

Assessing the Effect of Teenage Pregnancy on Achieving Universal Basic Education in Ghana: A Case Study of Upper Denkyira West District

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Abstract

The consequences of teenage pregnancy are gigantic and inimical to the wellbeing of adolescent population as well as development in the broad-spectrum. As a result, this study assessed the effect of teenage pregnancy on achieving universal basic education in Ghana: A case study of Upper Denkyira West District. The research design employed for this study was the mixed approach. Both qualitative and quantitative research methods were applied for the study. Purposive and snowball sampling techniques were applied in selecting respondents for the study and the sample size was 80. Questionnaire, structured interview and observation were the research instruments used to collect the data from the teenage mothers. Findings reveal that overpowering majority of 96.25% of the respondents stated that they have stopped school as a result of teenage pregnancy and teenagers mainly get educated on sex through their friends. The study concluded that there are several factors that cause teenage pregnancy, teenagers principally depend of sex education from their peers and teenage and teenage pregnancy negatively impedes the goal of achieving universal basic education in Ghana and recommended that More effort is still indispensable to do with regards to particularly, the enforcement of relevant legal provisions and harnessing political will for adequate investment in adolescent related policies and programmes and the need for stringent enforcement of the laws against child-marriages and strict pursuance of the Free and Compulsory Universal Basic Education (FCUBE).

Keyword: Teenage pregnancy, adolescent health, universal education, Ghana, sexuality

1.0 Introduction

Access to education has been acknowledged as a human right, ever since the incorporation of article 26 in the Universal Declaration of Human rights in 1948: *'Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit'* (un.org, 2009).

Education is not only seemed as a human right, but it is also viewed as an instrument to fight poverty and universal apparatus to promote economic advancement for developing countries. Amartya Sen takes this one stride further, claiming that education leads to development, which in turn leads to an increase in freedom (Sen, 2001:5). For this reason, there are thus several motives to encourage and promote universal education.

All over the world, people hold the view that education is the cardinal channel to accomplish sustainable transform and development. Education contributes to the progress of analytical mind and reasoning power in the personality which assists him or her to build up a sense of confidence, self-esteem and self-respect. Anderson (1992, p. 8) stipulates that "in today's world, a child who is not educated is disadvantaged in terms of income, health and opportunity. In coming years, a nation that does not educate its children will be undermined in terms of the economic productivity and social welfare of its people". Female education has noteworthy implications for maternal and child welfare development.

Farant (1982) has unequivocally explained that education is an ongoing effort towards further development of the potential of individuals in a holistic and integrated manner, so as to produce persons who are intellectually, spiritually, emotionally, and physically balanced. Such an effort is designed to produce citizens who are knowledgeable and skilled, who possess high moral standards, and who are responsible and capable of attaining a high level of personal wellbeing and be able to contribute to the advancement of the society and the country at large.

Teenage pregnancy calls for the attention of Ghanaians. At the end of the academic year when students take their Basic Education Certification Examination (BECE), we often hear on the news about some girls turning up to write their papers pregnant. Statistics differ in different regions of Ghana; for example in the Eastern region alone, 33 females failed to sit their exam as a result of pregnancy in 2009. In the Brong-Ahafo Region, statistics released by the Regional Health Directorate from January to June, 2013, revealed that about 235 girls between the ages of 10 and 14 visited the antenatal clinic. A further 6,084 late teens between the ages of 15 to 19 years within the same period also patronised the antenatal clinic. Ayibani, (2013).

Statistics from the Regional Education Directorate of Brong Ahafo revealed 77 girls were pregnant during the Basic Examination Certificate Education (BECE) examination in 2010, 111 girls in 2011, and 170 girls in 2012. Statistics from the Techiman Municipal Girl-Child Unit revealed 28 pregnancies at the primary and 75 at Junior High School (JHS) levels have been recorded during 2012/2013 academic year Ayibani,(2013)..

The statistics are much higher and worrisome in other regions of Ghana. The Ashanti Regional Directorate of Health recorded 67 deaths in 2013 as a result of teenage pregnancy, a figure which is a little above the 60 deaths recorded in 2012. In 2013, 21,171 teenagers who reported at the various health centres were detected to be pregnant whilst 20,720 cases in 2012 were recorded. The average age of these girls is 12. Teenage pregnancy has become an educational and social predicament due to the number of teenagers mostly school going girls becoming pregnant.

Report from Upper Denkyira West District Health Directorate (UDWDHD) indicated that in 2013, they recorded 483 pregnancies among late teenagers and 7 pregnancies among early teenagers. Again, UDWDHD recorded 482 pregnancies among late teenagers and 5 pregnancies among early teenagers and in 2011 recorded 204 pregnancies among late teenagers with 4 pregnancies among early teenagers.

The high percentage of unintended pregnancies for teenagers in Ghana remains a serious challenge to Ghana Education Service, Ministry of Education, and various stakeholders. It is against this background that this study sought to assess the effect of teenage pregnancy on achieving universal basic education in Upper Denkyira West District of Ghana

1.1 Statement of Problem

The consequences of adolescent pregnancies are enormous and inimical to the health and wellbeing of Ghana's adolescent population as well as development in general. Educationally, it results in school dropout. Adolescent pregnancy certainly truncates adolescents preparing for higher education (statistics). In this era when issues interrelated to the wellbeing of children and the youth are receiving high priority from governments, principally those who are signatories to the Convention on the Rights of the Child, teenage pregnancy has become one of the issues affecting a considerable number of the school going teenagers taking into consideration that it is considered harmful to their growth and development. Given that Ghana is a developing nation and a signatory to the Convention on the Rights of a Child, makes the subject of teenage pregnancy among Ghanaian teenagers worth researching. In spite of all the efforts from the government and stakeholders, teenage pregnancy statistics are compelling, hence the need for government, civil society organisations and non-governmental organisations to step their awareness raising campaign until the figures decline to an appreciable level.

After reviewing literature on teenage pregnancy, it was established that most research has concentrated on the causes of teenage pregnancies, impact of teenage pregnancy on teenage girls' health, the risks associated with teenage pregnancy and its socio- economic implications on national building. However, it was found that less research has highlighted on the effect of teenage pregnancy on educational attainment and human resources development. It is therefore, relevant to consider teenage pregnancies in relation to assessing the effect of teenage pregnancy on achieving universal basic education in Ghana to help close the research gap.

1.2 Objectives of the Study

The main objective of the study is to assessing the effect of teenage pregnancy on achieving universal basic education in Ghana: A case study of Upper Denkyira West District. However, the specific objectives of the study are as follows:

1. To examine the causes of teenage pregnancy.
2. To find out the sources of sex education to teenagers.
3. To assess the effect of teenage pregnancy on achieving universal basic education.
4. To offer recommendations based on the study findings

1.3 Research Questions

The study is anchored by some basic research questions:

1. What are the causes of teenage pregnancy?
2. What the sources of sex education for teenagers?
3. What are the effects of teenage pregnancy on achieving universal basic education?

1.4 Significance of the Study

The Ministry of Health and Ghana Health Service can make use of the findings or the results of this study to consolidate their health promotion and education policy. The study will help policy makers to device policies to address the Phenomenon of teenage pregnancy. The study is directed towards the knowledge base of the health promoters so as to create a better understanding of the issues teenagers are confronted with. Stakeholders would probably also gain more insight into the phenomenon which will enable them to respond

positively and effectively towards extending a helping hand to individuals who fall victim to teenage pregnancy.

The results of this study will also be useful to the practitioners in the education sector on how to educate and handle the behavioural problems related to teenage pregnancy in their various schools and contribute to reduce the incidence of teenage pregnancy. The findings of this study could also be used by the researchers as a baseline study for future studies in the area.

2.0 Literature Review

2.1 Concepts of Teenage Pregnancy

The term “teenage or adolescent pregnancy” may differ from one individual to the other depending on the point of view one looks at it. According to the Reproductive and Child Health (RCH) of the Public Health Division of the Ghana Health Service, teenage or adolescence factually implies to “grow up”. An expression “teenage or adolescence” is known to one stage or period in the growth and development of human beings”. The worldwide acknowledged explanation classifies the ages from ten (10) to nineteen (19) as adolescents or teenagers. This phase is further separated into two (2), thus younger adolescents (ten to 14 years) and older adolescents (fifteen to nineteen (19) years).

Once more, this period is staged into classifications namely: Early adolescents (Ten to Thirteen years), mid adolescents (Fourteen to Sixteen years) and late adolescents (Seventeen to Nineteen years). Pre-adolescents refer to people at the age of five to nine years. It is at this period that the physiological changes begin. Adolescence is the evolution from childhood to adulthood. This stage is termed ‘formative period’ where physical, physiological and behavioural changes occurs in adolescents. It is a phase of searching, carrying out tests and widening horizon and this is a time to ensure healthy resourceful development for the adolescents.

This period includes development towards sexual prime of life, liberty and orientation if identification is focused on peers. It is also a time in life when the greatest conflict exists between the drive for individuality and the desire for conformity. Adolescence is a time of obvious physical changes. Most youngsters seem to adopt the changes in themselves quite well and adjust to the changing demands and expectations of parents and society in a relatively smooth and peaceful way.

In May 2011, the World Health Assembly adopted a declaration urging Member States to accelerate actions to improve the health of young people. It included these specific measures:

- reviewing and revising policies to protect young people from early child-bearing;
- providing access to contraception and reproductive health care services; and
- promoting access to accurate information on sexual and reproductive health.

According to WHO (2012) About 16 million girls aged 15 to 19 years and two million girls under the age of 15 give birth every year. The report (WHO, 2012) added that one worldwide, one in five girls has given birth by the age of 18. In the poorest regions of the world, this figure rises to over one in three girls. Almost all adolescent births – about 95% – occur in low- and middle-income countries. Within countries, adolescent births are more likely to occur among poor, less educated and rural populations.

The teenage pregnancy is fundamentally made up of teenagers whose ages range between 12 and 19 years. The teenage group is frequently found in the Junior High School and Senior High School students in Ghana. In Ghana, teenage pregnancy occurs among ages as low as 12, when these unfortunate teenagers have no knowledge or ideas as to how to go about things concerning the pregnancy. The prevalence of teenage pregnancy has become very common in the Ghanaian community, especially among those at the Junior High School level (Kafoya-Tetteh, 2007).

At first, the concept was that teenage pregnancy used to happen to teenagers who have no educational background and no guardians, but the concept seems to be wrong, as the culprits of late are those in school (Selby, 2009). Teenage pregnancy in Ghana is one of societal problems that the government as well as non-governmental organisations (NGOs) are trying to fight against. Report on teenage pregnancy in Ghana become frequent during the sitting of the Basic Education Certificate Examinations (BECE).

2.2 Causes of Teenage Pregnancy

Teenage pregnancy is caused by countless factors and it is having a greatest effect in our society, nation and the victims involved. Many studies done in Ghana have found numerous contributory factors to the predicament. The factors include inadequate sex education biological, social, cultural and economic challenges and the influence of the mass media.

Miller (2006:58) stipulated that the lack of education on safe sex, either on the side of the parents or the educators, may lead to teenage pregnancy. Many teenagers are not taught about methods of birth control. Teenage births form a high percentage of the total births in the country. Poor and inadequate education on sexual health and reproductive health rights is wrecking the lives of many teenagers in Ghana. The nonexistence of a supportive system for pregnant girls encourages unsafe abortions, complications and deaths. Unfortunately, majority of teenagers in Ghana lack access to appropriate and adequate information on reproductive health issues to assist them in managing their health and development. Most school teachers are not well equipped on how to implement it. Eventually teenagers do not get the necessary information about sex education (Jewkes, at al, 2001) as cited by Panday, at al (2009:53)

Conger (1991:243) posits that the most adults feel that sex education, even in secondary school is dangerous and premature for impressionable adolescents and is likely to lead to indiscriminate promiscuity. Among some Ghanaian societies, mentioning of the word 'sex' only is itself a taboo. Even though we are in the information age with advance technological gadgets that we can easily access information, they lack access to adequate information to enable them make informed choices. According to Wikipedia, the free encyclopedia, (2008:3), teenage pregnancy can be caused by teenagers' sexual behaviour. Some teenagers become pregnant because they lack information or access to conventional method of preventing pregnancy. The situation is worsen by poor parenting and poor communication between parents with some resorting to obtaining information from inaccurate sources, such as gagsters and engagement into internet fraud (sakawa) and prostitution.

At the phase of adolescent, physical, physiological and behavioural changes take place. It is a period when main physical changes come about and differentiation between boys and girls amplify. The boys develop pubic hairs, moustaches, get broad shoulders, natured voices, penis enlarges among others the girls build up breast, broad hips, small waist, pubic hairs among others. This phase is an exploration, experimentation and widening sphere. Both sexes commence to have diverse contemplation and information about how life should be. They start to be analytical and inquisitive. Teenagers experience emotionally positive or negative and would want to try-out adult behaviours including smoking, drinking and sex. More teenagers become sexually active at an early age, risking unwanted pregnancies, as well as sexually transmitted diseases (Rice, 1992:395).

Teenagers usually become sexually active and start to experiment adult sexual behaviours. Teenagers hold themselves in boy-girl relations and believe is not sufficient just to be referred as such. For that reason the need for touches, kisses and unhealthy sexual practices emerges. These teenagers become sexually active at an early stage and without using any form of contraceptives (Mlambo, 2005:2; Makiwane 2010:195-196)). Unsurprisingly, girls are fond of receiving love and care from the opposite sex and expression of love or care towards them they will do anything including having sex to show appreciation. These biological factors of increase physical development, need, desire and feeling lead to unprotected sex which leads to teenage pregnancy. This pregnancy is unnecessary and not prepared for but nature as it is has already played its part.

Additionally, teenagers encountering family breakdown, home conflicts, peer influence and among others are very much at risk of teenage pregnancy. In a family where there is at all times a conflict, teenagers may find a place where he or she will get the love and attention which she lacks at home. This then offers them the occasion to unite peers which may be terrible and practice what they are ignorant about. Teenagers may be influenced or pressed to take a boyfriend or girlfriend which usually leads to the desire to practice unprotected sex and resulting in unwanted pregnancies.

The environment or community in which teenagers live has a great influence leading to teenage pregnancy. Teenagers who live in incomplete families are more likely to be sexual active than those who come from two parent households. Parental divorce during the early teenage years has also been associated with early onset and increased frequency of sexuality in females. Family members serve as role models to their wards. Teenagers are more likely to initiate sex and experience pregnancy if their parents or other family members have sex outside of marriage, are cohabitating with romantic or sexual partners or have had a child outside of marriage (Panday, at al, 2009:63.)

Recent research has revealed that both a history of physical abuse by a partner and existing association with physically abusive relationships were linked to becoming pregnant (Moore & Rosenthal, 2006:200).

Other forms of violence such as beating, rape, maltreatment etc and exploitations as prostitution etc. which limits the teenagers' behaviour choices lead to teenage pregnancy which is unwanted. These social factors destroy teenager's life. The high rate of drug and alcohol abuse contributes a lot to teenage pregnancy. When a teenager is being under the influence of drugs and alcohol she may find herself undertaking unprotected sex which may result in pregnancy or HIV (Teenage pregnancy issue in Our World Today, 2008:2).

Economic factor is a major risk of teenage pregnancy. Every adolescent have the right and need for shelter, food, clothes, education, healthcare and spiritual values from the family or home. The lack of provision of these basic need give the adolescent the chance to seek for` them outside the home. And nothing comes free in life. They pay for these basic needs in kind. That is sex. She needs a place to sleep or shelter which she will have to seek and by any means everywhere. The rate of pregnancy and childbirth is high among poorer adolescents. Other scholars found out that 83 percents of adolescents who have babies are from poor families. (Helen, at al, 2006: 43)

Teenage girl needs clothes to wear, food to eat for growth, education to enhance her living and healthcare. If these things are not provided by the family, she will find a provider outside the home. These providers mostly are men who sleep with them and impregnate them. These men will not educate, feed, cloth, and shelter the adolescent girl for free. There must be some payment which is mostly unwanted and unprepared for by the adolescent girl. With hardship in the home, the adolescent girl will have to find something to do to keep her going; therefore the need for selling, prostitution etc comes into mind which leads to teenage pregnancies.

The teenagers who mostly become pregnant are teenagers who live in poor neighbourhood, come from poor families, perform poorly in school and become drop outs compared to financially sound and academically good teenagers. Then the realisation that teenagers who grow up in poverty and have little opportunities to break from it or find a good provider may feel they have nothing to lose by getting pregnant or becoming a teenage mother.

Originally there were various sexual control traditional practices that were practiced by many Ghanaian communities. These practices include puberty initiation ceremonies, where adolescents were ushered into adulthood with instructions on sex education. Virginity inspection was performed to ensure virginity in young women, and extraordinary token of prize was presented to the parents of young women if she was found to be virgin after marriage. Macleod (1999:10) indicated that urbanisation and industrialisation has led to the decline of these traditional institutions such as the puberty initiation and virginity inspection. Formal education has taken this training from the domains of parents who are at the moment seen as ignorant and uneducated by their wards. There is a wearing down of the patriarchal composition of the family as well as the long-established respect for elders. The influence of Western culture has led to psychological isolation.

According to Nolan (2003:12), some cultures incredibly accept young parenthood. For them, a teenager who has a couple of children by the occasion she is eighteen is simply doing what her mother and grandmother did before her. The teenager may be a part of accommodating, caring societies and have friends embarking on motherhood at the same time as her. Young mothers and fathers are well looked after and shown how to care for their babies. There are people around who will watch the baby for them and give them a break.

Furthermore, Media may possibly function as a super-peer in terms of pressuring teenagers into having sex earlier than expected (Strasburger, Wilson & Jordan, 2009:226). Televisions, films, videos, magazines, advertisements and novels, today, are full of sex and love. According to the researcher the media depict the thrilling side of sex in such a way that teenagers perceive sex as something in fashion. Numerous teenagers, particularly girls, depend on magazines as an essential source of information about sex, birth control and health related issues (Strasburger, 2009:237). They ignore the consequences of sex such as unplanned pregnancy and sexually transmitted diseases.

Greathead (1998:95) said that the media shows sex as something stimulating without menace. Serious doses of television may stress teenagers' feeling that everyone is doing sex apart from them, and more teenagers engaged themselves to sexual intercourse earlier. (Strasburger, at al, 2009:226). Communications from the media over and over again express the concept that abstinence is outdated. Coupled with the fact that teenagers rarely think of long-term consequences of their behaviour, teenagers may possibly engage in sexual behaviours to gain immediate feeling of acceptance and self-worth (Bullocks 1992:479). The present study intended to examine the causes of teenage pregnancy and the perception people have on teenage pregnancy in Upper Denkyira West District as indicated in the above studies.

2.3 Principal Sources of Sex Education

All-inclusive sex education can be of assistance to individuals with intellectual disabilities to live safe, decrease their risk of acquiring sexually transmissible infections (STIs) and having an unintended pregnancy. Sex education should commence early, before young individuals reach puberty, and before they have developed recognised patterns of behaviour. Sex education has to be more than just puberty and reproductive biology; it should help young people to be safe and enjoy their sexuality (The Guardian, 2013).

Sex education should comprise information about:

- Developing social skills, including concepts such as public and private
- How to build up and maintain different types of relationships
- Coping with relationship issues or rejection

- Sex and relationships, including marriage and parenting
- Protective behaviours
- The physical and emotional changes of puberty
- The natural science of sex, including reproduction
- Appropriate and inappropriate expressions of sexuality
- STIs
- Safer sex
- Contraception
- Masturbation

Many health professionals support in the provision of instruction about sex education and social skills, such as how to refuse sex and negotiate condom use, as part of comprehensive sex education. However, teaching these skills may appear to undermine parents' values concerning proper sexual conduct. The health centres and clinics based sex education can be an imperative and valuable way of enhancing students' knowledge, attitudes and behaviour about sex and sexuality.

At home, teenagers can easily have one-to-one talks with parents or carers which focus on specific sex issues, questions or concerns. Teenagers can have a discourse about their attitudes and views. Sex education at home also tends to take place over a long time, and involve plenty of short interactions between parents and teenagers. It is also imperative not to postpone dealing with a question or issue for too long as it can suggest that you are unwilling to talk about it. There is evidence that positive parent-child communication about sexual matters can lead to greater condom use among young men and a lower rate of teenage conception among young women (Wellings et al 2001). However, findings by O'Sullivan et al. (2001) propose that for some daughters, sexual development creates conflict, which undermines communication with their mothers and necessitates obtaining sex education from other sources.

In school, the interactions involving teachers and young pupils' takes diverse forms and are habitually provided in organised blocks of lessons. It is not as well suited to advising the person as it is to providing information from an impartial point of view. The most effective sex education acknowledges the diverse contributions each setting can make. School programmes which involve parents, notifying them what are being taught and when can support the initiation of dialogue at home. Several schools that encompass a strong religious influence are opposed to full sex education. This can rigorously limit a pupil's education, with information only being provided in their biology class contact hours under the caption of 'reproduction'. Sex education and adolescent reproductive health education are often contentious because some folks are of the view that discussing sex in schools may enhance sexual activities. However, according to two exhaustive reviews of studies by the WHO and National Campaign to Prevent Teen Pregnancy sexuality education programmes do not lead to an increase in sexual activities among adolescents.

The mass media both print and electronic have a lot of influence on teenagers' sexual attitude and behaviour. Research conducted by Steele (2000) established that teenagers are often open to the elements of sexual scripts and values systems in the media that may be contrary to the values and beliefs of their parents. The explicit line of attack in which media influence teenager cognition and development has been theorised to be through identity-based needs which determine which messages are selected for attention, how the information is interactively interpreted and processed, and how the messages are incorporated or omitted in application in daily life Steele, (2000).

The literature gives a wealth of records supporting the influence of peers on teenagers' sexual behaviour. For instance, when teenagers observe that their friends are sexually active, they report higher levels of sexual doings. Despite the consequences of the actual effect of this peer communication, same-age peers have been found to be more influential than older peers (Ballar & Morris, 1998).

Despite the widely recognised significance of sex education, education to promote it remains a sensitive and sometimes contentious issue. Likewise, the question of who is best prepared for and should be given the role of teaching secular values, such as responsibility, honesty and respect for diversity, remains unanswered. Both parents and educators have indispensable roles in nurturing sexual literacy and sexual health. Parents must play the prime role in imparting to their wards social, cultural and religious values regarding intimate and sexual relationships, while health and education professionals must play the crucial role in providing information about sexuality and developing related social skills. The present study intended to examine the sources of sex education o teenagers in Upper Denkyira West District are not going to school as indicated in the above studies. Ghana has made advancement at improving adolescent reproductive health under the National Population Policy (Revised Edition, 1994). The National Population Policy of Ghana which was adopted in 1969 and revised in

1994 in line with constitutional provision of the 1992 Constitution of the Republic of Ghana enjoins government to sustain a population consistent with the nation's development objectives Ayibani,(2013). The policy also recognises adolescents as an essential segment of the population of Ghana and outlines actions to promote their reproductive health through advocacy, enactment of laws and collaboration between all stakeholders. It as well aims at ensuring education, accessibility, affordability of family planning products and services for couples and individuals to enable them regulate their fertility Ayibani,(2013). On progress so far, some of the interventions have made positive impact.

There have been increasing efforts to provide appropriate sexual and reproductive health services to young people. In 2009, there were 129 Adolescent Health Corners scattered across the length and breadth of the country with 131 regional resource persons and 370 health frontline workers. To help strengthen the adolescent health programmes, to assist adolescents and young people, to assess health information and counselling at the lowest level, 527 peer educators were trained in 2009. This initiative has been marked by the key element of youth friendliness and appropriate Ayibani,(2013).

2.4 Effect of Teenage pregnancy on Achieving Universal Basic Education

The Government of Ghana (GoG) acknowledges that education is a principal tool to battle poverty and the government strives to accomplish poverty reduction partly through attaining the Education for All goals (Rolleston, 2009:1). Achieving universal primary education and gender parity have been included in Ghana's constitution as a legal requirement since 1992. In 1996 the GoG introduced the Free Compulsory Basic Education Program (FCUBE), which promised universal education in 2005. FCUBE policy intended to abolish school fees with the purpose of increasing the demand for schooling (Thompson & Casely-Hayford, 2008:14, Akyeampong, 2009:175).

This pledge was never fulfilled on time, but the GoG tried to achieve FCUBE by developing new legislations and by signing international agreements, such as the Education For All (EFA) goals and the MDGs. In 2003 the Ministry of Education, Science and Sports (MoESS) introduced the first Education Strategic Plan (ESP) 2003-2015 to make possible the achievement of the goals that are stipulated in the Education for All goals and in Millennium Development Goal 2.

The ESP is to provide a long term plan to make available a strategic framework that will guarantee the development of the education segment until 2015 (GoG, 2003I). The ESP forms the bases for a Sector Wide Approach (SWAP) to education segment development arranging partnership and joint responsibility between the MoESS and all development partners. The ESP centres more or less four core focus areas: Equitable Access to Education, Quality of Education, Educational Planning and Management and Science and Technology, Technical and Vocational Education and Training (Baiden- Amissah, 2006:3).

In 2007 a revised version of the ESP was introduced. The GoG in addition developed the Growth and Poverty Reduction Strategy paper (GPRS) I and II that are proposed for realising the MDGs and to hasten the growth of the economy of Ghana in order to reach the status of a middle-income economy (GoG, 2005: V). The right to basic education is outstandingly present in the GPRS papers. In GPRS I the GoG strives to make equal access to a six-year education for all children up to the age of 12years (GoG, 2003II). In GPRS II the GoG decided that EFA must be obligatory for children from the age of 4 until 15, therefore the government almost the years that children are compulsory to go to school.

Additionally, while in GPRS I the government principally centred on providing access for children to go to school, GPRS II focuses on improving the quality of the curriculum, school buildings and facilities, teachers and the standards of literacy and numeracy. The main reason why the GoG goes beyond the basic levels of educational attainment that are spelled out in the MDGs and the EFA goals is the belief that the realization of economic success is dependent on the educational quality of the nation's work force (GoG, 2005: VI).

The consequences of teenage pregnancies are enormous and inimical to the health and wellbeing of teenage population as well as development in general. Educationally, it results in school dropout. Adolescent pregnancy certainly truncates adolescents preparing for higher education. Most studies (Natalie-Rico, 2011:10) found that dropping out of school is a negative effect of teenage pregnancy. Teenage pregnancy is commonly associated with school non-attendance and dropout. Pregnancy and its complications often predispose youths to permanently leave school. In addition, sudden, frequent absenteeism may be a signal of pregnancy and accompanying symptoms to educators and others. The present study attempted to establish if teenage pregnancy has effect on achieving universal basic education in Ghana.

In a conference organised in Nairobi, it was reveal that up to 42 million children who do not attend schools in Africa, almost 60 per cent are girls and this is owing to teenage pregnancy (Chang'ach, 2012:4). In the same way, Hosie (2002) exposed that the minority of teenage women who conceive under the age of 16 and whose pregnancy lead to an interruption of education-including formal elimination by school authorities, had a

restricted scope of opportunities obtainable to them with regard to their continued education. The present study intended to find out from if many pregnant teenagers in Upper Denkyira West District are not going to school as indicated in the above studies.

3.0 Methodology

3.1 Research Design

The research design employed for this study was the mixed approach. Both qualitative and quantitative research methods were applied for the study. Research design is the precise data analysis techniques or methods that the researcher intends to apply. The requisite purpose of mixed methods research is to embark on a given research question from any applicable point of view, making use where suitable more than one form of analytical viewpoint.

3.2 Study Population

The target population is purposely, teenage mothers in the Upper Denkyira West District. The Upper Denkyira West District is one of the twenty (20) Metropolitan, Municipalities and Districts in the Central Region of Ghana. The Administrative Capital of the District is Diaso. The District Shares Boundaries with Upper Denkyira East Municipal to the South, to the North with Bibiani-Anhwiaso-Bekwai, to the East with Amansie West and to the West with Wassa-Amenfi West.

3.3 Sample Technique and Sample Size

Purposive and snowball sampling techniques were applied in selecting respondents for the study. The purposive sampling technique assisted to purposefully choose respondents who can in actuality make available the considered necessary information for the study. After purposefully choosing and interviewing the initial subject, the researcher used the snowball sampling method to solicit for help from the subjects to be of assistance see teenage mothers with a comparable peculiarity and characteristic of concern. The Sample Size of the study was 80 respondents.

3.4 Data Sources

Both primary and secondary data were employed for the research study. The researcher reviewed relevant literature from secondary sources to assemble information as well as expand knowledge base to make conclusions about the subject matter. Journals, publications and the Internet were employed to understand the concepts, causes of teenage pregnancy, sources of information for teenagers and effect of teenage pregnancy on achieving universal basic education.

3.5 Research Instrument

Questionnaire, structured interview and observation were the research instruments used to collect the data from the teenage mothers. The questionnaire was used in order to get a standard form of answers or responses. The use of structured interview helped the researcher to mould the questions he asked the respondent in order to get the information they need for this project and observation was made to confirm the answers the respondents gave.

4.0 Results and Discussion

4.1.1 Socio-economic Characteristics of the Respondents

The socio-economic characteristics of the respondents in this study are presented in this section. Table 1 depicts the age distribution of the respondents. From Table 1, 57.5% of the teenage mothers are within the age of 14-16. Whiles the 30% of the teenage mothers are within the ages of 11 - 13 and 10% of the respondents are within the ages of 17-19above. All the respondents fall within the stipulated school going age for attending basic school.

4.1.2 The status of the Respondents

The study sought to find out the status of the respondents as being pregnant or have given birth already to help meet the objectives of the study. From Table 2, majority of the respondents (62.5%) have given birth and respondents pregnant at the time of the study constitute 37.5% of the respondents. This study finding supports the fact that the prevalence of teenage pregnancy has become very common in the Ghanaian community, especially among those at the Junior High School level right from the age of 12 (Kafoya-Tetteh, 2007).

4.1.3 Respondents' Social Bonding

The study also identified the kind of social bonding that the respondents were staying with to examine its influence on teenage pregnancy. From the findings in Table 3, 37.7% of the respondents are living with their grandparents as many folks migrate to urban areas to work and remit their parents. For that reason there is likelihood that those that live with their grandparents do not have enough proper sexual education. Respondents staying with their mothers only and fathers only constituted 27.7% and 10% respectively as a result of divorced, separation, occupational barriers and death. Those respondents staying with their other family members and peers are 7.5% and 2.5% respectively. Parental divorce during the early teenage years has also been linked with premature onset and increased frequency of sexuality in females.

4.1.4 Causes of Teenage Pregnancy

In line with the objective of the study, the researcher tried to unearth the factors that cause teenage pregnancy in the study area and from table 4. The researcher attempted to discover the factors that cause teenage pregnancy lack of sex education, poor parenting, poverty, mass media, curiosity, relationship affairs, breakdown of culture, self esteem, contraceptive ignorance remote health centres and forced unprotected sex were the main factors respondents ascribed to their predicament.

From table 4 above, 37 (46.25%) of the respondents strongly agree to the reality that lack of sex education causes teenage pregnancy, 30 (37.2%) respondents agree whereas 8 (10%) respondents disagree and 4 (6.25) strongly disagree. This finding confirms literature that teenagers do not get the necessary information about sex education. Majority of the respondents 55 (68.75%) strongly agree to the statement that poor parenting can result in teenage pregnancy, 15 (18.75%) respondents agree whereas 4 (5%) respondents strongly disagree. Parental support, behaviours and control have immense underpinning on the lives and manners of offspring as Miller (2006:58) said that the lack of education on safe sex, either on the side of the parents or the educators, may lead to teenage pregnancy.

A further feature that requires immediate attention is the association involving poverty and teenage pregnancy. Widely view held by the respondents is that 9.5% either agree or strongly agree to the detail that poverty could cause teenage pregnancy greatly. The rate of pregnancy and childbirth is soaring among poorer teenagers. Helen, at al, 2006 found out that 83 percents of teenagers who have babies are from poor families. Poverty in the house can make teenagers locate something to do to keep her going; therefore the need for selling, prostitution among others comes into mind which leads to teenage pregnancies.

From the perspective of mass media's pressure on teenage pregnancy, 55 (68.75%) respondents indicated that they either strongly agree or agree 25 3(31.5%) respondents strongly disagree despite the fact that 15(30%) respondents strongly disagree or disagree to the fact that the mass media do not have an influence on the high rate of teenage pregnancy in the study area. This vividly indicates that the mass media has considerable influence on the ubiquitous rate of teenage pregnancy in the Upper Denkyira West District of Ghana.

According to table 4, 47 (59%) of the respondents strongly agree or agree to the fact that curiosity on the part of teenagers can lead to teenage pregnancy, 33 (41%) respondents strongly disagree or disagree on this fact. This study findings support the findings that more teenagers become sexually active at an early age, risking unwanted pregnancies, as well as sexually transmitted diseases (Rice, 1992:395).

It was palpable that overpowering majority of the respondents 75 (93.75%) strongly agree or agree to the assertion that relationship affairs can cause teenage pregnancy and the remaining 5 (6.25%) respondents strongly disagree or disagree to the assertion. In a family where there is at all times a conflict, teenagers may find a place where he or she will get the love and attention which she lacks at home.

It was obvious that majority of the respondents that is 51 (63.75%) respondents strongly disagree or disagree to the affirmation that breaking down of traditional cultural practices can cause teenage pregnancy and the remaining 29 (36.25%) respondents agree to the assertion. This result contradict with Macleod (1999:10) who stated that urbanisation and industrialisation has led to the decline of these traditional institutions such as the puberty initiation and virginity inspection leading to the cause of teenage pregnancy.

Seventy five respondents (75) representing 93.75% strongly disagree or disagree to the statement that the self esteem associated with giving birth and therefore commanding respect the community do not lead to teenage pregnancy and 3 (3.7%) respondents agree while only 2 (2.5%) respondents disagree. One more factor that merit investigation is the connection between contraceptives usage ignorance on the part of teenagers and teenage pregnancy. Majority of the respondents that is 86.25% either agree or strongly agree to the fact that contraceptives usage ignorance on the part of teenagers can lead to teenage pregnancy.

According to table 4, 59 (73.75%) of the respondents strongly disagree and disagree to the fact that remoteness of where health centres situated can lead to teenage pregnancy, 21 (26.25%) respondents strongly agree or agree to this claim. Finally, with high opinion on forced unprotected sex weight on teenage pregnancy, 67(83.75%) respondents stated that they strongly agree or agree and 13(16.25%) respondents strongly disagree or disagree the fact that the Forced unprotected have a bigger force on the high rate of teenage pregnancy in Ghana. Forms of cruelty and violence such as beating, rape, maltreatment and exploitations such as prostitution confines the teenagers' behaviour choices lead to teenage pregnancy which is not needed.

4.1.5 Respondents' Sources of Sex Education

The researcher asked the respondents to point out their sources of sex education and their responses are obtainable in table 5 below:

The researcher again assessed sources of sex education available to teenagers in the Upper Denkyira West District of Ghana the factors and from table 5 above, home, school, peers, mass media and other factors were the crucial sources for the respondents. The results clearly indicate that majority of the respondents (62.5%) received their education on sex from their peers. sex education from school is 20% , home represents 10% whereas the

mass media represented 5% with other sources constituting 2.5%. The result confirms the assertion given by Ballard & Morris(998) that peer communication and education among peers have been found to be more significant than home (Ballard&Morris,1998).

4.1.6 Effect of Teenage Pregnancy on Achieving Universal Basic Education

The researcher asked the respondents to specify whether they were still schooling or have stopped schooling during the period of this study and their responses are presented in table 6 below:

According to table 6 above, it is comprehensible that an overpowering majority of 96.25% of the respondents stated that they have stopped schooling while insignificant 3.75% of the respondents indicated that they were still in school because they have few months to complete and write their Basic Examination Certificate of Education. Therefore, teenage pregnancy has a negative effective on achieving universal basic education in Ghana.

4.1.7 Respondents' View on the Prospect for them going back to School

Table 7 below shows the respondents' view on the prospect for them to go back to school after delivery or those they have giving birth already.

From table 7, almost all the respondents that is 75 (93.75%) consider that there is no prospect for them to go back to school after they had delivered or now that they delivered already whereas fascinatingly 5 (6.25%) of the respondents stated that they the prospect to go back to school after have delivery safely. Regrettably teenagers who get pregnant are solely blamed for their condition. They become "bad girl" at the mercy of societies scorn. Instead of providing a support system they are punished, some are kicked out of their homes while others are ridiculed by the hour. One would think perhaps it is possible for girls to get pregnant all by themselves. This finding is in line the conference organised in Nairobi that reveal that up to 42 million children who do not attend schools in Africa, almost 60 per cent are girls and this is owing to teenage pregnancy (Chang'ach, 2012:4).

5.1 Conclusion

Based on the findings, it can be concluded that there are several factors that cause teenage pregnancy, teenagers principally depend of sex education from their peers and teenage and teenage pregnancy negatively impedes the goal of achieving universal basic education in Ghana. Therefore, there must be a national crusade to deal with the pregnancy effectively and future research must investigate into national policies set in place to help bring back teenage mothers to school.

5.2 Recommendations

1. More effort is still indispensable to do with regards to particularly, the enforcement of relevant legal provisions and harnessing political will for adequate investment in adolescent related policies and programmes.
2. There is the need for rigorous enforcement of the laws against child-marriages and stringent pursuance of the Free and Compulsory Universal Basic Education (FCUBE).
3. All stakeholders particularly parents also need to guarantee that girls are well educated and in good physical shape through access to reproductive health services to lessen poverty, so that all can contribute their quota to national development.
4. Community-based initiatives that enhance girls' rights and prevent child- marriage and its consequences must also be promoted.
5. Young populace ought to be provided with precise, and all-inclusive information as well as services interconnected to sexual and reproductive health, drug use and nutrition as component of their personal and social advancement.
6. State institution with the mandate of seeking adolescents' welfare must promote career guidance and counselling events for adolescents at all levels of our educational hierarchy from primary to higher education stage.
7. Government should spearhead the crusade of promoting entrepreneurship mindset among the youth to start setting up small businesses to eradicate poverty and support the small medium enterprise.

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Table 1: Age distribution of respondents

Response	Frequency	Percentage
11-13	24	30
14-16	46	57.5
17-19	10	12.5
total	80	100

Source: Field survey, 2014

Table 2 Status of the Respondents

Response	Frequency	Percentage
Pregnant	30	37.5
Given Birth	50	62.5
Total	80	100

Source: Field survey, 2014

Table 3: Respondents' Social Bonding

Response	Frequency	Percentage
Both Parent	12	15
Mother	22	27.7
Father	8	10
Grandparents	30	37.7
Other family members	6	7.5
Peers	2	2.5
Total	80	100

Source: Field survey, 2014

Table 4: Causes of Teenage Pregnancy

Factors	Strongly Disagree		Disagree		Agree		Strongly Agree	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Lack of Sex education	5	6.25	8	10	30	37.5	37	46.25
Poor Parenting	4	5	6	7.5	15	18.75	55	68.75
Poverty	2	2.5	4	5	24	30	50	62.5
Peer Influence	1	1.25	2	2.5	20	25	57	71.25
Mass Media	10	13	15	30	25	31.25	30	37.5
Curiosity	13	15	20	25	29	36.25	18	22.5
Relationship Affairs	4	5	6	7.5	30	25	39	48.75
Breakdown of Culture	20	25	31	38.75	18	22.5	11	13.75
Self Esteem	52	65	23	28.75	3	3.75	2	2.5
Contraceptives Ignorance	4	5	7	8.75	25	31.5	44	55
Remote health centre	35	43.75	24	30	10	30	11	13.75
Forced unprotected Sex	8	10	5	24	40	50	27	33.75

Source: Field Survey, 2014

Table 5: Sources of Sex Education

Response	Frequency	Percentage
Home	8	10
School	16	20
Peers	50	62.5
Mass Media	4	5
Others	2	2.5
Total	80	100

Source: Field survey, 2014

Table 6: Respondents in School or Stopped

Response	Frequency	Percentage
Schooling	3	3.75
Stopped	77	96.25
Total	80	100

Source: Field survey, 2014

Table 7 Respondents' Prospect for going to School Again

Response	Frequency	Percentage
Yes	5	6.25
No	75	93.75
Total	80	100

Source: Field survey, 2014

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