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# Teenage Pregnancy and Motherhood in a Ghanaian Community

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## ABSTRACT

Although the problem of teenage pregnancy and motherhood is cross-national, very few comparative and cross-national analyses exist. This paper uses data collected from personal interviews and focus group discussions in Ghana to evaluate major explanatory factors cited in the teenage pregnancy literature in the United States. Implications for preventing teenage pregnancy are discussed. Although the findings should be considered tentative and preliminary, several patterns do emerge. As in the United States, teen pregnancies in Ghana reflected early initiation into sexual activity and little effort on the part of teens to prevent pregnancy, despite knowledge about birth control. Another pattern similar to the United States was the relationship between poverty and teenage pregnancy and the role of adult males as fathers in teenage pregnancies. However, contrary to findings in the United States, peer pressure did not emerge as a major factor in teenage pregnancies in Ghana.

## Introduction

Teenage pregnancy and the consequent teen motherhood are among the major societal problems confronting the contemporary global community. The problem has engendered as much analysis and policy discussions in Western industrialised societies like the United States as in the less developed nations of Africa. In Ghana, for example, one report estimates that nearly one-third of the childbirths recorded in public hospitals occurred to women under 19 years of age (Xinhua, 1996). The situation is even more dramatic in the rural areas and small- to medium-sized towns which are often under-represented in the hospital birth statistics. A survey conducted by the UN Regional Institute for Population Studies reported that one out of three girls aged 15 to 19 living in Ghana's Central Region has had a child. The area's fertility rate is 5.6 percent, compared to the national rate of 5.5 percent

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(Xinhua, 1996). In other predominantly rural communities, family financial exigencies and social custom induce girls to stay out of school and enter into early sexual relationships, most of which are exploitative.

Similar situations have been described for other African countries (Mwansa, et al, 1994). One study in Swaziland found that about two decades ago females aged 15-19 years accounted for 32.8 per cent of the total fertility (Gule, 1985). Another study reported that females in the same age group contributed 103 births per 1000 women in the country (Gatara & Muriuki, 1985). It has been estimated that at least one out of twenty girls is likely to give birth during the school-going age. Data for Botswana also show that by 1984, about 25 percent of girls 15-19 years old were already mothers (Curtis, 1988). Two years later, in 1986, 56 per cent of the girls had dropped out of secondary schools in the country due to pregnancy (Mashalaba, 1989).

In the United States, where the problem has been more extensively studied and documented, it has been reported that more than one million teenage pregnancies occur annually, and that the problem has been rising or exploding dramatically (Males, 1992). In 1987, it was estimated that the rate of births to unwed teenage mothers (15-19) had changed significantly since 1950. In 1950, girls 15-19 accounted for 40 percent of unmarried births. The figure was 48 percent in 1970 and 31 percent in 1987. The 31 percent unmarried teenage births among all unmarried births has been consistent within racial subgroups (Males, 1992).

Although the problem of teenage pregnancy and motherhood is cross-national (Jones, et al, 1986), very few comparative and cross-national analyses exist. This present paper is a modest attempt to contribute to the comparative literature. The paper evaluates data from a Ghanaian community in regard to some of the major explanatory factors that have been identified in the literature for the United States. One of our objectives is to determine the extent to which the social and personal profiles and circumstances of the pregnant teenagers and mothers in our study mirror the American situation.

For the United States, it has been reported that teenage pregnancy and childbirth are disproportionately common among poor people of all races (Farley, 1995). A National Research Council (1987) report suggests that while large numbers of teenagers of all classes and races are sexually active, most poor teenagers may be initiated into sex at a slightly younger age than the non-poor. Anderson (1991), however, found that in poor neighbourhoods, people experience less control over many aspects of their lives than the non-poor. Teenagers in the poor neighbourhoods, therefore, felt less control over whether or not they got pregnant and were less likely to try to prevent pregnancy. In the United States in general, sex and contraception are discussed infrequently, although the media and the culture repeatedly bombard teenagers with sexual messages. Anderson (1991) has further

reported that some impoverished teenaged girls consider childbirth as a rare source of self-esteem, or a sign of growing up, while sexual conquest brings a feeling of accomplishment to some teenaged boys to whom legitimate opportunities may be blocked (Farley, 1995).

The discussion of teenage pregnancy and childbirth in the U.S., therefore, tends to characterise the problem as mainly a feature of the poor segment of society. In the typical mode of the culture of poverty perspective (Lewis, 1959; 1965) are evoked detrimental images and themes, such as early exposure to sexual activity, lack of sex education, weak parental control and supervision, peer pressure, low self-esteem and the need for self-fulfillment. To what extent can the American situation be generalised to Ghana, a developing country with a different socio-cultural and economic environment?

## **Method**

A high rate of teenage pregnancy and motherhood was observed during a previous research project at the Odumasi, Ashanti area in Ghana in the summer of 1994. In two successive visits to a prenatal clinic, it was observed that about 40% of the pregnant women present were under twenty years of age. The presence of a large number of pregnant teenagers and young mothers in the general town's population was really striking. These observations prompted conversations with some of these girls and their parents at that time, and a plan was developed for further investigation in the summer of 1995.

This research involved personal interviews with 15 teenage girls, 15-19 years of age, and their mothers or guardians. The girls were either pregnant or new mothers. Some of the girls were contacted in the streets and at the local health centre and asked if they were willing to participate in the study. Contacts with other participants were established through informants. A list of 22 girls was initially compiled, among whom only 15 could participate in the study. The girls included in the study were those whose mothers or guardians approved of their participation. The parents were also willing to be interviewed.

The girls and their mothers or guardians were interviewed in their homes or at another convenient location by a female student of the University of Ghana who was on vacation at that time. The respondents were informed about the purpose of the study and were told that they could terminate the interview at any time if they did not want to continue. With the respondents' approval, the interviews were recorded on audiotapes. Each interview lasted for approximately two hours. Interviews were conducted using an unstructured format and addressed topics such as educational experiences, relationships with their parents and with the fathers of their babies, knowledge and use of birth control, and their economic situations.

There was also a focus group discussion with ten prominent members of the community. The group consisted of the head teacher of an elementary school, a bank official, a traditional leader (a sub-chief), a businesswoman, a nurse, a mid-wife, a Reverend Minister, a farmer, a retired teacher, and a police officer (see Table 1).

	<b>Sex</b>	<b>Age</b>	<b>Education</b>	<b>Community Ties</b>
Head teacher	Female	48	Teacher Training	15 years
Bank Official	Male	44	University	10 years
Traditional Leader	Male	70	None	70 years
Businesswoman	Female	55	Elementary	55 years
Nurse	Female	33	Post-Secondary	4 years
Mid-Wife	Female	45	Post-Secondary	20 years
Reverend Minister	Male	52	Post-Secondary	5 years
Farmer	Female	60	None	60 years
Retired Teacher	Male	66	Teacher Training	40+ years
Police Officer	Male	33	Elementary	6 years

The purpose of the focus group discussion was to find a contextual understanding of the problem of teenage pregnancy by determining how the various segments of the community collectively envision and socio-culturally conceptualise the phenomenon. The main thrust of the discussion was to get the panelists to comment on the circumstances identified for the fifteen teenage girls in the interview stage of the study. The discussion lasted for approximately four hours.

The study area, Odumasi, has a population of about 6 000 people. It is situated on the major highway between Accra (the national capital) and the Ashanti regional capital of Kumasi. The town is about 140 miles north of Accra and 30 miles south of Kumasi. From the colonial era until the 1980s, gold mining was the principal industrial activity in the area. The mines attracted a large immigrant population and also offered employment to a substantial number of the native population. With the decline of the mining industry, at least sixty percent of the town's adult population is now engaged in farming and other agricultural activities. Less than one-quarter of the economically active population is employed as school teachers, clerks, traders, miners, civil servants, and labourers. In spite of the national government's electrification and other rural development programs, the local economy has progressively deteriorated. The lack of economic opportunities and the high unemployment rate have forced many young people, especially the better educated ones, to migrate to larger urban centres and foreign countries in search of jobs and better standards of living.

## **Findings**

The information from the unstructured interviews and focus group discussion are reported below. In the interviews, the girls and their parents were asked to comment on the circumstances leading to and after their pregnancies. The comments provided insight to the social, psychological, and structural dynamics that give rise to the phenomenon.

### ***Alice and Janet as Maids in the City***

Two girls, Alice (16) and Janet (15), were sent to the city by their parents as house maids when they were 12 and 13, respectively. Both girls had dropped out of school for lack of interest. Their parents had never been to school. By serving as maids in the households of educated people in the city, their parents expected them to grow up with refined manners, good social skills, and eventually find good suitors and family lives of their own. Instead, both girls, whose experiences were very similar, returned home pregnant – Alice at the age of 16 and Janet at 15. The girls became victims of poor supervision and care by their guardians in the city. Their guardians were government employees who left home for work very early in the morning and returned in the evening. The girls established clandestine relationships with men in their neighbourhoods. Janet's partner was a 19-year old student who lived next door. Alice's was a 22 year old man who worked in an office one block away from her home.

At the time of the interviews, Alice had given birth to a baby girl who she was taking care of with some financial support from the child's father. Janet's boyfriend's parents had agreed to provide for her upkeep until the baby was born. After that, they would take the baby away and raise it in the city.

The girls and their mothers believed that they would not have become pregnant so soon if they had not gone to live in the city. At home with their parents, they could not have "misbehaved," since their activities would have been more closely monitored. Also, in their hometown, they could have found companionship and affection from relatives and friends, and the necessary advice or "remedies," the absence of which contributed to their problems.

The parents of both girls were disappointed that their daughters could not exercise restraint but welcomed the pregnancies. They blamed their daughters' demise on the "corrupt urban lifestyle" which allowed their daughters to become victims to misguided men. Janet's mother was particularly irked by the suggestion of Janet's boyfriend's parents to take the child away when it was born. In a matrilineal society, she felt that the child legally belongs with the mother.

***Essi as Victim of her Guardian***

A 16-year old girl, Essi, had been impregnated by the husband of the “madam” (or lady) she had served in the city since she was nine. Because the “madam,” a successful businesswoman (merchant) was hardly at home, the girl assumed all cooking, house cleaning, laundry, and other household chores. As she got older, she became attracted to the man of the house. He showered her with money and other gifts, most of which she channelled to her mother in her hometown. The man also promised to marry her. Essi had her baby six months before the interview and was still awaiting a formal marriage proposal.

Essi’s mother was a trader who had never attended school. Four of her six children were girls, Essi being the third daughter. Although she was happy about the childbirth, she regretted that her daughter could not complete her education and had also ruined her “madam’s” marriage. She was concerned that the irresponsible behaviour of some older men often goes unpunished.

***Seven School Drop-outs in Economic Hardship***

Seven girls (ranging in age from 15 to 19), because of economic hardship, were forced into sexual relationships with the men who got them pregnant. The girls and their parents lacked the funds for their personal upkeep. The Town Development Committee also imposed levies on teenagers who were not attending school. Consequently, the girls were inclined to accept the advances of their “benefactors.” Some of the girls offered the following explanation for their situation:

*“Our parents are unable to care for us and we cannot steal. We must therefore use our ‘natural endowment’ to survive.”*

At the time of the interview, each of the girls said that she was receiving some form of financial support from her partner. Three of them (Rose, 15; Jackie, 17; and Fatima, 18), said that their support was quite minimal and were anxious about the future, especially after childbirth when they had an extra mouth to feed. Their partners did not have “secured” jobs and were reluctant to commit themselves to marriage. Two girls (Afua, 19; and Abena, 18) had “forced” their partners to give them money to start petty trading, from which they expected to become financially independent. One girl Bema (15), said that she would return to school to complete her education in another town, after her childbirth, and eventually become a certified beautician. Another girl (Mansa, 18), was going to leave her baby with her mother, after her delivery, and move to the city to work with her aunt who sells fish in the market.

None of the parents of these girls had been to school. Two of them were petty traders. One was disabled. The remaining four were peasant farmers. All reported income at the subsistence level. Only Bema and her mother showed great regret about her pregnancy. The other parents strongly welcomed the pregnancies and felt that they were "God's blessing." The thinking was that maybe the new babies will grow up and achieve in school what their mothers could not.

### ***Bebe, Akua and their Schoolmate Boyfriends***

Bebe (18) and Akua (19) were active students at the time they were impregnated by their school mates. Both girls said that their pregnancies were accidental, but their parents insisted that they carry the pregnancies to term.

After the pregnancy, Bebe and her 19-year old boyfriend were expelled from the secondary school they were attending. At the time of the interview, Bebe was an apprentice seamstress. She still loved her boyfriend and they planned to marry once he found a job.

Akua's parents had demanded that the student who made their daughter pregnant should assume financial responsibility for her upkeep. Akua was receiving very good financial support from her own parents and her boyfriend's parents. She and her boyfriend were determined to return to school to complete their secondary education and subsequently enter the university.

Bebe's mother had elementary school education. She was a businesswoman with modest income. She was disappointed that the huge investment she had made in her daughter's education had been wasted. She expected her to go to the university and work in the "modern economy" somewhere in the city. She liked her daughter's boyfriend and approved of their planned marriage.

Akua's mother was a school teacher. She thought that she had brought up her daughter very well, but neglected to impress upon her the importance of contraceptives and birth control. She felt that in a "*changing society, moral education and abstinence alone may not be enough for most young girls.*"

### ***Mari in Academic Difficulties***

Mari (18) was pregnant with her second child at the time of the interview. She dropped out of school when she first became pregnant at age 16. She had academic problems while in school, and her mother urged her to drop out and either "*learn a trade*" or find a husband. Although Mari refused to name the man who was responsible for her first pregnancy, it was rumoured that the perpetrator was a prominent person in the community, possibly a school teacher. The second pregnancy was by a clerk in a local government agency to whom she was not married.



Mari's mother was a peasant farmer with no formal education. Mari was her only child. She was very happy about the pregnancies, since the ancestral line would be kept alive. To her, children are God's gift to mankind. She was willing to help her daughter to take care of the children and, therefore, urged her to have as many as she could.

### *Adwoa and Serwia as Peddlers*

Adwoa (16) and Serwia (17) peddled things around town after school and during the week ends. The nomadic nature of their part-time chore got them in trouble. Adwoa sold bread and fried fish on behalf of her mother. On a number of occasions, the girl was lured into the home of "*a respectable gentleman,*" when he was there alone. The man was always nice to Adwoa, flattered her about her beauty, and gave her gifts of money. She found it difficult to resist his advances. Since the man was married, he only promised to look after Adwoa until the birth of her baby. Thereafter, he would be responsible for only the child. Not satisfied with this deal, Adwoa's parents sued the man in court for taking advantage of a minor and ruining her future life. As a businesswoman with political contacts in the local community, Adwoa's mother vowed to "*stretch the perpetrator to the limit*" and let his experience become a lesson to other men.

Serwia and her parents lived in the Zongo, the section of town occupied mainly by migrants from tribes in the northern parts of Ghana and other West African countries. The Zongo residents were mainly Muslims. Serwia was among the third generation members of this group who had assimilated into the predominantly non-Muslim community. She was attending a non-Koranic school and was receiving Western education. She peddled her tray of cigarettes, matches, chewing gum, and mints to obtain money for her clothing and other personal expenses that her parents could not provide. On two occasions, the 25-year old man who got her pregnant locked her up in a room and raped her. On each occasion, she was threatened not to report the rape to anyone. The man, a migrant labourer, left town and had not been heard from since Serwia's parents confronted him with the pregnancy.

Serwia's parents had no education. The mother was a petty trader. She maintained that the erosion of religious values, especially the "*fear of God,*" and disrespect for "*other people's property*" was a serious problem that underlies her daughter's demise. She did not like the pregnancy, but an abortion was not an alternative either. She threatened to invoke divine retribution against the man who had caused her so much anguish.

Table 2

SUMMARY INFORMATION ON RESPONDENTS' BACKGROUND AND CIRCUMSTANCES

Background/Circumstances	RESPONDENTS														
	Afua	Maana	Adw'a	Akua	Baby	Serwa	Alice	Benna	Abena	Janet	Dele	Rose	Ow'sa	Esi	Fatima
1	N	N	N	N	N	N	Y	Y	Y	Y	N	N	Y	Y	Y
a) Lived at Home w/Parents	N	N	N	N	N	N	Y	Y	Y	Y	N	N	Y	Y	Y
b) Attending School	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
c) Had Academic Problems	Y	Y	N	Y	Y	Y	N	Y	N	Y	N	N	Y	N	N
d) Experienced Peer Pressure	N	N	N	Y	Y	Y	N	Y	N	Y	Y	Y	N	N	N
e) Perceived Self-Esteem	-	+	-	-	-	+	+	+	+	+	+	+	+	+	+
f) Birth Control Knowledge	N	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
g) Birth Control Use	N	N	N	N	YN	N	N	N	YN	YN	YN	YN	N	N	N
h) Adult Supervision	-	-	-	-	-	+	+	+	+	+	+/-	+/-	+	+	+
i) Economic Hardship	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	Y
j) Perceived Parental Attitude	-	-	+	+	+	+	+	+	+	+	-	-	+	-	-
k) Age Pregnancy Occurred	16	15	16	15	16	16	17	16	15	18	18	19	16	16	17
l) Age Sexually Active	15	14	14	14	14	15	16	14	14	15	16	17	15	14	15
m) Partner's Age	22	19	>35	22	25	>30	>30	20	25	>20	19	19	>35	>40	25
n) Partner Genuinely Employed	Y	N	Y	YT	YT	YT	YT	YT	YT	YT	NL	N	Y	Y	N
o) Consensual relationship	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
Post-Pregnancy Circumstances															
a) Education Terminated	NA	NA	Y	Y	Y	Y	Y	Y	GB	Y	Y	GB	Y	Y	Y
b) Married/Marriage Planned	Y	N	N	N	N	N	N	N	N	N	Y	Y	Y	N	N
c) Support from Partner	Y	YBP	YDP	YDP	YMS	YMS	YMS	YMS	Y	Y	YDP	YBP	Y	YDP	N
d) Support from Parents	Y	Y	Y	N	N	N	Y	Y	N	Y	Y	Y	Y	Y	Y
e) Vocational Training Planned	N	Y	Y	N	N	N	N	N	N	N	Y	N	Y	N	N
f) Commercial Activities Planned	Y	N	N	Y	Y	Y	Y	Y	N	Y	N	N	N	N	Y
g) Parents' Reaction	-	-	+/-	+	+	+	+	+	-	+	+/-	+/-	+	-	-

KEY TO SYMBOLS

Y	Yes	YBP	Yes, by the boy's Parents
N	No	YDP	Yes, only during the Pregnancy
NA	Not Applicable	YMS	Yes, Minimal Support
YN	Not Using at Time of Pregnancy	-	Weak; non-supportive
GB	Will go back to school	+	strong; supportive
NL	Looking for a job	+/-	Lukewarm
YT	Not a secured job	>	Greater than

Table 2 presents the summary information on the fifteen teenage girls. The information has been organised under three subsections as personal factors, partner information, and post-pregnancy circumstances. Although the data did not come from a representative sample, certain interesting patterns could be identified:

1. Most of the girls (9 of 15) lived away from their parents at the time of the pregnancy.
2. Most of the girls (11 of 15) were attending school at the time of the pregnancy.
3. Almost as many girls were in academic difficulties (8 of 15) as were not.
4. Almost as many girls experienced peer pressure (7 of 15) as did not.
5. Almost as many girls reported positive self-esteem (8 of 15) as did not.
6. Most of the girls had knowledge of birth control (11 of 15); but only four of the girls had practised birth control at some point. However, none of the girls practised birth control at the time of the pregnancy.
7. Almost as many girls reported strong adult supervision and close relationship with their parents (7 of 15) as did not.
8. Most of the girls (10 of 15) reported that their families were in economic hardship.
9. Almost as many girls experienced a parental attitude that supported or induced the pregnancy (7 of 15) as did not (8 of 15). Similarly, parental reaction to the pregnancy was just as likely to be negative (8 of 15) as was positive.
10. For most of the girls (10 of 15), the first pregnancy occurred at age 15 or 16; the average (median) age of first pregnancy was 16 years.
11. Most of the girls (12 of 15) were sexually active by age 15; pregnancy occurred at an average of 1.5 years after the girls' initiation to sexual activity.
12. In three of the cases, both the girl and her partner were teenagers; for the rest of the girls, the partners were adults, at least 20 years old. Seven of the men were in their 20s, four were in their 30s, and one was at least 40 years old.
13. Only four of the 15 men involved in the pregnancies were gainfully employed; seven did not have secured or stable employment.

14. In most cases (12 of 15), the pregnancy resulted from a consensual relationship; in only three cases were the girls pressured by the partner.

15. In most cases (11 of 15), the pregnancy permanently terminated the girl's education; only two girls (both of them secondary school students) said that they would go back to school after childbirth.

16. In only two of the 15 cases did the pregnancy result in marriage.

17. Almost all the girls (14 of 15) received some financial support from their partners; in two cases, support was from the boy's parents; in five cases, support was provided only during the pregnancy; three girls received only minimal support from their partners.

18. In most cases (11 of 15), the girls required financial support from their own parents.

19. With the termination of their formal education, four of the girls were either pursuing or planning to pursue vocational training as hairdressers or seamstresses; most of the girls (9) were pursuing petty trading or small business ventures.

### ***The Focus Group Discussion***

There was unanimous agreement among the group members (in a panel situation) that teenage pregnancy is a major problem in contemporary Ghanaian society. It was opined that colonialism, Western cultural influence and the modernisation process have contributed to a new social order and a redefinition of the role of women. The position of women in the family in contemporary society is very crucial. Child care and the social placement of children, largely the responsibility of women, can be more effectively done in homes where the mothers are literate. Generally, the children of women with formal education grow up healthier and more intelligent than their counterparts with uneducated mothers. The successful education of girls was considered an ideal by most parents.

The panel attempted to place teenage pregnancy in an historical perspective. It was noted that in traditional society, girls were routinely given away in marriage at or shortly after puberty. The explanation offered for this was that in an environment with a high mortality rate and limited life expectancy, the procreative role of young women was deemed very essential and imperative.

In Ghanaian society, therefore, early childbearing and motherhood is not a recent social development. It has only become a problem under present structural conditions and circumstances when the teenage years must be spent in school. The feeling of one panelist, however, was that "*school is not meant for everyone.*" They

echoed the community sentiment that girls who could not handle the rigorous school work must be encouraged to pursue other interests, such as informal vocational training, trading, or marriage. The inability of a "clever" girl to complete her school education, however, is always deemed a national calamity.

As a contemporary social problem, it was noted that "the epidemic" of teenage pregnancy saw its upsurge in the 1960s. Among the factors mentioned as contributors to the malaise were rapid population growth, dramatic increase of the size of the family, urban growth and anonymity, and increasing secularisation. The emerging family and social dynamics subverted the restrictions and controls that parents previously imposed on their daughters. It became difficult for most parents to monitor the activities of their daughters. With their increased involvement in numerous community and school-related activities, the girls were spending more and more time away from home and their parents. The old standards of parental supervision became ineffective.

As Ghana was ushered into the "global society," the youth were introduced to the Western media, romance literature and films. In the name of nationalism, politicians were pushing hard to transform many normative standards with the goal of shifting familial allegiance to the national polity. For the youth, the new freedom found expression in various forms of social and personal experimentations. The morbid ones included rampant use of narcotics and alcohol and out-of-wedlock sexual encounters. At the onset, the guilt and fear of adverse parental reaction about their pregnancies led many girls to unsafe and disastrous abortions, and in some instances to suicide. The panelists narrated many horrid stories, some personal, in which pregnant school girls ingested home-made concoctions or succumbed to quack medical practices in attempts to abort their pregnancies, often at the instigation of their boyfriends. Although abortion was definitely not the preferred solution to the problem of unwanted teen pregnancies, a majority of the panelists were glad that abortion procedures have become safer in recent years.

The panel was unanimous in recommending abstinence as the best and safest means of preventing teenage pregnancies. But that was dismissed as idealistic and impractical, even in socially conservative rural communities. Although a few panelists were opposed to artificial methods of birth control, on religious and moral grounds, the majority opinion was that sex education must be taught as early as the junior secondary school level, and contraceptives must be made available to sexually active teenagers. The panel recommended a national debate on this issue.

Another unanimous opinion of the panelists was that the laws of the land must be strengthened and better enforced to protect teenage girls from abuse and exploitation. Adult males who take undue advantage of minors must be vigorously pursued and prosecuted in the courts, whether or not pregnancy ensues from the

affairs. The panelists generally deplored the impunity with which some older males cajole, rape, and mistreat young girls. Rape must be treated as a serious crime, and a national effort must be made to imbue men of all ages with the notion that the proper treatment of women is a part of their moral and civic responsibilities.

The panelists suggested again that every effort must be made to impress upon women that they must not accept their perceived subordination to males in society as a natural phenomenon. The mass media, especially radio and television, must constantly remind the public about the importance of girls' education and the adverse consequences of female illiteracy. Parents must recognise the harm they do to their teenage daughters by keeping them out of school for babysitting, house-keeping, and commercial chores.

## Discussion

It should be re-emphasised that the number of subjects involved in the study in Ghana and the methodology employed in the selection of the subjects limit the generalisability of the findings. At this stage, the findings must be considered preliminary and tentative. However, the data reveal certain patterns that can be evaluated in terms of the explanations that have been offered for the American situation. Our information supports the contention about the relationship between poverty and teenage pregnancy. A majority of the girls reported that their families were in economic difficulties. Their parents had little, if any, school education and were either peasant farmers or petty traders with little income. Sexual activity began early, at an average age of 15 years, with pregnancy ensuing within one-and-a-half years after the initial sexual activity. As has been described in the American literature (Landry; Bertrand; Cherry & Rice, 1986), the girls failed to make any conscious efforts to prevent the pregnancy, although a majority of them knew about birth control. More attention needs to be directed towards understanding the bases of their lack of effort to prevent pregnancy.

As in the case of their American counterparts (Russell, 1995), the majority of the pregnancies of these teenagers did not result in marriage. Only two of the girls married the father of their child. A number of recent studies from the United States have pointed to the role of adult men in the "teen" pregnancy problem. As many as two-thirds of the children born to teen mothers in some cities in the U.S. are reportedly fathered by men aged 20 and older (Males, 1992; Roan, 1995). Males (1992) estimates that in only 30% of "teen" pregnancies are both parents actually teenagers. The average age of teen mothers at the time of birth is 18.4 years, and fathers, 21.2 years. A similar situation was found in Ghana where in only three cases were both the girl and her partner teenagers. The partners of the other girls

were adults, at least 20 years of age. Five of the fathers were at least 30 years of age. Given that many of the female teenagers' partners are three or more years older than themselves, more studies need to focus on teens' perceptions and expectations of themselves, their partners, and their relationships.

The data, however, showed certain interesting departures and inconclusive results in a number of areas. Generally, there were no scholastic problems among the girls. Only eight of the fifteen girls had academic problems in school. Most of the girls maintained close and strong relationships with their parents, despite the economic difficulties some experienced at home. Even where some of the girls were living away from their parents, they still reported that their families were important to them.

Peer pressure was not a major factor that contributed to the girls' pregnancies. The data also contradicted the notion that childbirth is a source of self-esteem for teenage girls from disadvantaged socioeconomic backgrounds. As it turned out, most of the girls reported positive self-esteem prior to the pregnancy. In fact, a majority of the girls intimated that they did not feel that they were ready to become mothers and that their pregnancies had been very costly to them. Most of the girls had been forced into their situations by a combination of social customs, parental influence, and personal financial exigencies. Thus, while assessing the teenager's level of self-esteem, it is also important to assess the teens' social customs and influences and their financial situations as possible contributing factors to pregnancy.

Our observation was that nearly all the pregnancies of the girls were unplanned or unexpected. This fact again does not support the idea that teenage girls plan pregnancies with the expectation that childbirth will boost their self-esteem. Pregnancy, however, appears to be an unplanned result of an attempt to bring about a balance between the conflicting needs for attention and connection and for independence. As teens struggle to obtain independence from their parents, their need for attention, attachment, and connection remains. An intimate, sexual relationship provides teens with a sense of freedom from parental control and with an alternative source of attention and connection (Jacobs, 1994). Fourteen of the teens in the current study perceived their intimate relationship as a source to care for them, provide for them, and/or give them attention and affection.

Once a teen learns that she is pregnant, she is confronted with deciding if she will keep and raise the child instead of aborting it or giving it up for adoption. This dilemma reflects the continuing conflict between the needs for connection and independence (Jacobs, 1994). The desire to raise the child and to provide it with love, care, and nurturing often reflects the teen's desire to give herself and her child a second chance by giving the child the attention, connection, and opportunities that she desired for herself. The desire to raise the child also conveys a felt sense

of responsibility for an improved future generation and for taking care of that which she has already created – a new life. Such a sense of responsibility is an aspect of independence. This conflict between the needs for connection and independence is suggested by the majority of the teens in this study. After childbirth, most girls express the desire to keep and raise their babies instead of giving them up for adoption. The statement that *"my baby is the only thing I have"* has led some observers to conclude that the girls have a sense of "emptiness" in their lives that creates the desire to become pregnant and have babies. Based upon the results of this study, a more plausible alternative explanation may be that the girls see keeping and raising their babies as a second chance for themselves and as their responsibility for following through with and caring for what they have created.

Finally, the data in this study suggest that teenagers, who are transitioning into adulthood, generally feel good about themselves, that is, they possess positive self-esteem. That positive self-esteem appears to be a basis for the decisions that they make about partner selection, sexual activity, pregnancy, keeping and rearing the baby, etc. Thus, it is clear that teens actually are making decisions, although those decisions may be counter-productive. It may be helpful to introduce teens to problem-solving and decision-making models at an earlier age. In addition, more cross-national studies that examine socio-cultural factors are needed if we are to better understand and prevent teenage pregnancy in the contemporary global community.

## References

- Anderson, E (1991) "Neighborhood effects on teenage pregnancy," in *The Urban Underclass*, C Jencks & P E Peterson (eds), The Brookings Institution, Washington, D C.
- Curtis, C (1988) "Botswana reaching out to a scattered population," *People*, 15, pp 17-20.
- Farley J E (1995) *Majority-minority relations*, Prentice-Hall, Upper Saddle River, N J.
- Gatara H T & Muriuki, P W (1985) *Project report on youth education and services for health and family life*, International Planned Parenthood Federation – Africa Region, Nairobi, Kenya.
- Gule, G Z (1985) *Youth education and services for health and family life-situational analysis in Swaziland*, International Planned Parenthood Federation – Africa Region, Dakar, Senegal.
- Jacobs J L (1994) "Gender, race, class, and the trend toward early motherhood: A feminist analysis of teen mothers in contemporary society," in *Journal of Contemporary Ethnography*, 22, pp 442-462.



- Jones, E F; Forrest, J D; Goldman, N; Henshaw, S; Lincoln, R; Rosoff, J I; Westoff, C F; Wulf, D (1986) **Teenage Pregnancy in Industrialized Countries**, Yale University Press, New Haven, Connecticut.
- Landry E; Bertrand, J T; Cherry, F & Rice, J (1986) "Teen pregnancy in New Orleans: Factors that differentiate teens who deliver, abort, and successfully contracept," in **Journal of Youth and Adolescence**, 15, pp 259-274.
- Lewis, O (1959) **Five Families: Mexican Case Studies in the Culture of Poverty**, Basic Books, New York.
- Lewis, O (1965) **La Vida: A Puerto Rican Family in the Culture of Poverty**, Random House, New York.
- Males, M (1992) "Adult liaison in the 'epidemic' of 'teenage' birth, pregnancy, and venereal disease," in **Journal of Sex Research**, 29, pp 525-545.
- Mashalaba, W (1989) "Commentary on the causes and consequences of unwanted pregnancy from an African perspective," in **International Journal of Gynecology and Obstetrics**, September, pp 15-19.
- Mwansa, L K; Mufune, P & Osei-Hwedie, K (1994) "Youth policy and programmes in the SADC countries of Botswana, Swaziland and Zambia: A comparative assessment," in **International Social Work**, 17, pp 239-263.
- National Research Council (1987) **Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing**, National Academy Press, Washington, D C.
- Roan, S (1995) "The invisible men," in **Los Angeles Times**, July 10, p E-1.
- Russell, C (1995) "Why teen births boom," in **American Demographics**, 17, p 8.
- Xinhua News Agency (1996) "Teenage pregnancy high in Ghana's central region," in **Infonautics Electric Library**, June 20.