

West Africa research evidence for policy



A teenage mother in Accra being interviewed by one of her peers. Photo: Collins Ahorlu

Coping with teenage pregnancy and childbirth in Ghana



Case studies featured here were conducted in Ghana

Policy message

- Many teenage girls know how to avoid pregnancy, and how to deal with it if it occurs. They get information from various sources: parents, relatives and friends, and the media.
- A promising way to reduce the number of unwanted pregnancies is to strengthen such knowledge and skills among teenagers. The more informed they are, and the better sources they have, the more likely they are to avoid pregnancy. Those who do get pregnant will know better how to keep themselves and their babies healthy.
- Teenage girls can be targeted through radio, television, and books. Magazines written and produced by teenagers themselves are an innovative way to provide information and credible advice, and to stimulate discussion about sexual and reproductive health among teens and with their parents and relatives.

- Adolescence – the period between the ages of 10 and 19 – is the transition between childhood and adulthood. It is when many young people experiment with sex, but lack the knowledge, skills, and resources they need to avoid unwanted pregnancy. Pregnancy can be risky for adolescent girls: it can cause health problems and even death for both the mother and child. The pregnant girls may have to drop out of school, be rejected by their families, and be despised by society.
- This issue of *evidence for policy* looks at the resilience of adolescent girls: their ability to avoid unwanted pregnancy, or to deal with the situation and with motherhood if they do become pregnant. It draws on studies of girls in Ghana and Tanzania.

- **Why focus on adolescents' resilience?** Most studies on adolescent pregnancy focus on the risks that young people face and how vulnerable they are to getting pregnant. The resilience approach takes the opposite view: it examines the strengths and capacities that adolescents have to avoid or cope with pregnancy (Obrist et al 2010).

resilient girl is less likely to become pregnant, and is better able to deal with pregnancy and motherhood if it does occur.

By understanding the factors that contribute to this resilience, policymakers and implementers can design ways to reinforce it, so reducing the problems of unwanted pregnancy and unprepared mothers.

- Most teenage pregnancies in Ghana are unplanned or unwanted. For girls who cannot cope, they often lead to poverty, illness, or death. But not all adolescents are vulnerable and lack the capacity to overcome the challenges of teenage pregnancy. A

Measuring resilience
Resilient girls are those who have the information they need, or know where to get it, and have a range of information sources. Vulnerable girls, on the other hand, lack these skills and resources.

Policy implications of NCCR North-South research

- Building the capacity of adolescents opens new ways to reduce the number of unwanted pregnancies and improve girls' education. A focus on building adolescents' resilience may be more effective than solely trying to reduce their vulnerabilities.
- Many teenagers are surprisingly resilient against pregnancy, or are able to cope well with it. They know how to get the resources and information they need to avoid pregnancy, and they know how to keep themselves and their babies healthy during pregnancy.
- Parents and other relatives are important sources of information on sexuality and teenage pregnancy. Access to reliable information and support generally improves the ability of young women to avoid or deal well with pregnancy.
- The media are a valuable source of information. Radio, television, books, and magazines aimed at young people can provide them with accurate information that will increase their resilience. Programmes and articles are needed that target expectant adolescents and young mothers to help them cope with pregnancy and neonatal care. They should also aim to help girls avoid getting pregnant.
- It is important to increase the communication skills of parents through adult education so they can communicate effectively about sexual matters with young people.



Collins Ahorlu, PhD

Research project leader, Ghana
Noguchi Memorial Institute for
Medical Research, University of Ghana
cahorlu@noguchi.mimcom.org



Sylvia Ady-Gyamfi, MPhil

PhD student
Department of Sociology
University of Ghana
adugyamfisylvia@yahoo.com



Constanze Pfeiffer, PhD

Research project leader, Tanzania
Swiss Tropical and
Public Health Institute
constanze.pfeiffer@unibas.ch



Prof Brigit Obrist, PhD

Project advisor
Institute of Social Anthropology
University of Basel
Swiss Tropical and
Public Health Institute
brigit.obrist@unibas.ch

Further reading

- Ghana Statistical Service and Macro International Inc. 2008. *Ghana demographic and health survey*, 2008. Calverton, Maryland.
- Obrist B, Pfeiffer C, Henley R. 2010. Multi-layered social resilience: A new approach in mitigation research. *Progress in Development Studies* 10(4):283–293.
- Pfeiffer C, Sambaiga R, Ahorlu C, Obrist B. 2012. *Helping Tanzanian teenage girls avoid pregnancy*. Evidence for Policy Series, Regional edition East Africa, No. 3, ed. Boniface Kiteme. Nanyuki, Kenya: NCCR North-South.

WHO, 2001. *The second decade: Improving adolescent health and development*. Geneva, Switzerland: World Health Organization.

More information about the project: www.socialresilience.ch/reproductive-resilience/

The National Centre of Competence in Research (NCCR) North-South is a worldwide research network including six partner institutions in Switzerland and some 140 universities, research institutions, and development organisations in Africa, Asia, Latin America, and Europe. Approximately 350 researchers worldwide contribute to the activities of the NCCR North-South.

Regional Coordination Office

Bassirou Bonfoh
Centre Suisse de Recherches Scientifiques
en Côte d'Ivoire (CSRS)
BP 1303 Abidjan 01, Côte d'Ivoire
bassirou.bonfoh@csrs.ci
www.csrs.ch

This issue

Editor: Paul Mundy
Series editor: Bassirou Bonfoh
Design: Simone Kummer, Boris Kouakou
Printed by ImprimAP®, Abidjan

The NCCR North-South is co-financed by the Swiss National Science Foundation (SNSF), the Swiss Agency for Development and Cooperation (SDC) and the participating institutions. The views expressed in *evidence for policy* belong to the author(s) concerned and do not necessarily reflect the opinions of the funding agencies, the overall NCCR North-South network, or other institutions.



Citation: Ahorlu C, Ady-Gyamfi S, Pfeiffer C, Obrist B. 2013. *Coping with teenage pregnancy and childbirth in Ghana*. Evidence for Policy Series, Regional edition West Africa, No. 4, ed. Bassirou Bonfoh. Abidjan, Côte d'Ivoire: NCCR North-South.

evidence for policy
evidence for policy provides research highlights from the NCCR North-South on important development issues. The policy brief series offers information on topics such as governance, conflict, livelihoods, globalisation, sanitation, health, natural resources and sustainability in an accessible way. *evidence for policy* and further research information are available at: www.north-south.unibe.ch

Featured case studies

Media for girls' sex education in Tanzania

A survey of girls aged 15–19 in Tanzania revealed that the media, especially radio and magazines, are very important sources of information on sexual and reproductive health matters for young people. Girls who listened to the radio and read magazines were more resilient than those who could not access these media, and this helped them avoid teenage pregnancy. Indeed, access to media had a bigger influence on resilience than did financial support.

This surprising finding indicates that money may not be the key factor affecting adolescent girls' ability to avoid or cope with pregnancy. Rather, social support and access to appropriate information are more important.

A youth magazine for Ghanaian adolescents

The survey finding in Tanzania (see above) led NCCR North-South researchers to test magazines as a way to educate adolescent girls about sexual and reproductive health. The researchers worked with 30 students from two senior high schools in Accra to plan, design, and produce four issues of a magazine on these subjects. The magazine was entitled *Youth for youth*. The students developed most of the articles themselves; writing about their experiences and offering advice to their peers.

An average of 4,000 copies of each issue was printed. The magazine is being used to initiate sex education, especially about teenage pregnancy and its related dangers in junior and senior high schools in and around Accra.

The magazine was well received by students, the ministries of education and health, and NGOs. The magazines were discussed extensively on radio and in the print media. In an evaluation, over 90% of the students said the magazine should continue and should be expanded to cover many more schools. They said that it stimulated discussions between them and their parents on sexuality in general and teenage pregnancy in particular.

A survey of 1,320 girls aged 15–19 years in Accra (the capital of Ghana) and Begoro (a rural town 150 km to the north) found that 16% were either pregnant or already mothers. Around two-thirds of these were classified as resilient, compared to around half of the girls who had never been pregnant (Figure 1). It seems that many expectant or actual mothers tried to learn how to cope with the demands of pregnancy and childbirth. This contradicts the common stereotype of adolescent mothers as ignorant and unprepared.

It is important to look at these girls as active agents who influence their own lives, not as passive victims needing help. For many, childbirth may be a turning point that offers them new opportunities to assert themselves and break away from the past, so becoming resilient to their new challenges.

Role of parents and relatives

Adolescent girls turn to different people for advice on how to avoid pregnancy or deal with it. Traditionally, girls in Ghana receive sex education from relatives such as aunts and grandmothers, rather than from their mothers. This is changing as a result of formal education and migration to towns, which permit less contact with such relatives.

Who are the most important sources of information? The survey found that girls turned to their parents more than other relatives for advice on how to avoid pregnancy or deal with their own or their babies' health during and after pregnancy (Figure 2). This emphasises the critical role of parents and other relatives in providing sex education to girls.

Fewer girls sought advice from husbands or partners, peers, and medical staff. Girls who had never been pregnant went to their parents more often than mothers or soon-to-be mothers did.

Overall, only around 10% of the girls went to medical staff for advice. Pregnant girls and mothers were more likely to do so than girls who had never been pregnant. In Accra, medical staff were especially important as information sources for pregnant or teenage mothers.

Financial support

The three most important sources of financial support were parents, spouses or partners, and other relatives. For those who had never been pregnant, financial or social support were important to build their resilience. They turned mainly to their parents for financial support, while pregnant teenagers or mothers relied more on their partners or spouses.

Media and resilience

Television, radio, and books were the most common media sources of information in both Accra and Begoro (Figure 3). Access to these sources contributed significantly to girls' resilience in Accra but not in Begoro. This may be because those in Accra can receive a wider range of TV and radio stations as well as have better access to books. Internet penetration is generally low and did not feature among the sources of information reported.

For pregnant girls or mothers, access to the media was important. This may be because of the information they receive from their parents or from visiting antenatal and postnatal

clinics. Among never-pregnant girls, though, television and books were the only media types that led to higher resilience.

Television is widely watched in Ghana, and youth programmes such as *Campus life* are popular among adolescents. These programmes do not focus specifically on sexual and reproductive health, but they sometimes discuss adolescent health in general.

These findings suggest that media campaigns can be used to build girls' resilience to deal with sexual and reproductive health. Such campaigns should be targeted to young mothers and pregnant girls, as well as those who are not pregnant. Magazines focusing on reproductive and sexual health are one way of targeting these audiences (see "Featured case studies").

Definitions

Adolescents: The United Nations uses these terms (WHO 2001):

Young people: 10–24 years of age

Adolescents: 10–19 years

Teenage: 13–19 years

Youth: 15–24 years.

Social resilience: Social resilience is people's capacity to access resources so they can both cope with and actively avoid threats such as unwanted teenage pregnancy. People who are resilient are better able to deal with such threats (Obrist et al 2010).

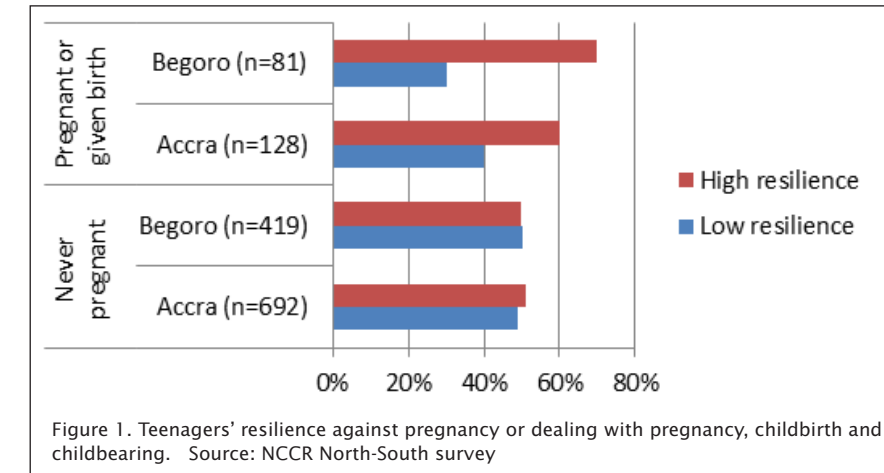


Figure 1. Teenagers' resilience against pregnancy or dealing with pregnancy, childbirth and childbearing. Source: NCCR North-South survey

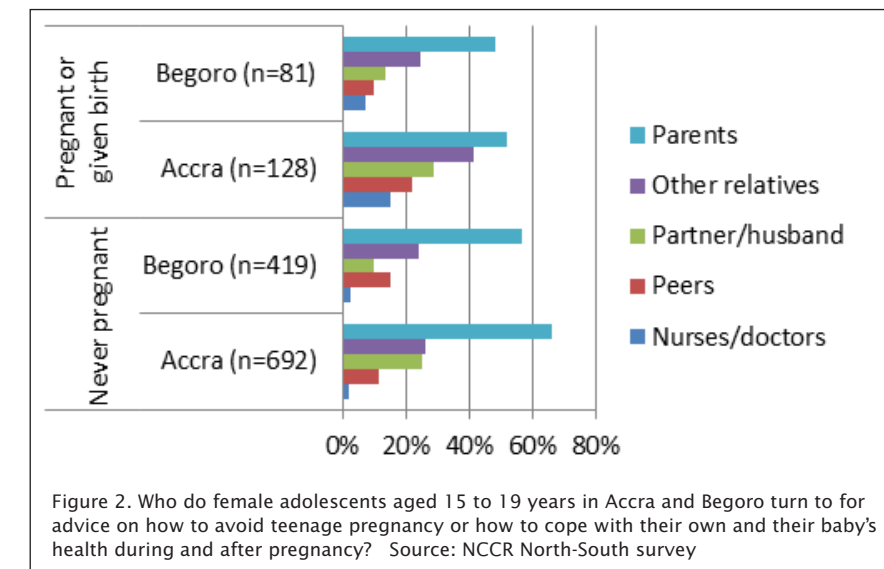


Figure 2. Who do female adolescents aged 15 to 19 years in Accra and Begoro turn to for advice on how to avoid teenage pregnancy or how to cope with their own and their baby's health during and after pregnancy? Source: NCCR North-South survey

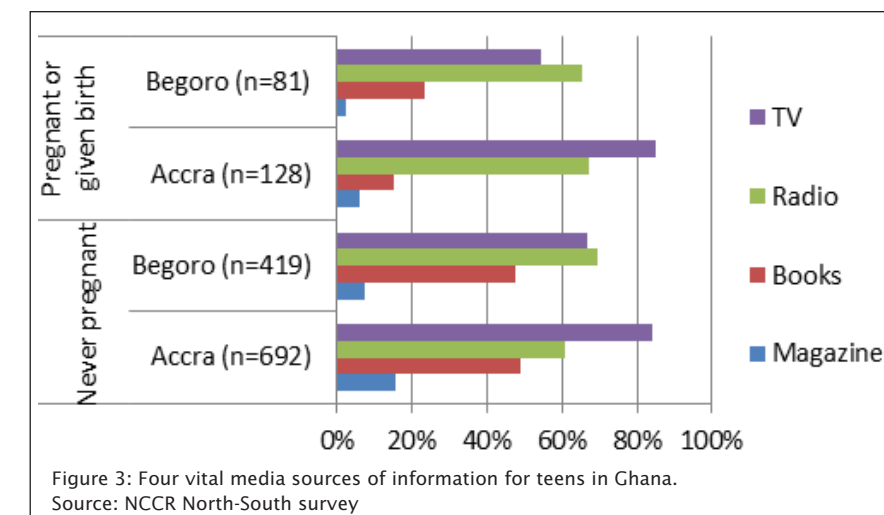


Figure 3: Four vital media sources of information for teens in Ghana. Source: NCCR North-South survey

