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**STUDY INTO THE PREVALENCE OF TEENAGE PREGNANCY AMONG ADOLESCENTS OF
NKORANZA.**

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DECLARATION

We hereby declare that this submission is our work towards the Diploma in General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of the diploma of the University, except where due acknowledgement has been made in the text.

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ABSTRACT

The study focused on prevalence of teenage pregnancy among adolescence of Nkoranza. A descriptive survey was used to collect in-depth information for the study. A total of fifty (50) students were selected for the study. The respondents were obtained using the convenient sampling method. The data for the study was collected by administering a questionnaire to the participants.

With regards to the causes of teenage pregnancy, respondents were asked to whether there is any cause of teenage pregnancy. About 50% of the respondents strongly agree to the fact that broken homes is a cause of teenage pregnancy with 30% agreeing. 10% of the respondent's strongly disagree with another 10% disagreeing. Sixty percent (60%) of them indicated that peer group can cause teenage pregnancy with 40% agreeing. None of them disagreed. Poverty as a cause, 20% of the respondents indicated that they strongly agree with another 20% agreeing. Also 20% of the respondents disagree with 10% strongly disagreeing. Also concerning the lack of adolescent and reproductive health education as a cause of teenage pregnancy, forty percent 40% of the respondents indicated that it is a greater cause with 30% of the respondents agreeing. Also about 10% of the respondents strongly disagree with 20% disagreeing to it.

The study recommended that, the he media should include educational programmes and showcase drama and play paying special attention to sex education as well as to the use of various family planning methods. The government should also enact a law to provide a legal backing to the provision of family planning services and making them readily available so as to support greater access to family planning services for the youth. Parents and teachers should be encouraged to educate the youth about their sexuality and the need to keep oneself from getting

pregnant unexpectedly. Religious groups should inculcate moral values especially among the youth during their various gatherings.

The study concluded that, unwanted pregnancy is on a rampage despite all the media campaigns and education and this can be attributed to several factors. This includes lack of effective education about sex and the repercussions associated with it. The study also revealed that, unwanted pregnancy is on an increase among the lower socio-economic class group. The study also revealed that; unwanted pregnancy is on an increase among the youth who are living on their own and those who are living with their friends. Also most young women engage themselves in early dating relationships because of poverty to help them cope with their finances and this mostly leads to unwanted pregnancies ending up being aborted.

TABLE OF CONTENT

DECLARATION	Error! Bookmark not defined.
ABSTRACT.....	1
TABLE OF CONTENT	iii
ABBREVIATION.....	viii
ACKNOWLEDGEMENT	ix
CHAPTER ONE	1
INTRODUCTION	1
1.0 Background of the study	1
1.1 Problem Statement	3
1.2 General Objectives	4
1.3 Specific Objectives.....	4
CHAPTER TWO	5
LITERATURE REVIEW	5
2.0 Introduction	5
2.1 Overview	5
2.2 The causes of teenage pregnancy among adolescence.....	5
2.3 The effects of teenage pregnancy among adolescence.....	8
2.4 The preventions of teenage pregnancy among adolescence.....	10

CHAPTER THREE	13
MATERIALS AND METHODS.....	13
3.1 Study Area.....	13
3.2 The Study Population.....	13
3.3 Study Design.....	14
3.4 Sampling Technique and Size.....	14
3.5 Data Collection Methods and Instruments.....	14
3.7 Ethical Consideration	15
3.8 Limitations of the study.....	15
CHAPTER FOUR.....	16
DATA ANALYSIS AND RESULTS.....	16
4.0 Introduction	16
4.1 Demographic Characteristics of Respondents.....	16
4.2 The causes of teenage pregnancy among adolescence.....	20
4.3 The effects of teenage pregnancy among adolescence.....	22
4.4 The ways of preventing teenage pregnancy among adolescence.....	23
CHAPTER FIVE	25
DISCUSSION, CONCLUSIONS, RECOMMENDATIONS	25
5.0 Introduction.....	25
5.1 Discussions.....	25

5.1.1 The causes of teenage pregnancy among adolescence.	25
5.1.2 Effects of teenage pregnancy among adolescence.	26
5.1.3 Ways of preventing teenage pregnancy among adolescence.....	26
5.2 Conclusion.....	27
5.3 Recommendations	28
REFERENCES	29
APPENDIX.....	31

ABBREVIATION

PHC	Primary healthcare
WHO	World Health Organization
GHS	Ghana Health Service
SADHS	South African Demographic and Health Survey
IDHS	Indonesian Demography and Health Survey
APR	Adjusted prevalence ratio
CI	Confidence Intervals
MCHP	Manitoba Centre for Health Policy

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CHAPTER ONE

INTRODUCTION

1.0 Background of the study

Adolescent pregnancy is defined as the occurrence of pregnancy in girls aged 10 to 19. Adolescent pregnancy has become a major public health problem, particularly in Africa (World Health Organization, 2021). It carries major health and social issues with unique medical and psychosocial consequences for both adolescents and society in general. Of the estimated 5.6 million abortions that occur each year among adolescent girls aged 15–19 years, 3.9 million are unsafe, contributing to maternal mortality, morbidity and lasting health problems (World Health organization, 2020). Adolescent mothers (ages 10–19 years) face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20 to 24 years, and babies of adolescent mothers face higher risks of low birth weight, preterm delivery and severe neonatal conditions (WHO, 2020). Approximately 12 million girls aged 15–19 years and at least 777,000 girls under 15 years give birth each year in developing regions. At least 10 million unintended pregnancies occur each year among adolescent girls aged 15–19 years in the developing world. (WHO, 2020) Complications during pregnancy and childbirth are the leading cause of death for 15–19-year-old girls globally. (WHO, 2020). Adolescent pregnancy remains a public health concern, with diverse serious consequences, including increased health risk for mother and child, lost opportunities for personal development, social exclusion, and low socioeconomic attainments. Especially in Africa, teenage pregnancy rates are high (Mevisen, 2021). It is important to find out how girls without pregnancy experience differ in their contraceptive decision-making processes as compared with their previously studied peers with pregnancy experience to address the high rate of teenage pregnancies (Krug, 2019).

Teenage Pregnancy is a serious social problem in Ghana which needs to be tackled as a national priority problem. These pregnancies are reported all over the country. Studies also show that 20% of all such pregnancies are unwanted, meaning that these mothers were not prepared for child bearing and parenthood. According to the Ghana Health Service (GHS), between 2016 and 2020 more than half a million Ghanaian girls aged 10 to 19 years became pregnant. That is an average of over 111,000 teen pregnancies per year. Of all the teen pregnancies during this period, over 13,400 involved girls between the ages of 10 and 14 (Ghana Health Service, 2019).

The issue of teenage pregnancy is of much concern to the people of Ghana because of our quest to control population growth. If a girl starts giving birth at the age of 15 years even at a special interval of three (3) years, by the age of 48, she will have about 10 children. The incidence of high fertility rate is one of the major causes of population growth and it's attendant social problem. However, the call against teenage pregnancy has not been backed by adequate social programmes that will eliminate the problems that push teenagers into early marriages and school drop-outs. It is very common to see young girls between the ages of 15 and 19 years nursing their babies. Ghana continues to record higher rates of teenage pregnancy. Recent national report shows that 11% of adolescents aged 15–19 years had had a live birth, of which 3% are pregnant with first child and 14% had begun childbearing (Ghana Health Service, 2021).

1.1 Problem Statement

Teenage pregnancy is a social problem which is also of public health importance globally and Ghana is no exception. The 2010 Population and Housing census emphasized the contribution of adolescent toward the Total Fertility Rate (TFR) of Ghana. Out of the total TFR in 2008, 8.2 percent were from adolescents (GSS, 2010).

The Guttmacher Institute (2019) stipulated that 12% of girls between 15 and 19 years have ever given birth in Ghana. The Institute also recorded that one out of every ten births that occur in the country is from an adolescent mother. In the 2017 South African Demographic and Health Survey (SADHS), it was found that the total fertility rate has declined to an average of 2.9 children per woman (Dickson, 2018). A decline in fertility rates has been associated with a high use of contraceptives among women and also the legalization of abortion in 2015 (Swartz, 2017). Despite the decline in the total fertility rate, adolescent pregnancy has been found to be significantly high. The SADHS revealed that adolescent pregnancies accounted for a third of all births (Dickson, 2018).

In Ghana, as high as 16.2% of adolescent girls give birth by age 18 years with the birth. A report by VibeGhana.com (2018) stated that 750,000 teenagers between the ages of 15 and 19 years get pregnant every year. In the year 2019 alone, 14,000 adolescents got pregnant in the Central region. Gomoa West District of the Central region recorded a total of 762 teenage pregnancies in the year 2019, Out of the 762 teenage mothers 17 were between the ages of 10 and 14 years. In the Bono East region, the situation of teenage pregnancy is not different from what is happening in the other parts of the country. The number of teenage girls who were pregnant during the Basic Education

Certificate Examination increased from 47 in 2018 to 78 in 2019, and further increased to 170 in 2020 there were a recorded 28 pregnancies at the primary school level and 15 pregnancies at the junior high school level during the 2019/2020 academic year in the Techiman Municipality (GHS, 2020).

At the St. Theresa's Hospital, Nkoranza, out of the 1817 ante natal attendance, 161 were teenagers or adolescents. This shows that adolescents who are pregnant constitute 9% of the total ante natal attendance for the year 2019. In the Sunyani Municipality, 647 teenage pregnancies were recorded out of the 6766 pregnancies in the year 2018 making it 9.4%. In the year 2013, 589 out of the total 6766 pregnancies recorded in the Municipality were adolescents. The total number of deliveries recorded in the Bono East Region for the year 2019 was 65,815. Out of this figure, teenage girls who were pregnant constituted 25,391 making it 38.6% of the total deliveries (Nkoranza Municipal Health Directorate, 2020).

1.2 General Objectives

To assess the prevalence of teenage pregnancy among adolescence of Nkoranza.

1.3 Specific Objectives

1. To assess the causes of teenage pregnancy among adolescence of Nkoranza.
2. To determine effects of teenage pregnancy among adolescence of Nkoranza.
3. To identify ways of preventing teenage pregnancy among adolescence of Nkoranza.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This per contains a review of relevant literature related to the research topic. It focuses in on the thematic areas of the study thus the causes of teenage pregnancy among adolescence, the effects of teenage pregnancy among adolescence and the preventions of teenage pregnancy among adolescence of Nkoranza.

2.1 Overview

Most literature focuses on social factors, which predispose adolescents to falling pregnant. Pregnancy may cause psychological distress, as it is often associated with dropping out of school, either before or shortly after childbirth (Ibid). The transition to motherhood puts adolescents at a greater risk for psychological distress because they are socially, cognitively and emotionally immature to cope with the demands of motherhood. The current study examines the experiences of pregnant learners, both in a scholastic and personal context. It assesses how these learners are affected by the demands of coexisting motherhood and adolescence. There appears to be little research done on how South African pregnant adolescent learners perceive their situation and how they cope with the demands of adolescence and of motherhood. The results drawn from the study will form a basis for further research on the psychological effects of pregnancy during adolescence and may also be of value to designing intervention strategies.

2.2 The causes of teenage pregnancy among adolescence.

Ayanaw & Yalew (2017) conducted a study aiming to assess the prevalence and associated factors of teenage pregnancy in Wogedi, northeast Ethiopia. A community-based cross-sectional study

was conducted among 514 teenagers in Wogedi, northeast Ethiopia, from April to May 2017. Data were collected using a structured questionnaire, entered, and analyzed appropriately. Odds ratios with 95% confidence interval and P-values were computed using appropriate logistic regression models to determine the presence and strength of associations between the dependent and independent variable. There is high prevalence of teenage pregnancy in the area. Age, residence, contraceptive nonuse, and parental divorce were found to have a statistically significant association. Strengthening contraceptive use by giving special attention to rural dwellers and showing the consequences of divorce to the community are strongly recommended.

Rohmah et al., 2020, present research aimed at analyzing the determinants of teenage pregnancy in Indonesia. The study used secondary data obtained from the Indonesian Demography and Health Survey (IDHS) in 2017. The richest teenager has 0.61 higher possibility of getting pregnant than the poorest. A teenager with higher education is 0.03 times more possible to get. The present study empirically proves that marital status is not a determinant of teenage pregnancy. While the four other variables, such as age, lower wealth status, no education, and working have been proven as determinants of teenage pregnancy in Indonesia.

Mezmur et al., (2019) conducted study aimed at assessing the prevalence and factors associated with teenage pregnancy in eastern Ethiopia. A community-based cross-sectional study was conducted. Multi-stage simple random sampling procedure was used to select 2258 female teenagers. Interviewer-administered questionnaire was used for data collection. Data were entered into EpiData and analyzed using stata software. The Poisson regression model with robust variance estimation was used to examine the association of the independent variable with teenage pregnancy. An adjusted prevalence ratio (APR) with 95% confidence intervals (CI) was reported. One in three teenagers had been pregnant. Age, not being in school, lack of formal education,

being married, parental divorce, having an elder sister who had a history of teenage pregnancy, and not knowing fertile period during the menstrual cycles were the factors associated with teenage pregnancy. In Ethiopia, further efforts are required in the prevention of teenage pregnancy, keeping girls in school and strengthening the policy of delaying child marriage, particularly in rural areas.

Nickel (2017) conducted a cross-sectional study which examines whether a mother's teenage childbearing or an older sister's teenage pregnancy more strongly predicts teenage pregnancy. This study used linkable administrative databases housed at the Manitoba Centre for Health Policy (MCHP). The original cohort consisted of 17,115 women born in Manitoba between April 1, 1979 and March 31, 1994, who stayed in the province until at least their 20th birthday, had at least one older sister, and had no missing values on key variables. Propensity score matching (1:2) was used to create balanced cohorts for two conditional logistic regression models; one examining the impact of an older sister's teenage pregnancy and the other analyzing the effect of the mother's teenage childbearing. The adjusted odds of becoming pregnant between ages 14 and 19 for teens with at least one older sister having a teenage pregnancy were 3.38 (99 % CI 2.77–4.13) times higher than for women whose older sister(s) did not have a teenage pregnancy. Teenage daughters of mothers who had their first child before age 20 had 1.57 (99 % CI 1.30–1.89) times higher odds of pregnancy than those whose mothers had their first child after age 19. Educational achievement was adjusted for in a sub-population examining the odds of pregnancy between ages 16 and 19. After this adjustment, the odds of teenage pregnancy for teens with at least one older sister who had a teenage pregnancy were reduced to 2.48 (99 % CI 2.01–3.06) and the odds of pregnancy for teen daughters of teenage mothers were reduced to 1.39 (99 % CI 1.15–1.68). Although both were significant, the relationship between an older sister's teenage pregnancy and a younger sister's teenage pregnancy is much stronger than that between a mother's teenage childbearing and a

younger daughter's teenage pregnancy. This study contributes to understanding of the broader topic "who is influential about what" within the family.

2.3 The effects of teenage pregnancy among adolescence.

Watcharaseranee and Pinchantra (2016) conducted a study aimed to determine the incidence of teenage pregnancy and compare obstetric and neonatal complications of teenage mothers with adult mothers. This is a retrospective study conducted at the Department of Obstetrics and Gynecology, Chonburi Hospital, Thailand. The study group consisted of primigravida women aged 13-20 years who gave birth at Chonburi Hospital from 1 January 2000 to 31 December 2005. The control group consisted of primigravidawomen aged 20-25 years who gave birth during the same period. Demographic, obstetric, and neonatal complications information were collected and compared between the study and control groups. The study group consisted of 2,490 women and the control group consisted of 3,909 women. The study found that incidence of teenage pregnancy was 90 cases per 1,000 mothers. The study group had a lower gestational age at delivery than the control group and a higher preterm delivery rate (20.1% vs 13.9%, $p < 0.001$). The study group had more inadequate antenatal care than control group (25.9% vs 13.4%, $p < 0.001$). Vaginal delivery was the major route of delivery in study group. Anemia was a significant difference between the study and control groups (17.1% vs 11.1%, $p < 0.001$). Low birth weight infant rate in study group was higher than control group significantly. The incidence of teenage pregnancy was found to be 9%. Teenage mothers had lower levels of education and higher levels of inadequate antenatal care. Preterm labour and anemia were the obstetric complications in the teenage pregnancy. Low birth weight was the only neonatal complication in teenage pregnancy in the study.

Moyagabo and Malahlela (2017) conducted a cross-sectional study with the aim to investigate educators' perceptions of the effects of teenage pregnancy on the behaviour of the learners in some South African secondary schools in Mankweng area, Limpopo province. Fourteen educators from seven secondary schools were purposively sampled for the study. Data were collected using in-depth interviews to allow the researchers a platform to ask open-response questions and to explore the educators' perspectives about the effects of teenage pregnancy. The data were analysed thematically by carefully identifying and expanding significant themes that emerged from the informants' perceptions about the effects of teenage pregnancy. The study revealed that teenage pregnancy has a negative or detrimental effect on the school attendance, academic performance, emotional behaviour and relationships between pregnant teenagers, their peers and educators. Implications for teacher training to manage these effects were given.

Lungile and Nzama (2016) conducted a study which aim to explore and describe the effects of teenage pregnancy on the school life of teenage mothers who are learners at The High School. It also seeks to generate guidelines which could be useful for educators, programme planners, and other stakeholders involved in designing intervention programmes to help teenage girls avoid unintended pregnancies and those who have fallen into this trap, to be resilient. The sample consists of thirteen learners who were either pregnant or teenage mothers already. The participants were purposively chosen from grades 8-12, two from each grade and five from grade 12. This study uses a qualitative, contextual, descriptive design to investigate the effects the teenage pregnancy has on the lives of girls who fall pregnant while at school. It employs a case study methodology and the data collection instruments included face-to-face interviews and document analysis such as mark schedules and attendance registers. The findings revealed that teenage pregnancy causes tension in the girls' families; the physical changes and experience of pregnancy

impacts on their school life; pregnancy causes emotional instability in the teenage girls' lives and their education is indeed disadvantaged. A positive aspect is that there is a chance to make up for the lost time if educational opportunities and support exist. The researcher recommends that there should be support for pregnant girls and teenage mothers within the school system. For this study to have more impact as well as influence policy makers and senior Departmental officials to act upon these recommendations, it is advisable that further research be conducted in other schools to explore the impact of teenage pregnancies on their school life in particular, and schools in general.

Paranjothy and Broughton (2019) conducted a study to examine the epidemiology of teenage pregnancy (girls aged 15–17 years) in the UK and consider the evidence for its impact on the health and well-being of the mother, the baby, the father and society. There has been some decrease in the teenage pregnancy rate over the last decade in the UK but rates are still considerably higher than those in other European countries. Pregnancy and childbirth during the teenage years are associated with increased risk of poorer health and well-being for both the mother and the baby, possibly reflecting the socio-economic factors that precede early pregnancy and childbirth. There is little evidence concerning the impact of teenage fatherhood on health and future studies should investigate this. The effect on society is a perpetuation of the widening gap in health and social inequalities. Public health interventions should aim to identify teenagers who are vulnerable and support those who are pregnant with evidence based interventions such as teenage antenatal clinics and access to initiatives that provide support for early parenthood.

2.4 The preventions of teenage pregnancy among adolescence.

Jewell and Tacchi (2017) conducted a cross-sectional study to explore teenage women's attitudes to sexual health, contraception and pregnancy in the Nigeria. Ethnographic qualitative study based on in-depth interviews and participant observation. The study took place in young mothers' groups,

young persons' clinics and general practices in Bristol. Subjects were 34 young women between the ages of 16 and 20, sampled purposefully in two groups to include young mothers and never-pregnant young women from advantaged and disadvantaged socioeconomic backgrounds. The two groups did not differ in their use of contraception at first intercourse. Young women from more socioeconomically advantaged backgrounds felt that motherhood would not be acceptable to them, but were more tolerant to others who became young mothers. The pregnant/ young mothers revealed more difficulties getting access to reliable contraceptive services, and dissatisfaction with sex education in schools. The pregnant/young mothers found abortion to be less acceptable than the more socially advantaged group. Both groups reported sexual behaviour that involved risks of becoming pregnant, but the more socially advantaged group were more likely to use emergency contraception. The study demonstrates the importance of taking the views of young people into account when planning both sex education and the provision of contraceptive services.

Maja et al. (2017) conducted a study was aimed at carrying out a systematic review of intervention programmes that have been designed and implemented for the prevention of teenage pregnancy at either community, national or international levels in . The review procedure was guided by the protocol described by the Centre for Review Dissemination. It was initiated by conducting a literature search for relevant papers that focussed on teenage pregnancy prevention. After the elimination of random and unrelated results, selected abstracts were downloaded and initially screened for inclusion or exclusion criteria in the study. From the preliminary screening based on the abstract, a total of 35 papers were provisionally selected. After further screening, a total of 20 articles and reports that meet the inclusion criteria were selected and analysed further. For each of the qualifying studies, information that relates to the demographics of the teenage participants, description of the programme, and the level of success of the intervention were

extracted. The major stakeholders of the 20 published national and international intervention programmes were governments, NGOs, academics/educators, community, health workers, youth workers and parents. In all the studies, the etiology for the intervention were poverty, poor sex and relationship education, poor sexual health services, substance abuse, crime, poor family relations, gender inequities and school dropout. With the exception of two of the reports, all the interventions were considered successful. All interventions revealed the prevention level to be secondary while 13 of the intervention programmes used the top-bottom approach. Due to the negative, long-term consequences of teenage pregnancy and childbirths, the prevention of unplanned teenage pregnancy and childbirths is a vital contribution to the overall aim of enhancing teenager's reproductive health and fulfilment of potentials.

Oyedele (2019) conducted a study aiming to explore teenagers' knowledge and perceptions regarding teenage pregnancy prevention by using the Johnson Behavioural System Model in Soshanguve, South Africa. The study participants were female teenagers using the participating primary healthcare (PHC) clinic's services. Semi-structured interviews were conducted with 30 teenagers. The findings indicated that most teenagers' sexuality education occurred at school and at home but on a very superficial and non-specific level. Although schools offered sexuality education, some teenagers became sexually active before they received any such education. Teenagers had unprotected sexual intercourse despite their awareness of contraceptives to prevent pregnancy. Most pregnant participants regarded their pregnancies as mistakes and the lack of communication about sexual issues with their parents presented problems. Recommendations and guidelines, addressing factors contributing to teenage pregnancies, are provided.

CHAPTER THREE

MATERIALS AND METHODS

This chapter talks about the study area, study population, study design, sampling techniques, data collection method and instrument, data analysis techniques, ethical consideration, and the limitations of the study.

3.1 Study Area

Nkoranza (or Nkoransa) is a town located in the mid-north of Ghana. It is the district capital of the Nkoranza District in the Bono East Region. A leading Bono town, the town led the 1892-93 Bono rebellion against the Ashanti. Nkoranza is a town located in the newly created Bono East Region, from the Former Mother Region Brong Ahafo, which use to Host the now Ahafo Region and the current Bono East Region. Nkoranza is now in the Bono East Region whose capital is Techiman. It is divided into two districts: Nkoranza North and Nkoranza south district. Nkoranza south is among the twenty-seven (27) administrative districts in the Brong Ahafo Region of Ghana. It is found in the center of the Brong Ahafo Region. It shares boundary with Nkoranza North District to the north. It consists of 126 settlements headed by one paramount chief. Nkoranza north district is one of the twenty-seven (27) administrative districts in the Brong Ahafo Region. It has Busunya as its capital. It shares boundaries with Kintampo South to the south and Nkoranza South to the north.

3.2 The Study Population

The target population for the study consisted of adolescence of Nkoranza senior high technical school and the accessible population consisted of the adolescence of Nkoranza Senior High School who are in form three.

3.3 Study Design

A descriptive (qualitative) study design was used for the study. This design was used for the study because there was the need to describe the characteristics of the phenomenon being studied. The design also allows for us to observe the adolescence in their natural and unchanged environment. The data collection in descriptive research allows for the gathering of in-depth information about the research problem.

3.4 Sampling Technique and Size

A total of fifty (50) students were selected for the study. The respondents were obtained using the convenient sampling method. This method was used because, it is inexpensive and respondents are easy to reach. The first 50 students who were available were selected.

3.5 Data Collection Methods and Instruments

Data collection was done through the use of structured questionnaires consisting of both closed-ended and open-ended questions for easy expression of views and ideas. This was chosen as the method of data collection because it is relatively cheaper, avoided embarrassment on the part of the respondents, and the complete anonymity of respondents. Questionnaires were shared with the students in their various classrooms during the class period. We explained to them how the questionnaires were to be filled. Each student used a maximum of 20 minutes to complete the questionnaire.

3.6 Data Analysis Techniques

Descriptive statistics such as tables, bar and pie charts were used to present information processed from data. Data were entered and analyzed using the Microsoft Excel 2018 and results presented in the form of means, frequencies and percentages.

3.7 Ethical Consideration

An introductory letter was sent to the administration of Nkoranza Senior High School for approval for the conduct of study. The respondents were well informed about the purpose of the study and their consent was sought. Respondents were assured of anonymity and confidentiality by not providing any form of identification on the questionnaire. However, identification codes were used to represent the respondent according to their chronologic entry into the study.

Respondents were allowed to participate and withdraw from the study voluntarily at any time without any penalty.

3.8 Limitations of the study

The study was limited by the convenience sampling method that was used to select participants.

Also, it was difficult to make generalization in our findings since a small sample size and one facility was used.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Introduction

This chapter presents a detailed analysis of the data gathered from the field. The results are presented in tables and figures. The analysis of data was done according to the specific objectives of the study. The results are categorized into the demographic characteristics of the respondents, the causes of teenage pregnancy among adolescents, the effects of teenage pregnancy among adolescents and the preventions of teenage pregnancy among adolescents of Nkoranza.

4.1 Demographic Characteristics of Respondents

Table 1: Age Distribution of Respondents

Variable	Categories	Frequency (n)	Percentage (%)
Age	10-13 years	5	10
	14-17 years	35	70
	18-20 years	10	20

Majority of the respondents (70%) were aged between 14-17 years, 20% of the respondents were aged between 18-20 years and 10% of the respondents were aged between 10-13 years.

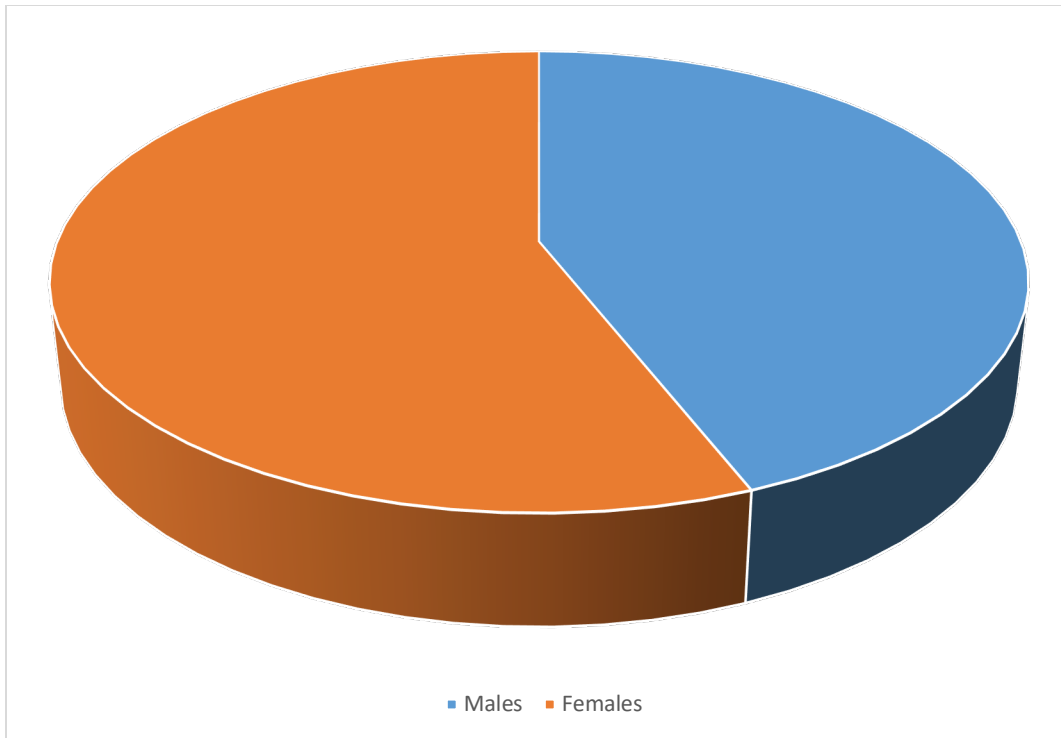


Figure 1: Gender of Respondents

Most of the respondents (87%) were females and 32% of the respondents were males.

Table 2: Educational Background of Respondents

Variable	Categories	Frequency (n)	Percentage (%)
Educational background	None	2	4
	Primary	12	26
	J.H.S.	5	10
	S.H.S	16	32

	Tertiary	15	30
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Few of the respondents (4%) never had any form of formal education, twenty-six percent (26%) of the respondents had primary education, 6% of the respondents had Junior High School education, most of the respondents (32%) had Senior High School education and 30% of the respondents had tertiary education

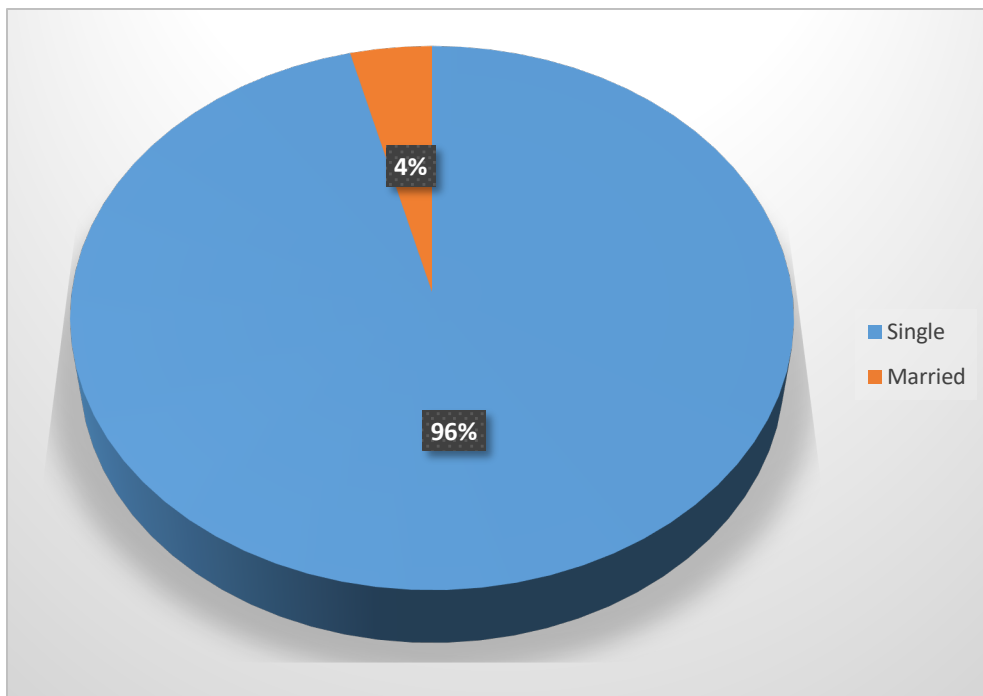


Figure 2: Marital status of respondents

From figure 2, majority of the respondent (16%) were and 4% were married.

Table 3: Religion of Respondents

Variable	Categories	Frequency (n)	Percentage (%)
Religion	Christianity	35	70
	Islamic	12	24
	Traditional	3	6
	Others	0	0

Most of the respondents (70%) are Christians, 24% of the respondents are Muslims and 6% of the respondents are Traditionalists.

Table 4: Respondents Guardian

Variable	Categories	Frequency (n)	Percentage (%)
Guardian	Parents	35	70
	Relative	10	20
	Friends	0	0
	Staying alone	5	10

From the table above, majority of the respondents (70%) were staying with their biological parents, 20% were staying with their relatives and 10% were staying alone.

4.2 The causes of teenage pregnancy among adolescence.

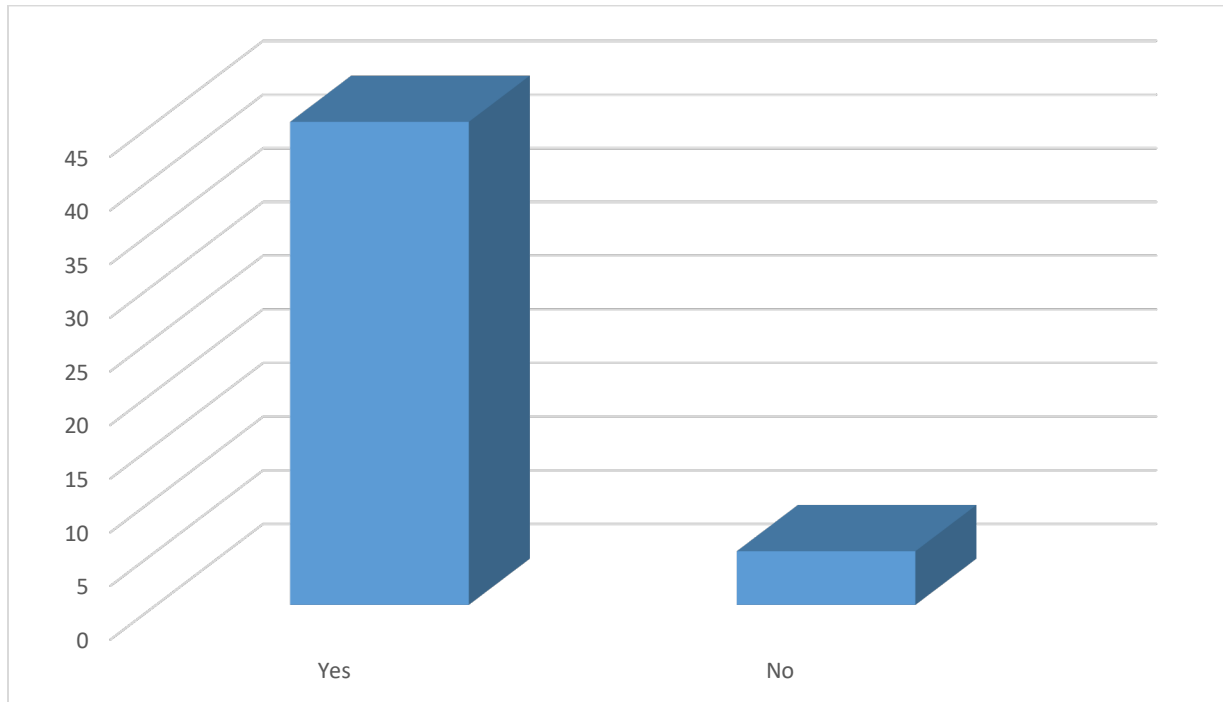


Figure 3: Respondents view on whether they have heard about teenage pregnancy

From figure three, about 90% of the respondents indicated that, they have heard about teenage pregnancy while 10% indicated they have not heard anything about teenage pregnancy. There is a clear indication that those who said they have not heard anything about teenage pregnancy were between 10-13years.

Table 5: Respondents view on the causes of teenage pregnancy.

Statements	SA	A	D	SD	TOTAL
Broken home as a cause of teenage pregnancy.	50	30	10	10	100
Peer group influence can cause teenage pregnancy.	60	40	0	0	100
Poverty can cause teenage pregnancy.	50	20	20	10	100
Lack of adolescent and reproductive health education.	40	30	10	20	100

From figure five, on the causes of teenage pregnancy, respondents were asked to whether there is any cause of teenage pregnancy. About 50% of the respondents strongly agree to the fact that broken homes is a cause of teenage pregnancy with 30% agreeing. 10% of the respondent's strongly disagree with another 10% disagreeing. Sixty percent (60%) of them indicated that peer group can cause teenage pregnancy with 40% agreeing. None of them disagreed. Poverty as a cause, 20% of the respondents indicated that they strongly agree with another 20% agreeing. Also 20% of the respondents disagree with 10% strongly disagreeing. Also concerning the lack of adolescent and reproductive health education as a cause of teenage pregnancy, forty percent 40% of the respondents indicated that it is a greater cause with 30% of the respondents agreeing. Also about 10% of the respondents strongly disagree with 20% disagreeing to it.

4.3 The effects of teenage pregnancy among adolescence.

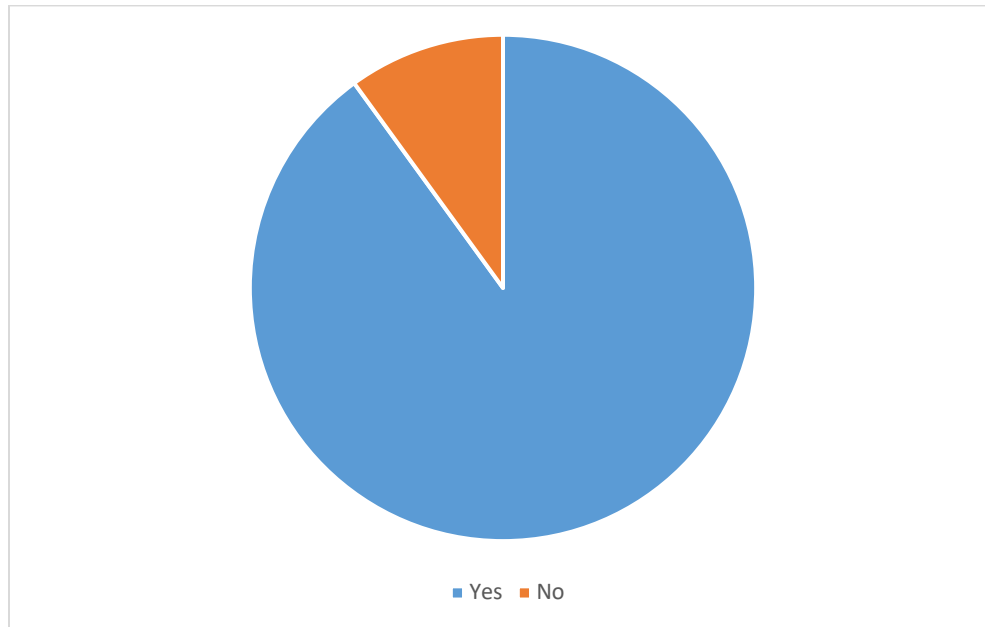


Figure 4: Respondents view on whether teenage pregnancy has effects.

Respondents were asked whether teenage pregnancy has effects or not. Majority of them indicated that, teenage pregnancy has a greater effect on the pregnant mother, the unborn child, her family and the entire community.

Table 6: Respondents view on the effects of teenage pregnancy

Statements	SA	A	D	SD	TOTAL
School dropout	50	30	10	10	100
Stigmatization	40	30	20	10	100
Medical complications	55	15	10	20	100

Lack of financial support	10	20	20	50	100
High illiteracy rate	8	8	50	34	100

From the table above, 50% respondents shared their view that they strongly agree that a mother may become a school dropout if she is schooling more especially if she is a teenager, 30% agreed, 10% disagree and another 10% strongly disagree to school dropout as an effect of teenage pregnancy. Also 40% of the respondents' share their views that they strongly agree, 30% also indicated that they agree, 20% of them indicated that disagree and 10% of them also indicated that they strongly disagree.

With regards to the lack of financial support as a factor that may be an effect of teenage pregnancy about 10% of the respondents agreed that lack of financial support is an effects where about 20% also agreed that lack of financial support is also one effect with 20% of respondents disagreed with that fact also 50% strongly disagreed that lack of financial support is an effect of teenage pregnancy.

4.4 The ways of preventing teenage pregnancy among adolescence.

Statements	SA	A	D	SD	TOTAL
Abstinences	90	2	6	2	100
The use of contraceptives	50	20	20	10	100
Sex education in schools.	50	40	10	0	100

Proper parental control	45	25	10	20	100
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The table above analyses the ways of which we can prevent teenage pregnancy among adolescents. Respondents were asked whether abstinence from sex is the best option in prevention of teenage pregnancy among. About 90% of the respondents strongly agree that teenage pregnancy can be prevented through abstinence where 2% of them also agree to it, also 6% disagree with 2% of them who strongly disagree.

Concerning the use of contraceptives 50% of respondents strongly agreed where 20% of them also agreed. Another 20% disagree where 10% strongly disagree that the use of contraceptives will never help in the prevention of teenage pregnancy among adolescents.

Another factor that was considered in the prevention of teenage pregnancy among adolescents who was the sex education in schools where 50% of them strongly agreed with 40% who also agreed, 10% disagreed and none of the respondents strongly disagree to the fact that sex education in schools can prevent teenage pregnancy among adolescent.

Also it was noted that proper parental control is also a factor that may prevent teenage pregnancy among adolescents where 45% strongly agreed, with 25% who agreed and 10% disagreeing with 20% also strongly disagreeing to the fact that proper parental control cannot prevent teenage pregnancy.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

5.0 Introduction

This chapter deals with the discussion of findings of the study. It compares the findings with that of the literature review. It also includes the drawing of conclusion and making recommendations based on the findings. This discussion is based on the specific objectives of the study.

5.1 Discussions

5.1.1 The causes of teenage pregnancy among adolescence.

Respondents were asked whether they have heard about teenage pregnancy. About 90% of the respondents indicated that, they have heard about teenage pregnancy while 10% indicated they have not heard anything about teenage pregnancy. There is a clear indication that those who said they have not heard anything about teenage pregnancy were between 10-13years.

With regards to the causes of teenage pregnancy, respondents were asked to whether there is any cause of teenage pregnancy. About 50% of the respondents strongly agree to the fact that broken homes is a cause of teenage pregnancy with 30% agreeing. 10% of the respondent's strongly disagree with another 10% disagreeing. Sixty percent (60%) of them indicated that peer group can cause teenage pregnancy with 40% agreeing. None of them disagreed. Poverty as a cause, 20% of the respondents indicated that they strongly agree with another 20% agreeing. Also 20% of the respondents disagree with 10% strongly disagreeing. Also concerning the lack of adolescent and reproductive health education as a cause of teenage pregnancy, forty percent 40% of the respondents indicated that it is a greater cause with 30% of the respondents agreeing. Also about 10% of the respondents strongly disagree with 20% disagreeing to it. Similarly, thi study

conforms to Rohmah et al., (2020), who presented a study aimed at analyzing the determinants of teenage pregnancy in Indonesia. His study concluded that marital status is not a determinant of teenage pregnancy while the four other variables, such as age, lower wealth status, no education, and working have been proven as determinants of teenage pregnancy in Indonesia.

5.1.2 Effects of teenage pregnancy among adolescence.

Concerning the effects of teenage pregnancy 50% respondents shared their view that they strongly agree that a mother may become a school dropout if she is schooling more especially if she is a teenager, 30% agreed, 10% disagree and another 10% strongly disagree to school dropout as an effect of teenage pregnancy. This study affirm to Mahavarkar, Madhu, and Mule (2018) who conducted a study aiming to compare obstetric effects of pregnancy in teenagers and older women. Also 40% of the respondents' share their views that they strongly agree, 30% also indicated that they agree, 20% of them indicated that disagree and 10% of them also indicated that they strongly disagree. With regards to the lack of financial support as a factor that may be an effect of teenage pregnancy about 10% of the respondents agreed that lack of financial support is an effects where about 20% also agreed that lack of financial support is also one effect with 20% of respondents disagreed with that fact also 50% strongly disagreed that lack of financial support is an effect of teenage pregnancy.

5.1.3 Ways of preventing teenage pregnancy among adolescence.

Respondents were asked whether abstinence from sex is the best option in prevention of teenage pregnancy among. About 90% of the respondents strongly agree that teenage pregnancy can be prevented through abstinence where 2% of them also agree to it, also 6% disagree with 2% of them who strongly disagree. Concerning the use of contraceptives 50% of respondents strongly agreed where 20% of them also agreed. Another 20% disagree where 10% strongly disagree that

the use of contraceptives will never help in the prevention of teenage pregnancy among adolescents. Another factor that was considered in the prevention of teenage pregnancy among adolescents who was the sex education in schools where 50% of them strongly agreed with 40% who also agreed, 10% disagreed and none of the respondents strongly disagree to the fact that sex education in schools can prevent teenage pregnancy among adolescent. Also it was noted that proper parental control is also a factor that may prevent teenage pregnancy among adolescents where 45% strongly agreed, with 25% who agreed and 10% disagreeing with 20% also strongly disagreeing to the fact that proper parental control cannot prevent teenage pregnancy. Similarly, this finding affirms to Oyedele (2019) who conducted a study aiming to explore teenagers' knowledge and perceptions regarding teenage pregnancy prevention by using the Johnson Behavioural System Model in Soshanguve, South Africa. The findings indicated that most teenagers' sexuality education occurred at school and at home but on a very superficial and non-specific level. Although schools offered sexuality education, some teenagers became sexually active before they received any such education.

5.2 Conclusion

The main purpose of the study was to assess the prevalence of teenage pregnancy among adolescence of Nkoranza. The results revealed that:

1. The study revealed that, unwanted pregnancy is on a rampage despite all the media campaigns and education and this can be attributed to several factors. This includes lack of effective education about sex and the repercussions associated with it.
2. The study also revealed that, unwanted pregnancy is on an increase among the lower socio-economic class group.

3. The study also revealed that; unwanted pregnancy is on an increase among the youth who are living on their own and those who are living with their friends.
4. Also most young women engage themselves in early dating relationships because of poverty to help them cope with their finances and this mostly leads to unwanted pregnancies ending up being aborted.

5.3 Recommendations

1. The media should include educational programmes and showcase drama and play paying special attention to sex education as well as to the use of various family planning methods.
2. The government should also enact a law to provide a legal backing to the provision of family planning services and making them readily available so as to support greater access to family planning services for the youth.
3. Parents and teachers should be encouraged to educate the youth about their sexuality and the need to keep oneself from getting pregnant unexpectedly.
4. Religious groups should inculcate moral values especially among the youth during their various gatherings.
5. Leisure clubs, example keep fit clubs, reading and debate clubs should be formed to allow the youth to engage in educative leisure activities which can be supported by the various non-governmental organizations in the country.
6. The Ghana health service as well as the family planning units in the various hospitals should be encouraged to educate the youth either married or single to plan for the number of children they want to have and space them appropriately so that they can cater for them as their parents and provide for all their needs.

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APPENDIX
QUESTIONNAIRE

INTRODUCTION

Dear Respondent,

We are students of the above institution researching the topic; Study into prevalence of teenage pregnancy among adolescence of Nkoranza.

Kindly answer the under-listed questions by ticking (✓) the appropriate box or write in the space provided. Any information you provide is confidential. Your opinion is neither considered right nor wrong. You can choose to withdraw your participation at any time without any penalty. It will take approximately 20 minutes to answer this questionnaire.

Thank you.

PLEASE TICK [✓] THE APPROPRIATE BOX WHERE APPLICABLE

Section A: Biographical information

1. 1. Age

A. 10- 13 years [] B.14 - 17 years [] C. 18 - 20 years []

2. Marital status

A. single [] B. married. []

3. Educational background

A. Primary [] B. J.H.S [] C. S.H.S [] D. Tertiary [] E. None []

4. Religion

- A. Christianity [] B. Islamic [] C. Traditional []

D. other, please

specify

.....

5. Your guardian

- A. Parents [] B. Relatives [] C. Friends D. Staying alone

Section B: Causes of teenage pregnancy

6. Have you heard about teenage pregnancy?

- A. Yes [] B. No []

7. What is your source of information?

- A. Hospital []
B. community meeting []
C. media []
D. others []

8. Is there any cause of teenage pregnancy?

- A. Yes [] B. No [] C. Do not know

Indicate your position on the following statements by ticking (√) the appropriate option NB: SA= Strongly Agree, A= Agree, SD= Strongly Disagree, D= Disagree

No	Statements	SA	A	D	SD
9.	Broken home as a cause of teenage pregnancy.				
10.	Peer group influence can cause teenage pregnancy.				
11.	Poverty can cause teenage pregnancy.				
12.	Lack of adolescent and reproductive health education.				

Section C: Effects of teenage pregnancy

13. Does teenage pregnancy have effect?

A. Yes [] B. No []

No	Statements	SA	A	D	SD
14.	School dropout				
15.	Stigmatization				
16.	Medical complications				

17.	Lack of financial support				
18.	High illiteracy rate				

Indicate your position on the following effects of teenage pregnancy by ticking (✓) the appropriate option NB: SA= Strongly Agree, A= Agree, SD= Strongly Disagree, D= Disagree.

Section D: Preventions of teenage pregnancy

19. Can teenage pregnancy be prevented from Ghana.

Yes [] B. No []

Indicate your position on the following prevention of teenage pregnancy by ticking (✓) the appropriate option NB: SA= Strongly Agree, A= Agree, SD= Strongly Disagree, D= Disagree.

No	Statements	SA	A	D	SD
20.	Abstainances				
21.	The use of contraceptives				
22.	Sex education in schools.				
23.	Proper parental control				

NATIONAL CATHOLIC HEALTH SERVICE (DIOCESE OF SUNYANI)
HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE
BEREKUM



IN GOD IS OUR HELP
AND HEALTH

BANKERS:

Ghana Commercial Bank, Berekum

Agric Development Bank, Berekum

Fidelity Bank, Berekum

Our Ref: HFNMT/CC/011/101722

Your Ref:



P. O. Box 21,
Berekum, B/A
Ghana, W/Africa
Tel. 0352222124
Fax: 0352222474

October 17, 2022

Date

The Headmaster
Nkoranza Senior High School
P.O. Box 42
Nkoranza
Bono East Region

Dear Headmaster

PERMISSION TO CONDUCT RESEARCH

I wish to introduce to you the under-listed names of final-year students of the College:

1. Damoah Patience
2. Amoah Daniella
3. Asante Katherine Somuah

As part of the pre-requisite for the award of Diploma in Midwifery, they are to conduct a research study, hence the data collection on "Study into prevalence of Teenage Pregnancy among adolescents of Nkoranza: A study at Nkoranza Senior High School"

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours faithfully



Dorcas Osei
Supervisor

For: Principal