among those in the country with



serious deprivation and recording one of the lowest literacy levels in the Northern Region. The 2010 PHC for instance, indicates that, Tolon has 73.8% of the population who are not literate in any language as compared to the Region percentage of 62.5. That apart, the District shows vast difference between rural (4.3%) and urban (21.9%) literacy which is worst compared to the rest of the districts in the Region. This calls for deliberate efforts toward lifting the standards of education in the area.

Rural and family poverty have been blamed for this situation. According to the District Planning Coordinating Unit (2014) of the Tolon District, rural and family poverty has contributed significantly to the high illiteracy of the District over the past years. According to the report, family and rural poverty has led most of the youths especially, girls to drop out of school for “Kayaye” activities at the southern part of the country.

The District has the highest access rate of 96.7 per cent as against the Regions 80.1%. Communities in the area are mostly closer where children can easily walk across another community to school. Therefore, there is more room for improvement through increasing school facilities especially in communities that need them. Limited number of basic schools is put on the Ghana School Feeding Programme. There is only one public SHS in the District. Thus, many graduates from the JHS are more likely to opt for schools out of the District; a number of schools are still built with mud or under trees, in the event of rainfall, it becomes a holiday for schools under trees. Distribution of teachers is in favour of the urban areas in the District. Thus deep rural communities have very limited number of teachers compared to urban areas such as Nyankpala and Tolon. This renders the student teacher ratio in urban areas very adequate and vice versa in the rural areas of the District. In 2009 the District recorded 38.0% pass out of 1443 pupils who sat for the BECE exams. This grew to 53.0% in 2010 with



1604 pupils. Since then, the percentage has been declining with 37.0% in 2011 and 34.0% in 2012. The condition calls for urgent measures not only to stop the declining trend, but to also improve performance in the District

3.1.9 Health

According to the District Health Directorate (2013), there are three sub-districts when it comes to health. These include, Tolon sub-district with Tolon Health Centre, Kpendua CHPS Zone, Tolon R.C.H Clinic, Gburimani CHPS and Yoggu CHPS Zone. The Nyankpala sub-district has Nyankpala Health Centre, Gbulahegu Clinic, Cheshegu, whereas Wantugu sub-district covers Wantugu Health Centre, Lingbunga Clinic, Kasulyili CHPS, and Zantani CHPS. Access to health facilities in the Tolon District is said to be 54.2% as against 35.0 per cent of households in the region who take less than 30 minutes to reach the nearest health facility and that of the national average of 57.6 per cent with 109 communities.

The presence of these health facilities in the District is an opportunity for addressing in-school adolescent pregnancy. If the health personnel in the various clinics, health posts and CHPS compounds are committed to comprehensive sex education and the effective use of contraceptives, adolescent pregnancy would be a thing of the past in the District.

3.1.10 HIV and AIDS

Currently the estimated number of persons living with HIV is 53, of which all are under treatment. To reduce stigmatisation, and discrimination these people have organized into an association where they meet regularly. This helps promote socialization and also serve as a platform for support coming from organizations. Some of the HIV/AIDS programs in the Tolon District are PMTCT: Prevention of Mother to Child Treatment, Know Your Status,



Livelihood Support to PLHIV (by World Vision International), HTC: HIV Testing and Counseling.

HIV and AIDS is a serious sexually transmitted disease affecting the human race in recent times. In our quest to addressing adolescent pregnancy in the District, health professionals, together with the members of the Association of People Living with HIV (PLWHIV), could be employed to sensitize the youth, students and the community members on the need to abstain from sex related activities and or practice safe sex by using contraceptives such as condoms.

3.1.11 Adolescent Health Services

The District also has Adolescent Health Service Centres at Tolon and Nyankpala and the members (mainly adolescent girls) meet every Thursday to hold discussions on health issues under the supervision of the District Director of Health Services, the District Public Health Nurse as well as the sub-district heads. This is a good forum for dissemination of HIV/AIDS information.

The presence of the Adolescent Health Service Centres in the District is an impetus for addressing in-school adolescent pregnancy in the District. This project has identified the key functions of these centres and would thus; employ their services in addressing in-school adolescent pregnancy in the selected communities.

3.1.12 Profile of the Beneficiaries

There are direct and ultimate beneficiaries. The beneficiaries include all in-school adolescent girls. These girls are mainly found in the JHS and SHS within the Tolon District. The District is characterized by poor academic performance especially at the JHS level. This poor performance particularly among the adolescent girls is attributed to the high prevalence of



teenage pregnancy (DCPU, 2014:65). Though the female population is slightly higher than male, there are more females at all levels of formal education, thus from kindergarten level to Senior High School (DPCU, 2014:41-45). The success of the sensitization program will enable girls complete their primary and secondary education with good grades and without falling victim to in-school adolescent pregnancy. The ultimate beneficiaries are those who will benefit indirectly and within a longer period of time, thus the community, family of adolescent girls, the entire District, Non-Governmental Organizations (NGOs), etc.

3.2 Situational/Pre-Intervention Analysis

Prior to the implementation of this project, I developed and administered questionnaire and organised Focus Group Discussions (FGDs) based on the objectives of the project. Adolescent girls with experience of in-school adolescent pregnancy were also engaged in face to face interviews with audio recordings made. For the sake of ensuring the privacy of adolescent pregnant girls, interviews were held in the adolescent corners of health outlets and were also void of pictures or videos. This was also in compliance with their culture which disallows one to take pictures or videos of pregnant persons. These enabled the researcher to analyse the incidence of in-school adolescent pregnancy in the project area/ District. The outcomes of these pre-intervention analyses further informed the researcher on the specific interventions that would be appropriate for addressing the canker.

3.2.1 Research Design

The research design employed in this project was Action Research. Action Research is a type of Applied Research that seeks to ascertain facts that are archetype and channelized toward a specific objective that is set to solve a problem (Hansen, 2009:6). Also, action research is undertaken by practitioners of a particular field to address problems immediately for the



improvement of practice. Action research therefore involves establishing facts surrounding an identified problem systematically and basing on these facts to contribute to addressing the problem (Hall & Keynes, 2005:4).

Despite the fact that action research is time consuming, cost demanding and requires technical skills and know-how, it was very appropriate for this project (Cresswell, 2003). The design was deemed appropriate because of its effectiveness in addressing social problems such as in-school adolescent pregnancy. The design also enabled the researcher to engage with audience and stakeholders whose expertise were very crucial to addressing in-school adolescent pregnancy in the District. With regards to pre-intervention research tools, both closed and open ended questionnaire were developed and administered.

3.2.2 Population of the Study

All stakeholders, persons and bodies with information on Adolescent Reproductive Health and Rights (ARHR) constituted the population of the study. chiefs, elders and opinion leaders in the District, parents and families of all in-school adolescent girls, in-school adolescent girls, all workers of the Ghana Education Service (G.E.S.) such as teachers, head teachers, girl-child officers, gender desk officers, the circuit supervisors, the District Director and his/her deputies, all workers of the Ghana Health Service (GHS) within the District including nurses, doctors and family planning officials.



3.2.3 Sample and Sampling Techniques

The project employed both probability and non-probability sampling strategies. According to Creswell (2003), researchers have significant control over the selection of units in a probability sampling strategy. They however have little or no control over those presented for selection in a non-probability sampling strategy.

With the use of Microsoft Excel, five communities were randomly selected for the project. At the communities, the purposive sampling strategy was employed to select sixty (60) participants who were thought to be very relevant for the study. They included eight (8) chiefs/opinion leaders, 12 parents (seven males and five females), twelve (12) education workers (teachers and officials at the District Education Directorate), eleven (11) students (5 boys and 6 girls), eight (8) teenage pregnant girls and nine (9) health workers or professionals.

It must be noted that, the chiefs/opinion leaders were selected based their roles as community leaders. Through the assembly members of the selected communities, twelve parents whose wards were known to have falling pregnant whiles in school, from all the selected communities were contacted to share their experience with the researcher. Again, the Girl-child officer, who is responsible for girl child education at the District, the Deputy Director in charge of Supervision as well as teachers and headteachers whose pupils had falling pregnant while in school were also contacted. With regards to the eleven students, cards with inscriptions “yes” or “no” were kept in a container for the targeted students to pick. Those who picked “yes” were those selected for the project. Furthermore, the eight selected pregnant girls were those who were visibly pregnant while in school at the time of the project activities in the selected communities. Based on the various records of the schools in the selected schools, the said girls were identified with the help of the teachers and opinion leaders.



Finally, the nine selected health workers were the administrators of the various health centres in the selected communities as well as the officers in charge of maternal health.

3.2.4 Data Type and Source

Both primary and secondary data were used in this piece of work, secondary data includes all documents from offices and the internet used while primary data includes the researchers own observation of the nature of the problem as well as all information gathered from the questionnaire.

3.2.5 Data Collection Procedure

The data collection procedure that was followed in conducting this study is discussed below. After permissions were granted by chiefs of the various communities, the District Directors of Education and Health, the project leader went further to make arrangements with the communities/respondents on a convenient date and time for the administration of the questionnaire.

As suggested by Neuman (2006), the project leader introduced herself and presented her credentials to the respondents at the beginning of the discussion sessions. The project leader also stated the purpose of the study, the duration of the discussion sessions as well their rights and responsibilities with regards to participating (ethical considerations) in the study.

Each discussion session began with an introductory statement such as “there is so much concern about the incidence of in-school adolescent pregnancy among many students. I am formulating a project to find out the factors contributing to this incidence of in-school adolescent pregnancy in the Tolon District so as to enable us devise effective ways of addressing the issue. I am interested in exploring your ideas, opinions and experiences about



this topic under discussion. I would therefore, want you to tell me about your experiences, views and opinions with regards to the incidence of in-school adolescent pregnancy; the causes, effects, and how best it can be addressed.

3.2.6 Data Analysis

The collected data was processed for qualitative analysis with the use of the SPSS software (IBM SPSS Statistics Version 23*64) and Microsoft Excel 2010.

3.2.7 Data Quality and Ethical Issues

Ethical issues refer to an enquirer's effort to go by moral standards of an enquiry in order not to infringe on the rights nor expose the privacy of research participants (Newman, 2006:129). Ethical issues run through various aspects of an enquiry such as the stages of problem statement, purpose statement, data collection, data analysis and interpretation, the actual writing and dissemination of the final report (Creswell, 2003: 62-67).

Based on these, this project ensured that the problem identified will be of importance to the people of Tolon without disempowering the enquiry participants, this was done by building trust and respect prior to the development of the proposal and the beginning of the study. The purpose of this piece of work was as well clarified to the participants. During data collection, the site and the participants were accorded due respect, participants were not put at risk in form be it psychological, social or economic, the consent of teachers and parents of students who were 19 and below was sought before their participation in answering the questionnaire and participating at other stages of the project. During data analysis and dissemination, the identity of all participants was kept anonymous and represented with codes. The data will be discarded in due time as it will be kept privately and safely between 5-10 years to ensure that



it does not fall into wrong hands. During interpretation, accurate account was given of all information provided in the questionnaires. Finally, during dissemination, the project will strive hard not to use bias language in terms of gender, sexual orientation, racial, disability or age. The project did not in anyway falsify findings to meet personal needs.

3.3 Project Inputs

For each community forum, resource personnel such as a health worker will be needed; there is also a need to carry along items needed for birth control items such as condoms and contraceptives for demonstrations

3.4 Project Activities

The main activity of this project is the sensitization of community members to devise pragmatic measures to address in-school adolescent pregnancy. In order to achieve the goals and objectives of the project, I embarked upon a number of activities. Below are the detailed discussions of the project activities.

3.4.1 Community Entry

I followed due processes to meet with the chiefs, elders, assembly members and other opinion leaders in the selected communities to discuss the intent and activities of the project.

3.4.2 Focused Group Discussions

In order to come out with practical and sustainable ways of addressing in-school adolescent pregnancy in the various communities of the Tolon District, persons who were deemed as very relevant to providing the needed information with regards to addressing in-school adolescent pregnancy in the District were organised in a Focused Group Discussion sessions to share their views, ideas, opinions and experiences.



Participants to the Focused Group Discussions included chiefs and their elders, religious leaders (malams and pastors), peer educators, health workers, SHEP coordinators, girl-child officers, parents, women leaders (magazias), youth leaders, in-school adolescents, head teachers and teachers, etc. Below are photographs of a Focus Group Discussion sessions with some participants.



Picture 1: Focus Group Discussion at Tali: A Focused Group Discussion session with some opinion leaders of Tali on ways of addressing in-school adolescent pregnancy in the District.



Picture 2: Focus Group Discussion at Nyankpala: A Focused Group Discussion with some students and teachers of Nyankpala D/A Junior High School on ways of addressing adolescent pregnancy in Nyankpala and its environs.

3.4.3 Administration of Questionnaire, interviews and focused group discussions

In order to explore local people's understanding of the causes and effects of in-school adolescent pregnancies in the District, questionnaires were administered to participants in the various selected communities. other key informants interviewed includes all stakeholders; thus opinion leaders, peer educators, SHEP coordinators, girl-child officers, pastors of churches and imams of Mosques, in-school adolescents as well as their head teachers and teachers. Below is a photograph of a questionnaire administration session with some participants. Focused group discussions were also held and adolescent girls with experience of adolescent pregnancy were also interviewed.



Picture 3: Questionnaire Administration at Tali: A group of students from Tali E/A Junior High School answering questionnaires on the causes and effects of adolescent pregnancy and the ways by which it could be addressed.

3.4.4 Transact Walk

With the help of the assembly member(s) and other opinion leaders, members of the selected communities were organized to embark on transact walk around the communities in order to map out local level resources for addressing in-school adolescent pregnancies. Some community level resources identified included availability of clinics and family planning educational charts and materials including condoms and foaming tablets. There were also samples of the reproductive organs carved out of wood that are meant for demonstrations.

Availability of basic schools, teachers and other educational workers, community resource centres, churches, mosques, religious and youth leaders were other resources identified. At the District level, the presence of District Assembly, education and health offices with officers

such as SHEP Coordinators, gender desk officers, assembly members among others were also identified as opportunities for addressing in-school adolescent pregnancy.

3.4.5 Community Fora

In order to assist community members, teachers, students, policy makers and parents to devise strategies for curbing in-school adolescent pregnancies using local resources identified, community fora were organized to offer members the opportunity to share their views, opinions and experiences with regards to in-school adolescent pregnancies. Seasoned resource persons from the district such as the District Directors of Education, Health and Social Welfare and or their representatives were invited to address participants. At the fora, community members, teachers, students, opinion leaders and other stakeholders were also discussed various ways of sustaining local actions against in-school adolescent pregnancies in the communities and the District. Below are photographs of Community Fora sessions with some participants.





Picture 4: Community Forum at Chirifoyili: The picture above is a community forum held at Chirifoyili to discuss ways by which in-school adolescent pregnancy could be addressed in the Tolon District.



Picture 5: Community Forum at Kasuliyili: The picture above is a forum of community women held in Kasuliyili to discuss ways by which in-school adolescent pregnancy could be addressed in the Tolon District.





Picture 6: Community Forum at Tolon: A picture of a forum of students of Tolon D/A Junior High School ‘A’ on ways of addressing in-school adolescent pregnancy in the school and Tolon as a whole.

3.4.6 Health Talks

Health professionals such as nurses and midwives, SHEP Coordinators were invited to give talks on the causes, effects and ways of addressing in-school adolescent pregnancy among girls in the various schools in the selected communities. They also took time to explain the

various uses of the contraceptives and other family planning materials to the students and community members. The professionals also demonstrated to participants how to use some of the contraceptives to avoid unwanted pregnancies. This activity was identified as one of the effective activities since it offered students and other participants the opportunity to ask questions bothering on their sexual lives. Below are photographs of a Health Talk sessions with some participants.



Picture 7: Health Talk Session at Chirifoyili: A health talks sessions among students of Chirifoyili R/C Junior High School on ways of addressing in-school adolescent pregnancy in the school and the community as a whole.





Picture 8: Health Talk Sessions in Nyankpala: A picture of a health talks session at Nyankpala D/A Junior High School in Nyankpala





Picture 9: Health Talk Session at Tolon: A cross section of some participants and personnel of Ghana Health Service in the District of a health talk at Tolon D/A Junior High Schools ‘A’ and ‘B’.



Table 3.1: Summary of Activities held during the Project Season

ACTIVITIES	MATERIAL RESOURCES USED	PERSON(S) RESPONSIBLE	TIME FRAME	OUTCOME EXPECTED	EVIDENCE AVAILABLE
Community Entry - Invitation of Resource Persons	Cola / Cash -Stationery -Mobile Credit	Project team Project team	Jan 2017	-Rapport built with Opinion Leaders -	Photographs Evidence of Invitation letters & Reminder messages
Administration of Questionnaire, interviews and FGDs	-Stationery	Project team	Feb 2017	Questionnaire administered and inferences made	Sample Questionnaire, audios and videos.
Transact Walk	-Water -Stationery	Project team and Opinion leaders (Assembly Member)	March 2017	Community Level Resources Mapped	Transact Walk Notes
Community For a	-Chairs/sitting units -Water & Soft drinks	-Project team -Chiefs and Opinion Leaders -Assembly Member -Head teachers	April – June 2017	-Causes, effects & measures to address in-school adolescent pregnancy discussed	-Minutes of Community Fora -videos Signed/attendance sheet Pictures
Health Talks	Cash Contraceptives	-Project team -Resource personnel -Head teachers	Feb –Jun 2017	In-school adolescent pregnancy reduced	-Pictures -Reports of talks

Source: Field Survey, 2017



3.5 Monitoring and Evaluation Plan

Monitoring is generally a collection, analysis and describing facts needed for the purposes of project management and evaluation. Evaluation refers to occasional assessment of general progress and worth of a project (Lartey, Eshun, Asare & Blundell, 2012:8). Evaluation also enables looking back after the completion of a project to make judgements about the outcomes and impact made (Callanan & Zimmerman, 2011:7). In order to ensure the success and sustainability of the project, the researcher, opinion leaders and community members developed a monitoring and evaluation plan to monitor the success, sustainability and challenges of the project. The table below shows the monitoring and evaluation plan for this project.



Table 3.2: Monitory and Evaluation

ACTIVITY	MATERIAL RESOURCES	PERSON(S) RESPONSIBLE	TIME FRAME	OUTCOME EXPECTED	MOV
Post Intervention Meeting and Analysis	Cola / Cash -Stationery -Mobile Credit	Opinion Leaders Community members	Dec. 2017	Post intervention meeting/analysis held	Photographs Minutes of the meeting
By-laws on in-school adolescent pregnancy enactment	-Stationery	Opinion Leaders Assembly Man Legal practitioner Teachers Students/youth	March 2018	By-laws against in-school adolescent pregnancy enacted and implemented	Copy of by-laws
Adolescent Reproductive Health Clubs Formation	-Stationery -Cash	Opinion Leaders Assembly Man Teachers Students/adolescents	Nov. 2017	Sustained reduction in teenage pregnancy through clubs	Photographs List of/Register of Club members
Community level sex education	-Stationery -contraceptives	Opinion leaders Health workers Education workers	Dec. 2017	Sustained reduction in in-school adolescent pregnancy	Photographs videos



CHAPTER FOUR

DISCUSSION OF RESULTS (OUTCOMES)

4.0 Chapter Overview

This chapter presents a detailed discussion of the results or outcomes of the project based on the following thematic areas. The pre-intervention results, post intervention, project successes and challenges emanating from the project.

4.1 Pre-Intervention Results

As indicated earlier, the purpose of this project was to address the incidence of in-school adolescent pregnancy. This section of the project presents the results of the pre-intervention analysis obtained from the Focused Group Discussions and questionnaire administration. With the use of the Social Package for Statistical Solutions (SPSS) and Microsoft Excel, the project facilitator processed the data for analysis. Presented below are the results obtained.

Table 1: Sex of Respondents

Sex/Gender	Total	Percentage
Males	28	45.9%
Females	32	52.5%
Total	60	100%

Source: Field Survey, 2017

From the above table, the number of males who participated in the study was 28 representing 45.9 per cent while females were 32 representing 52.5 per cent. This outcome was positive for this project since the incidence of in-school adolescent pregnancy affects the female



population. With regards to age, the minimum age of respondents was 13 and the maximum age was 55. The mode was 14, median age was 33 and mean of all ages was 31. The modal age of respondents being 14 was helpful to the project since the issue at hand concerns adolescents.

The results of the pre-intervention analysis were presented in the light of the project objectives. As indicated earlier, the project was aimed at achieving the following objectives:

1. To explore local people understanding of the key causes and effects of in-school adolescent pregnancies in the Tolon District.
2. To identify and map out local level resources for addressing in-school adolescent pregnancies.
3. To help local people devise strategies for curbing in-school adolescent pregnancies using local resources.
4. To assist community members to devise ways of sustaining local actions against in-school adolescent pregnancies.

4.1.1 Objective 1: Key Causes and Effects of In-School Adolescent Pregnancies in the Tolon District

With regards to this objective, the project revealed that there were numerous factors accounting for the high prevalent of in-school adolescent pregnancy in the Tolon District. This includes lack of information on ARHR and ignorance among teenagers, peer pressure, long vacations without planned activities and continues exposure to internet and pornographic materials. Others are curiosity and the desire of teenagers to respond quickly to their emotions, social gatherings, lack of clear laws to deal with perpetrators, and unfriendly attitudes of



family planning service providers. These responses were also rated by respondents as high, average and low. The table and chart below is a graphic presentation of these findings.

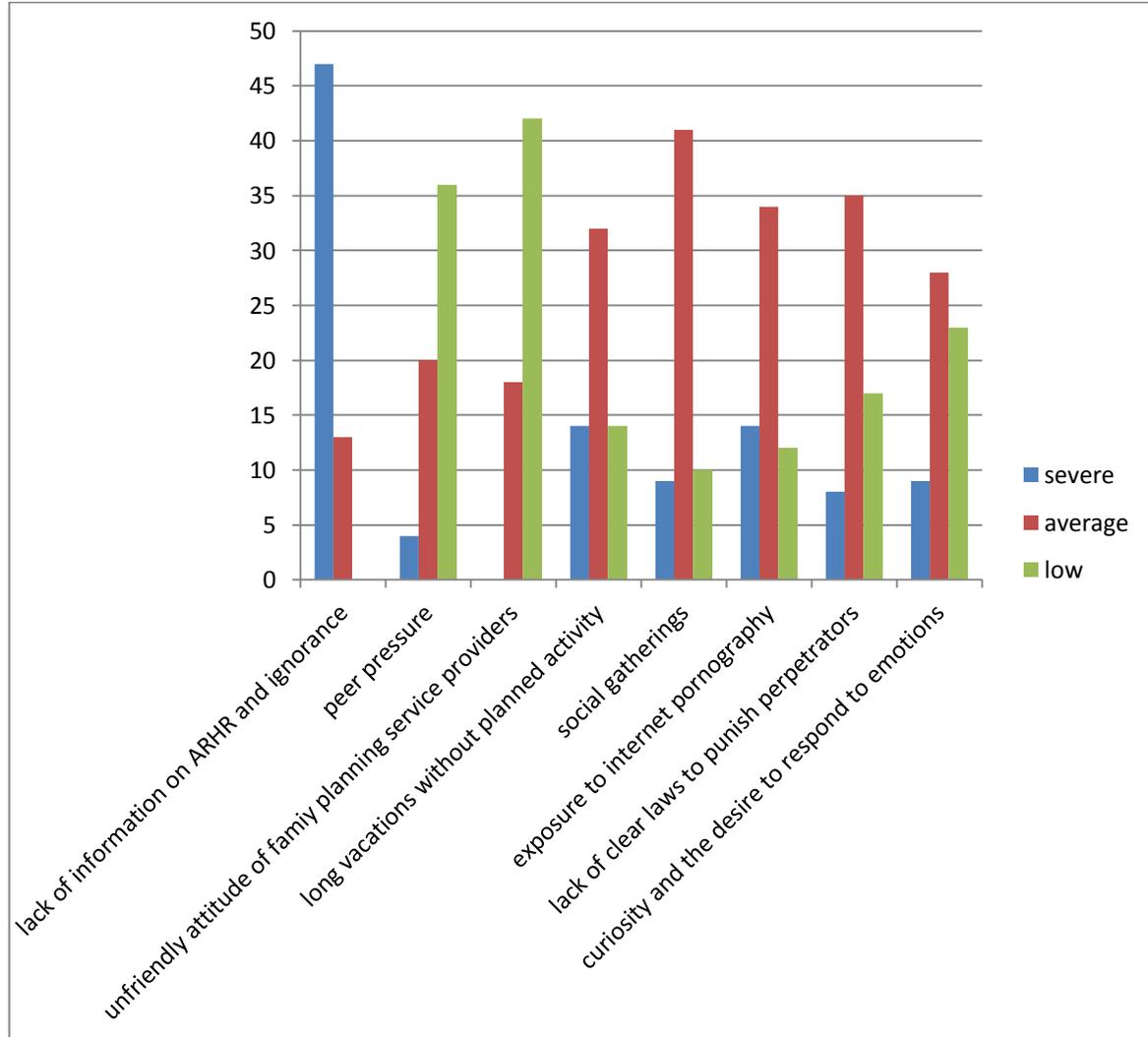
Table 4.3: Causes of In-school Adolescent Pregnancy

CAUSES OF IN-SCHOOL ADOLESCENT PREGNANCY	SEVERE	AVERAGE	LOW
Lack of information on ARHR and ignorance	47	13	0
Peer pressure	4	20	36
Unfriendly attitude of family planning service providers	0	18	42
Long vacations without planned activity	14	32	14
Social gatherings	9	41	10
Exposure to internet pornography	14	34	12
Lack of clear laws to punish perpetrators	8	35	17
Curiosity and the desire to respond to emotions	9	28	23

Source: Field Survey, 2017



Figure 4.1: Causes of In-school Adolescent Pregnancy



Source: Field Survey, 2017

Other factors identified as precipitators for in-school adolescent pregnancy are poverty, and lack of parental care and control resulting from parents' inability to provide for their wards most basic needs.



These findings are not different from that of previous researchers. According to Huzeru (2012) and Korboe and Aba (2012), in-school adolescent pregnancy is caused by ignorance and lack of knowledge on ARHR among adolescents, exposure to pornographic materials, long vacations without plan activities and social gatherings. Others are curiosity and uncontrolled sexual desires, lack of clear laws to punish perpetrators, peer pressure and poverty to (Berglas *et al*, 2003).

With regards to the effects of in-school adolescent pregnancy, the project identified and rated those effects from severe, average to low on not only the individual girl-child, but also, on the parents, family, community and the nation at large. These effects include dropping out of school, poor academic performance, child/maternal mortality, child poverty, sexually transmitted infections such as HIV/AIDS, stigma and unsafe abortions which results mostly in pre-mature deaths. The table and chart below is a graphical presentation of the identified and rated effects of in-school adolescent pregnancy.

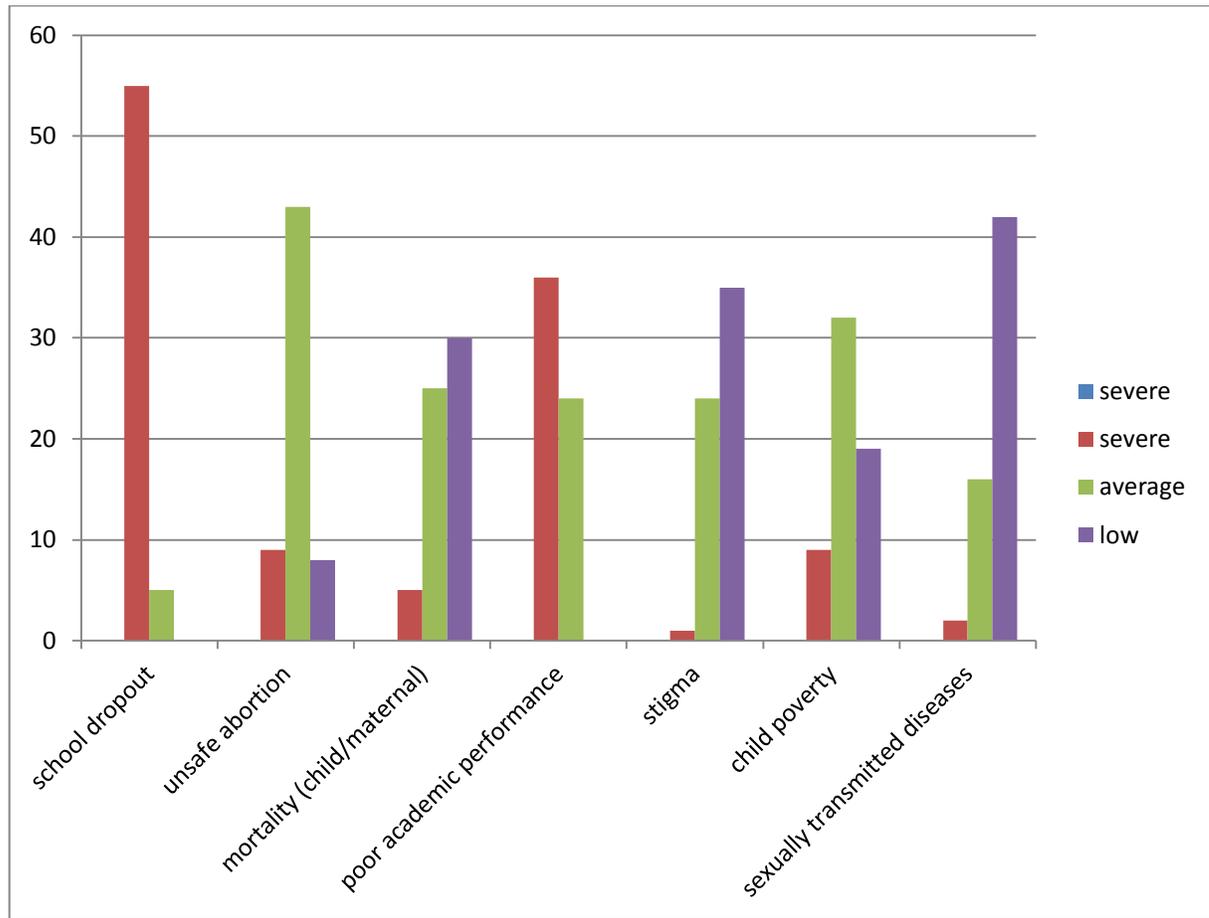
Table 4.4: Effects of In-school Adolescent Pregnancy

Effects Of In-School Adolescent Pregnancy	Severe	Average	Low
School dropout	55	5	0
Unsafe abortion	9	43	8
Mortality (child/maternal)	5	25	30
Poor academic performance	36	24	0
Stigma	1	24	35
Child poverty	9	32	19
Sexually transmitted diseases	2	16	42

Source: Field Survey, 2017



Figure 4.2: Effects of In-school Adolescent Pregnancy



Source: Field Survey, 2017

Other effects of in-school adolescent pregnancy as mentioned by respondents were early marriage, majority said many of the pregnancies result in cohabitation since culture demands that a pregnant girl should deliver in the house of the man responsible and when this happens it leads to permanent cohabitation.

These findings confirm the studies of previous researchers on the effects of in-school adolescent pregnancy on not only the adolescent girl, but also, on the parents, family and society at large. For instance, a study conducted by Adzeitey et al (2013) revealed that in-



school adolescent pregnancies mostly results in school dropout among female students which goes a long way to limiting their ability to contribute meaningfully to the development efforts of their communities and nations. The World Health Organization (2012) also observed that in-school adolescent pregnancy do not only affects the educational achievements and attainments of girls, but also, it is the leading causes of death among girls between the ages of 15 -19 due to pregnancy and childbirth related problems. It also results in health related complications such as sexual related infections, infant and maternal mortality as well as unsafe abortions which may result in loss of life or destruction of the womb. Again, teenage pregnancy reinforces the poverty cycle since this child-parent may not be well equipped with any livelihood skills (Berglas et al, 2003).

4.1.2 Objective 2: Mapping out Local Level Resources for Addressing In-School Adolescent Pregnancy

The project identified a number of local/community level resources that could be harnessed to address the incidence of in-school adolescent pregnancies in their communities. They include strong religious affiliations & presences of Imams, Mallams and Pastors & other opinion leaders, presents of health and educational facilities and professionals, and presents of Adolescent Reproductive Health Programs (ARHR) e.g. Camfed and GHS. Others are presents of effective non-governmental organizations interested in the welfare of the girl-child. These organizations are CAMFED, G-PASS, ICS, and Baptist Child and Right to Play.

Baptist Child, ICS and G-PASS were said to be providing scholarships and other motivational packages to adolescent girls especially in the basic schools. CAMFED also was said to be involved in peer education which enables in-school adolescent girls to know more about their



adolescent reproductive health and rights. Right to play also had some games they played through which they discussed key issues of ARHR with in-school adolescents.

Advocating for a collaborative efforts in addressing adolescent pregnancy, Berglas et al(2003) called for all stakeholders such as parents, educationists, governments, NGOs and the clergy to collaborate effectively in our quest to fighting the menace.

4.1.3 Objective 3: Strategies for Curbing In-School Adolescent Pregnancies Using Local Resources

With regards to the strategies for curbing in-school adolescent pregnancy using local resources, respondents suggested that opinion leaders needed to make laws to control the activities of adolescents at odd hours, attend PTA meetings and raise the issue for addressing as well as occasionally visit parents and schools to give pieces of advice to adolescents and parents. Opinion leaders needed to also live exemplary lives by not getting involved in perpetrating in-school adolescent pregnancies. They were to make laws to sanction men who impregnate girls without biases, encourage public reporting on the rates of adolescent pregnancies in the district to attract interventions from government and NGOs.

Additionally, opinion leaders were expected to organize durbars during which they could tell adolescents the need to abstain from sexual activities and finally set up vigilante groups to monitor the activities of adolescent girls especially at night. On the part of parents, they were supposed to break the culture of silence in discussing with adolescent wards the dangers of engaging in sexual activities, monitor and control the movement of adolescents at night and to social gatherings. They were also to teach their adolescent wards about safe sex and finally get their wards into useful ventures during vacations, weekends and all times they were out of school.



Health providers were expected to regularly organize sex education programs in various schools to deliver abstinence only education as well as safe sex and as well bring family planning services to the doorstep of adolescents such as by making condom vending machines available at youth centres. Professional health providers were also to educate parents on how to talk about sex with their wards, train health professionals to deliver education on ARHR, increase access to contraceptives by making it affordable and easily accessible and finally provide community scorecard on adolescent pregnancy rates within the district.

GES officials were to make ARHR education a major part of the curriculum, organize moral talks from time to time, and chip in ARHR education during academic lesson delivery as well as during co-curricular activities such as sports and clean up exercises. They were to provide counselling services for vulnerable adolescents. They were to record and report cases of adolescent pregnancies and report to appropriate quarters to be made available to government and NGOs who need information for necessary actions. Religious bodies and leaders had to include sex education in their sermons, organize youth talks from time to time, organize sex education programs for the youth with scriptural backing and take existing programs serious, train clergy on best ways to offer sex education, develop after school programs to keep adolescents occupied and preach seriously against premarital sex among adolescents.

In a similar study on strategies to addressing adolescent pregnancy, Bitter et al (2017) advocated for a comprehensive sex education instead of abstinence-only sex education. This he believed was the only way the menace of adolescent pregnancy could be addressed effectively since abstinence-only sex education has failed to realize its objectives in a post modern society. Comprehensive sex education strives to inform adolescents of the essence of abstinence as well as provide essential information to assist in protecting their health if they do



engage in sexual activity. Though not perfect, comprehensive sex education programs are proven to have contributed immensely to the decrease in rates of adolescent pregnancy since 2006 (Bitter et al, 2017).

4.1.4 Objective 4: Sustaining Local Actions against In-School Adolescent Pregnancies

Concerning the issue of how to ensure sustainability of local actions, respondents suggested that stakeholders needed to have empathy about the incidence in order to zealously keep up the good work, they needed to have personal commitment and there was the need to find ways of mobilizing other resources to help address the incidence. Finally motivational packages were required to ensure sustainability of local actions against the prevalence of in-school adolescent pregnancies.

4.1.5 Challenges to Adolescent Girls Education Pursuit

All respondents unanimously answered that adolescent girls face challenges in their educational pursuit. These challenges were each scored by each respondent as severe, average or low. 59 respondents identified adolescent pregnancy as severe. Seven respondents also scored child labour as severe while 39 respondents scored child labour as average and 14 respondents as low. With regards to poverty, 30 respondents identified it as being severe and average respectively. Only 4 respondents saw peer pressure as being severe while 27 and 29 scored it as average and low respectively. Lack of parental guidance was scored as being severe by 11 respondents, average by 37 respondents and low by 12 respondents. In the area of child/early marriage, 30, 27 and three (3) respondents scored it as being severe, average and low respectively. Other challenges to adolescent girls' educational pursuit pointed out by respondents were spiritual attacks which others referred to as dwarf marriages. This is shown in the table as well as the chart below:

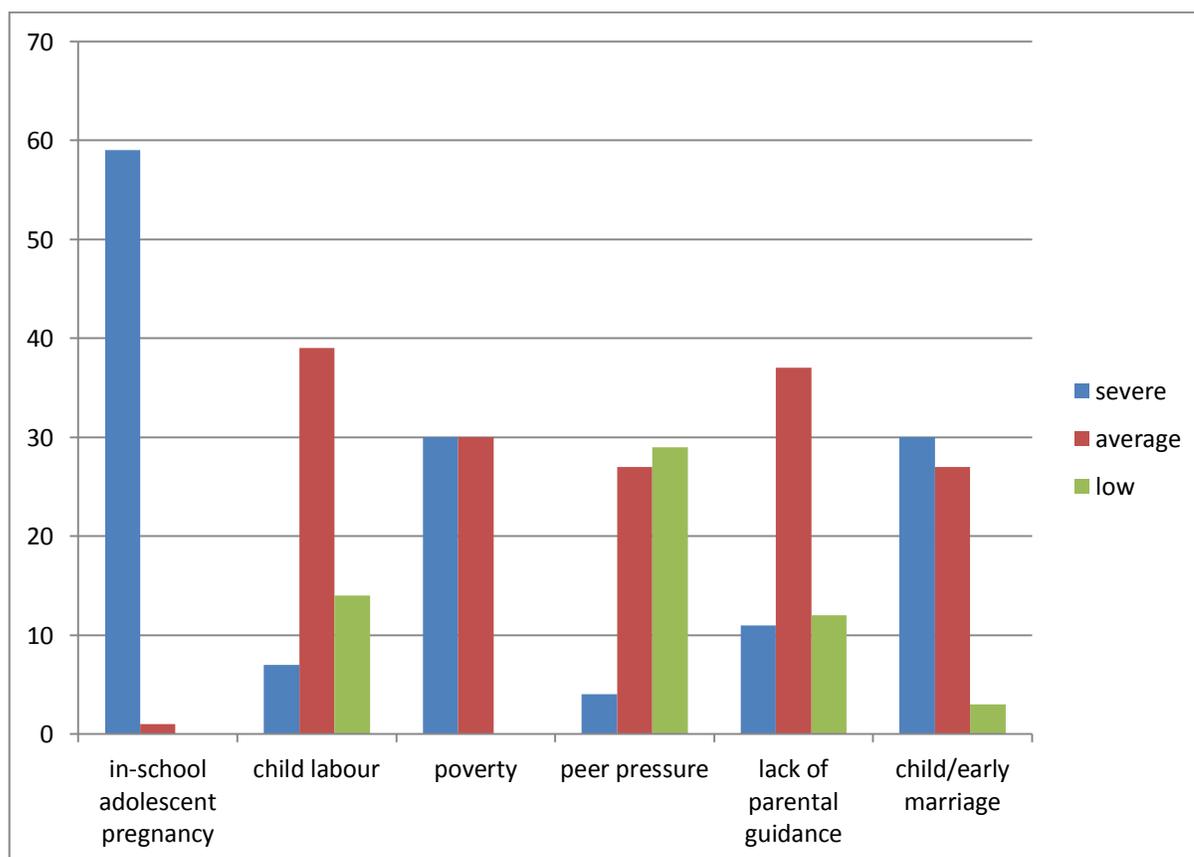


Table 4.5: Challenges to Adolescent Girls' Educational Pursuit

Challenges To Adolescent Girls Educational Pursuit	Severe	Average	Low
In-school adolescent pregnancy	59	1	0
Child labour	7	39	14
Poverty	30	30	0
Peer pressure	4	27	29
Lack of parental guidance	11	37	12
Child/early marriage	30	27	3

Source: Field Survey, 2017

Figure 4.3: Challenges to Adolescent Girls Educational Pursuit



Source: Field Survey, 2017

In scoring the incidence of adolescent pregnancy as common, rare or non-existent, all respondents answered that it is very common.

These findings supports the fin dings of a number of researches such as Adu-Gyamfi (2014), Jekins (2014), Huzeru (2012) and Korboe and Aba (2012). According to them, poverty, child labour, peer pressure, lack of parental care, child/ early marriage and in-school adolescent pregnancy among a lot are the major challenges confronting girl-child education in Africa and other parts of the world



4.2 Post Intervention

As discussed earlier, this project was aimed at addressing the incidence of in-school adolescent pregnancy in the Tolon District. The pre-intervention activities such as interviews, administration of questionnaire and community fora as well as interventions such as health talks, focused group discussions and monitoring activities that were kept in place yielded positive results. All stakeholders in the project were committed to the success of the project. Again, all persons responsible for carrying out the various monitoring and evaluation processes in the project activities duly committed themselves. The monitoring and evaluation exercises indicated that the project has a potential of actually addressing the incidence of in-school adolescent pregnancy in the District.

4.3 Project Successes

The project chalked several successes. They include the following. It offered me the opportunity to explore the knowledge, opinions, ideas and experiences of local peoples understanding of the key causes and effects of in-school adolescent pregnancy. Also, together with the opinion leaders and community members, we identified and mapped out community level resources that could be employed to address the incidence of in-school adolescent pregnancy. The stakeholder meetings and community for also devised a number of strategies to curb the incidence as well as ensuring sustainability of these actions. Prior to the programs, plans were put in place and this ensured successful distribution of invitation letters to various participants and resource personnel, followed by reminder messages. On the days of programs, participants were duly registered and warmly welcomed. This clearly informed the project leader and organizers of how massive the turnout was.



Resource personnel delivered to the best of their ability as pre intervention results of the project were discussed in detail. Resource personnel also appealed to the stakeholders to organize programs in various schools and provide counselling services among others to ensure that adolescents have an increased knowledge on the causes and effects of in-school adolescent pregnancies and their ARHR. Parents were also empowered to break the culture of silence by offering their wards ARHR education. Some of the participants were trained as community based counsellors to serve as community watchdogs, deliver sex education from time to time and empower girls to demand for their sexual rights by insisting on the use of condoms as well as make condoms easily accessible.

All other stakeholders participated actively and contributed to the success of the programs by committing themselves to spearhead the ideals of the project in the various communities in the District. Participants were very well refreshed and provided with transportation fares. After the stakeholder and consultative programs, there were indications that all stakeholders left poised for action.

4.4 Project Challenges

Though very successful, the project was not without challenges. Some of the challenges that confronted the success of the project were time, communication and financial constraints. With regards to time constraint, there researcher was faced with limited time to enable her complete the project. Also, due to financial challenges, there researcher had to limit herself to only four communities in carrying out this project. Again, acquisition of project inputs such as condoms, project materials, transportation and hosting of the programs as well as communicating. With determination and singleness of purpose however, the researcher was able to rise above these challenges.



CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.0 Chapter Overview

The main thrust of this project was to address the incidence of in-school adolescent pregnancy in the Tolon District in the Northern Region of Ghana. This fifth and last chapter presents a summary of the project in the form of conclusion and recommendations.

5.1 Conclusion

Girl child education is identified as the key to achieving many developmental goals across the globe. This, however, cannot easily be achieved as in-school adolescent pregnancy rivals girl child education both in developed and developing countries. It is against this backdrop that this project sought to contribute to addressing the incidence of in-school adolescent pregnancy in the Tolon district.

The project probed into local peoples understanding of the causes and effects of in-school adolescent pregnancy, identified and mapped out local resources available that could be used to address the incidence, identified actions that local level resources could take to address the incidence of in-school adolescent pregnancy and based on these the project was piloted through the organization of a program that was hosted in four communities within the District dubbed: stakeholder and consultative meeting on addressing the incidence of in-school adolescent pregnancies in the Tolon District.

The project facilitator and her team used the opportunity to build the capacities of community members, parents and opinion leaders in addressing the menace. The advocacy model employed was the Health Belief Model. This model was deemed to be appropriate for this project because, it provided the facilitator, parents, stakeholders, opinion leaders and



adolescent girls the required impetus to analysed and developed a synergy to addressing the in-school among girls.

The project successfully empowered parents to break the culture of silence by offering their wards ARHR education. Some of the participants were trained as community based counsellors to serve as community watchdogs, deliver sex education from time to time and empower girls to demand for their sexual rights by insisting on the use of condoms as well as make condoms easily accessible. All other stakeholders participated actively and contribute to the success of the programs.

After the stakeholder and consultative programs, there were indications that all stakeholders left poised for action. There was also a monitoring and evaluation plan put in place to be used as follow up on the actions of stakeholders. Some challenges encountered in executing this project include inadequate time and financial constraints.

5.2 Recommendations

In the light of the outcomes of the project, the following recommendations were made. First, government, NGOs and all advocates against in-school adolescent pregnancy should step up their efforts in empowering girls and parents to rise above all forms premarital sex which eventually leads to adolescent pregnancies.

Again, sex education should be intensified in more creative ways such as through drama and creation of vibrant adolescent reproductive health clubs in schools and religious bodies to keep in-school adolescents occupied during vacations and all times they spend out of school.



Also, all stakeholders in the lives of in-school adolescent girls should be empowered through motivation, self-determination and empathy to act in the direction of contributing to address the incidence of in-school adolescent pregnancies for the enhancement of development.

Furthermore, Parents of in-school adolescent girls should be targeted for poverty reduction strategies such as vocational training and employability skills to enable them better cater for their wards. This will go a long way to shield young girls from being enticed with money and other stringed attached gifts from unsuspecting men as revealed in the project. Pre-intervention discussions in the project process discovered that the high rates of early marriage in the District results from in-school adolescent pregnancy.

Finally, the researcher also recommends that the fight against in-school adolescent pregnancy should encompass addressing issues of early marriage in the District since it was revealed that early marriage is another precipitating factor for teenage pregnancy.

5.3 Suggestions for Research

The outcomes of this project attest that there are a myriad of factors accounting for in-school adolescent pregnancy in the District. In view of the adverse effects of in-school adolescent pregnancy on the academic, economic and psychosocial wellbeing of adolescents, especially girls, it is imperative that further advocacy work is carried out in other communities in the District. It is therefore recommended that the advocacy projects on addressing in-school adolescent pregnancy through effective sex education be extended to other Districts.





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APPENDIXES

**APPENDIX A: QUESTIONNAIRE FOR HEALTH WORKERS,
EDUCATION AUTHORITIES, OPINION LEADERS, PARENTS, STUDENTS
AND OTHER KEY INFORMANTS
UNIVERSITY FOR DEVELOPMENT STUDIES, GHANA**

FACULTY OF EDUCATION, TAMALE

**TOPIC: ADDRESSING THE INCIDENCE OF IN-SCHOOL ADOLESCENT
PREGNANCY IN THE TOLON DISTRICT IN THE NORTHERN REGION
OF GHANA**

**Accurate provision of answers is solely for academic purpose; your identity is
therefore anonymous and confidential. Your participation is voluntary but
highly needed.**

DEMOGRAPHIC INFORMATION

SEX..... Age:.....POSITION/ROLE

1. Do you think girls face challenges in their educational pursuit here in Tolon?

a. yes b. no c. no idea

2. if no to question 1, give a

reason.....

3. Score the challenges girls face in their educational pursuit from 1-3.

[1- High, 2- Average, 3- Low].

Challenges	1	2	3
a. In-school adolescent pregnancy			
b. Child labour			



c. Poverty			
d. Peer pressure			
e. Lack of parental guidance			
g. Child marriage			
Others (specify)			

4. How would you rate adolescent pregnancy in Tolon? Would you say adolescent pregnancy is **a. common** **b. rare** **c. non-existent**

5. What in your opinion accounts for the rampant occurrence of adolescent pregnancies in Tolon? Rate the following causes from 1 to 3 (1 high, 2-average, 3 low)

Causes of In-school Adolescent Pregnancy	1	2	3
a. Lack of information on ARHR and ignorance			
b. Peer pressure			
c. Unfriendly attitude of family planning service providers.			
D. Long vacations			
e. Social gatherings			
f. Exposure to internet pornography			
g. Lack of clear laws to punish perpetrators			
h. Curiosity and desire to respond to emotions			
i.Others (please specify)			



6. What do you think are the effects of adolescent pregnancies on girls' educational pursuit? Rate the following effects on girls educational pursuit from 1-3, [1- high, 2-average, 3 low]

Effects of In-school Adolescent Pregnancy	1	2	3
a. School dropout			
b. Unsafe abortion			
c. Loss of life (mortality; infant and mother)			
d. Poor academic performance			
e. Stigma			
f. Child poverty			
g. Sexually transmitted diseases			
h. Others (specify)			

7. Are there any existing interventions to address the incidence of adolescent pregnancy here in Tolon? **a. yes** **b.no**

8. If yes, please specify names of organizations and interventions

.....

9. What actions do you think the following local level resources can employ to curb the incidence of in-school adolescent pregnancies?

a. Opinion leaders

.....



b. Parents and Guardians

.....

c. Health and Family Planning Officials

.....

.....

d. Teachers, Headteachers and Officials of District Education Directorate

.....

e. Religious Groups and Clerics

.....

10. In what ways do you think local actions against in-school adolescent pregnancies can be sustained?

.....

.....

THANK YOU



APPENDIX B: INTERVIEW GUIDE FOR FOCUSED GROUP DISCUSSION

UNIVERSITY FOR DEVELOPMENT STUDIES, GHANA

FACULTY OF EDUCATION, TAMALE

TOPIC: ADDRESSING THE INCIDENCE OF IN-SCHOOL ADOLESCENT PREGNANCY IN THE TOLON DISTRICT IN THE NORTHERN REGION OF GHANA

Accurate provision of answers is solely for academic purpose; your identity is therefore anonymous and confidential. Your participation is voluntary but highly needed.

1. Key causes of in-school adolescent pregnancies in Tolon District
.....
.....
.....
2. Effects of in-school adolescent pregnancies in the Tolon District.
.....
.....
.....
3. Local level resources for addressing in-school adolescent pregnancies.
.....
.....
.....
4. Strategies for curbing in-school adolescent pregnancies using local resources.
.....
.....
.....
5. Ways of sustaining local actions against in-school adolescent pregnancies.
.....
.....
.....

THANK YOU



APPENDIX C: INTERVIEW GUIDE FOR GIRLS WITH ADOLESCENT PREGNANCY EXPERIENCE

Please note that your answers are solely for academic purpose; your identity is anonymous and confidential

School:Community..... Age:.....

**Marital Status: Married [] Not Married [] Number of Children: []
Age at first pregnancy [] Class at first Pregnancy: []**

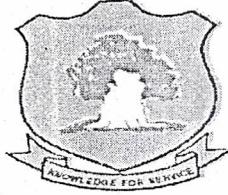
1. What, in your opinion might have influenced you into early sex?
.....
2. When did you realize you were pregnant after your experience with your partner?
.....
.....
3. Was your partner a colleague, a teacher or an outsider?
.....
.....
4. How do/did you feel carrying the pregnancy, proud or remorseful?
.....
5. Did you feel like getting rid of it? Yes/No Give reasons
.....
.....
6. If you could turn back the hand of time, would you wait till you are matured?
.....
.....
7. What are the effects of in-school adolescent pregnancies in the Tolon District?
.....
8. What local level resources are available for addressing in-school adolescent pregnancies?
.....
.....
9. Suggest strategies for curbing in-school adolescent pregnancies using local resources.
.....
10. What are the ways of sustaining local actions against in-school adolescent pregnancies?
.....

THANK YOU



UNIVERSITY FOR DEVELOPMENT STUDIES

FACULTY OF EDUCATION
DEPARTMENT OF EDUCATIONAL FOUNDATIONS
TAMALE CAMPUS



Memorandum

From: Graduate Coordinator (FoE)

To: whom it concerns

Date: 24th September, 2016

Subject: Letter of Introduction

The bearer of this letter, Aziwu, Hannah is a Masters in Development Education student embarking on a research exercise as part of his/her work in fulfillment of the requirements for her degree in the University for Development Studies (UDS). He/she is doing the thesis on the topic..... *Assessing In-school Adolescent Pregnancy*.....

as a Threat to Achieving the Equity Dimension of the SDGs: the Case of Tolon District.

Information gathered is for this purpose although findings may be used for future research.

Please, I would be grateful for your support and cooperation.

Thank you.

Sincerely,

Rev. Fr. Dr. Thomas Asante

(Graduate Programs Coordinator, FoE)

Coord of Graduate Programs
Faculty of Education
U D S
P. O. Box 1350
Tamale, Ghana

Coord of Graduate Programs
Faculty of Education
U D S
P. O. Box 1350
Tamale, Ghana

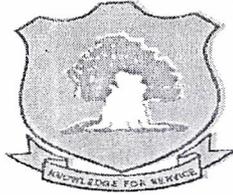
See 26-9-16
Ref. DTHWIT and Tolon and Nyankpala facilities
Wandegha
Wandegha

UNIVERSITY FOR DEVELOPMENT STUDIES



UNIVERSITY FOR DEVELOPMENT STUDIES

FACULTY OF EDUCATION
DEPARTMENT OF EDUCATIONAL FOUNDATIONS
TAMALE CAMPUS



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Date: 24th September, 2016

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Thank you.

Sincerely,

Rev. Fr. Dr. Thomas Asante

(Graduate Programs Coordinator, FoE)

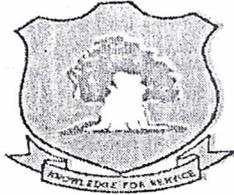
ASST. DIRECTOR H&MB
GHANA EDUC SERVICE
BOX 16 TOLON N/A

Coord of Graduate Programs
Faculty of Education
UDS
P. O. Box 1350
Tamale, Ghana

Coord of Graduate Programs
Faculty of Education
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UNIVERSITY FOR DEVELOPMENT STUDIES
FACULTY OF EDUCATION
DEPARTMENT OF EDUCATIONAL FOUNDATIONS
TAMALE CAMPUS



UNIVERSITY FOR DEVELOPMENT STUDIES

Memorandum

From: Graduate Coordinator (FoE)

To: whom it concerns

Date: 24th September, 2016

Subject: Letter of Introduction

The bearer of this letter, Aziwu, Hannah is a Masters in Development Education student embarking on a research exercise as part of his/her work in fulfillment of the requirements for a degree in the University for Development Studies (UDS). He/she is doing the thesis on the topic: ADDRESSING THE INCIDENCE OF IN-SCHOOL ADOLESCENT PREGNANCY IN THE TOLON DISTRICT OF GHANA

Information gathered is for this purpose although findings may be used for future research.

In case, I would be grateful for your support and cooperation.

Thank you.

Sincerely,

Rev. Fr. Dr. Thomas Asante

(Graduate Programs Coordinator, FoE)

THE HEADTEACHER
ST. MONICA'S B/O J. H. S.
P. O. BOX 52
NYANKPALA

Simon Dumba

Coord of Graduate Programs
Faculty of Education
U D S
P. O. Box 1350
Tamale, Ghana

Coord of Graduate Programs
Faculty of Education
U D S
P. O. Box 1350
Tamale, Ghana



ETHICAL REVIEW FORMS

Name of Researcher/Group:

HANNAH AZIWU

Institutional Affiliation:

UNIVERSITY FOR DEVELOPMENT STUDIES

Department:

DEVELOPMENT EDUCATION

Programme of Study:

MASTER OF ARTS IN DEVELOPMENT EDUCATION

Title of Research

ADDRESSING THE INCIDENCE OF IN-SCHOOL
ADOLESCENT PREGNANCY IN THE TOLON
DISTRICT OF GHANA

Purpose of Research

TO CONTRIBUTE TO ADDRESSING THE
INCIDENCE OF IN-SCHOOL ADOLESCENT
PREGNANCY IN THE TOLON DISTRICT OF
NORTHERN GHANA.

Description of Research Methodology

THE PROJECT IS SITUATED WITHIN THE
INTERPRETIVIST PARADIGM. THE PROJECT
EMPLOYED THE QUALITATIVE RESEARCH DESIGN.
PURPOSIVE SAMPLING STRATEGY WAS EMPLOYED
WITH DATA COLLECTION INSTRUMENTS SUCH AS QUESTIONNAIRES,
FOCUS GROUP DISCUSSIONS, TRASTACT WALK AND INTERVIEWS



Description of Research Target (I.E., Persons, Animals, Community Resource, etc)

IN-SCHOOL ADOLESCENT GIRLS AT THE BASIC AND SECONDARY LEVELS OF THE EDUCATIONAL LADDER AS WELL AS GIRLS WITH EXPERIENCE OF IN-SCHOOL ADOLESCENT PREGNANCY AND ALL STAKEHOLDERS IN THE LIVES OF IN-SCHOOL ADOLESCENT GIRLS

Description of Field Protocols to be followed (Community Entry, Support):

PERMISSIONS SOUGHT FROM CHIEFS AND COMMUNITY LEADERS WITHIN THE DISTRICT, DISTRICT EDUCATION OFFICE AND HEADS OF SCHOOLS SELECTED, TOLON DISTRICT HEALTH DIRECTORATE INCLUSIVE AS WELL AS CONSENT OF PARTICIPATING ADOLESCENTS WITH AND WITHOUT EXPERIENCE OF IN-SCHOOL ADOLESCENT PREGNANCY

PRIMARY SOURCES OF DATA INCLUDE ADOLESCENTS IN SCHOOL, PREGNANT ADOLESCENT GIRLS, GES OFFICIALS, HEALTH PROFESSIONALS, CHIEFS, LEADERS AND OPINION LEADERS



CHECKLIST

1. HUMAN SUBJECTS

- a. Does your research involve minors (persons younger than 18)? *YES*
- b. Does your research involve the collection of primary data from human subjects? *YES*
- c. Are your questions requiring data that are considered personal? *YES*
- d. Does your research require the revelation of the identities? *NO*

2. ANIMALS

- a. Does your research involve the use of animals? *NO*
- b. Are any endangered species involved in the study? *NO*
- c. Is the animals' health or life likely to be compromised in any way? *NO*

3. CULTURAL RESOURCES

- a. Will you be collecting data of ethnographic nature? *NO NO*
- b. Will your data be requiring revelations of sacred places? *NO*
- c. Are you going to be photographing sensitive sites of the community? *NO*

4. SOCIAL SENSITIVITY CONCERNS

- a. Will your research not revive an old conflict that has not been managed well? *NO*
- b. Will your research not prejudice or damage a particular social, ethnic, cultural or religious group? *NO*
- c. Will your research lead to a closure of opportunities to a particular social group? *NO*

5. ECOLOGICAL CONCERNS

- a. Will your research involve felling economic trees? *NO*
- b. Will your research lead to deforestation of your study area? *NO*
- c. Will your research lead to environmental pollution of one form or another? *NO*
- d. Will your research lead to ecological hazards in a way? *NO*



Appendix B
UNIVERSITY FOR DEVELOPMENT STUDIES (UDS)
FACULTY OF EDUCATION (FOE)

FOE CONSENT FORM

Name of Researcher/Group:

HANNAH AZIWI

Institutional Affiliation:

UNIVERSITY FOR DEVELOPMENT STUDIES

Title of Research:

ADDRESSING THE INCIDENCE OF IN-SCHOOL
ADOLESCENT PREGNANCY IN THE TOLON
DISTRICT OF GHANA

Purpose of Research:

TO CONTRIBUTE TO ADDRESSING THE
INCIDENCE OF IN-SCHOOL ADOLESCENT
PREGNANCY

What are the nature and the degree of participants' involvement?

TO RESPOND TO QUESTIONS IN QUESTIONNAIRES,
INTERVIEW GUIDES, FOCUS GROUP DISCUSSIONS, ASSIST
IDENTIFY LOCAL LEVEL RESOURCES, SUGGEST ACTIONS
USING LOCAL LEVEL RESOURCES AND SUGGEST WAYS
TO ENSURE SUSTAINABILITY OF LOCAL ACTIONS AGAINST
IN-SCHOOL ADOLESCENT PREGNANCIES

What measures will you put in place to ensure the confidentiality and anonymity of your

respondents?

RECORDED TAPES OF INTERVIEW WITH PREGNANT
ADOLESCENT GIRLS DOES NOT SHOW THEIR FACE,
RESPONDENTS UNDER ALL CATEGORIES ARE
REPRESENTED WITH CODES RATHER THAN THEIR
NAMES NOR ANY FORM OF IDENTITY THAT MAY
LEAD TO ANY FORM OF TRACES TO THEM



What are the possible risks that you think the research may expose the participants to?

..... IGMORANT..... ADOLESCENTS RISK THE CHANCES
OF EXPERIMENTING THE BIRTH CONTROL METHODS
THAT WILL BE TAUGHT THROUGH COMPREHENSIVE SEX EDUCATION
OUT OF CURIOSITY

What precautionary measures will you put in place to prevent/minimize/address the risks?

..... ENCOURAGE SEXUALLY INACTIVE IN-SCHOOL
ADOLESCENTS TO DELAY SEXUAL ACTIVITY

What are the benefits that the participants may accrue from the research?

..... REDUCED INCIDENCE OF INSCHOOL ADOLESCENT
PREGNANCY..... COMPLETION OF EDUCATION
AT LEAST AT THE BASIC AND SECONDARY
LEVELS WITH IMPROVED ACADEMIC PERFORMANCE

Signature of RPI..... *HJ*.....

Date: 10TH AUGUST 2017

(Responsible Project Investigator)

Signature of Witness:

Date:

(Member of Ethics Committee/Research Coordinator)



Appendix C
UNIVERSITY FOR DEVELOPMENT STUDIES (UDS)
FACULTY OF EDUCATION (FOE)

RESEARCH AGREEMENT FORM

1. RESEARCHER(S): HANNEAH AZINKU

2. DEPARTMENT: DEVELOPMENT EDUCATION

3. TITLE OF RESEARCH:
ADDRESSING THE INCIDENCE OF IN-SCHOOL
ADOLESCENT PREGNANCY IN THE TOLON
DISTRICT OF GHANA.

4. Please Indicate whether the following pieces of information have been addressed with a mark of X:

Identity/Background of Researcher

Process of obtaining informed consent including sample cover letters to participants.
Note specific guidelines for child participants

Research Instruments .e.g. Questionnaire, Structured interviews, experimental procedures etc

Procedures for ensuring confidentiality/anonymity

Means of discussing risks/benefits with participants

Precautionary measure regarding risks and confidentiality



C. Declaration:

I am familiar with the current Ethical Procedures and those of relevant institutions in Ghana and elsewhere and have made provisions that adequately address all ethical concerns. As the principal researcher, I take sole responsibility of any eventualities.

Signature of Principal Researcher (s):  Date: 10TH AUGUST 2017

Signature of Supervisor:  Date: 10/8/17

Signature of Research Coordinator: Date:
.....

