They call me a 'bad girl' – Experiences of young mothers in urban Ghana.

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ABSTRACT

This thesis draws on the concepts of stigma, social construction, agency, resilience and social support to examine the experiences of young mothers living in urban community who had their first child as teenagers. Semi-structured interviews were conducted with 14 young mothers between the ages of 14 and 23 years. Data from the interviews were supported with data from observations, a research diary and secondary sources of data. The study found that pregnant teenagers are stigmatized and called 'bad girls' due to certain social constructions within their community about the 'right time' for motherhood. Teenagers drop out of school during pregnancy with no assurance of returning to school after childbirth. They also face challenges with the way people within and outside their social network relate to them during this period. The study also reveals that older generation of women are the most supportive people within a young mother's social network, especially when the baby is born. Furthermore, it was found that teenage mothers are resilient and exercise agency as they find ways to adapt to their role as mothers.

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ABBREVIATIONS

WHO World Health Organization

DSD Department of Social Development

SHS Senior High School

JHS Junior High School

BECE Basic Education Certificate Examination

CHAPTER 1: INTRODUCTION

1.1 Background of Research

Being a teenage mother in Ghana is a difficult experience for many young girls. From the moment a teenager realizes she is pregnant, the reactions from her family, friends and the society, have an impact on the decisions she makes as her next step. Teenage pregnancy poses a lot of problems to young girls. It is therefore laudable that the World Health Organization (WHO) in collaboration with public health institutions around the globe, aim to prevent early pregnancies and improve upon the healthcare provided to pregnant adolescents (World Health Organization, 2008). A lot of research works have focused on the causes and prevention of the problem. Meanwhile, very little attention has been given to the experiences of teenage mothers and the way forward for them. The study sought the opinions of young mothers in an urban community about teenage pregnancy. Their personal experiences were focused on to provide an understanding into how teenage pregnancy and motherhood is constructed in Ghana. While teenage pregnancy is known globally to have negative consequences for the lives of young girls, the study highlights the context specific challenges faces by these young girls and their ability to negotiate some of these challenges amidst certain obstacles during this period of their lives.

1.2 Project Inspiration

In Ghana, it is mandatory for every graduate from a tertiary institution to complete a year-long service to the nation[1]. A few years ago, I was in a small town in one of the regions along the coast of Ghana as a national service person. I served at the former department of social welfare which is now known as the Department of Social Development (DSD). There, I witnessed the struggles of young girls who were mothers before the age of 18, either by their decision to engage in sexual activities or due to rape. I realized that whether they had a role to play in getting pregnant or not,

[1] The national service scheme of Ghana deploys fresh graduates from tertiary institutions each year to private and public organizations to enable the graduates gain practical exposure to the work environment (Ghana National Service Scheme, 2019).

most of these young girls had dropped out of school and were usually full-time mothers with no stable source of income. Many of them did not have the support of their partners in raising the children they gave birth to. As they struggled to obtain the needed financial assistance from their partners to take care of the children, they decided to go to the DSD for assistance. The young girls in that town resorted to the DSD as their surest way of getting financial support from the fathers of their children. Without the help of this office, the fathers of the children born by young girls in the town, simply shunned their responsibilities. In some cases, the fathers were also young boys with no stable source of income. It was therefore a struggle to get them to provide money for the upkeep of their children.

Usually, when a young girl came to complain about an unsupportive partner at the DSD where I worked, he was first called for a meeting. The meeting was scheduled by the department and both parties were invited. Thus, the young girl with representatives from her family and the father of her child who was also accompanied by some family members of his. After listening to both sides, the case worker (at the DSD office) mediated as they tried to find a solution. To make it easier for the young girl, the man was often asked to pay a specified amount to the DSD monthly. This was referred to as maintenance fee. This money was then kept and given to the young girl at a set date each month. However, sometimes, the men still defaulted paying the monthly support. It was always a sad scene when a young mother came to the office to collect money but there wasn't any from the father of her child. In such situations, the mother would be asked to come back another time to check. Meanwhile, her child needed to be taken care of. Somehow, she had to find a way to feed the child. This is what made me curious. I wanted to know how an unemployed teenager took care of her child without financial support from the father of her child. What made me more curious was that, some of these young mothers who were dependent on the maintenance fees (child support), came back a couple of months later with another pregnancy. I wondered how such young girls were able to handle motherhood at their ages and whether they coped with their situation alone or if they had help from other people. I also wondered how they would cope with the potential shame and stigma attached to their situation.

This research project was therefore motivated by my curiosity about how teenagers maneuver their way through early motherhood. I was also inspired by the uniqueness and similarities of the various

stories I heard as a case work assistant in the DSD. I was also curious to know whether young women who dropped out of school due to pregnancy had a plan to continue with their education.

1.3 Filling a Gap in Research

Several studies about teenage pregnancy in Ghana have focused on the causes of teenage pregnancy (Ameyaw, 2018; Blunch, 2018; J. Krugu, Mevissen, Prinsen, & Ruiter, 2016; J. K. Krugu, Mevissen, Münkel, & Ruiter, 2017). Their studies have also investigated factors that are closely linked to teenage pregnancy. Researchers such as Ameyaw (2018) and (Blunch, 2018) found that factors such as age and level of education are closely associated with unplanned pregnancy. They both used quantitative data to arrive at their results and their research sites covered both rural and urban settings. Krugu and his colleagues explored social and economic factors that predetermines the incidence of teenage pregnancy (J. K. Krugu et al., 2017). The study employed the use of interviews to obtain the data. Hence, the research approach was qualitative in nature and their study was also conducted in a rural site. Another research which sought to explore attitudes towards teenage pregnancy and pregnancy termination by teenagers was conducted by Aziato et al. (2016). The research was conducted in urban communities and the research approach was qualitative in nature. Most of the research projects mentioned so far, concentrated on the causes of teenage pregnancy in Ghana and its correlated issues (Ameyaw, 2018; Blunch, 2018; J. Krugu et al., 2016; J. K. Krugu et al., 2017).

The present study focuses on what happens when a teenager keeps her pregnancy until delivery despite the potential social stigma and shame. The research was conducted in an urban area, in the capital city of Ghana, Accra. 14 in-depth interviews were conducted with participants either in their homes or in public places. Some information was also obtained by participant observation in a health facility. The participants were young mothers who had their babies when they were teenagers. The study highlights their experiences and explores their perceptions about the impact of teenage pregnancy on their lives.

Very few researchers have focused on the experiences of teenage mothers in Ghana (Gyesaw & Ankomah, 2013). It is my aim to use this research as an avenue to shed light on the stories of young

mothers. I hope that highlighting their stories would serve as a way of educating the upcoming generation. I am also of the view that this research will highlight the life changing experiences of teenage mothers and provide more information about the needs of teenage mothers in Ghana. Moreover, this research may serve as a resource for others within the field of childhood studies and other related disciplines.

1.4 Topic and Aim

This research project is a shift from looking out for the causes of teenage pregnancy and rather explores the experiences of teenage mothers. The research focuses on real life experiences of young ladies who faced certain challenges during their pregnancy because of their sociocultural environment. The research delves further into the relations of pregnant teenagers. These include their relationships with their partners, immediate family members, guardians, friends, healthcare providers, religious organizations and community members. Their ability to adapt from their position as teenagers to their new role as mothers is examined. The project looks at teenage pregnancy through the lived experiences of young mothers who had their first child when they were teenagers. Some insight is sought into how they handled their experiences during and after their pregnancy. In addition, the research explores the role of older women in the lives of first-time mothers. Other forms of social and structural supports that young girls rely on is also investigated.

1.5 Research Questions

The objective of this study is to investigate the experiences of teenage mothers in urban Ghana and how they cope in their new role as mothers.

The following are the research questions used in this project:

1. What are the challenges that teenage girls face with their education during pregnancy and after childbirth?

2. How does teenage pregnancy affect the social ties of girls?
3. How are pregnant teenage girls treated by society?
4. What are the social support systems available to teenage mothers?
5. How do young mothers cope with their situation?

1.6 Contextual Child Research

Childhood studies incorporates several disciplines, approaches, theories and views about children and childhood. It is a shift from using only an explanation of biological immaturity in understanding childhood "to an idea that childhood is socially constructed, and through various philosophical approaches negotiated, in any given moment in a particular society" (Tesar, 2016, p. 1). Prior to this recognition of childhood, research about children was focused largely on the discourse of developmental psychology and functionalist sociology (Prout & James, 1990; Woodhead & Faulkner, 2000). The introduction of the social studies of children and childhood provided the space for childhood to be understood as a social construction (Prout & James, 1990). The research perspective of this approach views children as active social agents and childhood as a social category. This study is situated within the field of childhood studies. Therefore, throughout the research, childhood is understood as a social construction which cannot be completely separated from factors such as ethnicity, culture, gender and gender roles. It also means that it is important to look closely at contextual factors, values and meaning to understand the social structures which children relate to in their daily lives and experiences. The methodology and theoretical framework for this study was inspired by the foundational principles of the social studies of childhood and children. It was therefore meaningful to interview children to highlight their perspectives about the themes for this research. Although adult perspectives were bound to be reflected through concepts, theories and making meaning of the empirical material, the views of the research participants were paramount. The context of the study was taken into consideration while writing this thesis and analyzing empirical data. In the childhood studies field, children are active social agents. Hence concepts such as agency and resilience were chosen to portray the capacity of teenage mothers to develop through challenging circumstances and their ability to make decisions which influenced their lives and that of their children (Abebe, 2009; A. James & A. James, 2012). Being an interdisciplinary field, concepts such as stigma (Coleman, 1997;

Goffman, 1997, 2009) and social support (Cohen, 1992; Kim, Connolly, & Tamim, 2014) chosen from sociology and psychology were used in the interpretation of the empirical material.

1.7 Organization of Thesis

This thesis consists of seven chapters.

Chapter 1: This is the introduction chapter. It gives a brief overview of the research, the motivation behind it and some previous research works were reviewed to show the gap that this research sought to fill. The aim of the research and the research questions have also been presented in this chapter. In addition, the main research philosophy that this study was based on was briefly introduced.

Chapter 2: The next chapter presents some background about Ghana that helps to understand the problem of teenage pregnancy in context. Some of these include maternal health, education, economy, religion, ethnicity, childhood, childrearing practices, and gender roles. The chapter also reviews previous literature about teenage pregnancy in Ghana.

Chapter 3: In the third chapter, the theoretical and conceptual framework for the study is outlined and their relevance to the study is discussed.

Chapter 4: The methodological framework for this research is outlined in the fourth chapter. It provides information about the participants, how access to them was gained, the research methods used, field reflections, ethical issues, transcription of data and data analysis.

Chapter 5: This is the first of two analysis chapters. In this chapter, the changes that occurred in the lives of teenage mothers in their education and their relations with close family and individuals they interacted with was discussed by making meaning out of the empirical data from fieldwork.

Chapter 6: This is the second analysis chapter. It focused on the social support of young mothers, their agency and their resilience through their challenging situation.

Chapter 7: The final chapter of this thesis summarizes the findings of the research. It further makes some recommendations for policy makers and future researchers.

CHAPTER 2: BACKGROUND

2.1 Introduction

The aim of this chapter is to introduce briefly some background information about teenage pregnancy, as a global phenomenon, as well as a phenomenon in Africa and Ghana in particular, in order to understand it in a broader context. Although teenage pregnancy is a concern for many countries, the correlated factors may differ from country to country. This chapter therefore presents issues in Ghana that helps to understand the problem in context. In Ghana, maternal healthcare, education, economy, religion, ethnicity and societal reactions to teenage pregnancy are all factors which influence how teenage pregnancy and teenage motherhood can be understood. Moreover, in the context of this study, these factors are important in urban areas such as Accra. Therefore, this chapter focuses on such issues to project a better understanding of teenage pregnancy and teenage motherhood experiences in an urban area. Previous studies conducted in Ghana concerning teenage pregnancy experiences are also highlighted in this chapter.

2.2 A Global Challenge

Teenage pregnancy is regarded as a problem in many parts of the world due to the negative consequences that accompany it such as maternal mortality, infant mortality, low birth weight, preterm babies, still birth, and several other health complications for both mother and infant. The World Health Organization (WHO) refers to adolescent pregnancy as, a pregnancy in a female between the age of 10 and 19 years (World Health Organization, 2004, p. 5). The terms, 'adolescent' and 'teenager' are often used synonymously (World Health Organization, 2004). In many countries, it is one of the important concerns of public health services (Bellingham-Young & Odejimi, 2016). According to the WHO, about 2 million girls below the age of 15 and approximately 21 million girls between the ages of 15 and 19 years give birth every year in low- and middle-income countries (World Health Organization, 2018). The 2017 world health statistics revealed that the highest birth rates by teenage girls have been recorded in West Africa, followed

by Latin America, the Caribbean and South-Eastern Asia. The lowest was recorded in Eastern Asia.

Although teenagers get pregnant, most of them are unlikely to plan these pregnancies or be prepared for it (U.S. National Library of Medicine, 2019). Teenage pregnancy and child birth have been linked to an increased risk of poor health conditions for both mother and child. It is especially serious when it is triggered by socio-economic problems which continue to persist after the child is born (Paranjothy, Broughton, Adappa, & Fone, 2009). The WHO has reported that, the leading cause of death for 15 to 19 years-old girls around the globe, is complications during pregnancy and childbirth (World Health Organization, 2018). Each year, 3.9 million girls aged 15 to 19 years undergo unsafe abortions which sometimes result in their death (World Health Organization, 2018). Teenage pregnancy has also contributed to high rates of maternal and infant mortality in the West African sub region (World Health Organization, 2018). Moreover, children born to teenage mothers face a higher risk of death than those born to females who are 20 to 24 years (World Health Organization, 2018).

Teenage mothers are more likely to face health complications such as puerperal endometritis,[2] eclampsia[3] and internal infections than mothers between 20 and 24 years. Being pregnant at their age, teenage mothers are more likely to experience psychological, emotional and social problems than their older counterparts (World Health Organization, 2018). In addition, there is a likelihood of death during child birth. There is also a risk of accompanying health problems such as anemia, malaria, sexually transmitted diseases, and mental problems such as depression. When it comes to the effect on the children, it is more likely for a teenager to have her baby preterm. Furthermore, teenagers have been found to be at greater risks of having still births. It is also more likely for the child to be born with neonatal diseases, born with a low birth weight, or born pre-term compared to women above 19 years. Some of these babies may later have potential health problems (World Health Organization, 2018). The WHO also reports that in some settings, teenagers find

[2] Puerperal endometritis is uterine infection, typically caused by bacteria ascending from the lower genital or GI tract. The GI tract is a series of hollow organs joined in a long, twisting tube from the mouth to the anus. (Moldenhauer J. S., 2018)

[3] Eclampsia is a condition that causes a pregnant woman, usually previously diagnosed with preeclampsia (high blood pressure and protein in the urine), to develop seizures or coma (Stöppler M. C., 2018)

themselves prone to recurrent pregnancies. That is, being pregnant within 12 to 24 months of a previous pregnancy outcome, which further puts the health of mother and child at risk (World Health Organization, 2018)

2.3 Research on Teenage Pregnancy in Ghana

Research into teenage pregnancy and issues related to it, is vast. Extensive research has been conducted over the years, highlighting some factors associated with teenage pregnancy and how to reduce its rate (Akuffo, 1987; Bellingham-Young & Odejimi, 2016; Blunch, 2018; Coughlin, 2016; J. K. Krugu et al., 2017; Mushwana, Monareng, Richter, & Muller, 2015; Treffers, 2003). In this section, the focus is on research done in Ghana. Due to the negative consequences of teenage pregnancy, many research works have focused on its causes and prevention. A recent research conducted by Blunch (2018), focused on how a person's formal education or her ability to read and comprehend the English language[4] was associated with her likelihood of becoming pregnant as a teenager. Blunch (2018), chose to link teenage pregnancy to these factors based on a premise that educational attainment is negatively associated with teenage pregnancy. This premise was confirmed by the results from his research. The results were produced by analyzing already existing data from the Ghana Statistical Service. The data was derived from both rural and urban areas. It was found that, having English reading skills and participating in an adult literacy program reduces the chances of teenage pregnancy in young girls. The adult literacy program has a curriculum which discusses health related issues such as contraception (which is popularly known as family planning in Ghana).

Like the research by Blunch (2018), data obtained from the 2014 Ghana Demographic and Health Survey, was used to explore the prevalence of unplanned pregnancies. The data was further used to scrutinize the factors related to unintended pregnancies in Ghana (Ameyaw, 2018). It was analyzed quantitatively, using descriptive statistics. This research project was also representative of both rural and urban areas. It was found that, factors such as "…age, parity and level of

[4] The English language is Ghana's official language and it is the main language of instruction in schools. Many Ghanaians who are not educated are less likely to speak English fluently. They are also less likely to read and write in English (Blunch, 2018).

education" are closely related to unintended pregnancy (Ameyaw, 2018, p. 5). Blunch (2018) stated that teenage pregnancies are common in rural areas due to the deprived nature of such areas in terms of quality education. Ameyaw (2018) reported that women who lived in urban areas, were more likely to encounter unplanned pregnancies than women who lived in rural areas. He further found that women who experienced unplanned pregnancies the most, were between the ages of 15 and 19 years, followed by single women and then, unemployed women. The research suggested that, by the year 2014, teenagers were more likely to experience unplanned pregnancies in Ghana.

Another research focused on the social cognitive and environmental factors that deter young women from protecting themselves from unplanned pregnancies (J. K. Krugu et al., 2017). The use of in-depth interviews was employed to obtain primary data unlike in the researches by Blunch (2018) and Ameyaw (2018), where secondary data was used. The research was conducted in a rural area (Bolgatanga). The results of the research by Krugu J. K. and his colleagues showed that economic factors influenced the decision by young girls to have sexual relationships. In addition to economic hardships, misconceptions about contraception further prevented young girls from protecting themselves. Contraceptives are misconstrued as permanent fertility inhibitors and as such, people who knew about the existence of contraceptives were reluctant to use them (J. K. Krugu et al., 2017). Those who had ever used contraception also preferred the male condom as opposed to a female condom. Some female respondents expressed the assertion that their male partners were responsible for providing and using condoms during a sexual activity (J. K. Krugu et al., 2017). The problem of teenage pregnancy keeps recurring partly because it is usually a 'taboo' to talk about sex and sexuality openly. Moreover, in schools where sex education is taught, abstinence is promoted rather than focusing on a wholistic approach to the topic (J. K. Krugu et al., 2017). Meaning, there is less information about how to take precautions to protect themselves from sexually transmitted diseases and pregnancy. For example, the use of contraception is barely spoken about. Rather, students are advised not to engage in sex as a better way to protect themselves (J. K. Krugu et al., 2017).

In addition to the above, an interesting dynamic to the enquiry of factors associated with adolescent pregnancy, involved participants who had never been pregnant (J. Krugu et al., 2016). The researchers aimed at finding out from girls who had never been pregnant, what they did differently. The objective was to investigate their usage of contraceptives and what contributed to such

decisions. The research was conducted in Bolgatanga (Ghana), which is predominantly rural. Semi-structured interviews were conducted with a total of 20 participants. They were all females aged between 14 and 19 years. J. Krugu et al. (2016), explored psychological, social and environmental factors which contributed to the decisions that adolescents make about sex. The results showed that adolescents who did not experience early pregnancy had been taught about their sexual and reproductive health in school. They were also aware of the potential repercussions of having unprotected sex. They reported that they had the opportunity to speak with their mothers about their sexuality. In addition, they expressed positive reactions towards the use of condoms. They however expressed reluctance when it came to other forms of contraception. They also asserted that males were responsible for providing condoms during a sexual encounter (J. Krugu et al., 2016). Some conclusions drawn from the research were; to protect adolescents from unplanned pregnancy, parents should discuss sex openly with their children, education on sexuality should be wholistic and the benefits of contraception should be understood by adolescents.

Turning from the focus on causes of teenage pregnancies, a group of researchers investigated what happens when teenagers decide that they do not want to keep the pregnancies (Aziato et al., 2016). This research project was qualitative in nature. The research participants did not have to directly share their personal experiences. They were aged between 10 and 19 years. They had all undergone a pregnancy termination. The research was conducted in medical facilities within three major urban areas in Ghana. The participants were asked to respond to scenarios that were experienced by other girls, through the medium of vignette-based focused group discussions.

The participants' perceptions and experiences about the vignettes were obtained. It was found that, teenage girls choose to keep or terminate a pregnancy based on a variety of reasons. These include, feelings of remorse, depression and sadness. In addition, some male partners refuse to take responsibility of a pregnancy and may suggest that the pregnancy be terminated. Some parents may send their children away for bringing them shame. Others take their children to another vicinity far from home, to stay with relatives, until the baby is born. Furthermore, some health professionals may tease, insult or gossip about young girls who get pregnant. It was concluded that the decisions made by young women, whether to keep or terminate a pregnancy, is propelled by the reactions from those around them. Teenagers also based their decisions on how previous young mothers were treated in similar situations (Aziato et al., 2016).

Ghana is one of the countries in West Africa, where the WHO has recorded the highest rates of teenage pregnancy. Although the WHO and public health services aim to reduce the rate of teenage pregnancy, statistics show that it is still high. Approximately 750,000 cases of teenage pregnancy are recorded each year in Ghana (Ghana News Agency [GNA], 2013). In 2014, 30 percent of the total registered births in Ghana, were by teenagers. The statistics also show that in the same year, 14 per cent of adolescents aged between 15 and 19 years, were already mothers (Ghana Statistical Service, Ghana Health Service, & ICF International, 2015). According to a 2017 maternal health survey, the percentage of teenagers who were mothers in rural areas was higher than those in urban areas (Ghana Statistical Service, Ghana Health Service, & ICF, 2018). The figures show that teenage motherhood is also present in urban areas with just about 7% difference from the rural areas. This is one reason why the current study focused on an urban area in Accra, Ghana, to show that in urban areas, teenage motherhood is a reality in some communities and not just reserved for the rural communities. The survey also showed that teenage motherhood reduces as the level of education increases. In relation to educational background, it was reported that 35% of young uneducated women had begun childbearing while 4% of teenage mothers were educated to the senior high school level (Ghana Statistical Service et al., 2018). Research shows that educational levels are high in urban areas (Blunch, 2018). This means that the probability of teenagers in urban areas to have some level of formal education is high. The statistics from the 2017 maternal health survey above shows that teenage pregnancy in uneducated women is higher than in educated women. This study focuses on an urban area, where majority of teenagers are supposed to be educated, however, teenage pregnancy remains an issue of concern. The study therefore seeks to explore the experiences of teenage mothers without placing too much emphasis on their level of education as a causal factor for their pregnancy.

2.4 Maternal Health in Ghana

As mentioned earlier, pregnancy-related mortality is more threatening for teenagers although it can happen to older women as well (World Health Organization, 2018). “Pregnancy-related mortality includes deaths of women during pregnancy, delivery, and two months after delivery or end of pregnancy irrespective of the cause of death” (Ghana Statistical Service et al., 2018, p. 11).

Ghana was one of the member states which endorsed the Millennium Development Goals in 2001. There were eight goals in total. The fifth goal was to improve maternal health by reducing the pregnancy-related mortality ratio by three-quarters by the year 2015. However, the progress made by the government as of 2014, has been described as slow (United Nations Development Program, 2015). In 2007, the pregnancy-related mortality ratio was estimated at 451 per 100,000 births while in 2017, the ratio was 343 per 100,000 births. The figures give an idea about the slow progress made by government (Ghana Statistical Service et al., 2018; Ghana Statistical Service , Ghana Health Service , & Macro International Inc, 2009).

The documented causes of the death of pregnant women in Ghana have been categorized into three groups. The first set (direct maternal causes) has to do with complications resulting from pregnancy, after pregnancy, during labor, the actual delivery process, and complications developed 42 days after giving birth. The next set of causes has to do with conditions unrelated to childbirth but worsened because of the pregnancy. For example, anemia, infections, sickle cell disease and many more (Der et al., 2013). The last group of causes have been classified as unknown causes. These are cases where the cause of death is unknown, but the death occurs while a woman is pregnant, during delivery or after 42 days of childbirth. Furthermore, in 67% of the cases, maternal mortality is caused by direct maternal causes (Ghana Statistical Service et al., 2018). Examples of direct maternal causes are hemorrhage, genital tract sepsis, abortion, uterine rupture, ectopic gestation[5] and hypertensive disorders. These are the most common causes of maternal deaths in Ghana (Der et al., 2013).

The government introduced free maternal healthcare in 2008 which was aimed at reducing maternal deaths and making maternal healthcare affordable and accessible to all women. Since its implementation, there have been issues surrounding the "free" aspect of this policy. Pregnant women still incur some cost when they go to the hospital. These costs come in various forms during antenatal, delivery and postnatal visits. There are direct and indirect charges for maternal healthcare services depending on the health facility (Anafi et al., 2018; Arthur, 2012).

[5] An ectopic gestation occurs when the fertilized egg attaches itself in a place other than inside the uterus. Most often, it occurs in the fallopian tubes (American Pregnancy Association, 2019).

The national health insurance is the most commonly used insurance in Ghana (Ghana Statistical Service et al., 2018). It is under this insurance that the free maternal healthcare policy operates. 79% of women of childbearing age in Ghana have health insurance (Ghana Statistical Service et al., 2018). However, not all maternal health-related costs are covered under their insurance (46%). This means that, "in Ghana, it is possible to be registered for health insurance without being covered" for full maternal healthcare (Ghana Statistical Service et al., 2018, p. 14). Also, only 15% of those with health insurance coverage have maternity benefits (Ghana Statistical Service et al., 2018). People who have a high level of education and wealth are those who are more likely to have good health insurance with a wider coverage. For few women, their insurance coverage does not require them to pay anything for consultation, medication and other maternity services at their health facility. Others on the other hand, always must pay for maternity services, medication and consultations at their health facilities (Ghana Statistical Service et al., 2018). "About 8 in 10 women have insurance that covers antenatal care, childbirth at a health facility, postnatal care for the mother, or postnatal care for the newborn" (Ghana Statistical Service et al., 2018, p. 14). All these direct and indirect costs still deter some women from using hospital-based maternity services as expected by the Ghana Health Service (Anafi et al., 2018). It also makes it difficult to understand how the implementation of the free maternal healthcare policy is ensured.

2.5 Education and Economy

Education is important to every country which is interested in the development of its citizens. Over the last 20 years, the Ghanaian government has made efforts to improve upon basic education and adult literacy. There have been policies to make universal primary education affordable and assessible to all. The implementation of educational reforms has been successful to some extent since it can be connected to the overall global progress (Ghana Statistical Service, 2013). The most recent population and housing census showed that 71.4% of Ghanaians over 10 years of age were literate. Of this number, males (80.2%) were more literate than females (68.5%); people living in urban areas (84.1%) were more literate than those who lived in rural areas (62.8%) and residents of the southern parts of Ghana were more literate than those who lived in the northern parts of the country (Ghana Statistical Service, 2013).

According to the 2010 census, 36% of citizens aged 6 years and above were in school while 41% had dropped out of school. Meanwhile, there were still people without any formal education (10%) in the Greater Accra Region which has the capital city, while the Northern Region had the highest number of uneducated people (56.6%). Over the years, the number of females who have been enrolled in school has increased compared to previous years where male education was more common. More than 7 million people were in school in the year 2010. 54% were in primary school and 21% were in Junior High School. The percentage of people who had completed basic education was 56.3%. About 4.5% continued their education beyond the Senior High School level. Less than 0.5% had a post-graduate certificate. Overall, the number of males with higher education was more than females (Ghana Statistical Service, 2013).

Educational attainment is closely linked to a person's economic situation in Ghana. Most people who are gainfully employed have attained a certain level of education. The higher the level of education, the more likely it is for a person to be employed, although there are always exceptions. People who had lower levels of education were more likely to be self-employed at the time of the 2010 census (Ghana Statistical Service, 2013). People with basic, junior high school or secondary education in Ghana are more likely to be practicing a trade or self-employed in some form of business while those with higher levels of education are likely to be employed by the state or private institutions. Others with higher level of education also choose to go into business ventures of their choice (Okletey, 2013). With the introduction of the free Senior High School by the current government which was implemented in September 2017, students who complete their Junior High School education successfully have a higher possibility of continuing their education at the secondary level (Ministry of Education, 2018).

Persons with higher level of education earn more than those who are educated at a lower level. This means that to attain a certain level of wealth, most people need to spend more years in school. This however is not possible for those who cannot afford higher education. Because basic education in Ghana is tuition-free for public schools, most people are educated at the basic level. However, that level of education does not guarantee enough earnings. Besides, employers will pay an educated worker more than they would an uneducated one. This is also reflected in the high unemployment rate in the country. (Okletey, 2013).

2.6 Relevance of Religion

Most Ghanaians are religious. 71.2 % of the population is Christian (that is, Catholic, Protestant, Pentecostal or Charismatic, and other Christian groups). Islam is the next popular religious affiliation (17.6%) followed by Traditionalists (5.2%). In addition, about 5.3% of the population do not belong to any religious group (Ghana Statistical Service, 2013).[6]

Religion plays an important role in various aspects of the Ghanaian's life. It also influences the way attitudes and behaviors are formed, maintained and reformed (Assimeng, 2010). From the moment a child is born, he or she is introduced to the religious practices and beliefs of the family. Every Ghanaian child has the right to be named. This name is given by the father of the child or an elder of the father's family (Mensa-Bonsu & Dowuona-Hammond, 1996). On the eighth day of birth, a meeting is held to 'outdoor' the child to the extended family, friends and society. It is called an 'outdooring ceremony' because prior to that day, a newborn is kept indoors and is only seen by close family members. This ceremony is performed regardless of the religious affiliation of the family. However, the procedures that take place during the ceremony is usually guided by the family's religious and ethnic affiliation. During this outdooring ceremony, the child is given a name. Traditionally, the head of the family pours libation and prayers are offered for the child (Knight, 2018). In recent times, there is also a religious leader who performs the necessary rites and offers prayers for the child. Thereon, the child goes to the church or the mosque (or the family's place of worship) with his or her parents. This practice continues until the child is old enough to go on his or her own. However, people may decide to change their religious affiliation as they mature.

At home, parents endeavor to teach children to abide by the code and conducts of their religious beliefs. In schools, 'Religious and Moral Education' is taught as a compulsory subject till the junior high school level. The curriculum entails topics about Christianity, Islam and other major religions in the world. When individuals are getting married, there is usually a religious leader in attendance. Most often, the marriage ceremony is held in a church or a mosque. Other times, the religious

[6] These figures were quoted from the most recent available statistics from the 2010 population census conducted by the Ghana Statistical Service and may have changed slightly since then.

leader is invited to a venue outside of the place of worship to bless the marriage. These practices continue with each new generation.

Religious leaders are highly respected and revered in Ghana. Religion can be said to be closely knit into the daily activities of Ghanaians. Many people resort to prayers and faith healers during prolonged and inexplicable periods of illness (Okyerefo & Fiaveh, 2017). Some pastors for example, provide counselling for their church members. Individuals who have issues such as marital crises, employment issues, 'spiritual issues' and many more, seek advice from their pastors. These religious leaders tend to offer a listening ear, guidance, and support to their members (Andor & Owusu, 2017). It can be said that religious leaders such as pastors and imams are accorded respect because of their revered position. Moreover, their constant counsel through teachings and their accommodating nature towards their followers also make them respected in society. Religion plays an important role when it comes to the prevention of teenage pregnancy. It encourages a lifestyle of abstinence. Many pastors and imams teach about chastity before marriage to their congregations. Hence, upon getting pregnant, a teenager who belongs to a religious group is seen to have gone 'wayward'.

2.7 Ethnicity

Ghana is made up of people from different ethnic groups. Here, "ethnicity refers to the ethnic group a person belongs to" (Ghana Statistical Service, 2013, p. 61). The ethnic groups in Ghana include, Akan, Ga-Dangme, Ewe, Guan, Mole-Dagbani, Grusi, Gurma, Mande and others (Ghana Statistical Service, 2013). Ethnicity is acquired based on the family a person is born into. Therefore, before the child is born, his or her ethnic group is predetermined.

The various ethnic groups can be found in all the sixteen regions of the country. However, some regions are dominated by specific ethnic groups. For example, in the Central, Western, Ashanti, Bono, Ahafo, Eastern and Greater-Accra Regions, there are more Akan people. The Volta Region also has majority of its population being Ewe. In general, there are different ethnic groups in each region of the country (Ghana Statistical Service, 2013).

Within each ethnic group, there are cultural practices that are adhered to by those specific groups. The languages spoken, preferred meals, traditional way of dressing and certain cultural practices differ from one ethnic group to another. It is also interesting to note that certain do's and don'ts are also unique to ethnic groups. Therefore, once a person belongs to a certain ethnic group, the person is familiarized with the culturally accepted way of doing things as a member of that ethnic group.

Ethnicity just like religion plays an important role when it comes to perceptions about teenage pregnancy in Ghana. It influences how a teenager is supported, accepted and treated when she gets pregnant. The approaches to teenage pregnancy issues may differ from one ethnic group to another based on their cultural beliefs. This is in part so because in many communities, there are cultural and traditional mechanisms that regulate moral and sexual behaviors of young people (Osafo, Asampong, Langmagne, & Ahiedeke, 2014). The young mothers interviewed in this study were from different ethnic affiliations in Ghana. Therefore, they had some different experiences about teenage pregnancy. However, there are some perceptions about teenage pregnancy and teenage motherhood that are similar across many ethnic groups. These similarities were also observed during the research. For example, it was common for the older women in the family to assist young mothers in caring for their newborn regardless of the ethnic group they belonged to. It was also common for parents to get angry at their daughters for being pregnant. However, the expressions of parents as a result of this anger varied. While some parents asked their daughters to go and live with the family of the man with whom they were pregnant, others had a meeting with the man's family to discuss how they were going to take care of the pregnant girl. Some of these decisions were informed by the ethnic affiliations of the young girls or their partners.

2.8 Childhood and Child-rearing in Ghana

A child is a term which is used to mean two different things in Ghana. First, a child is used in reference to a person's age. Secondly, it is used to connote a person's status (Mensa-Bonsu & Dowuona-Hammond, 1996). When referring to a child in terms of age, a person below the age of 18 years is referred to as a child. However, with reference to a person's status as a child, an individual remains a child to his or her parents for the rest of their lives, despite the age they attain.

This status is accompanied with certain rights and responsibilities. This status of childhood is emphasized more when the individual lives with the parents and is still dependent on parents for financial support. The usage of the term 'child' can therefore mean any of the above and can sometimes mean both. Especially when the child is below the age of 18 years. The definition of a child in Ghana is therefore not restricted to one answer. It is dependent on the subject of discussion (Mensa-Bonsu & Dowuona-Hammond, 1996).

In Ghana, children are perceived to be a resource (Mensa-Bonsu & Dowuona-Hammond, 1996). They are also seen as vulnerable beings who need to be protected and nurtured (Boakye-Boaten, 2010). Within households, there are children who may not be the biological children of the parents in the family. Some of them are adopted into the family. The practice of fostering is common in Ghana (Mensa-Bonsu & Dowuona-Hammond, 1996). This practice ensures that almost all children whose parents are unable to take care of them for certain periods of their lives, are taken care of by extended family members. In such cases, these children are accorded all the rights and responsibilities of biological children of the family. This system ensures that each child is equipped with the necessary skills to perform his or her duty within the community (Mensa-Bonsu & Dowuona-Hammond, 1996).

Fostering in Ghana and other parts of Africa is a practice that has been in existence for many years (Boakye-Boaten, 2010). It includes children being sent to live with wealthier family members, usually in the cities or urban areas. The parents of these children do so with the hope that their children would receive better care and probably have the chance to attend school in the urban areas. Children are also sent to live with other relatives to serve as help or companion to relatives who live alone and need someone to take care of their home while they go to work (Boakye-Boaten, 2010). In the Ghanaian context, a foster child is not one who has been placed in a family by social service agencies or any legal institution. Rather, the child is freely given by his or her parents to a friend or a relative to be taken care of, for an extended period. The foster parents do not receive any monetary benefits from the child's biological parents. It is part of the Ghanaian culture to foster the children of other relatives and have your children fostered by extended family members if one desires that (Mensa-Bonsu & Dowuona-Hammond, 1996).

When children are born in Ghana, they are considered as a treasure, an investment, and a resource, to their parents and the entire community (Boakye-Boaten, 2010; Mensa-Bonsu & Dowuona-Hammond, 1996). Therefore, the community, made up of schools, religious organizations and individuals within the society collaborate with parents in the upbringing of the children. This is to ensure that children are accustomed to the customary norms of the communities they are born into. In so doing, the older generation trains children to conform to the norms that are deemed fit for the society so that these norms can be passed on to future generations. Hence, there is a proverb which says that it takes a village to raise a child (Boakye-Boaten, 2010). While this is still practiced in many parts of Africa and Ghana to be precise, the social dynamics have changed, making it difficult for all these related institutions to be actively involved in the upbringing of children in recent times (Boakye-Boaten, 2010).

According to Boakye-Boaten (2010), the extent to which the entire community is involved in a child's upbringing nowadays, is dependent on the socio-cultural context that the child is born into. This context could be either urban or rural. In the urban context (cities), the community which is actively involved in child-rearing consists of the biological parents, schools, religious institutions and the media (Boakye-Boaten, 2010). However, in the rural context (villages), there is a greater likelihood that children live close to their extended family. This makes the extended family an additional resource aside biological parents, schools, religious institutions and perhaps the media when it comes to child rearing. However, the extent to which the community is committed and devoted to training children and protecting them has been changed by socio-political and economic factors and as a result of modernity (Boakye-Boaten, 2010). For this study, the focus was on an urban context. Therefore, the family dynamics which was observed was mostly restricted to the nuclear family. However, in some cases, some external family members were involved in the lives of the young mothers. There were few cases of fosterage as explained earlier. Some young mothers were living with foster parents prior to being pregnant while others were being fostered by distant relatives after they got pregnant.

The roles of parents within the family are rooted in the needs of children. Fathers are usually responsible for the provision of financial resource for the family while mothers are responsible for taking care of the children and domestic needs of the home (Boakye-Boaten, 2010). Children also have responsibilities within the household. They assist in domestic chores, run errands, take care

of younger siblings and sometimes engage in work that earns additional income for the family (Boakye-Boaten, 2010). According to Mensa-Bonsu and Dowuona-Hammond (1996), the Ghanaian child has certain rights and duties worth mentioning. The child has a right to be given a name upon birth, the right to a place of residence or the right to be part of the father's household, the right to maintenance (thus, to be provided for by the parents, usually, the father) and the right to benefit from the property of a deceased parent (Mensa-Bonsu & Dowuona-Hammond, 1996). The duties of a child include but are not limited to; rendering services to parents within the household, contributing to the acquisition of property by the father by rendering services and looking after parents in their old age (Mensa-Bonsu & Dowuona-Hammond, 1996).

2.9 Gender Roles

Traditionally, men in Ghana were often the breadwinners. This means that, within the household, women looked up to men to provide the financial needs of the family (Brown, 1996). It was very common in the past for women to focus mainly on domestic services for the home and contribute very little financially to the household income (Brown, 1996). These roles of men and women were quite rigid in the past. Hence men had more power and control within the family set-up and were in control of decision-making in the home (Wrigley-Asante, 2011). Due to modernization, industrialization, economic factors and changes in the organization of the family structure, the roles are quite flexible in many households now. Women contribute financially within households more now than they did in the past. In such homes, women take on more responsibilities in addition to nurturing children and are able to make important decisions for the family (Wrigley-Asante, 2011).

In some households, financial expenditure is shared by couples. This is found mostly in urban areas, in households where women have regular jobs just like men. The role of women as sole nurturers within the home has not completely changed (Diabah, 2018). Women are also expected to provide domestic services within the household in addition to their paid occupation. This responsibility is usually not shared by couples equally. Although there are a few households where men perform some domestic duties, in traditional Ghanaian homes, women were responsible for

child-care, cooking, and other domestic duties (Brown, 1996). This practice continues in contemporary Ghanaian homes (Diabah, 2018).

Traditionally, women were perceived to have an inferior status compared to men. They were not involved in decision making and were not permitted to speak in public without permission from elders (Brown, 1996). They were taught to respect elders and be obedient to their husbands. Through certain initiation rites of young girls, social practices, religion, polygamy, child marriages and widowhood inheritance, the inferior position of women was constantly reinforced (Brown, 1996). These days, many women are educated to realize that they are not inferior to men. At the same time, as a result of social learning and certain beliefs surrounding the position of women within the Ghanaian community, some young women of the present generation still act in ways that reflect the notion of women as inferior.

These gender roles are transferred to the younger generation and indirectly enforced through child-rearing practices. As children grow within the family, household chores are delegated to them. It is typical to see female children being asked to do chores which involve cooking, cleaning, washing and taking care of younger siblings while male children are asked to engage in chores that are deemed 'manly' like trimming lawns. When children reach their adolescence, young girls are advised to avoid sex before marriage as it was more honorable to have sex only when married. Young girls who did not heed to this advice were perceived as promiscuous and disrespectful. Young boys were however not monitored about their sex lives (Liljeström & Tumbo-Masabo, 1994).

Gender roles have changed slightly in contemporary Ghanaian societies (Diabah, 2018). This is especially true for urban areas or cities. Gender roles are largely dependent on the context these days. In recent times, the financial position of women determines the level of power they possess within the family and the community they are part of (Diabah, 2018). Modernization has also transformed child-rearing practices among the current generation, and this has also changed how gender roles are manifested in various homes in Ghana currently. As mentioned earlier, there are some aspects of gender roles which continue to persist in some spheres. This affects how teenage pregnancy is viewed by Ghanaians. It also influences how young mothers perceive their situation and how they perceive motherhood.

2.10 Summary

This chapter began by showing that teenage pregnancy occurs all over the world, however, it is more common in some countries than others. Some context specific issues were presented to provide a better understanding of teenage pregnancy in Ghana. They include, maternal health in Ghana; education and its effect on employment and finances; religion; and ethnicity. Childhood and child-rearing practices in Ghana; and gender roles were also highlighted in this chapter to situate this study within the Ghanaian context. These practices and norms provide a better understanding to the discussions about teenage pregnancy and motherhood in this study. Therefore, the experiences of teenage mothers in Ghana, and even in an urban area in Ghana, is likely to be different from other parts of the world.

CHAPTER 3: THEORETICAL PERSPECTIVES AND CONCEPTS

3.1 Introduction

Theoretical concepts serve as a framework for understanding and providing insight into empirical experiences (Nilsen, 2005). This chapter provides a conceptual approach to understanding teenage pregnancy and early motherhood experiences in Ghana. Teenage pregnancy is a social phenomenon that cannot be studied through a single theoretical lens. Hence, this study focuses on some theoretical perspectives and concepts which guided and informed the research design and served as a lens through which the empirical data was analyzed. The chapter presents briefly, the main research perspective within which this study is anchored, the social studies of children and childhood. Other theoretical concepts significant to this study such as stigma, resilience, agency and social support are then highlighted. Together, these concepts serve as a framework which helps to understand, situate, analyze and discuss the data generated from the fieldwork.

The concepts presented in this chapter are interconnected in the analysis of themes in this study. Using the social studies of children and childhood approach to child research, this study acknowledged the social construction of certain key phenomenon in Ghana. Specifically, childhood, adulthood, child rearing practices, gender roles, teenage pregnancy, motherhood and parenting were discussed with a consideration of the way these phenomena are socially constructed in the context of the research. Social constructions affect the way stigma is created and reinforced within societies. It also influences the way individuals respond to stigma (Coleman, 1997; Goffman, 2009). Stigmatized individuals may also learn to be resilient and exercise their agency depending on the availability or absence of the social support they receive in their time of difficulty (Abebe, 2019; Cohen, 1992; Coleman, 1997; Goffman, 2009; A. James & A. James, 2012; Kim et al., 2014). The chosen concepts are therefore meant to complement each other to create a better understanding of the empirical data.

3.2 Social Studies of Children and Childhood

The social studies of children and childhood is an approach to child research which views children as active social agents and childhood as a social category. It makes use of theoretical and some methodological knowledge from social anthropology and sociology and also includes research from other social science disciplines such as pedagogy, psychology and geography (Corsaro, 2011; James & Prout, 2015; Qvortrup, 1994). It does not ignore the biological nature of children. Rather, it focuses on the daily experiences of children together with the societal, cultural and structural issues that affect them (James & James, 2008). It argues that children can be active participants of their own lives. It has also increased attention about doing research with children rather than on them or about them (Woodhead & Faulkner, 2000). One of the main purposes of this perspective is to give a voice to children by encouraging their participation. It also seeks to highlight the perspectives of children rather than placing the emphasis on adult assumptions although adult perspectives cannot be eliminated from research due to the use of theories, concepts and adult interpretations of empirical material. Within this approach, childhood is understood as "an actively negotiated set of social relationships within which the early years of human life are constituted" (Prout & James, 1990, p. 7).

According to Prout and James (1990, pp. 8-9), certain features of the sociology of children and childhood make it an approach of much potential for child research. I was inspired by these features while working on the theoretical concepts, methodological framework and analysis of empirical data in this research. First, childhood is understood as a social construction. Secondly, childhood is a variable of social analysis (Qvortrup, 2002). Therefore, it cannot be separated entirely from variables such as ethnicity, gender and culture. Moreover, the social relationships and cultures of children are worthy of being studied to reflect the perspectives of children rather than emphasizing adult assumptions. Furthermore, children must be viewed as active participants in the construction of their own social lives rather than passive subjects of social structures and processes. Finally, the use of methodology which allows children a more direct voice and participation in the production of data is preferred (Prout & James, 1990).

According to James (2009) seeing children as active participants, reflects the everyday experiences of children within their communities all over the world. This way of understanding childhood

allows adults to view children as having the potential to be more proactive with their lives. Hence, this approach to research allows the views of children to be considered as important and relevant. This approach to childhood is the premise on which this study was structured and planned. Based on this understanding of children, talking to children as informants was very valuable for this research. The concepts applied in this study were utilized bearing in mind the context of the research. Hence, the culture, child-rearing practices, gender roles and conceptualizations about children and teenage pregnancy were not ignored.

3.3 Social Constructionism

Social constructionism is one of the foundation blocks of the childhood studies discipline (A. James & A. James, 2012). According to Burr (2015), a single definition would not suffice in explaining what social constructionism entails. However, there are certain assumptions that are held by proponents of this approach to social enquiry. Social constructionists are of the view that a critical look should be taken into our understanding of occurrences in the world rather than assuming that our observations of phenomena are objective and unbiased. Burr (2015) argues that the social constructionist standpoint looks critically into perceptions about the world and about individuals that are 'taken for granted'. Another characteristic of social constructionism is the focus on the history and cultural specificity of the concepts and classifications that are used when making meaning of things around us. For example, understandings of the concept of childhood "…depends upon where and when in the world one lives" (Burr, 2015, p. 4).

Social constructionism is also of the view that knowledge about the social world is created through the interactions of individuals within the society. This suggests that, knowledge does not merely occur within nature. It is a production which is undertaken by individuals as they engage with each other on a regular basis. As such, the knowledge produced about the world is constantly changing depending on culture and history. As knowledge is being constructed by society constantly, it calls for social action from people. Through the actions of people, knowledge about the world is either retained or rejected as society progresses. Social action enables society to reinforce acceptable behavior and do away with practices that are not deemed beneficial (Burr, 2015).

Recognizing that childhood is a social construction provides a diversified understanding to the concept. It enables researchers to understand that childhood is influenced by factors such as culture, economics, history, politics, geography and the like. Therefore, what childhood represents in various parts of the world is dependent on some of these factors. Likewise, the experiences of children may differ based on the society in which they find themselves. In other words, there are many different childhoods rather than one single form of childhood. The terms, newborn, infant, toddler, child, teenager, youth, young adult and so forth are used in several societies. These categorizations are made to reflect the various stages in the lives of children. However, different societies may have different ways of referring to these developmental stages (A. James & A. James, 2012). Hence, any discussion about childhood cannot be made without considering the context.

Teenage pregnancy like many social phenomena, is uniquely understood and interpreted based on societal interactions which have occurred over time. The history, culture and setting of a society cannot be disregarded when discussions such as childhood, teenage pregnancy and teenage motherhood is concerned. The definition of a teenager may depend on the time and place involved. For example, the biological and social reasons for categorizing a person as a teenager in Ghana may be different from another country. It may also differ from one context to another within the same country. In this study, reflecting on the norms and practices adhered to within the Ghanaian context provides a deeper understanding into the experiences of young mothers in urban Ghana. The concept of social construction is used in the analysis of empirical data to explain why certain ideas about teenage pregnancy and motherhood exists. It is also used to understand why stigmatization of teenage pregnancy continues to exist in various forms within the Ghanaian community studied. The concept is also used to explain why teenagers are likely to embrace motherhood although they did not plan for it.

3.4 Stigma

As individuals interact within the society, they tend to form opinions about each other. Certain opinions about people tend to focus on the undesirable traits that the individuals exhibit. The term stigma was coined by the Greeks to refer to physical marks on the body of a person (Goffman,

1997). These marks were purposefully made to display an unusual or bad moral status of the person. Such persons were usually slaves, criminals or renegades (Goffman, 2009). Stigma and its effect on human interactions was first brought to the attention of scholars by Erving Goffman (Ainlay, Becker, & Coleman, 2013). Since he wrote about it, the term has been used by scholars from different fields of study.

According to Erving Goffman, "a stigma is an attribute that makes a person different from others in a social category, and it reduces the person to a tainted or discounted status" (Goffman, 1997, p. 133). Three broad types of stigma are mentioned by Erving Goffman. These are, "physical differences, perceived character deficiencies and 'tribal' stigma of race, nation or religion" (Goffman, 1997, p. 133). Physical differences are various kinds of physical deformities that are considered as abominations. An example is leprosy. Tribal stigma is passed on through lineages and can be transferred to people within the same family. Perceived character deficiencies are imperfections in an individual's character which are considered as unnatural, weak, treacherous or dishonest, conferred on people because of known records of alcoholism, homosexuality, suicidal attempts, imprisonment, etc. It has been found that many societies have expectations of individuals based on their gender or status. For instance, there are expectations placed on children, boys, girls, first-born children, wives, husbands, students, politicians etc. (Liljeström & Tumbo-Masabo, 1994). Once these expectations are not fulfilled, it creates a room for stigmatization. Thus, going against the norms of a society which a person finds himself or herself in, may lead to stigmatization. The perceived character deficiencies which lead to stigmatization of people is of much relevance to this study. This is because, teenage pregnancy is considered as an unnatural life transition for young girls in Ghana. Hence, the young girls who get pregnant as teenagers are perceived to have character deficiencies when compared to the socially accepted character for teenage girls in Ghanaian communities.

During social interactions, people tend to predict the social identity of others in their initial encounters with them (Goffman, 1990). These predictions are made based on pre-existing attributes that are used to categorize individuals within any given society. This means that there are attributes that are expected to make up an individual's social identity known to us before we get close to them. Goffman (1990) referred to this as the virtual social identity. After meeting people, the expectations we had of them or the categories we placed them in, might be confirmed

or disproved by the attributes they present to us. This is known as the actual social identity (Goffman, 1990). A person's actual social identity may reveal attributes which makes them different from others in the same social category we expect them to be in. A discrepancy between the virtual social identity and the actual social identity is what becomes a stigma. When the attributes which makes a person different are undesirable and extreme, there is a focus on these undesirable traits when dealing with the person (Goffman, 1990). When a person has a stigma, there is a focus on the undesirable features or traits of the person which tend to make people avoid or disregard the person. Moreover, stigma is portrayed when the affected person does not follow expected behavior, norms or practices. Society sets the standards for behavior expected from different categories of persons at a given time (Goffman, 1997). Therefore, not all undesirable attitudes are classified as stigma but only those undesirable attitudes that do not correspond with the stereotype of what an individual in that category should be. Those whose virtual social identity match their actual social identity are referred to by Goffman (1990) as the 'normals' because their character and attitudes correlate to the expected standards set by the society. Although stigma refers to the attributes that are extremely undesirable within the social context, what is important to look into when it comes to stigma, is not the attribute in itself but how it affects the relationships of people within the society (Goffman, 1990).

When there is an inconsistency between a person's virtual social identity (the attributes we expect from the person and the category we place them in) and actual social identity (the category and attributes they confirm to possess), it is sometimes possible for this to be known to others before or immediately a physical contact is made (Goffman, 1990). This is because, some of these undesirable attributes are visible (For example, pregnancy is visible) or the people might have a previous knowledge about the individual. In that case, the person becomes a discredited person (Goffman, 1990). However, when it is not possible to see or know that a person possesses an undesirable attribute, then the person is referred to as a discreditable person. When a discreditable person is in a social situation, he or she tries to manage the information which makes them different from the 'normal' person because of the possibility that that information will lead to stigmatization (Goffman, 1990). In other words, they try to interpret how other people relate to them and think about how they can present themselves. One way that stigmatized individuals handle their situation with the 'normal' during social interactions is by utilizing the arts of impression management. This

refers to “the arts, basic in social life, through which the individual exerts strategic control over the image of himself and his products that others glean from him” (Goffman, 1990, p. 155)

Hence, a pregnant teenager for example (depending on the context), may not let others know about her pregnancy in the initial stages when her stomach area is not protruded to avoid being stigmatized. A discredited person, or a stigmatized person has the same thoughts about identity as the ‘normal’ person within the same category. However, they realize that they are not accepted by the ‘normal’. In addition, even if a discredited person hopes to be treated like the ‘normal’ person and hopes that his or her differentness would be ignored, they understand it when their difference is capitalized on because they are aware of the attributes that are felt to be ‘normal’ within their society (Goffman, 1990). Hence, once they incorporate the standards of their society, they tend to accept the idea of the stigma even if they do not agree with it.

According to Goffman (1990), ‘normals’ have certain attitudes towards a person who has a stigma and take certain actions because of a person’s stigma. These responses to stigma are context specific and are known to those within that society to be normal responses to such stigma. The reason why this occurs is because of the perception that the person who possesses a stigma is less-human, with a tainted and a discounted status. Based on this conceptualization, the ‘normals’ discriminate against the stigmatized (Goffman, 1990). Stigmatized individuals struggle with acceptance. This is because, in a social situation, people do not pay attention to the other side of the individual which is not affected by stigma. Hence, they fail to respect or regard the part of his social identity which is not tainted. In response, a stigmatized person may try to make efforts to correct the problem which he knows makes him tainted. Secondly, the person may try to perfect certain areas of his life to an extent that a person with that stigma is not usually capable of achieving. Also, a stigmatized individual may see his challenges as a learning process which teaches him about life and people (Goffman, 1990). Thus, he can develop through the challenges he has been faced with, exhibiting resilience.

3.5 Resilience and Agency

In chapter one and two, some challenges associated with teenage pregnancy were highlighted. In subsequent chapters, some experiences of young mothers who were able to overcome that challenging time of their teenage years will be discussed. The concept of resilience is relied upon to discuss such experiences. Resilience can be described as being able to develop in the face of an unfavorable event and find inspiration from it (Southwick & Charney, 2018). Within the field of childhood studies, resilience is conceptualized as

> an unevenly distributed variable of behavioral and emotional functioning that enables children and young people (and adults) differentially to cope with, and adapt positively to, adverse circumstances and experiences, thereby ameliorating to various degrees their negative effects and enabling positive adjustments to be made, even in conditions of risk (A. James & A. L. James, 2012, p. 99).

Resilience is not perceived as an inherent characteristic in people. Rather, it requires that individuals acquire behaviors, thoughts and actions through learning and lifestyle modification. It therefore requires a personal effort from the individuals who have been through the difficult experiences. Aside the personal resources, competencies and skills that people possess, they also compete with environmental stressors to be able to grow out of the stressful situation (Ungar, 2005).

Children can be vulnerable and dependent in some ways, but like adults, they can be resilient and capable in other ways (Abebe & Kjørholt, 2009). The concept of resilience offers an opportunity to focus on the agency of children and young people rather than focusing on their vulnerabilities and their need for protection (A. James & A. James, 2012). Agency is important in the field of childhood studies when resilience is mentioned. Agency is defined as "the capacity of individuals to act independently" (A. James & A. James, 2012, p. 3). The agency of young people can also be described as a negotiated process which can be renegotiated based on the interactions they have with others and the context they find themselves in (Abebe, 2019). Therefore, in this research, the agency of young mothers is understood to be influenced by interactions that occur between the young mothers, social actors and social structures. This includes their culture, gender roles, older generation, their challenges and their experiences. The use of agency in this research is to

emphasize that young mothers can make life changing decisions by focusing on their individual circumstances and their coping abilities rather than on the difficult circumstances they often find themselves in. However, they do it not just because they possess the ability to act on their own, but their actions are determined by how well they negotiate their circumstances and their relations with other people (Abebe, 2019). For children and young people to demonstrate their agency, the cultural settings cannot be overlooked. This is because of the way children and childhoods are constructed differently in different cultures. Therefore, children may have different ways of showing their agency depending on the cultural context they find themselves in. Children and young people can act as independent social actors by negotiating social, moral, economic and political factors that may pose as hinderances to them (Abebe & Kjørholt, 2009; A. James & A. James, 2012).

According to Ungar (2005), young people build resilience easily when they have the support of their family and community. This study therefore looks at how young mothers develop resilience in their circumstances. It also explores the ways in which they exhibit agency in their situation either individually or with the help of their family and community.

3.6 Social support

Social support is a concept which encompasses many dimensions, making it difficult to fully define, conceptualize and evaluate (Hupcey, 1998). Commonly used in the field of medicine and health practice, "social support is defined as information leading the subject to believe that he is cared for and loved, esteemed and a member of a network of mutual obligations" (Cobb, 1976, p. 300). The concept has been employed by doctors and other health practitioners to ensure the improvement of the health of their patients. With adequate social support, the quality of life of individuals going through difficult medical conditions, has been reported to have improved with an accompanying decrease in psychological stress (Saha & Agarwal, 2016).

Social support can also be defined as "a voluntary act from one individual that is given to another individual, which elicits an immediate or delayed positive response in the recipient" (Kim et al., 2014, p. 1). This means that, social support involves an interaction between the receiver and the

giver. Another dimension of social support is that, a person chooses whom to give support. In deciding where the support goes or what kind of support will be given, the giver may consider certain factors such as age, background, and other predispositions known to the giver. When social support is provided, the recipient may perceive it as useful in that very moment, later, or not at all. Whether the recipient appreciates the support may or may not be evident to the giver (Hupcey, 1998). All these dimensions to social support make it difficult to have a single definition to encapsulate its meaning. However, in practical terms, there are different ways by which social support can be measured.

Social support can be given by close relatives, friends or loved ones and other people who are not part of the regular network of the receiver. The support may come in different forms. Kim et al. (2014) highlights three forms of social support. The first one is the physical and emotional support. This type of support can be in the form of showing love, caring for the mother or baby. Empathizing with the new mother as she struggles to adapt to her new role is also an example of an emotional support. Another form of support is termed instrumental support. This type of support is usually quantifiable. An example is financial support. Thus, providing the monetary needs of the person, like hospital bills, money for feeding, transportation and so on. Appraisal is a third form of social support which exists. This kind of support provides the person with information that enables them to assess their situation and commend themselves for their abilities. It helps the individual to appreciate the efforts he or she is making (Kim et al., 2014). The forms of social support received by the young mothers in this study fall within physical, emotional, appraisal and instrumental support. Therefore, this categorization of social support served as an inspiration for the analysis of the empirical material.

One of the problems that may arise after childbirth is postpartum depression. During pregnancy, the social support received by the female is necessary to decrease the probability of depression occurring (Biaggi, Conroy, Pawlby, & Pariante, 2016). In this study the social support systems available to teenage mothers is examined because most of them are hardly prepared for the experience of motherhood. It was important to have first-hand information from the research participants about the support that was available to them. In addition, the kind of support that they perceived to be useful to them during their pregnancy and after childbirth was also examined.

Cohen (1992) suggests that social support that can be measured in three ways, namely; social networks, perceived support and supportive behaviors. Social networks of an individual refer to the presence of different types of interpersonal relationships that a person has and the quantity of these relationships (Cohen, 1992). Perceived support is the perception that an individual's social network will provide them with the necessary assistance such as physical, instrumental, emotional or appraisal support when they need it. It also involves an assessment of the support they have already received in the past as useful when they needed it (Cohen, 1992). Supportive behaviors are the efforts and actions that are meant to assist individuals in their time of need (Cohen, 1992). The study highlights the effect of stigma on the social networks of young mothers. The relationship between them and their friends, family, partners and members of the community in which they live is likely to be affected because of the stigma attached to teenage pregnancy. The support that they received through some of these social networks was examined. The supportive behaviors of parents, especially older women were also examined since they were the closest relations of the young mothers and were often affected by the stigma of teenage pregnancy as well. The perceived social support of young mothers, which is the kind of support that they believed was available when they needed it, was also highlighted. This categorization of social support measurement is of relevance to this research because it helped in analyzing and presenting the various support that young mothers gave account of during the interviews.

3.7 Summary

The chapter has presented the theoretical framework for the study and pointed out the relevance of the theoretical perspective and concepts for the research. The social studies of children and childhood was briefly presented as the research approach utilized in this study. In connection to this research approach is the concept of social construction which was also discussed. Furthermore, the concepts of stigma, resilience, agency and social support were also highlighted, stating their relevance to the study. These concepts combined, were used to analyze the empirical data in subsequent chapters to give a better understanding about the experiences of young mothers in an urban Ghanaian community.

CHAPTER 4: METHODOLOGICAL FRAMEWORK

4.1 Introduction

The aim of this research was to explore the experiences of teenage mothers and their adaptation to their new role as mothers. I was interested in the kind of challenges faced by young girls when they are pregnant, how they adapted to pregnancy for the first time and how they managed to gather information about their pregnancy related concerns. I was curious about what happens to the private and social relationships of young girls during this phase of their lives. I also wanted to know how society treats teenagers who are pregnant. Moreover, being novices to motherhood, I was curious to know who takes care of the newborn and how young mothers respond to this new role. Furthermore, I was interested in knowing the kind of support systems available to young mothers.

This chapter gives an overview of the methodological framework, the research design and the methods used in my study. It begins by providing a summary of the research aims and research questions. It goes on to provide a description of the research site. The chapter continues to provide an insight into the choice of research participants and their selection. The process of gaining access to the participants is then explained. The specific methods used in generating data, are also presented in this chapter. Furthermore, some ethical concerns and challenges encountered during fieldwork are then highlighted. The chapter concludes with a summary of how the data was transcribed and analyzed.

4.2 Research Site

The research was conducted within one of the urban localities of Ghana with a population of about 200,000 people (Ghana Statistical Service, 2014). It is also situated within the Greater Accra Region, home of the capital city of Ghana, Accra. Inhabitants of the locality benefit from good roads, potable water, access to health facilities and power supply. It can be described as a melting pot because of the presence of people with different ethnic backgrounds living together in

harmony. In this municipality, one can find ethnic groups like Ga-Dangme, Hausa, Ewe, Fante, Dagomba, Ashanti, Guans and many more (Ghana Statistical Service, 2013). The inhabitants comprise of Christians, Muslims and traditionalists (Ghana Statistical Service, 2013). There is only one public health facility within the municipality although several private health facilities also serve the community.

In choosing a field site for this research, I considered a site which is urban because most of the research projects on teenage pregnancy have been conducted in rural areas. Choosing this locality therefore bridged some of the gaps in research. Secondly, this site was chosen because of its rich ethnic composition. The research aimed to explore sociocultural issues surrounding teenage pregnancy. Therefore, the research site was chosen in order to have the possibility of individuals from a variety of ethnic groups partaking in the research. Furthermore, the population was perceived to be relatively young and seemed to be a good site to locate the relevant participants for this study. In addition to the above, the community has a single public health facility which caters for the health needs of pregnant women as well. Choosing this site made it easy to focus on one health facility which was most likely used by many of the participants.

4.3 Research Participants

The main objective of this research was to explore the experiences of teenage mothers in an urban setting. In doing research, the choice of participants is very crucial because, it can affect the validity of the research if it is not done carefully (J. Ennew et al., 2009). The participants of this research were chosen based on their experience in connection to the research aims and objectives. It was imperative to interview young mothers who had their children during their teenage years and were still taking care of their children. The participants of this study were young mothers between the ages of 14 and 23 years. All the mothers were below the age of 18 at the time of their first pregnancy. In total, there were 14 female participants. 6 of them were below 18 years at the time of the research while 8 were between 18 and 23 years old. The demographic characteristics of these participants were a result of accessibility and availability. Some of the participants had been mothers for a few days, some, a couple of months and others had been mothers for up to 10 years. Since the purpose of this research was to highlight the experiences of teenage mothers from

the time of their pregnancy to their post-delivery period, the experiences of all the participants were beneficial in different ways.

4.3.1 Characteristics of Research Participants

All the participants had one thing in common, which was teenage pregnancy. However, there were other individual features that set them apart from each other such as their ages, level of education, religious affiliation, occupation, marital status and ethnic background. These details about the research participants are shown in Table 1 below.

Age at interview	Age at first pregnancy	Educational Background	Religion	Occupation	Marital Status	Ethnic Background
17	16	JHS	Christian	Unemployed	Single	Ewe
17	16	Primary	Christian	Unemployed	Cohabiting	Akan
14	13	Primary	Christian	Unemployed	Single	Ga-Adangbe
20	16	Primary	Muslim	Unemployed	Single	Mole-Dagbani
23	13	Primary	Muslim	Dressmaker	Single	Mole-Dagbani
15	14	None	Muslim	Unemployed	Single	Grusi
20	17	JHS	Muslim	Trader	Cohabiting	Mole-Dagbani
17	17	SHS	Christian	Unemployed	Single	Akan
18	17	JHS	Christian	Unemployed	Single	Ewe
19	17	JHS	Christian	Sales attendant	Single	Ewe
22	17	SHS	Christian	Student	Single	Guan
17	16	JHS	Christian	Unemployed	Single	Akan
18	17	SHS	Christian	Unemployed	Single	Akan

18	16	Primary	Christian	Hawker	Single	Akan

Table 1: Characteristics of research participants

The table shows the participants' ages at the time of the interview, their ages at the time they had their first child, educational background, religion, occupation, marital status and ethnic background. A total of 14 young mothers were interviewed. The youngest was 14 years and the oldest was 23 years as of July 2017. They were all below 18 years when they had their first child. Two of them were 13 years, one was 14 years, five were 16 years and six were 17 years when they had their first baby. Hence, they all experienced motherhood for the first time as teenagers. There were ten Christians and four Muslims. Nine of the young mothers were unemployed at the time of the research. The others were either engaged in or training to take up some informal sector jobs. None of the young mothers was married but two of them were living with their partners. The research participants were from different ethnic backgrounds. Although the participants were not randomly selected, the geographical location of this study provided a culturally diverse group.

4.3.2 Selection of Participants

Participants of this study were selected using purposive sampling. According to Etikan, Musa, and Alkassim (2016, p. 2), "the purposive sampling technique, also called the judgment sampling is the deliberate choice of a participant due to the qualities the participant possesses". Using the purposive sampling method, the participants were chosen based on the experiences they have been through with teenage pregnancy and their expertise as young mothers. Thereby, their knowledge and experiences were useful to the objectives of the research (Bryman, 2012).

The decision to select young mothers as research participants stems from the fact that the study was aimed at obtaining firsthand information from mothers who were pregnant in their teen years and have experienced childbirth at an early age. Furthermore, the selection of participants was not restricted to young mothers who were below the age of 18 years. This was because the study also sought to explore the experiences of young mothers who have moved on with their life after child birth. Apart from the characteristic of the participants as young women who have been through

teenage pregnancy and early motherhood, other criteria were considered during participant selection. These were, accessibility, readiness to participate and the capability to share their experiences and opinions about the topic (Etikan et al., 2016).

4.4 Gaining Access

The issue of access in research can sometimes be a recurring one and that was the case for this research (Abebe, 2009; Bryman, 2012). Gaining access to young mothers from a population of about 200,000 people was more difficult than I envisaged. It required constant negotiations with gatekeepers. There were formal gatekeepers such as the Regional Health Directorate and health personnel. There were also informal gatekeepers such as respected community members, parents and guardians (Reeves, 2010).

I began my quest to obtain access by going to the local health facility. Being the only public health facility in the municipality, it was assumed that the number of people who went to the facility, including young mothers, was high. The intention was to request for the contact numbers of teenage mothers who had visited the health facility as an easy way to access my research participants. I went to a section which was reserved for post-natal services and later found out that it was also the adolescent health unit of the hospital. There, I met one of the health workers who worked with adolescents. I briefed her about my research and showed her my letter of introduction, copies of my interview guide and a detailed explanation of the research aims and objectives. She then informed me that I had to request for a letter of approval from the Regional Health Directorate of the Ghana Health Service. She further explained that without the clearance or approval letter, she could not give me the contact numbers of any of the young mothers who visited the facility. While awaiting the letter I was granted permission to visit the health facility to observe their daily activities. I met some of my participants during my observations at the adolescent unit and approached them. They had brought their babies to the post-natal clinic to be weighed. I asked for their phone numbers and later called them to schedule a meeting.

Due to time constraints and delay in obtaining the letter requested, I continued my quest to gain access to research participants without relying solely on the health facility. I soon discovered that

access to my participants was easier with referrals. By this I mean it was easier to gain access to participants when I was introduced by people who were well known and respected in the community. One of them was a dressmaker I knew. She introduced me to a young mother who lived close to her dressmaking shop. The second person was a woman who owned a convenience store within the community. She was very well known and confirmed to knowing most of her customers. First, she went with me to the head of the community to inform him about my research and obtain permission. Through her, I gained access into several homes where young mothers lived. Once she vouched for me, the parents and guardians of my participants gave their consent for me to approach their children.

4.5 Research Methods

This section focuses on the modes of communication between the researcher and research participants which generated the data for this study (J. Ennew et al., 2009). The childhood studies discipline is grounded in the idea that researchers must give a voice to children by treating them as individuals whose ideas and opinions are relevant (Prout & James, 1990; Solberg, 1996; Woodhead & Faulkner, 2000). Therefore, the choice of methods for conducting research relating to and involving children is done with this mindset. It is also important to select methods that are more advantageous for the age groups of the participants engaged in the research as argued by J. Ennew et al. (2009). Although the participants of this research were older children and young adults, these perspectives were considered to ensure that the methods used were more likely to produce data which reflected the views of the participants.

In a quest to provide a space for research participants to share their experiences, qualitative research methods were employed. In qualitative research, data is generated by focusing on the perceptions of participants about the research topic or phenomenon. In line with the childhood studies approach to research, qualitative interview research engages people in conversations by treating them as persons who are participating in a process of making meaning rather than as objects (Brinkmann & Kvale, 2015). Specifically, semi-structured interviews were used. Secondly, unstructured observations were made in a non-participant manner to complement the data generated from interviews. In addition to the two methods, field notes were made throughout the

fieldwork process. Secondary data in the form of online statistical reports, information on webpages, media publications, online articles and journals were also utilized.

4.5.1 Semi-structured Interviews

In this study, the lived experiences of participants were explored. The questions under investigation were tailored to obtain direct information from individuals who have gone through the experience of teenage pregnancy and childbirth. According to Kvale and Brinkmann (2008), interviews are conversations with the aim of understanding certain phenomena from the perspective of the participants. Through interviews, a researcher gets to know about the experiences, thoughts and perceptions of individuals in the manner which they want to tell it. Interviews also provide an opportunity for people to share their emotions, as well as, present and past situations with the researcher. It further provides the researcher a privilege to enter the private space of research participants as they open up about issues they might not talk about in ordinary conversations (Brinkmann & Kvale, 2015).

The semi-structured interview technique was used for this study. It provided the space for participants to determine the pace of the conversations. There was an interview guide which was prepared prior to the fieldwork period (see appendix 2). These questions were formulated based on the research questions, aims and objectives. There were three groups of questions in the interview guide. The first group of questions consisted of some biographical information. The next section focused on narratives of their experiences of teenage pregnancy and motherhood. In the concluding section, the questions focused on the support systems available to participants and the type of assistance they received in taking care of their babies. These questions were used mainly as a guide since the nature of semi-structured interviews allows participants to be spontaneous with their responses. They also made it easy for the researcher to maintain focus on the topic being discussed (Brinkmann & Kvale, 2015).

In total, there were 14 interviews with all the participants. Out of this number, 13 interviews were one-to-one between the researcher and one participant at a time. One interview was held in the presence of a sister to the participant because this was what the participant requested. 6 of the

participants were below 18 years and 8 of them were above 18 years. Apart from three interviews which were held at the premises of the health facility, all the interviews were had at the homes of the participants. The day and time of the interviews varied because of availability of the participants. All the interviews were held at the convenience of participants. All the interviews were recorded after seeking permission from the participants, using a digital tape recorder and later transcribed. An adequate amount of time was spent introducing myself as a researcher, explaining what the research was about, the purpose of the research and reason behind the interviews. As a researcher, it was important for me to let my participants know why I wanted to have the conversation with them, why the tape recorder was used and the importance I placed on their anonymity.

Using semi-structured interviews meant that the participants could be open with their responses to questions. Participants were not restricted in the kind of answers to provide to questions. Rather, they decided on how to answer the questions on their own. They were also informed that they could decline to answer questions if they felt uncomfortable answering them. Considering the context within which the conversations about teenage pregnancy was held, my knowledge about the topic as a researcher was important. It enabled me to understand the body language and cues from the participants. Being a sensitive topic to discuss, participants were constantly reminded that their opinions and experiences were relevant, and their anonymity was assured.

Research participants could lead the conversations once the topic had been introduced. During their narrations, there were several instances where clarifying questions were asked. Participants were asked to elaborate more on statements which were not very clear during the narrations. At certain points, participants could go further to talk about issues which were not directly related to the research but were important to them. However, the interview guide was a key instrument to redirect the focus of the interview when necessary.

Using semi-structured interview technique was also a good choice with regards to the age group of the participants. The participants were all articulate and knew how to get their opinions across and this was instrumental for generating data in a participatory manner (J. Ennew et al., 2009). According to Brinkmann and Kvale (2015) in interview research, the researcher should approach the conversations with the necessary skills that can enhance real and open discussions about the

topic. The interviews were started on a friendly tone to allow participants to get comfortable and trust the researcher. During the conversations, the participants could speak without interruptions, with a close attention being paid to their body language and mannerisms. They spoke in both the English language and a local language (Twi). There was no need for a translator or interpreter because I am fluent in both languages. In this research project, participants were asked to share personal experiences, some of which had the potential of making them emotional. Being able to speak the local dialect of the participants, upon reflection, was instrumental in making them more comfortable to speak up concerning these issues.

As with any research method, there are disadvantages to using semi-structured interviews. Some of these disadvantages lie with ethical issues which will be discussed further in subsequent sections. Another shortfall of interviews presents itself when the researcher is not well prepared for the spontaneous nature of semi-structured interviews. Not all the interviews went exactly as planned and this is typical with interviews. However, as Brinkmann and Kvale (2015) explain, the quality of an interview depends on how prepared a researcher is for unplanned situations and the ability to negotiate asymmetrical power relations. It also depends on how flexible the researcher is in approaching research participants as unique individuals rather than using them solely to obtain information. This was imperative to the data generating process in this study because the research participants spoke about personal, emotional and even traumatizing experiences. As a researcher, I sometimes had to pause and sympathize with my research participants to make the conversations worthwhile for them. Being sensitive to their emotions also ensured that they did not feel worse than they did before the interviews (Brinkmann & Kvale, 2015).

According to Brinkmann and Kvale (2015), interview conversations involve an asymmetrical power relation between the researcher and the research participants. A research interview is not the same as an ordinary conversation between two acquaintances. The researcher has prior scientific knowledge about the research, directs the interview scenario and asks questions in relation to a chosen subject matter. Even though researchers do not intentionally exercise this power over their participants, in certain scenarios the researcher's position becomes a relatively more powerful one as compared to the participants (Brinkmann & Kvale, 2015). However, positions of power during the research interview can change constantly from the researcher to the participants depending on the interview situation (Brinkmann & Kvale, 2015). During my

interviews, I constantly reflected upon how my position as a researcher could potentially make my participants feel less powerful. I tried to explain to them that I was a student who was interested in knowing more about their experiences to show them that they were valuable. In other scenarios, where the interviews were conducted in the homes of the participants, I felt that the participants were in a position of power because they were more comfortable in their surrounding than I was.

4.5.2 Unstructured Observations

It is said that "observation is the basis of all good research"(J. Ennew et al., 2009, p. 5.9) This is because it enables researchers to gain more insight into the context of the data. It also complements the writing process, making it interesting for the reader. For this research, observations were made for a duration of two to three hours at the health facility for eight days. It involved noticing and writing down the number of people who visited the post-natal care center and the adolescent health center. The behavior and body language of the nurses towards patients were observed. This also included the differences in behavior with regards to older women versus younger ones. Special attention was given to the relationship between nurses and pregnant young ladies as well as young mothers. Some of the comments passed by nurses about young mothers were noted. For example, a nurse asked a young mother how she got pregnant and after listening to her story, the nurse commented by saying that the young mother was not being truthful. The pitch of their voices when they (nurses) mentioned the names of the patients was observed. These observations were done in a non-participant manner, without interrupting the normal activities which took place at the facility.

I had the opportunity to witness about five consultation sessions between pregnant teenage girls and an adolescent health worker. This was coincidental but very instrumental for the research because it enabled me to have an idea about what goes on during ante-natal checkups for teenagers. It was an eye opener into the kind of interactions that took place and the amount of information that was shared with adolescents about pregnancy related concerns. Conducting observations enabled me to have a better understanding of some of the narratives given by my interview participants about visiting the health facility as a young mother. It was also instrumental in preparing me for the interviews I had with research participants.

4.5.3 Research Diary

Throughout the fieldwork period, I always carried a small notebook which served as a research diary. The main purpose of keeping the research diary was to document the research process (J. Ennew et al., 2009). In this diary, I recorded my unstructured observations as described in the previous section. Other conversations related to the research were also recorded in it. For each research day, the happenings, locations and people involved were documented. As issues came up, writing them down served as a reminder to seek for solutions before the next day. It enabled me to go to the field more prepared than previous days. The research diary was useful for noting down the names, location of contacts, and their phone numbers. When it came to interview participants, their names were written in aliases. It was very necessary to write down the directions to the homes of my interview participants. This was because although I am a native of Ghana, the research site was quite new to me. In addition, most of the locations were not available on google map. In the locality where the research was conducted, names of places, buildings and shops were used as landmarks. Moreover, it was essential to keep names of taxis to be boarded to get to the various locations. All this information was kept in the research diary using shorthand and pseudo names which were understood by me.

The research diary was sometimes completed in vehicles, on my way to and from locations visited. Some information was written at the end of each day to summarize the activities of each day. Most of the data was written as it occurred or a few minutes later. This included my impressions about interview scenarios, questions which were needed for clarifications, meanings of occurrences and ethical issues which were encountered.

4.5.4 Secondary Data

Some useful information for this research were obtained from the webpages of some institutions. The Ghana Statistical Survey webpage, www.statsghana.gov.gh was very useful during the entire research process. Publications of maternal health surveys and population census reports were readily available and provided insightful data. Several books, online articles and journals were also used during the process of this research. In addition, relevant reports from popular media houses in Ghana were also obtained from their webpages. All these data were used as supplementary

information. They were utilized mainly because of their accessibility. They served as tools to complement information obtained from interviews. They also provided the opportunity to verify and clarify observations made in the field. Most of all, they were a source of literature for the study.

4.6 Field Reflections and Ethical Concerns

During fieldwork, the personal characteristics of a researcher cannot be overlooked. The researcher's position, that is, how he is perceived by research participants during an interview for example, may have an impact on the way data is generated (Brinkmann & Kvale, 2015). Sometimes, the personal characteristics of a researcher and the choices made during fieldwork can affect the quality of data generated (Dwyer & Buckle, 2009). It is therefore important to reflect on ethical issues throughout the research process (Judith Ennew, 2008). During this research, some ethical issues were encountered, and this section discusses them further.

4.6.1 Informed Consent

For every research, it is imperative that research participants are aware of what the research entails and accept to partake in it. When it comes to children, their permission needs to be sought by the researcher even if their parents and guardians have granted consent already (J. Ennew et al., 2009). In this research, informed consent was sought from research participants and multiple layers of gatekeepers in most cases (Abebe, 2009). For the most part, consent was sought from the parents or guardians of the research participants first. This was a way of showing respect culturally and also ethically acceptable when children are involved (Abebe, 2009). The research was explained to the parents in a local language (Twi) because most of the parents could not read. The consents were oral because the parents felt more comfortable giving oral consents. They explained that the written consents felt too formal. Once permission was sought from the gatekeepers, the young mothers were also briefed about the research and asked to partake voluntarily.

For participants who were first approached outside of their home, their consent was sought first and the consent of their parents or guardians were sought on the day of the interview. All the participants gave their oral and written consents. The consent of adult gatekeepers in the form of mothers, aunties and grandmothers was required to gain access to 12 of them. In some of these cases, the participants were above 18 years but still preferred that their parents granted them consent to partake in the interview. This was a culturally acceptable way of doing things because, as a researcher, I was a stranger to the family, and I needed to be accepted by their parents since the young mothers lived with their parents. It was an informal way of introducing myself to the owners of the home and seeking their permission to talk to their daughters. These consents were oral consents because the adults were skeptical about signing consent agreements. Some mentioned that they did not want to sign it because it was too formal. Others declined because they found it to be unnecessary. In my opinion, they did not understand the importance of a consent agreement although I took time to explain it to them. For 2 of the participants, there was no guardian acting as a gatekeeper, so they had sole responsibility for providing their consent and agreed to sign the consent agreement. The two were both above 18 years.

For some of the participants, it was more important for them to obtain permission from their parents before any conversation was held. In one instance, a young mother of 17 years was approached at a health facility to partake in the research. She agreed to take part in an interview session but upon discussing it with her mother, she declined to take part in the research. She explained that her parents did not want her to talk about her private issues with a stranger. All efforts to explain the research to the parents of this young mother proved futile. Hence, her consent was not enough.

As Abebe (2009) described in his work, research may require multiple layers of gatekeepers. It is therefore important to also inform the necessary organizations and individuals who have a stake in the topic under investigation. In the case of this research, clearance was sought from a governmental institution which oversaw the administration of the health facility I visited. The process involved providing them with a detailed explanation of my research, my interview guide and a letter of support from my educational institution. I was informed that the processing time was dependent on the workload they had. I was asked to provide my phone number so that I could be called to pick up the letter of approval. I waited for several weeks but did not get a call. I went

back to the institution to follow up and I was asked to go back and wait for a call. Meanwhile, the nurse in charge of the department which I visited at the health facility granted me the permission to conduct observations during the waiting period. Since the clearance letter was not forthcoming, I was unable to get direct contact numbers of teenage mothers from the health facility. However, during the period when I conducted observations at the health facility, I met some young mothers who visited the facility and asked if they could partake in the research. Hence, I recruited some of my participants from the health facility. In addition, with the help of some informal gatekeepers, I was able to recruit some of my participants as previously described.

4.6.2 Insider-Outsider Role

When a researcher possesses some knowledge about the research participants, it is said that the person is an insider (Dwyer & Buckle, 2009). Conducting research in Ghana as a native Ghanaian made me an insider in that respect. The customs and traditions of the people I was interacting with were familiar to me. This equipped me with the practical knowledge I needed about the field. I spoke the language my participants understood, I knew how to approach older people and how to introduce myself in a culturally accepted way. The advantage of being an insider enabled me to prepare for the ethical issue of respect for cultural tradition, knowledge and customs (J. Ennew et al., 2009). According to J. Ennew et al. (2009), researchers must acquaint themselves with locally acceptable dress codes, how to behave in specific situations, when to speak, when to sit, how to greet, say thanks, what the people eat, and so forth. In doing so, researchers are also encouraged to respect the culture of their research location and not pose as teachers. Being a Ghanaian was an advantage because I was cognizant of the culture of my participants.

Although an insider, there were instances where I felt like an outsider. I had prior knowledge of the stigmatization surrounding teenage pregnancy. However, I did not perceive that it would be a problem in an urban community where the research was conducted. I was also unaware that even after childbirth, some families were not willing to disclose that a member of their family was a teenage mother. To make this clearer, I would cite an example. While conducting fieldwork, I was informed by one of the gatekeepers I encountered that a teenage mother lived in a certain compound. She went with me to the place. Upon reaching there, we enquired about the teenage

mother, the gatekeeper also asked about her by giving a description of her. An aunt of the teenage mother told us that there was no one in her house who was a teenage mother. It took a lot of explanation before we were finally allowed to see her. Her aunt later explained that since she did not know me, she was just trying to protect her niece from potential ridicule and gossip.

Gaining access to my interview participants was easier when my status as an insider was at play. As mentioned earlier, it was not easy to gain access to most participants without the help of an older person. It was also important on my part as a researcher to respect the informal code of conducts of the research site. Knowing this was very necessary because, it made access a lot easier. Although I had an older person introducing me to the families I visited, it was my responsibility to speak to them when the permission was granted. Firstly, I knew that I had to dress modestly to show that I am serious with the research. I also had to know how to greet, state my purpose for the visit and allow the hosts to respond before I proceed. Most of all, my ability to speak the local language of the informal gatekeepers I encountered was instrumental in building trust and thereby making access to my interview participants easier.

According to Hellawell (2006), a researcher can also be considered an outsider even if he or she is a native of the research area. This happens when the researcher is not a member of the group being studied. Hence, a researcher can be both an insider and an outsider during a research project. In the case of this research, being a student from Norway made me an outsider to my research participants in some respects. In addition, having no personal experience with pregnancy or childbirth at the time of the research may have led my research participants to view me as an outsider. There is a possibility that this outsider role made participants see the need to speak about issues that they would have ignored if they perceived that I had experience with the topic. The research participants were from relatively different sociocultural backgrounds. Although they lived within the same locality, their ethnic affiliations varied. As a Ghanaian researcher, I had a different ethnic affiliation from some of the research participants as well. This might have caused them to perceive me as an outsider. However, ethnicity in Ghana is very diverse, tolerable, and acceptable so there is also a possibility that it did not have any influence on the fieldwork process. By this, I mean, people are usually not bothered by a person's ethnic affiliation generally, unless there is a specific reason. Being an insider or an outsider has its merits and demerits. However, being aware

of this dual role enabled me to be conscious about my position at various points of the research process.

Reflecting on how these roles can affect the making of data also helps to offset some of the shortcomings (Hellawell, 2006). For example, my role as a researcher, being a master's student and coming from a foreign university, was likely perceived by my research participants as that of an outsider. It was therefore my responsibility to show them through my presentation, words and actions that I was not there with a superiority mentality. I did so by informing them about my inexperience with pregnancy and childbirth during the initial contact period. This was intended to let the research participant know that their opinions were valuable. I also ensured that I presented myself in a very simple way through my dressing and spoke to them in a respectful way.

4.6.3 Privacy and Confidentiality

The study involved discussions about issues such as sex, intimate relationships and pregnancy which most individuals are more comfortable discussing with family and close friends. Teenage pregnancy was another major issue which people preferred to keep private in the cultural context of this research. The permission of research participants and their parents or guardians were therefore sought to allow their stories to be used in writing this thesis. Tape recordings of interviews were also done with the permission of research participants. In designing the interview guide, any question which could have been potentially insensitive was avoided. In order not to violate their privacy, research participants were assured that they could decline to answer questions they were not comfortable with during the interview (J. Ennew et al., 2009).

The issue of privacy during interviews was a difficult task in most of my interviews. Most of the interviews were conducted in the homes of the participants. Finding a private place to conduct interviews was difficult and sometimes impossible. Some of the young mothers had just delivered their babies and were required to rest at home. Another issue was that, in the local setting of this research, children were not allowed to go outside the home with a stranger, especially when the discussion was about teenage pregnancy. In some cases, as experienced by Abebe (2009) during his research in Ethiopia, there was a small common area being shared by all members of the family

or different families living in the same apartment. This small space was the only available place for the interview to be conducted. Hence, there were constant interruptions from family members and others could eavesdrop on the conversations. Although this was not the ideal environment for interviews to be had, in some cases, it was the only option.

To ensure confidentiality, researchers are supposed to "protect the identity of research participants by changing their names (or not collecting names at all) and if necessary, the name of their community in research reports and other publications" (J. Ennew et al., 2009, p. 2.17). In this study, the names of participants were not recorded. One of the first things the research participants were told was that, their names were not going to be asked or recorded to ensure anonymity. I told them this before introducing myself so that they would not feel compelled to mention their names too. Pseudo names were used in the research diary to serve as a reminder for me. The pseudo names were created based on certain characteristics of the participants. For example, I had names such as 'mother of the twins', 'the smiley one', 'the sports girl' etc. In some cases, I overheard family members mentioning the names of the participants during the home visits. However, no participant's name was asked directly, written down or recorded on tape. It was explained to the participants that this step was taken to ensure anonymity. In this thesis, the names that have been used to represent the participants are not their real names. In fact, most of these household names are common Ghanaian names which cannot be traced to the exact participants. To further ensure confidentiality and anonymity, no photographs of participants and their children were taken since that would make it difficult for their identity to be hidden. Confidentiality was important in this study because teenage pregnancy in Ghana is an issue that most families prefer to discuss only with other family members (United Nations Population Fund, 2008).

4.7 Organizing Data and Transcription

"Transcriptions are translations from an oral language to a written language" (Brinkmann & Kvale, 2015, p. 204). The semi-structured interviews conducted were recorded on a digital voice recorder with a relatively high acoustic quality. The recordings were then saved unto a laptop computer and played back for transcription. All the interviews were transcribed and saved in the Microsoft word format. The original audio recordings were in both English and a local Ghanaian language (Twi).

However, no translator was needed because the transcriptions were done by the researcher who understood the local language spoken by the participants. The recordings were transcribed into formal written style, omitting frequent repetitions and pauses such as “erhm”, “hmm” and the like. Some expressive emotional reactions such as crying, and laughter were retained (Brinkmann & Kvale, 2015).

Transforming the oral conversations into written texts was quite challenging. It required much concentration and a quiet surrounding with very little distractions to be effective. I therefore set aside some time each day after the fieldwork to transcribe. It was easier for me to transcribe soon after having the interviews. This approach made it easier for me to familiarize myself with the data and recollect the scene of each interview. I realized that the interviews I was able to transcribe sooner were completed faster than those that were transcribed later. The process was also time consuming. It took several hours to complete a transcription because I had to go back and forth on the recordings to ensure that I got a word-for-word transcription. Furthermore, some of the interviews were in both English and Twi language while others were completely in the Twi language. It required a lot of time to translate the Twi language correctly into English and ensure that everything that the participants said was captured in the transcriptions. Overall, transcribing all the interviews personally meant that I spent ample time listening to the interviews repeatedly and that was very useful for the data analysis.

4.7.1 Analyzing Data

The data was analyzed by focusing on the meaning of texts from the interviews conducted (Brinkmann & Kvale, 2015). Having the interviews recorded on a digital voice recorder made it easy to play the interviews back and re-listen to them several times. The written transcriptions together with fieldnotes of observations made during the fieldwork period were read through repeatedly to decipher the themes that the generated data was composed of. The analysis was done by focusing on the stories told by the interview participants (Brinkmann & Kvale, 2015). Some narratives were analyzed from different episodes of single interviews. In addition, the spontaneous stories of different interview participants were reconstructed to create narratives with condensed meanings. Hence, several participants’ stories which reflected one theme were discussed together

to create a richer story which reflected a collective view of the participants' experiences. Through categorization of data, the following themes were created for a detailed analysis of the generated data:

- Stigma
- The 'bad girl' reference
- Ruin of previous social ties, friendships and emotional relationships
- Obstruction to formal education
- The role of older generation of women
- Social support

These themes were later consolidated within two chapters making the analysis chapters.

4.8 Summary

The methodology used for this study and the specific research methods used in the data making process has been discussed in this chapter. The community where the research was conducted was not named for anonymity to be ensured. The research participants were 14 young mothers. The data was generated through semi-structured interviews, unstructured observations and keeping of a research diary. The interviews were tape-recorded and transcribed into written texts for further analysis. The data was complemented with information from various webpages, statistical reports, books, journal articles and media reports.

CHAPTER 5: CHANGES ON THE ROAD TO MOTHERHOOD

5.1 Introduction

The social construction of teenage motherhood is one that cannot be overlooked in this study because what is deemed acceptable "…depends upon where and when in the world one lives" (Burr, 2015, p. 4). This research set out to investigate the experiences of teenage mothers in an urban setting in Ghana. The chapter discusses how teenage pregnancy affects the education of young girls. It goes on to discuss the effects of stigma on the relationships of young mothers. The reactions of friends, partners, family members, health workers and neighbors towards the teenage mothers because of the stigma surrounding teenage pregnancy and the perceptions about appropriate behavior for teenage girls in the urban setting of this study is examined. Some of the discussions in this chapter are inspired by related themes in other research works that were similar to the present study (Aziato et al., 2016; Dalinjong, Wang, & Homer, 2018; Gyan, 2017; Hall et al., 2018; J. K. Krugu et al., 2017; Liljeström & Tumbo-Masabo, 1994; Lotse, 2016; Mensa-Bonsu & Dowuona-Hammond, 1996). This served as a useful way to highlight some similarities and differences in the experiences of young mothers across other related studies.

5.2 Educational Challenges

Education is considered as one of the main determining factors of future success in Ghana. The research site was situated in an urban area and most of the participants had some form of formal education. Only one of them had never gone to school. Majority of the young mothers had obtained at least, basic education (primary level). This can be attributed to the tuition-free basic education in Ghana, as mentioned in the background chapter. Interestingly, the level of education of the research participants at the time of the interview, was quite low although they lived in an urban area. Apart from the fact that they were still young, most of them were unable to go beyond the senior high school level due to their pregnancy or financial constraints. In some cases, financial constraints also led to cohabitation with their partners which resulted in early pregnancy. Many of them dropped out of school because of the pregnancy as stated in the following comments:

> "I was in class 5 (upper primary school) when I got pregnant. Till now, I have not been able to go back to school due to financial issues" (Ami).

> "I was in Senior High School (SHS) 2 when I got pregnant, so I had to stop school to have the baby" (Baaba).

> "I dropped out of school at age 15 because my parents did not have money for me to further my education. Having a baby had nothing to do with my education" (Ama).

Upon completion of Junior High School (JHS) and Senior High School (SHS), students must await their results to enter the next educational level. During the research, it was observed that some of the young girls got pregnant while awaiting their examination results to enter the next educational level. This was confirmed by the participants and some health workers during observations at a public hospital.

> "I was already done with SHS and waiting for the results but because I got pregnant, there was no motivation to continue school. For a long time, my father who used to pay my fees was still disappointed in me. So, after having the baby, I still stayed home for almost 3 years. My mates have now completed their tertiary education" (Kukua).

> "I had completed JHS when I got pregnant. I'm waiting for my Basic Education Certificate Examination (BECE) results so that I can go back to school" (Adzo).

> "I was able to write the final exams before getting pregnant so I'm waiting for my results to go back to school. I hope having a baby will not affect my education" (Esi).

The low educational background of the informants can be attributed to financial constraints and early pregnancy as reflected in the narrations above. Most importantly, the relatively low level of education is also reflected in the occupational status of the participants. This confirms the argument by Okletey (2013), as mentioned in chapter 2 that, the basic level of education does not guarantee enough earnings because employers prefer those who have obtained higher levels of education. As shown in part 4.3.1 of the methodology chapter, most of the research participants have a basic education but are unemployed.

Ghana is a country which has engaged in an advocacy for girl-child education for many years. Although there are some communities where this advocacy is still on-going, in urban communities, parents and stakeholders understand the need for all children (male and female) to be educated. Social construction helps us to understand that there are expectations placed on individuals within a society. In Ghana, a good female child is expected to attend school until completion, be employed and get married before having children. This is how the normal progression of life for a female is constructed in terms of pregnancy and childbirth. Therefore, it is important to discuss what happens to the education of young girls when there is a change in this expected progression that is constructed by their society.

For most teenagers who get pregnant, a major change that follows is a break in formal education. In Ghana, there is no legal support for pregnant girls to be allowed to continue school while they are pregnant. In addition, there is no set regulation about granting them permission to go on maternity leave. The empirical material shows that, due to stigmatization and the negative reactions from friends in school, young girls simply stop schooling without being told to do so by their school authorities when they are pregnant. Once they stop schooling during their pregnancy, they are not assured of a place in that educational institution in case they decide to return to school after childbirth. Below are some extracts from the young mothers:

> "I took the decision to stop school because my friends at school would have mocked me if I continued. The boy who impregnated me was also attending the same school as me, so I didn't feel comfortable going there anymore once people found out that I was pregnant" (Baaba).

> "I stopped school. I did not really enjoy going to school anyway" (Akua).

At the same time, some schools have regulations which prohibits girls from attending school during their pregnancy.

> "Prior to getting pregnant, I studied very hard and told myself that I would complete SHS in 2017 but look at me now, a drop-out, because the headmistress told me to go home" (Akosua).

Akosua was raped by her teacher and was asked by the headmistress of her school to go home when she discovered that she was pregnant. She was also withdrawn from the school's scholarship scheme. Although the school was aware of the incident and knew that the young girl was willing to complete her education, they asked her to stay at home because the conditions of a boarding school was not favorable for pregnancy. However, according to Akosua, there was no structure in place that allowed her to freely go back to the school to complete her education after childbirth. Hence, even after childbirth, her parents needed to enroll her in a different school to continue her education.

The challenge of dropping out of school without any assurance of going back after childbirth is one that many young mothers face. From the conversations with the young mothers, this problem is deeply rooted in financial constraints. At the same time, it continues to persist due to unfavorable structural systems within the educational system. Due to this, many young mothers prefer to carve a niche for themselves in the informal sector which does not require so much financial input. Some become petty traders, dressmakers, hairdressers and so on.

> "I was in class 5 (primary school) when I got pregnant. Till now, I have not been able to go back to school due to financial issues" (Ami).
>
> "I wanted to go back to school but there is no money. I'm looking for a job" (Akua).
>
> "I would like to learn a trade. Hairdressing. Because I cannot depend on my aunties forever" - crying (Abena).
>
> "There is no money to go back to school but I'm learning a trade. I want to become a dressmaker" (Yaa).
>
> "I will try to go back so that I can write the final exams. After that, I will use the skills I acquired from my visual arts lessons to start my own business (Baaba).
>
> "I would like to go to a vocational school. I'm yet to enrol" (Afi).

Many of the young mothers do not go back into formal education because, although secondary school education is currently tuition free (that is for those who passed the BECE), there are other

bills that need to be footed in the initial entry stage. The bills are usually for school uniforms, books, a list of material and food supplies for those who attend boarding schools, and many more. Some parents are unable to afford the extra costs. For those who did not pass their examinations and must go back to school to take the exam, their parents need to enroll them in another Junior High School so that they can register to take the examination. They need to pay school fees and the registration for the examinations also comes with charges.

Others like Afi desire to enroll in a vocational school because that is where their interest lies. According to her, entry into a vocational school requires money because the application forms are sold at a fee. In vocational schools, there are a lot of practical work to be completed as part of the coursework. Students are required to purchase materials for the practical work in many cases. These are additional obstacles that may delay or prevent young girls from continuing with an education they desire.

Like Yaa, and Abena, many young mothers go into the informal skilled sector. They begin as apprentices to small scale artisans. Although they need to pay some fees to begin their apprenticeship, the fees are relatively cheaper. In some cases, the business owners agree to a payment plan which is easier for the young mothers to afford with financial assistance from family and friends. This type of arrangement is also beneficial to young mothers who do not have adequate help in taking care of their children and cannot afford to take them to a daycare center. Several of them obtain permission from their superiors at work to take their children along with them. This seems to be a more feasible plan for the young mothers to exercise agency and resilience in the face of financial challenges.

In addition, the availability of support becomes a crucial factor which motivates young mothers to continue their education. Discussions with most of the young mothers who were unemployed revealed that they were willing to go back to school with the necessary support.

> “My boyfriend’s mother will take care of the twins while I go back to school” (Adjoa).
>
> “My mum has promised to take care of the child while I go back to school next academic year…I would like to go back to school and further my education so that I can become a lawyer. That has been my dream” (Akosua).

> "I would like to go back to school if my mum can afford the fees. If not, I will find something to do. But I hope to go to a nursing training school" (Esi).

From the above narrations, it can be deduced that the challenge of dropping out of school without being able to go back after childbirth is mainly financial, lack of legislation in the educational sector to support teenage mothers and the uncertainty of physical and instrumental support from family and friends.

5.3 Challenges with Social Networks

The social networks of young mothers include their partners or the fathers of their children, friends, family, health workers, neighbors and other individuals they interact with. The existing ties between the young mothers and their social networks may either be strong or weak prior to their pregnancy. However, from the time they find out they are pregnant, the structure of these social relationships may change. In the sections below I examine some of the changes that occur with the social networks of young girls and discuss some of the reasons why these changes occurred in relation to the empirical data from the fieldwork.

5.3.1 Emotional Relationships turn sour

Boyfriends and sexual partners are among the first to know when pregnancy is discovered. Many girls are afraid to inform their parents, so they tell their partners. The first reaction of the men or boys may be encouraging or disappointing. Some of them vehemently deny responsibility for the pregnancy which may lead to an end in the relationship. Others will accept to be responsible for the pregnancy but suggest abortion. In addition, they may threaten to end the relationship if the girl does not agree to terminate the pregnancy. For young boys who are still in school or do not have any source of income, it is likely that they would deny responsibility of the pregnancy. They may also suggest abortion even if their methods are unsafe (Aziato et al., 2016). This is seen in the statement below:

> "He denied it initially. Later, he gave me some medicine to drink so that the baby will be aborted. Maybe because I was too young, and he was afraid that they will ask him to marry me as custom demands. After all that, my baby died, and we broke up" (Yaa).[7]

This practice of accepting or denying responsibility of a pregnancy is to some degree cultural because it is linked to the gendered role of a man in these situations. It is based on the acceptance of the pregnancy that the man is required to choose the name to be given to the child and provide financial support for the mother and the child. When parents find out that their daughter is pregnant by a certain man, they also invite the man for questioning. In these meetings, the man responsible for the girl's pregnancy is accompanied by his parents or other close relations. There, the man in question may accept or deny responsibility. Out of respect for her parents, most of the men will promise to be there for the mother and child but later default. Others on the other hand will confirm that they are responsible for the pregnancy and either suggest marriage or promise to take care of the girl and the baby (Aziato et al., 2016).

In the context of this research, and commonly practiced in Ghana, when a woman is pregnant out of a marital relationship, certain steps are taken by the family. This includes a meeting between both families. The families of both the pregnant woman and man she is having the child with, prefer a private meeting. They do not go to a formal institution or office to talk about their issues. Traditionally, for unmarried couples, this was one way to discuss marriage between the two parties. It was so because the traditional Ghanaian communities believed that pregnancy and childbirth must result in marriage between the parents of the child. In modern Ghanaian communities, this idea forms the basis for which families meet to discuss the next steps in the interest of the pregnant woman. For teenagers, their pregnancy calls for a private meeting between the families to ensure that the man or boy who is having the baby with her knows and accepts what his responsibilities are, towards the child. There is an emphasis on making these meetings a family issue.

One would notice that, it is not just a discussion between a man and a woman to decide what to do concerning the pregnancy, but the decision is taken by the families. This is mainly due to the

[7] Yaa had 2 children when the interview took place. She had her first child when she was 13 years old, but he died few days after he was born so it was very emotional for her to talk about it. She had another child at age 16 and a third one 2 years later.

culture and the social construction of childhood in Ghana. Often, teenagers live in the same residence as their parents who provide all their needs. This includes food, clothing, educational expenses and healthcare needs. Teenagers who enjoy these benefits from their parents or guardians are still considered as children who need to be protected and guided (Boakye-Boaten, 2010; Mensa-Bonsu & Dowuona-Hammond, 1996). Hence, the family meeting which takes place when a girl is pregnant. Secondly, children in Ghana are viewed as the property of the family and the community (Boakye-Boaten, 2010; Mensa-Bonsu & Dowuona-Hammond, 1996). The unborn baby is therefore precious to both families, especially the family of the girl. For that reason, they would try to take decisions which would ensure the safety of the teenager and her unborn child.

> "He accepted responsibility and has been taking care of me throughout the pregnancy. I live with him and his mother currently, so they provide everything I need for me" (Adjoa).

> "There was nothing he could do about it. He accepted. I lived with him throughout the pregnancy and when I gave birth, his mother came to help us. We are no longer together but our son lives with him" (Akua).

> "He took responsibility. He has named the child. He also gives us money from time to time, but we are no longer dating" (Efua).

Naming of a child in Ghana signifies that the father of the child has accepted responsibility for the child. There is a ceremony performed to mark this. It is known as the 'naming ceremony' or the 'outdooring ceremony'. It is common to hear young mothers say that, 'he has named the child'. For them, this means that the child's father and his family accept him/her. The name given to the child is chosen by the child's father or an elderly person from his family. It is very common for a child to have his or her father's surname or family name. The man's duty of naming a child is a gendered role which has been practiced for many years. Women do not usually decide on a child's name, especially, the surname although it happens in some cases these days.

Children who bear the surnames of their mother or their mother's family name are often those whose fathers are unknown to the family. There are instances where the fathers simply did not accept responsibility for the pregnancy and did not name the child. The girl and her family then assume the role of naming the child. These actions by the man and his family are done because

they are obligations demanded by culture. Thus, the social construction of how a child's name is derived is evident in this practice.

Some partners may run away from the community when they find out that the girl's parents are looking for them as stated by a young mother in the comment below:

> "He run away. We could not find him" (Abena).

From the above statement, one can deduce that the news of pregnancy from a teenager scares their partners. According to some Ghanaian customs, when a man gets a woman pregnant, he is obliged to marry her. Although this custom has been relaxed in recent times, some families still practice this. So, for some partners, it is safer to deny being the father or simply run away from their responsibilities. Some of the fathers were also simply young boys with no source of income and having no resources to take care of a child. The teenager then suffers the burden of giving birth to a child without a partner's support. For many of the young mothers, their partners ended the relationship because of the pregnancy.

5.3.2 Isolation from friends

The stigma attached to teenage pregnancy may cause a girl to lose her friends. Suddenly, a young pregnant woman or one who is known to have recently aborted her pregnancy is shunned by her friends (Hall et al., 2018). Parents may advice their female children not to associate with a girl who gets pregnant. This is because, it is assumed that she does not have good morals and that she will teach her friends to emulate her immoral lifestyle. According to Goffman (1990), when there is a discrepancy between the virtual social identity and actual social identity of a person, stigmatization is likely to be demonstrated. In this case, because the young girl did not follow the standards expected of her to complete her education and get pregnant only when she is married, her friends tend to avoid her company as a reaction to the stigma of teenage pregnancy. Thus, giving the pregnant girl a tainted status. Therefore, all other attributes she possesses are disregarded and the attribute which makes her discredited, in this case, pregnancy, is the only one that is used when relating to her. She is likely to become the topic for gossip among her peers. She may be called names and mistreated by her close friends because of her situation. This makes it

difficult for her to continue going to school or being outdoors with friends. She may end up staying indoors, being shy, ashamed, remorseful and depressed (Aziato et al., 2016).

The comments below show that great changes occur in the teenager's relationship with friends, leading to massive changes in their social lives. These changes are a result of the tainted status that teenage pregnancy gives the young girls as described earlier.

> "The same friends I used to hang out with were insulting me" (Kukua).
>
> "My friends stopped looking for me. Some time ago, I met one of them and she told me that her mum warned her not to be friends with me anymore. So, I don't have any friends now. Just my siblings and my mum" (Baaba).
>
> "Majority of my friends disowned me, they did not (and still do not) even want to come close to me because I got pregnant. I no longer had friends to talk to and have fun with like before. Currently, I have only one friend. She was the only one who stood by me because we were very close" (Akosua).
>
> "My friends from school stopped talking to me. I haven't been in touch with them since I got pregnant. One girl who had moved to a different school before I got pregnant is the only one who comes by to see how I'm doing" (Adjoa).
>
> "I no longer have friends. Everyone sees me as a bad girl (akwadaa bone)" (Abena).

She used the Twi term 'akwadaa bone' which means a 'bad child' or a 'bad girl'. There are other translations for the 'bad girl' in the different local languages in Ghana. For example, in the Ewe language, it is 'devigbegble'. However, the interview was conducted in Twi, hence, the use of 'akwadaa bone' by the research participant. Being called an 'akwadaa bone' in this context is due to the stigma of teenage pregnancy. It is also how the communities in which the young mothers live create terms associated with certain behaviors. It is possible that depending on the context, teenagers who get pregnant might experience derogatory name-calling practices as was experienced by the young mothers in this study. According to Goffman (1990), society puts in place ways of categorizing individuals and the attributes that are deemed appropriate for members

of such categories. Therefore, a teenager who gets pregnant in this society is called names and stigmatized whereas an older woman is not treated in the same manner.

> "I avoided my friends as well because of the negative reactions from them" (Akua).

> "As for friends, they pretended to be supportive, but I knew they used to gossip about me" (Esi).

As mentioned in chapter 3, pregnancy is an example of a visible attribute of a person which could be considered undesirable depending on the context. In that context, the person is a discredited person. However, when it is not possible to see or know that a person possesses an undesirable attribute, then the person is referred to as a discreditable person (Goffman, 1990). Thus, a teenager might be pregnant but in the early stages, the pregnancy might not be visible immediately she is seen. Stigmatized individuals who are referred to as discredited persons by Goffman (1990), see themselves as having the same social identity as those who stigmatize them. However, they are aware that they may not be accepted by the 'normal' individuals (the non-stigmatized) and when they consider the societal norms, they tend to accept this reaction from the 'normal' individuals even if they do not agree. Therefore, even if a teenager does not see anything wrong with being pregnant, she understands why her friends treat her the way they do when she considers what is expected of teenagers within her community. This is evident in the above extracts from Akua and Esi. Akua simply avoided her friends while Esi seemed to understand the behavior of her friends.

Having the same views about their social identity as their friends, some teenagers try to maintain the friendships they had before their pregnancy with the hope that their discounted status might be overlooked by their friends as seen in the following comment.

> "I still tried to be close to my friends, but it was not easy. They did not like to be seen with me because I was pregnant. Gradually, I saw less of them, but I have made some new friends since I started working so that is fine" (Araba).

The above narrative from Araba shows that, when a young girl is discredited in the community because of teenage pregnancy, although a girl and her friends may try to maintain contact, the tainted status that teenage pregnancy gives these girls makes it difficult. This is further reinforced

by the cultural context since the societal disapproval of teenage pregnancy does not make it easy for these friendships to be maintained. However, after childbirth, young mothers can make new friends. Especially when they are not seen in the company of their children. Thus, when the new friends are not aware of the fact that this young girl had a child as a teenager. This makes her a discreditable person (Goffman, 1990) because, her undesirable trait is unknown to her new friends. Therefore, she has the possibility of deciding whether to let her friends know about her child and when or how she lets them know.

> "I had completed SHS, so I did not experience a lot of reactions from my friends. It was quite okay" (Afi).

> "Since I moved from where I used to school, I lost contact with my friends. I do not have any new friends in my dad's neighborhood" (Adzo).

A few of the young mothers mentioned that they did not experience negative reactions from their friends. One reason was that they had already completed senior high school and moved away from the boarding school setting where close friendships were formed. Upon completing school, many girls loose contact with friends before getting pregnant. This means that not being aware of their pregnancy, Afi's friends for example, might have perceived her as having the same social identity as before if she did not tell them about her pregnancy because they were no longer seeing each other daily.

> "Although I was 17 years when I first got pregnant, it was normal. I was not living with my parents and I had my own job, so I did not feel any different from any other adult pregnant woman. My friends and the people around me did not even recognize that I was a teenager since I was living with a man and going to work like any other adult. They did not see me as a child since I was taking care of myself" (Ama).

In the above statement, the informant mentioned that most of her friends did not know she was a teenager because she was already fending for herself as a trader in the market. In this case, her friends did not perceive a discrepancy between her actual social identity and her virtual social identity. This can be attributed to the expectations of children and adults within her community. Where girls are taught to wait until they are employed and married to have children. Therefore,

having a job and living with her partner gave Ama a status which depicted that she was following the normal transitions of life expected by the society.

5.3.3 Reactions from Religious People

In Ghana, the three main religious affiliations are Christianity, Islam and Traditional religion. Majority of Ghanaians are Christians. Religious groups advice girls to abstain from sex to prevent unintended pregnancy (Gyan, Ahorlu, Dzorgbo, & Fayorsey, 2017). Therefore, when a teenager gets pregnant, she is seen to have gone against the council of her religious leaders. In some churches, strict sanctions are placed on a pregnant girl who is not married. Some churches expel teenagers who get pregnant indefinitely or for a period (Hall et al., 2018). She may be asked to sit at the last row in church and not to move towards the front of the congregation. She might be openly chastised in the presence of the congregation and used as an example for preachers when the topic of sexual immorality emerges (Lotse, 2016). These strict reactions are however not common these days. What is common is relatively subtle reactions. Some of the participants explained that individuals within the religious groups had subtly negative reactions towards them.

> "I had to wake up very early to go to church so that no one sees me going to church. I even had to stop attending my regular church because I was no longer wanted there. I won a scholarship at my former church and my school before getting pregnant, so the members were disappointed in me and were complaining so I had to change my church. This was partly because my parents did not want anyone to know my story. I went back to the church only after I delivered my baby" (Akosua).

> "Oh no, I stopped going to the mosque for prayers. I did my prayers at home. No one will stop you from entering the mosque, but I just did not feel like going" (Akua).

> "People used to stare at me at church, but I did not let that disturb me. I went a couple of times" (Esi).

> "I was not able to go to church too because I knew how people would behave. I used to get text messages from church people who just wanted to gossip. I went to church after a year" (Kukua).

The constructions about morality within religious groups and the social construction of teenage pregnancy makes it difficult for young girls to continue fellowshipping with their religious groups. Even if the religious institution does not outrightly restrict them from attending meetings, the members of such groups who are also part of the society, see the young girls as discredited people and thus relate to them based on the stigma of teenage pregnancy.

5.3.4 The Health facility – A haven?

During pregnancy, women are encouraged to visit the hospital for prenatal care. In Ghana, prenatal or antenatal care is free under the National Health Insurance Scheme. This is to ensure that every woman has access to healthcare during pregnancy, delivery and immediately after delivery. Although the free maternal health care program has its own challenges, many women benefit from a reduction in the actual cost of childbirth (Dalinjong et al., 2018).

For teenagers however, the level of professionalism portrayed by health workers may motivate or deter them from making use of the antenatal services at their disposal. Most teenagers are unaware about what to expect during their first pregnancy. The health facility is therefore a place where they get their questions answered. Health workers encourage and advice teenage girls to continue utilizing antenatal services.

> "Because it was my first time, the nurses were nice to me. They told me everything. What to eat, how to sleep so that you do not harm the baby and so on. It was a private clinic" (Ama).

> "Antenatal was very helpful. They told me what to expect and whenever I went, they explained the stage of the pregnancy to me and told me how to take care of myself. I could ask any questions bothering me" (Esi).

"The nurses there pampered me a lot. It made me feel comfortable" (Abena).

Although some of the young mothers told me that they had heard stories of nurses who discriminated against other pregnant girls, the above narratives show that sometimes, the nurses did their job professionally. According to Goffman (1990), discrimination is a common response to stigma. Although 'normals' sometimes use avoidance to respond to stigma, in the case of health workers, using avoidance might not be possible because they are obliged to take care of their patients.

In some unfortunate cases however, some health workers do not exercise the level of professionalism expected of them. They may gossip about a young girl or insult her during antenatal visits. Some nurses may go to extent of hitting young girls who are due for delivery, causing them more pain than necessary in the delivery rooms (Aziato et al., 2016). The hospital which is supposed to serve as a haven for distressed pregnant teenagers, sometimes does not meet their expectations.

"I always felt shy, so I stayed in a corner at the back anytime I was at the antenatal clinic. I didn't speak with anyone except the nurses who were in charge. Some of the nurses were good, others were harsh. They used to make comments like, "when your parents send you to school then you go and do this". I didn't have anything to say. They also did not know what really happened to me. It was only one of the nice nurses who asked me how I got pregnant and I told her. So, I became closer to her. Despite all this, on the medical level, I was treated just like any other pregnant woman. I got all the help and advice that the other women received" (Akosua).

"Some of the nurses used to shout at me and other young girls like me. Especially those who used to check our blood pressure and weight. This was a very unpleasant experience. However, the other nurses who used to counsel us were accommodating and professional" (Baaba).

"Some of the nurses were accommodating. Some of them would roll their eyes at me once a while but we see that a lot generally from older people so that's okay" (Adjoa).

> "Being a teenager, you just have to know yourself and do what you are asked to do otherwise the nurses can talk to you harshly. But it was helpful to go for antenatal clinics" (Kukua).

According to Kukua, the nurses treated some pregnant teenagers harshly but not all of them. Individuals within a society can have varying responses to one type of stigma (Coleman, 1997). In this context, some of the responses were subtle (rolling of the eyes) while others were more profound (shouting). From the extracts above, one of the young mothers experienced that those who got harsh treatments were those who did not present themselves as respectful. This means that, there were also requirements which preceded how the nurses treated young mothers affected by this stigma. The above statement about the need for pregnant teenagers to be respectful towards the nurses can be understood based on the context of Ghana and how childhood is constructed. In Ghana, children, including teenagers are expected to give utmost respect to the elderly. For example, a child is expected to listen when being spoken to and not talk back nor challenge an adult's opinion (Mensa-Bonsu & Dowuona-Hammond, 1996). Secondly, people with stigma utilize the art of impression management to control how 'normals' react towards them in social situations. Therefore, it could also be argued that, some of the young girls could use the impression management art in their favor to elicit subtle responses from the nurses.

5.3.5 Neighborhood gossip

Although people's perceptions about sexuality and teenage pregnancy has undergone some changes over the years, society still upholds certain aspects of culture surrounding sexuality. In many African societies, most of the attention is placed on females and very little or no attention is given to the males (Liljeström & Tumbo-Masabo, 1994). In other words, a young boy may engage in sexual activities without any repercussions from his family or the society. However, traditionally, young girls were groomed to become 'marriage material'. This means that, they were taught how to cook, wash, clean, manage a home, take care of younger siblings and be respectful so that they would have better chances of finding a husband. Most importantly, they were required to wait until marriage to have sex. Men who were ready for marriage usually looked out for these qualities in a woman (Liljeström & Tumbo-Masabo, 1994).

> "Where I come from, the adults do not approve of it unless your parents find a man who is ready to marry you" (Yaa).

In the above extract, Yaa mentions that within her ethnic group, sex and pregnancy is only approved within the context of marriage. Therefore, there is so much gossip when a teenager is found pregnant because it is then evident that she had been engaging in sexual activities reserved for married couples. These ideas about sex, pregnancy and marriage are social constructions. Thus, they may vary slightly from one context to the other.

Currently, this practice of preparing females for marriage has changed to a large extent. Girls are enrolled in school as early as possible and are encouraged to be successful in their careers. When a girl becomes pregnant, her education is disrupted, and it is assumed that she cannot achieve her career goals. Hence, she becomes a topic for neighborhood gossips. These gossips sometimes translate into stern looks and giggles that accompany loud chats as a pregnant teenager passes by.

> "I left the zongo[8] because I knew that the people in our neighborhood would talk about me because I was 16 years and pregnant. I was shy and did not want to go through the humiliation and name-calling" (Akua).

> "The other tenants also did not say anything to my face, but I overheard them when they gossiped about me" (Efua).

> "I grew up in this community and lived here throughout my pregnancy. People stared at me with disgust but there's nothing else they could do" (Araba).

Neighborhoods in the urban setting of this study are closely knitted. Most families know each other, and the adults look out for each other's children when necessary. The tropical weather in Ghana also makes it easy for people to be outdoors most of the time. In addition, the study location was one that had many 'table-top' stores with people selling useful items and food along the streets. Hence, the likelihood of seeing people in the streets at any time of the day is high. What this means for a pregnant teenager is that, every time she stepped out of the house to get some food or water,

[8] A zongo is used to refer to a settlement which is dominated by Hausa (an ethnic group) immigrants in urban areas (Sarfoh, 1986)

she was likely to see groups of people staring at her or even teasing. Gossiping is therefore one of the major challenges that young mothers had to live with and learn to overlook with time.

The effects of stigma may be dehumanizing and motivating at the same time (Ainlay et al., 2013). Going through these experiences, some teenagers may be motivated to find ways of dealing with stigma once they see it as a social process that they have the capacity to reject. The ways in which they achieve this may vary from person to person. The above extract from Akua shows that she left her community as a way of avoiding stigma. Efua and Araba on the other hand stayed in the same community perhaps because they had nowhere else to go. Although they knew what to expect from the people living around, their situation served as a process of learning how to relate to people in difficult circumstances as Goffman (2009) explained. The resilience of many girls like Araba is evident in the decisions they take when they are pregnant. Some of them develop through their circumstances and find themselves being inspired to continue with their careers or find alternative careers to make life easier for themselves and their children.

5.3.6 A family issue

The family of a pregnant teenager may react in a positive or negative way towards her pregnancy. This is sometimes because the community blames the parents and the family for the outcome of a young girl's decisions (Hall et al., 2018). The data shows that many parents were disappointed and reacted negatively especially in the initial stages. However, with time, most parents showed their support for the young mothers. The responses of most parents were both negative and positive. Some parents tried to avoid the backlash from neighbors who could blame them for their daughter's pregnancy by sending the children away to live with other relatives or the family of their partners. In some cases, the parents got angry and reacted immediately by shouting at her, beating her up or insulting her. Other researchers found that after some days or weeks, some mothers may calm down and try to figure out a solution (Aziato et al., 2016). Some of the young mothers confirmed the initial reactions of parents in the following extracts:

"My parents insulted me a lot" (Yaa).

> "My parents were angry and disappointed. My dad beat me with a belt. He threatened to throw me out of his house. My mum had to plead on my behalf" (Kukua).

The girl may be sent away from home. She may be sent to the family of the man responsible for the pregnancy. She may also be sent to a relative of her family who lives far away from her parents. In such cases, she may probably be welcomed back home after the birth of the child. In the worst case, she may be disowned by her father or both parents completely (Aziato et al., 2016; Hall et al., 2018). The teenager goes to a new environment, leaving behind her old life and friends. There, she may find it difficult to make new friends. Many of these reactions from parents connotes an effort to separate the family from the shame and disgrace of teenage pregnancy (Hall et al., 2018). Here is what some of the participants had to say:

> "As for my own parents, they asked me to go and live with my boyfriend because he is automatically my husband once I have had babies for him. They complained and insulted me initially but later when I gave birth, we became close … I had to rely on my boyfriend for pocket money to take care of myself during the pregnancy. I went to live with my grandmother. As soon as I gave birth, I moved to my boyfriend's house where he lives with his mother. My siblings come by once a while to visit us" (Adjoa).

> "When my family found out, I was already six months pregnant. They were more interested in who impregnated me, but I did not tell them. By the time they got to know who it was, the guy had left the community. …I had to move from my grandmother's house to live with my aunties and cousins because my grandmother said she could not allow people to see me turn out like this while I was under her care" (Abena).

> "Because I lived in the 'zongo' prior to my pregnancy, I had to move from my father's house to live with the man who impregnated me. No one asked me to leave. My parents did not do or say much. They even preferred I lived with them, but I did not want to live in their neighborhood" (Akua).

While some child-rearing practices in Ghana may differ from other countries, parents in Ghana may also have different ways of instilling discipline in their children. Whereas few parents may avoid physical punishment or discipline when their children go wrong, many parents resort to

physical and verbal methods of correcting their children. As seen in the extracts above, some beat their children or call them names to express their disappointment in their children. There are no laws which restrict parents from taking these measures in correcting their children. Besides, traditionally, these measures were acceptable and have been passed on from generation to generation. This is also reinforced by the way childhood is constructed in Ghana. Children are expected to do what parents and elderly people expect of them. It is assumed by the older generation that this way of child-rearing will impart good morals in the children. It is also a way of maintaining societal norms and acceptable behaviors from generation to generation. This does not mean that the parents do not love their children. Rather, they do it because they perceive that it is a good way to show children that they disapprove of certain behaviors. It is however important to note that in extreme and constant physical abuse of children, which puts their lives in danger, is not considered as a regular disciplinary practice by people in general and is punishable by law in Ghana.

Furthermore, child-rearing in Ghana is first the responsibility of parents, and the community that the family is part of holds parents accountable for the good or bad behaviors of their children. As seen in the extract above, Abena explained that her grandmother sent her away because she did not want to be judged as a bad guardian, which would be assumed as a causal factor for her pregnancy. In order to avoid the stigma of pregnancy and the shame it brings to the parents and family; some parents would rather have their children go and live with relatives in other communities. That way, they distance themselves from the stigma. They also try to avoid taking the blame for not teaching their children to adhere to the norm of waiting until marriage to have a child.

During the research, two of the young mothers disclosed personal cases of sexual abuse which resulted in pregnancy. Upon realizing that their daughters were pregnant, the parents were faced with mixed emotional reactions towards the situation. Their reactions were narrated by the young mothers.

> “My father was upset initially but he calmed down because he knew that the guy took advantage of me and that was what caused me to be pregnant” (Adzo).

> "Initially, my mum was very harsh but as time went on, she was caring and understanding. It was my dad who constantly talked to her before she calmed down. My dad was very supportive because he knew it was not my fault" (Akosua).

Akosua was raped by a teacher in her school. She later found out that she was pregnant because of the rape. From her narrative, her mother was uncontrollable when she found out that Akosua was pregnant. She vented out her frustration on her daughter despite being told that it was the sexual assault which resulted in her pregnancy. According to Akosua, but for her father's support, her mother would not have recovered from the disappointment easily.

Adzo also got raped during a weekend festival she attended in her village. These two cases were different from the others. Both families did not let anyone outside their close relations know about the abuse. This is because rape is another stigma aside the pregnancy. Anyone outside the family assumed that the pregnancy of the young girls was a choice. The families preferred people thinking this way in order to avoid a double stigma because of the way rape cases are perceived. For both Akosua and Adzo, instead of feeling guilty for not going according to the expected transition of life based on societal approval, they were in a complicated emotional state of sadness, disappointment and resentment. Their families were also more supportive as compared to the families of the other young girls.

In recent times, relatives of teenage girls who get pregnant are likely to be more accommodating than before. Society has evolved and the drastic measures that used to be taken by parents have reduced (Hall et al., 2018). Parents may get angry upon hearing that their children are pregnant. However, they resolve to accept the situation as time goes on. Mothers are especially more forgiving because of the involvement of an innocent baby. When the baby finally arrives, all is forgiven, as some parents are excited to be grandparents. This is typical of the mothers and families who do not have many children (Aziato et al., 2016). These findings from previous researches were reflected in this study as well. The young mothers narrated that their mothers were more accommodating as time went by.

> "After a while, my mother focused on taking care of me because of the child" (Yaa).

> "I live with my mum. She did not say anything. I think it is because I was not the first teenager in my community to become pregnant" (Efua).

> "My dad died a few years ago so it was just my mum. She did not give me any stress" (Esi).

The mothers of the young girls respond to their child's situation in this manner probably because it is their gendered role to nurture children within the family. This is the reason why the fathers of these young girls are not seen to play an active role when it comes to the new-born baby. Based on their gendered role as breadwinners, they are more likely to provide instrumental support in terms of money, if they decide to help.

In other contexts, parents may secretly take their child to a health facility to perform an abortion. Although society still frowns upon abortion to some extent, parents who can afford it, pay for their children to undergo the procedure (Aziato et al., 2016). This is because, they believe that having the child will interfere with the young girl's educational attainments. Another reason is that they can afford it. They further ensure that their child is given some form of contraceptive to prevent future pregnancies (Aziato et al., 2016). Due to modernization, abortion is performed legally in some health facilities. However, some health practitioners still hesitate to perform the procedure on moral and religious grounds (Awoonor-Williams et al., 2018). In some families, abortion is a taboo, so the family supports the young girl through her pregnancy until she delivers. A female relative, usually the newborn's grandmother takes care of the child completely while the young mother goes on with her schooling (Aziato et al., 2016).

The following narration was by Baaba, a young mother of a 7 weeks old baby (as she spoke, tears filled her eyes):

> "My father was extremely angry because I was his favourite child. My mum tried to console him, but it brought misunderstanding between them. My parents were not on talking terms for several weeks. This was because my dad said my mum should take me out of his home and that he did not want to set his eyes on me. Secondly, my dad said that the boy's family should find a way to abort the pregnancy for me. Unfortunately, the cultural beliefs of the boy's family prohibited them from taking part in abortions so they kept delaying until the pregnancy was at a stage where an abortion could be fatal for me.

> My mother was also scared for me, so she continued to beg my dad on my behalf. Even at the time the pregnancy was 8 months, my father was not speaking with me. This really saddened me because I love my dad so much" (Baaba).

Having a legal abortion is most often a decision made by the girl's parents because teenagers cannot afford the procedure. However, some girls attempt illegal means of terminating their pregnancy without the knowledge of their parents. Perceptions about abortion in Ghana makes it a very unlikely option for many teenagers to undergo the legal procedure. Despite the challenges and stigma of teenage pregnancy, families prefer that the teenager has the baby. This is because apart from being a taboo among some ethnic groups, abortion is perceived as something which is bad. It is further assumed to cause infertility and misfortunes in the future (Hall et al., 2018).

Teenage pregnancy in Ghana tends to be a family issue. In the urban setting of this study, family here refers to the nuclear family and any other family member who plays a key role in the life of the teenager. It is referred to as a family issue because parents are hesitant to let an outsider know that their teenager is pregnant. This is partly because of the backlash which comes from society. Society seems to blame parents for not bringing up their child the right way. It is believed that improper upbringing of children exposes them to early sexual escapades which results in teen pregnancies.

In fact, during fieldwork, this 'family issue' approach to teenage pregnancy made it difficult to obtain direct access to many of the research participants. In few cases, access was only granted when a known elderly woman introduced me to the participant's families as a friend to her daughter who is currently conducting research as a student. In another case, an artisan friend of mine in the community had to take the lead and introduce me to the family. There was a case where I approached a young mother at a health facility, but her mother refused to allow me to talk to her when I mentioned that it was about teenage pregnancy. The problem of stigmatization coupled with the social construction of children and child-rearing practices in Ghana makes teenage pregnancy a topic that most families prefer to keep private.

5.4 Social Constructions, Gendered roles and Stigma

As society evolved, the way people react to issues about sex has also changed. Meanwhile, society still upholds certain aspects of culture surrounding sexuality. Most of the attention is placed on females and very little or no attention is given to the males (Liljeström & Tumbo-Masabo, 1994). In other words, a young boy may engage in sexual activities without any repercussions from his family or the society. However, traditionally, young girls were groomed to become 'marriage material'. This means that, they were taught how to cook, wash, clean, manage a home, take care of younger siblings and be respectful so that they would have better chances of finding a husband. Most importantly, they were required to wait until marriage to have sex (Liljeström & Tumbo-Masabo, 1994). These gendered roles which have been reinforced through social learning, have shaped the construction of normative life transitions for girls. Hence, girls who are unable to follow this required norm and become pregnant as teenagers, end up being stigmatized. During the research, there was no scenario where the young mothers mentioned that their partners were treated in the same manner as they were.

These gendered roles coupled with child-rearing practices in Ghana is reflected in the way that the young mothers spoke about their situation. It also explains why some of them were easily motivated to take care of their children without any form of support from their partners. In their narrations, several of them used phrases such as; "I lost my guard and allowed him to impregnate me" and "he got me pregnant". With men having dominant and active roles within the family set up, these statements by the young mothers, stress on the point that the young girls are usually at the receiving end and the men play active roles in the process which leads to their pregnancy. As explained in chapter 2, traditionally, there were gendered differences in the roles that parents play within the family. While a lot of changes have occurred with the passing of time, women continue to remain nurturers (Diabah, 2018). The Ghanaian woman is expected to take care of things such as bathing, clothing and feeding the baby when they are young. At the same time, a man is responsible for providing a name for the baby once he accepts to be the father. These gendered differences were reflected in the statements made by young mothers during the research. It was common for the young girls to say, "I have a baby for him". This means that the man has a significant and dominant role to play in the life of the child. The social construction of gender and childhood influences the expectations that young mothers have of their partners. It is therefore

interesting that for many of the unmarried young mothers in this research, the physical and instrumental or financial support from their partners is minimal. Although the gendered roles make young girls expectant to receive financial support from their partners, when they do not get it, they become resilient. Furthermore, it makes young girls exercise agency. They find ways that enable them to be independent of the support from their partners.

Being stigmatized or having the perception that one may be stigmatized is dependent on the social context. According to Coleman (1997) the definition and consequences of stigma can change from one social or cultural context to another. This is usually dependent on the social constructions about that stigma. In implication, this suggests that stigmatization of teenage pregnancy may differ from one social context to another. The perceptions and consequences of teenage pregnancy may differ from cities to villages, from one family to the other and between different communities. In addition, some stigmatized conditions may be temporary. For example, in some communities, during the period of pregnancy, teenagers may face more stigmatization as compared to the period after childbirth. Stigmatization may even stop after some time depending on the context.

The way stigmas are conceptualized, and the way members of society react to them are reinforced from one generation to another through social learning (Ainlay et al., 2013) . According to Ainlay et al. (2013), some of the ways by which members of society respond to stigmas include sympathy, avoidance, ambivalence and abandonment. In other words, people may try to support the stigmatized individual while others choose to reduce contact with the person. Some may have mixed feelings towards the individual. For example, parents of a teenager who is stigmatized as a result of her pregnancy may get angry at her, beat her or insult her but also try to provide the necessary care for her to go through the pregnancy. In addition, abandonment of a stigmatized person could mean that the people closest to her would suddenly leave her. A clear example in the case of a teenager who gets pregnant is the disappearance of the man she got pregnant with. Some of these experiences from the young mothers interviewed in this study would be discussed in subsequent chapters.

The effects of stigma on an individual can be conflicting because it has the possibility to be both motivating and dehumanizing (Ainlay et al., 2013). When people are avoided and abandoned by individuals within their community or people close to them, it may result in low self-esteem and

sense of rejection for some. For others, it could be a propelling factor for them to explore new aspects of their potentials. The ability of individuals to develop beyond stigma, is dependent on several factors. They include "cultural beliefs, social status, individual personality, economics, physical environment, and education" (Ainlay et al., 2013, p. 7). Some of these factors may further enable young mothers to develop resilience and exercise agency to become successful in their quests.

5.5 The 'bad girl' stigma

A major challenge faced by pregnant teenagers is stigmatization. Erving Goffman's social stigma is a concept that is relied upon to understand and discuss parts of the empirical material in this study. His way of understanding stigma as a characteristic of a person that leads to a lowered status, is very prominent in the study's findings (Goffman, 2009). Teenage pregnancy in urban Ghana is viewed to be a consequence of bad behavior. A bad girl popularly refers to a girl who is sexually active or promiscuous, one who has had an abortion, one who has a boyfriend at an early age, one who does not dress decently and most of all, one who gets pregnant before marriage (Hall et al., 2018).

When a woman is pregnant in Ghana, she is loved by people around her and everyone seems to be happy for her. On the contrary, when a teenager is pregnant, the initial reactions are not pleasant. This is because of how teenage pregnancy is constructed in many communities in Ghana. Often, the people close to a teenager who is pregnant treat her differently from how any other pregnant woman is treated. As Goffman (2009) explained, those with stigma face acts of discrimination. Although children are viewed as an important resource to their families and communities, being pregnant as a teenager is not always embraced by society. A pregnant teenager is likely to face humiliation and ostracism from family, friends and even their partners (Aziato et al., 2016). For most teenagers, a lot of things change when they find out that they are pregnant for the first time. Their next step may depend on the real and perceived reactions of the people close to them. The reactions of the society in which they live also contribute to the decisions they take. Generally, a young girl must decide whether to keep or terminate the pregnancy. Although it might seem like her decision, sometimes, the perceived reactions from people closest to her influence that decision.

She may consider the socially constructed attitudes towards teenage pregnancy and abortion. Furthermore, experiences of other young ladies that they might have witnessed, may influence their decisions (Aziato et al., 2016).

In many Ghanaian communities, having sex outside of marriage is labelled "immoral, disrespectful and disobedient" (Hall et al., 2018, p. 57). Getting pregnant directly confers such labels on a young girl because it is evidence that she has been having 'inappropriate' sex (Hall et al., 2018, p. 57). Religious people also perceive sexual activity prior to marriage as immoral. When a young lady gets pregnant, she is also advised against abortion because it is against religious teachings. Aside religion, society holds the impression that abortion has long term effects on the life of a girl and could affect her fertility in the future (Hall et al., 2018). Hence, whether a teenager keeps her pregnancy or terminates it, there are is a possibility that she will face discrimination. She is referred to as a 'bad girl' because she went against the norms designed for her age mates. The norms include going to school and being obedient to parents. Furthermore, her parents also get labelled as bad parents because it is assumed that parents are supposed to train their children properly. Proper training in a Ghanaian context includes teaching children to desist from sexual activities. Therefore, teenage pregnancy tarnishes the image of a young girl and her family within the community (Hall et al., 2018).

According to Goffman (1997), stigma is portrayed when people do not follow a certain pattern of accepted behavior, norm or practice. For the young girl, her parents, other family members, friends, and key stakeholders within the community have expectations of her. Therefore, when she goes outside that expectation of following the formal school system, graduating, start working, and getting married before having a child, she is usually judged based on that deviation from the norm. The stigmatization of teenage pregnancy is reflected in the reactions from parents, friends, health professionals, religious organizations and other individuals within the society when a teenager gets pregnant. Some of the extracts from interviews used in the previous sections of this chapter reveal the different kinds of response to teenage pregnancy. In addition to those, there are many occasions when the young mothers expressed that they were constantly referred to as 'akwadaa bone', a Twi (Akan language) phrase for a 'bad girl' because they were pregnant. Below are some examples:

> "Everyone blamed me and called me a bad girl" (Ami).

> "I felt like everyone in the neighborhood looked at me whenever I passed by. Some called me the bad girl. No one wanted to have anything to do with me" (Afi).
>
> "Everyone sees me as the bad girl" (Araba).

As mentioned earlier, within the Ghanaian context, having a child outside marriage is highly stigmatized (Hall et al., 2018; J. K. Krugu et al., 2017). The 'bad girl' is an expression which portrays people's response to the stigma attached to teenage motherhood in Ghana. In Ghana, most female children are encouraged to attend school (or learn a trade), graduate from school, get married and then have children. A young girl who does not complete her education, nor get married before getting pregnant is typically a source of ridicule in the society. If that young girl is a teenager, her pregnancy is described as a "rushed pregnancy" (known as 'mprewa nyinsen' in the local Twi language). This phase of a young girl's life, especially in Ghana, is usually perceived as rushed because the teenager is often not prepared for the difficult changes it involves. It is then assumed that she has become a mother at the wrong time because she is too young. The stigma attached to this phase of a young girl's life is expressed in both verbal and non-verbal. As described by the young mothers earlier on, these reactions include insults, beatings, rolling of the eyes, being avoided by friends and name calling. Although the intensity of teenage pregnancy stigma may have reduced, it still exists in various forms (J. K. Krugu et al., 2017).

The concept of stigma depicts the experiences of teenage motherhood in some parts of the world and in this case, Ghana. In the Ghanaian context, a teenager is often tagged as a bad girl when she does not conform to acceptable behavior within the society. The expression, 'bad girl', is often used in Ghana to express the utmost displeasure of individuals, especially adults, within the society towards certain behaviors of young people (Hall et al., 2018; J. K. Krugu et al., 2017). For this study, the focus is kept on teenage sexuality. Teenagers being referred to as bad girls is context specific. For a young girl who is regarded as a child based on her status within the family, the expectations are higher. In Chapter two, it was explained that young people who live with their parents and continue to benefit from staying in the same residence of their parents, receive money for their daily expenses and general upkeep are still considered as children despite their ages. During the study, it was discovered that, teenagers who were students and lived with their parents at the time of their first pregnancy were affected more by the stigma of teenage pregnancy. This is

because they were socially seen as children. Hence, they were expected to live up to certain expectations in return for the care they received from their parents and guardians. The experience of a working young mother who was a teenager at the time of her first pregnancy was very different. She explained that she did not receive any negative reactions from her family, friends and other members of the society because she had a job. She further explained that she was living with her partner at the time and treated as an adult and not a child although she was a minor. These descriptions confirm the argument by Coleman (1997) that people may react to the same stigma differently based on the social context. This explains why some of the teenage mothers were referred to as bad girls and others were not. Another explanation is that the discrepancy in the actual identity and virtual identity of bad girls is extreme as compared to their counterparts in the same category who are not referred to as such (Goffman, 2009).

5.6 Summary

This chapter focused on some challenges that young mothers face in their education and relationship with others during their pregnancy and after birth. The issue of stigmatization is another crucial issue that was discussed in this chapter. Extracts from interviews with young mothers were used to explore how stigma affects their education and how people relate to them. The chapter also discusses the ‘bad girl’ stigma used as a derogatory way to describe teenage mothers. The effects of the social constructions of childhood, adulthood, gendered roles and parenting on teenage pregnancy and motherhood are all discussed based on the empirical data generated from fieldwork.

CHAPTER 6: SUPPORT AND THE TEENAGE MOTHER'S ROLE

6.1 Introduction

Becoming and being a mother is a major change in the lives of women. It is even more intensified for teenagers who are usually not prepared for the challenging experiences of motherhood. For teenagers to settle into this role easily, certain factors can be considered as essential. This chapter discusses some of these factors in relation to the empirical data from the fieldwork. It includes the support of older women and the participation of fathers. Their resilience and agency through the challenges of motherhood is also explored. The various forms of support available to the young mother and the baby are highlighted here. During the fieldwork, the young mothers mentioned ways in which they received support from nuclear and extended family members. The empirical data showed that the support of the fathers of the babies was important to the young mothers as they settled in their new role. This was often absent. The extent to which young mothers utilized institutional support to ensure that fathers contributed to the welfare of their children was also explored. The views of teenage mothers about motherhood was also delved into. In Ghanaian culture, it is common to find women take up a nurturing role as a natural responsibility and a requirement by tradition. It was therefore interesting to seek the views of the young generation of mothers concerning this tradition of mothers performing all the tasks related to caring for a new baby.

6.2 Support System

For teenagers to successfully negotiate their situation, they require a strong support system. A good support system is necessary for a smooth pregnancy, safe delivery and the possibility of moving on with life after childbirth (Erfina, Widyawati, McKenna, Reisenhofer, & Ismail, 2019). In Ghana, the potential support system for mothers in general includes parents, extended family, partners, friends, religious organizations, health professionals and the state. Older women are often readily available to assist young mothers to cater for their baby (Aziato et al., 2016). As new mothers, teenagers are usually not prepared for their new role. It is likely that they rely on other

people for support in different ways. According to Cohen (1992) social support that can be measured in three categories, namely; social networks, perceived support and supportive behaviors. The empirical material shows that due to the stigma surrounding teenage pregnancy in Ghana, teenagers do not often have the physical or emotional support of their friends and other individuals within their communities. They however had more emotional and physical support from older women (usually their mothers) and sometimes, the fathers of their children. The supportive behaviors of older women are discussed first. That is, the actions that were meant to assist them throughout the period of pregnancy and childbirth. Secondly, some fathers provided instrumental support and showed some supportive behaviors while others did not provide any support. These were also discussed. Next, the perceived support for young mothers in their struggle to fit into their new role as mothers is also highlighted.

Supportive Behaviors of Older Women

Although teenagers go through several challenges when they are pregnant, they can go through these challenges with the support of a social network. Family is a major part of this support group although their initial responses to the teenager's pregnancy is usually negative. As mentioned in the previous chapter, due to stigmatization, the initial stages of a teenager's pregnancy are very challenging. This sometimes affects the way parents treat their children. Many times, parents are blamed for not bringing up their children properly. From the societal point of view, it is assumed that improper upbringing leads to teenage pregnancy. In order to avoid the shame and embarrassments, parents tend to react negatively towards their teenagers' pregnancy. Some may send their children away to live with other relatives or their partner's family. Some may beat their children or insult them out of frustration and disappointment. They do this to show their disapproval of the girl's unplanned and 'rushed' pregnancy because traditionally, girls are taught to wait until they are married to have a child. These responses from parents are usually intense in the initial stages of the girl's pregnancy. However, as reported by many of the research participants, as the pregnancy progresses, close family members are likely to provide the necessary support that the teenage mother needs. These individuals within a teenager's network, usually family members, make the teenager feel loved and give them a sense of belonging (Cobb, 1976). Thus, providing them with social support.

Several of the young mothers spoken to, described the supportive behaviors of their mothers, aunties, grandmothers and the mothers of their partners. The following are some extracts:

> "My mother bathed the baby and guided me on how to feed her and take care of her" (Efua).

> "My mother came to live with us for a couple of weeks. She took care of the baby and taught me how to handle the baby" (Ama).

> "My mother and her sisters were around to bathe the baby, cook for me and clean the house. They took turns to do this until the child was about 3 months" (Esi).

> "My mum bathed the baby when we came home. He was tiny and fragile so I could not handle him for the first few months. I just breastfed him with my mum's guidance and my mother did the rest" (Kukua).

The support from mothers was not limited to taking care of the baby. Before the baby is born, some mothers are a major source of emotional and physical support for their daughters. During the pregnancy and when the baby is born, the guidance that young mothers receive from older women serve as a form of appraisal support because it helps them to feel confident in their new role. The process of childbirth as described by young mothers was a difficult one, but the supportive behaviors shown by some mothers made the younger mothers feel cared for and loved.

> "When I was pregnant, my mum helped me to know what to do and what was best to eat. She also taught me some physical exercises to do. I had a vaginal delivery. It was painful. My mum brought me to the hospital when I was in labour and stayed until the baby arrived. I saluted my mum that day" (Akosua).

> "I was out visiting a friend when I started having pains, so my friend was the one who brought me to the hospital. He then went home to call my mum who had then moved to the city to be with us for my delivery. I had a normal delivery and was discharged the day after. My mum was not allowed into the delivery room, but she was in the hospital the whole time" (Adzo).

> "Some hours before, I started feeling a different kind of pain, so I informed my mum who told me that I was going into labour. She took me to the hospital and after a few hours, I delivered safely. It was difficult, but my mother was with me" (Araba).

> "My blood level was low. My pregnancy was complicated, so I had to be at the hospital for close to 3 months before I gave birth. During that time, my mother and sisters used to bring me food from home every morning, afternoon and evening" (Kukua).

> "I was at home when I started feeling some pains, so I told my mum about it. After some hours, the pain intensified. My mum said I was in labour, so she arranged for a taxi and took me to the hospital. The midwife guided me through the delivery process. She had to cut me a little for the baby's head to come out. Meanwhile, my mum was in the waiting area" (Baaba).

The extracts above show that mothers are a major source of physical, emotional and appraisal support for their children. Although they might not be happy that their daughter was having a baby at an earlier age than they envisaged, they still support them physically and emotionally. This may be attributed to a mother's tendency to nurture her children as culture demands. It could also be because mothers have experienced childbirth and know that it is a tough process for many. As mentioned in previous chapters, one of the roles of women within the family is caring for children. This gendered role is one that has been reinforced over the years such that mothers and older women within the family see it as a responsibility to take care of their children and their grandchildren. The depth of the support that older women give to their children during this period is enormous. They are interested in the nutrition and health of their children while they are pregnant. When the teenager is ready to have the baby, most of the mothers who were available were either present at the hospital or arrived immediately the baby is born. They continue their role of nurturing by cooking, washing and cleaning for the new mother; bathing the new born baby, and teaching the new mother how to take care of the baby. They provide appraisal support for young mothers by passing on their knowledge and skills about nurturing to them. The knowledge and skills that young mothers acquire from older women help them to feel confident about motherhood and feel safe in their new role. It also promotes resilience towards their situation. Although these forms of support can be part of the gendered role of a mother within the family,

they are typical examples of emotional, physical and appraisal support for young mothers. The act of providing these forms of assistance can also be classified as supportive behaviors.

Supportive and Discouraging Behaviors of Fathers

Traditionally, fathers are known to be the breadwinners. They are responsible for providing the financial needs of the family. They are also required to provide maintenance for their children even if they are no longer in a relationship with their mothers. For most of the mothers interviewed, the fathers were not fulfilling their financial obligations towards the children. There was very little the young mothers were able to do (or tried to do) about it. Below are some comments from them:

> "I have not seen him after I told him I was pregnant because he run away. I did not know his family and when we went to the place that I knew he lived, no one seemed to know where he was. I have been taking care of the child alone" (Ami).
>
> "No, I do not get any support from him. His family made a lot of promises to take care of me and the baby, but they did not fulfil their promises" (Kukua).
>
> "No. he moved away from where he used to live so I do not know his whereabouts" (Araba).
>
> "No. he did not admit that he was the one who got me pregnant. He said that the only condition was that my parents should give me to him as his wife, but they refused. So, he also refused to accept that he impregnated me, and he knows I had the baby, but he has refused to provide for him" (Adzo).

Speaking about the absence of support from their partners, some of the young mothers explained that they had to act independently to provide for their children. They exercised their agency by finding solutions to their financial problems. They were also resilient, and it showed in the way they spoke about their situation. For example, Ami said in the above extract that, she was taking care of the child alone.

The above extract from Adzo was a rather astonishing one. Although she lived in the city, the man she had the child with lived in the village. She went to the village for a festival and stayed with the

man during the period. She found out that she was pregnant when she returned. It was common in the past for parents to allow their children to get married to the men they have a child with. In this case, it was uncertain whether Adzo was also interested in the marriage proposal at the time it was suggested. However, she seemed to have wished that her parents allowed the man to marry her if that was the only way he would take care of the child. She blamed the man's irresponsibility towards her child, on her parents. One could say that, due to the traditional gender roles of men and women in Ghana, this young mother would have preferred to receive the financial support of her child's father.

Knowing about the traditional gendered roles in Ghana, and how men are expected to provide money for the upkeep of both mother and child, I asked the young mothers how they were handling the absence of their children's fathers. Some of them had given up because they knew that the men had run away. These young women expressed their readiness to cater for the children with all the resources they could come by. They mentioned that although they would have preferred that the fathers were involved in the lives of their children, they had no option but to handle the situation as single mothers. For others, they knew where to find the men but all efforts from the family to get the support of these men had proved futile. An interesting thing is that, there is a state institution that has the mandate and resources to help these young mothers by seeking the interest of the children. The Department of Social Development (DSD) is a state institution whose mandates include providing social welfare services and promoting children's rights, protection and community care. The institution exists to support families and children when needed. It assists families of children who are neglected by their parents to get the necessary help (Ministry of Gender Children and Social Protection, 2019). During the interviews, I asked the young mothers if they had gone to the DSD for assistance since the family is unable to get the necessary results. Surprisingly, some of them did not know about this establishment and what they do. Those who knew on the other hand were either not interested in seeking for help from the establishment or had been to the office but were no longer interested in pursuing the case.

When asked about if they had sought assistance from the DSD, here are some of the responses and reasons:

> "No. my parents are not in support of going to social welfare. They just feel that it is a waste of time. Even if I wanted to, I would lose the support that my mum is giving me because she does not approve of it. My father said that the man will come to ask of the child one day and when that time comes, he would be fined to make up for the lost years" (Araba).

> "Initially, I started going to the DSD office and they tried to help but the father of the child started being aggressive and verbally abusive towards me because I went to the social welfare office. The baby also started falling sick, so I dropped the case at the social welfare office to focus on my baby's health. My mother and other close relations advised me to let go of the case. The DSD are willing to help if only you are ready to cooperate with them. They do not force themselves on the situation. They only go to the extent that the complainant allows them to" (Kukua).

> "No, I have not been there because I don't know of anyone who has gotten anything good from going to the social welfare office" (Yaa).

In general, the empirical data showed that most of the young mothers were not interested in going to the DSD for assistance. This stems from the way teenage pregnancy is treated as a family issue. The young mothers explained that their families would be reluctant to talk to an external party (social welfare officer) aside members of both families. They therefore did not consult the establishment. As the above narrations show, it was observed that the influence of parents affected the decision to seek external redress to the problem of neglect on the part of the fathers. One of the young mothers mentioned that she wanted to take up the issue, but her parents would not allow her to. She added that, her father would send her out of his house if she did. She believed that her father would think of it as another way to bring disgrace to the family by allowing an outsider to interfere with their personal issues. Hence, she had to choose between the support that she was receiving from her parents and the potential support that she could receive by going to the DSD which was not certain.

Although some of the young mothers were above 18 years during the interview, they were being supported by their parents financially. They also lived in the same apartments with their parents who paid the rent. In the Ghanaian culture, this made them children. According to the culture,

children are obliged to heed to the advice of parents. For these young mothers who expressed regret for disappointing their parents by falling pregnant, they were not prepared to disrespect their parents the second time by going against their wishes. Furthermore, some of the parents of the young mothers were providing the financial needs of both mother and child. They therefore found it unnecessary to focus on getting assistance from the father of their children.

In addition to the above, it is important to emphasize that some fathers of the children of teenage mothers were involved in the lives of their children and very supportive. In some cases, their family members were also involved in the lives of their children. Some of them were those who were still in a relationship with the mothers of their children. The mothers who had the opportunity to be with their partners were thankful and appreciative of this support from their partners. For some, they were content that they did not have to take care of the child alone even though their relationship with the man had ended. The following extracts are responses from participants when they were asked if they receive any form of support from the fathers of the children:

> "I live with him and his mother, so they provide everything I need for me and that is all that matters" (Adjoa).
>
> "Yes, I do. The child currently lives with his father and I have very little responsibilities which is fine with me. I go to visit him once a while when I have some little gifts to give him. His father and their family are taking very good care of the child" (Akua).
>
> "I get support from the third child's father once a while. He sends some money but it's not often" (Yaa).
>
> "He gives us money frequently" (Efua).
>
> "He comes here from time to time give us money" (Ama).

Out of the 14 mothers interviewed, 9 of them were unemployed and were no longer enrolled in school. They were in dire need of financial support. They were therefore appreciative of the instrumental support from the fathers although they expected more from them. They were also

determined to go back to school or begin to engage in a venture which would earn them some money to take care of the children. This shows their resilience and agency.

Perceived Support

Young mothers reported to have the support of their mothers in most cases. The perceived support model of social support is measured according to the kind of support that an individual believes may be available when he or she needs it (Hupcey, 1998). They young mothers described the kinds of support that they perceived to be very useful to them. Below are some extracts:

> "My mother and aunties helped me during the early stages, so I had enough time to rest" (Yaa).

For Yaa, being able to have enough rest and not being bothered about what she was going to eat or who was going to bath the baby was enough emotional support for her in the first few weeks. She believed that having help with simple chores such as cooking, washing and cleaning the house was all the emotional and physical support she needed and received.

> "I still live a good life. My mother takes care of the child while I go to work. Her job allows her to go to work with the child, so I am relieved of several duties as a young mum. My mum handles everything for me" (Araba).

Araba also expressed that she was able to go to work and even have time to meet with friends because her mother took care of the baby all the time. For her, having a bit of time for herself even on days when she was not working was a physical support that was very useful. She explained that it was better to keep in touch with her friends without having her child by her side all the time.

> "If it weren't for my mother, I don't know what I would have done" (Afi).

The above extract by Afi, seemed to be the narrative for many young mothers in Ghana. She made this remark during an interview session when I asked her how she adapted to her new role as a mother since she was very young and had no prior experience of childbirth. Her comment did not come as a surprise because, when I got to the compound, I saw a woman washing clothes by hand in a basin. She carried a child strapped at her back with a cloth while washing. She later introduced

herself as the mother of my research participant. The baby she carried at her back was the child of the teenage mother I interviewed. Afi, who kept smiling, seemed to have a cordial relationship with her mother. It was obvious her mother was helpful with the child. Her mother was ready to take care of the child so that Afi could resume schooling. Some young mothers like Afi receive such physical and emotional support from their mothers. Considering these examples of support as useful and timely from the perspective of the young mothers, is why Cohen (1992) termed it perceived support.

6.3 Resilience and Agency of Young Mothers

Young mothers are not assured of needed support always. Therefore, being resilient is a skill that enables them to continue with life after a child. The various ways that society and close relations demotivate young mothers requires them to put in more effort if they are to achieve their goals in life. Some of the young mothers in this study spoke about how they had to modify their lifestyles because of their child, exhibiting agency. They also talked about being determined and learning from their previous experiences. Those who had been mothers for more than a year shared their experience of how difficult it was to bounce back after childbirth. However, they persevered and are currently in a better position.

> "I did not know which field I wanted to venture in. So, after having the baby, I still stayed home for almost 3 years. My mates have now completed their tertiary education. I did not want to go back into the formal school system but then, I did not also know exactly what I wanted to do. Finally, I decided to go to a vocational school. I also have a part time unpaid job that I do after school to sharpen my skills. Very soon, I will have my licence to practice cosmetology" (Kukua).

> "I am currently a sales attendant. Before now, I used to go to people's homes to wash their clothes for them or clean their homes. Then I met my current employer who saw how hardworking I was and decided to give me a job in her provision shop" (Araba).

Although formal education is presently viewed as the best way to achieve financial success in Ghanaian urban communities, young mothers like Araba develop resilience through their situation and exercise agency in finding alternative ways to earn an income and a source of livelihood. Some of the mothers interviewed for this study persevered even when there were financial and structural obstacles which prevented them from continuing their education. The young mothers were resilient although the educational system is not structured to absorb them into the system right after childbirth.

A research conducted by Naidoo, Muthukrishna, and Nkabinde (2019) among South African teenage mothers reveals the tendency for young mothers to strive to become better adults for the sake of their children. These mothers, despite the stigmatization and oppression they experienced culturally and socio-politically, were committed to nurturing their children and persevered to continue with their education. In the case of south Africa, young mothers are backed by legislation to go back to school after dropping out due to pregnancy. However, the deep-rooted stigmatization of young mothers continues to exist among some school pupils and teachers alike (Naidoo et al., 2019). For a young mother to forge on and ignore such distractions, it is a clear case of being resilient.

Within the context of Ghana, teenage girls who get pregnant may drop out of school without any hope of going back to continue after childbirth. This is because, there is no legislation mandating educational institutions to help integrate young mothers back to the classroom (Petetsi J. Y., 2018). In addition to being unable to go back to school, some young mothers may be sent away from home by their parents, some may try to abort the pregnancy using unsafe methods, while others may stay locked up inside the house for fear of ridicule from society (Hall et al., 2018). Moreover, from their comments, the young mothers also think about the passage of time as their age-group attain educational progress, making them feel that having a child earlier created a void in their lives. A combination of one or more of these challenges may require teenagers to become resilient and exercise some agency to enable them to make their situations better. The decision to stay alive and risk going through such challenges also requires some level of resilience from the teenagers.

All the young mothers interviewed admitted that having a child had changed their outlook on life. For most of them, it was a thing of joy and sadness at the same time. Perhaps due to the notion that

they ‘rushed’ into motherhood and the challenges they faced during pregnancy, few of them had some level of regret for having an unplanned pregnancy. Others were glad to be called mothers at a young age. Majority of them had positive things to say about childbirth itself.

> “Being a mother is a good thing. I’m glad that I started early and I’m lucky that I have my own children. There are women trying to conceive but cannot. So, I’m happy that I am also counted among mothers. It has some respect attached to it you know. It doesn’t matter if you’re old or young when you give birth because some adults give birth and do not take proper care of the children. So, what really matters is the ability to care for the child. My life has changed because I wake up earlier than I used to since I need to do a lot of things before the baby wakes up. Sometimes I do not get enough sleep. I cannot also go to work because the baby is still young” (Ama).

Ama is one of the very few mothers I interviewed who was working prior to her pregnancy at age 17 and was living with her partner when I interviewed her. She did not experience a lot of stigmatization during her pregnancy and had a positive outlook to childbirth. She was deemed an adult when she had her first child because she was already working and living with her partner. She also came across as matured during the interview. Perhaps, because of her work experience and other struggles of life.

The changes which occur in the lives of teenagers during pregnancy as discussed in previous sections may change their outlook on life. The effects of stigma on their personality and their relationship with others may also change their lives greatly. However, the resilience of some young mothers was concerning their challenges is portrayed in the way they expressed themselves. In the comment below, the young mother describes how motherhood had transformed her life.

> “It has changed my life. I cannot take big decisions without considering what would work out for my child. But through it all, I have matured and I’m a better person than I was before” (Kukua).

Kukua was a single mother. Her child was 4 years at the time of the interview. According to her, she suffered the effects of the teenage pregnancy stigma and this made her stay indoors for a long time. Her friends abandoned her, and she could not go to church for a whole year because of

gossips. She had completed SHS but could not go back to school for a long time. She mentioned that most of her friends had completed their undergraduate studies at the time of the interview. In 2016, she finally decided to go back to school but she did not have the money to cater for her expenses and fees. She relied on a benevolent family member to sponsor her education because her father was not willing to do so. She also narrated that she constantly had to do petty part time jobs to get enough money for her personal upkeep. She was almost done with her schooling and was working part time at the time of the research. She said that, “it has not been an easy journey for me, but I did it for my child”.

The young mothers who took part in this research showed agency as they expressed their desire to be proactive in their situation. With the help they got from their mothers and older women, many of them were able to go through the initial post-childbirth stage smoothly. Although it was a huge change for them, they were resilient. They mentioned that, they had to put in more effort afterward to cope with motherhood. This is because the constant care provided by older women diminishes with time as the baby grows older. Usually, by the time the baby is 3 months old, the teenage mother is required to take care of the child by herself. While some older women continue to care for the babies, the single young mothers tried to find a source of income or go back to school. Some of those whose children were older were either working or in school at the time of the interview. Those whose babies were younger had hopes of going back to school and continuing from where they left off. Altogether, they all had a positive outlook on life and were ready to find ways of surmounting their problems, thus exhibiting agency and resilience.

6.4 Summary

This chapter has discussed the various forms of emotional, physical, appraisal and instrumental support that young mothers received from their social networks. These social supports were classified under supportive behaviors and perceived support according to Cohen (1992) ways of measuring social support. There were two groups of individuals whom young mothers received a lot of support from. The first was the older generation of women which included their mothers, aunts, sisters, grandmothers and mothers of their partners. All the young mothers had appraisal, emotional and physical support from at least one of the categories of women from this group. The

second group was the fathers of their children. Some of the young mothers received instrumental, physical and emotional support from the men. Others received only instrumental support while others received no form of support from this group. The agency and resilience of young mothers was discussed to show the capacity that they had to help themselves in their transition into motherhood and beyond.

CHAPTER 7: CONCLUSION

This study set out to highlight the experiences of teenage mothers from the period of their pregnancy to the period after childbirth. In this final chapter, I present a summary of the study's findings. In doing this, I talk about the challenges and changes that teenagers encountered during their pregnancy and as mothers. I also summarize the various forms of support they received during this period. I will then make some recommendations for policy makers and future researchers.

7.1 Summary of Findings

In this study, it has been found that teenage pregnancy, like childhood, is socially constructed. The experiences of teenagers in an urban setting in Ghana during their pregnancy is therefore dependent on the context. In this context, the findings show that teenagers face two major issues during this period. The first has to do with an interference with a progression in formal education. The second has to do with a change in their relationships with their social networks. Furthermore, the issue of stigma is a problem which persists and exacerbates some of the challenges that teenagers have with their education and social relationships when they are pregnant. The study also found that young mothers receive most of their social support from older women. Some of them also receive support from their partners and the fathers of their children. In order to cope with their new role as mothers, young girls develop resilience through the support they receive from their social networks. From the appraisal support that they received from older women, the young mothers interviewed in this study felt safe and confident in their new role. They were therefore able to exercise agency with the support from their social networks.

Education

During the research, apart from one girl, all the research participants were in school prior to their pregnancy. This is common in urban areas. However, because of pregnancy, they all dropped out of school. The main culprit of school drop-out during pregnancy is stigmatization. This research has demonstrated that the stigma of teenage pregnancy is socially constructed. Hence, individual

within the society, including friends of teenagers and classmates discriminate against them through avoidance, teasing, gossiping and name-calling. Heads of institutions were also reported to have dismissed students because of their pregnancy. These responses deter girls from going to school immediately after they find out they are pregnant. Furthermore, financial and structural issues make it more difficult for young mothers to return to school after childbirth. After childbirth, a teenager may be resilient by deciding to go back to school. Many times, additional expenses required for them to enroll in the educational institution of their choice may not be available. In addition, there is no legislation in Ghana which eases the process for these young mothers.

Relationships

Before pregnancy, a young girl may have good relations with her social network. The study shows that because of pregnancy and the stigma of teenage pregnancy, the ties between young girls and their social networks weaken and sometimes become non-existent. There is therefore a drastic change in their lifestyles of these young girls. Firstly, many of them were unable to have close contacts with their friends anymore. This means that they could no longer hang out with friends or enjoy good conversations and laughter with their age-group anymore. This made them sad, lonely and regretful. Secondly, the relational ties between teenagers and their parents was a dynamic one. In the initial phase of their pregnancy, many of the young mothers experienced rejection from their parents. Some of this rejection was physical, verbal and emotional. Meanwhile, most of them were often dependent on their parents for their personal needs during this period. It was discovered that mothers provided their teenagers with emotional and physical support as the pregnancy progressed and after childbirth while some fathers were likely to provide instrumental support. These responses from parents were influenced by the gendered difference in roles which exists in many Ghanaian homes.

Aside close relations, there were neighbors, religious people, and health workers whom teenagers related with during this period. The responses from these individuals within the society were usually influenced by their knowledge of the stigma of teenage pregnancy. Because of discrimination from health workers, some of the teenagers did not attend antenatal services. Others

preferred not to attend religious meetings during their pregnancy period because of the effect of stigma. Many of them stayed indoors and some moved from their original neighborhoods to avoid gossips and ridicule from neighbors. Although the study was conducted in an urban vicinity, there were close relationships between members of the community because it is a closely knitted community where families live in apartments close to each other. Therefore, prior to their pregnancy, teenagers interacted easily with individuals within the community and found companionship among neighbors and the religious groups where they fellowshipped.

It was evident that the reactions of people within the social networks of these girls was because of the stigma of teenage pregnancy. This conclusion was made because it was discovered that those who were socially viewed as children because they benefited from the care and protection of their parents were greatly affected by stigmatization. On the other hand, a teenage mother who was living independently from her parents and had a job was not affected by this stigma although she was a teenager by age but an adult by societal categorization.

Social Support

Evidence from this study shows that the older generation of women are of tremendous support to young mothers. The supportive behaviors from older women were in the form of physical and emotional and appraisal support (Cohen, 1992; Kim et al., 2014). The older women were often mothers of the teenagers and sometimes their aunts, sisters and few occasions, paternal grandmothers of the babies. After a period of disappointment over the news of their daughter's pregnancy, older women begin to provide them with the needed support. They advise their children about eating healthy, they are concerned about their health and general wellbeing, some accompany their daughters to the clinic on the day of delivery, they also cook, wash and clean the house when the baby is born. Most of all, they bathe the baby and teach their daughters how to do same. They also assist them with breastfeeding and give them useful tips to help them through the first few months of motherhood. From the perspective of the young mothers, the perceived support was the physical, emotional and appraisal support they received during the first few weeks of having the baby. Although the gendered role of women in many Ghanaian homes fall within

nurturing children, it could also be considered as social support (Kim et al., 2014). It was common to find that the fathers of the teenage mother's baby were absent. Many of them were no longer interested in the relationship after the girl was pregnant. However, some of them provided instrumental support in the form of money to support the children. They also performed their gendered role of naming the child. These were some supportive behaviors from the fathers.

There was very little empirical data to access the institutional support available for young mothers who did not receive any support from the fathers of their children. The DSD was the only institution that some young mothers had knowledge about. Some of them knew that this institution could assist them while others did not. However, due to the stigma attached to teenage pregnancy, families preferred to keep these issues private. Therefore, the young mothers who knew about the DSD were hesitant to seek for help from them.

Resilience and Agency

Teenage pregnancy and motherhood have been conceptualized to pose negative consequences to the health of teenage girls and their children. This study has highlighted some of the educational and social challenges that teenage mothers face. Moreover, it has showed that, despite the effects of stigma that teenage mothers face, they are resilient. They show their resilience in the way they speak about motherhood. They also show resilience in their adaptation to their role as mothers. In addition, they show resilience by thinking about their future and how they could make amends for the time they spent away from school while they were pregnant. Many of them had hopes of going back to school or learning a trade so that they could create a career path for themselves and exceed the expectations of society. This also shows their resilience.

They also show agency in the way they talk about taking care of their children alone in the absence of a partner. Some of them had taken up courses to set themselves up to become entrepreneurs. A single case of a young mother who hawked plastic packaged water along the busy streets of her community in order to feed herself and her child daily was an example of agency in action. The young mothers whose babies were below the age of 1 had already taken positive decisions to improve their lives and give their children the needed care, showing their agency.

7.2 Recommendations for Policy Makers

Conducting this research made me realize that there is more to the struggle of a teenage mother than health concerns. My first recommendation is that public health policies concerning the use of contraceptives should be implemented by incorporating different perspectives. From my observations at a health facility during this research, pregnant teenagers and second time young mothers received counselling from an adolescent health center about contraception. I therefore recommend that this information about contraceptives be made on a broader and larger level. The sensitization about contraception should include parents, teachers and youth ambassadors.

Secondly, the DSD should be well equipped to assist young mothers in a culturally friendly manner. As professionals, the social office workers have a lot to offer young mothers. Therefore, they should collaborate with health facilities to find young mothers who need guidance in order to protect the rights of the children. The DSD could also initiate a campaign to reduce the stigmatization of teenage pregnancy in collaboration with health facilities who go on community outreach programs and other stakeholders. In addition, it is my recommendation that the DSD organizes workshops and programs for young mothers to encourage their resilience and agency. These workshops could also be done in collaboration with parents and key stakeholders to sensitize them on how they could assist young mothers in this regard to benefit society.

The third recommendation is to the educational sector. Policy makers should come together to design a legislation which permits teenagers to have access to continue their education during pregnancy with clearance from their doctors or have a plan with the educational facilities to return to school after childbirth.

7.3 Further research

Further research about teenage pregnancy and motherhood may focus more on the experiences of children born to teenage mothers. This means that the children of teenage mothers would be included as informants in the research. Although challenging, this kind of research is important in order to access the potential effects that teenage motherhood has on children. Another area that other researchers could investigate is an assessment of the relationship between a teenage mother

and her child. These recommendations have been made based on some interesting observations made during fieldwork which participants were not interviewed about. For example, some of the children of the young mothers looked malnourished and unkempt when I met them. It was also my perception that some of the young mothers did not have a close relationship with their children but rather, the children were closer to the older women who lived in the house with them.

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Appendix 1: Explanation of the study to participants and parents (or guardians)

Title of the study: **How does she go about it? - Coping strategies of teenage mothers in a complex sociocultural setting.**

Researcher's name: Sonia Delali Tekpor

This study is in fulfilment of the requirements for the Master of Philosophy in Childhood Studies degree that I am pursuing at the Norwegian University of Science and Technology. It is not a funded research project. The study touches on important issues about teenage pregnancy and motherhood.

This study seeks to explore the experiences of mothers who had their first child while they were still teenagers and how they adapted to their new role as mothers. It focuses on the challenges that teenage girls face when they are pregnant, how their pregnancy affects their social ties and how society relates to teenage girls. Finally, I also want to know the kind of social support systems that are available to teenagers during their pregnancy and after childbirth.

I believe that working with you on this topic will bring to bear your experiences on the issue which will enrich my data as realistic accounts of the phenomenon of teenage pregnancy and motherhood. Furthermore, the social support systems available to teenagers which enable them to cope with motherhood would be highlighted.

Research participants would be made up of teenage mothers who had their child while they were between the ages of 13 and 19 years. Individual face to face interviews would be held with about 12 to16 mothers. Each interview would last for about one hour and may include breaks where necessary. Participant confidentiality will be ensured. Data recorded and transcribed will be coded and will remain in the custody of the researcher. Transcribed data may only be available to the supervisor in Norway upon request when the thesis is being written. Original names of participants will not be requested, included in the thesis or mentioned in any form of presentation. The recordings will be destroyed after transcription is done. All the information provided will be kept in a way that will make it impossible to be traced back to the individuals.

Participation is voluntary and participants are free to withdraw from the study anytime they feel they no longer want to be part. Participants are also at liberty to decline to answer any question that they do not feel comfortable answering. Participants will be requested to read and sign (or thumbprint) the attached form if they agree to participate. The information can also be read and explained to them if they are not literate.

Appendix 2: Interview guide for young mothers

Greetings.

1 am Sonia Delali Tekpor, a student researcher from the Norwegian University of Science and Technology. The questions I'm about to ask you would enable me to understand how you experienced motherhood as a teenager. Your responses would also help me to gain more insight into how you have been able to take care of yourself and your child till this point.

As already explained, participation in this study is voluntary. You are free to refuse to answer any of the questions I may ask. If you do not understand any of the questions, you can ask me for clarification. You can opt out of this interview at any point without incurring any penalty.

Facts about the informant

1. Current age
2. Which part of the country do you come from?
3. When did you give birth?
4. Are you working?
5. Are you married?

Narratives of experience

6. What was it like to be pregnant at a teen age?
7. Reactions from parents, friends and community
8. How did this affect your education?
9. What other challenges did you encounter?
10. What happened when you gave birth?
11. How was the experience?
12. Did you go back to school? If yes, what contributed to your decision? If no, what are your reasons? Would you like to go back to school or learn a trade?
13. How has being a mother affected your life?

Support systems

14. Did you have questions about pregnancy and childbirth?
15. Who or where did you go to for advice?
16. Did you attend antenatal and postnatal clinics?
17. Tell me more about that experience
18. Who assisted you in taking care of the baby?
19. If there was no assistance, how did you cope?
20. Do you get support from the father? How?
21. Have you sought assistance from the social welfare office?
22. If yes? What has been your experience with them?
23. If no, Why not?

Appendix 3: Informed consent form for young mothers

The purpose of the study has been explained to me and I have understood.

I am also told that participation is voluntary, I am free to withdraw at any stage of the study without incurring any penalty and my real name will also not be mentioned anywhere in the thesis. I have however agreed to provide the researcher with an alias which can be used to refer to me in this study.

The information I provide will not be passed on to anybody in the community or elsewhere except the researcher's supervisor in Norway. I am also aware that the recordings will be destroyed after the researcher has transcribed the data and all the information provided will be coded to ensure confidentiality. I have been assured that the data will also be presented in a way that will make it impossible to be traced back to me.

Researcher's name:

Signature/ thumbprint: Signature:

Date: Date:

Witness:

Signature:

Date:

Appendix 4: Informed consent form for parents or guardians

The purpose of the study has been explained to me and I have understood.

I am also told that participation of my child is voluntary. She is therefore free to withdraw at any stage of the study without incurring any penalty. Her real name will also not be mentioned anywhere in the thesis. I have agreed that she can provide the researcher with an alias which can be used to refer to her in this study.

The information she provides will not be passed on to anybody in the community or elsewhere except the researcher's supervisor in Norway. I am also aware that the recordings will be destroyed after the researcher has transcribed the data and all gathered data will be coded to ensure confidentiality. I have been assured that the data will also be presented in a way that will make it impossible to be traced back to my daughter or the family.

Researcher's name:

Signature/ thumbprint: Signature:

Date: Date:

NSD APPROVAL

An application process for approval from the Norwegian Centre for Research Data (NDS) was started in April 2017. I encountered some challenges in submitting the form and contacted them for technical support. I received feedback from them on April 27, 2017 that I did not need to submit the form because I had answered 'No' to the questions about collecting personal identifiable data. Hence, their approval was not necessary.

INTRODUCTION LETTER FROM THE DEPARTMENT

A letter of introduction dated, June 9, 2017 was provided by the Department of Education and Lifelong Learning of NTNU before fieldwork. This letter contained the name of the community where this research was conducted. The name of this community was anonymized in the thesis. The letter has therefore not been included in the appendix of this thesis to preserve the anonymity of the research participants.