

# **Adolescent Pregnancy the Case of Wa West District in Upper West Region of Ghana**

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## **ABSTRACT**

Adolescence is the phase of life between childhood and adulthood from ages 10 – 19 years. This age category is further divided into sub categories as Early (10 – 14years) adolescent and late (15 – 19years) adolescent. It is a very unique stage of human development and an important time for laying the foundation for good health. All the vices emanates from this stage of life if not managed well. This is the stage where there is rapid physical, cognitive and psychosocial development. Adolescents constitute a significant proportion of our population (about 21.9%) [AHSPS 2016-2020]. A cross sectional descriptive design was used in this study where data was collected at a point in time across the health facilities with Reproductive and Maternal Health Services. Both quantitative and qualitative methods of data collection were used to have a fair assessment of the issues. This study design was adopted as most appropriate because it offered the researchers the opportunity to delve deeply into the issues and appropriately respond to the objectives. The principal respondents were the pregnant Adolescent girls and adolescent girls that delivered in 2021 who had contact with health service providers within the year. Health facilities that provide Reproductive Health Services were purposively sampled from 9 Health Centres and 13 CHPS compounds. In total 390 pregnant adolescent girls who were either pregnant or lactating were studied. The secondary respondents were parents of the pregnant adolescents and lactating girls, staff of Ghana Education Service as well as department of social welfare who were purposefully selected because of the critical role they play in adolescent health related issues. The number of adolescent pregnancies by age category, early adolescence (10 – 14years) and late adolescence (15 – 19years). The late adolescent recorded the highest number of pregnancies (N=383, 98.2%) and seven (7) pregnancies occurred within the early adolescent category with the youngest adolescent being 13years.

**Keywords:** Adolescence, psychosocial development, teenage pregnancy, Reproductive and Maternal Health Services.

## **INTRODUCTION**

The Wa West District is one of the eleven administrative districts of the Upper West Region of Ghana. It is located in the North Western part of the region and stretches from longitudes 40°N

to 245° and from latitudes 9"W to 32°W, covering an area of approximately 1,458 square kilometers. To the South, North-West and East, it has a common boundary with the Savanna Region, Nadowli District and Wa Municipal respectively, and to the West with Burkina Faso.

The district lies within the general prevailing semi savanna vegetation and tropical climatic conditions in the region. A single rainfall season is experienced and it falls between the months of May and October, followed by a prolonged dry season and hazy extending from November to April.

There are eighteen (18) border communities with Burkina Faso which makes it prone to diseases from this neighbouring country as well. Sharing boundary with Sawla-Tuna-Kalba district in the Savanna Region is another challenge as it is also a new district and even more less endowed with health facilities.

The district has a population of 102,556 people and is predominantly rural. There is no single urban population in the district. The youthful population (0-17) constitutes approximately 47% of the total population. The low population density (66.5 persons per square kilometer) coupled with the state of the roads in the district makes coverage of health services to all communities a difficult task.

The District is administratively sub divided into 8 sub districts with 50 health facilities comprising of a District Hospital, 9 Health Centers and 40 functional CHPS Zones. There are 226 Communities with a population of 102,556 people and functional CHPS zones serve 68.2%. Most vulnerable groups are children under 5 years and pregnant women.

### **Some facts about Adolescence**

- Adolescence is the phase of life between childhood and adulthood from ages 10 – 19 yrs (Early 10 – 14, late 15 – 19yrs)
- It is a very unique stage of human development and an important time for laying the foundation for good health. All the vices emanates from this stage of life if not managed well
- This is the stage where there is rapid physical, cognitive and psychosocial development
- Adolescents constitute a significant proportion of our population (about 21.9%)
- One(1) in 5 women age 25 – 49 years marry and give birth before 18years
- Child marriage is more common among rural population in Ghana
- Sixteen percent (16%) of girls who ever had sex reported ever being involved in terminating a pregnancy
- Adolescents establish patterns of behaviours related to: Diets, physical activity, substance use, sexual activity etc these behaviours can protect their health and can also put their health at a very high risk
- Adolescents can be regarded as youthful, juvenile, young people, etc [AHSPS 2016-2020]]

## **LITERATURE REVIEW**

Adolescence is the phase of life between childhood and adulthood from ages 10 – 19 years. This age category is further divided into sub categories as Early (10 – 14years) adolescent and late (15 – 19years) adolescent. It is a very unique stage of human development and an important time for laying the foundation for good health. All the vices emanates from this stage of life if not managed well. This is the stage where there is rapid physical, cognitive and psychosocial development. Adolescents constitute a significant proportion of our population (about 21.9%) [AHSPS 2016-2020].

In the wake of the Astana Declaration, the Ministry of Health is promoting multisectoral action and Universal Health Coverage, engaging relevant stakeholders and empowering local communities to strengthen Primary Health Care, including a better health emergency system. The national health policy seeks to address economic, social and environmental determinants of health and aims to reduce risk factors by mainstreaming a Health in All Policy (HiAP) approach. These approaches includes all ages of which the adolescent is a priority. (National Health Policy, 2020).

A Daily graphic published in July, 2017 with an exclusive interview with the District Director of Health Service for Wa West District reveals the lamentation of the Director on the upsurge of adolescent pregnancy in the district. He associated the increase to the age-old socio-cultural practices prevailing in the district. Such practices he explained as early marriages, betrothals and elopements of these adolescent girls for financial gains. The situation is worrying as he stated. He also touched on school dropouts among these adolescent girls who should have been in school or learn a trade to earn a living to break the poverty cycle in the district as the district was in 2017 ranked the poorest among the poor in the region. But victims and are married off at very tender ages on the request of older men or their peers for their hand in marriage. The District Director of Health Service condemns the art of these socio-cultural practices and calls for a broader stakeholder engagement to avert these cultural practices to salvage the situation of adolescent pregnancy in the district [Emmanuel Modey 2017] S

### **EXCERPTS FROM GHANA EDUCATION SERVICE AND SOCIAL WELFARE DEPARTMENT**

The Director explained that the situation is worrying. We recorded a lot of teenage pregnancies in 2021 and they have to drop out from school. We need to collectively put in much efforts to curb the situation going forward. We record issues of elopement for marriage as well and I think is in the same vain. We recorded quite a number of episodes this year. Some of them I made visits to the family of the man demanding that the girl to be brought back to school. They boldly told me the girl has been sent to the husband down south. They emphatically said that is their culture. That is what they have been doing for a very long time.

These words from the Director. He added that their fathers married the mothers like that and we have married our wives same way. It is not something that just started. It has been there and is the way we do things. It is very difficult to handle this situation as individual sectors. He indicated that the District Assembly should come out with gazetted bye-laws on teenage pregnancy, elopement and early marriage and when enforced would help curb it's occurrence. Available figures reveal that the district recorded a total of 109 teenage pregnancies in the last academic year 2020/2021 with only being re-entered.

A total of 110 girls dropped out of school in the last academic year, 2020/2021 as a result of elopement, teenage pregnancies, and lack of good prenatal support to have their wards in school.

The issue of early marriage is highly prevalent in the district as indicated by the Director of Social Welfare. He stated that over the years there have been an undulating trend of early marriages. In 2021 a total of 6 cases were recorded over 20 such cases in 2020. The three trend of recorded adolescent pregnancies and early marriages are illustrated in the table below.

**Table 1: Statistics of Adolescent pregnancies and early marriages**

| S/N | YEAR         | NUMBER OF TEENAGE PREGANACIES RECORDED | NUMBER OF CHILD MARRIGES RECORDED |
|-----|--------------|----------------------------------------|-----------------------------------|
| 1.  | 2019         | 30                                     | 4                                 |
| 2.  | 2020         | 50                                     | 20                                |
| 3.  | 2021         | 29                                     | 6                                 |
|     | <b>TOTAL</b> | <b>109</b>                             | <b>30</b>                         |

**Source: SWD: Routine data**

Most of the cases of child marriages were recorded at Dariguoteng, Dalanyiri, Eggu and Dorimon while high numbers of teenage preganacies were recorded at Gurungu, Poyentanga, Ase, Gbaliwob, Maase and Dorimon.

Most of the cases were recorded as result of the closures of schools during the covid-19 period. This situation forced most of these children to go into illegal mining. Most of these pregnancies were contracted at the illegal mining site. The sad part of it, is that some of the men responsible for theses pregnancies cannot be traced as the girls don't know the hometowns of these men. Some of these children have since return to school and some are also learning trade in dressmaking and hairdressing shops.

### **CHARACTERISTICS AND BEHAVIOR OF ADOLESCENTS**

Adolescence is a transitional stage from childhood to adulthood. A lot of changes occur at this stage and the adolescent exhibits varied behaviors. They see themselves as adults. They assume that they are very strong and wise and challenge their parents and other elderly people in their family and community. At a point they get confused as to who really they are and begin to search for themselves and they ask a lot of questions about themselves and their environment. They also have the tendency to be moody, restless and exhibits inconsistent behaviors. There is increase in adrenal hormones production that affects skeletal growth, skin changes etc and this throws them into a state of jittery when they realize the visible differences in their physical growth and development. In addition, there is significant increase in risk behaviours at this stage of their lives that can prone these adolescents to social vices, diseases, adolescent pregnancies etc. The following point summarizes these characteristics and behaviours [Micki et al, 2014]

- 1) Rebellious

- 2) Distracted
- 3) Thoughtless
- 4) Daring
- 5) Rapid physical growth and development
- 6) Search for self

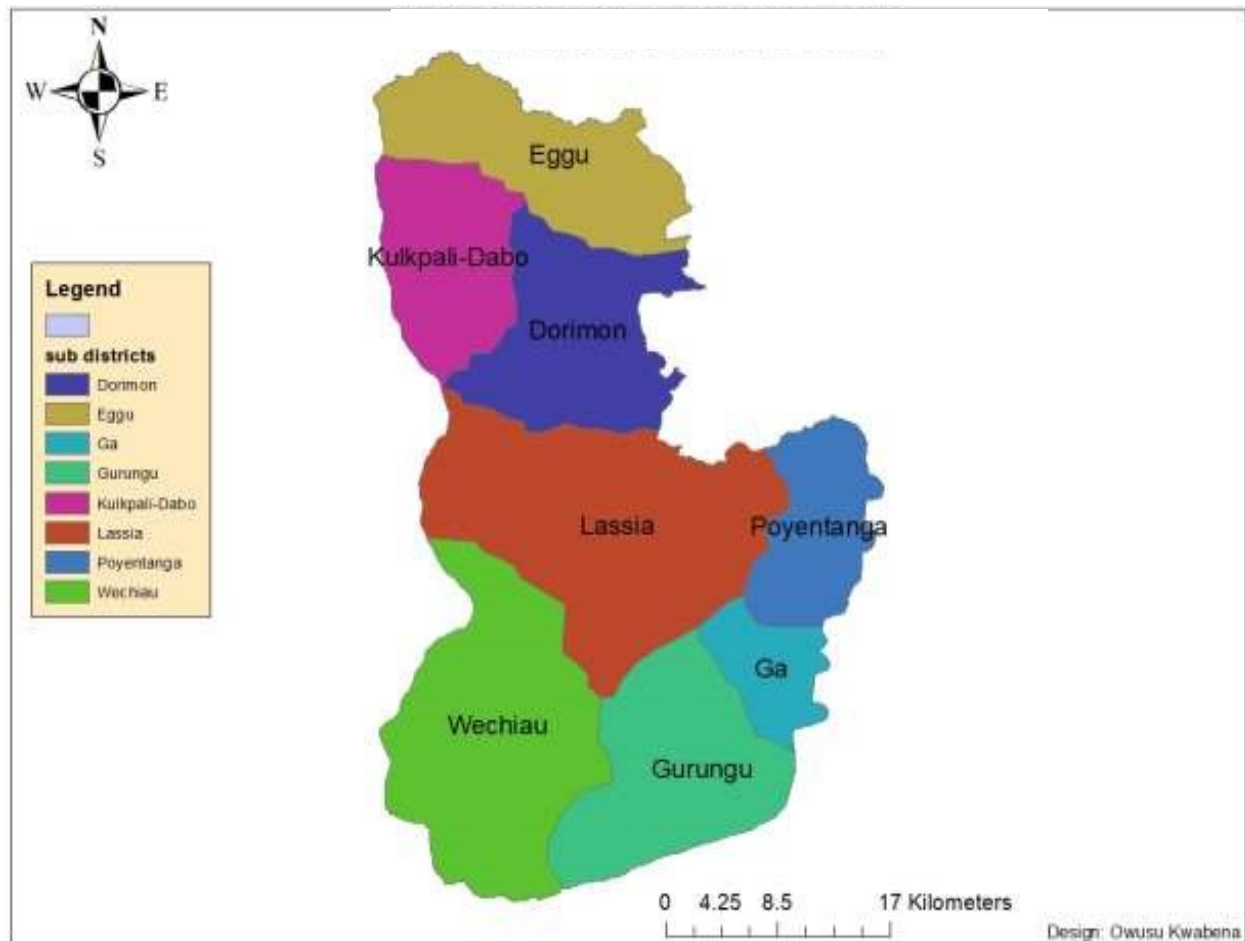


**Figure 1: Wa West District Map**  
**Source: Wa West District Annual Report, 2021**

### **Demographic Characteristics**

The district has a population of 102,556 for the year 2021 projected from 2010 population and housing census, using a growth rate of 1.9% (*Source: Ghana Statistical Service*).

**Table 2: 2021 Projected Population by Sub Districts**

| Org. unit       | Female        | Male          | 2021 pop       | Expected deliveries | < 1 year     | 12-59 months  | < 5 years     | < 15 years    | Women in Fertility Age group (WIFA) |
|-----------------|---------------|---------------|----------------|---------------------|--------------|---------------|---------------|---------------|-------------------------------------|
| Dorimon         | 8536          | 8124          | 16660          | 666                 | 666          | 2416          | 3332          | 7497          | 3998                                |
| Eggu            | 3364          | 3202          | 6566           | 263                 | 263          | 952           | 1313          | 2955          | 1576                                |
| Ga              | 4772          | 4542          | 9314           | 373                 | 373          | 1351          | 1863          | 4191          | 2235                                |
| Gurungu         | 9247          | 8801          | 18049          | 722                 | 722          | 2617          | 3610          | 8122          | 4332                                |
| Kukpali-Dabo    | 2760          | 2627          | 5387           | 215                 | 215          | 781           | 1077          | 2424          | 1293                                |
| Lassia Tuolu    | 7356          | 7002          | 14358          | 574                 | 574          | 2082          | 2872          | 6461          | 3446                                |
| Poyentanga      | 4581          | 4361          | 8942           | 358                 | 358          | 1297          | 1788          | 4024          | 2146                                |
| Wechiau         | 11928         | 11352         | 23280          | 931                 | 931          | 3376          | 4656          | 10476         | 5587                                |
| <b>District</b> | <b>52,545</b> | <b>50,011</b> | <b>102,556</b> | <b>4,102</b>        | <b>4,102</b> | <b>14,871</b> | <b>20,511</b> | <b>46,150</b> | <b>24,613</b>                       |

Source: Wa West District Annual Report, 2021

**Table 3: Some Health Structures in the District**

| #  | Structure                               | Number |
|----|-----------------------------------------|--------|
| 1  | Health Centres                          | 9      |
| 2  | District Hospital                       | 1      |
| 3  | CHPS zones                              | 40     |
| 4  | CHAG and Private facilities             | 2      |
| 5  | Communities – population 100439         | 226    |
| 6  | Community Based Surveillance Volunteers | 234    |
| 7  | Mother-to-mother support groups         | 40     |
| 8  | Father-to-father support groups         | 25     |
| 9  | Paramountcies – Wechiau & Dorimon       | 2      |
| 10 | Population covered by functional CHPS   | 68.2%  |

Source: Wa West District Annual Report, 2021

**EFFECTS OF ADOLESCENT PREGNANCY**

Adolescent pregnancy has consequences for the victim, the family and the community at large. The under listed are some effects that might befall these three categories of people when an adolescent gets pregnant [The University of British Columbia, 2016].

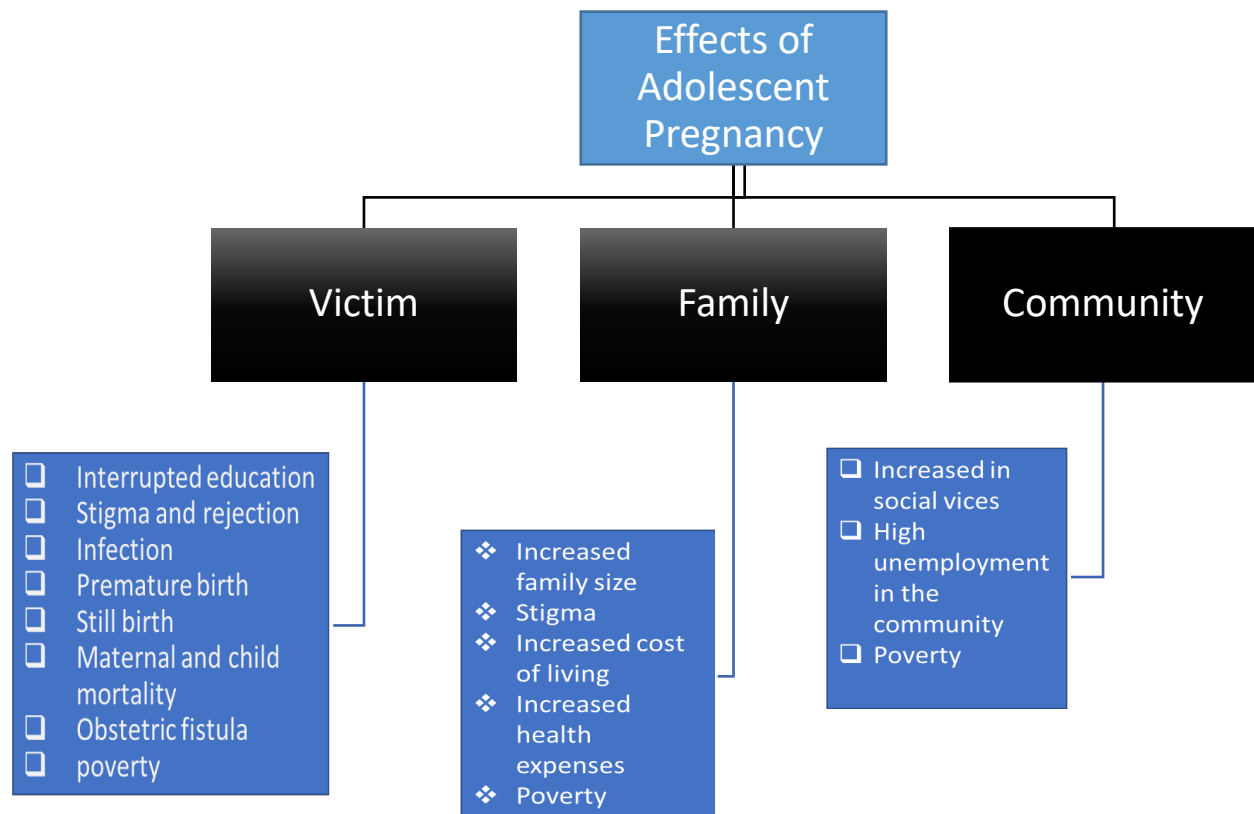


**Figure 2: Effects of Adolescent Pregnancy**  
Source: Designed by ResearcherInvestigator

## RESEARCH METHODOLOGY

The research work is basically covered the entire Wa West district which has a population of 102,556 with an adolescent population of 21,537

It covered all the eight sub-districts and the 40 functional CHPS zones. This offers us the opportunity to appraise the issues comprehensively in the district for appropriate recommendations.

### Assumptions

The study relied largely on the following assumptions to see the light of day;

- Availability of robust health information system and primary source documents for credible secondary data to the study
- Willingness of selected respondents to provide reliable information for the study
- Management commitment to conduct the study to ascertain the extent of Adolescent pregnancies

### Study Design and Data Collection

Data collection was in two folds, quantitative and qualitative. Different but complementary data collection techniques were employed to elicit the information required. The first fold was secondary data from 22 Health Facilities with Reproductive and Maternal Health Services. The second fold was an interview with selected adolescent girls who is either pregnant or had

delivered in 2021, parents of pregnant adolescents, Staff of Ghana Education Service, Staff of Social Welfare Department. A well-structured interview guide was used to collect both quantitative and qualitative data from respondents.

### RESULTS AND DATA ANALYSIS

A total of 390 adolescent girls were involved in the study. The youngest adolescent was 13 years and the oldest was 19 years. The modal age was 19 years with a mean or average age being 17.7 years.

The mean gestation age at registration is 14 weeks. The minimum gestation at registration is 4 weeks while the maximum gestation at registration was 36 weeks. The results of the study is presented below in tables, charts and graphs to ease understanding.

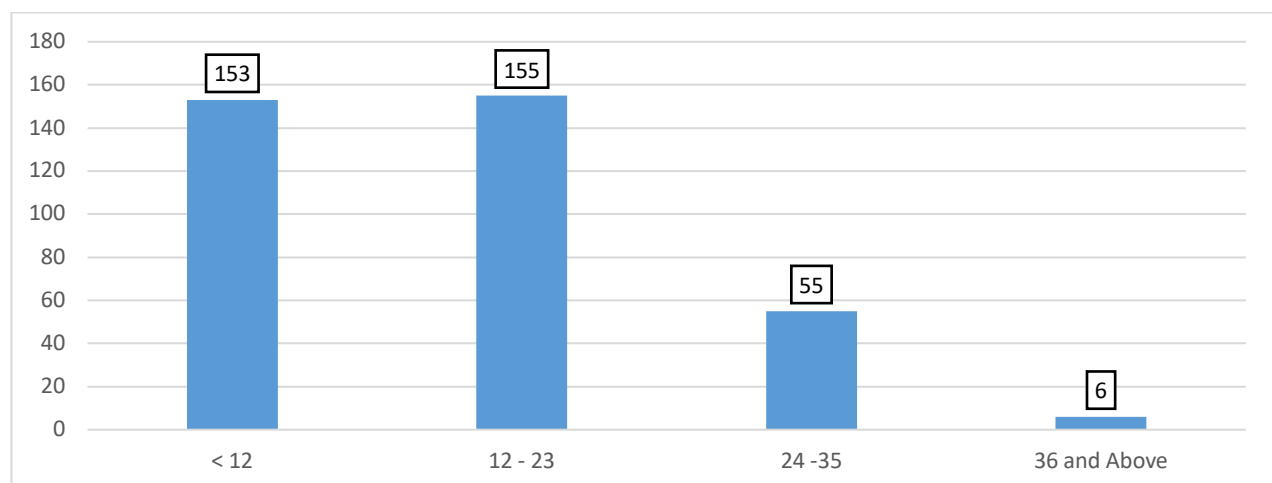
### RESULTS

**Table 4: Adolescent pregnancies by Age category**

|                     | Frequency  | Percent      | Valid Percent | Cumulative Percent |
|---------------------|------------|--------------|---------------|--------------------|
| Valid 10 – 14 years | 7          | 1.8          | 1.8           | 1.8                |
| 15 – 19 years       | 383        | 98.2         | 98.2          | 100.0              |
| <b>Total</b>        | <b>390</b> | <b>100.0</b> | <b>100.0</b>  |                    |

**Source: Field Data 2021**

The table above illustrates the number of adolescent pregnancies by age category, early adolescence (10 – 14 years) and late adolescence (15 – 19 years). The late adolescent recorded the highest number of pregnancies (N=383, 98.2%) and seven (7) pregnancies occurred within the early adolescent category with the youngest adolescent being 13 years.

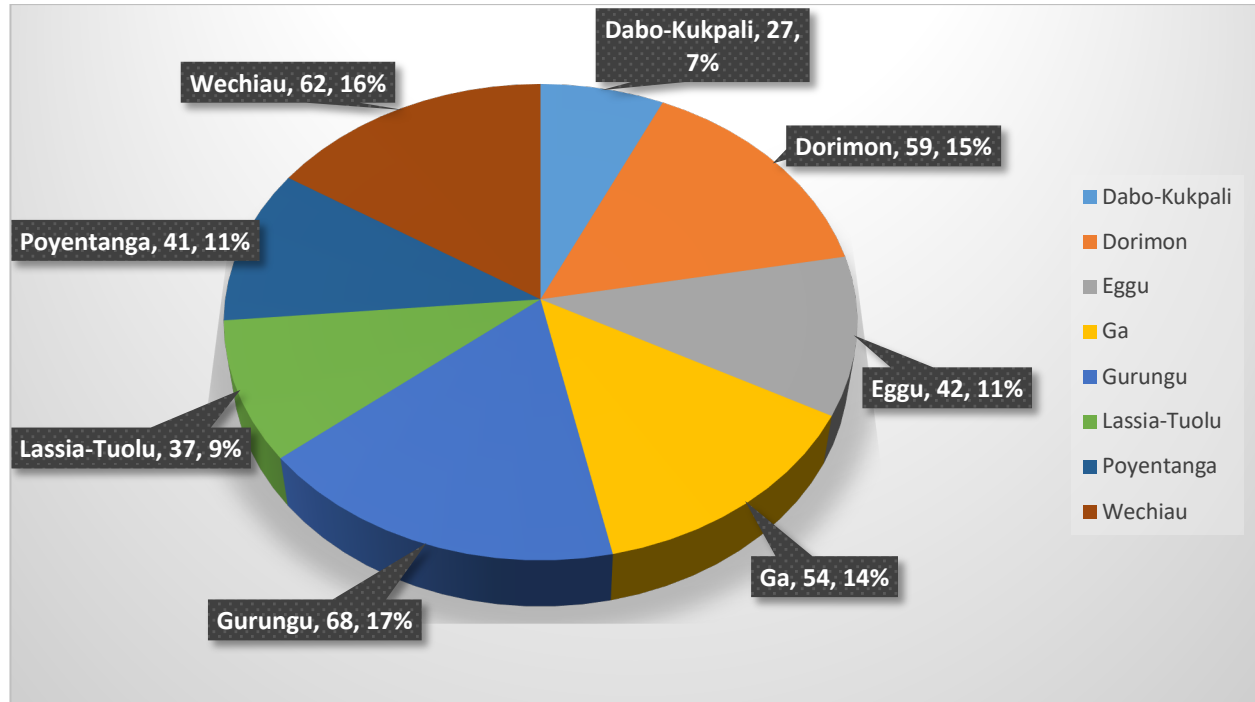


**Source: Field Data 2021**

**Figure 3: Gestation at Registration**

The Service policy requires that all pregnancies should be registered as soon as the person noticed that she might be pregnant and expectation is early registration of the pregnancy in the first trimester. This is so to ensure optimal care of the pregnant mother and for early detection

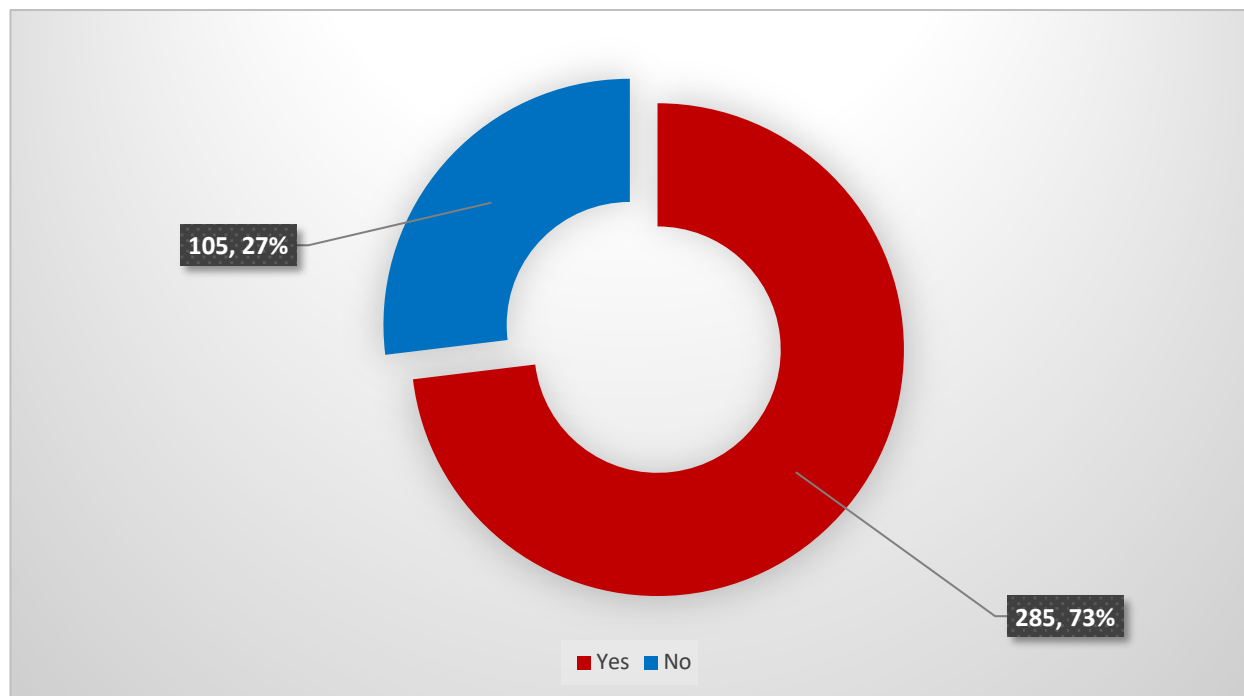
of abnormalities and early intervention to avoid complications. The figure above illustrate the gestation at registration. A number of the pregnancies were registered within the first trimester, (N=153, 41.5%). This is however a very good indicator. However a fraction of pregnancies that were registered late (N=56, 16.5%) could result in complication and negative outcomes.



Source: Field Data2021

**Figure 4: Distribution of Adolescent Pregnancy by Sub Districts**

The figure above illustrates the distribution of adolescent pregnancies by sub sub districts. Gurungu sub district recorded a sadly greater proportion of the pregnancies (N=68, 17%) and Lassia Tuolu sub district recorded the least pregnancies (N=37, 9%). The other facilities recorded proportions above 10%.



Source: Field Data 2021  
**Figure 5: Marital status of Adolescent**

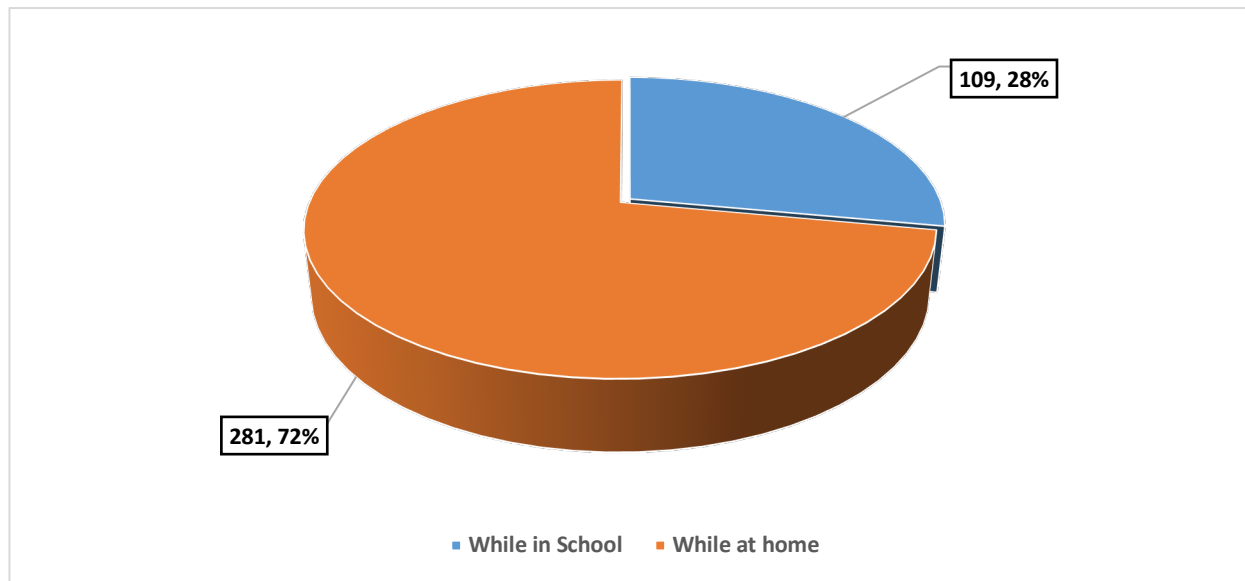
It is surprising to note that a good number of the adolescents were married (N=285, 73%). A high proportion of adolescent marrying is serious and indicative of high prevalence of early marriage in the district.

**Table 5: Marital Status against Age of adolescent**

|                |     | Age of Adolescent |      |      |      |      |      |      | Total |
|----------------|-----|-------------------|------|------|------|------|------|------|-------|
|                |     | 13.0              | 14.0 | 15.0 | 16.0 | 17.0 | 18.0 | 19.0 |       |
| Marital Status | Yes | 0                 | 0    | 14   | 30   | 50   | 72   | 119  | 285   |
|                | No  | 1                 | 6    | 4    | 16   | 22   | 35   | 21   | 105   |
| Total          |     | 1                 | 6    | 18   | 46   | 72   | 107  | 140  | 390   |

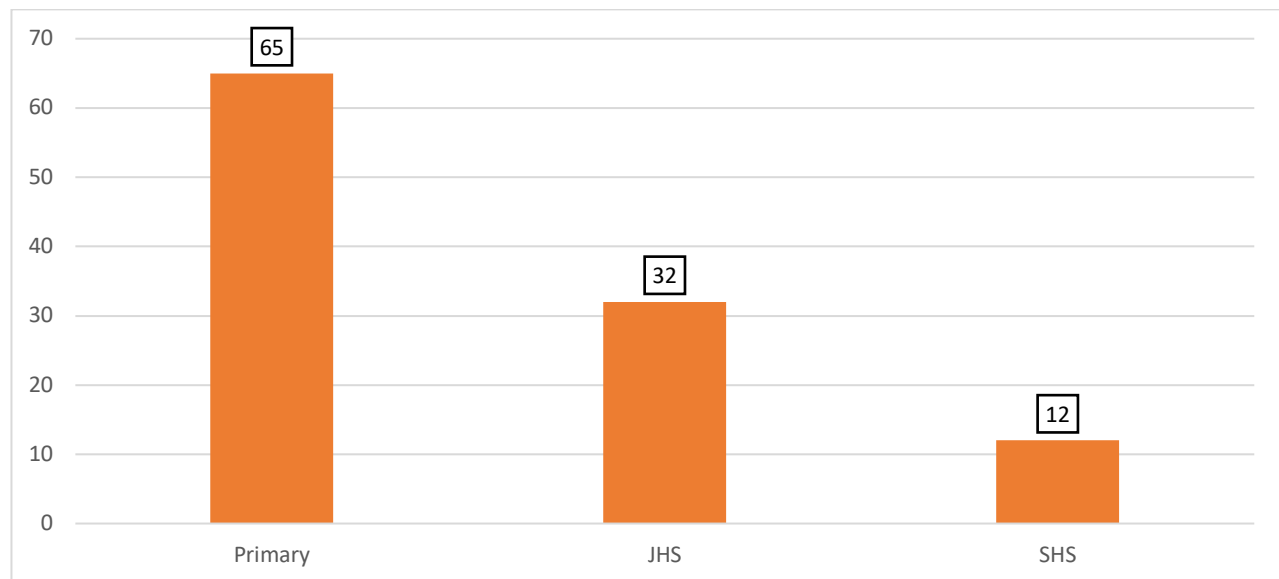
Source: Field Data 2021

The table above indicates that adolescent girls under study enter into marriage at the age of 15 years and above. The minimum age of marriage is 15 years representing a proportion of 3.5%. This also clearly points out a high proportion of adolescent girls marrying under 18 years (N=94, 33%) and this is an indication of early marriage. This image contravenes the constitutional age of marriage in Ghana. The age backed by law to marry in the constitution in Ghana is set at 18 years for boys and girls. Any person therefore under the age of 18 years is a child and under no circumstances should such a person marry or be married. [1992 constitution of the republic of Ghana]



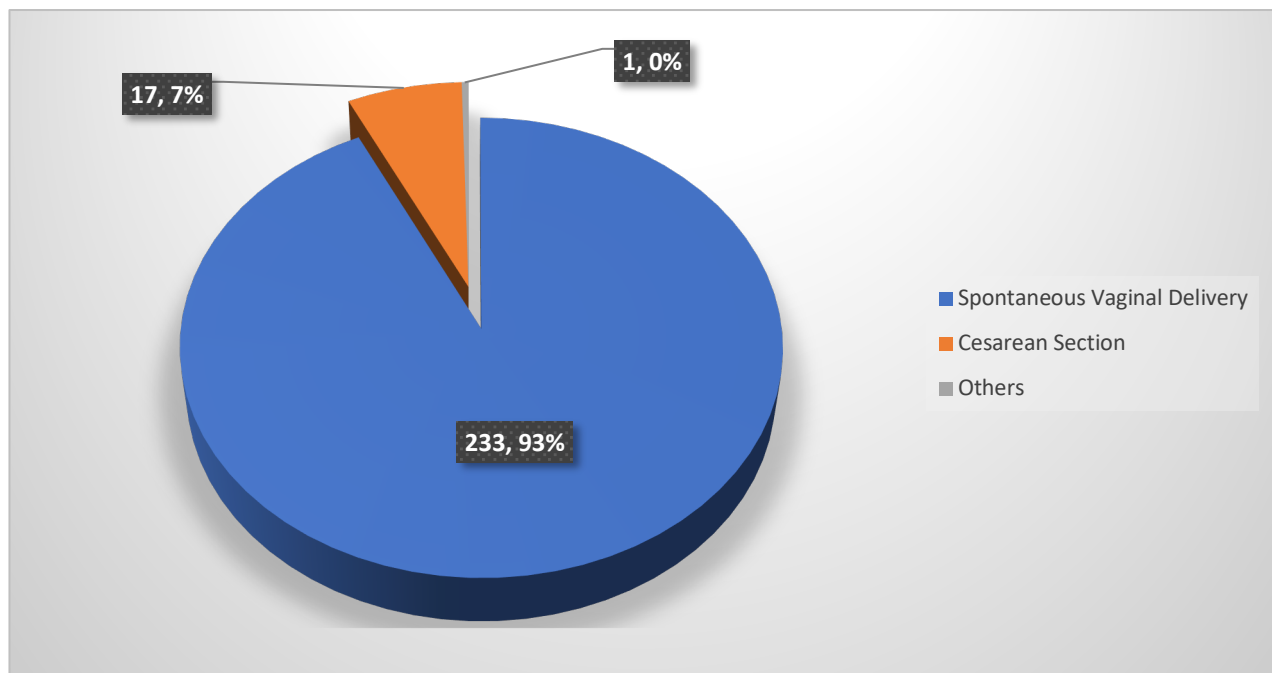
**Source: Field Data 2021**  
**Figure 6: Place of occurrence of pregnant**

A large number of adolescent girls got pregnant while in school and had to drop out of school (N=281, 72%). This would have a serious negative effect on the girl child education and could worsen the poverty situation in the district now and beyond if the situation is uncurbed.



**Source: Field Data 2021**  
**Figure 7: Level of education at which pregnancy occurred**

From the bar graph above, majority of the pregnancies occurred while in primary school (N=65, 59.6%) and a few occurred while in Senior High School (N=12, 11.0%).



Source: Field Data 2021  
Figure 8: Mode of delivery

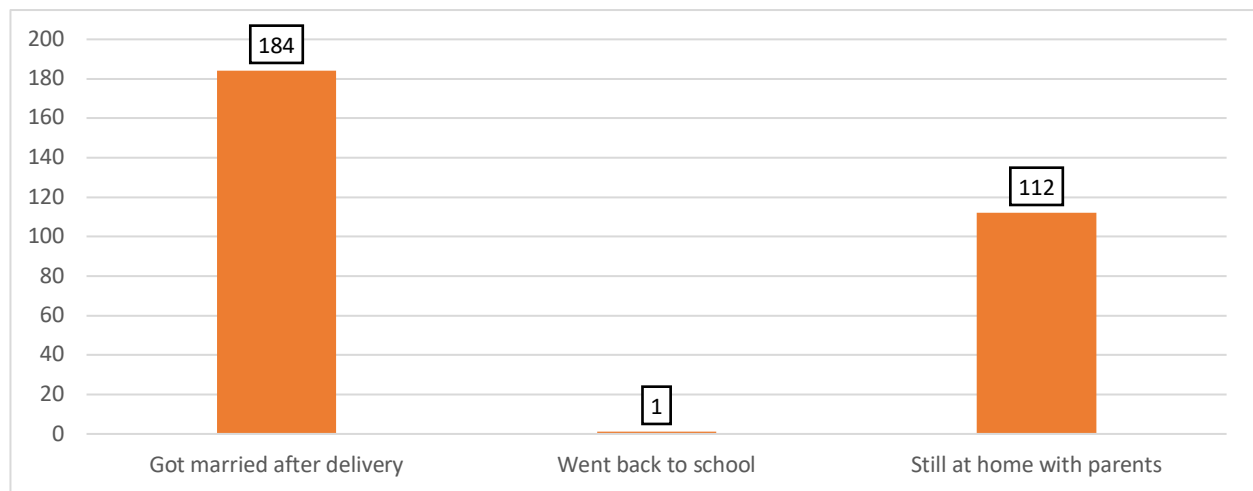
It was however fascinating to notice that majority of the adolescent girls went through a spontaneous vaginal delivery (N=233, 93%) without major complications. Very few of them could not delivery by themselves and had to be assisted (N=17, 7%)

Table 6: Parity of Adolescent girls

|              | Frequency  | Percent      | Valid Percent | Cumulative Percent |
|--------------|------------|--------------|---------------|--------------------|
| Valid 0      | 257        | 65.9         | 65.9          | 65.9               |
| 1            | 116        | 29.7         | 29.7          | 95.6               |
| 2            | 17         | 4.4          | 4.4           | 100.0              |
| <b>Total</b> | <b>390</b> | <b>100.0</b> | <b>100.0</b>  |                    |

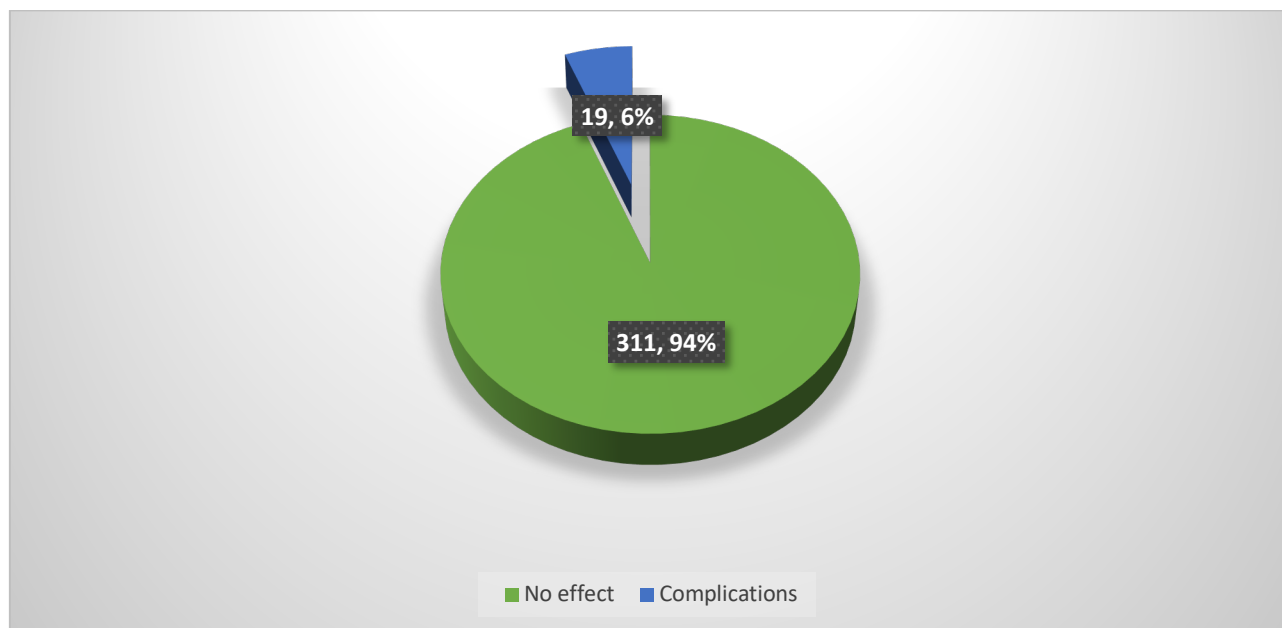
Source: Field Data 2021

Most of these adolescent girls had multiple pregnancies during the survey as indicated in the table above. Many of these pregnant adolescent girls (N=133, 34.1%) had at least 1 earlier pregnancy during the survey.



**Source: Field Data 2021**  
**Figure 9: Resolution After delivery**

From the figure above, a good proportion of the adolescent girls got married after having their babies (N=184, 62.0%) and only 1 of them representing a negligible proportion of 0.34% that went back to school after delivery.



**Source: Field Data 2021**  
**Figure 10: Effects after delivery**

The pie chart above depicts the consequences after delivery. It was noticed that a greater proportion of them (N=311, 94%) had delivered without any form of complications. A fraction of them (N=19, 6%) suffered minor complications such as bleeding, fetal distress, poor maternal effort leading to prolonged labour, and delayed second stage, Cephalopelvic Disproportion (CPD) and others.

### EXCLUSIVE INTERVIEWS

#### Excerpts of statements from parents of pregnant adolescent girls

This group was interviewed and the following were revealed:

1. My daughter met a man that wanted to marry her and they got married. We were happy she got pregnant as that is the ultimate of every marriage. At least that is what everyone expects from a couple. The customary rituals were carried out in accordance with the customs and both families are happy. I was like her age when I got married too
2. She got pregnant while in school. The boy did not deny the pregnancy and she delivered. They got married. I do not feel bad at all. She is not the first to get pregnant in this community. Of course, her colleagues will mock at her for some time and stop. School is not the only hope in life. She will start some business that will give her and husband some income to take care of their children. Feed the children, cloth them, their health etc.
3. I am not happy that she got pregnant but what can I do?. The father is saying she will marry after all she is matured to carry a child. As for taking care of themselves, they can do. They can do petty trading as we are doing to fend for themselves and their children. Her senior sister got pregnant same way and living very well with the husband. She now has three (3) children. Here, the girls themselves do not like to go to school. A lot of them stay at home to help us with the house chores, farm activities and petty trading we do at the market and at the local quarry
4. Many girls use to get pregnant at very tender ages but now is better because of school. Those who are not in school still marry early. Yes, the few in school equally get pregnant and drop out of school like my daughter. My daughter got pregnant when she was in primary school. She is still living with me. She has not delivered yet but the pregnancy is far advanced. You people have to help us to prevent this adolescent pregnancy. The adolescent girls are put in the family way and their future is distorted. They are denied of education and cannot become teachers, nurses and get any good job to better their lives. Look at me here I have not been to school. My father married me off to this man, my husband. He was a family friend and my father decided that I marry him to cement the relationship between the two families. What your father says is final. You cannot do anything even if you are not interested. I have since been living in this community for years. I am from a community not far from here.

### DISCUSSION OF FINDINGS

Adolescence is the phase of life between childhood and adulthood from ages 10 – 19 years. This age category is further divided into sub categories as Early (10 – 14years) adolescent and late (15 – 19years) adolescent. It is a very unique stage of human development and an important time for laying the foundation for good health. All the vices emanates from this stage of life if not managed well. This is the stage where there is rapid physical, cognitive and psychosocial development. Adolescents constitute a significant proportion of our population (about 21.9%) [AHSPS 2016-2020].

This study was intended to achieve the following objectives:

- To ascertain the magnitude of adolescent pregnancy in the district
- To determine the outcome of labour of pregnant adolescents
- To assess the marital status of pregnant adolescent

- To make recommendations for possible implementation

The researcher employed the cross sectional descriptive design in this study where data was collected at a point in time across the health facilities with Reproductive and Maternal Health Services.

The sample unit was the pregnant Adolescent girl or delivered in 2021 who had contact with health service providers within the year. Facilities were purposively sampled with the provision of Reproductive and Maternal Health Services. Nine Health Centres and 13 CHPS compounds were sampled and a total of 390 pregnant adolescent girls were studied.

Data was collected in two folds. The first fold was secondary data from 22 Health Facilities with Reproductive and Maternal Health Services. The second fold was an interview with selected adolescent girls who is either pregnant or had delivered in 2021, parents of pregnant adolescents, Staff of Ghana Education Service, Staff of Social Welfare Department. A well structured interview guide was used to collect quantitative and qualitative data from respondents. The other group included Midwives selected from the community where the pregnant adolescent girls were studied.

In Ghana, 20% of women are married before the age of 18 years. This amounts to approximately 260,000 affected girls in the country. This is predominant in the rural populations across the regions of Ghana [AHSPS 2016-2020].

Adolescent pregnancy continues to be a challenging situation in the country. The country recorded 110,000 adolescent pregnancies in 2020. It is estimated that in 2020, thirteen teenage pregnancies are recorded every one hour.

The Upper West Region recorded 3,583 adolescent pregnancies in 2020. Wa West District contributed a greater proportion (15.2%) of the regional figure recording 545 pregnancies representing 15.9% of ANC registrants. The Wa West District over a period of five years consecutively recorded adolescent pregnancies above the national target of under 12%. This situation is worrying as it affects the livelihood of victims resulting in a bleak future and rendering them and their families and communities in persistent poverty. This trend if not truncated would continue to worsen certain indices of the district. These include, Poverty prevalence is estimated to be 26.7% implying about 27,383 people are rendered poor in the district. The daily per capita expenditure is estimated to be 4.29USD indicative of high cost of living coupled with high poverty prevalence rate. Adolescent pregnancy if not curbed would influence the rate of poverty and the high poverty rate would also continue to affect rate of adolescent pregnancy.

A total of 390 adolescent girls were involved in the study. The youngest adolescent was 13 years and the oldest was 19 years. The modal age was 19years with a mean or average age being 17.7 years.

The mean gestation age at registration from the study is 14weeks. The minimum gestation at registration is 4 weeks while the maximum gestation at registration was 36weeks. The results of the study is presented below in tables, charts and graphs to ease understanding.

From the result, the late adolescent recorded the highest number of pregnancies (N=383, 98.2%) and seven (7) pregnancies occurred within the early adolescent category with the youngest adolescent being 13years.

The Service policy requires that all pregnancies should be registered as soon as the person noticed that she might be pregnant and expectation is early registration of the pregnancy in the first trimester. This is so to ensure optimal care of the pregnant mother and for early detection of abnormalities and early intervention to avoid complications.

With regards to registration of pregnancy, a number of the pregnancies were registered within the first trimester, (N=153, 41.5%). This is however a very good indicator. A fraction of pregnancies that were registered late (N=56, 16.5%) could result in complication and negative outcomes.

It is surprising to note that a good number of the adolescents were married (N=285, 73%). A high proportion of adolescent marrying is serious and indicative of high prevalence of early marriage in the district.

From the results, adolescent girls enter into marriage at the age of 15 years and above. The minimum age of marriage is 15years representing a proportion of 3.5%. This also clearly points out a high proportion of adolescent girls marrying under 18years (N=94, 33%) and this is an indication of early marriage. This image contravenes the constitutional age of marriage in Ghana. The age backed by law to marry in the constitution in Ghana is set at 18years for boys and girls. Any person therefore under the age of 18 years is a child and under no circumstances should such a person marry or be married. [1992 constitution of the republic of Ghana]

The results also reveals a fascinating situation where majority of the adolescent girls went through a spontaneous vaginal delivery (N=233, 93%) without major complications. Very few of them could not delivery by themselves and had to be assisted (N=17, 7%)

Most of these adolescent girls had multiple pregnancies during the survey. Many of these pregnant adolescent girls (N=133, 34.1%) had at least one (1) earlier pregnancy during the survey.

Adolescent pregnancy situation is worrying as this would continue to negatively affect the lives of these young group of people, the families of the victims and community at large. The high poverty prevalence rate would not get any better if the situation remains unchanged. These adolescents are not well informed about their sexuality and men therefore take undue advantage of them.

### **RECOMMENDATIONS**

After careful analysis, discussion and conclusions, the researcher makes the following recommendations that when implemented can assist to alleviate the situation in the district.

- 1) District Assembly should come with gazetted bye-law on Adolescent pregnancy, Early Marriage and Elopement. Any individual or group of people who contravenes these bye-laws should be punished accordingly. Both parents should be held liable to the issue but with varied sanctions with the boy's family getting the grievous sanction. This would

deter people from committing such acts that is devastating the future of these young promising girls in the district.

- 2) The District Health Service has to intensify adolescent health activities in the district to get adolescent informed about their sexuality through the adolescent health corners, community sensitization durbars, other health for a etc
- 3) The number of adolescent health clubs needs to be scaled up to increase access to adolescent health services
- 4) Every health facilities should have exclusive basic adolescent health services rendered in private to adolescents
- 5) Ghana Health Service, District Assembly and Ghana Education Service should create a platform to hold sessions on adolescent pregnancy, early marriage, elopement and adolescent services. This could be achieved through schools and or communities based activities
- 6) Ghana Health Service to periodically build the capacity of health staff on adolescent health services

### **AREAS FOR FURTHER RESEARCH**

During the study, certain revelations came up and the researcher recommends the following as further research areas to further understand the situation in the District.

- To determine the actual ages of adolescents using a valid source of verification. It appear most people in the district do not do not know their ages

To ascertain the actual ages of people with NHIA card. Most people also give low ages during NHIA registration to benefit a waiver of NHIA premium

### **CONCLUSIONS**

Upon critical analysis and discussion of the findings, the researcher concludes that:

- a) There is low access to adolescent health services
- b) Adolescent pregnancy is viewed as a normal phenomenon among community members
- c) The culture of the people is contributing to the high numbers of adolescent pregnancies

The district requires a collaborative effort to fight this menace.

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