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Psychosocial challenges of pregnant adolescents: A narrative Inquiry of Adolescents in the Ho Municipality, Volta Region, Ghana

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Abstract

Adolescent health studies in Ghana's Volta Region have often focused on topics such as family planning, teenage pregnancy, and unsafe abortions. However, limited empirical evidence exists regarding the psychosocial challenges faced by pregnant adolescents. This study explores the psychological and social difficulties impacting pregnant adolescents in the Ho Municipality, to inform policies and psychosocial interventions to support this vulnerable group. Using a narrative and phenomenological approach, this facility-based qualitative study gathered insights from pregnant adolescents aged 10-19 through in-depth interviews at the Volta Regional and Ho Municipal Hospitals. Participants were selected through purposive sampling and provided accounts of their experiences, challenges, and the factors contributing to their pregnancies. Thematic analysis revealed significant psychological challenges such as hopelessness, anxiety, sadness, isolation, and sleep disturbances. These issues were often driven by family rejection, partner denial, stigmatization, and discrimination. Poverty emerged as the primary contributor to adolescent pregnancy, alongside factors such as single parenting, lack of contraceptive access, limited sexual education, peer pressure, cultural influences, and media portrayals of sexual behaviour.

The study highlights a need for multifaceted strategies at both structural and individual levels to address adolescent pregnancy and its associated psychosocial challenges in the Ho Municipality. The study recommended implementing comprehensive sexual and reproductive health education in schools, communities, and families to better support adolescents in managing and preventing pregnancy.

Keywords: Adolescent pregnancy; Psychosocial challenges; Ho Municipality; Teenage pregnancy; Sexual and reproductive health; Cultural influences; Comprehensive sexuality education

1. Introduction

Adolescence is a pivotal phase of growth and development, marking the transition from childhood to adulthood, generally spanning ages 10 to 19 (UNICEF, 2022). During this period, individuals undergo significant physical, psychological, and social changes. Adolescent pregnancy refers to gestation occurring before young women reach complete physical maturity, which is considered high-risk due to physiological and psychosocial immaturity (UNICEF, 2022). These risks are compounded by the unique health vulnerabilities of adolescents, who may face both immediate and long-term health consequences (Reupert et al., 2020).

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Globally, youth sexual activity has been increasing, with adolescents engaging in sexual experiences at younger ages, contributing to a rising burden of adolescent pregnancy (UNFPA, 2021). Approximately 20–50% of adolescents are estimated to have their first sexual experience between ages 14 and 18 (Jing et al., 2023). Annually, around 16 million adolescents aged 15–19 give birth, representing about 11% of all global births, with over 90% of these births occurring in low- and middle-income countries, particularly in sub-Saharan Africa (WHO, 2024). This high incidence highlights a persistent public health challenge that disproportionately affects vulnerable regions.

The factors influencing adolescent pregnancy are multifaceted, involving social, environmental, and individual dimensions. Contributing factors include peer pressure, substance use, limited access to contraception, exposure to sexualized media content, and inadequate sex education. These challenges are further exacerbated by socioeconomic barriers such as low educational attainment and poverty (Chandra-Mouli et al., 2021). Cultural dynamics, including early marriage, traditional gender roles, and economic disadvantage, intensify these risks and create a complex framework for addressing adolescent pregnancy as a public health issue (Panda et al., 2024).

Adolescent pregnancy is associated with a range of socio-medical and psychological issues, often manifesting as denial, anxiety, depression, suicidal thoughts, aggression, social withdrawal, and fear of rejection by family or peers (Ravindran & de Kruijf, 2020). The psychological toll on adolescents is considerable, as these effects disrupt their developmental trajectory, affecting both present well-being and prospects (Ravindran & de Kruijf, 2020). Addressing the psychological burdens of adolescent pregnancy is critical to supporting affected individuals through this challenging period.

In Ghana, adolescent reproductive challenges remain prevalent and complex. According to reports, approximately 24% of births are unplanned, with 16% classified as unwanted and 40% unplanned among adolescents (GSS et al, 2021). For urban women aged 25-49, the median age of first sexual activity is 18, and many give birth before reaching 20 (GSS et al, 2021). These statistics underscore the persistent reproductive health challenges faced by Ghanaian adolescents, particularly in urban settings.

In the Ho Municipality of Ghana's Volta Region, unintended pregnancies have a prevalence rate of 44.1%, illustrating the significant impact of adolescent pregnancy in this region (Nyarko, 2020). However, limited research has focused specifically on the psychosocial challenges encountered by pregnant adolescents in this area, leaving gaps in understanding the full scope of their experiences. This study, therefore, aims to explore these psychosocial challenges among pregnant adolescents in Ho Municipality to guide the development of targeted interventions that could help mitigate these challenges.

2. Methodology

2.1. Research Design

This study employed a qualitative research design, suited for exploring complex, context-dependent phenomena through rich, descriptive insights. Qualitative research is inherently interpretive, seeking to understand human experiences and social processes from the perspective of the participants (Denzin & Lincoln, 2023). Within this framework, narrative inquiry was chosen as the research approach, as it enables the collection of personal stories to reveal the lived experiences of pregnant adolescents. Narrative inquiry facilitates an in-depth understanding of how participants make sense of their experiences, allowing the researcher to interpret the social and psychological dimensions of their lives in the context of adolescent pregnancy (Guba & Lincoln, 2018). This approach aligns with constructivism as the philosophical underpinning, emphasizing that knowledge is co-constructed through interaction between the researcher and participants, with a focus on subjective meanings (Mertens, 2019).

2.2. Research Setting

The study was conducted in Ho Municipality, located in the Volta Region of Ghana. This setting was selected due to its high prevalence of adolescent pregnancies, which poses significant psychosocial challenges for young women in the area. Ho Municipality provides a relevant context to explore the unique experiences of pregnant adolescents, who are often influenced by local cultural, social, and economic factors that shape their reproductive health decisions and challenges. The primary healthcare facilities involved were the Volta Regional Hospital and Ho Municipal Hospital, where adolescent participants were accessing antenatal care.

2.3. Sampling Procedure

A purposive sampling approach was employed to select participants who could provide meaningful insights into the psychosocial challenges of adolescent pregnancy. To enhance data richness, maximum variation sampling was used

within this purposive framework, ensuring that participants reflected a variety of backgrounds, ages, and socioeconomic statuses. This diversity allowed the researcher to capture a broad spectrum of experiences, facilitating a nuanced understanding of both commonalities and differences in the challenges faced by pregnant adolescents in the Ho Municipality.

2.4. Sample Size and Selection Criteria

The study included a total of 20 pregnant adolescents aged 10–19 years who were receiving healthcare at the Volta Regional and Ho Municipal Hospitals. Participants were selected based on their ability to articulate their experiences, willingness to participate, and availability during the study period. This sample size was sufficient to achieve data saturation, capturing a comprehensive range of perspectives on the psychosocial impacts of adolescent pregnancy in this region.

2.5. Data Collection Methods

Data were collected using narrative interviews, which encouraged participants to share their personal stories and the psychosocial challenges they faced due to pregnancy. This method facilitated an open-ended, conversational style that allowed participants to freely express their experiences, emotions, and thoughts related to their pregnancies.

Interviews were conducted in a private and comfortable setting within the hospital premises to ensure confidentiality and ease for the participants. Each interview began with an introduction and an overview of the study's purpose, after which informed consent was obtained. Interviews were audio-recorded, with participants' permission, and later transcribed using Otter.ai, a transcription tool known for its accuracy and efficiency in capturing spoken data. The interview process was designed to build rapport and encourage openness, fostering a safe space where participants could discuss sensitive topics freely.

2.6. Data Analysis Framework

Data analysis in this study followed the framework developed by Muccio, Reybold, and Kidd (2014), which is particularly suited for narrative data. This framework provides a structured approach for coding, categorizing, and interpreting qualitative data, enabling researchers to extract meaningful themes and patterns from participants' narratives.

NVivo software supported each step by enabling efficient data management, organization, and retrieval, which was essential given the volume of narrative data collected. This framework facilitated a rigorous and systematic analysis of the data, resulting in an in-depth understanding of the psychosocial challenges associated with adolescent pregnancy.

2.7. Evaluative Criteria

To ensure trustworthiness, Lincoln and Guba's (1985) evaluative criteria—credibility, transferability, dependability, and confirmability—were applied to this study. These criteria enhance rigor in qualitative research by validating data, interpretations, and findings.

3. Results

From field data, most of the pregnant adolescents interviewed were between the ages of 12-15 years.

3.1. Background Characteristics of Participants

The background characteristics of the participants are presented in Table 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 the early stage of pregnancy.

Table 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

3.2. Main Factors Contributing to Adolescent Pregnancy in the Ho Municipal Area of the Volta Region

3.2.1. 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 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 with 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]

3.2.2. Adolescent Sexual Behaviour

The cause of adolescent pregnancy in the Ho Municipal Area could largely be attributed to the sexual behaviour of adolescents in the area. A revelation by a pregnant adolescent indicated that:

I usually have sex with my boyfriend during my safe periods but I 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]

3.2.3. 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 into having unprotected sex. From field

data, most female adolescents in the Ho 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 put 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 my pregnancy today. The sad aspect of it all is that he denied responsibility for the pregnancy explaining that I was not a virgin when he first made love to me. [[P.A 3, aged 17 years]

3.2.4. 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]

3.2.5. Drugs and Alcohol

Some of the pregnant adolescent participants included in the study revealed that sexual abuse and non-use of contraceptives which usually resulted in their pregnancies were due to overdose of either alcohol or drugs by male adults or the youths. 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 had been 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 of fathering a child. [P.A 7, aged 15 years]

3.3. The Lack of Education on Safe Sex

Notwithstanding the improved nature of sex education in contemporary Ghanaian society, in some urban areas like Accra, little strides have been made in the Ho Municipality. Data from the field revealed that most pregnant adolescents interviewed have never been educated on adolescent sexual behavior. This is due to the 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 Ho Municipal area to provide education to adolescents on healthy sexual behaviors. A pregnant participant revealed this situation,

I had never heard anything on pertinent education about adolescent sexual behavior, 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].

3.3.1. 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 shows that most parents and adults feel educating adolescents 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 the 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]

3.4. Influence of Family Structure

Family structural characteristics contribute to understanding and determining teenage sexual behavior 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 my 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 whatever 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]

3.5. The Influence of the Media on Sexual Behaviour 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 to influence their sexual behavior. This factor has contributed significantly to adolescents engaging in early sexual behavior in the Ho Municipal area, hence higher adolescent pregnancies as confirmed from field data. A 17-year-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]

3.5.1. Peer Pressure

Peer pressure was also identified as one of the major causes of the increased rate of teenage pregnancy in the Ho 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 used to have when I was not pregnant. [P.A 11, aged 15].

3.5.2. Cultural factors

Cultural influence also serves 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 Ho Municipal area.

Most pregnant adolescents in the Ho Municipality in the Volta Region are bedeviled with some psychological challenges due to their conditions. Paramount among them are elaborated below.

3.5.3. Depression

Adolescent pregnancy is 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 had come to an 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]

3.5.4. 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 time, making life extremely unbearable.* [P.A 15, aged 15 years]

3.5.5. Anger and Violence

Field data revealed that most pregnant adolescents in the Ho 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 engaged in a fierce fight that even escalated into tensions between our families. I really regret that day. This is because the two families which were initially having cordial relationships with each other are now at war all because of our fight.* [P.A 16, aged 16 years]

3.5.6. Sadness

Evidence from the field suggests that unwanted adolescent pregnancy brings sorrow and sometimes depression to 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 with a guy who used to confess and profess his love for me but later denied the responsibility for the pregnancy.* [P.A 8, aged 14 years]

3.5.7. Suicidal tendencies

Research has shown that suicidal behavior is relatively common among pregnant teenagers, frequently associated with psychiatric disorders (Bearak et al., 2020). A nurse at the Ho Municipality Hospital revealed that more than 5 pregnant adolescents have committed suicide in the last 2 years due to the unbearable and unfavorable social conditions they find themselves in as a result of their pregnancy.

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

3.6. Lack of community and family support

The lack of community and family support for pregnant adolescents in the Ho Municipality has 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 from food. [P.A 17, aged 14]

3.6.1. Isolation

Most pregnant adolescents are sometimes thrown out of the home and discriminated against by friends and society. This causes them to segregate themselves from 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]

3.6.2. Lack of Support by Partner

Lack of support by partners to pregnant adolescents in the Ho Municipality has 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]

3.6.3. Lack of Proper Self-care

As revealed from field data, the poor self-care of most pregnant adolescents in the Ho Municipal area find themselves is that they are just too young to take care of themselves during pregnancy, coupled with emotional disturbances they experience as older adolescents.

3.7. Stigmatization and Discrimination

Most pregnant adolescents face stigmatization and discrimination and these have been some of the major predicaments which bedevil pregnant adolescents in the Ho 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, 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.' These 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.

4. Discussions

The Ghana Health Service Report on Antenatal Care registrants for 2016 indicated that 115 pregnancy cases were recorded among teenagers between the ages of 10-14, whilst 5,474 cases occurred among adolescents between 14-19 years, which was an increase from 5,518 and 5,564 adolescent pregnancy cases recorded in 2014 and 2015 respectively, (GHS, 2020). According to the Report, the majority of these adolescent pregnancies were recorded in the Upper East and Volta Regions of Ghana (GHS, 2020). This shows that, the rate of teenage pregnancy in the country is alarming. It is in this vein that this chapter presents discussions on field data or results of research findings as evident in the Ho Municipal area of the Volta Region. The Chapter consists of discussions on the main causes and psychosocial challenges that bedevil adolescent girls in the Ho Municipality. This is done by taking into consideration the conceptual framework as proposed in Chapter One. In addition, some Adolescent Pregnancy Prevention Programs that could be relied upon to tackle the alarming adolescent pregnancy in the Ho Municipality were also discussed.

4.1. Factors Contributing to Adolescent Pregnancy in the Ho Municipality.

4.1.1. Poverty

Poverty was identified as the major cause of teenage pregnancy in the Ho Municipality. It was revealed from field data that most of the pregnant participants in the Ho Municipality area come from poor family backgrounds. Some of these adolescents share the same rooms with parents and elderly siblings and become exposed at tender ages to the sexual activities exhibited by them.

The current economic hardship in the country, coupled with insufficient revenue for people to afford decent and comfortable accommodation has forced most people, especially those with large family sizes to share rooms. This more often than not exposes adolescents to sexual tendencies if practiced or discussed in their presence. This could instigate unhealthy relationships which could result in adolescent pregnancies. This is because children who grow up under such circumstances engage in early sexual activities immediately, they reach puberty, hence increasing the tendencies of adolescent pregnancies as evident in the Ho Municipality.

Compared to most developed countries, literature exists to show that adolescent pregnancy is pronounced among young people who live in abject poverty and have no hopes of better education or employment opportunities (Noori et al., 2021).

Therefore, poverty plays a major role in the high rate of teenage pregnancies as evident in the Ho Municipal area. Female adolescents who live and survive under harsh economic conditions or abject poverty may not see the reason not to get pregnant if it brings relief to them. Such kind of adolescent girls, develop low self-esteem and find attachment to the opposite sex to engage in sexual activity as a sure way of enhancing their confidence in society as revealed by this study. This is supported by the assertion of Chandra-Mouli et al (2021) who observed that about 83% of adolescents who are pregnant are from poor homes. It is therefore not surprising to know the assertion made by the Ghana Health Service Report on Antenatal Care registrants (2019) that the Upper East and Volta Regions have the higher rates of adolescent pregnancy in Ghana. This is because these regions are considered part of the poorest in the country.

4.1.2. Adolescent Sexual Behaviour

Chandra-Mouli et al. (2021) reveal that "the sexual behavior exhibited by others to a large extent influences the rate of adolescent pregnancy in affected communities." Social influences, peer behavior, and limited sexual education contribute significantly to adolescent pregnancy rates, especially in areas with higher vulnerability.

He identifies that the teenager's sexual decisions may be influenced by: one is suffering from boredom and wants to be fashionable; one is ignorant of the consequences of sex; one is carried away by passion; one is coerced by one's partner and wants to prove one's love; one is under pressure and cannot say no; one is under the influence of drugs and alcohol."

Field data suggests that most adolescents in the Ho Municipal area, especially the girls have low control and adequate knowledge about proper sexual behaviour and how best to cope or manage it. Adolescent pregnancy can therefore be caused by poor sexual behavior among adolescents as evident in the study area. This arises especially when the adolescent starts rebelling against and downgrading religious and parental restraints, especially with regards to their sexuality, the desire for self-gratification or pleasure to escape boredom or loneliness, and the disregard for virginity and virtues of chastity in the contemporary world, among others.

4.1.3. 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 they are in a relationship as a result of poverty. Consequently, most male adults or youths cajole and coerce female adolescents into having unprotected sex. From field data, most female adolescents in the study area become vulnerable to such requests or pressure which subsequently results in pregnancy. This situation is better elucidated by Closson et al. (2021) when they asserted that in age-differential relationships in which the female is the younger partner, male power and control may undermine the woman's ability to negotiate sexual intercourse and the use of contraception. An older partner may not pressure the adolescents into participating in unprotected sexual activities, basing the encounter on ideas of trust and fidelity.

In contemporary Ghanaian society is becoming increasingly overwhelming that older men tend to develop erotic emotions toward female adolescents. These older men tend to make financial commitments which makes it very difficult for most female adolescents to turn down sex requests from their sponsors or such older men or youths making financial

commitments to them. In cases where female adolescents try to decline offers to older men who usually make financial promises to them for sex, it results in abuses or cut-off of financial support to them as evident in the Asamoah Gyan and Kwasi Kyei Darkwah popularly called KKD, scandals which were reported in the media in recent times. These are top public figures who try to take advantage of their financial support to some female adolescent to have sex with them without their consent.

The repercussion for these female adolescents is the contracting of Sexually Transmitted Infections (STIs) or becoming pregnant as evident in the Ho Municipal area. Age discrepancy, coupled with the respect for the elderly as a custom in the study area has become a major contributor to the alarming adolescent pregnancy in the Municipality.

4.1.4. Childhood environment

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. This is because such females are usually at the mercy of the male adults who usually abuse them including satisfying them sexually. This situation has contributed greatly to the alarming rate of adolescent pregnancy in the Ho Municipal area as confirmed by a majority of the respondents. Some revealed that they have been one way or the other exposed to sexual abuse in their early stages of life which aggravated their sexual desires till becoming pregnant. This proves that female adolescents in such situations will find it very difficult to abstain from sex or practice safe sex, thereby increasing the tendency for which such female adolescents could become pregnant as confirmed by most of the respondents included in the study.

4.1.5. Drugs and Alcohol

The use of drugs and alcohol may lead to impaired judgments when abused. This could cause adolescents to venture into risky behavior such as having unprotected sex. This assertion is supported by Hamidullah et al., (2020); they point out that, “the psychoactive effects of alcohol and drug use are taught to increase sexual arousal and desire, decrease inhibition and senses, diminish decision-making capacity, judgment and sense of responsibility, and generally disempowered women to resist sex.” In the Ho Municipality, some of the pregnant adolescent respondents included in the study revealed that sexual abuse and decreased use of contraceptives which usually resulted in their pregnancies was due to either abuse of alcohol or drugs by male adults or the youths or themselves.

4.1.6. Inadequate Education on Safe Sex

As stated by Moreira et al. (2023), the lack of education on safe sex, either on the side of the parents or the educators, may lead to teenage pregnancy. Efforts to keep with the current socio-economic status quo in Ghana have made it very difficult for some parents to get time for their children, let alone provide them with peer education including healthy adolescent sexual life and safe sex. Data from the field revealed that most pregnant adolescents in the Ho Municipality have never been educated on adolescent sexual behavior due to parents' busy work schedules to pay critical attention to the aspects of their lives or the absence of peer educators to educate to on healthy or decent adolescent sexual behaviours. Consequent to this, most female adolescents are left to their fate to make decisions on their own when faced with sexual pressures or harassment from male adults or youth. This mostly results in female adolescents giving in to sex demands upon pressure or coercion by male adults or youths. This is better explained by Sedgh and Sorhaindo (2023), who assert that most female adolescents usually dress and act like common prostitutes when parents ignore attention to their sexual behaviours to provide meaningful and relevant education to them in that regard.

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It is pointed out by Fehintola et al. (2021) that most adults and parents feel that sex education, even in secondary school, is dangerous and premature for impressionable adolescents and is likely to lead to indiscriminate promiscuity. He however concludes based on findings from his studies on adolescent pregnancy that most adolescents would love that sex education provided in formal education is not submerged under other subjects or disciplines such as Biology, but should be a course on its own. This to a very large extent will help minimize the alarming rate of adolescent pregnancy as evident in the Ho Municipality.

4.1.7. Contraception

Most parents and adults feel educating adolescents 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 the high incidence of adolescent pregnancy. On the contrary, studies show that the majority of adolescents are already sexually active due to the influence of contemporary media and peer pressure (Wang et al., 2021). 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, the reality in most areas of Ghana including the Ho Municipality is that education and family planning programmes, especially on the use of contraceptives have concentrated on older women at the neglect of adolescents for the fear of not promoting immorality among adolescents. This shows that there is poor cooperation among parents, peer educators, schools, clinics, and adolescents on how to prevent unwanted pregnancies through the effective use of contraceptives. To compound this problem, most clinics are not easily accessible to adolescents in the Ho Municipal area; where they can easily visit especially for education on the use of contraceptives. This has created the misconception or notion among most of the adolescents in the Ho Municipality that the clinics and the hospitals in the region are only for adults to access, to later come and impact health education to the younger ones as revealed from field data.

Most adolescents lack knowledge about contraception and how to use it, leading to infrequent use (UNICEF, 2022). This has contributed significantly to the alarming adolescent pregnancy as witnessed in the Ho Municipality in the Volta Region of Ghana. In addition, most female adolescents in the region feel they could ruin their relationships if they opt for the use of contraceptives against the wishes of their partners. The inability of female adolescents to abstain from sex in their relationships, results mostly in unwanted pregnancies among the adolescents in the study area.

Field data showed that some female adolescents in the Ho Municipal area are ignorant about the dangers of engaging in unprotected sex without the use of contraceptives. Some also feel the use of contraceptives during sex reduces ecstasy, hence the non-use of contraceptives during sex. Also, it was revealed that most adolescents especially females have the misconception that the use of contraceptives may have harmful effects on the biological and physical composition. Some of these misconceptions contribute significantly to the non-use of contraceptives with high adolescent pregnancy in the region.

Many young men hold the belief that women are solely responsible for preventing unplanned pregnancies, including acquiring contraceptives and using them (UNFPA, 2022). So, where the ladies fail to do so, such young guys do not make any conscious effort to use them either or encourage their usage. The resultant effect is unwanted pregnancies witnessed in the Ho Municipal area.

4.1.8. Family Structure and its Influences on Sexual Behaviour of Adolescents

As affirmed by George et al. (2020), family structural characteristics play a vital role in understanding and determining teenage sexual behaviour, including pregnancy. In families where there is no education on healthy reproductive and sexual life by elderly siblings, parents, or other relatives to younger ones, adolescent pregnancy is common as compared to a family where such education exists. More often than not, fathers tend to be strict with their children so are more unlikely to discuss sexual and reproductive life issues with their children. Such strict parenting style is more likely to result in adolescent pregnancy as children would like to hide their feelings and take their own decisions on sexual behaviours which usually end in in pregnancies. As noted by Harvey et al. (2022), parents with negative views on contraception due to religious or cultural beliefs may contribute to higher rates of adolescent pregnancy, as adolescents may engage in unsafe sexual practices.

It is also established from field data that female adolescents who live under single parenting or with their grandparents are more likely to become pregnant as compared to those who live with their biological parents. Parental divorce during the early teenage years has also been associated with early onset and increased frequency of sexuality in females. These effects are mainly due to less monitoring and supervision of teenagers which typically occurs in single-parent homes. As Gaiha and Halpern-Felsher (2020) note, teenagers with older, sexually active siblings, particularly sisters, are more likely to initiate sexual activity at a younger age.

Therefore, in a family structure where parents or older siblings and other relatives serve as role models to younger ones, their sexual behaviour is imitated by the younger ones.

4.2. The Influence of the Media on Sexual Behaviour of Adolescents

Both print and electronic media have been a great source of socialization in the contemporary world. Where the media accessed by adolescents are usually full of sexual themes or imageries, they may turn to influence the thought patterns of younger ones which could instigate negative sexual behaviours including having unprotected sex. This assertion is supported by Evans et al. (2020), who point out that media can exert significant influence on adolescents, potentially leading to earlier sexual initiation, as a strong agent of socialization in putting pressure on teenagers to have sex earlier than expected.

As noted by Fernandez and Menon (2022), contemporary media, including television, newspapers, internet sites, magazines, advertisements, and novels, are filled with love scenes and imagery. The media often shows the glitzy aspects of sex in such a manner that teenagers perceive sex as something fashionable to practice. Most teenagers, especially girls, rely greatly on magazines as a vital source of information about sex, birth control, and health-related issues they ignore the consequences of sex such as unplanned pregnancy and sexually transmitted diseases.

Jemmott et al. (2020) highlight that media often portrays sex as exciting and risk-free, potentially leading teenagers to feel pressured to engage in sexual activity. Media messages often promote the idea that abstinence is outdated. Combined with the tendency of adolescents to focus on immediate gratification, this can lead to risky sexual behavior in pursuit of acceptance and self-worth (Fernandez & Menon, 2022). It is becoming almost indispensable to do away with social media in this technological age and dispensation. Sexual scenes, videos, and imageries that flood the phones of adolescents, coupled with opera soap series (telenovela), have higher tendencies to influence their sexual behaviours. This factor has contributed significantly to the early sexual behaviours of adolescents in the Ho Municipal area, hence higher adolescent pregnancies.

4.2.1. Peer Pressure

Adolescents most often spend more time with their peers than their parents and siblings. Peers just as the media serve as a great force of socialization. As the saying goes, "Show me your friend, and I will show you my character." Parents nowadays work all day long as they focus mainly on making money to fend for the family. By so doing, their children's emotional and developmental needs are neglected. This often leads to children spending more time with their peers and then copying them and older gang members or negative role models in the community (Kaynak et al., 2021).

Therefore, the sexual behaviours upheld and exhibited by one's peers have higher tendencies of influencing one's sexual behaviour. If an adolescent's peers are engaged in negative sexual behaviour or activities, they are likely to corrupt her. In this vein, peers serve as strong agents for transferring sexual signals or knowledge among adolescents. In this regard, peer pressure was also identified as one major force for the alarming incidence of adolescent pregnancy in the Ho Municipal area.

4.2.2. Cultural factors

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 Ho Municipal area. This is because most adolescents of today feel traditional sexual restraints are outmoded and do not have relevance in contemporary times. This has led to indiscriminate sexual activities among adolescents which usually results in adolescent pregnancies in the Ho Municipality. In addition, in cultural settings where maturity and womanhood are based on pregnancy and childbirth, early unsafe sexual activities are encouraged, and pregnancies among adolescents are likely to occur as compared to cultural settings where early marriages or sexual activities are prohibited until one gets of age. Cultural factors therefore contribute greatly to the incidence of adolescent pregnancy in the study area.

The Psychosocial Effects of Adolescent Pregnancy in the Ho Municipal Area in the Volta Region of Ghana

4.2.3. Psychological Challenges

Many pregnant adolescents in the Ho Municipality in the Volta Region are bedeviled with some psychological challenges. Paramount among them are elaborated below.

4.2.4. Depression

Adolescent pregnancy is associated with depressive symptoms. Some experience feelings of hopelessness and low-spiritedness due to their conditions. The assertion by the respondent P.A 11, in the previous Chapter, suggests that adolescent pregnancy could destabilize the girl's emotional, social, and cognitive stability and her self-image toward social and economic aggrandizement in society.

4.2.5. Anxiety

Studies have shown that pregnant adolescents often experience anxiety (Siegel & Brandon, 2014). Some pregnant adolescents interviewed develop frequent uneasiness and fear of death due to sudden biological changes that take place in the body, coupled with poor treatments they receive from friends, parents, health practitioners, and other relatives they might have disappointed.

4.2.6. Anger and Violence

Many pregnant adolescents in the study area easily become angered or infuriated at the slightest provocation or joke. This has usually resulted in strife and fights which sometimes lead to severe consequences such as miscarriage and death. Sometimes, pregnant adolescents usually develop feelings of anger towards themselves or their partners. Some of the adolescents get angry with themselves for allowing themselves to be pregnant. Others become angry at their partners for not taking up their responsibilities. As asserted by Agba et al. (2022), the turmoil experienced by pregnant teenagers is often caused by overwhelming emotions and strained relationships with family and peers.

4.2.7. Sadness

Evidence from the field suggests that unwanted pregnancy brings sorrow and sometimes depression to adolescent females. Field data supports the assertion made by Perkins (2023) that pregnant adolescents most often weep or become sad when they realize or are told they are pregnant. Some pregnant adolescents in the study area also cry a lot after realizing it will curtail their enjoyment of all the social and family support they hitherto enjoyed before conception.

4.2.8. Suicidal tendencies

Suicidal behaviour is a relatively common feature in pregnant teenagers, frequently associated with psychiatric disorders (Miriti, 2023). This situation usually occurs when pregnant adolescents realize they are ostracized and mocked for their condition. To cope with their situation, they isolate themselves from others or vice versa, causing loneliness and tendencies for wilder thoughts including suicides as an option to end their predicaments and woes.

4.3. Social Challenges

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

4.3.1. Lack of Community and Family Support

Adolescent pregnancy in the Ho Municipality usually denies most adolescent girls the community and family support they hitherto enjoyed before conception. Pregnant teenagers experience a change in their relationships with significant others due to expectations that were not met. This disappointment is one of the main factors that instigate suicidal thoughts among such pregnant adolescents.

4.3.2. Isolation

Most pregnant adolescents are sometimes thrown out of the home and discriminated against by friends and society. This causes them shame and embarrassment. The research findings show that pregnant adolescents experience discrimination and unsolicited comments by the general public regarding their status (Welsh, 2024). Similar studies showed that, even though most pregnant adolescents try to talk to somebody, some were scared to tell their parents until their families realized that they were pregnant (Kotoh et al., 2022).

4.3.3. Lack of Support by Partner

Many adolescent males leave pregnant adolescents in distress and discomfort when they realize they cannot or are not ready to father a child. This lack of support by girls further worsens the woes and plights of the latter. This shows that neglect towards such pregnant adolescents could engender bitterness and hatred towards their partners in situations where they deny responsibility for the pregnancy. This is very common or evident in the Ho Municipality.

4.3.4. Lack of proper Self-care

Younger pregnant adolescents aged less than 16 years old cannot take care of themselves (Gewirtz-Meydan et al., 2023). The poor self-care is because they are just too young to take care of themselves and at the same time face similar emotional disturbances as older adolescents. According to Chodorow (2023), mothering is a topic that has been thoroughly researched within psychology, sociology, social work, etc.

He further stated that teenagers find mothering to be difficult, are unclear about what their children's emotional needs are, and have irrational thoughts and feelings. Most teenagers display high levels of parenting stress and are less responsive and sensitive in interaction with their infants than adult mothers. This is caused by the lack of parental skills." Lack of proper care among pregnant adolescents is very common in the Ho Municipality.

4.3.5. Stigmatization and Discrimination

Pregnant adolescents become stigmatized and discriminated against in societies, both in developed and developing countries (Kurnick, 2024). Compounding this is the fact that apart from being stigmatized by parents and the community, they also face stigma and discrimination at school, leading them to leave school prematurely (Machoka et al., 2024). This has been one major predicament that bedevils pregnant adolescents in the Ho Municipality in the Volta Region of Ghana.

4.3.6. Adolescent Pregnancy Prevention Programs in the Ho Municipality

There are many teenage pregnancy prevention programs throughout the world since teenage pregnancy is an issue that confronts not only a single society but almost all societies of the world. Some of these programs include The Aban Aya Youth Project (AAYP), designed to reduce risky behaviours such as violence, substance abuse, and unsafe sexual practices; Adult Identity Mentoring (Project AIM), designed to reduce sexual risk behaviours among low-income youth between the ages of 11 and 14 by providing them with the motivation to make safe choices; "All 4 You, designed to reduce the number of students who have unprotected sexual intercourse, which is associated with increased risk of HIV, other sexually transmitted diseases, and unplanned pregnancy;" "Draw the Line/Respect the Line, designed to promote abstinence by providing students with the knowledge and skill to prevent HIV, other STD and pregnancy."

Study Limitations

- It was also a challenge meeting most of the adolescents at the Ho Municipal Hospital within the period of conducting the study since they were scheduled for antenatal services in different months.
- Limited time to conduct the study did not allow for an impact assessment of psychosocial challenges faced by pregnant adolescents in the Ho Municipality over certain periods to ascertain the changing trends or dynamics.
- Financial constraints were one of the challenges faced during the gathering of resources to conduct the study

5. Conclusion

This study revealed that multiple factors contribute to the high levels of adolescent pregnancy in the Ho 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 a high incidence of adolescent pregnancy as observed in the Ho Municipal Area.

On an individual level, although adolescents in the Ho 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 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 a limited understanding of fertility and conception. While working on strategies to reduce unplanned adolescent pregnancies adolescents who do get pregnant must be supported in realizing their right to continue with their education, during pregnancy, and following childbirth.

Recommendations

At the National level, the following are recommended;

- Our focus should be on comprehensive sexuality education, and not merely preventing adolescent pregnancy through a simple reproductive health or family planning lens. Ghana Education Service will need to revise its curriculum and enable teachers to enhance their knowledge and skills in adolescent sexual health and values clarification sessions
- The Ho Municipal Hospital should designate a day for antenatal services for pregnant adolescents only to improve reproductive health knowledge.
- Ghana Education Service (GES) should integrate the causes and effects of adolescent pregnancy on adolescents, or a subject on reproductive and sexual behaviour as part of the syllabus to be studied from the basic level to the senior high to enable children to know the impact of psychosocial effects of adolescent pregnancy on adolescents.

Future Directions

- Parents, relatives, and friends should not force or push young ladies into early sexual relationships, Parents and educators need to provide their teenagers with sex education and the use of contraceptives.
- Children must always be counselled on coping strategies with adolescent pregnancy when it eventually crops up.
- Assist pregnant adolescents in the Ho Municipal Area with childcare support; the evidence shows that the most critical intervention to assist a teenage mother to return to school following childbirth is providing her with childcare support during the day to enable her to attend school and study. This could be done through maternal grandmothers, parenting support, and increased access to child support grants.

Awareness creation to highlight the importance of Parents permitting their pregnant adolescents to return to school quickly following childbirth.

Compliance with ethical standards

Institutional Review Board Statement

The University of Ghana institutional project review board granted ethical approval. Permission was sorted from management of the hospitals, where adolescent participants were accessing antenatal care. The study was conducted after signing a data sharing agreement.

Disclosure of conflict of interest

The authors declare no conflict of interest.

Statement of ethical approval

Confidentiality was ensured at all stages of the process. Confidentiality was ensured at all stages of the process.

Data Availability Statement

The datasets supporting our conclusions are publicly available and will be provided upon request.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

References

- [1] Agba, M., Agba, A. M., & Ndubisi, B. (2022). Psychosocial determinants of teenage pregnancy among selected secondary school students in Akamkpa Local Government Area, Cross River State, Nigeria. *Global Journal of Pure and Applied Sciences*, 28(1), 51-62. <https://doi.org/10.4314/gjpas.v28i1.7>

- [2] Barrett, A., Kajamaa, A., & Johnston, J. (2020). How to... be reflexive when conducting qualitative research. *The clinical teacher*, 17(1), 9-12.
- [3] Bearak, J. M., Popinchalk, A., Ganatra, B., Moller, A. B., Tunçalp, Ö., Beavin, C., Kwok, L., & Alkema, L. (2020). Unintended pregnancy and abortion by income, region, and the legal status of abortion: Estimates from a comprehensive model for 1990–2019. *The Lancet Global Health*, 8(9), e1152-e1161. [https://doi.org/10.1016/S2214-109X\(20\)30315-6](https://doi.org/10.1016/S2214-109X(20)30315-6)
- [4] Chandra-Mouli, V., Plesons, M., & Barua, A. (2021). Adolescent pregnancy and sexual and reproductive health and rights in low- and middle-income countries: Implications for public health research and action. *Journal of Adolescent Health*, 68(6), S5-S8. <https://doi.org/10.1016/j.jadohealth.2021.02.011>
- [5] Chodorow, N. J. (2023). *The reproduction of mothering: Psychoanalysis and the sociology of gender*. Univ of California Press.
- [6] Closson, K., Lee, L., Dietrich, J. J., Beksinska, M. E., Hornschuh, S., Smith, P., ... & Kaida, A. (2021). Gender and power dynamics of social relationships shape willingness to participate in biomedical HIV prevention research among South African adolescents and young adults. *Frontiers in Reproductive Health*, 3, 639391.
- [7] Dawadi, S. (2020). Thematic Analysis Approach: A step by step guide for ELT research practitioners. *Journal of NELTA*, 25(1-2), 49-71. <https://doi.org/10.3126/nelta.v25i1-2.49731>
- [8] Denzin, N. K., & Lincoln, Y. S. (2023). *The Sage Handbook of Qualitative Research*. Sage Publications.
- [9] Evans, R., Widman, L., Stokes, M. N., Javidi, H., Hope, E. C., & Brasileiro, J. (2020). Association of sexual health interventions with sexual health outcomes in black adolescents: a systematic review and meta-analysis. *JAMA pediatrics*, 174(7), 676-689.
- [10] Fehintola, F. O., Fehintola, A. O., Olowolaju, T. A., Oluwagbamila, I. O., Omidiji, A. A., Adegbenro, C. A., & Esimai, O. A. (2021). Predictors of Adolescent Parent Communication and Safe Sexual Behaviour among In-School Adolescents. *Global Journal of Health Science*, 13(5), 1-53.
- [11] Fernandez, M., & Menon, M. (2022). Media influences on gender stereotypes. *IAHRW International Journal of Social Sciences Review*, 10(2), 121-125.
- [12] Gaiha, S. M., & Halpern-Felsher, B. (2020). Escalating safety concerns are not changing adolescent e-cigarette use patterns: The possible role of adolescent mental health. *Journal of Adolescent Health*, 66(1), 3-5. <https://doi.org/10.1016/j.jadohealth.2019.10.008>
- [13] George, A. S., Amin, A., & de Abreu Lopes, C. M. (2020). Structural determinants of gender inequality: Why they matter for adolescent girls' sexual and reproductive health. *The BMJ*, 368, 16985. <https://doi.org/10.1136/bmj.l6985>
- [14] Gewirtz-Meydan, A., & Ayalon, L. (2023). Reasons people refrain from sex in later life. *Journal of Sex & Marital Therapy*, 49(2), 189-207.
- [15] Ghana Health Service. (2020). *2020 Annual Report*. Accra: GHS.
- [16] Ghana Statistical Service (GSS), Ghana Health Service (GHS), & ICF International. (2021). *Ghana Demographic and Health Survey 2014*. Accra, Ghana.
- [17] Guba, E. G., & Lincoln, Y. S. (2018). *Fourth generation evaluation*. Sage Publications.
- [18] Hamidullah, S., Thorpe, H. H. A., Frie, J. A., McCurdy, R. D., & Khokhar, J. Y. (2020). Adolescent substance use and the brain: Behavioral, cognitive and neuroimaging correlates. *Frontiers in Human Neuroscience*, 14, 298. <https://doi.org/10.3389/fnhum.2020.00298>
- [19] Harvey, C. M., FitzGerald, I., Sauvarin, J., Binder, G., & Humphries-Waa, K. (2022). Premarital conception as a driver of child marriage and early union in selected countries in Southeast Asia and the Pacific. *Journal of Adolescent Health*, 71(5), 613-621. <https://doi.org/10.1016/j.jadohealth.2022.05.001>
- [20] Jemmott, L. S., Jemmott III, J. B., Icard, L. D., & Hsu, J. (2020). Effects of church-based parent-child abstinence-only interventions on adolescents' sexual behaviors. *Journal of Adolescent Health*, 66(1), 107-114.
- [21] Jing, Z., Li, J., Wang, Y., & Zhou, C. (2023). Prevalence and trends of sexual behaviors among young adolescents aged 12 years to 15 years in low and middle-income countries: population-based study. *JMIR Public Health and Surveillance*, 9(6), e45236. <https://doi.org/10.2196/45236>

- [22] Kang, E., & Hwang, H.-J. (2021). Ethical conducts in qualitative research methodology: participant observation and interview process. *Journal of Research on Public Education*, 2(2), 202109.5. <https://doi.org/10.15722/jrpe.2.2.202109.5>
- [23] Kaynak, Ö., Whipple, C. R., Kliewer, W. L., & Lepore, S. J. (2021). Peer victimization exposure and subsequent substance use in early adolescence: the role of sleep problems. *Journal of youth and adolescence*, 50(6), 1254-1267.
- [24] Kiger, M. E., & Varpio, L. (2020). Thematic analysis of qualitative data: AMEE Guide No. 131. *Medical teacher*, 42(8), 846-854.
- [25] Kurnick, K. (2024). Adolescence and puberty. *Children around the world: The future of our earth*, 103.
- [26] Korstjens, I., & Moser, A. (2022). Series: Practical guidance to qualitative research. Part 6: Longitudinal qualitative and mixed-methods approaches for longitudinal and complex health themes in primary care research. *Family Practice*, 35(3), 118-124. <https://doi.org/10.1080/13814788.2022.2053106>
- [27] Kotoh, A. M., Sena Amekudzie, B., Opoku-Mensah, K., Baku, E. A., & Glozah, F. N. (2022). Pregnant adolescents' lived experiences and coping strategies in peri-urban district in Southern Ghana. *BMC Public Health*, 22(1), 901. <https://doi.org/10.1186/s12889-022-13318-2>
- [28] Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.
- [29] Machoka, B. N., Kabiru, C. W., & Ajayi, A. I. (2024). "My father insisted that I have the baby but not in his house": Adolescent pregnancy, social exclusion and (dis) empowerment of girls in an urban informal settlement in Kenya. *PLOS Global Public Health*, 4(9), e0003742.
- [30] Mertens, D. M. (2019). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods*. SAGE Publications.
- [31] Miriti, J. B. G. (2023). *Factors associated with common mental health disorders among pregnant and parenting teenagers in Korogocho Slums, Nairobi County, Kenya (Doctoral dissertation, KeMU)*.
- [32] Moreira, M. T., Rocha, E., Lima, A., Pereira, L., Rodrigues, S., & Fernandes, C. S. (2023). Knowledge about sex education in adolescence: A cross-sectional study. *Adolescents*, 3(3), 431-445. <https://doi.org/10.3390/adolescents3030030>
- [33] Morse, J. (2020). The changing face of qualitative inquiry. *International Journal of Qualitative Methods*, 19, 1609406920909938.
- [34] Muccio, L. S., Reybold, L. E., & Kidd, J. (2014). *Qualitative data analysis: A methods sourcebook (3rd ed.)*. Thousand Oaks, CA: Sage.
- [35] Nyarko, S. H. (2019). Unintended pregnancy among pregnant women in Ghana: Prevalence and predictors. *Journal of Pregnancy*, 2019, Article 2920491. <https://doi.org/10.1155/2019/2920491>
- [36] Noori, A. Q. (2021). The impact of COVID-19 pandemic on students' learning in higher education in Afghanistan. *Heliyon*, 7(10).
- [37] Panda, A., Parida, J., Jena, S., Pradhan, A., Pati, S., Kaur, H., & Acharya, S. K. (2024). Perception, practices and understanding of teenage pregnancy among the adolescent girls in India: A scoping review protocol. *Journal of Family Medicine and Primary Care*, 13(4), 1169-1177. https://doi.org/10.4103/jfmpc.jfmpc_1674_22
- [38] Perkins, J. (2023). Markets, morals and medicalised maternity: navigating a shifting health service terrain in Bangladesh.
- [39] Ravindran, T. S., & de Kruijf, J. (2020). Gender inequality in adolescent health: Exploring the intersectionality of adolescent pregnancy and social determinants. *Reproductive Health Matters*, 28(2), 91-105. <https://doi.org/10.1080/26410397.2020.1834419>
- [40] Reupert, A., Maybery, D., Bartholomew, C., Cuff, R., Foster, K., Matar, J., & Pettenuzzo, L. M. (2020). The acceptability and effectiveness of an online intervention for youth with parents with a mental illness and/or substance use issue. *Journal of Adolescent Health*, 66(5), 551-558. <https://doi.org/10.1016/j.jadohealth.2019.11.309>
- [41] Sedgh, G., & Sorhaindo, A. (2023). Identifying and prioritizing evidence needs in self-care interventions for sexual and reproductive health. *Frontiers in Global Women's Health*, 4, 1148244.

- [42] Servais, J., Vanhoutte, B., Maddy, H., & Godin, I. (2024). Ethical and methodological challenges conducting participative research with transgender and gender-diverse young people: a systematic review. *International Journal of Transgender Health*, 1-20.
- [43] Thelwall, M., & Nevill, T. (2021). Is research with qualitative data more prevalent and impactful now? Interviews, case studies, focus groups and ethnographies. *Library & Information Science Research*, 43(2), 101094.
- [44] Tomaszewski, L. E., Zarestky, J., & Gonzalez, E. (2020). Planning qualitative research: Design and decision making for new researchers. *International journal of qualitative methods*, 19, 1609406920967174.
- [45] UNFPA. (2021). Adolescent pregnancy. Retrieved from <https://www.unfpa.org/adolescent-pregnancy>
- [46] UNFPA. (2022). Adolescent pregnancy. Retrieved from <https://www.unfpa.org/adolescent-pregnancy>
- [47] UNICEF. (2022). The state of the world's children 2022: Children and digital technology. Retrieved from <https://www.unicef.org>
- [48] Wang, Y., Hsiao, C., & Chiu, Y. (2021). Internet and mental health: Impacts of social media on the development of adolescents. *Journal of Adolescent Health*, 66(4), 517-523. <https://doi.org/10.1016/j.jadohealth.2020.02.013>
- [49] Welsh, C. L. (2024). Exploring infertility and eating disorders: Shame and infertility distress (Doctoral dissertation, Alliant International University).
- [50] World Health Organization (WHO). (2024). Adolescent Mental Health. Retrieved from <https://www.who.int>