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Psychosocial Experiences and Challenges of Pregnant Teenagers in GA South Municipality

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Abstract

Purpose: The purpose of this study is to explore the psychosocial challenges of pregnant teenagers in Ga South Municipality. The specific objectives were to: explore the nature of teenage pregnancies, assess psychological challenges affecting pregnant teenagers, assess social challenges of pregnant teenagers and suggest counselling interventions that can ameliorate identified challenges.

Methodology: The research design used in this study was qualitative because the study aimed to understand the psychosocial experiences of teenage mothers in schools. The study used a purposive sampling method which is an example of non-probability sampling technique. Pregnant teenagers between ages 10-19 were recruited and in-depth interview (IDI) was carried out. The IDI was chosen because it gives more information on sensitive issues. Data processing and analysis started on the day of the in-depth interview.

Findings: The study revealed that multiple factors contribute to the high levels of teenage pregnancy in the Ga South Municipality and most pregnant teenagers go through a lot of psychosocial challenges. The results and findings show that the canker of teenage pregnancy requires a multi-faceted approach at both structural and individual levels to tackle the challenge. Furthermore, poverty and low levels of living conditions in rural areas contributed greatly to high incidence of teenage pregnancy as observed in Ga South Municipality Area. It is recommended that; Ghana Education Service will need to revise its curriculum and enable teachers enhance their knowledge and skills in teenage sexual health and values clarification sessions.

Unique Contribution to Theory, Policy and Practice: Churches and other religious bodies should educate their members about the effects of teenage pregnancy and its impacts on children through counseling and also plan for activities that mostly involve marriage couples.

Keywords: *Teenage Pregnancy, Psychosocial Challenges, Counselling, Contributing Factors*

1.0 Introduction

Teenage years is a transitional phase of growth and development between childhood and adulthood, usually between the ages of 10 and 19 years. Teenage pregnancy is therefore the gestation in women before having reached the full somatic development (WHO, 2014). Pregnancy in this age group is generally considered to be risky (Ayuba et al, 2014). However, youth sexual activity continues to increase globally with a trend towards early onset (Grimes et al, 2006; WHO, 2015) resulting in the overall burden of teenage pregnancy (WHO, 2016). It is estimated that about 20-50% of teenagers have had their first sexual intercourse within the ages of 14-18 years (Yen & Martin, 2013). It is therefore not surprising that 16 million of teenagers within the age group 15–19 years old give birth each year representing about 11% of all births worldwide. It is however estimated that over 90% of these births occur in women living in developing countries, particularly sub-Saharan Africa (WHO, 2016).

The emergence of this public health challenge associated with teenagers has been attributed to various factors including peer pressure, substance abuse, denied access to and failure of contraceptive options, increased access to negative media and internet images that promote irresponsible sexual behavior and unhealthy childhood environment (London et al, 2013) coupled with early marriage and traditional gender roles, low educational status of female children and poverty in the developing countries (Dare et al, 2016). Teenage pregnancies constitute major socio-medical, socio-economic and psychosocial problems. Psychological effects of pregnancy on teenagers include, denial, depression, withdrawal, anxiety, suicide attempts, aggressiveness, fighting, frustration and fear of rejection by peers and parents (Babafemi & Adeleke, 2012). Compounding this however is the interruption of the developmental tasks of these teenagers. This creates a huge psychological burden (Dare et al, 2016).

However, in Ghana, it has been recorded that 24% of all births are untimed, 16% of all births to teenagers are unwanted and 40% are unplanned (GSS, GHS & ICF Macro, 2009). On the average, urban women within the ages of 25-49 years had the median age of 18 years first sexual intercourse, with most giving birth before attaining age 20 (GSS, GHS, 2008).

1.1 Statement of Problem

The medical challenges of pregnant teenagers are enormous. These include spontaneous abortions, preterm labor and delivery, anemia from malaria, pre-eclampsia and eclampsia, infection and inadequate nutrition, antepartum hemorrhage, obstructed labor and its complications notably genital fistulae and fetal pelvic disproportion with its attendant risks of high operative intervention rates (Dare et al, 2016). Moreover, there is inadequate comprehensive care to pregnant teenagers causing significant environmental and psychosocial stressors and risk that can affect them and their children (Hodgkinson et al, 2010).

These culminate into high psychosocial challenges resulting in depression, social isolation, stigma, being dropped out of school, drug use, poor educational attainment, poverty, absence of job opportunities and repeated pregnancy (Beers & Lewin, 2009; Paranjothy et al, 2009).

Teenage pregnancy continues to increase especially in Ghana. Out of all births registered in 2014, 30% were by teenagers and 14% of these teenagers aged between 15 and 19 years had begun childbearing (GHS, 2016). Moreover, it has been reported that 16%, 40% and 24% of all births in Ghana are unwanted, unplanned, and mistimed respectively (GSS, GHS & ICF Macro, 2009, p.3). Additionally, the median age at first sexual intercourse among urban women age 25-49 years in Ghana is 18.8 years. The Eastern Region of Ghana has the highest percentage teenagers aged 15-19 years who are pregnant with their first child or percentage who have begun childbearing in Ghana (GSS, GHS and ICF International, 2015). Additionally, the Nsawam-Adoagyiri Municipal area is the most populous district in the Eastern Region with the prevalence of 44.1% unintended and teenage pregnancy (Birhanu, 2010).

Although several studies have been conducted on teenagers in the Eastern Region, many of them looked at family planning, unsafe abortions, teenage pregnancy, determinants of early sexual activity, and contraception among teenagers in Ghana. For example, Birhanu, 2010 looked at unintended pregnancy in the Ga South Municipality area whiles Nabila et al, (1998) also looked at problems of teenage pregnancy in the Nkwanta District of Volta Region. Till date, very little empirical evidence exists regarding the psychosocial challenges of pregnant teenagers go through. Therefore, this study seeks to explore the psychosocial challenges of pregnant teenagers in the Ga South Municipality area in the Greater Accra Region in order to help inform policy and the development of appropriate psychosocial interventions.

1.2 Study objectives

The purpose of this study is to explore the psychosocial challenges of pregnant teenagers in Ga South Municipality. The specific objectives were to:

1. Explore the nature of teenage pregnancies
2. Assess psychological challenges affecting pregnant teenagers.
3. Assess social challenges of pregnant teenagers.
4. Suggest counselling interventions that can ameliorate identified challenges.

1.3 Research Questions

For the purpose of this research, the following research questions were formulated to guide this study:

1. How is the nature of teenage pregnancies?
2. What are the psychological challenges affecting pregnant teenagers?
3. What are the social challenges of pregnant teenagers?
4. What are the counselling interventions that can ameliorate identified challenges?

2.0 Empirical review

2.1 Global Burden of Teenage pregnancy

Youth sexual activity continues to increase globally with a trend towards early initiation of sex (WHO, 2015) leading to the overall burden of teenage pregnancy (WHO, 2016). It has been estimated that about 20-50% of teenagers have had their first sexual intercourse within the ages of 14-18 years. Additionally, about 16 million females between the ages of 15–19 years give birth each year representing about 11% of all births worldwide, this results in 23% of the overall burden of disease (disability- adjusted life years). Further, more than 90% of these births occur in teenagers living in developing countries (WHO, 2016) with the highest rate occurring in sub-Saharan Africa, at 143/1000 (WHO, 2016). This resulted in an estimated 1.3 million deaths of teenagers in 2015 (WHO, 2016). However, most teenage pregnancies in both the developed and developing are unplanned (Birhanu, 2010). These are caused by peer pressure, substance abuse, denied access to and failure of contraceptive options, increased access to negative media and internet images that promote irresponsible sexual behavior and unhealthy childhood environment coupled with early marriage and traditional gender roles, low educational status of female children and poverty in the developing countries (Dare et al, 2016). The socio-medical, socio-economic and psychosocial problems caused by teenage pregnancy are enormous. Ghana is however not an exception from this burden of pregnant teenagers.

2.2 Factors Contributing to Teenage pregnancy in Ghana

The following factors were revealed as a result of teenage pregnancy

***Poverty*:** The current socio-economic status of most parents in Ghana means that poverty is likely to cause younger members of the family to be more likely exposed to be engaged in sexual activities of older members, especially in cases where both older and younger members of the family share the same room (Newman & Newman, 2017). Children who grow up under such circumstances are more likely to engage in sexual activities at the early stages of their lives which could result in pregnancy. Across the globe, especially in the advance world, teenage pregnancy is more predominant and common among young people who have low expectation of education or the job market and who live under disadvantaged low standards of conditions. Research shows that female teenagers who live under poorer conditions have five times the chance of becoming pregnant. Therefore, socio-economic conditions play very significant role of influencing the rates of teenage pregnancy. Most female teenagers see no wrong in having sex or becoming pregnant to survive, especially if they live under poor conditions. For some disadvantaged youth, sexuality become their cherished value, especially when they have low self-esteem in society. Lack of opportunity and hope for future, have been identified as a driving force behind high rates of teenage pregnancy. Poverty has become one major influential factor for increased rate of teenage pregnancy across the globe.

Teenage Sexual Behavior: Sexual behavior is also another cause of teenage pregnancy. Lack of information on pregnancy control measures makes most female teenagers become pregnant in early stages of their lives. For example, wrong use of contraceptive by inexperienced teenagers results in high teenage pregnancy rates. Contraceptive failure is most predominant among girls from the poorer homes (Kirby, 2001). Tsebe (2012) explains that the teenager's sexual decisions which influence their sexual bahviours is contingent on several factors

including ignorance of contraceptives, coping with boredom, catching up with modernity or fashion, influence by peers, parents or one's partner, desire to provide love and influence under drugs and alcohol.

Age Discrepancy: According to Knopf et al. (2016) "age-differential relationships in which the younger partner in the relationship is the female often results in situations where the male partner makes no room for negotiations on the use of contraceptives and sexual activities." This male adult may pressure the younger female to engage in sexual activities as a way of proving her trust or fidelity. Older men in recent times tend to have sexual feelings for younger females. This places most young females under the risk of becoming pregnant. Also, the females are usually incapacitated to negotiate on sexual activities and options for contraceptive use due to financial assistance or promises they receive from older men (Knopf et al., 2016). There is lesser pressure and risk for becoming pregnant when teenage girls date boys of their same age. Teenage girls in relationship with older boys and in particular adult men, are more likely to become pregnant than when they are in relationship with someone of their age. This also reduce the incidence of rape and other sexual abuses which may result in pregnancy.

Lack of Education on Safe Sex: Buckingham (2013) explains that the absence of sex education by parents, teachers, religious leaders and peer educators have contributed significantly to female teenagers engaging in careless sexual activities which to a very large extent result in pregnancy. Many teenagers are deprived of knowledge on healthy sexual behaviour and pregnancy control measures due to lack of education on them. This is because most parents are too busy to engage their wards in such useful discourse, whilst some teachers and peer educators feel they may be promoting immorality among teenagers when they educate them on such topics. The consequences have been costly since it has contributed to the rampant teenage pregnancy especially in developing countries. Chirkut (2016), "explain that the way girls dress and behave in society reflects the reciprocal treatments from boys and older men. So female teenagers who dress provocatively, stay out at nights for long hours and often visit places like night clubs and beaches attract men who will only be interested to have sex with them. This increases the tendency for such girls to become pregnant." Other issues like family structure and its influences investigated by Tsebe (2012); the influence of the media and peer pressure as suggested by Vandenbosch and Eggermont, (2013).

2.3 Challenges of Teenage Pregnancy

The effects of teenage pregnancy are enormous and can be viewed from different perspectives. Teenage pregnancy is seen to have social, economic, psychological, medical spiritual, and physical effects on the teenage mother, the baby and the family as a whole. Moreover, the psychosocial challenges of these teenagers are high and may include: depression, social isolation, stigma, school dropout, poor education attainment, limited job opportunities, poverty, drug use and repeated pregnancy (Beers & Lewin, 2009). These challenges are grouped into the following categories for the purpose of the study.

Psychological Challenges: Teenage pregnancy is associated with psychological problems. These may include anxiety, sadness, rejection, thoughts of abortion and suicidal tendencies.

Mental health disorders are fairly common in teenagers with one in four or five teenagers suffering from this disorder. Pregnancy greatly affects not only the physical but also psychosocial wellbeing of teenagers (Assini-Meytin & Green, 2015). Some of these psychological challenges of the teenagers are categorized as follows.

Depression: Teenage pregnancy has been found to be associated with depressive symptoms. The teenagers have been reported to be "far from being emotionally, cognitively and socially ready for motherhood" (Assini-Meytin & Green, 2015). Furthermore, a wide range of psychiatric disorders, notably major depressive disorder and panic disorder remained associated with suicidal behaviour of pregnant teenagers (Dick & Ferguson, 2015).

***Anxiety*:** Studies have shown that pregnant teenagers often experience anxiety (Siegel & Brandon, 2014). Anxiety is an unexplained fear or uneasiness experienced by pregnant teenagers over issues related to their pregnancies (Amoah, 2013). These anxieties may be due to either changes in the body of the teenager, behavior of family members or fear of labour. Other studies identified teenage pregnancy as psychologically stressful experience that is associated with conditions such as anxiety, insomnia, depression, social isolation and somatic symptoms (Beers & Lewin, 2009).

Violence: Violence is a leading cause of death amongst teenagers, mostly in Africa. An estimated 180 teenagers die every day as a result of interpersonal violence. About one out of three deaths among teenage males of the low- and middle-income countries in the WHO Americas Region is due to violence. Globally, some 30% of girls aged 15 to 19 experience violence by a partner.

Sadness: This refers to the teenagers‟ sense of unhappiness about the behavior of their parents and significant others (Amoah, 2013). Several studies have shown that pregnant teenage sweep or become sad when they realize or are told they were pregnant (Amoah, 2013). Pregnant teenagers with high social support showed less sadness prevalence ratios than those with low social support (Fergusson & Woodward, 2011).

Suicidal Tendencies: Researches have shown that suicidal behavior is a relatively common feature in pregnant teenagers, frequently associated with psychiatric disorders (Fergusson & Woodward, 2011). However, with good parental support many of these teenagers will have better outcomes and quality of life (Beers & Lewin, 2009). Several studies have reported that pregnant teenagers had thoughts of taking their own lives when they realized they are pregnant (Amoah, 2013). This happens when the teenagers feel there is no hope in their situation and therefore it is useless to be alive. Some thought their parents would kill them upon hearing that they were pregnant, so they reckoned it would be better they do it themselves (Amoah, 2013; Fergusson & Woodward, 2011).

***Anger*:** Pregnant teenagers usually develop feelings of anger towards herself or her partner due to the unplanned pregnancy. Some of the teenagers get angry with themselves for allowing themselves to be pregnant. Others become angry at their partners for not taking up their responsibilities. This turmoil experienced by pregnant teenagers are caused by the

overwhelming emotions they experience in related to their pregnancies such as breakdown in relationships with their parents, families and peers (Lozano et al., 2012).

Loneliness: As part of the coping strategies of pregnant teenagers to their situations, they isolate themselves from others or vice versa. This is as a result of the comments people make and the way people look at them (Amoah, 2013). Similar studies found that pregnant teenagers feel lonely and desperate leading to the isolation and despair in adapting to their new role as a parent.

2.3 Social Challenges

The social challenges faced by pregnant teenagers are grouped as follows:

Lack of Community and Family Support: Pregnant teenagers experience a change in their relationships with significant others due to expectations that was not met (Lozano et al., 2012). Studies have shown that parents experience overwhelming emotions due to the unexpected pregnancy of their girl child leading to loss of control as the pregnancy could not be reversed (Amoah, 2013). However, all these bad experiences are culminated in anger that hampers the necessary parental support for the pregnant teenager. Moreover, parents feel cheated and unappreciated when the teenagers become pregnant. Findings showed that all the parents and family members developed feelings of anger towards their pregnant teenagers (Assini-Meytin & Green, 2015).

Isolation: Studies have shown that pregnant teenagers experience discrimination and unsolicited comments by the general public regarding their status (Higginbottom et al., 2006). Similar studies showed that, even though most of the pregnant teenagers try to talk to somebody, some were scared to tell their parents until the pregnancy is noticed by others (Kekesi, 2007). In other studies, pregnant teenagers were thrown out of their home by their parents when they noticed that they were pregnant without even searching for them later (Amoah, 2013).

Lack of Support by Partner: This refers to partners refusing to accept responsibility for the pregnancy of the teenage girls. Studies have revealed that, some of the partners were married men with children, and they informed the teenagers only when they got pregnant (Amoah, 2013). Similarly, most partners do not show responsibility or fail to take responsibility of their actions even though they are not married men.

Inadequate or Poor Self-care: Younger pregnant teenagers aged less than 16 years old lack the ability to take care of themselves (Assini-Meytin & Green, 2015). The poor self-care is because they are just too young to take care of themselves and at the same time face emotional disturbances as older teenagers.

***Stigmatization and Discrimination*:** Pregnant teenage suffer stigmatization and discrimination in society. This occurs in both the developed and developing countries (Ayuba et al, 2014) compounding this is the fact that apart from being stigmatized by parents and community members, they also face stigma and discrimination at school, leading them to leave school prematurely (Assini-Meytin & Green, 2015), as protection against stigma. To protect the

teenage from stigma and discrimination, parents of the teenagers became more controlling over their daughters' social life.

3.0 Methods and Materials

The research design which was used in this study was qualitative because the study aimed to understand the psychosocial experiences of teenage mothers in schools. A qualitative study is explicitly explanatory because it aims to show the relationship between events and meanings as perceived by participants and increase the understanding of the phenomena (McMillan & Schumacher, 2010). The study population included all pregnant teenagers (10-19 years) accessing health care at the Ga South Municipal Hospital. Purposive sampling was selected because it is a time-effective sampling technique and is essential when a specific characteristic of study participants is being considered. The participants were included based on their acceptability, willingness to participate and provide information on the topics being studied.

Using interview guide participants were asked questions related to demographics and risks of teenage pregnancy. Participants described their psychosocial challenges as pregnant teenagers based on the main themes psychological challenges with the subthemes: depression, anxiety, violence, sadness, suicidal tendencies, anger, loneliness and social challenges with subthemes: lack of community / family support, isolation, lack of partner support, lack of proper self-care and stigmatization and discrimination. Most of the interviews were carried out at the homes of participants and also within isolated areas of the Ga South Municipal Hospital. All interviews were recorded and transcribed for analysis using themes.

Confidentiality and anonymity were also taken into consideration. To provide further protection to participants, there were no identifiers linked to the information provided during the study. All information were not linked in any way to the respondents.

4.0 Results, Findings and Discussions

4.1 Background Characteristics of Participants

The background characteristics of the participants are presented in Table 4.1. About 70 percent of the respondents were older adolescents aged 15-19 years while about 60 percent had attained at least secondary education. With regards to religion, 35 percent were Christians and about 10 percent had no religion. Additionally, 40 percent of the respondents were in their early stage of pregnancy.

Table 4.1 Background characteristics of Participants

Variable	Frequency	Percent
Age		
12-14 years	6	30
15-19 years	14	70

Level of Education		
Primary	2	10
Junior High School	6	30
Senior High School	7	35
Tertiary	5	25
Religion		
Christianity	7	35
Islam	6	30
Traditional Religion	5	25
No religion	2	10
Duration of Pregnancy		
One month	8	40
2-6 months	7	35
7-9 months	5	25
Total	**20**	**100**

Source: Field work, 2017

4.2 Main Factors Contributing to Adolescent Pregnancy in the Ga South Municipal Area of the Greater Accra Region.

Poverty: Poverty was identified as the major cause of teenage pregnancy. It was revealed that most of the pregnant adolescents interviewed come from poor family backgrounds. Some of these adolescents share the same rooms with parents and elderly siblings. They become easily exposed to the sexual activities at tender ages. A pregnant participant reported her living conditions in the following comment:

"I come from a family of 11 members, 9 siblings and with both parents alive. Unfortunately, I share the same room with 5 elderly siblings of mine. I therefore became exposed to sex at a tender age due to the chats and relationships I observed from my older siblings. I started dating as early as 10 years and unfortunately, here I am today pregnant at age 15." [P.A 2, 15 years]

Adolescent Sexual Behavior: The cause of adolescent pregnancy in the Ga South Municipal Area could largely be attributed to the sexual behavior of adolescents in the area. A revelation by a pregnant adolescent indicated that:

"I usually have sex with my boyfriend in my safe periods, but do not know what went wrong for me to get pregnant. And the worst part of it all is that he is denying the responsibility for the pregnancy." [P.A 4, aged 18 years]

Age Discrepancy: The age difference between female adolescents and their male partners sometimes weakens their abilities to negotiate „No Sex" or the use of contraceptives, especially when the female is the younger partner in the relationship. Consequently, most male adults or youths cajole and coerce female adolescents to having unprotected sex. From field data, most female adolescents in the Ga South Municipality become vulnerable to such requests or pressure which subsequently result in pregnancy. As revealed by a participant aged 17, who was pregnant, she asserted that,

"My boyfriend who was 25 years usually mount pressure on me into participating in unprotected sexual activities as a way of proving my trust and fidelity in the relationship, and these sexual activities are what have landed me in me pregnancy today. The sad aspect of it all it that, he denied responsibility of the pregnancy explaining that I was not a virgin when he first made love to me." [P.A 3, aged 17 years]

Childhood environment: The study revealed that females who were exposed to some form of sexual abuse or domestic violence by male adults in their early stages of life are more likely than not to become pregnant as adolescents as compared to those who never experienced such circumstances. A specific revelation was made by an 18-year-old pregnant adolescent who was not married. She pointed out that;

"My class six male teacher broke my virginity and ever since, my desire for sex has never diminished. [P.A 1, aged 18 years]

Drugs and Alcohol: Some of the pregnant adolescent participants included in the study revealed that sexual abuses and non-use of contraceptives which usually resulted in their pregnancies was due to overdose of either alcohol or drug by male adults or the youths or they themselves. A respondent aged 15 years revealed that,

"My first sex with my boyfriend was at age 14, even though I had denied him on several attempts. However, our first sex happened after a party where I became very intoxicated and gave in so easily to his demands, which would not have happened if I was fully aware of my decisions. Sex with him has landed me in this pregnancy today, but unfortunately, he denied responsibility because he was still a student and could not bear the extra challenge to father a child." [P.A 7, aged 15 years]

The Lack of Education on Safe Sex: Data from the field revealed that most pregnant adolescents interviewed have never been educated on adolescent sexual behavior. This is due to busy work schedules of their parents to pay critical attention to that aspect of their children's lives or the absence of peer educators or inadequate health practitioners in the Ga South Municipal area to provide education to the adolescents on healthy sexual behaviors. This situation was revealed by a pregnant participant,

"I have never heard anything on pertinent education with regards to adolescent sexual behaviour, till I got pregnant and came to the hospital to realize such education exists. I was a bit disappointed in my parents, especially my mother for not providing such education to me in the early stages of my life. I could have averted my current predicaments." [P.A 9, aged 13 years]

Contraceptives: Education on the use of contraceptives is supposed to be a birth control measure or family planning to prevent the incidence of unwanted pregnancy, however this is lacking in most communities in developing countries. The result of the study show that, most parents and adults feel educating the adolescent about contraception encourages sexual activity. The assumption is that the absence of education on the types and use of contraceptives would prevent sexual activity, thereby reducing immorality and high incidence of adolescent pregnancy. A participant aged 15, stated her experience as follows;

"I got pregnant not because I was ignorant about the use of contraceptives but because my boyfriend threatened to quit the relationship if I insisted on that. So, I have to sacrifice for the sake of our relationship and this is what it landed me into, Unfortunately, he has relocated and no one has heard from him ever since I became pregnant." [P.A 5, aged 15 years]

Influence of Family Structure: Family structural characteristics contribute to understanding and determining teenage sexual behaviour including pregnancy. A 15-year-old pregnant adolescent participant asserted that,

"I was brought up under single parenting by my mum since they were divorced. This largely contributed to me becoming pregnant. This is because there was no proper supervision over me when my mother was not around, so I had the laxity to do whatsoever I preferred including sexual activities. The consequence of this is my pregnancy today. I do not regret becoming pregnant but regret becoming pregnant for someone I thought loved me so much who later denied responsibility for the pregnancy." [P.A 12, aged 15 years]

The Influence of the Media on Sexual Behavior of Adolescents: Sexual scenes, videos and imageries that flood the phones of adolescents, coupled with opera soap series (telenovela) which adolescents gain access to, have higher tendencies of influencing their sexual behaviour. This factor has contributed significantly to adolescents engaging in early sexual behaviour in the Ga South Municipal area, hence higher adolescent pregnancies as confirmed from field data. A 17year old pregnant respondent, revealed that,

"I was not too much closer to the opposite sex till I became deeply engrossed in Telenovelas which influenced my decision to get a boyfriend and subsequently engage in sexual activities leading to my pregnancy." [P.A 10, aged 17 years]

Peer Pressure: Peer pressure was also identified as one of the major causes of the increased rate of teenage pregnancy in the Ga South Municipal area. As revealed by a participant aged 15, who was pregnant, in the following comments

"All my best friends are pregnant and was feeling very odd among them not being pregnant. So, I gave myself the chance to become pregnant to be able to solve the uncomfortable feelings I use to have, when I was not pregnant." [P.A 11, aged 15].

Cultural factors: Cultural influence also serve as a major factor in the alarming rate of adolescent pregnancy in the area. The increasing disregard for traditional cultural values on sexual restraints or control measures among adolescents in contemporary Ghanaian society has also contributed greatly to the prevalence of adolescent pregnancy in the Ga South Municipal area.

4.3 The Psychosocial Effects of Adolescent Pregnancy in the Ga South Municipality in the Greater Accra Region of Ghana

4.3.1 Psychological Challenges

Most pregnant adolescents in the Ga South Municipality in the Greater Accra Region are bedeviled with some psychological challenges due to their conditions. Paramount among them is elaborated below.

Depression: Adolescent pregnancy has been found to be associated with depressive symptoms. There is a feeling of hopelessness and low-spiritedness among some pregnant adolescents

interviewed. As revealed by a participant, this is due to their conditions,

"*Ever since I became pregnant, it was as if, all hopes and aspirations for me has come to end. I feel so lonely in this world because my parents, friends and loved ones were so disappointed in me. I am now less self-motivated and feel nothing good again can happen to me in life, especially after my boyfriend denied responsibility for the pregnancy."* [P.A 14, aged 15 years]

Anxiety: Studies have shown that pregnant adolescents often experience anxiety (Siegel & Brandon, 2014). One of the participants described her feelings as follows,

"I feel like I will die before the ninth month. The pain and stress is too much for a single individual to bear. I also feel restless and experience sleepless nights most times, making life extremely unbearable." [P.A 15, aged 15 years]

Anger and Violence: Field data revealed that most pregnant adolescents in the Ga South Municipal area easily become angered or infuriated at the slightest provocation or joke. This has usually resulted in strife and fights which lead to severe consequences such as miscarriage and deaths. A participant remarked as follows;

"I nearly lost my pregnancy when it was about three months old because, a male friend of mine called me a deviant child. We engage in a fierce fight that it even escalated into tensions between our families. I really regret that day. This is because the two families which were initially having cordial relationship with each other are now at war all because of our fight." [P.A 16, aged 16 years]

Sadness: Evidence from field that suggests that unwanted adolescent pregnancy bring unhappiness and sometimes sorrow to the adolescent females. A pregnant respondent who is aged 14, revealed that,

"*I have been crying for the past two months after realizing I was pregnant for a guy who used to confess and profer his love for me but later denied the responsibility for the pregnancy."* [P.A 8, aged 14 years]

Suicidal tendencies: Researches have shown that suicidal behavior is a relatively common among pregnant teenagers, frequently associated with psychiatric disorders (Fergusson & Woodward, 2011). A nurse at the Ga South Municipality Hospital, revealed that,

"More than 5 pregnant adolescents have committed suicides in the last 2 years due to the unbearable and unfavorable social conditions they find themselves as a result of their pregnancy."

4.3.1 Social Challenges

The social challenges faced by pregnant adolescents are grouped as follows:

Lack of community and family support: Lack of community and family support to pregnant adolescents in the Ga South Municipality have social repercussions on their lives. A 14-year-old pregnant respondent remarked that,

"I have to drop-out from school due to my condition and my parents also limited their expenses on me except it has to do with food. I now find it very difficult to meet some necessities aside food." [P.A 17, aged 14]

Isolation: Most pregnant adolescents are sometimes thrown out from the home and discriminated against by friends and society. This cause them to segregate themselves from the society to void the persistent shame and embarrassment they face. A pregnant respondent aged 13 years identified that,

"I now stay with a friend far away from home because I was thrown out by my father after finding out that I was pregnant." [P.A 6, aged 13]

Lack of Support by Partner: Lack of support by partners to pregnant adolescents in the Ga South Municipality have social repercussions on their lives. A respondent who was aged 14 and pregnant asserted that,

"I used to say Dodzi was the best thing that ever happened to me. However, after my pregnancy he has become the worst thing that ever happened to me since he was bold enough to deny responsibility for the pregnancy and denied ever knowing me." [P.A 13, aged 14 years]

Stigmatization and Discrimination: Most pregnant adolescent faced stigmatization and discrimination and these have been some of the major predicament which bedevil pregnant adolescents in the Ga South Municipal area. As indicated by some respondents including P.A 6, P.A 14, P.A 11, P.A 16 and P.A 9 with ages 13, 15,15,16 and 13, they never live a day now without hearing nicknames they have been given at school and in the community due to their

conditions. Some of the names include “Night Rider”, “Chief Porter,” Silent Killer,” “Slow Poison” and “Marfia One.” This names according to them, make them feel so uncomfortable that they are sometimes unable to come out of their rooms, let alone talk about coming to mingle and integrate into society.

Conclusions and Recommendations

5.1 Conclusions

This study revealed that multiple factors contribute to the high levels of adolescent pregnancy in the Ga South Municipal area and most pregnant adolescents go through a lot of psychosocial challenges. The results and findings show that the canker of teenage pregnancy requires a multi-faceted approach at both structural and individual levels to tackle the challenge. Furthermore, poverty and low levels of living conditions in rural areas contributed greatly to high incidence of adolescent pregnancy as observed in the Ga South Municipal Area.

On an individual level, although adolescents in the Ga South Municipal Area reported having relatively high levels of basic knowledge of how to prevent unplanned adolescent pregnancies, it was evident that this knowledge is often superficial and many girls reported not really knowing how to apply the knowledge and subsequently not using contraceptives. In other words, correct and consistent contraceptive use was low. Furthermore, there were very low levels of knowledge around dual protection and limited understanding of fertility and conception. While working on strategies to reduce unplanned adolescent pregnancies it is imperative that adolescents who do get pregnant are supported in realizing their right to continue with their education, during pregnancy and following childbirth.

5.2 Recommendations

Our focus should be on comprehensive sexuality education, and not merely preventing adolescent pregnancy through a simple reproductive health or family planning lens.

Comprehensive sexuality education and training

- Ghana Education Service will need to revise its curriculum and enable teachers enhance their knowledge and skills in adolescent sexual health and values clarification sessions. Also, the education system must be revised so that female adolescents will be accepted and allowed to continue their education even when pregnant.
- Churches and other religious bodies should educate their members about the effects of adolescent pregnancy and its impacts on children through counseling and also plan for activities that mostly involve marriage couples. These will let them know the long-term benefit of chastity, abstinence and the use of contraceptives.
- The Ga South Municipal Hospital should designate a day for antenatal services for pregnant adolescents only.
- Parents, relatives and friends should not force or push young ladies into early sexual relationship, since it may lead to early pregnancies. Premarital sex is on the ascendency with lots of teenagers giving birth out of wedlock. Hence, there is very important for parents and educators to provide their teenagers with sex education and use of

contraceptives. This is because most parents and adults hesitate to provide information about safe sex and contraceptive use because they perceive it to promote promiscuity. Meanwhile, the reality is that many teenagers are already sexually active and without this important information they may end up being pregnant.

- Finally, children must always be counselled on how to cope with adolescent pregnancy when it eventually crops up.

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