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**THE IMPACT OF PREGNANCY, CHILD BIRTH ON THE LIVES OF THE TEENAGE MOTHERS
AFTER THEY DROPPED OUT OF SCHOOL**

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ABSTRACT

This study investigated the impact of the pregnancy, child birth on the lives of the teenage mothers after they have dropped out of school. This was to gain insights into the lived experiences of twenty pregnant teenagers who had dropped out of Senior High School at the Birim Central Municipality due to pregnancy. The qualitative method was used for this study. The study found out that the impact of pregnancy, child birth and its aftermath on the lives of the teenage mothers after they have dropped out of school are psychosocial effects on the teen mother, and care of the child. It is recommended that parents should provide the basic needs for school, at home and for their general upkeep. Municipal Assemblies should develop scholarship schemes to support needy children especially girls.

Keywords: Teenage Pregnancy, Child Birth, Teenage Mothers, Dropout, Senior High School.

Introduction

The decision of whether and when to have children is usually a private matter that attracts little, if any public comment. However this picture changes when one or both of the parents-to-be are considered to be too young. Adolescence represents a critical period in the transition from childhood to adulthood including the development of their sexuality (Patton & Viner, 2007). This stage is characterized by adventures that are either normative or aberrant. According to Solomon-Fears (2012) teenage pregnancy and child birth raises serious health and social implications for the teenage mothers and their children. They are also very likely to drop out of school compared to other girls who have children while in their 20s. Research which looked at the social and contextual situations of under-eighteen conceptions found that reproductive behaviour was complex and did not always appear to be rational (Greene, 2003).

In many Sub-Saharan African countries there are concerns about the high rates of pregnancy-related school dropouts (Grant and Hallman, 2006). Clearly, school girls who become pregnant have fewer opportunities to complete their education, after the birth of their child, as well as fewer opportunities for socio-economic advancement (Osulah, 2007). A recent estimate indicates that 16 million girls aged between 15 and 19 give birth every year (WHO, 2009).

Also, Hotz, McElroy and Sanders (2008) indicated that kids having kids unravels the complex consequences of teen parenthood for individual and society. Urban Institute, Washington DC acknowledged that women who have babies during their teens tend to have lower levels of education, employment and earnings, to depend more on public assistance, and to spend more time as single parents. It is no wonder that teenage childbearing is perceived as a trap door that propels young mothers downwards socioeconomically. They also argued that teens who have their first child before age 18 do not work less, earn less, or receive less spousal income and are not more dependent on public assistance than similar young women who delay childbearing.

Yet, in a companion analysis of newer data, Hoffman (2008), described worse circumstances for recent groups of early parents and finds that a teen birth reduces the likelihood a young woman will continue her education beyond senior high school. Additionally, a teen mother's earnings and spousal income both are lower than if the young woman had delayed a first birth, according to Hoffman.

Manlove, Terry-Humen, Mincieli, and Moore (2008) also indicated that, when social, economic, and demographic factors are controlled, many findings diminish or go away, which suggest that improving a mother's educational and social circumstances would contribute to better outcomes for children. In other words, delaying the first birth is part of the story but not the whole story.

This is why this research seeks to investigate the impact of teenage birth on the teenage mother so as to inform the decision of teen girls about when to become a mother.

Statement of the Problem

The association of early sexual activity with teenage pregnancy has been a societal concern for decades. For females, teenage pregnancy can complicate adolescent development and contribute to a troublesome transition to young adulthood, which involves a potential future as a single parent with limited educational and economic opportunities. Since the 1990s the overall teenage pregnancy rate has declined, though, according to the National Campaign to Prevent Teen Pregnancy, four out of ten girls still get pregnant before their twentieth birthday.

The high incidence of girls of school going-age who are now young mothers has been of great concern to the researcher, national and local education authorities as well as parents within the Birim Central Municipality. Statistics from the District Education Office shows that premarital sexual activity is common, with about a quarter of teenagers engaging in the practice. The incidence of teenage pregnancy in the Birim Central Municipality is therefore generally considered to be at a peak of approximately 17% of all pregnancies recorded in 2011 (Ghana Health Service, 2012). This prevalence has become a major concern of well-meaning inhabitants, education and health providers in the Municipality largely because of its implications on human capital formation, and the future quality of life of the young girls caught in that web. However, a greater proportion of the research in teenage pregnancy in the country and the study area in particular has tended to focus on the causes and prevalence (Frimpong, 2010) without a logical correlation with the impact on the female school-dropout as a result of pregnancy. It is this gap that the study seeks to address in order to illuminate the understanding and find ways of mitigating the impact on young girls. This is why this research seeks to gather the story of 20 teenage girls to support the few existing literature about the impact of teenbirth on the life of teenager.

Purpose of the Study

The purpose of the study was to investigate the impact of the pregnancy, child birth on the lives of the teenage mothers who dropped out of Senior High School as a result of getting pregnant.

Objective of the Study

The objective of the study was:

1. To examine the impact of the pregnancy, child birth on the lives of the teenage mothers after they have dropped out of school.

Research Question

The following research question was raised to direct the study:

1. What are the impact of the pregnancy, child birth on the lives of the teenage mothers after they have dropped out of school?

Methodology

This study was a descriptive research aimed at teenage girls who drop out of school at the senior high level. The descriptive research design helps construct individual or group identity, persuade, rationalize, make an argument, teach a lesson, remember, mobilize, offer perspective, entertain, cope with or make sense of disturbing events (Fritz 2008). Qualitative research approach which is a method of inquiry which involves an in-depth understanding of human behaviour, the reasons that govern such behaviour and also enables the participant to say what matters to them and why (Cresswell, 2008), was also employed in this research.

The population for the study consists of teenage pregnant girls who dropped out of Senior High School due to pregnancy at Birim Central Municipality. The sampling size was 20 teenage pregnant girls who had dropped out of school.

Purposive sampling method was used to select 20 pregnant girls. The purposive sampling is an accurate or near to accurate representation of the population, it aids in getting an accurate result, it is less time consuming and less

expensive as it involves lesser search costs. The teenage pregnant girls that gave themselves to be interviewed were more than the number needed; as a result, simple random sampling was employed as an alternative to solve the issue. The selection was done at all the four research sites. At each site, the researchers selected 5 teen pregnant girls, totaling 20 teenage pregnant girls for the study.

During the study, the researchers used interviews, focus group discussion and observation as the main sources of data. This helped to meet the objectives of the research and also to test for accuracy and reliability of the data.

The interview schedule comprised of close-ended questions and open-ended questions were used.

In order to observe how the girls are treated in the society, the researchers negotiated with the girls a mixture of home visits and meeting where the group meetings were held, again following them sometime to the health centers and observe how the health workers treat them. The researcher did this to confirm the interviews findings and did record all that happens.

Findings from the Study

The Impact of the Pregnancy, Child Birth on the Lives of the Teenage Mothers after they have dropped out of School

The study wanted to find out the impact of the pregnancy, child birth on the lives of the teenage mothers after they have dropped out of school. From the literature, various effects have been identified, including school drop-out, psychosocial effects on the teen mother, and care of the child. According to 2008 fact sheet of the UNICEF, pregnant teens are less likely to receive prenatal care, often seeking it only in the third trimester, if at all. The Guttmacher Institute reports on (2002) review that one-third of pregnant teens receive insufficient prenatal care and that their children are more likely to suffer from health issues in childhood or be hospitalized than those born to older women.

It has also been suggested that school drop-out is a uniquely predictive factor of early pregnancy and a precursor to, rather than a consequence of, becoming pregnant (Bonell et al, 2005). According to the National Campaign to Prevent Teen Pregnancy (2004), nearly 1 in every 4 teen mothers will experience another pregnancy within two

years of having their first and also being a young mother can affect one's education. Teen mothers are more likely to drop out of high school. According to Sue Middleton (2010), history of having been a looked after child (LAC) i.e. having been in the care of the teen mother, is strongly associated with a range of poor outcomes in life (Chase et al, 2006) and also with being a young parent. Barn and Mantovani (2006) found that a history of being looked after was a factor that led young women towards choosing motherhood and also increased the likelihood of them becoming a young parent, through processes which the authors suggest are not fully understood.

All the responses given in the interviews affirmed what has been reviewed in the literature. Below are some excerpts of the interview:

Abasaid that

“ My family asked the teacher to take care of me till I give birth and afterwards send me back to school to continue my education, which he does not do. Now it is difficult to survive. I am not well but do not have money to go to the hospital”.

Positively, Aframeahadded that

“I intend to give birth. As a teenage mother, I will take good care of my child, after say six to seven month, I will leave my child with my mother and go back to school. The way forward is I will go to school and become the nurse that I want to be”.

Rita also indicated that;

“My man is taking care of me. He is not my husband yet but has promised to marry after I deliver of my baby. Right now I cannot say I am thinking about this or that don't know what to do.

Moreso, Adjoa said;

“How can I take good care of myself and my kid when not doing any work? Even though I am selling ice water but that money is not enough for me. I don't think I can continue my education. I will try to work and take good care of my kid so he/she will not suffer like I did”.

From Korkor;

“In fact I have to keep this baby because nobody knows. I may not be able to give birth again. I don't think I can go back to school. If I can change my situation, like am not pregnant”.

Ama *“We came to a conclusion that I must have the baby though I did not want to give birth now. My parents never asked of the boy/ man responsible for my pregnancy. The plan is I stay at home for one year give birth then go back to school. Am always at home, since my parents don't want anybody to know that am pregnant. A nurses visit me from time to time to check on me. Oh mum, if I have the power to turn back the hand of the clock, I will do it now to be a baby to start it all again to correct my mistake”.*

Baaba; *“As for schooling, I don't think I will go again since there would be no one to take care of my baby. My partner says he will give me money so I can start trading. The pregnancy is not out yet so people have not started talking about it. I am not a shame since am not the only teenager pregnant in this world”.*

Naana; *“I will be going back to continue my education after giving birth. My partner and his mother will take care of the baby both financially and physically”.*

Amanda; *“I don't really know who will take care of my child. I am not working and I don't have a partner, so may be my parents will take my baby as their last born and take care of him/ her. I don't know if they will send me back to school. Madam it is not easy at all, I never thought of giving birth at this tender stage in my life..... It shall be well”.*

Aminatu; *“I will move to my partners' house so he can take very good care of me and the baby when born. I don't think I will go back to school. Education is not everything; I will go into trading and I am sure I can take good care of myself. As I am already out of school I don't think I will go back to school.”*

Maayaa; *“I will give birth and stop the school now that my partner is driving. Going to school was a big problem to me. I had to work very hard to pay my own school fee, but now that I am pregnant, my partner will work hard and I will help him so we can rent at least a single room and move in”.*

Dokuah; *“The school authority promised my parents that I can come back or come for a transfer to another school after given birth. My parents will take care of the kid whiles I go back to continue my education”.*

Comfort; *“I have stopped the school because of the pregnancy. I am going to give birth. It was not a plan pregnancy but I like it because they now know that I can also give birth. My mother is very happy for me. I am going to be a mother”*.

Abarm; *“I don’t think my parents will send me back to school”*.

Elorm; *“My partner is a driver and can take care of us. He will send our baby to his sister for me to study for the examination. He wants me to be a nurse and I will surely be a nurse for him. He is going to marry me after I give birth”*.

Sherifatu; *“My husband will take care of my child, as for me my sister will take care of me. I will come for my child in future. I will by all means go back to school. I have all my school reports with me so I will just go for a transfer to another school far from Oda to enable me learn to be what I want to be in life”*.

Anoma; *“They are saying I will be selling since I am academically not good. Hmmm I am not happy at all, I wish I was not pregnant and staying with my parents”*.

Analysis of Observation Data

For the purpose of analysis, frequencies and percentages have also been derived and used for the entire assessment of the observation data. The observation guide is divided into two component parts. These include treatment at home and treatment at the hospital or health center.

Table 1: Observation Guide

Treatment at the hospitals/health post:	Never	Once	More than once
	n (%)	n (%)	n (%)
Treats her well			20 (100%)
Calls her names			20 (100%)
Welcomes her as they will the adult pregnant women	20 (100%)		
Health givers are sometimes rude to her	6(30%)		14 (70%)
Treatment at home and in the community			
Parents and other family members welcome her	2 (10%)		18 (90%)
She is left out in the day-to-day activities	20 (100%)		
She cannot take part in decision making at home			20 (100%)
Works too much at home	20 (100%)		
People in the community calls her names			20 (100%)
Friends no longer play with her	8(40%)		12(60%)

Field Survey, (2014)

The data in Table one (1) show the treatment meted out to teen mothers at home/community and at the health facilities. The role of formal health supports has been associated with positive results in the adjustment of adolescent mothers. From the table, it was observed that all the teen mothers were treated well at the health centers more than once, though they were occasionally called names. The all teen mothers were not received as adult pregnant women, and it was observed that health givers were sometimes rude to some of the teen mothers (70%).

When adolescents discover their pregnancy, often their main concern is how their family will react to the news that they are pregnant (Billari & Liefbroer, 2007). Pregnancy in adolescents may be viewed as a crisis in other families (Bruce & Clark, 2004); Cronen, 2008). Even though most studies conducted in Britain and America have found that a substantial number of teenage mothers get positive support from their families, a large number is not supported (Waddington, 2007). The family may react with dismay or anger when they discover about the pregnancy, but later the family may become the source of support for the mother (Dennison, 2004).

The research findings are consistent with the observational data of the study. It was also observed at home and in the community that some teen mothers were welcomed by both parents and other family members more than once and one person was not. They were also not left out in the day-to-day activities of the home. However they all cannot take part in decision making at home. It was observed that all the teens were not given too much work at home and they were all being called names by members of the community.

Adolescence is a stage where one individuates or cuts ties from 'family dependencies', and forms important relationships outside the family. Peer relationships offer a sense of belonging, support and acceptance during the individuation process, thus peers play a major role in influencing adolescent behaviour (Billari & Liefbroer, 2007).). Results of the observation indicate that early parenting may cause the adolescent mother to be isolated from peers, as a consequent be deprived of a developmental necessity. Six of the teen mothers' friends no longer played with them, while for 4 of the mothers they still had their friends with them. Literature again states that pregnant adolescents very often continue to live in the parental home even after the birth of a child (Redgrave & Limmer, 2005). It was observed that 70% of the pregnant teens still lived in their parental home.

This analysis has presented the narrative of interviews conducted, using the voice-centred relational method of analysis. The analyses are a synthesis of the readings of each narrative illustrating how the plots were seen to unfold and the responses that the stories invoked. What can also be seen is the language with which the young women described the realities of their lives, as suggested by Gaskins and Miller (2009). Some of these events are difficult and upsetting by any standard and yet appear to be presented as facts of life. What the narratives have highlighted is the importance that relationships had for all the participants, whether they were good or bad - being in a relationship seemed central to their lives. Some of the participants knew what they were looking for in a partner, that is to take care of them.

The transitions to motherhood were evident in the way that most participants as they transition to motherhood they faced the confusion of going through what seemed an overwhelmingly powerful life event faced with undercurrents of disapproval or downright hostility. They seem not to be ready for motherhood. It was evident that for most participants, education and employment were very much on their minds they saw working as the way to give their children better lives, which was fundamentally important to them. However, this was also balanced with the need for some to stay at home with their children while they were young.

Findings of study

The study found out that the impact of the pregnancy; child birth and its aftermath on the lives of the teenage mothers after they have dropped out of school were varied as well. It included the obvious dropping-out of school, psychosocial effects on the teen mother, and care of the child.

Recommendations

The following recommendations would help alleviate the problems:

1. Parents should provide the needs of the girls. The basic needs for school, at home and for their general up keep.
2. Birim Central Municipal Assembly and other stakeholders should help establish scholarship schemes for girls in the area.
3. There should be a pre and post counselling service given to teen mothers at the hospital for them to be up to their task as mothers.

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