

Understanding Adolescent Pregnancy and Motherhood in Ghana: Prevalence motivators and Interventions

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Abstract

The life experiences of adolescents, like delinquency, drug and alcohol abuse, teenage pregnancy, and gang violence, are always in the consciousness of the public. These behaviours need attention since they are potential threats to the health and well-being of these young people. As such, the study assessed the prevalence and factors encouraging adolescent pregnancy, the consequences, and the interventions employed in Ghana to curtail the phenomenon. To get relevant data, Google Scholar was used as a tool to access the major databases provided by Taylor and Frances, Emerald, Elsevier, Springer, Sage, and others. Relevant literature reveals that the natural development to adulthood through adolescence is prematurely halted as girls become pregnant. They cannot shape their future within the status that disadvantaged them as adolescent mothers. The review highlights the responsibility of these adolescents in providing the motherly, warm, and nurturing environment that they themselves might have missed. The study provides empirical evidence needed by policymakers to design programme to address teenage pregnancy. Besides, the sexually active adolescents may gain essential knowledge on reproductive health and the complications of adolescents' pregnancy.

Keywords: Abortion, Discrimination, Poverty, Labour Obstruction, School Dropout, Adolescent Reproduction

Background

The period between childhood and adulthood is considered as an important in the transitional phase that denote adolescence and the development of sexuality. As such, adolescents' risk to sexual activities may increase and could lead to unintended pregnancies (Hegde, Chandran, & Pattnaik 2022; Kyei-Arthur et al., 2025). The major problem confronting most developed and developing countries in the world today including Ghana is adolescent pregnancy. The term is widely used to mean unmarried young girls who have not reached legal adulthood becoming pregnant (McIntyre, 2006; Ganchimeg, et al., 2014). This period in the life of young girls is considered as the most challenging and critical in their development. It was earlier estimated that between 14 and 15 million young girls give birth each year which account for more than 10% of births worldwide (McIntyre, 2006; Adzitey et al., 2011). Recent studies have shown that 49 per 1,000 births are born by adolescent mother age ranged from 15 to 19 years globally (Boateng et al., 2023; Garcia-Aguilar, 2024). This means the age range is about one-fifth of the global prevalence rate considering the prevalence of adolescent pregnancy in the age range in Ghana. According to Boateng et al. 2023), 76 per 1000 births are born by adolescent mothers between the ages of 15 and 19 years in Ghana. In some remote rural communities, adolescent birth rates are higher in many developing countries where maternal death and/or disability due to labour obstruction were found to be common among teenage mothers. It is estimated that 2.5 million girls under 16 years are impregnated in less resource nations annually making adolescent pregnancy in developing countries among the highest globally (Garcia-Aguilar, 2024; Lambonmung et al., 2023). They and their babies are also found to be at a greater risk of contracting sexual transmitted diseases. Studies found adolescent pregnancy to be a global public health concern in advanced countries and identified developing countries as being badly affected (World Health Organisation, 2020; Yakubu & Salisu, 2018). For instance, World Health Organisation's WHO report revealed 21 million adolescents aged between 15 and 19 years are impregnated in developing countries of which 12 million are able to deliver successfully (World Health Organisation, 2020). The report found marginalised societies as much prone to adolescent pregnancies due to poverty, illiteracy and lack of job opportunities.

The consequence of early sexual misconduct is teenage pregnancy which can serve as an indicator to monitor their reproductive health. Normally, adolescent pregnancy may change the physiological and metabolic functions of these girls which may exposed them to varied infections like viral and bacterial infections, obstetrical hemorrhages, hypertensive disorders and sometimes end anemic Studies found high risks of pregnancy complication among adolescent mothers to include pre-term births, unwanted maternal weight gain, anemic, urinary tract infection and postpartum haemorrhage among others (Ganchimeg et al., 2014; Corcoran, 2016; Tetteh et al., 2022; Adzitey & Huda, 2010). The consequences of pregnancy on teenagers' health shown in developed countries differ from developing countries in terms of family structure, school attendance and educational attainment (Atuahene, & Owusu-Ansah, 2013; Cook, & Cameron, 2015). Besides, the psychosocial effect that predispose adolescent mothers to increased mental health issues may be grave. The increasing number of cases in teenage pregnancy and its resultant health and socioeconomic impact on these West African countries, particularly Ghana necessitate state interventions. Therefore, this study is designed to look at the issues of teenage pregnancy and interventions to curb menace of the phenomenon.

The study investigated prevalence, motivators and interventions of adolescent pregnancy may help inform policymakers to provide programme to address teenage pregnancy. Besides, the sexually active adolescents in and out of schools may acquire essential knowledge of family planning services, adequate sexual health information and complications of adolescents' pregnancy. The study may also create the awareness among parents to prevent their young girls going into early dating and early marriages, therefore, contributing to reducing the rate adolescent pregnancies. Furthermore, it may help stake holders in the provision of social welfare to contribute to the effective interventions for prevention and care for adolescent mothers in Ghana and beyond. The study capturing mentorship as an intervention may contribute in enforcing young girls' self-regulation and self-understanding thereby becoming an effective and sustainable solution to the social and relational issues confronting adolescent mothers.

Method

Teen pregnancy is not only a problem for the adolescent girl and the child but for the general society. The research is a literature based as such the search for related publications available was mainly conducted through online databases. Google Scholar was used as a tool to help find the relevant articles. The major databases provided by Taylor and Frances, Emerald, Elsevier, ProQuest, Springer, JSTOR and others were used to search for related research on the topic. Key words like adolescent, pregnancy and effects of teen pregnancy in Ghana, West Africa were used in search for the articles. About 80 relevant studies were searched for peer-reviewed articles published between 2016 and 2025. When we performed exploratory searches on Google Scholar before conducting the final search, we noticed that in 2016 the number of articles on the topic started to increase and so we decided to begin from this year. We used a combination of subject headings and free text terms that related to adolescent pregnancy and motherhood. The type of publication reviewed includes academic journal paper, conference paper, thesis and book/book chapter. Data were extracted by AAM and reviewed by AMS and YA for accuracy and completeness. All disagreements with the information extracted were resolved through discussion.

Prevalence of Adolescents Pregnancy

Adolescent pregnancy is a complex contemporary phenomenon which occurrence may vary across the region in Ghana. The concern of adolescent pregnancy attract attention as the figure for pregnancy among this group aged 10 to 19 years of adolescent stood at 555,575 between 2016 and 2020. The figure of adolescent pregnancy per annual is a little over 112, 800 (Dubik et al., 2022). In another development, the girl child in most of the societies is pressurised to get married and produce children. The estimated child brides as of 2021 stood at 650 million worldwide (Mohammed, 2023). The main issues that account for high prevalence of this phenomenon may include socio-cultural factors like poverty, cultural acceptance and the psychological and psychodynamic perspectives and lack of information about contraception and its availability to teenagers. Studies revealed that the prevalence of pregnancy among adolescent in sub-Saharan Africa, including Ghana, is said to be at 19.3% and 25.4% of them aged 15 – 19 years (Kassa et al., 2018; Tetteh et al., 2020; Tetteh et al., 2022). The situation of adolescent pregnancy in Ghana is not different from other African nations. It is revealed that pregnancy and childbirth complications are the major cause of death among adolescents aged 15 to 19 in those regions. Studies have shown that such early marriages curtail the independence to decision making in relation to delaying childbirth and

the usage of contraceptives hence putting the girls at risk of pregnancy due to lack of autonomy at early marriage (Mohammed, 2023 Tetteh et al., 2022). These adolescents are at more risk to die from pregnancy and childbirth complications than those above twenty. Besides, their babies are more likely to die than those born to women aged twenty (Tetteh et al., 2020). For example, studies revealed that 303,000 lives of adolescent mothers were lost to maternal mortality mainly because of preventable disease and sub-Saharan Africa being the most affected (Seidu et al., 2020). Studies revealed the prevalence of adolescent pregnancy in Ghana to be 35.3% lower than India with 61% and higher than Uganda at 20.6% as well as Ethiopia 30.2% (Shri et al., 2023; Chemutai et al., 2022; Mezmur et al., 2021). One in five teenage girls worldwide deliver a baby before turning 18 years. For instance, recent study revealed that the prevalence of adolescent pregnancy was high (19.5%) in rural areas than in the urban community (10.6%) in Ghana (Mohammed 2023). Moreover, the middle adolescents (age 15–17 years) 70% was found to be less likely to be impregnated than late adolescents and urban adolescents were also less likely to become pregnant than those in rural communities. According to Mohammed (2023), the number of adolescent pregnancies in low- and middle-income countries is estimated at 21 million per year, and that if the current trajectories are not checked they might quadruple by 2030. This may put the reproductive health of adolescent in a dangerous situation and understanding the changes is essential to measure the progress and to develop strategies in countering the causes.

Factors Encouraging Adolescents Pregnancy

In relation to motivators of adolescent pregnancy, factors like religious beliefs, idleness and economic factors may be identified. Besides, the parents' desire for grandchildren overlook the dangers of teenage pregnancy and pressurise the girl children to get married and give birth or prove they are fertile. Studies indicated that parents put pressure on the adolescent girls to get married and to give birth thus making them grandparents especially if the men courting them are responsible (Oyedele Wright & Maja 2015; Dubik, Aniteye, & Richter, 2022). This means that the prevalence of sexual coercion or pressure on unmarried adolescent girls can result in pregnancy. Quite apart, some adolescent girls may also decide to become pregnant due to inadequate education and lack of employment prospects in places where motherhood is cherished (Tetteh et al., 2022). It is trite knowledge that issues that drive adolescent pregnancy, especially those who are disadvantaged, might be at more risk of getting pregnant than those who are better placed. The researchers think that this phenomenon may not be peculiar to only developing countries but a global issue and the problem might be how it is managed. For instance, adolescent pregnancies and births can be attributed to many factors in different locations. It is recognised that cultural values provide specific dimension to issues of adolescent pregnancy as the community experiences dramatic changes whilst attempting to maintain its values. As cultural and traditional values, young people are expected to get married before pregnancy and then children. In most developing countries including Ghana, one of the main causes of teenage pregnancy is age-old customs that support child marriage without considering the economic situation of the man. It is found that many adolescent girls aged 10 to 15 years are in polygynous marriages orchestrated by the parents just to preserve traditional values and heritage in the Bono region (Dubik et al., 2022). Sometimes too poverty pushes these teenage girls to certain life styles making them vulnerable to male predators that endanger their lives in so many ways. For instance, young girls need cloth, food, books, school fees and extra classes' fees need to be provided and paid for but the parents are not able to provide. Studies have shown that adolescent pregnancy

can be attributed to factors like limited opportunities and poverty, lack knowledge about sexual reproductive health, cultural norms endorsing early marriage, poor socioeconomic background and inability to access contraceptives (Ahinkorah et al., 2021; Wado, et al., 2019; Amoadu et al., 2022; Ajayi et al., 2021). These youngsters in desirous for these things seek them somewhere else and may become victims of teenage pregnancy. Sometimes, even shelter becomes a problem where she needs a place to sleep which she will have to seek and by any means everywhere. Studies revealed that adolescent in urban centres without jobs or under apprenticeship with low economic status increase the vulnerability of being impregnated (Asare et al., 2019; Kyei-Arthur et al., 2025). The researchers think that the rate of pregnancy and childbirth may be high among adolescents and parents with poor economic background and may assume that of adolescents who have babies are from poor families. Besides, poverty forces adolescents to have kids early as they can then become earning members of the family. In addition, lack of parental control due to their parent's inability to meet their financial obligations leads young girls to behave the way they want irrespective of the consequences. Studies have revealed the tendency for adolescent pregnancies to occur in marginalised societies and driven by poverty and lack of job opportunities due to lack of formal education (Tetteh et al., 2022; UNICEF, 2014; World Health Organisation, 2020). When these adolescents are going off track, parents do not seem to have moral rights to correct them and if this continues for a long time, they get out of hands. The World Health Organisation's WHO report found relationship between lower income and higher rates of adolescent births and strongly linked to poverty (Tetteh et al., 2022; WHO, 2020). The researcher thinks that the appropriate interventions might reduce the intensity of this phenomenon in places it is pronounced.

Consequences of Adolescents Pregnancy

The goal of the health sector in Ghana is to ensure a healthy and productive population reproduces itself safely. As such, medical complications may be more likely in adolescents due to lack of medical care during pregnancy. Therefore, adolescent pregnancy constitutes a major public health and social problem not only to Ghana but other parts of the world and its incidence is on the increase. Studies have shown that impregnated adolescent girls may experience the feel of guilt, and anxiety for the future especially in thinking about the reaction and later attitude they will get from parent, peers, relatives and the community members (Yakubu et al., 2019; Coleman-Minahan et al., 2020). There is consensus that the phenomenon is detrimental to the well-being of the adolescents which can reverse the gains of any stable country. The observed consequence includes contributions to higher death from abortion and infant mortality potential barriers to the development of women. Considering that abortion is illegal in Ghana, even though it is permissible in certain situations like in cases of incest, rape or when the unborn child or the mother is at risk. Studies revealed that 16.2% of adolescent girls in Ghana had induced abortion in 2022 (Kyei-Arthur et al., 2025; Ghana Statistical Service GSS, 2024). They may even develop medical complications like high blood pressure, become anemic and toxemia during pregnancy with devastating impact on the baby's development. According to Danso-Appiah et al. (2025), high blood pressure association with pregnancy induced hypertension happening after week 20 of pregnancy can result in serious complications if left unattended. The infected girls who give birth during their adolescent years, face higher risk of giving birth to premature baby. Studies revealed that premature birth is a leading cause of infant mortality for adolescent mothers than for women who deliver after years of age. Furthermore, general health care can result in serious

problems among adolescent mothers putting their babies at higher risk of deaths (Danso-Appiah et al., 2025; Haleis et al., 2022; Wemakor et al., 2018). The case is a concern among adolescent girls because they may not take prenatal care or visit the clinic during the early parts of the pregnancy. As such there is the likelihood of some of these young mothers to pass health complication onto the baby. Apart from these, adolescent mothers are more likely to die as a result of complication of pregnancy and delivery. It is revealed that adolescent mothers have the tendencies to experience fistulas and increased maternal mortality than pregnant women above twenty (Njoku & Njoku 2019; Rexhepi et al., 2019). Besides, babies born to those mothers are also likely to encounter problems like low birth weight and medical problems. Babies with the syndrome may weigh less than average babies and may have deformities like malformed face, heart problems or mental retardation. Motherhood at this tender age increased the risk for postpartum depression, thus a mood disorder in new mothers and can start anytime in the first year after delivery of baby. Adolescent mothers the Tamale Metropolis in Ghana reported numerous general health issues like severe nausea, exhaustion, vomiting and infections like candidiasis (Tahiru et al., 2024). Other health issues could be in the form of sadness, difficulty sleeping or anxiety and in severe cases, as a adolescent mother might have thoughts of hurting herself or the baby.

Interventions to Curb Adolescent Pregnancy

In order to meet the basic necessities of life, some adolescent girls take up all sort of income generating activities such as bartenders, shopkeepers, domestic assistants and waitresses exposing themselves to the dangers like sexual abuse, exploitation, or mistreatment which sometimes result in unwanted pregnancy. It is essential to suggest ways that adolescent pregnancies could be curbed.

Community Engagement

Interventions like community engagement, social welfare initiatives, economic opportunities, and provision of sexual and reproductive health services may be provided to address the high prevalence of adolescent pregnancy in the country and to reduce the adverse effects related to it. As such, the importance of interventions is highlighted by the recent evaluation of sex education programmes in Ghana. Studies have described adolescent pregnancy as endemic in the rural areas in Ghana even though some successes have been achieved over the years (Kyei-Arthur et al., 2025; Ahinkorah et al., 2019; Bain et al., 2020). Several interventions have been put in place by governmental and non-governmental organisation to address the issues of adolescent pregnancy in the country. Some of the initiatives include sexual and reproductive health education, education on the use of contraceptives, and the campaign against child marriage. Furthermore, these organizations have introduced programmes to educate the adolescent girls on sexuality, prevention of pregnancy and maternal or infant mortality during child birth considering the upsurge of the problem. According to Garcia-Aguilar (2024), sexual and reproductive health and wellbeing programmes were designed to sensitize adolescent girls on female anatomy, contraceptive methods and the negative impacts of adolescent girls' early pregnancy and motherhood. As such, the relationship between adolescent wellbeing and pregnancy as well as motherhood has gained much attention in recent times. Besides, Ghanaian government and non-governmental organisations worked hard to overcome the gender gap in the formal educational system. The WHO reports on guidelines to address and prevent adolescent pregnancy is to increase educational opportunities for adolescents in low-middle-income-countries (LMICs) (Tetteh et

al., 2022). The specific needs for female education led to the formation of Girls Education Unit. According to Ahinkorah et al. (2023), female scholarships have been created for promising students to ensure that adolescent girls continue schooling to complete and further to the next levels in order to avoid child marriage and early motherhood that disempower them. Besides, textbooks have been revised to be more gender-sensitive, women trained on income-generating activities, put on empowerment camps and focused on partnerships with the private sector to meet the needs of the girl-child. In an attempt to improve the health status and quality of life adolescents, Ghana put in place Adolescent Health Service Policy and Strategy aimed at addressing the determinants of adolescent pregnancy (Ahinkorah et al. (2023). The government also alleviate parents' financial burden of education by providing free lunches during school through the School Feeding Programme which give the children including the girl-child the incentives to attend school. The policies of the Government of Ghana suggest that education is a principal tool to eradicate poverty and therefore strive to accomplish poverty reduction partly through attaining the goals of Education for All (Abdul Latif 2019). Other welfare policies include the National Health Insurance Scheme, free maternal care, Livelihood Empowerment Against Poverty, and school feeding programme of which are geared towards economic empowerment of adolescent girls (Republic of Ghana 2017). Achieving universal primary education and gender parity have been included in Ghana's constitution as a legal requirement. These organisations employed various forms of strategies like encouraging the youngster to abstain from sex, intensify sex education as well as responsible use of contraceptives has been suggested even though not encouraged.

Mentoring Programmes

Mentoring is considered as an intervention strategy that encourage positive development among the youth. It promotes good outcomes for the youth through parent youth engagement to ensure constructive bonding to create protective assets needed to succeed (Plourde et al., 2017). Early adolescent girls mentoring is an increasingly popular intervention programme that can be employed to address issues of adolescent girls' pregnancies and motherhoods. Deutsch et al. (2017) suggest social skills as enhancement domain through which mentoring for adolescent girls could be effective in intervening. Adolescent girls need guidance, support, positive behaviour and skills which is possible through regular meetings with mentors who offer their expertise to overcome social, health and economic difficulties in their formal relationships. With mentoring, adolescent girls might be able to reduce the incidence of violent behaviour, and drug abuse which in turn improve their self-esteem. Studies considered One-on-One mentoring intervention as effective and suggested a school-based youth development programme aimed at promoting good attitude and behaviour of adolescent girls aged 9 to 15years include goal setting, self-esteem and self-efficacy (Kupermincetal.2011; Plourde et al., 2017). Another intervention suggested is sports mentoring for adolescent girls 9 to 13years aimed at building self-esteem, physical activity, and acquisition of health /life-skills. These kinds of interventions may improve academic performance and social support of adolescent girls.

Youth Groups and Peer Education

Adolescence is a period of fast and difficult physical, social and emotional transitions which need to be recognised by state agencies and donors as an important developmental stage in adolescent's life. With this, groundwork to empower adolescent girls can be designed through the commitment of governments in promoting equality in girlchild education and girls' rights

since they experience unique difficulties during puberty considering their restricted freedoms and new responsibilities (Temin, Blake, & Roca, 2023). A girl-centered approach is needed to address adolescent girls' lived experience as they are those who face difficulties in accessing their reproductive rights. The surged attention to issues of adolescent serves as evidence and practical lessons for advocates and donors to know what works for them and to decide appropriate intervention for girls considering their diversity (Devonald et al., 2023). A programme delivery model, Community-Based Girls' Group (CBGG) commonly known as 'safe space' may be useful in engaging adolescent girls in differing low-resources societies if replicated. Studies have shown that the safe space model is designed to promote adolescent girls' development with large foreign programmes like HIV Prevention, empowerment and livelihoods for adolescents. (Mathews et al., 2022; Saul et al., 2018; Tofte, 2023; Temin & Heck, 2021). The community or government agencies need to recruit a young woman mentor to deliver set curricula for a group of adolescent girls who meet regularly to build life skills, health knowledge, and social support. They gain the opportunity to harness their assets and collective power to promote the wellbeing of adolescent girls. An asset-building theory of change indicate that adolescent girls acquire assets like knowledge, skills, assert their rights and protect their reproductive health (Plourde et al., 2017; Temin et al., 2018).

Skill Based Education

The stage of adolescence is considered as vulnerable period and its challenges viewed in the society as global issue. The psychological problem and pressure of adolescents as they grow necessitate the need understand them to assist implement life skill training to rejuvenate them from trauma (Gajalakshmi & Meenakshi 2023). Initiatives designed by governmental agencies and NGOs should aimed at tackling adolescent life stressors by educating them about the likely dangers that are related to these stressors. The implementation of such initiatives should capture guidelines put in place to promote the healthy use of the social media by the adolescents to improve their life skills. Such knowledge can assist the adolescent girls to avoid the negative impact of psychological challenges during adolescence. As adolescents are engulfed in competitive surrounding and determined to get good formal education at the expense of like skills may render the knowledge gained useless (Gajalakshmi & Meenakshi 2023). The dichotomy between fundamental ability and functioning of adolescent can be bridged through life skills training. With life skill, they are in the position to improve their capacities to handle contemporary issues in a way to make desired behaviour practicable. According to Gajalakshmi and Meenakshi (2023), adolescent who received life skill training through life skill education are better positioned to overcome certain challenges peculiar to them.

Family Planning Education

The education on the use of contraceptives is an intervention that aimed at increasing the usage of contraceptives by adolescent girls and young women. The adolescent girls could be educated on the use of modern contraceptives like pills, implants and condoms in order to avoid unwanted pregnancy among them. Such interventions could be carried out through education, promotion and provision of these contraceptives through schools, community, and WhatsApp platforms to engage parents, peers and teachers. For instance, studies stressed the effectiveness of school-based intervention in preventing pregnancies that are unintended and the usage of contraceptive as well as prevention of sexually transmitted diseases (Oringanje et al., 2009; Lassi et al., 2023). This implies that information and education

about contraceptives which could be done through television talk shows aimed at a wider coverage in communities to promote their usage among adolescent girls are necessary. Studies suggest that the usage of contraceptives will increase depending on how accessible they are to the adolescents (Sserwanja et al., 2021; Liu et al., 2021; Hadianti et al., (2023). Based on this, the state can launch initiatives to provide free contraceptives to students in the tertiary institutions and public places like markets to help curb unwanted pregnancies. This initiative could even be extended to include insurance for the usage of contraceptives.

Discussion

The significant motivators of adolescent pregnancy in Ghana include but not limited to lack knowledge about reproductive health, adolescent educational attainment, geographical location, poverty, living arrangements among others. For instance, several studies have identified poverty, cultural practices and lower educational levels as the primary motivators of adolescent pregnancy (Amoadu et al., 2022; Senkyire et al., 2022; Emmanuel et al., 2024; Kyei-Arthur et al., 2025). According to Senkyire et al., (2022), adolescents from poverty striking families sometimes engage in early sexual activity as a coping strategy to counter the economic hardships, which may result in adolescent pregnancy. Other authors also found poor parent adolescent relationship like lack of parent and girl child conversation on sexual and reproduction health, domestic violence witnessed at aged 15–19 years and parents' educational level as motivators of early pregnancy (Tetteh et al., 2020; Bain et al., 2020; Garcia-Aguilar, 2024). The problem of adolescent pregnancy cannot be done away from the moral, socioeconomic and wellbeing of individual societies at particular points in time. The review suggests that teenage pregnancy is considered as undesirable social behaviour so these mothers are seen as deviants. Besides, economic factors such as job opportunities and general economic conditions in the area of residence may result in difficulty leading to adolescent pregnancy. It is observed that girls with more formal schooling are likely to have higher wages in the future and may be less likely to become pregnant since they may be able to provide their own basic needs. Studies reveal that economic deprivation and poverty are likely to influence risky sexual behaviours making girls vulnerable thus heighten the risk to early pregnancy (Yakubu & Salisu 2018; Birhanu et al. 2019; Dubik et al., 2022). It can be deduced from the current review that employment in established institutions protects adolescents against early pregnancy since those from poor areas suffer more from lack of adequate provision of education facilities and eventual good job opportunities. Apart from coercion, gifts appear to play a substantial role in the sexuality of adolescents. For instance, it is observed in the community that sexually experienced young men not only entice or deceive but sometimes employ force. In such situations, adolescent girls fall into the temptation of pre-marital sex which can lead to adolescent's pregnancy.

This lowers self-esteem and in turn slower natural development of adolescent to adulthood because that process is halted as she becomes a mother even though still a child herself. Despite the campaign against adolescent pregnancy in some communities in Ghana, the incidence of adolescent pregnancy has not decreased as expected. Mostly, the pregnancy and adolescent motherhood mark the end of school attendance since female teenagers are either pregnant or have given birth. Invariably, these young mothers might not be able to provide the warm and nurturing environment that they themselves missed to their children. With this, one may infer that adolescent mothers have little or no knowledge of effective child rearing especially during their first successful pregnancy. It seems social change in Ghanaian society

is producing an increasing number of these youths, who are relatively disadvantaged both to the in-school population and to apprenticed youth (Senkyire et al., 2022; Dzotsi et al., 2020). Furthermore, in a family where there is always a conflict, the adolescent might find a place for love and affection which she lacks at home. This then gives them the opportunity to join bad companies which may practice what they are ignorant about. They may be pressed to take a boyfriend which will bring about the desire to practice unprotected sex leading to unwanted pregnancies. When the adolescents are impregnated, their future prospects become bleak as they are less likely to continue and complete school and are more likely to become single mothers.

Maternal and perinatal mortality are alarmingly common in Ghana where these young girls face considerable health risks due to early pregnancy. Early child bearing is a health problem for mother and child which lead to serious socio-economic and demographic implications. Most adolescent pregnancies and childbirths in developing countries may be viewed as unintended and coming earlier than planned. The socio-demographic goals set by the constitution are to promote girl-child education which may empower them to be aware of the disadvantages of early pregnancy (Senkyire et al., 2022). With this, girls with more formal education are likely to have higher wages, benefit from public health campaigns and less likely to experience early pregnancy, thus reducing maternal mortality. Studies show that the socioeconomic background and parental education can be a source of knowledge which can instill in adolescent relatively better preferences for avoiding pregnancies (Lambonmung et al., 2023). However, the significant consideration for Ghana is that child birth disrupts the mothers' education if not terminated as that is the reality in most cases. In the likelihood the mother is unable to continue her education will find herself at a disadvantage position as she becomes unemployed hence poor health and eventual emotional problems. Besides, age is also a factor as younger girls face more severe health risks and are likely to forego schooling deny them their livelihood and vital information about reproductive health and care. They may not also get husbands who are highly educated with good salary resulting in difficulties in buying of baby's need like clothes, food and diapers (Mangeli et al., 2017; Erfina et al., 2019; Govender et al., 2020). These young mothers therefore have a less satisfaction with their lives and a higher level of stress and eventual suicide thoughts. So, it may be true that girls with higher levels of formal education are more likely to have experienced explicitly sexual education in school, as are also participants in adult literacy programmes.

Adolescent girls in Ghana generally begin sexual activity in their middles to late adolescence. Adolescent girls aged 15 -19 in urban and rural areas begin child bearing early as the sexual and reproductive health knowledge and behaviours of teenagers are often based on this age group. This pattern of sexual initiation, contraceptive use, age at marriage and childbearing is typical of most communities in the country thus, the complexity of sexual and reproductive health needs makes it necessary for the provision of antenatal care services to adolescent mothers (Seidu et al., 2020; Lambonmung et al., 2023). Besides, reproductive health policy and youth programmes designed specifically for a targeted youth population, unaffiliated youth, in particular is laudable. This include designing, implementing and evaluating broad reproductive health programmes to effectively reach the youth with different life experiences and needs. It grants equal access to essential facilities which in turn improve the health of adolescents in the country.

Education as an intervention in developing countries may be considered as a channel to accomplish sustainable development as such policies are designed to ensure that these girls are not denied education as that will mean a total denial of livelihood. It is believed that education can contribute to the progress of analytical mind, reasoning power and personality of the girls to build up a sense of confidence, self-esteem and self-respect. Especially, girls from those areas may suffer from social and economic exclusion following pregnancy because of lack of education and traditional social norms at home (Cevallos Mendoza et al., 2024). These girls are disadvantaged in terms of other human capital and providing for their children's needs. Several studies pointed at lack of sex education and wider opportunities for good jobs as the main causes of adolescent pregnancy and difficulty in motherhood (Senkyire et al., 2022; Abotsi, 2020; Okine et al., 2020). For instance, apart from the medical bills, access to balanced and nutritional diet during pregnancy and after delivery might be inadequate and may become a problem for the adolescent mother. In this case socioeconomic background, perhaps most importantly parental education, is very essential.

Conclusion

Adolescent pregnancies are common in Ghana. The current study investigated the effects of adolescent pregnancy and motherhood which may have implications in the development of policies to reduce the incidence of the problem. adolescent pregnancy is a major problem facing the youth, parents and stakeholders. The study revealed that the alarming rate of adolescent pregnancies in the country is largely attributed to child marriage and a lack of information about sexual and reproductive health. The impression is that adolescent pregnancy is due to illiteracy and lack of parental care. As such, policymakers need to address these concerns in order to lower the prevalence and negative consequences of adolescent pregnancy. These necessitate awareness campaign on the dangers of the phenomenon and also educate the public to join the crusade to stem it. As such Non-Governmental Organization NGOs have joined other relevant stakeholders such as organizations, chiefs and government agencies to fight the issue of adolescent pregnancy in the country. The campaign is encouraged especially in communities where the menace is high in order to conscientise them on the negative deprecation of giving birth as adolescent on the community and the nation at large. The stakeholders have the hope that with intensified efforts, they could achieve their aim of drastically reducing the problem to empower the girl-child. It is therefore commendable for parents and guardians to discuss sex with their children especially the females when they reach the adolescent stage to prevent them from depending on the internet and their equally ignorant peers for ill advice and bad decisions.

References

- Abdul Latif J. (2019) Poverty Action Lab (J-PAL). Reducing adolescent pregnancy by increasing educational and economic opportunities in low- and middle-income countries 2019.
- Abotsi, P. (2020). *Experiences and coping mechanisms of adolescent mothers and intervention programmes to reduce adolescent pregnancy in Lower Manya Krobo Municipality, Ghana* (Master's thesis, The University of Bergen).
- Ahinkorah, B. O., Kang, M., Perry, L., & Brooks, F. (2023). Knowledge and awareness of policies and programmes to reduce adolescent pregnancy in Ghana: a qualitative study among key stakeholders. *Reproductive health, 20*(1), 143.
- Ahinkorah, B. O., Kang, M., Perry, L., Brooks, F., & Hayen, A. (2021). Prevalence of first adolescent pregnancy and its associated factors in sub-Saharan Africa: A multi-country analysis. *PloS one, 16*(2), e0246308.
- Ajayi, A. I., Mudefi, E., & Owolabi, E. O. (2021). Prevalence and correlates of sexual violence among adolescent girls and young women: findings from a cross-sectional study in a South African university. *BMC women's health, 21*(1), 299.
- Amoadu, M., Ansah, E. W., Assopiah, P., Acquah, P., Ansah, J. E., Berchie, E., ... & Amoah, E. (2022). Socio-cultural factors influencing adolescent pregnancy in Ghana: a scoping review. *BMC pregnancy and childbirth, 22*(1), 834.
- Aniteye, P., & Mayhew, S. (2011). Attitudes and experiences of women admitted to hospital with abortion complications in Ghana. *African Journal of Reproductive Health, 15*(1).
- Asare, B. Y. A., Baafi, D., Dwumfour-Asare, B., & Adam, A. R. (2019). Factors associated with adolescent pregnancy in the Sunyani Municipality of Ghana. *International Journal of Africa Nursing Sciences, 10*, 87-91.
- Bain, L. E., Muftugil-Yalcin, S., Amoakoh-Coleman, M., Zweekhorst, M. B., Becquet, R., & de Cock Buning, T. (2020). Decision-making preferences and risk factors regarding early adolescent pregnancy in Ghana: stakeholders' and adolescents' perspectives from a vignette-based qualitative study. *Reproductive health, 17*(1), 141.
- Cevallos Mendoza, M., Moreira, A., Burga, S., Chiluisa, M., & Zamora, A. (2024). Review on Adolescent Pregnancy and Social Implications. *Revista de la Facultad de Medicina Humana, 24*(2).
- Chemutai, V., Musaba, M. W., Amongin, D., & Wandabwa, J. N. (2022). Prevalence and factors associated with teenage pregnancy among parturients in Mbale Regional Referral Hospital: a cross sectional study. *African Health Sciences, 22*(2), 451-458.
- Coleman-Minahan, K., Jean Stevenson, A., Obront, E., & Hays, S. (2020). Adolescents obtaining abortion without parental consent: their reasons and experiences of social support. *Perspectives on Sexual and Reproductive Health, 52*(1), 15-22.
- Danso-Appiah, A., Behene, E., Hazel, J. N., & Abanga, S. (2025). Obstetric, foetal and neonatal outcomes in adolescent pregnancy in sub-Saharan Africa: Systematic review and meta-analysis protocol. *Plos one, 20*(5), e0323099.
- Deutsch, N. L., Reitz-Krueger, C. L., Henneberger, A. K., Futch Ehrlich, V. A., & Lawrence, E. C. (2017). "It gave me ways to solve problems and ways to talk to people" Outcomes from a combined group and one-on-one mentoring program for early adolescent girls. *Journal of Adolescent Research, 32*(3), 291-322.
- Devonald, M., Guglielmi, S., & Jones, N. (2023). Investing in adolescent girls: mapping global and national funding patterns from 2016-2020. *London: Gender and Adolescence: Global Evidence* (www.gage.odi.org/publication/investing-in-adolescent-girls-mapping-global-and-national-funding-patterns-from-2016-2020).

- Dubik, J. D., Aniteye, P., & Richter, S. (2022). Socio-cultural factors influencing teenage pregnancy in the East Mamprusi Municipality, Ghana. *African Journal of Reproductive Health, 26*(5), 120-130.
- Dzotsi, H. T., Oppong Asante, K., & Osafo, J. (2020). Challenges associated with teenage motherhood in Ghana: a qualitative study. *Vulnerable Children and Youth Studies, 15*(1), 85-96.
- Emmanuel, A., Eric, A. Y., Abubakar, M., & Anyomi, B. K. (2024). Psychosocial challenges of pregnant adolescents: a narrative Inquiry of Adolescents in the Ho Municipality, Volta Region, Ghana. *World J Adv Res Rev, 24*(3), 1310-1326.
- Erfina, E., Widyawati, W., McKenna, L., Reisenhofer, S., & Ismail, D. (2019). Adolescent mothers' experiences of the transition to motherhood: An integrative review. *International journal of nursing sciences, 6*(2), 221-228.
- Gajalakshmi, G., & Meenakshi, S. (2023). Understanding the psycho-social problems of vulnerable adolescent girls and effect of intervention through life skill training. *Journal of education and health promotion, 12*(1), 429.
- Garcia-Aguilar, K. (2024). *Teen Pregnancy in Rural Ghana: Promoting Sexual and Reproductive Health Education* (Master's thesis, California State University, Stanislaus).
- Ghana Statistical Service (GSS) (2024), ICF: Ghana Demographic and Health Survey 2022. Accra, Ghana, and Rockville, Maryland, USA: GSS and ICF; 2024.
- Govender, D., Naidoo, S., & Taylor, M. (2020). "I have to provide for another life emotionally, physically and financially": understanding pregnancy, motherhood and the future aspirations of adolescent mothers in KwaZulu-Natal South, Africa. *BMC pregnancy and childbirth, 20*(1), 620.
- Hadianti, D. N., Siregar, K. N., Yanti, R. D., Farhati, F., & Supriatna, D. (2023, December). Modern Contraceptive Use In Adolescent And Young Women: A Systematic Literature Review. In International Conference On Interprofessional Health Collaboration And Community Empowerment (Vol. 5, No. 1, pp. 160-173).
- Hegde, A., Chandran, S., & Pattnaik, J. (2022) . Understanding adolescent sexuality: a developmental perspective. *J Psychosexual Health, 4*(4):237–42.
- Kyei-Arthur, F., Kyei-Gyamfi, S., Agyekum, M. W., Afrifa-Anane, G. F., & Dickson, K. S. (2025). Understanding adolescent pregnancy in Ghana: prevalence, reactions, resolution and predictors. *Discover Social Science and Health, 5*(1), 1-15.
- Langkulsen, U., Mareke, P., & Lambonmung, A. (2023, October). Migrants and healthcare during COVID-19, the case of Kanchanaburi Province in Thailand. In *Healthcare* (Vol. 11, No. 20, p. 2724). MDPI.
- Lassi, Z. S., Rahim, K. A., Stavropoulos, A. M., Ryan, L. M., Tyagi, J., Adewale, B., ... & Ali, M. (2024). Use of contraceptives, empowerment and agency of adolescent girls and young women: a systematic review and meta-analysis. *BMJ sexual & reproductive health, 50*(3), 195-211.
- Liu, Z., Lin, Z., Cao, W., Li, R., Liu, L., Wu, H., & Tang, K. (2021). Identify key determinants of contraceptive use for sexually active young people: A hybrid ensemble of machine learning methods. *Children, 8*(11), 968.
- Mangeli, M., Rayyani, M., Cheraghi, M. A., & Tirgari, B. (2017). Exploring the challenges of adolescent mothers from their life experiences in the transition to motherhood: a qualitative study. *Journal of family & reproductive health, 11*(3), 165.

- Mezmur, H., Assefa, N., & Alemayehu, T. (2021). Teenage pregnancy and its associated factors in eastern Ethiopia: a community-based study. *International Journal of Women's Health*, 267-278.
- Mohammed, S. (2023). Analysis of national and subnational prevalence of adolescent pregnancy and changes in the associated sexual behaviours and sociodemographic determinants across three decades in Ghana, 1988–2019. *BMJ open*, 13(3), e068117.
- Njoku, C. O., & Njoku, A. N. (2019). Obstetric fistula: the agony of unsafe motherhood. a review of Nigeria experience. *J Adv Med Med Res*, 28(12), 1-7.
- Okine, L., & Dako-Gyeke, M. (2020). Drivers of repeat pregnancy among teenage mothers in Accra, Ghana. *Children and Youth Services Review*, 113, 105002.
- Oringanje, C., Meremikwu, M. M., Eko, H., Esu, E., Meremikwu, A., Ehiri, J. E., & Cochrane Fertility Regulation Group. (1996). Interventions for preventing unintended pregnancies among adolescents. *Cochrane Database of Systematic Reviews*, 2016(2).
- Oyedele O, Wright S & Maja T. (2015) Guidelines for Community Participation in Teenage Pregnancy Prevention Based on the Community-as-Partner Model. *Journal of Scientific Research and Reports*. 5(3), 234-247.
- Plourde, K. F., Ippoliti, N. B., Nanda, G., & McCarraher, D. R. (2017). Mentoring interventions and the impact of protective assets on the reproductive health of adolescent girls and young women. *Journal of Adolescent Health*, 61(2), 131-139.
- Republic of Ghana (2017). Five Year Strategic Plan to Address Adolescent Pregnancy in Ghana, 2018–2022 In: Ministry of Gender CaSP, editor. Accra.
- Rexhepi, M., Besimi, F., Rufati, N., Alili, A., Bajrami, S., & Ismaili, H. (2019). Hospital-based study of maternal, perinatal and neonatal outcomes in adolescent pregnancy compared to adult women pregnancy. *Open access Macedonian journal of medical sciences*, 7(5), 760.
- Saleh, M. A. (2022). Outcomes of teenage pregnancy at Benghazi Medical Center 2019-2020. *International Journal of Science Academic Research*, 3(3), 358-3602.
- Seidu, A. A., Amu, H., Dadzie, L. K., Amoah, A., Ahinkorah, B. O., Ameyaw, E. K., ... & Kissah-Korsah, K. (2020). Suicidal behaviours among in-school adolescents in Mozambique: Cross-sectional evidence of the prevalence and predictors using the Global School-Based Health Survey data. *PloS one*, 15(7), e0236448.
- Senkyire, E. K., Boateng, D., Boakye, F. O., Logo, D. D., & Ohaja, M. (2022). Socio-economic factors associated with adolescent pregnancy and motherhood: Analysis of the 2017 Ghana maternal health survey. *Plos one*, 17(12), e0272131.
- Shri, N., Singh, M., Dhamnetiya, D., Bhattacharyya, K., Jha, R. P., & Patel, P. (2023). Prevalence and correlates of adolescent pregnancy, motherhood and adverse pregnancy outcomes in Uttar Pradesh and Bihar. *BMC pregnancy and childbirth*, 23(1), 66.
- Sserwanja, Q., Musaba, M. W., & Mukunya, D. (2021). Prevalence and factors associated with modern contraceptives utilization among female adolescents in Uganda. *BMC women's health*, 21(1), 61.
- Tahiru, R., Kona, C., Nyari, A., Mohammed, T., & Pawmang, D. A. (2024). Exploring the Physical and Mental Health Challenges of Teenage Pregnancy: A Qualitative Study in the Tamale Metropolis, Ghana. *Journal of Family & Reproductive Health*, 18(4), 246.
- Temin, M., Blake, S., & Roca, E. (2023). Mentoring in group-based adolescent girl programs in low-and middle-income countries: Evidence-informed approaches. *Journal of Youth Development*, 18(3), 5.

- Tetteh, J., Ekem-Ferguson, G., Yamson, P., Yarney, E., Quansah, H., deGraft-Amoah, D., ... & Yawson, A. E. (2022). Understanding the trend and patterns of teenage pregnancy in Ghana: Evidence from the Ghana demographic and health survey from 1993-2014. *Cogent Public Health*, *9*(1), 2111840.
- Wado, Y. D., Sully, E. A., & Mumah, J. N. (2019). Pregnancy and early motherhood among adolescents in five East African countries: a multi-level analysis of risk and protective factors. *BMC pregnancy and childbirth*, *19*(1), 59.
- Wemakor, A., Garti, H., Azongo, T., Garti, H., & Atosona, A. (2018). Young maternal age is a risk factor for child undernutrition in Tamale Metropolis, Ghana. *BMC research notes*, *11*(1), 877.
- Yakubu, I., & Salisu, W. J. (2018). Determinants of adolescent pregnancy in sub-Saharan Africa: a systematic review. *Reproductive health*, *15*(1), 15.
- Yakubu, I., Garmaroudi, G., Sadeghi, R., Tol, A., Yekaninejad, M. S., & Yidana, A. (2019). Assessing the impact of an educational intervention program on sexual abstinence based on the health belief model amongst adolescent girls in Northern Ghana, a cluster randomised control trial. *Reproductive health*, *16*(1), 124.