

AKENTEN APPIAH -MENKA UNIVERSITY OF SKILLS TRAINING AND
ENTREPRENEURIAL DEVELOPMENT

EXPLORING THE EXPERIENCES OF PREGNANT STUDENTS IN SCHOOLS IN THE
EJISU MUNICIPALITY

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BASIC SCHOOLS IN THE EJISU MUNICIPALITY

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(Educational Leadership) degree**

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DECLARATION

STUDENT'S DECLARATION

I, JACQUELINE OHENE KYEREMATENG, declare that this thesis, with the exception of quotations and references contained in published works which have all been identified and duly acknowledged, is entirely my own original work, and it has not been submitted, either in part or whole, for another degree elsewhere.

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DATE:.....

SUPERVISOR'S DECLARATION

I hereby declare that the preparation and presentation of this work was supervised in accordance with the guidelines for supervision of thesis/dissertation/project as laid down by the Akenten Appiah Menka University of Skills Training and Entrepreneurial Development.

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DEDICATION

To my dearest husband, Mr. Raphael Sarkodie and my children Ryai Adu-Tutu Brempong Sarkodie, Raphael Sarkodie Jnr. Reindolph Kyeremateng Sarkodie, Jael Ohemaa Agyemang Sarkodie.

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GLOSSARY/ABBREVIATIONS

- AU : African Union Commission
- CRC : Convention on the Rights of the Child
- GES : Ghana Education Service
- HRW : Human Right Watch
- MOEG : The Ministry of Education, Guyana
- SDGs : United Nations Sustainable Development Goals
- UNDEI : United Nations Girls Education Initiative
- UNESCO : United Nations Educational, Scientific and Cultural Organization
- UNFPA : United Nations Population Fund
- UNICEF : United Nations Children's Education Fund
- WHO : World Health Organization

ABSTRACT

The Ghana Education Service issued a guideline in 2018 on pregnant students. The guideline seeks to facilitate the continuous education of pregnant students in Ghana. Hence the need to explore the experiences of pregnant students in selected schools in the Ejisu Municipality. The research philosophy and approach adopted for the study were the interpretivist paradigm and qualitative approach. Specifically, the semi-structured interview design was employed. Five basic schools from five educational circuits in the Ejisu Municipality in the Ashanti Region were studied. Qualitative data were collected from 30 participants (made up of pregnant students, head teachers, teachers, parents, class mates, and health officials). Purposive sampling technique was used to select the 30 participants from 958 participants. The semi-structured interview guide was the main instrument used for data collection. Thematic analysis was used in analyzing the data. The study revealed that schools in the Municipality have not effectively implemented the GES guidelines. The study further revealed that although the pregnant students received some form of support from their parents, head teachers/teachers, classmates, and health officials, there were other supports such as teachers doing remedial teaching for them. The study revealed that the academic performance of pregnant students in the Municipality have negatively been affected. The pregnant students experienced challenges such as stigmatization, scoffing, and inferiority complex in the home, school, and the community. It is therefore recommended that Stakeholders and other support institutions such as teachers'/head teachers, parents, classmates, health officials, District Education Directorate, Regional Education Directorate must be trained and sensitized on the GES guidelines.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter presents the background to the study which aimed at finding out the impact of the Ghana Education Service Re-entry policy on pregnant girls in the Ejisu Municipality. The chapter also presents the statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, scope and limitations of the study, definition of terms, and organization of the study.

1.2 Background to the Study

The Ministry of Education, Guyana (MOEG, 2018) stated that numerous international conventions such as the African Charter on the Rights and Welfare of the Child and UNICEF have highlighted education as a human right. Baafi (2020) agrees and stated that international conventions and declarations such as the Convention on the Rights of the Child (CRC, 1989) is one such international convention that has sought to promote education as a fundamental human right. The MOEG (2018) further indicated that education is a “multiplier right” in the sense that it promotes the realisation of other human rights (p. 13). This assertion by the MOEG (2018) means that educated individuals are likely to appreciate their rights than uneducated folks. In other words, an educated girl more than her uneducated counterpart is more likely to fight and demand for her right. Chiyota (2020) stated that due to the importance of education, all citizens are entitled to education and that all governments are expected to provide education to their citizens. According to UNESCO (2005), education is the prime pillar for national development and

as such it is the single most important investments that governments are supposed to make at all cost. Simply put, governments should not compromise on the education of its citizenry irrespective of the cost.

The African Union Commission has adopted the African Union Agenda 2063 (a continent-wide economic and social development strategy) that commits African to build Africa's human capital through sustained investments in education, including elimination of gender disparities at all levels of education (African Union Commission, 2015). In 2015, the United Nations (which includes members of the African Union) adopted the United Nations Sustainable Development Goals (SDGs) whose prime objective is to ensure that "no one is left behind" including the need to ensure quality and inclusive education for all (HRW, 2018). The positions of UNESCO (2005) report, UN, and the African Union shows that education is a fundamental right for all, whether male or female. Thus, it can be stated that a person's gender should not be a barrier to education. However, Onyango, Kioli and Nyambedha (2015) has observed that women do not have the same level of access and benefits of education like their male counterparts. Baafi (2020) agrees with Onyango et al., (2015) by stating that equal access to quality education still remains problematic due to gender discrimination and disparity in the formal education settings. This has therefore led to social exclusion and livelihood challenges (Onyango, et al., 2015). UNICEF (2018) indicated that most of the illiterate population in the world are women. This situation is even dire in developing countries with about 70% of children who have dropout of school being girls (UNICEF, 2018). Okwany and Kamusiime (2017) also indicated that in spite of efforts to close the gender disparities gap, teenage pregnancy and motherhood have

greatly promoted the low educational achievement for girls globally. Baafi (2020) indicated that even though pregnancy is generally viewed as a blessing in most African societies, teenage pregnancy (particularly a female student who is still under the control of parents) is considered social abomination. Human Rights Watch (2018) mentioned that, there are three main policies used by countries to deal with school-going girls who get pregnant. According to Human Rights Watch (2018), girls who get pregnant while in schools are either expelled, allowed to continue school with the pregnancy, or re-entered (allowed maternity leave and re-enter school after delivery).

Plan (2015) stated that many sub-Saharan countries (such as Zimbabwe, Cameroon, Kenya, and Malawi) have norms which are sometimes imbibed in school policies and national laws that demand pregnant school girls and nursing teenage-mothers to leave school. According to Chilisa (2015), these pregnant school girls are sometimes banned from re-entry into schools either by law or practice.

According to UNICEF (2018) countries that use the exclusion policy justify their policy with the morality-based argument. Such governments contend that adopting the inclusion policy will trigger the “domino effect”, thus legitimising out-of-wedlock pregnancy thereby allowing more girls to become pregnant. Human Rights Watch (2018) furthered that countries such as Rwanda, Cape Verde, Gabon, and Ivory Coast allow the pregnant girls to continue their education with their pregnancy until they are due to deliver. Such nations do not have any formal prescription that demands new adolescent mothers to meet any mandatory absence after delivery. Mwanza (2018) indicated that countries such as South Africa, Zambia, Gambia, Zimbabwe have adopted re-entry policy

that allows pregnant girls to take maternity leave to give birth after which they are allowed to re-enter school.

According to UNICEF (2021), in countries such as Botswana, Senegal, Malawi, and Swaziland, the girl after giving birth may sometimes be readmitted in a different school. However, the maternity period (the absent period from school) and the processes for withdrawal and re-entry may vary from country to country (UNICEF, 2021). Baafi (2020) highlighted that the Ghana Education Service understands the right of every child to the full cycle of basic education. In view of this the GES has put in place measures to ensure universal access, retention and completion of education (Baafi, 2020). Baa-Poku (2016) stated that in line with the GES quest to ensure universal access, retention and completion, it has made the safeguard of all vulnerable and marginalised children a prime concern. Baafi (2020) agrees with Baa-Poku (2016) but added that due to the GES recognition of pregnant girls as vulnerable to school dropout, it has developed the re-entry policy that allows pregnant students to return to school after giving birth. The focus of the policy is to prevent pregnancy among school girls (Baa-Poku, 2016). However, should the unfortunate situation happen where a school girl gets pregnant, the re-entry guidelines of the policy details the procedures of ensuring that school girls who get pregnant get a second opportunity to continue their education during pregnancy and after childbirth (Baafi, 2020).

The “Chapter Three” of the GES policy states that “it is the policy of GES to offer girls who drop out because of pregnancy another opportunity to complete their education (GES, 2018: p 20). According to Amponsah-Koduah (2013), Ejisu Municipal has been experiencing the high incidence of teenage pregnancy and illegal abortion.

Amponsah-Koduah (the Ejisu Municipal Public Health Nurse) in 2013 indicated that 60% of teenage girls in communities such as Abenase Township in the Ejisu Municipality had experience teenage pregnancy and illegal abortion. Due to the high incidence of teenage pregnancy, the Ejisu Municipality like other districts in Ghana is expected to implement the GES policy guidelines to help integrate pregnant students and teenage nursing mothers back to school. However, the experiences of the pregnant students following the implementation of the GES guidelines for prevention of teenage pregnancy among school girls and facilitation of re-entry into school after childbirth has not been scientifically investigated.

1.3 Statement of the Problem

Ngum Chi Watts et al., (2015) has indicated that teenage pregnancy is a global concern. Per Ngum Chi Watts et al., (2015), sixteen million girls give birth annually with an estimated three million having unsafe abortions. According to UNICEF (2022), globally, approximately 14 percent of adolescent girls and young women reported giving birth from 2015 to 2021. UNICEF (2022) further reported that the global adolescent birth rate was about 2 births per 1000 girls aged 10-14 years and 43 births per 1000 adolescent girls aged 15 to 19 years. In sub-Saharan Africa, particularly in the West and Central Africa, the figure is relatively higher. Per UNICEF (2022), it was 10 birth per 1000 girls aged 10-14 years and 107 births per 1000 girls aged 15-19 years. According to the Ashanti Regional Director of the National Youth Authority, George Orwell Amponsah, about 107,000 teenage pregnancy cases were recorded in Ghana in the year 2020 alone (Baba, 2021). The UNFPA (2022) indicated that, cumulatively, between 2016 to 2020, Ghana recorded 13,444 teenage pregnancies among young girls between

10-14 years, and 542,131 pregnancies amongst teenagers between 15-19 years. Per Amponsah, the year 2020, Ashanti region alone recorded 17,802 cases representing 16.2% of the national figure, making Ashanti Region topping the teenage pregnancy chart in Ghana (Baba, 2021). The Ashanti Regional Girl Child Coordinator of GES, Mrs. Hannah Amponsah also stated that the statistics from GES shows that Ashanti Region averages about 1000 school girls getting pregnant every year (Baba, 2021). Mrs. Amponsah further stated that in the year 2020, 1212 school girls (119 – Upper Primary, 783 – JHS, and 310 – SHS) got pregnant in Ashanti Region (Baba, 2021). According to the GES (2018), this figure 1,212 as recorded in 2020 saw a significant increase as compared to 1014 (119 – Primary, 742 – JHS, and 159 – SHS) in the 2016/17 academic year.

In a study by Kyei-Boateng (2016) the Ejisu Municipality has a high incidence of teenage pregnancy. His study further indicated that, one in every five girls was a victim of teenage pregnancy. Kyei-Boateng (2016) revealed that it is common to see a girl aged less than 18 years with children in Apromase (a community in Ejisu Municipality), for example, while those in that age group without children were subjected to ridicule. A study by Morhe et al., (2021) also revealed that the median age for sexual debut among teenagers in the Ejisu Municipality was 16.0 years. The study further revealed that 58% of sexually experienced females had been pregnant and that there is a significant association between involvement in teenage pregnancy and being out of school in the Ejisu Municipality. The above cited studies have clearly showed that the high incidence of teenage pregnancy is causing a lot of female teens to be out of school in the Ejisu Municipality. According to UNFPA (2022), not only that the high

incidence of teenage pregnancies is worrying, there is also various critical life-time ramifications amongst which is the break in education.

Many girls who get pregnant are forced or pressured to drop out of school, which can impact their educational and employment prospects and opportunities (UNICEF, 2022). Given that education is a right and every nation wants to educate its citizenry, providing opportunities for pregnant teens to complete their schools has become a necessity. The GES (2018) stated that Ghana has no standardized procedure for handling pregnant girls. The lack of standardized system has resulted in school heads handling pregnant student issues based on their own discretion (GES, 2018).

The Ghana Education Service working through the Girls' Education Unit (GEU) has developed guidelines for the prevention of pregnancy among school girls and facilitation of reentry into school after childbirth (GES, 2018). However, ever since the inception of the GES guidelines, studies that seek to explore the experiences of pregnant teens in Ejisu Municipality is limited. Few studies that have studied pregnant school girls include Baafi (2020). However, Baafi (2020) focused on other areas such as the Techiman Municipality. Given that the Ejisu Municipality has different socio-cultural and economic characteristics from other districts in Ghana (such as Techiman) and the fact that Ejisu Municipality has a high incidence of teenage pregnancy, there is the need to conduct independent study on the experiences of pregnant teens in schools in Ejisu Municipality in order to determine whether the GES guidelines is recording positive impact or not on the pregnant students in the Municipality for appropriate redress. It is in the light of this that demanded the conduct of the current study.

1.4 Purpose of the Study

The purpose of the study was to explore the experiences of pregnant students in schools in the Ejisu Municipality.

1.5 Objectives of the Study

The objectives of the study were:

1. To explore how school authorities, apply the GES guidelines for pregnancy among pregnant students in the Ejisu Municipality;
2. To investigate how teachers, parents, classmates, and health workers support pregnant students in the Ejisu Municipality;
3. To determine the academic state of pregnant girls during pregnancy.
4. To investigate the challenges that pregnant students face at home, school, and community in the Ejisu Municipality.

1.6 Research Questions

1. How do school authorities apply the GES guidelines for pregnancy among pregnant students in the Ejisu Municipality?
2. How do teachers, parents, classmates and health workers support pregnant students in the Ejisu Municipality?
3. What is the state of academic performance of pregnant students during pregnancy?
4. What are the challenges that pregnant students face at home, school, and community in the Ejisu Municipality?

1.7 Significance of the Study

It is no doubt that the education of the girl child is very important in the socio-economic development of any country. In view of this any policy implemented to ensure the full participation on the girl child in education should be regularly researched into to find out whether it is yielding the intended results. Thus, the conduct of this study is useful on the following grounds: firstly, the discovery of the challenges could be used by the GES and the government as a basis for the development of measures to mitigate the challenges for the effective implementation of re-entry policy in schools. Secondly, the identification of level of implementation and effect of the re-entry policy in Ejisu Municipality could help policy makers when evaluating the effectiveness of the policy in schools. The report could also serve as a guide to institutions and agencies such as Ghana Education Service and Ministry of Education when designing policies related to the education of the girl child in Ghana.

Also, the study's report will help other stakeholders such as parents/guardians, teachers and head teachers to appreciate their respective roles within the context of re-entry policy. For instance, the discovery of the impact of re-entry policy on the performance of re-admitted pregnant girls will inform teachers about the need to pay extra attention to pregnant and nursing mothers in order not to leave them behind on the academic ladder. The study might offer some of the needed information required to strengthen the school management information in order to ensure the effective and efficient delivery of the re-entry policy by schools. Lastly, students and researchers who are interested in the field of girl child education can use the study's report as a source of

literature. Researchers for instance can identify the research gap in this study as a basis for the conduct of their own research. There is no social science research that is universally exhaustive. Irrespective of how well a research was conducted, there will still be areas not covered and it is these areas that create academic gap for other studies.

1.8 Delimitation of the Study

The scope of the study refers to how in-depth the study explores the research question and the parameters in which it will operate. The scope of the study focused on issues such as the purpose or theme of the study, geographical location, time period, the population (including population size, sample size of the study, type of participants), and research design (Discoverphds, 2021). On the basis of theme or purpose of the study, the study focused on four main thematic areas. These were the level of implementation of re-admission policy, stakeholders' involvement on re-admission policy, effects of re-admission policy on the academic performance of pregnant girls, and challenges faced by re-admitted girls. Thus, the findings of the study was interpreted relative to aforementioned themes/ research objectives/research questions and no other thematic area.

The second aspect of the scope of the study related to the geographical location of the study. Geographically, the study covered Tikrom Circuit in the Ejisu Municipality. This means that other circuits like the Kwaso and Ejisu circuits were excluded. The exclusion of the other circuits were due to time, financial and methodological constraints. Thirdly, the study covered thirty participants (made up of pregnant/nursing teen-mothers, head teachers, parents/guardians, classmates of

pregnant girls drawn from three basic schools) and one health worker in the Tikrom circuit of the Ejisu Municipality. Lastly, the study made use of the descriptive research design and qualitative analytical techniques. The implication of the limitation of the scope on the study was that findings cannot be extended to themes, geographical locations, respondents and populations, and research designs outside the scope of the study.

1.9 Definition of Terms

Performance: fulfilment of an obligation, in a manner that releases the performer from all liabilities under contract.

Re-admitted girls: girls who were pregnant at one time and are back in school

Teenage pregnancy: conception and pregnancy of girls below the age of 20.

1.10 Organisation of the Study

The study was divided into six chapters. The chapter one dealt with the introduction of the study. The chapter one was divided into ten main sub-sections. These were introduction, background of the study, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, scope and limitations of the study, definition of terms, and organisation of the study. The chapter two was about the review of the literature. This chapter was divided into six main sections namely introduction, conceptual literature review, theoretical literature review, empirical literature review, conceptual framework of the study, and conclusion. The chapter three also dealt with the methodology of the study. Under this chapter, the sub-

sections covered headings such as introduction, Research design, research approach, population, sample and sampling technique, data collection, and method of data analysis. The chapter four was about results/findings. The field data collected was presented and analysed. The chapter five was about the discussion of the findings of the study. In this section, two main activities were performed. The first was the discussion of significant and novel findings. The second part was the highlights of major findings and inferences made from them in view of the previous studies. The last chapter which was the chapter six was about the summary, conclusion and recommendations. This chapter was divided into four headings. The first heading was introduction. This was followed by summary of key findings of the study. The conclusion of the study was then followed by the summary. The last sub-section of the chapter was recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The literature review provided in this section sought to provide the study's audience with relevant academic write-ups that could serve as background knowledge for the study. The literature review served as the main base from which relevant questions could be deduced in designing the interview guide for the study. The literature was also the main frame of reference from which empirical findings of the study was compared with in order to determine whether the findings of the current study were consistent with previous studies. The section was divided into four main subsections. These were the conceptual literature, theoretical literature/framework, empirical literature, and the conceptual framework of the study. The conceptual literature section dealt with issues: Traditional African Education and Modern Education Perspectives; Benefits of Girls Education; Exclusion of Girls from Education; Barriers to Education for Girls in Africa; The Concept of Teenage Pregnancy and Young Motherhood; Challenges of Teenage Pregnancy and Young Motherhood; The Concept of Re-entry Policy; and Overview of Ghana's Re-entry Policy.

The theoretical literature/framework focuses on a review of Critical Theory, Student Retention Model, Theory of Social Exclusion, and Inclusive Education Theory. The empirical literature section was reviewed in line with the following headings: extent to which school authorities follow re-entry guidelines in facilitating re-entry of young mothers to school; whether stakeholders (such as teachers, parents, class mates, and health workers) are playing their functional roles to support pregnant girls to come back

to school; extent to which re-admitted mother-students/pregnant girls are able to cope with their academic work; and the challenges faced by re-admitted mother- student/ pregnant students. The conceptual framework section has also been diagrammatically presented as Figure 2.1. The Figure 2.1 highlighted the four main thematic areas of the study in line with the study's objectives. These were: extent to which school authorities follow re-entry guidelines in facilitating re-entry of young mothers to school; whether stakeholders (such as teachers, parents, class mates, and health workers) are playing their functional roles to support pregnant girls to come back to school; extent to which re-admitted mother students/pregnant girls are able to cope with their academic work; and the challenges faced by readmitted mother- student/ pregnant students.

2.2 Conceptual Literature Review of the Study

This section focused on a review of major concepts and themes relevant to the study. The section was organised under the following sub-headings: Traditional African Education and Modern Education Perspectives; Benefits of Girls Education; Exclusion of Girls from Education; Barriers to Education for Girls in Africa; The Concept of Teenage Pregnancy and Young Motherhood; Challenges of Teenage Pregnancy and Young Motherhood; The Concept of Re-entry Policy; and Overview of Ghana's Re-entry Policy.

2.2.1 Traditional African Education and Modern Education Perspectives

Omwancha (2020) indicated that there are different cultural perspectives to what constitute education and its aims. Omwancha (2020) continued that the term "education"

has been defined differently by different scholars, philosophers and students. Some scholars see education as the passing on of life from the living to the living, but others see it as the art of the utilisation of knowledge (Omwancha, 2020). The African traditional perspective of education is different from the Western/Modern perspective of education. Scholars such as Adeyinka (2020) and Sifuna (2019) have highlighted what constitutes the African Traditional education. According to Adeyinka (2020), education is the means through which a society's adults bring up the young ones, thus transmitting the society's culture from generation to generation. The definition by Adeyinka (2020) suggests the following dimensions of education. Firstly, education is about enculturation.

That is, education is the process by which members of a society learn and acquire the society's norms, traditions, values, ethics, and culture. Simply put, an educated person is the one who knows and practices his/her society's cultural norms, values, and traditions.

Secondly, the givers of education are the adults and the learners are the young ones. Per Adeyinka (2020) definition, the teachers of the African traditional educational system are the society's adults. In other words, within the African traditional viewpoint, every adult qualifies to impart knowledge. The adults are responsible for guiding, directing, controlling, leading, rearing, and bringing up of the young ones. This suggests that the education of the young ones is not limited to the select few like what pertains to the modern school-based educational systems where professional teachers are mainly responsible for imparting knowledge in schools. On the other hand, the young ones are deemed to be the students. Thirdly, education is a lifelong process. Since, somebody is

always older than another, one can always be a teacher and also as a student at any point in time. In other words, one does not stop teaching and learning African culture (Omwancha, 2020). Finally, education is about the perpetuation of culture. African traditional education system is about the writing of African cultural DNA into the young ones. It is therefore the means by which the adult generation transfer the values, norms, traditions, ethics, and cultural practices to the next generation who are also expected to pass it on to the subsequent generations.

An earlier definition by Sifuna (2019) sees education as the means by which people are prepared to live in their environment effectively and efficiently. The definition by Sifuna (2019) seems to be aligned to Adeyinka (2020). This is because both definitions see education to be about the training of people to fit their society. However, Sifuna (2019) definition seems to highlight on training people in order to be able to live well within the environment. Thus, the kind of training one received depends on one's environment. A critical assessment of Sifuna (2019) definition shows that education is not only about enculturation but also about acculturation. In other words, ones a person changes his/her environment, he/she is expected to be re-educated in order to live effectively and efficiently within the new environment. But, Adeyinka (2020) definition is more about ensuring the survival of a society's culture. Therefore, the changing of environment should not lead to the abandonment of one's culture.

Boateng (2018) seems to agree with Sifuna (2019) and Adeyinka (2020) but added that the traditional African educational system is largely informal and prepares a person to function effectively as an adult. The traditional African educational system is inseparable from other life segments, and it is not only to be acquired but to be lived. In

other words, children get educated through their adherence, maintenance and participation in traditional African social, political, economic, and religious acts and practices (Omwancha, 2020). For example, a farmer will educate the child in farming by allowing the child to participate in farming activities. Sifuna (2019) asserted that an important dimension of the traditional African educational system is the similarity of its goals but differences in forms. Sifuna (2019) argued that due to the lack of nationhood in most traditional African societies, there is no single indigenous form of educational system that is practiced by all Africans. Communities vary in how they transmit their knowledge and skills. However, the purpose of education as the vehicle for transmitting, the norms, values, skills, knowledge, and cultural practices from generation to generation is similar across all African societies.

Omwancha (2020) argued that unlike the traditional African education system, the modern day educational system takes the form of schooling. Schooling has become the main tool through which the youth are taught skills and are prepared for their unique roles in society. Adeyemi and Adeyinka (2021) indicated that the modern institutionalised African educational system seems to focus on the promotion of national cohesion and international understanding. However, the developed and western world educational system has shifted to the acquisition and marketization of new knowledge in science and technology. In other words, the western form of education aims at the preservation and utilization of products of science and technology (Adeyemi & Adeyinka, 2021). Omwancha (2020) asserted that a critical examination of both the traditional African education paradigm and the modern schooling system rest on their respective purposes. Omwancha (2020) indicated that while the traditional African

educational system prepares the youth for adulthood through the acquisition of cultural traditions and skills, the modern schooling system prepares the youth to acquire skills for a better future life.

Contrasting the traditional African education and the modern schooling system shows a gap between the two educational systems. Omwancha (2020) argued that some traditionalist sees the schooling system as a way of undermining the African cultural value system since the objects of both systems are different. Schooling is seen by proponents of the traditional educational system as eroding traditional education and conformity to traditional cultural values and morality which are considered essential ingredients of life (Omwancha, 2020). Schooling is seen by traditionalist as a threat to traditional African educational system (Omwancha, 2020). One can see that the perception about schooling being a threat to traditional African educational system may be a contributory factor against the girl-child education. The movement towards schooling in the developing world in modern times may be as a result of the irrelevance of some of the traditional values, customs and norms which underpins the traditional educational system.

Mungwini (2018) has argued that modernity has introduced new value system which has introduced a new way of theorizing the individual and community. This suggest that the traditional African perspective of what constitute knowledge has changed to a new perspective consistent with Christianity, science and technology (Omwancha, 2020). In view of the paradigm shift, the modern Africa system regards salaried work for instance as a source of wealth and most salaried workers have been to schools (Omwancha, 2020). An assessment of Omwancha (2020) position may lead to

the fact that, the traditional African educational system cannot for instance train a person to build a strong career in the globalised world. Sifuna (2019) agrees to Omwancha (2020) position and further asserted that even though the traditional African educational system may be beneficial for building strong African cultural values in Africans such as Ghanaians, its neglect of the individual, non-contact with the outside world, and limitations of career choices, do not adequately fit the requirements of today's global world.

According to Omwancha (2020), when a young girl becomes pregnant, she is expected to become a mother. In other words, the pregnancy of a teen girl quickly transits her to adulthood. However, since the pregnant girl is a teen, she may not have gone through all the rudiments of adulthood training as may be pertained in the traditional African Educational system. On the other hand, the pregnancy of a teen girl may curtail her education. The implication is that such a teen may not be able to build a strong career and for that matter may not be able to function more effectively as a mother to her children (in terms of ability to earn salaried income for instance). According to Omwancha (2020), the re-entry policy is a way of allowing the pregnant teen to get education and acquire skills for a better future both for herself and her kids. In this way the reentry policy helps the pregnant teen to acquire employable skills (modern educational system) and be able to meet the needs of her kids (African educational system). This study therefore adopts the position of Omwancha (2020) that the re-entry policy is at the bridge linking both traditional African and western education systems. The re-entry policy is to help girls return to school in order to build a better future life after getting pregnant (Omwancha, 2020)

2.2.2 Benefits of Girls Education

Omwancha (2020) has stated that most of the children out of school are girls and that the continuous education of the girl child is an important pillar for the effective and efficient implementation and building of a strong global social justice. Omwancha (2020) indicated that, statistically about two-thirds of children without access to basic education are girls and that majority of adults who are illiterates are women. Omwancha (2020) therefore stated that the inclusion of women and girls in education should be supported with policies and programmes that focuses on access and learning but not just enrolment. Omwancha (2020) assertion means that ensuring the inclusion of girls in education is not just about the quantitative increment of the numbers of the girl-child in schools but rather establishing clear strategies to ensure qualitative access and resolving all barriers to the girl-child's ability to attain education to the highest level. UNESCO (2019) recognised the need to ensure both quantitative and qualitative access to education by the girl-child and stated that there is the need to adopt different delivery forms and reinforce global solidarity to ensure shared human responsibility towards the promotion of the girl child education.

According to Omwancha (2020) education is view as a tool for both societal and individual development and success. The Omwancha (2020) further argued that education promotes democracy and individual liberation. Therefore, the denial of the girl-child access to education is seen as social injustices and a breach of the fundamental human rights. The importance of educating the girl child has been written upon by different authors (Hodge, 2017; Adric, 2018; and the World Bank, 2021). The World Bank (2021) indicated that girls' education benefit both individuals and countries. Adric

(2018) outlined eight benefits of the girl child education. Adric (2018) argued that educating girls helps to eradicate poverty. The World Bank (2021) agrees and indicated that the educated women are expected to enter the formal labour market and earn higher income. Hodge (2017) indicated that in Organisation for Economic Cooperation and Development (OECD) countries secondary school graduates enjoy higher earning potential than early school leavers, contributing to the growth of the national economy through full-time employment and tax. Hodge (2017) further asserted that if low-income countries are able to educate all their children up to Senior High School level by 2030, per capita income will rise by 75% by 2050 and this will help to eliminate poverty by ten years.

The second benefit of girl child education is the promotion of justice (Adric, 2017). A highly educated girl is less prone to injustice since she may understand her fundamental human rights (Adric, 2018). Such a girl is more likely to decline child-marriage, prostitution, dowry, and female genital mutilation. According to Hodge (2017), girls who are given in marriage before they attain the eighteen years is estimated to be 15 million annually. The Hodge (2017) further indicated that most of these girls are forced into early marriages in exchange for dowry as a means of alleviating family poverty. Most often the married girls are denied the chance of furthering their education in favour of the performance of traditional wifely roles such as household chores and childbearing (Hodge, 2017).

Hodge (2017) further asserted that when it comes to female genital mutilation, the numbers are even scarier. Hodge (2017) alluded that over 140 million girls globally have been subjected to female genital mutilation (FGM) for no medical reasons. The

FGM is typically considered as gender-based violence (Hodge, 2017). Education is seen as a powerful tool that will give girls the ability to avoid early marriages, FGM, and to harness their God-given potentials (UNICEF, 2021). According to Hodge (2017), education enables girls to stay in schools longer, help them to build self-confidence, knowledge and skills to make cognizant decisions such as when and whom to marry, and also to disapprove FGM.

The third benefit that the girl-child education brings is honour and dignity to women (Adric, 2018). Adric (2018) argued that women are most often not accorded the same respect as their male counterparts. She further mentioned that even though women are gradually gaining recognition and respect in societies nowadays, there is still much more to go. An educated girl is more likely to gain the same recognition and respect as their counterpart males in the society. The educated woman is likely to be a source of inspiration for the young ones particularly to fellow girls and this will lead to much interest in the girl-child education (Adric, 2018).

Another benefit that the girl child education brings is the economic empowerment of women (Adric, 2018). Adric (2018) argued that education correlates to the economy and that uneducated girls tend to economically depend on men, thus unable to exploit their economic potentials. Hodge (2017) agrees with Adric (2018) but added that highly educated women are likely to enjoy higher earning potentials and contribute towards a nation's economic growth through full time employment and payment of taxes. Thus, for Adric (2018), the only way to ensure the sustainable economic empowerment and independence of the girl-child is through quality education.

Another benefit articulated by Adric (2018) is economic development. Women can boost the economic development of a country through work (Adric, 2018). Per Adric (2018) position, two people are more likely to achieve more than the double output of a single person's work. It can therefore be inferred that giving education to both male and females and employing them in the economy can double the gross domestic product of a nation, all things being equal (*ceteris paribus*). Also, educated girls also tend to have a better life (Adric, 2018). Education is one of the key ways of building self-identity (World Bank, 2021). Hodge (2017) agrees and stated that education will certainly improve the life of the girl child. Educated girl will maintain her sense of self-identity, be able to read and write, and appreciates her rights and duties. A person who knows her right will not allow herself to be down trodden with (Adric, 2018). In addition to better life, educated girls can also achieve better health (Adric, 2018). Hodge (2017) posited that educating girls brings with far-reaching and transformative health benefits which can be handed down from generation to generation.

Hodge (2017, p.1)) argued that “Every additional year of school a girl completes cuts rates of infant mortality — the death of children under one year — by five to ten per cent. And if all girls received the proposed twelve years of fee-free, quality education, the frequency of early births would drop by 59% and child deaths would decrease by 49%”. Hodge (2017) further indicated that educated mothers are better equipped to protect themselves and their families against health risks. For instance, educated women are five times more likely than illiterate women to know the dangers and risks of HIV/AIDS, know how to practice safe sex, and vaccinate their children.

Lastly, Adric (2018) indicated the ability to make the right choices as the eight benefit of educating girls. Adric (2018) argued that there many women role models all over the world today. These role models did what they wanted to do (Adric, 2018). Today, there are many women in different lines of professions such as medical doctors, teachers, nurses, business professionals, security professionals, engineers, information technology professionals, and artists, sportswomen, and others (Adric, 2018). The majority of these role models are educated and excellent at their professions. It is therefore imperative that the girl-child be given equal access to education in order for them to determine the line of profession they want to be in. The better the education, the higher the ambition (Adric, 2018).

According to Hodge (2017) educated girls also help to tackle climate change. Hodge (2017) has argued that research has discovered that girls' education helps to mitigate a country's susceptibility to natural disasters. Education is seen as the best cost-effective strategy to reduce carbon emissions and tackle climate change. Hodge (2017) further asserted that a girl is more likely to be concerned about the environment if she is highly educated. The above literature shows that the importance of the girl-child education cannot be overemphasised. Thus, providing educational access through re-entry policy for teenage mothers is not only to provide social justice and equity but also to ensure the realisation of the full benefits of education. It is clear from the foregoing that educating the pregnant teenagers does not only benefit the individual but also the family, society and the nation at large. A critical assessment of both the modern and traditional concepts of education revealed that the modern philosophical and practical commitment to girls' education as a vital element to the health of a nation or an economy

is different from the traditional perspective of education as a preparatory ground for life roles. It must therefore be stated that implementing girl-child education within the African traditional context may create some challenges which may result in lack of commitment on the ground.

2.2.3 Exclusion of Girls from Education

Omwancha (2020) has argued that even though exclusion of the girl-child from education has been widely written on from the international perspective, not much has been written on from the African viewpoint. Omwancha (2020) further argued that in spite of this deficiency, the international perspective could be a starting point for understanding the African viewpoint. Hodge (2017) has raised an alert that over 263 million children are out of school. Out of this number 202 million are of the secondary school age. Out of the 202 million, 130 million are girls (Hodge, 2017). Hodge (2017) further indicated that about 15 million girls of primary-school age have never set foot in a classroom. In other words, despite the successes chalked in girl-child education, more girls than boys are denied education. Osler and Starkey (2015) indicated that the definition of exclusion should be stretched to cover the experiences of girls in schools. The authors further stated that exclusion should be seen as more than disciplinary exclusion but should include truancy, self-exclusion and other absences such as pregnancy and caring responsibilities. Omwancha (2020) argued that even though exclusion could be voluntary self-exclusion, girls normally excluded themselves when their needs are not absolved by their schools. This may prevent girls from accessing their rights to education.

Osler and Starkey (2015) stated that in England the term exclusion from school is seen as disciplinary exclusion whether on permanent or fixed-term basis. Exclusion due to caring responsibilities, truancy, bullying, and pregnancy are often unnoticed (Osler & Starkey, 2015). The authors further asserted that girls who often encounter exclusion other than disciplinary exclusion are mostly ignored because the victims normally do not put direct pressure on teachers. Gillborn and Gipps (2016) agrees with Osler and Starkey (2015) position that the term exclusion as used in Britain is more associated permanent or fixed-term disciplinary exclusion but added that in Britain, 2/3 of students who are excluded permanently from secondary schools never attend different secondary school. Simply put, 2/3 of secondary school students who are permanently excluded from their schools drop-out from schooling altogether. Gillborn and Gipps (2016) also highlighted that stopping people from accessing education can be seen as exclusion. This means that different schooling systems can encourage different forms of exclusion and social divisions. Omwancha (2020) indicated that even though documentation of exclusion in Africa is scanty, there are compelling indications of exclusion in many African countries.

According to Aikman and Unterhalter (2017) even though a lot of systems have been put in place in Africa to ensure educational inclusion, yet a lot of boys and girls are excluded from schooling in most sub-Saharan African countries. Aikman and Unterhalter (2017) alerted that in spite of encouraging enrolment environment created in Africa countries such as Ghana (where there is free basic universal compulsory education, capitation grant, and free SHS), the ability of girls to progress through the ladder of education is still challenging. Omwancha (2020) agreeing with Aikman and

Unterhalter (2017) indicated that only about 46% girls in sub-Saharan African countries are able to finish the primary school. Lewis and Lockheed (2017) position is that the exclusion of girls in education is more prevalent in countries where women have been traditionally side-lined. The authors further asserted that the issue of exclusion of girls in schooling is wellknown in these countries by both national authorities and international bodies, but not much has been done to address it. According to the authors, low income children, rural children, and ethnic minorities children are more at risk of educational exclusion in most African countries.

According to Omwanicha (2020), girls are excluded for several reasons including; being girls, being girls from ethnic communities, impoverished families, living in remote areas, and being girls from lower social status. The author further revealed that girls are more expected to participate less in education. Girls who get enrolled into schools are more likely than boys to be in schools for a short while and that pregnant girls have the highest chance of staying out of school than both boys and non-pregnant girls (Omwanicha, 2020). On the basis of the literature presented here, it can be stated that exclusion is a very complex educational issue and that there are different types of exclusion ranging from voluntary self-exclusion to permanent, or fixed-term exclusion. In addition, the above literature has also depicted that exclusion differs from boys and girls. The literature has further revealed that some forms of exclusion are easy to understand but others are not.

Omwanicha (2020) argued that due to the difficulty in understanding and recognizing some exclusion against others, girls have experienced low enrolment in schools due to the fact that most of the factors that affect the low enrolment of girls are

exclusion factors that are difficult to understand and recognize. Omwanha (2020) stated that even though many countries including Ghana has promulgated policies that focus on dealing with exclusion, not much success has been chalked by these countries.

2.2.4 Barriers to Education for Girls in Africa

Omwanha (2020) have asserted that, globally the girl child education is bedevilled with many barriers, problems, and challenges. These challenges have affected negatively the ability of most girls to access various opportunities to improve their lives and deprived them the freedom of enjoyment. These barriers have marginalised some girls from schooling and thus exposing them to social injustices and therefore denying them the realisation of some of their fundamental human rights. In view of this, girl child education is viewed as an attempt to liberate girls from these barriers that have barricaded girls into excluded and marginalised groups (Omwanha, 2020). It can therefore be stated that the understanding of these barriers is the surest way of promoting the accessibility of girls to schooling and education and thereby realising the full benefits of girls' education (Omwanha, 2020). Various barriers to the girl child education has been enumerated by different authors (Adric, 2018; Omwanha, 2020; Chiyota, 2020; and UNICEF, n.d.).

Adric (2018) categorised the barriers to the girl child education into three groups. Adric (2018) indicated the categories as school-related, socio-cultural, and micro-level school-related challenges. Adric (2018) further mentioned that the barriers could be further sub-divided into six challenges. The six challenges as explained by Adric (2018) are distance to school, cost of education, gender-related issues, violence at school, early

marriage/pregnancy, and poverty. Chiyota (2020) agrees with Adric (2018) on the barriers to the girl child education. Chiyota (2020) argued that external intrinsic factors are mainly responsible for the high school dropout rates of teenage mothers and pregnant girls. Chiyota (2020) indicated that these external intrinsic barriers include distance to school, violence, poverty, distance to school, and cost of education. Chiyota (2020) further mentioned that these barriers have contributed to the lowering of the female enrolment ratios at both the secondary and tertiary educational levels. The author further asserted that poverty and the cost of education as socio-economic factor is very vital barrier to education.

According to Chiyota (2020) even though some countries practice free primary education, the secondary and tertiary levels are mostly not free. Juxtaposing Chiyota (2020) position to Ghana, one will realise that even though both primary and secondary school education levels are free, the tertiary level is still expensive. The UNICEF (n.d.) however has highlighted a more detail analysis of the barriers to the girl child education. According to the UNICEF (n.d.), the barriers to the girl child education can be categorised into household/community-level barriers, school-level barriers, and policy- and system-level barriers.

UNICEF (n.d) identifies three main barriers to education. These are Household/Community Level Barriers, School Level Barriers and Policy and System Level Barriers. For instance UNICEF traced one of the causes of household barriers as families cannot meet direct costs, so children do not enroll in school or they drop out. And the gender dimension is that if a choice has to be made between sending a boy or a girl to school, the boy will usually be given precedence.

Another cause of household barriers is that families cannot afford the loss of income or labour contribution of their children, so their children do not enroll or attend school. This is because traditional division of labour often disadvantages girls (more likely to have work in the home or care for siblings etc.)

Increased likelihood of non – enrolment or non – attendance and dropping out after enrolment is a cause of school level barriers. The gender dimension is that issues of safety and security are not looked at. Parents less likely to allow daughters to attend school if they have to travel long distances. In some countries too, boarding facilities are available, but only for boys.

Also, learners may not learn what they need to (literacy, numeracy and life skills base – education). The gender dimension is that girls /females are often invisible in curriculum content and images and often excluded from taught curriculum. Gender stereotypes are reinforced eventually gender inequalities perpetuated in a wider societal context.

The last educational barrier which policy and system – level barrier talks about education not free and compulsory in principle or practice as one of the causes. Increase likelihood that children will fall through the safety net, be unable to take examinations or be forbidden re – entry into school. Another cause is increase likelihood of non – enrolment, non – attendance and dropping out. The gender dimensions are that; Girls often miss out on education if choices have to be made. The absence of birth certificate often precludes eligibility for entry or examination. Girls are less likely to be resisted than boys. Pregnant girls are excluded from school, even following birth.

A critical analysis of the various challenges enumerated by different authors show that the barriers as provided by UNICEF (n.d.) provide a comprehensive overview of the challenges of educating the girl child. However, it is clear that even though the girl child generally face discrimination when it comes to education relative to boys, young mothers and pregnant teens seem to be more affected than other categories of girls. Women generally are by nature those who get pregnant. But it is not every pregnancy that could be categorised as teenage pregnancy. Therefore, it is important that the concept of teenage pregnancy and young motherhood is properly determined for the purpose of this study.

2.2.5. The Concept of Teenage Pregnancy and Young Motherhood

The term “teenage pregnancy” has been conceived by WHO (2016) and UNICEF (2018) as when a girl become pregnant at a time that the pregnant girl is aged between ten (10) and nineteen (19) years. UNFPA (2013) agrees to both WHO (2016) and UNICEF (2018) definition but reduced the age gap by one year. UNFPA (2013) alluded that teenage pregnancy refers to the situation where a girl takes seed (pregnant) before attaining the age of 18 years. The above definitions highlight some salient points that need to be well explored. Per the above definition, five salient characteristics could be deduced from the definition of teenage pregnancy as given by WHO (2016), UNICEF (2018), and UNFPA (2013). Firstly, teenage pregnancy refers to girls becoming pregnant. This means that the mentioning of teenage pregnancy relates exclusively to the domain of females. In other words, teenage pregnancy is when a female becomes pregnant. It therefore excludes the boys, men or males who got the females pregnant. Simply put, teenage pregnancy is defined from the perspective of females but not males.

Secondly, the pregnant girl must be between the age of ten and nineteen years (even though UNFPA pegs the maximum age at 18 years). This means that a pregnant girl who is twenty years or more cannot be described as teenage pregnancy.

Thirdly, the definition excludes the context of marriage in defining teenage pregnancy. Even though, it is a fact that there is a phenomenon of early marriage or child marriage among some cultures of the world, the authorities did not exclude marriage as a mitigating factor in defining teenage pregnancy. It is the candid opinion of the current writer that if the authorities really wanted to differentiate between marriage-context based teenage pregnancy and non -marriage context based, they would have explicitly stated so. However, since these authorities failed to exclude marriage as a factor in defining teenage pregnancy, it can be categorically asserted that the authorities did not intend to do so. In view of this and for the purpose of the current study, the marital status of the pregnant girl is irrelevant in defining teenage pregnancy. Simply put, a pregnant teen is a pregnant teen whether married or not. In other words, the circumstances or the context of the pregnancy (for example, married or not, and raped or not) is irrelevant as far as the definition of teenage pregnancy is concern.

Also, the definition of teenage pregnancy has been limited to the age when the girl became pregnant but not the age she delivered. This means that the age at which a girl delivers is irrelevant in defining teenage pregnancy. However, there are many girls who may get pregnant at an age that falls within the teenage pregnancy age bracket but may deliver outside the age bracket. The implication is that not factoring the delivery period may create some challenges especially when defining young motherhood and dealing with teenage pregnancy. For example, will a girl who got pregnant at 19 years

old but delivered at 20 years old be described as a teenage mother or young mother? Will strategies applicable to teen mothers (within the context of the teenage pregnancy age bracket of 10 to 19 years) be applicable to her? The WHO (2016) seems to try to deal with the age bracket issue. According to WHO (2016), in most statistics the age of the woman is defined as her age at the time the baby is born. The implication of this assertion by WHO is that a girl who got pregnant at 19 years old but delivered at 20 years old is excluded from the definition of teenage pregnancy and young motherhood.

The problem with this is that it will complicate the already precarious situations that young girls find themselves in. This is because, there may be not much differences between a girl who got pregnant and delivered at age 19 years and a girl who got pregnant at 19 years but delivered at 20 years. In most cases, it is possible that these two girls may be in similar school grade levels and may share similar needs. Besides, not factoring the delivery age may cut-off any re-entry or reintegration process that such a girl may be going through. Imagine a pregnant girl who is undergoing a re-entry process but the process is abrogated immediately she turned 20 years, the trauma, the stress, stigmatisation, and disappointment she may go through may be worse than before.

However, in order to remove any ambiguities and vagueness in defining teen mothers and for the purpose of this study, teenage pregnancy and young motherhood was seen from the perspective of the age at which the girl got pregnant but not the age she delivered. In this way, all girls who got pregnant at the defined age bracket and whether they still fall within the age bracket or not at the time of the current study shall be included and defined within the context of teenage pregnancy and young motherhood. Another important issue that the authorities failed to take into consideration in defining

teenage pregnancy is schooling. Even though the exclusion of schooling from the definition of teenage pregnancy seems to broaden the scope of teenage pregnancy by incorporating girls both in school or out of school, not factoring schooling seems to discriminate other category of girls. This category of girls are those girls who get pregnant at 20 years or above but are still schooling. Most often these girls may not be materially different from their counterparts who are below 20 years and may also face similar challenges as their 19 years and below counterparts.

Since, the essence of any re-entry policy is to ensure the continuation of girl child education, it becomes imperative that all schooling girls who get pregnant are made to pass through re-integration process to enable the girls to continue their education. After all, the most important thing is ensuring the overall education of the girl child but not about educating only girls who are 19 years and below. In line with this and for the purpose of the current study, any girl schooling who get pregnant and whether she is above 19 years or not shall be included and categorised as either pregnant teen or young mother. WHO (2016) indicated that the concept “adolescent” is used interchangeably with the term “teenager”. The WHO (2016) further asserted that due to the significant differences between a girl of say 12 – or 13-year old, and a young woman of say 19 years, some writers often differentiate between adolescents aged 15 – 19 years, and younger adolescents aged 10 – 14 years. The WHO (2016) continued that birth rates and pregnancy rates are calculated per 1000 of a particular people.

The pregnancy rate according to WHO (2016) is often defined in terms of pregnancies ending in births and those ending in abortion. Loaiza and Liang (2013) gave a very important account in the measurement of adolescent pregnancy. The authors in

their study measured adolescent pregnancy using two major indicators. The first is the percentage of women who fall within the 20 to 24 years (who may be married or not) but gave birth or became pregnant before 15 or 18 years. The authors accepted that even though this measurement is retrospective, it provides a better indication of the incidence of teenage pregnancies among girls aged below 15 years or 18 years. The second measurement is the adolescent birth rate (ABR) among women 15 – 19 years old. However, since the study will sample teens from basic schools (Primary and Junior High School), the current study will expand the current measurement indicators as follows: firstly, women who fall within the 20 to 24 years (who may be married or not) but gave birth or became pregnant before 15 or 19 years; secondly, the adolescent birth rate (ABR) among women 15 – 19 years old; and thirdly the adolescent birth rate (ABR) among women 10 – 14 years old.

According to Mutua et al., (2019), the United Nations Population Fund (UNFPA) has indicated that about 20,000 girls below 18 years give birth in developing nations every day. The UNFPA (2013) asserted that about 95% of teenage births occur in developing nations and that about nine in ten of teenage births occur within the context of marriage or union. The UNFPA (2013) report further alleged that 19% of young females in emerging nations get pregnant before reaching 18 years old. The report additionally indicated that out of the 7.3 million adolescent births in emerging nations, girls under 15 years' account for 2 million births. The World Health Organisation own statistics seems to confirm the UNFPA (2013) accounts. The WHO in 2018 indicated that 16 million females aged between 15 to 19 years give birth each year in developing nations (Mutua et al., 2019). The organisation continued that 2.5 million girls aged

below 16 years give birth every year, and a projected 21 million females aged between 15 to 19 years, and 2 million girls below 15 years get pregnant every year in developing countries. UNICEF (2018, p. 11) further asserted that “the highest proportions of early childbearing are found in sub-Saharan Africa, where birth rates among adolescents reach over 200 births per 1000 girls age 15–19, compared to lower rates in other regions”.

2.2.6. Challenges of Teenage Pregnancy and Young Motherhood

According to UNFPA (2013), adolescent pregnancy continues to play great danger to females’ education because it can lead to school dropout and marriage. The UNFPA (2013) further argued that the problem of pregnant teens dropping out of school and marrying is even severer in developing countries. Mutua et al., (2019) agreeing with UNFPA (2013) alerted that sub-Saharan African countries tend to have high adolescent pregnancies and ineffective policies. The authors further asserted that given the high incidence of teenage pregnancies and poor policies, young mothers tend to experience difficulties trying to re-enter schools and to further their education. Undie et al., (2015) argued that due to the fact that most young-mothers and pregnant teens are unable to re-enter schooling, it reduces their probabilities of undertaking meaningful employment in their adulthood and hence the possibility of achieving socio-economic freedom becomes jeopardised. Mutua et al., (2019) indicated that apart from the lack of economic freedom that teenage pregnancies can pose to the young mother, adolescent pregnancies also create health and social difficulties.

The authors indicated that teenage pregnancy and motherhood is also associated with high female morbidity and child mortality rates. Mutua et al., (2019) further asserted that the adverse social consequence of teenage pregnancy among others include the curtailment of the teen mother's educational progress relative to non-pregnant girls and teenage fathers. Sandoy et al., (2016) agreeing with Mutua et al., (2015) added that across the globe, teenage pregnancy is recognized as the major cause of girls' school dropouts. The UNFPA (2013) stated that about 13000 pregnant girls' dropout of school each year. Karimi (2015) mentioned that correlation between adolescent pregnancy and school dropout is swayed by socio-cultural backgrounds, awareness/knowledge levels of sexual and reproductive health issues, psychosocial and family support to pregnant girls and lactating teenage mothers of the pregnant girl.

Seetesh and Lopamudra (2017) indicated that teenage pregnancy brings on the fore different human right issues. The authors asserted that issues such as pregnant girls being forced to drop out of school, being deprived from the usage of contraceptives or receiving reproductive health information are some of the education and health rights that pregnant girls are deprived of. The authors added that most pregnant teens are most of the times not physically or psychologically ready for childbirth, and this reproductive situation makes them vulnerable and can lead to dangerous health complications. Seetesh and Lopamudra (2017, p. 419) further asserted that "the challenges faced due to adolescent pregnancy are: 3.2 million unsafe abortions occur among adolescents each year; 20,000 girls give birth every day; 70,000 adolescent die due to pregnancy and childbirth related complications; adolescent mothers missed educational and other

opportunities; it perpetuates poverty, basic human rights denied and girls potential remains unfulfilled”.

Seetesh and Lopamudra (2017) highlighted that teenage pregnancy has effect on both the mother and child. According to the authors the effect of teenage pregnancy on the young mother include abortion (which could be spontaneous or induced), anemia (which could be caused by iron deficiency, hookworm infestation, infectious diseases such as tuberculosis, vitamin-A deficiency and hemoglobinopathies), developmental issue due to nutritional requirement, hypertensive disorder of pregnancy, sexually transmitted disease, preterm labour or preterm birth, prolonged labour, birth injuries, and psychological problems. On the other hand, some of the effects that teenage pregnancy can have on the neonate, infant and children are congenital malformation, low birth weight, neonatal morbidities and mortality, and Prevention of adolescent pregnancy and its complications (Seetesh & Lopamudra, 2017). The above narrations show that teenage pregnancy and young motherhood have pose a great challenge to the young mother and the child. It is therefore imperative that government formulate policies that will help to deal with teenage pregnancy issues and provide opportunities for the young mother to continue her education so that the economic liberty of the young mother could be improved. The question that comes afore therefore is, how do governments formulate and implement policies? The next section therefore highlights on the general policy formulation and implementation process.

2.2.7. The Concept of Re-entry Policy

According to Verger et al., (2018) re-entry policy is part of the global education policies promoted by donors in cultural, political, and economical diverse economies. Global educational policies are diverse ways used by agents, processes and events of globalization to promote policy change on education focusing on array of measures and consequences. According to Mwanza (2018), an example of the global educational policy is the 1995 Fourth World Conference on Women in Beijing which focused on promoting the rights of women. Mwanza (2018) argued that the re-entry policy is a global educational policy aims at promoting the right of women particular young mothers to access education. Mwansa (2017) argued that generally, a pregnant school girl meets one of these three outcomes. These are expulsion from school, re-entry, and continuation. Mwansa (2017) further argued that there are both principled and practical challenges associated with each policy. Per Mwansa (2017) narratives, the expulsion is the worst of the three outcomes. The expulsion policy is deemed as a breach of the fundamental human rights of the pregnant girl. It also robs the country a potential human resource.

Moreover, the expulsion policy is seen as insensitive and also tag teenage pregnancy reasons as a girl's problem. It therefore fails to assess critically why some teen girls get pregnant before completing their education. According to Chilisa (2015), the re-entry policy has also been criticized as being discriminatory. For example, while some re-entry policy may require the pregnant girl to leave school and return after delivery, the teen father is not required to leave school and return after his child is born. On the other hand, Chilisa (2015) argues that even though the continuation policy is

deemed the best of the three due to its meeting of the girl's educational human rights, it may fail to recognize other rights particularly between pregnant teens with family support and those without. Baafi (2020) agrees to Mwanza (2018) assertion about re-entry policy but added that inclusive educational policy and re-entry directives have been the major blueprint adopted by countries to promote the re-entry and re-integration of pregnant teens and adolescent mothers into schools. Baafi (2020) therefore defines re-entry policy as directives instituted by governments and other agencies across countries that ensures that pregnant school girl's feel accepted into the school systems, free from stigmatization and are able to return to the classrooms after giving birth.

A critical assessment of the definition of re-entry as given by Baafi (2020) raises salient characteristics of re-entry policy that needs to be highlighted. The first feature is that the re-entry policies are directives instituted by governments and other agencies. This means that the re-entry policies are compliance-based programmes. In other words, implementing agencies are supposed to comply with the dictates of the programme. Since, most re-entry programmes are instituted by governments and their agencies, it is expected that the compliance nature of the policies will be enforced. The second feature is that the policy is aimed at pregnant school girls. The policy focus is on young teens who gets pregnant in schools. In other words, the policy does not focus on boys or men who get these teens pregnant. The whole idea of the policy is to keep pregnant teens in schools both before and after delivery. The third feature of the policy is that the onus of taking advantage of the opportunities presented by the re-entry policies lies with the pregnant teen and her family. The content of re-entry policy deliverables may vary from country to country depending on the country's peculiar environment (Baafi, 2020).

The Ministry of Education of Guyana (MoEG, 2018) re-entry policy focus on a number of variables such as: tracking adolescent pregnancy in the school system; reintegration of adolescent mothers in the formal school system or alternative educational programmes; tracking and support after reintegration; implementation, dissemination and awareness; and monitoring and evaluation. According to MoEG (2018), the main aim of the re-entry policy of Guyana is to ensure that teen mothers are reintegrated into the formal school system. The essence of this reintegration according to MoEG (2018) is to ensure that majority of adolescent mothers are able to finish their basic and secondary education in a supportive, discrimination free, and conducive learning environment. Mwanza (2018) investigation into the re-entry policy of Zambia revealed that the policy prescribe that young mothers are giving maternity leaving spanning from six months to one year to take care of the young baby before re-entry into the formal school system. However, a young mother with support can re-enter much earlier. The policy recommends the counselling of both the adolescent mother and the adolescent father (if he is a fellow pupil) about their respective obligations concerning the pregnancy and the baby. Additionally, the policy stipulates that the parents of the young mother should be informed about the pregnancy and also be made aware of their responsibilities towards the re-entering of the pregnant teen after delivery into school. The policy required the parents of the young mother to sign a commitment document committing to ensure the re-entering of their daughter into school based on the agreed date after she has delivered (Mwanza, 2018).

2.2.8. Overview of Ghana's Guidelines on Pregnancy among School Girls and Re-entry Policy

According to Adu-Gyamfi, Donkoh, and Addo (2016), Ghana's educational structure is categorised into three components. These are the basic, secondary, and tertiary levels. Baafi (2020) asserted that the basic level has three sub-units and last for 12 years. The sub-units of the basic school are Kindergarten (2 years), Primary school (2 modules of 3 years each, i.e. lower primary and upper primary), and Junior High School. The secondary education has the traditional Senior High School (SHS) and also the Vocational and Technical Education (TVET). The tertiary education is basically divided into university (academic education), and Polytechnics (Vocational education). There is also the Colleges of Education which mostly specialized in one field (e.g. Nursing Training College, Teacher Training College, and Agric College). The basic education is free and compulsory by law (Baafi, 2020). Additionally, the secondary education in Ghana has also been made tuition-free since 2017. The essence is to ensure inclusiveness (Forson, 2017).

According to Ghana Education Service (GES, 2018), the total number of girls who dropped out of school in 2016/17 academic year was 27073 as compared to 20271 in 2015/16 academic year. Incidence of teenage pregnancy also increased from 7044 in 2015/16 academic year to 7575 in 2016/17 academic year. Baafi (2020) stated that in order to ensure that pregnant teen's do not dropped out of school, the government of Ghana in 2016 issued a directive through the Ghana education Service to give pregnant teens the opportunity to complete their education. In 2018, the GES issued its guidelines for the prevention teenage pregnancy and the facilitation of re-entry into school among

student mothers (GES, 2018). The chapter three of the said guideline outlines the steps that schools are to follow to handle pregnant teens and ensure their re-entry after delivery. These steps are explained below: firstly, the guideline forbids authorities in both public and private schools for expelling pregnant teens from school (GES, 2018). The guideline gives a pregnant girl the opportunity to stay in school while pregnant unless the girl's condition makes it difficult to continue schooling with the pregnancy (GES, 2018). According to Baafi (2020), this directive is to safeguard the girl's schooling and also to enable the smooth re-entering after delivery.

Secondly, when there is the suspicion of pregnancy or when the girl herself voluntarily reports of her pregnancy, the girl's parents/guardians are to be invited and advised by the school to confirm the pregnancy at a health facility (GES, 2018). The guideline also stated that when the pregnancy is confirmed, the pregnant girl and her parents/guardians are to submit a formal confirmation note from an acceptable health facility (GES, 2018). Once the pregnancy has been confirmed, courtesy the confirmation notes, the school authorities should perform the following activities. Firstly, to document the incident and inform the District Education Office (GES, 2018). Secondly, sensitise the parent/guardian about the GES guidelines on re-entry and if the pregnant girl is a boarder in an SHS, the conditions for her continue stay in school or an alternative must be discussed (GES, 2018). Issues that could be included in the discussion include feeding, appropriate furniture, appropriate uniforms, health needs, and becoming a day student (GES, 2018). Thirdly, orient both the teachers and girl's peers and classmates to accept the girl's pregnancy and not to stigmatise her or make disparaging comments about her (GES, 2018). Moreover, the girl must be counsel on issues like coping with

pregnancy, and the need to attend antenatal clinic frequently (GES, 2018). Teachers and pupils must also be counselled to be supportive of the pregnant girl in order to catch up in their academic work (GES, 2018). Lastly, pregnant teens with special needs or disability must be given special attention necessary to her unique condition (GES, 2018).

Thirdly, if expectant father is a school mate, classmate or pupil, the guideline recommends the following actions. Firstly, the guideline requires the documentation and filing of the incidence.

Secondly, the school authorities must apply the necessary GES mandated sanctions (GES, 2018). Also, where the actions of the expectant mother contravene the national law, the appropriate sanction under the law should be applied (GES, 2018). Lastly, any additional sanctions such as maintenance of the pregnant teen should be left to the parents of both the expectant mother and father to handle (GES, 2018). Also, if the expectant father is a male teacher, the actions to be taken are similar to that of school mate expectant father (GES, 2018). However, the professional association of the teacher may also sanction the teacher. Additionally, the pregnant girl's parents may bring criminal or civil proceedings against the teacher (GES, 2018). Furthermore, the guideline provides for the following actions for the leave of absence for the pregnant student.

Firstly, the pregnant teen shall be given three months' mandatory leave of absence (GES, 2018). Secondly, the parents/guardians of the pregnant teen are to sign a letter of commitment to return the girl to school after the three months leave of absence provided there is no medical complications (GES, 2018). Also, if the pregnant girl is a final year student, the necessary arrangement to sit for the final examinations shall be

arranged by the school authorities in line with the girl's health situations. Lastly, to counsel the pregnant mother and her parents to return school after the maternity leave (GES, 2018).

In addition, the actions recommended when the girl return to school after the maternity leave are: 1) the return to school of the young mother is a right and that she should be encouraged to re-enter school after the maternity leave; 2) the girl has the option to return to her former school; 3)the girl can wish to return to another school but this should not be imposed on the girl; 4) the leave of absence letter must be submitted on her return to school; 5) the class she will be admitted to is dependent upon the absence period or academic performance; and 6) teachers and peers must be encouraged by the school authorities to support the returned student mother (GES, 2018). The GES (2018) guideline also makes recommendations on salient areas like a conducive school environment for the young mother/pregnant teen, documentation, education and sensitisation at school levels (Primary to SHS), the role of stakeholders, and reporting and referral mechanism.

A critical review of the GES guidelines raises a number of challenges or issues that affect the successful implementation of the policy. Firstly, the policy fails to make provisions to assist the physical and health needs of the pregnant teen. Most basic schools and SHS lack health facilities and other resources to provide the medical needs of the pregnant teen. Secondly, the guidelines make no provision for the enforcement of the commitment note signed by the girl's parents/guardians or the commitment of the boy's family to shoulder some of the girl' responsibilities such as maintenance. This means that a parent can refuse to re-turn the girl child to school without any fear of

sanctions from any quarters or the boy's family may not discharge their obligations. The guidelines also make no provision as to how the re-entry activities are to be funded in the schools. The guidelines just states "the school authorities must do this or that" without indicating where the financing of such activities budgets should come from. Also, the guidelines do not make provision for how the teachers and students are to be counselled, who to counsel them, and the financing of the counselling. Moreover, most basic and SHS schools lack professional counsellors. In spite of the many challenges associated with the GES guidelines, the guideline is a step to ensuring the re-entry of all teen mothers.

2.3 Theoretical Literature Review and Frameworks of the Study

Different theoretical frameworks have been used by different writers to study re-entry policy. Some of these theories are: Critical Theory (Omwancha, 2020); Student Retention Model (Wekesa, 2014); Theory of Social Exclusion (Onyango et al., 2015); and Inclusive Education Theory (Baa-Poku, 2016). The author of the current theory finds these theories as useful within the current study's dispensation and has therefore review them below.

2.3.1 Critical Theory

According to Omwancha (2020), the critical theory was developed by Habermas (a critical theorists). The theory seeks to emancipate people by drawing their attention to the root cause of their misrepresentation through the process of self-understanding and self-reflection of their circumstances (Omwancha, 2020). This emancipation may

result in creating the opportunity for the individual to follow his life goals through the process of reconstruction. The critical theory highlights that the best way to change the wrongful narratives about the individual's circumstances and achieve enlightenment is through communicative actions as envisaged in democratic deliberations and consultations (Omwancha, 2020). The essence of communicative actions is to promote a belief system that hinges on self-understanding and self-evaluation. This means that the involvement of stakeholders or participants discussing misrepresentation could deliver an understanding and awareness as to how their situations have been distorted and these distortions could be eliminated to achieve rational interest.

Car and Kemmis (2016) asserted that an important dimension of critical theory is emancipatory interest in liberty and independence. Cohen, et al., (2018) argued that the critical theory postulates the kind of conduct anticipated in a social democracy. Cohen et al., (2018) further asserted that critical theory emphasis a society built on equality and democracy for all its people. The current study is grounded in the critical theory. Firstly, the critical theory helped the researcher to appreciate the problem of student mothers and how re-entry policy is being implemented to create equality for pregnant students. Many people may generally accept exclusion and expulsion of pregnant students from schools as morally upright in spite of its denial of right of education to these teen mothers. This study through a review of literature and empirical data analysis exposed these taken for granted and unexamined misrepresentation as unacceptable. Secondly, the study by assessing the level of implementation of re-entry policy, assessing the challenges encountered by re-admitted teen mothers, and examining the level of support from stakeholders, the current study to create a greater

understanding of the re-entry policy and thus inculcate the spirit of hope among pregnant teens some of whom might have given up the quest of completing their education.

Thirdly, by interviewing relevant stakeholders in the implementation of re-entry policy and caring for the needs of the pregnant teen such as teachers, pupils, teen mothers, health professionals, etc, the study seeks to create an environment of open discussion in order to fully understand the perspectives of these stakeholders' relative to the implementation of re-entry policy in Ejisu Municipality and espouse their concerns through research. Lastly, Omwancha (2020) stated that critical theory espoused a balanced, consensus and democratic debate on critical issues. The current study by engaging different stakeholders in re-entry policy sought to share the experiences, perspectives, and understanding of these stakeholders on critical teenage pregnancy and re-entry policy issues in order to create a more balanced understanding, consensus, and agreement on re-entry policy in Ejisu. In this way a critique of re-entry policy in order to achieve social justice became imperative.

2.3.2 Student Retention Model

The student retention model was developed by Vincent Tinto in 1987 (Wekesa, 2014). According to Wekesa (2014), the Student Retention Model is premised upon the social integration theory. The model highlights on the development towards attrition from pre-entry students' traits to integration and academic progression and finally to their departure or completion. In other words, the model deal with the conduct of students before they enter school. After they have entered school, how they integrate into the school's environment and progress through the academic stages, and finally

about how they exit from school. Wekesa (2014) indicated that the model sought to clarify how different aspects of a social system interacts and lead to the withdrawal of individuals who have different characteristics from other members from the institution before their completion period. Draper (2015) stated that even though the withdrawal of individuals from a social system or institution can be attributed to their own characteristics, one cannot discount the intellectual and social context the individuals find themselves.

The student retention theory was also applicable to the current study. This was based on the premise that by assessing the challenges that confront re-admitted students, level of implementation, involvement of stakeholders, and academic performance of re-admitted students, the study clearly specified the factors that work against re-admitted teen mothers which could lead to the dropping out of schools or could led to their retention.

2.3.3 Theory of Social Exclusion

The idea of social exclusion was initially coined by Red Lenoir (Secretary of state of Social Action) in France in the mid-1970s, however it was not until 1980s that the term began to received widespread usage in that country (Peters & Besley, 2014). The theory of social exclusion indicated that societal differences was grounded in and promoted by elements that determine right to use political, economic, and cultural assets (Onyango et al., 2015). The theory sought to explain factors that created inequalities in a liberal economic environment. Room (2015) asserted that a major problem of social exclusion is its denial of some citizens the fundamental rights including civil, political

and social rights to partake in the free-economy like other societal members. The current study therefore saw teenage pregnancy and young motherhood as a causal factor that led to social exclusion of these adolescent mothers from schooling. Onyango et al., (2015) indicated that social exclusion and deprivation followed a cyclical natural course. In other words, descendants of socially excluded and deprived people were also likely to be excluded and deprived if nothing was done to curb the alienating factors.

This means that descendants of teenage mothers were also likely to be socially excluded and deprived if nothing was done to eliminate these precipitating factors. The current study therefore saw re-entry policy as a means of eliminating precipitating factors that caused social exclusion not only for the teen mothers but also for the descendants of the teen mothers.

2.3.4 Inclusive Education Theory

Baa-Poku (2016) has indicated that the inclusive education theory posits that barriers to education for both young and adult students should not be allowed to stand. Per Baa-Poku (2016), the inclusive education theory in the broader perspective seeks to re-admit or engage school drop outs such as teen mothers back into schools or into alternative arrangements. Obonyo and Thinguri (2015) asserted that the re-entry as an educational practice and concept is a vital part of the adolescent mothers' re-admission programme. In other words, the re-entry policy as an inclusive education practice helps to provide another opportunity for adolescent mothers to continue and complete their education. UNESCO (2015) pointed out that re-entry policy has been practiced in many Sub-Saharan African Countries since 1990. Baa-Poku (2016) indicated that many

countries have policies on pregnancy in the educational system. However, these policies generally fall under one of the three main categories; expulsion, continuation, and re-entry. It has been established that the expulsion policy was an exclusion practices that was violent and unacceptable as far as the promotion of the fundamental human rights of the teen mother was concerned (Chilisa, 2015). However, the continuation and re-entry policies were generally seen as inclusive practices that aim at helping to build a better future for the young mother and her offspring (Baa-Poku, 2016).

The current study was also grounded in the inclusive education theory based on the following factors. Firstly, the study sought to understand the level of implementation of re-entry policy in Ejisu Municipality. In this way, the study sought to understand whether the re-entry policy was being implemented in a manner that allows pregnant teens to complete their education after delivery or not. In other words, a well-implemented re-entry policy in the municipality enhanced inclusion or the removal of early pregnancy as a barrier to education. Secondly, the assessment of the support or role of stakeholders in the implementation of re-entry policy also helped to understand whether these stakeholders became barriers to educational inclusion of teen mothers or not. Lastly, the evaluation of the challenges that re-admitted mothers face also helped to appreciate what factors are encountered by re-admitted mothers in schools which potentially led to their exclusion or drop-out for appropriate recommendations and redress to ensure their inclusion.

2.4 Empirical Literature Review of the Study

The empirical literature of the study related to findings of previous researches relevant to the study's research objectives. The section was mainly organised with reference to the study's research objectives. In view of this, the main sub-sections under the empirical literature: following application of pregnant students and re-entry guidelines/policies; stakeholders support to pregnant students and student mothers; pregnant students and student-mothers' academic performances; and the challenges faced by pregnant students and re-admitted student-mothers.

2.4.1 Following Pregnancy and Re-Entry Guidelines in Facilitating Pregnant Students to School

The issue of student's pregnancy guidelines and re-entry policy has received diverse scholarly, literature and empirical research attention (Omwancha, 2020; Wekesa, 2014; Luntha, 2016; Niboye, 2018; Mutua et al., 2019; Muyunda, 2021). In spite of the numerous scholarly attention that the issue of re-entry policy has received, researchers have been divergent on extent to which school authorities follow re-entry guidelines in facilitating re-entry of young mothers to school different countries. Indeed, a close review of empirical researches show that scholars have generally provided two main conclusions on the subject matter of implementing re-entry policy or guidelines by school authorities. Authors such as Wekesa (2014), and Niboye (2018) in their studies asserted that re-entry policies have been significantly well-implemented. On the other hand, authors like Omwancha (2020), Mutua, et al., (2019), and Muyunda (2021) have related that the re-entry policy has not been properly implemented among countries

studied. In the subsequent paragraph the two main implementation level positions were expatiated and critically analysed.

Wekesa (2014) conducted a study on the topic “Re-Admission Policy and Kenya Certificate of Secondary Education Performance in Bungoma North Sub-County, Kenya”. One of the objectives of the study was to assess the level of implementation of re-entry policy in secondary schools. The study adopted a sample size of 774 respondents drawn from 31 secondary schools (made up of 4 girls boarding secondary schools, and 27 mixed secondary schools). The study was conducted within the correlation research design. The main research instrument used by the study was questionnaire. However, the author added that the questionnaire was aided by other research instruments namely interview schedules, observation check lists, and analysis of documents. The author analysed the empirical data quantitatively through the application of Statistical Package for

Social Sciences (SPSS). Wekesa (2014) study revealed 51.6% of schools are at the average stage of the implementation of re-entry policy. The study further discovered that 44.1% of students were aware of the existence of re-entry policy but 33.2% said that the policy does not exist, while 22.7% students were unaware of the policy. Wekesa (2014) study shows that even though a little over half of the studied schools have averagely implemented the re-entry policy, a significant 48.4% of the studied schools seem not to have implemented the re-entry policy properly.

Moreover, an evaluation of the study revealed that while a significant 44.1% of the studied students were aware of the re-entry policy, this figure falls below half of the responding students. Significantly, while 22.7% of the respondents are unaware of the

policy, 33.2% of the respondents think that the policy does not exist. This means that for the 33.2% of the students, the re-entry policy has not been practically implemented as expected. In other words, these 33.2% students may be aware of the re-entry policy but they may think that it has not been implemented as expected or it is not implemented, hence, for them the practical application of the re-entry policy does not exist.

Niboye (2018) study in Tanzania on the other hand though may agree with Wekesa (2014) on the point that the re-admission policy has been well implemented, Niboye (2018) study however provided a higher level of implementation. Niboye (2018) study was on the topic “Back to School after Delivery, the Plight of Teenage Mothers in Zanzibar: Experiences from Mjini Magharibi’s Urban and West Districts in Unguja”. Niboye (2018) gathered primary data by adopting the public rapid appraisal methods such as questionnaires, in-depth interviews and Focus Group Discussions. The respondents of the study consisted of teenage mothers, school heads, teachers, and officials from the Ministry of Education and Vocational Training (MoEVT) of Zanzibar. The study adopted five main criteria in selecting the respondents. These are: 1) teenage mothers’ current age and the age they fell pregnant. Here women below 25 years and who got pregnant before they reached 18 years were selected; 2) teenage mothers who got pregnant while in high school; 3) teenage mothers who are either back in school or had attempted to return to school after delivery or returned to school after delivery and has now graduated from school; 4) people who interact frequently with the teenage mothers or those whose work involves matters related to teenage pregnancy and/or teenage motherhood in Zanzibar; and 5) people other than Officers from MoEVT who

either be or have been teaching or studying in a public secondary school located within Urban and/or West Districts in Mjini Magharibi region in Zanzibar.

Purposive and snow ball sampling were used to identify and select respondents for different categories that is school heads, teachers, teenage mothers and students in the selected public secondary schools as well as Government Officers from the MoEVT in Zanzibar. A sample of 107 respondents were used. Per the study most pregnant high school teens got pregnant between fifteen to seventeen years. The study revealed that, in general, majority of teen mothers' re-enter schools in less than three months after delivery particularly for married teens and those with support for caring the baby. However, for the teens with inadequate support and not in conjugal relationship take longer time to re-enter schools. It is only in rare case that a teen mother may fail to re-enter school. The findings by Niboye (2018) clearly depicted that the re-entry policy in Zanzibar (Tanzania) working well. This position is based on the fact that per Niboye (2018) findings about 72.2% of teen mothers' re-enter school in less than three months. In fact, the statistical evidence presented by Niboye (2018) shows that about 91.7% of teen mothers return to school in less than twelve months. Notwithstanding the fact that about 92% of pregnant girls return to school, the author recommended a clear implementation strategy backed by appropriate legal framework to be established by the government of Zanzibar in order to ensure the effective implementation and monitoring of re-entry programme for pregnant girls.

Studies such as Mutua, et al., (2019), Omwancha (2020), Chiyota (2020), and Muyunda (2021) discovered contrary evidences to those discovered by Wekesa (2014) and Niboye (2018). Omwancha (2020) study of the Kuria District in Kenya adopted the

qualitative research method to investigate the implementation of re-admission policy for pregnant school girls. Data were obtained through the adoption of standard open-ended interviews from head teachers, students, teen mothers and their parents, and officials of Ministry of Education. The author adopted the thematic technique using constructive lens in analysing the data. Additionally, the teen mothers' experiences were presented as narratives. Omwancha (2020) study revealed conflicting perspectives to the nature, value and implementation of the re-entry policy. The study indicated that most of the respondents lack awareness and understanding of the re-entry policy and the implementation guidelines of Kenya. Omwancha (2020) recommended that there should be the creation of awareness and sensitisation about the re-entry policy to all stakeholders and communities in order to ensure that stakeholders appreciate the importance of educating the girl child.

Another study by Luntha (2016) in Zambia studied two secondary schools in Itezhi-tezhi District of Zambia. The study gathered primary data by purposively sampling 36 respondents made up of two head teachers, two guidance teachers, four teachers, four teen mothers, four guardians or parents of the teen mothers, and twenty (20) pupils (10 boys and 10 girls). After the qualitative analysis of the primary empirical data, the study discovered that the implementation of re-entry policy in the government schools were not effective at least from the educational management point of view. The study further reveal that most of the learners revealed that they were not aware of the re-admission policy. This shows that pupils have not been properly sensitized about the policy. Since the pupils are supposed to be the primary beneficiaries of the re-entry policy, their lack of awareness means that the policy would not be properly

implemented. After all, how can somebody who is not aware of the existence of a policy takes advantage of the same policy? In view of the findings of the study, Luntha (2016) recommended the inclusion of re-admission policy of educational curriculum for the awareness and understanding of both learners and teachers.

Muyunda (2021) study in Zambia discovered similar findings like Luntha (2016). Muyunda (2021) study in Lusaka District employed both qualitative and case study research approach by using standard open-ended interviews to collect primary data from district education officers, head teachers, teachers, and parents to teen mothers. After the analysis of data, the study found out that the implementation of re-admission policy in high schools were not highly practical. The study revealed that the policy is silent and that there is lack of awareness of the policy because of vague policy goals and objectives. In addition, the study revealed lack of policy ownership by stakeholders, lack of implementation and monitoring strategies and resources. The study therefore recommended the redesigning of the re-entry policy to inculcate clear objectives and goals and formulation process that takes into consideration all stakeholders.

The last study reviewed for the purpose of the current research was conducted by Mutua et al., (2019) in Kenya. The study also adopted the qualitative approach using individual interviews and focus group discussion. The study revealed that the re-admission policy does not protect the right of teenage mothers comprehensively. The study further indicated that the policy does not provide opportunity to make the lost time and that while some schools re-admit teen mothers in general, others only re-admit based on the young mother's academic or extra-curricular credentials. The study also discovered the lack of accountability measures and existing policy framework

alignment. The author therefore recommended the adoption of multi-faceted and coordinated approach among stakeholders to ensure the effective implementation of re-entry policy in the country.

A critical evaluation of the cited empirical literature reveals two main gaps. Firstly, there is lack of consensus on the extent to which re-entry policies have been implemented or guidelines followed in countries. The literature shows that while authors like Wekesa (2014) and Niboye (2018) believes that the policy has been satisfactory implemented in the studied countries, others like Omwancha (2020), Luntha (2016), and Muyunda (2021) think otherwise. The second gap relates to the geographical areas of the study. Most empirical studies seem to have been conducted outside Ghana. The extant literature seems to show little studies on the implementation levels of re-entry policy from the perspective of Ghana in general and Ejisu Municipality in particular. On the basis of these two gaps, it has become imperative that a study is conducted to assess the level of implementation of re-entry policy in Ejisu Municipality. This will provide opportunity to determine whether the re-entry policy guidelines as issued by Ghana Education Service in 2018 has been adequately or satisfactorily implemented in Ejisu Municipality or not.

2.4.2 Stakeholders' Support of Pregnant Students and Student Mothers

The success of re-entry policy to a large extent depends on the involvement of stakeholders (such as teachers, parents, classmates, health workers, etc.) in its implementation (Nsalamba & Simpande, 2019). In other words, whether a re-entry policy will succeed or not is a function of how well the various stakeholders play their

respective roles. In view of the importance of the stakeholders on the success of any re-entry policy, various studies have been conducted that seek to test the level of involvement of re-entry policy stakeholders (Mwansa, 2017; Luntha, 2016;

Mutua et al., 2019; Nsalamba & Simpande, 2019). A study by Mwansa (2017) in Zambia adopted a triangulation of methods to integrate primary and secondary data. Specifically, the study used desk review of documents, semi-structured interview and focus group discussion, and site visits.

After the analysis of the data, the study revealed that “pupils, teachers, head teachers and the church were not involved at the initial stage of policy formulation” (Mwansa, 2017: p. 14).

According to the study’s findings, one teacher for instance indicated that:

“... the ministry has not been inclusive during policy formulation process. We are only directed to implement policies developed at the top with no guidelines in place. ... we only received the re-entry policy guidelines after five years of introducing the policy” (Mwansa, 2017; p. 14).

Mwansa (2017) study further reported that all the people interviewed (national, school, and civil society organisations levels) indicated that they knew about the re-entry policy and could determine what it is. However, some of the respondents stated that they were not so clear as to the number of times a teen can get pregnant and be re-admitted. Some of the respondents even called for a ceiling on the number of times a girl can be re-admitted. On the issue about the respondents’ sources of knowledge about the re-entry policy, some of the respondents particular those from the school and church levels learnt about the policy from circulars. However, for the over 70 pupils interviewed a

significant portion representing 43% got to know about the policy from their friends. The study additionally stated that majority of the respondents (83%) (mostly teachers and pupils) have not seen the policy guidelines.

The findings by Nwansa (2017) clearly shows that the involvement of stakeholders particularly the formulation stage of the re-entry policy has not been encouraging. The study further even discovered that sensitisation and resources to implement the policy in schools have been lacking. These clearly possess major challenges to the stakeholders. This is because if the stakeholders who are to help in implementing the policy are not consulted in drafting the policy, it will create ownership problems. In addition, it is the implementing stakeholders who are in touch with reality given that they interact with the teen girls on daily basis and as such understand the pregnant teens better. Moreover, the pupils are the ones who get pregnant and are expected to benefit from the re-entry policy, therefore a policy that did not seek for the inputs of the supposed beneficiaries and implementing stakeholders is likely to be a failure.

A study by Luntha (2016) also in Zambia revealed that even though the schools' management in Zambia understand the role that they have to play in ensuring re-admission and reintegration of teen mothers back to school, these roles have not been effectively and successfully implemented. In terms of implementation of the study, a head teacher gave the implementation process as follows:

“When a girl child is impregnated, she is accorded an opportunity to report back. The boy, girl and parents are called to the school. The boy and his parents are requested to sign the form to accept the responsibility of the unborn child and

the mother. The boy and his parents sign the form as an indication to accept to financially and materially support the mother to be. Thereafter, the girl is allowed to attend lessons until such a time her maternity leave commences. If both are school going, they will be subjected to go on maternity leave for a period of one year” (Luntha, 2016; p. 27).

The implementation process as discovered by Luntha (2016) seems to be in consonant with what is expected to be done at such situation. Clearly, the process allows pregnant girls to continue their education whilst pregnant until their maternity dates commence. However, the implementation process as outlined by the study raises issues which can make the success of the re-entry policy difficult. Firstly, with the issue of signing of responsibility forms, the teen father and his parents can refuse to sign the form or better still renege on their promise. The implementation process seems not to have any clear compliance system to ensure that the teen father and his parents do not renege on their promise. The second issue is that the implementation process seems not to have a guidance and counselling mechanism in place to guide and counsel the pregnant teen, the teen father, the teen parents, and even the teen classmates. The study revealed that the Ministry of General Education (MoGE) in Zambia do not provide funds for schools to organise local sensitization programmes on the re-admission programme, or to make copies of reentry documents for other stakeholders like parents and guardians, or to provide financial support to teen mothers. Some of the head teachers interviewed by the researcher mentioned that some guardians and men who got the teens pregnant abandoned them thereby making it difficult for the teens to continue their

education due to the need for money to pay school fees and buy baby foods and accessories.

According to Luntha (2016) from the perspective of some head teachers interviewed, some parents' express negative attitude towards their pregnant teen daughters. According to one teacher

“Most parents or guardians portray a negative attitude towards their girl child who has been impregnated as they feel it is the end of their daughter's academic life. Some parents castigate the teen mother in our presence saying that she should just go into marriage because that is the path she has chosen” (Luntha, 2016: p. 28)

The above quotation clearly depicts that some guardians or parents are likely not to support their pregnant teen girls given their disappointment in their girls getting pregnant. This position is supported by the study's own findings. In fact, per the study, a guidance teacher indicated that some guardians, parents, and sponsoring organisations fail to continue their sponsorship of the pregnant girl for getting pregnant. In addition, some teachers indicated that some of the teen mothers take their mothership more serious than their studentship and as such they do not pay serious attention to their studies after re-admission and it is rare to find teen mothers attending classes regularly. Also, the study revealed that some teen mothers want preferential treatment over their non-teen mothers and expect to receive much respect from their fellows and teachers alike due to their mothership status. Such situations are likely to make the successful implementation of re-entry policy problematic.

Mutua et al., (2019) study in Kenya also revealed similar trends as reported by both Nwansa (2017) and Luntha (2016). According to Mutua et al., (2019), in terms of

stakeholders' awareness, all the students sampled were neither aware nor have heard about the policy and its provisions. However, the study revealed that other stakeholders such as teachers, District Education Officials, head teachers, respondents from some NGOs and Ministry of Education were aware of the re-entry policy but neither have seen the policy document and not to talk about having a local copy. The lack of the physical policy document copy suggests that the stakeholders may not appreciate the full content of the policy and for that matter may not have a readily available guiding principles in the effective implementation of the policy. This situation is likely to affect accountability on the part of the stakeholders. Indeed, Mutua et al., (2019) in discussing their study findings stated that the lack of policy document could lead to discrepancies in implementation and accountability. How do you hold somebody accountable for not implementing a policy properly if the implementer has never been provided with the policy document?

In terms of the school administration support, the study revealed that some school administrators such as head teachers and the Management Board do not provide support and buyin which has crippled the policy's implementation. Some representative of NGOs interviewed by the researchers alluded that some head teachers hide behind no vacancy for more students to avoid re-admitting adolescent mothers. Some school authorities will also re-admit teen mothers on the basis of whether they are good academically or excellent in extra-curricular activities (Mutua et al., 2019). The authors revealed that some school authorities based their discrimination operations on the argument that teen mothers should add value to their schools through the improvement of the school's academic mean score or placing the school in limelight through sports.

The problems with such practices are twofold. Firstly, it discriminates against teen mothers with weak academic and sports credentials. Therefore, this may create an infringement on a student's fundamental human right to education. Secondly, such practice may affect only teen mothers but not teen fathers, thereby helping to reinforce gender inequality.

Mutua et al., (2019) study further revealed that according to the teachers interviewed, parental support plays a vital role in promoting the return to school of young mothers after delivery. The stakeholders interviewed by the authors asserted that the parents possess the greatest power in ensuring the return to school of teen mothers. The authors discovered that once parents are supportive of the return to school of their daughter, no difficulty can stop them. The study further indicated that if the parents are not supportive of the teen mother continuing their education, they will come out with excuses including the deprivation of the necessary support. According to the study, a Guidance and Counselling Teacher interviewed remarked that:

“Some parents will bring their daughters back to school but mostly if girls are academically good. If they are not, then they are married off and if we follow up we will be told that she eloped, and no one knows where she is.” (Mutua et al., 2019: p. 66)

The findings by Mutua et al., (2019) clearly shows that the parents seem to discriminate in terms of which girl can continue her education and those who cannot. This finding by Mutua et al., (2019) is consistent with the Luntha (2016) study which also discovered that the academic performance of the teen mother plays a critical role in determining whether she will be returned to school or not. The study further found out

that that the educational and income levels of the parents also play important role in the decision of parents to return the teen mothers to school or not. Mutua et al., (2019) stated that the pupil and NGO reps interviewed indicated that teen mothers who come from middle to high income families or educated parents normally return to school but those teen mothers from low income families or parents with low educational attainments most often do not support the return to school of teen mothers. The study asserted that the reason why some poor families do not normally support the return to school of their teen mothers is due to the extra economic burdens it might place on them such getting a nanny and meeting the needs of both the baby and the schooling mother. The study also further revealed that the reason why some parents may not support the return to school of teen mothers is because the parents themselves are never counselled even though the policy provides for that. This lack of counselling the parents may be based on the wrong presumption that the parents know and can handle the situation of the teen daughter becoming pregnant.

The study further discovered that the teachers who are expected to run the show do not receive any counselling session. According to the authors, this practice is based on the assumption that the teachers might have learnt counselling at training schools and universities. Therefore, the focus of counselling should be on the teen mothers but not teachers. Even though it may be true that some teachers might have been trained in counselling, not all teachers might have been trained in counselling. In addition, training the trainer may provide the teacher with the requisite modern techniques, strategies and tactics in counselling which will go in a long way to benefit the teen mother. Studies by other authors in terms of involvement of stakeholders have not been largely different

from the authors cited above. For example, a study by Wekesa (2014) in Kenya revealed that parents of teen mothers are hardly educated on the re-entry policy of their pregnant daughter and that the parents are largely not involved in the re-admission process. An earlier study by Chigona and Chetty (2017) in South Africa also revealed that teen mothers tend to lack support from their school, home, and the community. The authors found that lack of support from school takes the nature of: lack of support from teachers particular in re-teaching lessons lost by the teen mother; lack of counselling to combat stigma attached to teenage pregnancy; and misunderstanding and pressure from teachers and fellow learners.

The lack of support from home according to the study takes the form of negative attitude towards the teenage pregnancy due to stigmatization, parents favouring other siblings of the teen mother leading to communication breakdown, and the socio-economic status of the parents determines the level of support. Lastly, the study revealed that the community that the teen mother lives in normally see teen mothers as people with low moral standards and as such did not prefer that they learn together with their peers. Nsalamba and Simpande (2019) study in Zambia also revealed that some parents do not understand their role in helping the teen mother cope with her new status as a results of the unclear policy guidelines and the way school authorities administer it. An evaluation of the above empirical literature depicts that the stakeholders' involvement or support of the re-entry policy has not been solid as expected. This is due to lack of awareness, lack of financial resources for the policy, the economic status of parents, and general lack of support from the teens school and community. These have made the implementation of the policy problematic. However, what is clear is that these findings

from empirical literature relates to other areas rather than Ejisu Municipality. In other words, even though the extant literature shows low levels of involvement or support, it cannot be generalised to Ejisu Municipality due to Ejisu's unique socio-economic and cultural narratives. It has therefore become imperative that a research that test the involvement of stakeholders in re-entry policy is conducted in the Ejisu Municipality in order to establish whether the findings will be consistent with extant literature or not, hence the current study.

2.4.3 Pregnant Students and Student Mothers academic performance.

The essence of re-entry policy is to ensure the continuation of pregnant teen's education (Nwanza, 2018; and Human Rights Watch, 2018). However, whether the re-admitted pregnant girls are able to cope with their academic work or not has been the subject of numerous researches (Wekesa, 2014; McCadden, 2015; Nwanamwambwa, 2017; Niboye, 2018; Nsalamba & Simpande, 2019; Kapasule & Kumar, 2020). However, a critical evaluation of available empirical literature has raised one main issue which has necessitated the need to conduct this study. This issue relates to the inconclusiveness of empirical literature as to whether or not the young mothers or pregnant girls are able to cope with their academic work or not. Indeed, there are two main conclusions or findings reached by the available empirical literature. The first findings relate to authors who discovered that the re-admitted girls are able to cope with their academic work. Such authors include Wekesa (2014), McCadden (2015), Nwanamwabwa (2018), Nsalamba and Simpande (2019), and Kapasule and Kumar (2020). A study by Wekesa (2014) in the Bungoma North Sub-County, Kenya

discovered that adolescent mothers in senior high schools perform poorly in schools and this is reflected by their poor performance in the final Kenya Certificate of Secondary Education (KCSE) performance. Specifically, the study revealed that 48.4% of the respondents described the performance of re-admitted young mothers as fair, 25.8% said it was poor, and 16.1% said they cannot tell (undecided). Additionally, 8.1% of respondents said that the performance is good but only 1.6% of the respondents indicated that the performance is excellent. The author further asserted that based on the findings, it can be concluded that there is a significant relationship between re-entry policy and young mothers' academic performance. A cursory look at the data as presented by Wekesa (2014) shows that almost half of the respondents judged the academic performance of readmitted young mothers as fair. On the basis of the analytical framework used by the author (excellent, good, fair, poor, and undecided), fair performance may be equated to average performance and average performance may generally not be interpreted as poor performance. However, since the author interpreted the findings generally as poor performance, it stands to reason that the same interpretation is maintained for the purpose of the current study.

McCadden (2015) study in Zambia sought to determine whether re-entry policy in Zambia is promoting the expected aim of increasing the educational attainment of females. After the quantitative analysis of secondary data derived from the 2000 and 2010 Zambia National Census, the McCadden (2015) discovered that women who gave birth as teenagers, averages years of schooling increased by 0.688 years between Cohort A (Not Affected by Re-entry Policy; Born: 1974-1978; and Adolescence: 1986-1997) and Cohort C (Affected by Re-entry Policy; Born: 1986-1990; and Adolescence: 1998-

2009). The study further revealed that among the comparison group (females who did not give birth as adolescents), the average years of schooling increased by 1.734 years (McCadden, 2015). The study argued that it is expected that the increase years of schooling should be the same for both the treatment group (females who gave birth as adolescence) and the comparable group (McCadden, 2015). However, McCadden (2015) discovered that the average schooling years for women who gave birth as adolescence was 1.046 years lower than females who did not give birth as teenagers (at 1% statistical significant level). The study therefore concluded that the re-entry policy (REP) introduced in Zambia instituted in 1997 does not seem to be having a strong positive influence on the continuous education of young mothers after delivering their babies (McCadden, 2015).

Other authors (like Chigona & Chetty (2017) study in South Africa; Nwanamwabwa (2018) study in Zambia; Nsalamba and Simpande (2019) in Zambia; and Kapasule and Kumar (2020) study in Malawi) also revealed that the re-entry policies have not improved the academic performance of pregnant teens who return to schools after giving birth. In spite of the numerous studies that have discovered that re-entry policy has not improve the academic performance of teen mothers, some studies like Niboye (2018), and Chiyota (2020) have discovered a positive influence of re-entry policy on the academic progress of adolescent mothers. According to Niboye (2018) study in Tanzania, 55.6% of the study's respondents established that the academic performance of re-admitted adolescent mothers are good. Niboye (2018) revealed that this is so because most teen mothers try to excel in order to make up for the supposed mistakes committed by getting pregnant. According to Niboye (2018) when further

probed the teachers asserted that even though most teen mothers' academic performances improved after re-admission, the level of improvement is dependent upon the kind of support a teen mother receives at home.

Per the findings of the study, teens with family support perform better than those without. The study attributed the disparity to the fact that those with family support tend to have more time to study at home, attend school regularly and perform school chores. However, those without family support spend more time attending to the new born baby and as such are unable to attend to school frequently and perform other school related obligations. However, Niboye (2018) concluded that generally, re-admitted young mothers perform better than they did before pregnancy due to the fact that they want to cover up for their mistakes. Chiyota (2020) study of secondary schools in the Monze District of Zambia (using qualitative-interpretivist case approach) discovered that the implementation of the re-entry policy has led to some positives. According to Chiyota (2020), the re-entry policy has improved the re-admission and completion of the education of young mothers. The above empirical narratives clearly demonstrate that there is the need to perform further studies on re-entry policy since extant literature is still inconclusive on the nature of effect that re-entry policy is having on the academic attainments of young mothers. Therefore, the conduct of the current study has become necessary due to the need to add to the current literature in order to established the kind of effect that re-entry policy is having on the academic laurels of teenage mothers.

2.4.4 The challenges Faced by Pregnant Students and Student Mothers

A lot of academic writers have done extensive works on the impact of re-entry policy on the performance of adolescence and pregnant young mothers (Wekesa, 2014; McCadden, 2015; Nwanamwabwa, 2018). Even though some authors have discovered that the re-entry policy has improved the academic performance of young mothers (Niboye, 2018; Chiyota, 2020), quite a substantial number of authors have discovered that the policy have not improved the academic performance of these young mothers (Wekesa, 2014; McCadden, 2015; Nwanamwabwa, 2018; Nsalamba & Simpande, 2019; Kapasule & Kumar, 2020). However, what is clear from most of these write-ups is that pregnant teens and young mothers encounter numerous challenges and constraints that have mitigated against their quest to continue their education whiles pregnant or re-enter school after childbirth. The net effect of such constraints or challenges is the low performance of these adolescence teens. Academic authors such as Baa-Poku (2016), Wekesa (2014), Niboye (2018), Luntha (2016) have conducted empirical research that have outlined some challenges that young mothers go through in their quest to re-enter and re-integrate into schools. Empirical academic researches spanning five countries namely Ghana, Kenya, Zambia, Tanzania, and South Africa have been reviewed for the purpose of the current study.

In Ghana, researches such as those conducted by Baa-Poku (2016) and Baafi (2020) have identified numerous challenges that re-admitted young student-mothers or pregnant students go through which has made it difficult for the re-entry policy in Ghana to be successful as envisaged by Government of Ghana and its affiliated educational and gender-related institutions. Baa-Poku (2016) study was titled “Girls’ Re-Entry into

School After Pregnancy in the Ashiedu Keteke Sub- Metro District, Accra”. One of the study’s aim was to identify challenges that student mothers in Ashiedu Keteke go through in their effort to re-turn to school or after been re-admitted. The study employed the inclusive educational theory as its based theory. The study selected fifty-six (56) respondents through purposive and snowball sampling and data were collected through the adoption of semi-structured interviews. The study revealed that factor such as “.... childcare responsibilities, poor economic background, and unsympathetic teachers and school mates” are some of the challenges that affect the decision of student mothers from continuing schooling (BaaPoku, 2016: p. 5).

Additionally, the study discovered that re-entered student mothers face various challenges including poor and irregular school attendance (mainly due to the burden of both academic and childcare obligations), inability to complete assignments on time unlike their regular peers, inability to engage in extracurricular activities, and lack of appropriate school support systems.

Another study by Baafi (2020) in Techiman revealed stigmatization, poverty and exclusion as matters that re-entered mothers face. The study discovered that the Ghanaian populace generally considers teenage pregnancy as a shameful act that set a bad precedence to the young ones. According to Baafi (2020), only few young mothers can forgo the stigmatization and marginalization to complete their schooling. The study further added that the lack of robust policy implementation outline places the burden of re-entered young mothers at the mercy of head teachers who can decide to be accommodative and make learning a conducive experience for the young mother or can make the teen’s stay in school a total misery for her. The study also discovered that most

schools lack the appropriate mechanisms for tracking, controlling, and recording of pregnancy cases that could help in designing the desired interventions to enable the young mothers' re-entry experience conducive as a major challenge for re-entry policy implementation in Ghana. The schools studied lack trained personnel who can handle re-entered mothers' issues and facilitate the procurement of solutions to re-entry problems. Additionally, the study revealed that the schools lack supports including material, logistics, and financial supports that will enable them to address the challenges of re-entered mothers.

A study by Wekesa (2014) and Onyango, et al., (2015) in Kenya have also outlined some challenges that Kenya young mothers face both in their quest to continue their education. Wekesa (2014) study revealed that lack of proper guidance from teachers, intimidation from fellow students, and inability to balance school and home lives as the major constraints that young mothers face. According to the study some teen mothers feel their teachers do not seem to understand their peculiar situations and thus are expected to behave and perform like their counterparts who are not mothers or pregnant. In view of this some of the teen mothers indicated that they are often subjected to ridicule by both teachers and peers when they are unable to satisfy the class requirements. Another study by Onyango et al., (2015) in Kenya sought to analyse the factors that determine the re-entry of young mothers in basic schools in Muhoroni District, Kisumu County in western Kenya. Based on data analysis, the study revealed social isolation (34%), stigma (20.8%), Distraction (25.9%), physical discomfort (10.7%), and embarrassment (8.6%) as some of the problems faced teen mothers at school.

Onyango et al., (2015) study further discovered that from the perspective of some teachers and pupils interviewed alluded that teen mothers tend to be isolated and less active in class. The respondents continued that in most cases, the teen mother returns to school while still lactating and therefore the milk flow affects their personal hygiene, physical comfort and personality. According to the study, one young mother narrated how she is isolated in school:

“I don’t feel comfortable when too close to other learners because they may realize that I am sometimes wet with milk and stink of milk...I therefore keep away to avoid embarrassments” (Onyango, et al., 2015: p. 7).

The isolation of young mothers in schools according to Onyango et al., (2015) was further confirmed by an interviewed teacher who stated that girls who get closer to teen mothers are predisposing themselves to early pregnancies. Some of the teenage mothers indicated that because of the negative perception of some teachers, they discourage other girls from getting closer to teen mothers on the basis that these teen mothers could be a bad influence on the non-pregnant ones. This has therefore contributed to pupils shunning teenage mothers when they try to socialize with them.

Studies by other authors like Luntha (2016), Nwanamwambwa (2017), and Nsalamba and Simpande (2019) in Zambia have also identified similar challenges discovered by some of the aforementioned authors cited. According to Luntha (2016) some of the teen mothers interviewed indicated that sometimes they feel shy and out of place to mingle with their co-students even though their school management have been helpful by understanding her situation. In other words, one of the challenges that face the re-entered young mother is the self-confidence to socialize with their fellow

students. There may be several reasons why a pregnant girl may be shy to mingle with her fellow students. This may include the girl's own guilty consciousness, the feeling that they may be rejected, and the perception of what others are thinking about her. The study further found that financial constraint is a major threat to the re-entered teen mother. According to the study one teenager remarked that her NGO sponsor withdrew its sponsorship after she became pregnant. Additionally, some teen mothers insist that the young mother should take up the childbearing responsibilities rather than continuing schooling. In fact, a young mother narrated that:

“My mother was very upset with me when she discovered that I was pregnant and she opted to continue paying school fees for my young sister and as for me she said I should just stay at home to take up the responsibility of taking care of my baby. My other sister helps me to take care of my baby. After class, I do the business of selling fish so that I can raise money for my education” (Luntha, 2016: p. 34)

Lack of concentration particularly when the child is sick was also identified as a challenge to the re-entered young mother. The study also revealed that some of the girls were impregnated by financially unstable men. This therefore put financial pressure on the girl's parents. Some of the parents even see the education of the girl-child as a mere formality. According to Luntha (2016: p. 35), a parent of a young mother indicated that:

“It is better to educate a boy because most girls get themselves pregnant and bring more burdens to feed her and the baby at the same time. I continued taking her to school just for formality because she is my daughter and there was nothing I could do”.

The above statement from a parent clearly shows that s/he does not see the education of the girl child as something beneficial but problems. For such a parent, a girl's education is a recipe for early pregnancy and as such does not deserve much attention. It is therefore not surprising when such a parent fails to let the young mother continue her education. The study further revealed that the financial difficulties of young mothers is compounded by the inability of school management to force the boy or man responsible for the pregnancy of the young teen to court for child and mother support. One head teacher stated that:

“The school has no legal rights to force the boy and his parents or guardians to support the girl and the child financially and materially. Only the parents to the girl or the girl herself can do so. However, the parents who do not know where to go will do nothing. Sensitization to pupils, teachers and parents or guardians on the policy is very minimal and this means that there is little knowledge on the Re-entry policy” (Luntha, 2016: p. 36).

Nwanamwambwa (2017: p. iv) in Zambia also revealed that identified “..... stigmatization, loss of friends, lack of enough time to study, teasing by fellow pupils, using bad remarks against them, scolding and harsh treatment, lack of support from some parents who did not support the re-entry policy and society which labeled such girls as immoral” as some of the problems that re-admitted young mothers face. Indeed, on the issue of some parents not supporting the re-entry of young mothers, one PTA (Parents Teacher Association) chairman retorted that:

“For me, the policy is just encouraging immorality to these affected girls. It should be stopped so that young girls take school seriously not mixing

parenthood and school. If you look at the rate, we have of teenage mothers you would be surprised. Our cultural values and norms have been thrown to the dogs. It is so embarrassing that our daughters are having children while they are also still children themselves” (Nwanamwambwa, 2017: p. 45).

On the attitude of young mothers towards schooling, the study revealed that most of the young mothers want to re-enter school. However, some are not able to concentrate in class due to the thought of their babies. This reduces their interest in school but the idea that they may not be able to get their children quality life if they do not get education and get a better job keep them strong in spite of the many obstacles. Nsalamba and Simpande (2019) study in Zambia also discovered low self-esteem (20%), lack of parental support (30%), stigma (38%), and role conflict (12%) as some of the challenges confronting re-entered young mothers. According to the study, one head teacher remarked that some teen mothers experience emotional torture from school authorities, teachers and peers to the extent that it negatively affects their performance in all subjects. According to some of the teen mothers interviewed, this stigmatization is so pervasive that they are made to feel as outcast. One teen mother even recalled how her friend’s mother openly asked the daughter to stay away from her in order not to be contaminated with her early pregnancy. Studies by Chigona and Chetty (2017) and Niboye (2018) in South Africa and Tanzania have been no different from the aforementioned studies. Chigona and Chetty (2017) identified support for schooling teen mothers as the main challenge young mothers’ face. According to the support this support could be divided into three: support from school; support from home; support from the community. The authors identified issues associated with support from school as lack of support from

teachers; lack of counselling to combat stigma attached to teenage pregnancy; and misunderstanding and pressure from teachers and fellow learners. On support from home, the authors identified are: parents' attitude due to stigma attached to teenage pregnancy; communication breakdown at home; and socio-economic status of the family as the main challenges that re-entered young mothers face. According to the study findings, the community instead of encouraging young mothers to school, it rather treated them as "other girls" with low morals.

This otherness tag result in girls trying to keep their pregnancy invisible so that they could be treated as equals to their peers. Also, this tag of otherness gets to some pregnant teens to the extent that they get fed-up and skip some school days. Additionally, the prejudices that these teen mothers get from their teachers and community enable some of the teens to resist the judgemental languages spewed at them and speak back to the negative remarks they encounter. Unfortunately, some community members and teachers interpret this in a negative way by labelling the pregnant teen as "problem learners" who are not worth their empathy. A study by Niboye (2018) in Tanzania similarly identified harassment and stigmatization as the major challenge that the re-admitted girls face. However, the study revealed that stigmatization becomes a problem provided the girl is not married. In other words, married teen girls who get pregnant are not stigmatized. This the author discovered is based on the perception that giving birth out of wedlock is immoral and bad manners.

In fact, in the focus group discussion one teen mother alluded that:

““If it is a rape case, then people would feel pity for her. But under normal circumstances, for a Zanzibari girl to become pregnant out of wedlock is

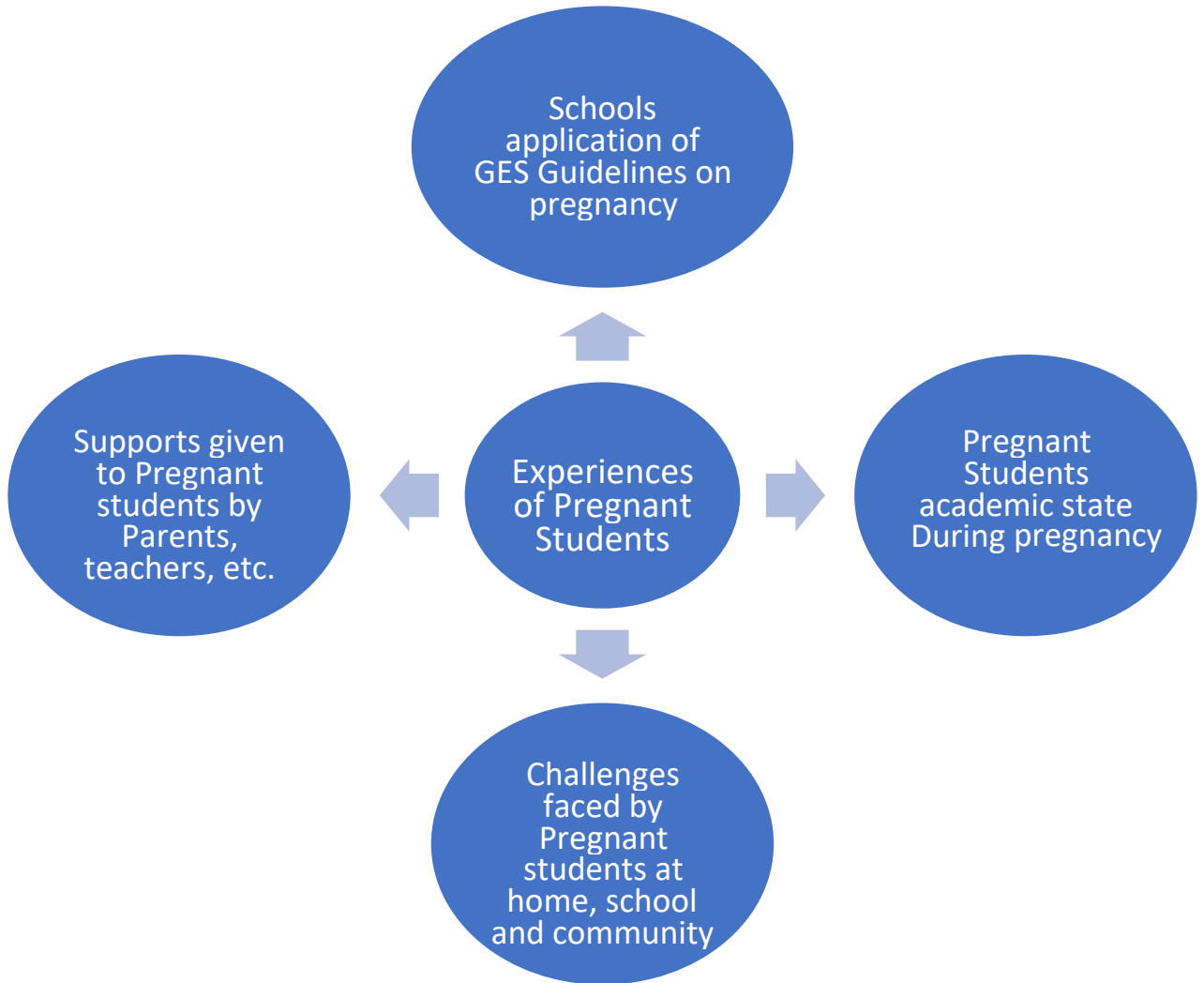
considered a very shameful act. Such a girl is perceived to lack requisite good manners. It is also very shameful for her family. So in most cases unmarried teenage mothers are often harassed and stigmatized by students at school” (Niboye, 2018: p. 63).

The challenges that Niboye (2018) identified were rated as follows: harassment and stigmatization (48.8%), insufficient time to revise (27.9%), poor concentration in class (18.6%), and milk stains on uniforms (4.7%).

A critical analysis of the findings revealed that the major challenge that confront re-entered young mothers is stigmatization and harassment. Other challenges include lack of parental support, financial considerations, lack of support mechanisms in schools, and others. However, even though the extant literature is rich in identifying challenges that confront young mothers and pregnant teens in school, there is still an issue of whether in the case of Ejisu Municipality the same findings could be discovered. This is therefore what the current study seeks to establish.

2.5 Conceptual Framework of the Study

Figure 2.1. The Conceptual Framework of the Study



The conceptual framework of the study as diagrammatically represented by Figure 2.1 highlights the relationship among various thematic areas of the study. Per Figure 2.1, there are four main issues or thematic areas of the study. These four issues define the experiences of pregnant students. These are: school authorities' application of GES Guidelines; supports given to pregnant students by parents, teachers, etc.;

Challenges faced by pregnant students at home, school and community; and pregnant Students academic work before and after pregnancy in the Ejisu Municipality.

2.5.1 School authorities' application of GES Guidelines on pregnant students

A critical assessment of literature reveals that the experiences of pregnant students to complete their education depends on several factors (Omwancha, 2020). One such factor is the extent to which school authorities apply the pregnancy and re-admission implementation guidelines. Figure 2.1. seems to suggest that whether pregnant students will be able to complete their education or not depends on how well schools are able to effectively implement the GES guidelines on student pregnancy. However, this study will not seek to test these relationships. The study will rather explore the extent to which selected schools in the Ejisu Municipality have been following the GES guidelines/re-entry policy on pregnant students. In this regard, empirical literature has revealed that literature is washed with two main conclusions on the level of implementation of re-entry policy. The first conclusion is that the re-entry policy guidelines have not been well implemented in some studied countries (Wekesa, 2014; Niboye, 2018). However, the second conclusion states that the re-entry policy has been well implemented in some studied countries (Mutua et. al., 2019; Omwancha, 2020; Muyunda et. al., 2021).

The current study therefore seeks to find out whether in respect of Ejisu Municipality in Ghana, the GES guidelines on re-entry of pregnant teens/mothers into schools have been well followed or implemented by school authorities. Additionally, both empirical and conceptual literature have highlighted how the level of

implementation could be measured. Literature has shown that in assessing the level of implementation, questions bothering on issues such as: awareness of the existence of re-entry policy; understanding of the re-entry policy; practical implementation or application of the policy; time lag between delivery and re-entry; sensitization of pupil and other stakeholders on the policy; clarity of policy goals and objectives; policy ownership among stakeholders; implementation and monitoring strategies; resources (including financial); opportunity to make up for the lost time; and accountability measures and existing framework alignment were asked (Wekesa, 2014; Luntha, 2016; Niboye, 2018; Mutua et al., 2019; Omwancha, 2020; Muyunda, 2021). Additionally, the GES guideline has also highlighted the steps that school authorities are to follow in handling pregnancy and re-entry issue. The current study will therefore adopt some of the questions used by other authors and the GES guidelines in determining the level of implementation of the re-entry policy in the Ejisu Municipality.

2.5.2 Supports Given to Pregnant Students by Parents, Teachers, Classmates and Health Officials

Per Figure 2.1, another factor that affects the experiences of pregnant students is the extent to which stakeholders such as teachers, parents, classmates, health officials, district education office, and both regional and national educational authorities perform their functional roles in ensuring the re-entry of pregnant teens back into schools. Figure 2.1 seems to suggest that there is a significant and positive correlation between stakeholders' involvement and the implementation of re-entry policy. In other words, the more the stakeholders are involved or play their roles, the higher the chance that the

re-entry of pregnant girls be implemented well. Once again, the current study does not seek to establish the aforementioned causal hypothesis. However, the current study seeks to explore the extent to which the various stakeholders have been supporting pregnant students to complete their education.

An evaluation of empirical literature as presented under section 2.4.2 has shown that different authors have identified the stakeholders to include pupils, teachers, head teachers, church, civil society organizations, parents and guardians, District Education Officials, Ministry of Education, Guidance and Counselling Teachers, Health Service, and the Community. The GES guideline further indicated: GES; Girl's Education Unit, Guidance and Counselling and School Health Programme; District Education Office; Head of Schools; Regional Director of Education; Education Unions; the Media; and the District Assemblies as some of the stakeholders (Wekesa, 2014; McCadden, 2015; Nwanamwambwa, 2017; Niboye, 2018; Nsalamba & Simpande, 2019; Kapasule & Kumar, 2020). Even though the current study will not interview all the aforementioned stakeholders, the sample that will be selected will come from this population.

2.5.3 Pregnant Students Academic State during Pregnancy

Figure 2.1 depicts that the experiences of pregnant teens also relates to the academic performances of these pregnant teens before and after pregnancy. However, the current study will not seek to quantitatively test the supposed relationship. The study will rather seek to exploratory determined the academic performances of pregnant students before and after pregnancy in the Ejisu Municipality. Empirical literature suggests that whiles some authors like Wekesa (2014) and McCadden (2015) have

established that re-admitted girls are unable to cope and improve their academic works or requirements, others like Niboye (2018) and Chiyota (2020) discovered otherwise. In measuring the academic performance, some authors used indicators such as: final year examination results (such as in the case of Ghana BECE or WASSCE); opinion of pupils and teachers on the classroom performance; educational attainment or enrolment of young mothers; class attendance; and average years of schooling/ continuous education of young mothers (Wekesa, 2014; McCadden, 2015; Nwanamwabwa, 2017; Nsalamba & Simpande, 2019; Kapasule & Kumar, 2020) The current study seeks to follow the same trend in measuring the academic performance of young mothers.

2.5.4 The Challenges Faced by the Pregnant Students

Per Figure 2.1, the challenges faced by pregnant students affect their experiences in schools. In other words, the higher the challenges, the lower the probability of implementing the re-entry of girls back into schools successfully. However, as indicated in other sub-sections of Section 2.5, the current study being an exploratory study will not quantitatively test this relationship. The study rather seeks to explore what these challenges are particularly at home, school, and the community. Empirical and conceptual literature have revealed what some of these challenges are. Indeed, different authors (e.g. Wekesa, 2014; McCadden, 2015; Baa-Poku, 2016; Nwanamwabwa, 2018; Nsalamba & Simpande, 2019; Kapasule & Kumar, 2020; Baafi, 2020) have identified these challenges to include: childcare responsibilities; poor economic background; unsympathetic teachers and school mates; poor and irregular school attendance (mainly due to the burden of both academic and childcare obligations); inability to complete

assignments on time unlike their regular peers; inability to engage in extracurricular activities; lack of appropriate school support systems (material, logistics, and financial supports); stigmatization and marginalization; lack of robust policy implementation outline; lack the appropriate mechanisms for tracking, controlling, and recording of pregnancy cases; lack trained personnel who can handle re-entered mothers' issues and facilitate the procurement of solutions to re-entry problems; physical discomfort; girl's own guilty consciousness; and lack of concentration. The current study will also seek to determine whether these challenges are also pervasive in Ejisu Municipality.

2.6 Conclusion

The literature review presented above has shown that re-entry policy is instituted to ensure that pregnant students can continue their education. This is to ensure that the young mother and her offspring get a better future. However, different authors have underscored different levels of implementation of the re-entry policy in areas studied. However, while authors such as Wekesa (2014), and Niboye (2018) in their studies asserted that re-entry policies have been significantly well-implemented, other authors like Omwancha (2020), Mutua, et al., (2019), and Muyunda (2021) have related that the re-entry policy has not been properly implemented among countries studied. The success of the re-entry policy to large extent may also be dependent on the level of involvement of the stakeholders. This means that without the stakeholders playing their roles as expected, the successful implementation of the re-entry policy will be problematic. Indeed, empirical literature reviewed above suggest that the stakeholders' involvement or support of the re-entry policy has not been solid as expected. This is due to lack of

awareness, lack of financial resources for the policy, the economic status of parents, and general lack of support from the teen's school and community. These have made the implementation of the policy problematic in most studied areas.

Additionally, the reviewed literatures have pointed out that the impact of the re-entry policy on the academic performance of teen mothers has been two ways. The first findings relate to authors who discovered that the re-entry policy has improved the academic performance of young mothers. Such authors include Wekesa (2014), McCadden (2015), Nwanamwabwa (2018), Nsalamba and Simpande (2019), and Kapasule and Kumar (2020). The second findings relate to authors like Niboye (2018), and Chiyota (2020) who have discovered a positive influence of reentry policy on the academic progress of adolescent mothers. Again, the literature has identified various challenges faced by re-admitted/pregnant students. Indeed, different authors have identified these challenges to include: childcare responsibilities; poor economic background; unsympathetic teachers and school mates; poor and irregular school attendance (mainly due to the burden of both academic and childcare obligations); inability to complete assignments on time unlike their regular peers; inability to engage in extracurricular activities; lack of appropriate school support systems (material, logistics, and financial supports); and stigmatization and marginalization. On the basis of the above, it can be concluded that even though the experiences of pregnant students and re-entry policy has been well researched into, the findings have not been conclusive. This has therefore makes it imperative that more studied are conducted, hence the current study.

CHAPTER THREE

METHODOLOGY

3.1. Introduction

This chapter dealt with the procedures that were followed in carrying out this study. The chapter contained the subheadings; research philosophy and approach, research design, population, sampling technique, data collection, method of data analysis, and ethical consideration. The aforementioned subheadings were reviewed and how they were applied in the conduct of this study have been clearly stated.

3.2. Research Philosophy and Approach

Dudovskiy (2022) stated that research philosophy is about the source, nature and development of knowledge. Per Dudovskiy (2022) research philosophy simply refers to the belief concerning how data about a situation should be gathered, analysed and used. Research philosophy has three important functions (Dudovskiy, 2022). These are: demystifying unsustainable assumptions, inconsistencies and confusions in research methodology; informing researchers to appreciate their stand on knowledge-producing activities; and method-facilitating (helping researcher to understand the methods and to refine the methods and their conditions of usage. Saunders et al., (2016) indicated five main types of research philosophy namely positivism, critical realism, interpretivism, post-modernism, and pragmatism. However, Dudovskiy (2022) stated that there are four main research philosophies. These are pragmatism, positivism, realism, and interpretivism.

Dudovskiy (2022) argued that the choice between positivism and interpretivism is a choice between quantitative and qualitative research. Dudovskiy (2022) also stated that latest developments in research have also increased the popularity of pragmatism and realism philosophies. Pragmatism is used when the data collection method is mixed or multiple method designs. It can be used for both quantitative and qualitative data collection techniques. Positivism is used when the data collection method is highly structured, large samples measurement, and quantitative, but can use qualitative. The research philosophy is realism when the data collection methods chosen must fit the subject matter. It can be used for both quantitative and qualitative designs. The interpretivism philosophy becomes applicable when the data collection method adopted involves small samples, in-depth investigations, and qualitative (Dudovskiy, 2022).

The research philosophy that fitted the current study based on the data collection method was the interpretivism. The interpretivism philosophy was chosen because of the following: the study adopted a small sample size. In fact, not more than thirty participants formed the sample from which data was collected; the study adopted the usage of semi-structure interview as data collection instrument. This allowed in-depth investigations of the thematic areas of the study; the data collected were qualitative in nature. In other words, concepts rather than figures and numerals formed the bulk of the data collected; data analysis technique adopted was content analysis which was a qualitative data analysis technique.

In terms of research approach, literature distinguishes between two main types (Saunders, et al., 2016). These are the qualitative and quantitative approaches. The deductive approach focuses on deducing a conclusion from a set of premises. On the

other hand, in the inductive reasoning, the conclusion provides a probable support for the conclusion (Saunders et. al., 2016).

The research approach adopted for this study was the qualitative approach. The inductive approach suited this work because the study does not seek to test hypothesis or conceptual framework to falsify or validate an existing theory or hypothesis. Other reasons why the study was an inductive study were: 1) the study adopted a small sample size of 30 individuals; 2) the study used qualitative data rather than quantitative data; 3) the study employed qualitative data technique (semi-structured interview) in data collection instead of the quantitative data collection technique which was more associated with the deductive technique; and 4) data analysis technique (thematic analysis) followed the qualitative approach rather than the quantitative technique like statistics which was more associated with the deductive study.

3.3. Research Design

Jovancic (2020) stated that every good research must begin with the choice of a framework of methods and techniques that will be employed in the research process. This framework is called research design. Jovancic (2020) indicated that the research design enables the researcher to define the methodology suitable for the study and to set up the study properly. Per Jovancic (2020), research design also provides support to the type of study being undertaking (examples survey, case study, experiment, review, correlation, etc.). According to Tadakaluru (2022), research design connotes the Organisational and data collection methods a researcher may use in his/her study. Saunders et al., (2016) indicated that research design can be categorized into three main

types based on the research purpose. These are the exploratory, descriptive, and explanatory research designs.

The study adopted the semi-structured interview design. Also, the study sought to ask the ‘what’ questions (see research questions). The second reason was that the study interviewed individuals (like pregnant teens, teachers of pregnant teens, parents of pregnant teens, classmates of pregnant teens, and health officials). The third reason was that the study sought to explore the issue of the experiences of pregnant teens in schools.

3.4. Population

The population of a study connotes the full sets of cases from which a sample was taken (Saunders et. al., 2016). According to Bouchrika (2020), the population of a study are essentially the immediate beneficiaries of a study. The population of a study are the main subjects for a scientific enquiry (Bouchrika, 2020). The study concentrated on Basic Schools in the Ejisu Municipality (Primary and Junior High Schools). In this regard, the population of this study was divided into six groups. These were pregnant teens, head teachers of the selected schools, teachers of pregnant teens of the selected schools, class mates of pregnant teens of the selected schools, parents of pregnant teens, and health workers of health facilities patronized by pregnant teens. The total population was 958 (comprising five headteachers, 65 teachers, 836 pupils and 52 health officials).

3.4. Sampling Technique

Bouchrika (2020) stated that sampling is an activity that involves the choosing a number of individuals from a population to research about them and to use the outcome

of the research to generalize about the whole population. Per Bouchrika (2020) narrative, a sample is the group of the population elements who participated in the study. There are two major sampling techniques (Saunders et al., 2016). The first one is the probability sampling. As indicated by Saunders et al., (2016), probability sampling gives each member of the population a known and often an equal chance of being selected. Some of the probability sampling techniques include simple random, cluster, systematic, and stratified random sampling (Saunders et al., 2016).

The non-probability sampling refers non-random selection based on convenience or other criteria, allowing you to easily collect initial data (Bouchrika, 2020). Examples of non-probability sampling include convenience sampling, judgmental or purposive sampling, snowball sampling, and quota sampling. The study employed the purposive sampling technique. The purposive sampling technique was used because the researcher was interested in schools where there is evidence of teenage pregnancy. Also, at the selected schools only respondents whom the researcher thought could provide the right information were selected and interviewed. The purposive sampling technique was used to select one basic school in each of the five educational circuits in the Ejisu Municipality. The main reason why a school was selected from each educational circuit in the Ejisu Municipality was to provide a Municipality-wide perspective to the study's findings.

The selected schools that were purposefully selected were: Tikrom circuit (Akokoamong St Martin's M/A JHS); Kwaso circuit (Essienimpong M/A JHS); Boankra circuit (Adadientem M/A JHS); Onwe circuit (Abenase M/A JHS); and Achinakrom

circuit (Donyina R/C JHS). A total sample size of thirty (30) participants were selected.

The breakdown of the sample size is given in Table 3.1

Table 3.1 Sample Size Distribution to the selected Schools

School	Head Teacher	Pregnant Teen	Teacher	Pupil	Parents	Health Officer	Total
A (Akokoamong M/A JHS)	1	1	1	1	1	1	6
B (Essienimpong M/A JHS)	1	1	1	1	1	1	6
C (Adadientem M/A JHS)	1	1	1	1	1	1	6
D (Abenase M/A JHS)	1	1	1	1	1	1	6
E (Donyina R/C JHS)	1	1	1	1	1	1	6
TOTAL	5	5	5	5	5	5	30

(Source: Author's Own Construct, 2023)

3.5. Data Collection

The data collection section were determined under the following sub-sections:

3.5.1 Type of Data; 3.5.2 Source of Data; 3.5.3 Instrument for Data Collection; 3.5.4 Methods for verification/trustworthiness; and 3.5.5 Procedure for Data Collection.

3.5.1 Type of Data

Research data is categorized into quantitative and qualitative types (Taylor et al., 2016). Quantitative data is information that can be measured or expressed in numbers of numerical figures (Taylor, et al., 2016). On the other hand, qualitative data is information about qualities, you cannot count. Qualitative data are presented as words and descriptions (Taylor, et al., 2016). According to Leavy (2017), qualitative data is usually collected through personal qualitative interviews, focus groups, and open-ended questions in surveys. The study collected qualitative data. This made the study

qualitative research. The qualitative study was adopted because pregnant students and other respondents were personally interviewed in order to explore the experiences of the pregnant students in schools.

3.5.2 Source of Data

Leavy (2017) has indicated that the primary and secondary sources constitute the two main sources of data for analysis. The primary data is a first-hand data collected by the researcher for the purpose of answering the research questions (Leavy, 2017). This means that the primary data are original to the researcher and had no previous existence. Leavy (2017) asserted that primary data requires data collection instruments such as questionnaire, observation, and interviews to gather them. However, the secondary data had previous existence and might have originally been gathered for different purpose (Leavy, 2017). This study employed the primary source of data and the specific instrument that was used was interview guide. In this regard, this study is a primary research.

3.5.3 Instrument for Data Collection

The study adopted the semi-structured interview technique. The adoption of semi-structured interview for this study provided the opportunity to probe answers for further explanation. Interview guide has been prepared (see appendix A). The interview guide was divided into four parts. Each part relates to one of the research objections. The Part One (1) of the interview guide relates to the issue ‘the School Authorities application of GES guidelines on pregnant students’. This section was answered by Head teachers, teachers, and pregnant teens. This part had two main interview prompts. Part 1A contains thirteen (13) prompts/questions to be answered by both the head teachers

and teachers of the pregnant teens. Part 1B on the other hand contains twenty (20) prompts/questions for the pregnant teens/teen mothers.

The part two (2) of the guide also dealt with the issue ‘support given to pregnant students by parents, teachers and head teachers, classmates, and health officials’. This section was answered by Head teachers, teachers, parents, classmates, health officials and pregnant teens. The Part 2 has five sub-prompts. The Part 2A contains thirteen (13) narrative prompts for the parents of pregnant teens. Part 2B has eight (8) narrative prompts for head teachers and teachers of the pregnant teens. The Part 2C also contains nine (9) narrative prompts for pregnant teens classmates. The Part 2D has eight (8) narrative prompts for health officials of the health facilities that pregnant teens attend both the antenatal and postnatal. The Part 2E however contains two (2) main prompts for the pregnant girls themselves.

Part three (3) also handled the issue ‘pregnant teens academic performance before and after pregnant teens in Ejisu Municipality’. This section was answered by teachers, classmates and, the pregnant teens. This was because, among the selected participants, only these participants can provide a more reliable comment on the pregnant girl’s academic work. The Part 3A contains three (3) narrative prompts for the pregnant teen/mother. Part 3B has four (4) prompts for the teachers. Part 3C also has four prompts for the classmates.

The Part four (4) of the guide was about ‘the challenges faced by the pregnant students in the Ejisu Municipality’. This section was answered by teachers, classmates and pregnant teens because apart from the pregnant teen herself, the teachers and classmates are the group with the most daily encounter with the teen at school. This

makes them the ideal candidates to narrate the challenges of pregnant girls in school. Part 4A and Part 4B has four (4) prompts and three (3) prompts for pregnant teens, and teachers and classmates respectively.

3.5.4 Methods for Verification/Trustworthiness

Lincoln and Guba (1985) indicated that the most relevant issue in qualitative study is its trustworthiness (validity). The threats to validity of qualitative research centre on researcher bias, reactivity and respondent bias (Lincoln & Guba, 1985). Researcher bias is about the researcher's negative influence of her knowledge or assumptions about the study, such as her assumptions of the design, analysis, or sampling strategy. Reactivity is about the possible influence of the researcher herself on the studied situation and people. Respondent bias refers to a situation where respondents do not provide honest responses for any reason, which may include them perceiving a given topic as a threat, or them being willing to 'please' the researcher with responses they believe are desirable (Lincoln & Guba, 1985).

The threat to researcher's bias was overcome by the researcher trying as much as possible to stay objective. For instance, all the schools selected were because there were evidences of pregnant students in those schools. Also, a school each was selected from each educational circuit to ensure adequate representation. Reactivity and respondent bias were overcome by ensuring that the respondents were made clear on the purpose of the research and that it was for purely academic purpose.

3.5.5 Procedure for Data Collection

The data collection took place between August and October, 2022. Prior to the collection of data an introductory letter was collected from the Department of Educational Leadership at AAMUSTED (Appendix B). The researcher then proceeded to contact the head teachers of the selected schools for familiarization. The next visit to the schools was mainly to identify the pregnant teens, their classmates, teachers, parents, and health officials to be interviewed. An appointment was booked with them. The researcher spent two (2) days in each school. At each school, the researcher introduced herself to the head teacher and interview him/her at the head teacher's office.

The identified pregnant students were interviewed at their school premises in private places such as the headteachers' offices. The teachers and mates of the pregnant teens were also interviewed in the schools' campuses. The interviewing of the pregnant students, teachers, head teachers, and mates were done on the first day in each school. The second day was dedicated to the interviewing of the pregnant teens parents at their houses and the health official of the hospital or clinic the pregnant teens attend. Here the health official who normally attends to the pregnant teen was the person interviewed. The interview of each respondent lasted between averagely 30 to 40 minutes. All the interviews were recorded in audio after their permission was sought.

3.6 Method of Data Analysis

Saunders et al., (2016) argued that qualitative data are non-numeric data. In other words, data that has not been quantified. Saunders et al., (2016) has outlined that there are different approaches to qualitative data analysis. These include thematic analysis,

template analysis, analytic induction, deductive explanation building, pattern matching, grounded theory, narrative analysis, discourse analysis, and content analysis. The current study adopted the thematic analysis technique with the exception of Section 4.2 Analysis of the demographic variables of pregnant students which was analysed quantitatively. Warren (2020) has argued that thematic analysis focuses on the patterns of meaning in a data set. According to Warren (2020) thematic analysis are relevant to finding out about people's experiences, views, and opinions. The study adopted the theoretical thematic analysis since the data gathered were used to answer the study's research questions. There are six stages of thematic analysis (Braun & Clarke, 2013). Braun and Clarke (2006) argued that these stages should not be seen as a linear model but rather a recursive process. In other words, the researcher can proceed to the subsequent stage without completing the prior stage (correctly). The following are the six stages as outlined by Braun and Clarke (2013) and how they were applied in this study.

Stage 1: Familiarisation with the data. The researcher must become intimately familiar with the data through reading and re-reading the data (and listening to audio-recorded data at least once, if relevant) and noting any initial analytic observations (Braun & Clarke, 2013). The researcher of this study conducted all interviews personally. During the interviewing process, notes were taken and the entire interviews were also recorded. After the interview, the researcher read through all the transcripts thoroughly and played back all the audios to make sure nothing of significant is missed.

Stage 2: Coding. This involves generating pithy labels for important features of the data of relevance to the (broad) research question guiding the analysis (Braun &

Clarke, 2013). Since the study adopted the theoretical thematic analysis rather than an inductive one, only data relevant to the research questions were coded. The study adopted open coding. Additionally, since the interviews took the form of semi-structured interview, relevant interview questions were set under each research question. Additionally, special codes were used to identify the participants. Table 3.2 shows the participant's codes.

Table 3.2. Participants coding system

School	Head teacher	Pregnant teen	Teacher	Pupil	Parents	Health Officer
A (Akokoamong M/A JHS)	HT1	PT1	TE1	PU1	PA1	HO1
B (Essienimpong M/A JHS)	HT2	PT2	TE2	PU2	PA2	HO2
C (Adadientem M/A JHS)	HT3	PT3	TE3	PU3	PA3	HO3
D (Abenase M/A JHS)	HT4	PT4	TE4	PU4	PA4	HO4
E (Donyina R/C JHS)	HT5	PT5	TE5	PU5	PA5	HO5

(Source: Authors own construct, 2023)

Stage 3: Searching for themes. A “theme is a coherent and meaningful pattern in the data relevant to the research question. Themes are constructed by the researcher” (Braun & Clarke, 2013: 3). As indicated earlier, the specific themes that were expected to be captured were the main basis for the interview guides. In addition, questions relevant to the research questions were set based on the thematic areas as were extracted from the GES guidelines and literature review.

Stage 4: Reviewing themes. The researcher should ensure that the themes tell a good story about the data, and begin to define the nature of each individual theme, and the relationship between the themes (Braun & Clarke, 2013). Maguire and Delahunt (2017) indicated that this stage involves reviewing, modifying and developing the preliminary themes identified in step three. As indicated earlier, only questions relevant

to the research questions were asked. Additionally, the questions that were asked were already classified under themes. Moreover, the interview guides were given to the supervisor of this study for their appropriateness.

Stage 5: Defining and naming themes. Maguire and Delahunt (2017) indicated that this stage is about the final refinement of the themes and to justify the essence of each theme. This stage ensured that the main and sub-themes that emerged from the transcribed interviews were properly identified and named. The naming of the themes and sub-themes was cautiously done to promote easy reading.

Stage 6: Writing up. Writing is an essential component of the analytic process in thematic analysis (Braun & Clarke, 2013). Writing-up involves lacing together the analytic narrative to tell the reader a logical and cogent story about the data, and situating it in relation to existing literature (Braun & Clarke, 2013). In this study, the themes identified have been presented and interpreted in line with the study's objectives as part of the Chapter four.

3.7. Ethical Issues and Consideration

Saunders et al., (2016) stated that ethics in research is about a researcher's standard of behaviour in relations to the rights of those affected or subjected to the researcher's work. According to him, a researcher's ethical behaviour may be guided by the belief that 'the end justifies the means (teleology)' or 'the means justify the ends (deontology)'. The researcher followed the following ethical standards. Firstly, the researcher made sure that all her activities were open and honest throughout the conduct of this study. Secondly, the rights and dignity of every participant were respected. The

respondents were told of their rights to decline participation in the study. Thirdly, anonymity of the respondents was maintained. The respondents' real names were not used in the study. However, special coding identifiers presented in Table 3.2 were used. This helped to maintain the anonymity of the sources of the data presented and analysed.

Thirdly the study was done in a manner that no harm was caused to any of the participants or associates. The identity of participants was protected. A coding system was adopted for the study. Confidentiality of the data was highly maintained. The raw transcripts and audio recordings of the responses of the participants were not made available to any third party. Only, the analysed data and the interview guide used were included in the study's reports.

Ethical issues sometimes called "ethics in practice refers to a researchers' responses to ethical issues that arise during the research process (Roberts & Indermaur, 2023)". Ethical issues were strictly observed to make sure the research findings are credible, trustworthy and authentic. The researcher being a headmistress of a public school was guided by GES rules and regulations.

In view of this research condition, the researcher obtained a letter of introduction from the Head of Department (Educational Leadership) AAMUSTED Kumasi campus (Appendix B). This helped the researcher to seek permission from colleague Headteachers.

Confidentiality: The researcher ensured that all data records were kept confidential at all times.

Secondly, to maintain appropriate boundaries, the researcher cut across several of others, including identity disclosure and subject well-being. This is a special issue in

qualitative research because it often involves lessening the boundaries between the researcher' and research 'Subject' and building rapport with those the researcher plans to interview (ie. pregnant students) by expressing interest in their concerns and conveying empathy for their situation (Duncombe & Jessep 2002).

Establishing a trusting relationship: This is perhaps one of the most central and defining features of interpersonal life in schools. Headteachers, teachers and pregnant students might share distrust for researchers as they could not control their findings or reports (Patenaude, 2004). The distrust might be increased where the researcher chose to tape – record interviews.

'Researcher Positionality' in the study. Research represents a shared space, shared by both researcher and participants (England, 1994). Such, the identities of both researcher and participants have the potential to impact the research process. Identities come into play via perceptions, not only of others, but of the ways in which we expect others will perceive us. Our own biases shape the research process, serving as checks points along the way. Through recognition of our biases we presume to gain insights into how we might approach a research setting, and how we might seek to engage with participants.

As a headmistress, it became increasingly important to establish trust with participants as noted above. In conducting research, it was critical to be mindful of the fact that conducting a study that highlighted pregnant students' experiences in schools not only might contain my own biases which might influence the participants' responses.

“There is no enunciation without positionality. You have position yourself somewhere in order to say anything at all” (Hall, 1990, p.18). Positionality represents a

space in which objectivism and subjectism meet. As Freire suggested, the two exist in a ‘‘dialectic relationship’’ (Freire, 2000, p.50). To achieve a pure objective is a naïve quest and we can never truly divorce ourselves from subjectivity. We can strive to remain objective, but must be ever mindful of our subjectivities such is positionality. In other words, positionality is thus determined by where one stands in relation to ‘the other’ (Merriam Johnson – Bailey, Lee, Ntseane, & Muhamad, 2001, p.411). Who I am as Headmistress in the context of research into exploring the experiences of pregnant students in selected basic schools in Ejisu Municipality. We have to acknowledge who we are as individuals, and as members of groups, and resting in and moving within social positions.

As the Headmistress, I had to follow all due processes of engaging in data collection. In order not to compromise security, all GES rules and regulations regarding conduct of interview were strictly adhered to. After all I was there to ask questions or interview participants and participants were there to answer them (Bourke, 2014). This was evidenced by the wealth of data that was borne out of in – depth interview and semi – structured interview guide conducted for the study.

Issue of ‘authenticity’ and ‘trustworthiness’ in the study.

Several steps were taken in the study to address the authenticity and truthfulness in the study. The researcher used reflexive journaling to log her felling during the research process. Journal entries were reviewed, both positive and negative feelings.

Furthermore, the researcher used prolonged engagement to develop a richer understanding of participants experience through what Teddle (as cited in Creswell, 2013) describe as ‘multiple perspectives participants in any given social scene’ (p.213).

This was accomplished by diving the segment, delivered on the same day. The process helped the researcher to provide an accurate description of the experiences pregnant students go through in selected basic schools with particular reference to Ejisu Municipality.

Researcher Role and Bias:

For researchers, subjectivity shapes their research interest and the process by which they pursue research. Their subjectivities can cause them to interpret what emerges from the beginning of a research thesis to its conclusion. Various elements are formed based on one's socio – economic class and status, value system, and culture in the community. The research topic is of personal interest to the researcher. She determined and wrote the research purpose and statement of the problem. Therefore, they are subject to her personal biases and background experiences as a headmistress at the study centre.

It is undeniable fact that regardless of whether the researcher has biases towards the subject of research, or whether or not she is conscious of this biases, they are influential factors in the ways participants think and process information. Therefore, the researcher was careful in asking questions (during the in – depth interview and semi – structured interview guided) that were relevant to the study based on the research questions that guided the study.

CHAPTER FOUR

PRESENTATION OF RESULTS/FINDINGS

4.1 Introduction

The chapter dealt with the results of the interview. The study's findings were presented in cognisance with the research objectives. The demographic variables of the pregnant teens were also been presented. The sub-headings were: Demographic variables of the pregnant teens; School Authorities' application of GES guidelines on Pregnant Students; Supports given to Pregnant Students by Parents, headteachers, teachers, health officials, classmates. to complete their Education in the Ejisu Municipality; Pregnant Students academic State during Pregnancy; and The Challenges faced by the Pregnant Students in the Ejisu Municipality.

4.2 Demographic Variables of the Pregnant Teens

The demographic variables of the pregnant teens covered: age of PT; pregnancy period; impregnated by; size of PT household; occupation of PT; parents living with parents; and parents' education.

Table 4.1. Demographic variables of the pregnant teens

PT	Age of PT	Preg. Period	Impreg. by	Size of PT household	Occup. Of PT parents	Living with parents	Parents Educ.
1	17 years	5 months	School mate	8 (Inc. parents)	Father: Mason Mother: Trader	Both parents	JHS level
2	16 years	6 months	Community neighbour	7 (Inc. parents)	Father: Trader Mother: Trader	Both Parents	Mother: Primary Father: JHS
3	16 years	6 months	Community neighbour	7 (Inc. parents)	Farmers (Both)	Both parents	Primary
4	16 years	3 months	School mate	6 (Inc. parents)	Father: driver Mother: Trader	Both parents	JHS
5	16 years	6 months	Community neighbour	8 (Inc. parents)	Father: Mason Mother: Trader	Both parents	JHS

(Source: Fieldwork, 2023).

Table 4.1 shows that four (4) PTs were 16 years and the remaining one PT was 17 years at the time of the interview. In other words, the average age of the JHS pregnant teens is approximately 16 years. The teens have been pregnant between three (3) months to six (6) months. PT 2, PT 3, and PT 5 have been pregnant for six months. PT 1 and PT 4 have been pregnant for five (5) and three (3) months respectively. Per Table 4.1, PT 1 and PT 4 were impregnated by their colleague school mates. On the other hand, PT 2, PT 3, and PT 5 were impregnated by a community neighbour. The family size (household) ranges from a minimum of six (6) members (PT 4) to a maximum of eight (8) members (PT 1, and PT 5). Most of the pregnant teens parents are traders. All the studied pregnant teens are living with both of the parents. The highest educational level of the girls' parents is JHS level.

4.3 School Authorities' Application of GES Guidelines on Pregnant Students (2018)

This research question sought to understand how school authorities apply the formulated GES guidelines on pregnant students. Section 3.1 of the GES guidelines outlined steps to be taken to assist school authorities to handle situations where a school

girl is pregnant and the criteria to follow to facilitate her continuation of school. The results of the study as stemmed from the interviews are presented below. There were six (6) major themes and four (4) sub-themes that were revealed.

Theme 1: Inadequate Knowledge of GES Guidelines on Pregnant teens.

Applying the GES guidelines on pregnant teens effectively require adequate knowledge of the guidelines itself. Section 3.1.9 of the guidelines states that “...all structures within GES as well as stakeholders must be sensitized on the content of the document. All levels of GES shall implement the relevant portions of the strategies in the guidelines as they apply to them” (GES, 2018: 24). The study revealed that though most of the respondents have heard about the GES guidelines or policy on pregnant teens, they know little about it. PT 1, PT 2 and TE 1 for instance noted that:

“I have heard about the policy but I do not know much about the details of the policy” (TE 1, PT 2). “I have not heard about the GES policy, I do not know about it, and I do not understand it” (PT 1).

The GES guidelines is about facilitating pregnant teens to complete their education (GES, 2018). However, some of the respondents believed that the GES guidelines is only about those pregnant students who can come back to school.

“According to the law, those who can come to school should be accepted back...” (HT 4).

“...honestly, there have not been any procedure to follow, those who come back, we received them, those who do not, then that is it” (HT 2)

Some of the teachers also stated that they heard about the GES guidelines on pregnant teens and student mothers’ re-entry to school through the media. Some of these teachers see the GES policy as a moral requirement but not a legal requirement. In other words,

the GES itself and other school authorities have not sensitized the teachers enough to appreciate the guidelines. TE 2 for instance stated that:

“I heard about the policy on the news that government is urging all teachers to encourage students who got pregnant and have delivered be welcomed back to school...it is more of a moral obligation” (TE 2).

Theme 2: Steps taken for confirmation of pregnancy.

GES (2018) revealed steps to be taken upon suspicion of pregnancy. The steps are basically about invitation of pregnant teen’s parent/guardian to take the girl to a health facility for confirmation (GES, 2018). The study revealed that most of the studied girls’ pregnancies were detected by either their mother, grandmother, or a female teacher. PT 1 and PT 5 pregnancies were detected by their mothers, PT 2 and PT 3 were detected by their grandmothers, and PT 4 by a female teacher. The study further revealed that most of the pregnant teens were sent to the hospital for confirmation.

*“When my pregnancy was suspected, I was sent to the hospital for confirmation”
(PT 1, PT 2, PT 5)*

*“When I was suspected to be pregnant, my female teacher invited my mother into my school and she was advised to take me to the hospital for confirmation”
(PT 4)*

“I confirmed my pregnancy with pregnancy test trip” (PT 3),

On the score of steps to be taken upon the suspicion of pregnancy, it is clear that most of the pregnant girls were sent to the hospital for confirmation in line with the GES requirement.

Theme 3: steps to take upon confirmation of pregnancy.

Section 3.1.2 of the GES guidelines (GES, 2018) stipulates steps to be taken upon confirmation of pregnancy. This include: submission of a formal confirmation notes from a recognized health facility; school authorities documenting and informing the District Education Directorate; informing the parent/guardian about the GES guidelines on pregnancy; orienting teachers to accept the pregnant girl and supporting her academically; encouraging the pregnant girl's peers and classmate to support her; and counselling the pregnant girl on how to cope with the pregnancy and the need to attend regular antenatal. The study revealed five main actions taken by school authorities upon the confirmation of a student's pregnancy.

Action 1: advising the girl to keep the pregnancy. The study revealed that upon confirmation of pregnancy, the pregnant girls were called upon and advised to keep the pregnancy. The dangers associated with abortion were made known to them by the school authorities. Some of the teachers and the pregnant students put it in the following ways:

“When her pregnancy was confirmed, I called her into my office. I encouraged her to keep the pregnancy and discouraged her about any thought of abortion. I told her about the dangers of abortion. I told her the harm has already been done, and that when it is time for her to deliver, I will grant her leave to deliver and return back to school after the leave period” (HT 3).

“When my pregnancy was confirmed, I was invited by some of my teachers and was encouraged not to abort the pregnancy. That advise made me feel welcomed and I decided not to abort the pregnancy” (PT 2, and PT 4).

Action 2: counselling the pregnant girls on the need to regularly attend antenatal. The study further revealed that the teachers particularly the female teachers advised the pregnant girls on the need to attend regular antenatal clinics and to abide by all the medical advices that will be given to them by the medical professionals. TE 5 put it succinctly:

“As a teacher and mother, I know the importance of attending regular antenatal clinics. Given that PT 5 is a teenager and inexperienced, I knew that she may feel shy of attending regular antenatal clinics and may not take up her medication seriously. So, I sat her down in a private place and counselled her on the importance of antenatal. I told her about the need to stick to the medical instructions that will be given to her by the health officials, particularly the importance of taking her Folic Acid and Vitamin C prescriptions regularly” (TE 5).

Action 3: counselling the pregnant girls on how to cope with their pregnancy whiles schooling. The study also revealed that school authorities counselled the pregnant girls on the challenges of schooling whiles pregnant and how to cope with these challenges and pressures presented by her conditions. TE 4 of PT 4 reported it this way:

“after confirmation of her (PT 4) pregnancy, I called her to counsel her. I thought that her friends and others may tease and stigmatized her in school and even outside school. So, I advised her on the need not to pay too much attention

to some of the negative remarks that may be thrown at her. I told her about some of the challenges that as a pregnant girl she might face while schooling. I then advised her on how to cope with those challenges” (TE 4).

“my teacher counselled me on the need to be confident and bold. She also told me not to heed to some of the negative remarks by some of the students. She also told me that I could feel fatigue from time to time and may not feel comfortable learning but I should try to at least study for 30 minutes to 1-hour day, and it will help me keep pace with my colleagues” (PT 4).

Action 4: advising the pregnant girls on the need not to abandon school. Some of the respondents stated that the pregnant girls were counselled on the importance of staying in school. The study revealed that some of the pregnant girls were told to continue schooling with the pregnancy and that when the time of their delivery nears, they will be granted leave to deliver and return back to school after the expiration of the leave period. PT 1 indicated it this way:

“when my pregnancy was confirmed, my head teacher called me into his office and advised me not to abandon school because of my pregnancy. He told me that being pregnant should not be the end to my education and that I should be attending school regularly. He also told me that, when my time to deliver nears, he will grant me leave to deliver and return back to school after the leave period. It is for this reason why I am still attending school with my pregnancy” (PT 1).

Action 5: counselling the pregnant girl’s parent on the need to support the teen. The study further discovered that some of the teachers took it upon themselves to counsel

some of the parents of the pregnant student on the need to continue to support their pregnant ward. TE 3 put it this way:

“When my student (PT 3) got pregnant, I followed it up with her parents. I advised them on the need to continue to support their ward’s education. Though, they were disappointed in their ward’s pregnancy, I told them about the importance of the human being she is going to bring forth into this world. I told them that the best way for PT 3 to have a better future is through education and that being pregnant should not be the end of her education. I advised them on the need to treat her well at home and also not to stigmatized her” (TE 3).

Theme 4: steps to take if the pregnancy is by a class mate/school mate/male teacher.

According to sections 3.1.3 and 3.1.4 of the GES guidelines (GES, 2018), there are four steps to be taken if the student’s pregnancy is by a school mate or male teacher. These are; document the incident and keep records on file; apply appropriate sanctions as prescribed by GES or professional association; if the action of the boy or the teacher contravenes national law, the appropriate law should be applied; and further actions such as maintenance of the girl should be left to the two families to handle. Per the outcome of the interview, the following issues were discovered:

Sub-theme 1: Who normally impregnate the girls? The analysis of the interviews revealed that the pregnant girls were impregnated by school mates and community neighbors. The study revealed that two of the pregnant girls (PT 1, and PT 4) were impregnated by their colleague student and the other three (PT 2, PT 3, and PT 5) by a

community neighbour. This means that none of the pregnant girls was impregnated by a male teacher.

Sub-theme 2: invitation of parents by the school authorities. The study revealed that only the parents of the school mates who impregnated the girls were invited by the school authorities to discuss the pregnancies. P2, PT 4 and HT 2 put the issues this way:

“I was impregnated by a community neighbour. When my pregnancy was detected, the school authorities did not expel me. However, they did not invite the parents of the boy who impregnated me to school. I do not know why they did not invite them” (PT 2).

“I was impregnated by my school mate. He is a year ahead of me. He is in JHS 3 and I am in JHS 2. He has accepted responsibility of the pregnancy. When it happened, the head teacher invited both parents to the school, discussed the situation with them, and advised both parents to support me and the boy. My parents were told that I will not be expelled but when my delivery time draws near, I will be granted maternity leave to go and deliver, and after that I could return to school” (PT 4).

“We did not invite the boy who impregnated her because he is not our student. However, we counselled her” (HT 2)

Sub-theme 3: steps taken to sanction those who impregnated the girls. The study also revealed that the school authorities did not take any step to sanction or professed any legal advice to the pregnant teens and their parents. The study discovered that no sanction or legal advised were professed because the pregnant girls were all 16 years

and above, and that there was no evidence of rape or defilement in any of the case.

According to HT 1:

“we did not sanction the school boy who impregnated her (PT 1), because our investigations revealed that the sexual act was consensual. Also, the girl in question was 17 years old when she became pregnant. From what I know, per the laws of Ghana, a 16year-old girl can engage in sex” (HT 1).

PT 3 also indicated that:

“I had a consensual sex with the boy who impregnated me. It was not rape or defilement. I am 16 years old. The school authorities did not advise us on any legal action and my parents also did not report the issue to the police” (PT 3).

The study also revealed that when it was discovered that a male student was responsible for PT 4 pregnancy, both were invited and counselled not to continue with the “sexual relationship”.

“When it was discovered that she was impregnated by one of the students, I personally sat the two down and advised them not to continue their sexual relationship, and that they should use the pregnancy as the last stop to their sexual relationship” (TE 4).

Sub-theme 4: maintenance of the girl left to the families. Section 3.1.3 of the GES guidelines requires the school authorities to leave the issue of the maintenance of the pregnant girl to the families of both the boy and the girl to handle. The findings of the study have shown that, indeed, when it comes to the maintenance of the pregnant girl, the school authorities do not involve themselves in:

According to HT 1:

“we have left the issue of the maintenance of the girl and the pregnancy to the two families. We do not have the legal right to determine how much should be given to the girl for her daily upkeep. All that we did was to counsel the two families to try to support the pregnancy”.

PT 2 also stated that her school authorities do not involve themselves in her maintenance and upkeep. She stated that:

“My school teachers do not involve themselves in the maintenance and upkeep of my pregnancy. Everything is left to our family”.

Theme 5: conducive/child-friendly school environment.

Section 3.1.7 of the GES guidelines recommends the creation of a conducive and child friendly school environment to support pregnant girls to stay in school. Support systems recommended include: in-school services like guidance and counselling; facilities like washroom and changing rooms; appropriate furniture for the pregnant girl; links with service providers like the Ghana Health Service; and partnership with other relevant institutions. The findings of the interviews revealed that the schools lack appropriate support systems. There is no clearly defined professional guidance and counselling units in the schools and it is the teachers that perform the counselling roles. Additionally, the study revealed that the pregnant girls use the same washroom facilities with their non-pregnant colleagues. Also, the study discovered that the pregnant teens used the same furniture like their non-pregnant mates. In other words, pregnant girls were not given any appropriate furniture that suit their conditions. Per the findings, the

only conducive environment is the friendliness of some of the pregnant girls' school mates and teachers.

PT 2 stated that:

“My school mates are friendly to me. They have been encouraging me. There is no special arrangement for me as a pregnant student. I use the same washroom and furniture like my colleague non-pregnant students”.

TE 5 also posited it this way

“We do not have any special arrangement for her. She uses the same furniture as her other colleague students and visit the same washroom. Sometimes she finds it difficult using the normal furniture but there is little that I can do about it. The school lacks the appropriate furniture for her. I always try my best to encourage her” (TE 5).

“When the girl got pregnant we told the whole school about it because when you keep it secret, it will surely come to light and the girl may be stigmatised. So, we told the whole school about it and advised them on the need to be friendly to her and how to handle her” (HT 3).

However, TE 2 reported that though some of the pregnant teen's friends may show commitment to her, some colleague students, particularly some of the boys resort to teasing her.

“You can see that the pregnant girl some does not feel attending school because some of the boys tease her, though some of her close friends, particularly the girls show commitment and defend her. This does not create a conducive environment for her” (TE 2).

Theme 6: Documentation.

The GES guidelines specify some the documentations that should be kept at the school level, district level, regional level, and national levels (Section 3.1.8 of the GES guidelines) (GES, 2018). According to the guidelines, every school should keep a record of: cases of pregnancy; number of girls returning to school after childbirth; number of boys involved in the pregnancy cases and the action taken; number of teachers involved in the pregnancy cases and the action taken; and submission of the annual situational report of the school's pregnancy and re-entry cases to the District Education Office. The study discovered that generally, the school authorities do not keep any official records of pregnancy in line with the GES requirements. The study revealed that Schools A, B, and E do not keep any sort of records at all. School "D" only keeps "bond form". School "C" keeps a note book where they record details of pregnant girls for emergency purpose.

Some of the respondents reported on documentation in this way:

"I do not know of any documentation kept for me" (PT 1)

"I do not know of any record that is being kept on my pregnancy. All that I know is that anytime I want to attend antenatal, I have to seek prior permission from my school" (PT 2)

"I do not know of any record my school keeps on my pregnancy. However, when I got pregnant, the school authorities made me sign a bond of good behaviour" (PT 4)

"We do not keep any record of pregnancy in our school. We do not have any special documentation on pregnancy" (HT 2)

“Previously, we were not keeping any records of pregnancy in the school, but recently we have opened a book where keep the particulars of pregnant girls in the school for emergency purpose e” (HT 3).

4.4 Supports given to Pregnant Students by Parents, Teachers, etc. to complete their Education in the Ejisu Municipality.

This particular research question was also designed to elicit information on the support given to pregnant students by stakeholders such as parents, teachers and health officials.

Five main themes emerged from the interview transcript. These themes and sub-themes have been discussed below.

Theme 1: support from the Parents.

The results of the interview with the parents (mothers) of the pregnant teens regarding their support to their pregnant wards revealed seven (7) themes. These are the initial disappointment, feeding, keeping the pregnancy and encouragement, preparation towards delivery, financial support, allowing the teen to continue her education or learn a trade after delivery, and helping with the household chores.

Sub-theme 1: Initial disappointment. The study revealed that the parents became highly disappointed in their daughters when they learnt of their pregnancy. Some of the parents said that they were so disappointed that they did not even wanted to send their other daughters to school for fear of also becoming pregnant. For PT 1, her father even decided not to take care of her again.

“I am very disappointed in her. I did not even want her to continue her education. I thought she was going to focus on her education. She is a stubborn girl. She was always moving with boys. She turned deaf ears to all my advices, and now she is pregnant” (PA 2).

“I became very surprised when she became pregnant. I am even sad up to today. Her father was very angry and decided not to take care of her again. She is my eldest daughter and her pregnancy got me into thinking as to whether I should allow my other three daughters to attend school for fear of they also becoming pregnant” (PA 1) Some of the parents were also disappointed because they wanted their daughters to attain the academic laurels they could not attain themselves. They have plans for them. For PA 4, her hope was on her pregnant daughter, she was the one she was banging her hopes on to rescue the family from poverty. These parents saw their daughters’ pregnancy as a betrayal to that goal. PA 3 and PA 4 narrated it this way:

“I was disappointed in her. I wanted her to become a graduate and achieve what I could not. I had plans for her but now that she is pregnant, I do not know whether she can become a graduate” (PA 3).

“She is my eldest child. All my hopes were on her. She got pregnant through peer influence. I cried after learning of her pregnancy. Her pregnancy has become my great oath” (PA 4).

Sub-theme 2. Keeping the pregnancy and encouraging the teen. The study revealed that all the interviewed parents decided to keep their daughters’ pregnancy. Some of

them even asked family members to speak to their daughter and dissuade her from any thought of undergoing abortion. Some of the parents reported it as:

“I supported her [PT 1] by encouraging her to ignore the stigmatization she may go through in the community. I also encouraged her to attend school regularly” (PA 1).

“when we learnt of her [PT 2] pregnancy, we encouraged her. Though we were disappointed, we decided to keep the pregnancy. So, we asked some family elders to also speak to her and dissuade her of any thought of abortion” (PA 2).

“I was not happy with her [PT 3] when she got pregnant. Initially, I was neither open to her and nor supportive but I realized that she is my child and she is going to birth a human being, so, I have to support her like what any good mother will do” (PA 3).

“when it was detected that she [PT 5] was pregnant, I got very sad and was disappointed in her. I was not expecting it. I did not even know how I was going to inform her father but I mastered courage and informed him. He asked me to take her to hospital to confirm the pregnancy. Once it was confirmed, her father and I decided to keep the pregnancy” (PA 5).

Sub-theme 3. Feeding, making sure they are healthy, and accompanying them to antenatal. The parents also reported that they make sure that their daughters are well fed. According to them, as a pregnant child, they need to be well feed so that they can be strong and healthy. Some of the parents also accompany their wards to antenatal

“She is my daughter; I cannot reject her. I have to make sure that she is well fed.

You know pregnant people require special dieting and that is what I am doing for her” (PA 1).

“she gets fatigue easily. My focus is to help her regain her strength” (PA 2).

“she is my daughter; I cannot reject her. We have spoken to the parents of the boy who impregnated her. They have accepted responsibility. I also frequently accompany her to antenatal (PA 4).

Sub-theme 4. Helping with household chores. The study also revealed that some of the parents support their pregnant teens by taking over the household chores their daughters were doing prior to their pregnancy. Some of the parents indicated that at the stage of their daughters’ pregnancy, performing certain chores may not be safe for the pregnancy. PA 2 stated it this way:

“she gets fatigue easily and also has to go to school, so I have taken over the household chores she was doing. This is to enable her get enough rest and be able to go to school early. It is also good for the pregnancy” (PA 2).

Sub-theme 5. Preparation towards her delivery. Some of the parents also stated that they are making the necessary preparations towards their delivery. PA 1 narrated that:

“We are not financially stable but the boy who impregnated her also does not have the means. So, all the financial burden is on us. I have started buying some of the things she may need for delivery. Some of my friends have also been helping me with some of the delivery items. It is not easy but we are doing our best” (PA 1).

Sub-theme 6. Financial support. The study revealed that most of the parents provide financial support to their pregnant wards and pay for their hospital bills. PA 5 for instance stated that:

“I give her money to take care of some of the things she may need. I also give her money anytime she goes to antenatal to take care of the bills and buy prescribed drugs” (PA 5).

Sub-theme 7. Allowing her to continue her education after delivery or learn a trade.

The study further revealed that all the parents indicated their readiness to take care of the baby after their daughters’ delivery. Four of the parents indicated that they will take principal care of the baby to allow their mothers continue their education. Only one parent (PA 3) indicated that she will allow her daughter to learn trade (apprenticeship) after delivery. They narrated their positions in this way:

“I will take principal care of the baby after her delivery. As for the school, I will not allow her to attend again after delivery but I intend putting her into apprenticeship training to learn a trade such as hairdressing or tailoring” (PA 3).

“I will take care of the baby after her delivery. My husband has advised me to see her pregnancy as a mistake and that her education should not be curtailed because of it” (PA 4).

“I will allow her to continue her education after delivery. I will allow her to continue her education because she is academically good” (PA 5).

Theme 2: support from teachers

Teachers play pivotal role in creating positive experiences for pregnant students (Mutua, et al., 2019). The support that teachers may give to their pregnant students to a large extent determines whether the pregnant teens may want to continue schooling or not (Wekesa, 2014). The outcome of teachers' interview on the support they give to their pregnant students revealed five main findings. These are: training of teachers on the GES guidelines; extra-attention and permission; treatment; support for readmitting pregnant teens; and performance of school activities. These findings are narrated as sub-themes 1 to 5.

Sub-theme 1: Training of teachers on the GES guidelines. The study discovered that all the teachers interviewed have never been trained on the GES guidelines on re-entry of pregnant girls into school. The teachers said that they do not even know the kind of support to pregnant students expected from them in line with the GES guidelines. TE 3 summed up the teachers feeling in this way:

“we have never been trained on the GES guidelines. I have thought in this school for four years and there has never being a time that I have attended any programme on the GES requirements” (TE 3).

Sub-theme 2: Extra-attention to pregnant students vis-à-vis non-pregnant students.

The teachers were divided on whether to give pregnant students extra-attention as compared with their nonpregnant students. The study revealed that TE 2, TE 3, and HT 4 gives extra-attention to their pregnant students. These teachers stated that:

“I became disappointed in her when I learnt of her pregnancy. However, I realized that being pregnant is not the end of life, so I have been continuously advising her” (TE 2)

“Sometimes I give her extra-care, because, with her condition there are certain things she may not be able to do easily like her non-pregnant colleagues” (TE 2).

“I give her extra-attention because of her [PT 3] condition. I sometimes advise her on how to take care of herself. Sometimes, I also give her permission to wear mufti to school because of the nature of her pregnancy” (TE 3).

“I have been helping her [PT 3] to overcome her shyness. Sometimes I visit her at her home to encourage her to attend school” (TE 3).

“when she [PT 4] comes for permission to absent herself, I normally granted it to her unlike her non-pregnant colleagues (HT 4).

“When I see her [PT 4] being moody, I normally approach her and ask her why she is moody” (TE 4).

On the other hand, some teachers (TE 1 and TE 5) do not see the need to pay much attention to the pregnant students. According to them, it is rather the non-pregnant students who should be given extra-attention. Per their narratives, the emphasis should be on the non-pregnant students so that they also do not involve themselves in teenage pregnancy. TE 1 made his point in this way:

“for me, I give more attention to the non-pregnant students than her [PT 1]. This is because I have been advising them and she did not listen. Now that the harm has been done, I should not waste my time on her. I have to focus on the non-

pregnant ones so that they also will not get themselves involve in teenage pregnancy) (TE 1).

“I give much attention to the non-pregnant students than her [PT 5]” (TE 5).

Sub-theme 3: treatment. The study also discovered that the teachers were divided on whether pregnant students should be treated differently from the non-pregnant ones. The teachers’ positions clearly reflect their position on extra-attention. The different positions are reflected in the following statements:

“I do not treat her [PT 1] differently from her colleagues. They all had the same opportunity and she choose to be pregnant” (TE 1).

“I treat her [PT 3] her differently from the non-pregnant girls” (TE 3).

“I try not to over pamper her [PT 5] so as not to create the impression that I am endorsing her pregnancy in order not to send wrong signals to others” (TE 5).

Sub-theme 4: support for pregnant teens re-admission. The study once again discovered that the teachers were divided on the policy of allowing pregnant teens to continue schooling whiles pregnant. TE 1 for instance did not support the idea of allowing his pregnant teen to continue schooling. He alluded that such act is an endorsement of indiscipline and immoral act.

“For me admitting the pregnant girl [PT 1] back to school is an endorsement to the other students to keep on misbehaving or living their lives anyhow, knowing that even if they get pregnant, they can still continue schooling. It encourages them to engage in unprotected pre-marital sexual acts” (TE 1).

On the other hand, majority of the teachers supported the idea of allowing their pregnant teens to continue schooling. They believe that education is a right and that being pregnant should not be a basis for denying the girl child an education. TE 3 for instance stated that:

“I supported the idea of allowing her [PT 3] to continue schooling. Preventing her from schooling may leads to her dropping out of school and this is not a good thing.

Everybody is entitled to education. It is her right” (TE 3).

Sub-theme 5: performance of school chores. Some of the interviewed teachers also said that they support their pregnant students by sometimes absenting them from the performance of certain school chores like sweeping, weeding, and cleaning of the compound, classrooms, and offices.

According to TE 4:

“I have been absenting her [PT 4] from the performance of certain school chores such as sweeping, weeding, and cleaning of the compound due to her condition” (TE 4).

Theme 3: Support from Class mates

Section 3.1.2 of the GES guidelines identified class mates as one of the important stakeholders who are to be encouraged to support the pregnant girls. The results of the interview of the pregnant girls revealed that though they (class mates) have heard of the GES policy on pregnant girls’ re-entry to school, they have never been trained on it. The study further revealed that some of the classmates have been told to stay away from their colleague pregnant teens. PU 1 and PU 4 put it his way:

“I was told by my parents to stay away from her [PT 1]. I was told that if I do not distance myself from her, she [PT 1] will influence me negatively and I will end up being pregnant like her” (PU 1).

“I was asked by my sister to stay away from her [PT 4] because she [PT 4] will be a bad influence on me” (PT 4).

However, the study revealed that the major support the classmates give to their colleague pregnant girls relates to their studies. The outcome of the study indicated that the classmates help their colleague pregnant girls to learn. According to PU 3:

“I help her [PT 3] in her learning. Sometimes I help in her notes copying. I also

explain some of the topics she does not understand to her” (PU 3).

Theme 4: Support from Health Officials

Health officials play critical role in the pregnant cycle of pregnant teens. The outcome of the interview of the health officials where the pregnant girls receive their medical care revealed that though they are aware of the GES policy on pregnant students, they have not been trained by the GES or the Ghana Health Service (GHS) on the policy. HO 4 for instance pointed out in this way:

“I have heard about the GES policy on pregnant school girls. The policy dictates that a school girl who gets pregnant should be allowed to continue her education with her pregnancy and return back to school after her delivery. I have not been trained or received any form of education on the policy, so, as a Midwife, I do not know what my role under the policy is” (HO 4).

On the issue of support provided by the health officials to support the pregnant teens, five (5) outcomes were established.

Sub-theme: attending to her antenatal needs. The study revealed that the interviewed health officials are the main points of contact when it comes to the antenatal needs of the pregnant girls.

HO 5 pointed out that:

“I attend to her needs anytime she [PT 5] attends antenatal. I have always availed myself to her [PT 5]. I have even been calling her to remind her of her next antenatal appointment. You know she is young and feels shy of her situation, so if I do not draw her closer, she may skip her antenatal appointments. I have taken personal interest and likeness for her” (HO 5).

Sub-theme 2: prescribing and advising on their medications. The study further revealed that the studied health officials prescribe and advise the pregnant girls on the need to take their medications on time. They stated that, they have been advising the pregnant girls on the role that sticking to their medications play on the proper development of the foetus. The study further discovered that the medical officials have sometimes even supervised the taking of some prescribed medications by the pregnant girls at their health facilities. HO 1 indicated it in this way:

“I have been prescribing medications to her [PT 1]. I have also been advising her on the need to stick to the prescribed medical instructions and the importance of proper medication on the healthy development of the foetus. I have also been supervising her to take some of the prescribed medicines any time she visits my clinic for antenatal” (HO 1).

Sub-theme 3: nutritional and rest advise. The study further revealed that the health officials have been supporting the pregnant teens by giving them nutritional advice.

They stipulated that proper dieting and adequate rest play critical role in every healthy pregnancy. According to HO 3:

“I have been advising her [PT 3] on dieting and the need for her to have enough rest. I have advised her on the need to stick to the recommended nutrition timely. I have also told her to have enough rest” (HO 3).

Sub-theme 4: encouraging and advising on their personal care. Encouraging and advising the pregnant teens and their parents on the need to take proper and good care of the pregnancy have also been another support that the health officials have been providing to the pregnant teens. The study revealed that some of the health officials have been encouraging the girls to eschew shyness and have self-confidence. The pregnant teens have also been encouraged by the health officials to take proper and good care of themselves including proper grooming and good hygiene. Some of the health officials stated that they have visited the pregnant girls’ parents to encourage and explain to them on the need to give proper care for their pregnant wards. HO 3 and HO 4 explained it this way:

“I have been encouraging her [PT 3] to eschew shyness and be self-confident. I have told her that she carries a human being and no one knows what God has installed for the unborn baby. I told her that being sad will not solve her problems. I have even visited her parents and encouraged them to take good girl of the girl and her pregnancy” (HO 3).

“I have thought her [PT 4] how to take good care of herself as a pregnant woman. I have advised her on proper grooming and good hygiene as important activities in her pregnancy” (HO 3).

Sub-theme 5: communicating to school authorities on the need to pay special attention to the pregnant girls. The study also found out that some of the health officials have communicated to the school authorities of the pregnant girls about the need to pay special attention to the girls. Some of the health officials indicated that they have given their personal mobile numbers to the health authorities to call them should there be emergency (pregnant girls) in school. The health officials indicated that as pregnant girls they should not be made to go through the same school stress as their non-pregnant girls due to the exigencies of pregnancy. The health officials pointed that they cannot give details as to the specific medical exigencies of their pregnant teens which necessitated the need to inform the school authorities about giving the girls special care and attention. They alluded that disclosing such information will breach the teens medical rights. HO 1 and HO 2 indicated that:

“I have communicated to her [PT 1] school authorities about the need to give her special attention. I cannot disclose medically why she needs the special care because that will be breaching my professional ethics. All that I can say is that she should not be made to stress herself” (HO 1).

“The girl [PT 2] requires special care and attention. The foetus is healthy but in pregnancy anything can happen. I have given my mobile phone number to the head teacher of the school to call me should there be an emergency. I am not saying that there is going to be an emergency but for the sake of precaution” (HO 2).

Theme 5: Pregnant girls view on support

The pregnant teens also indicated the kind of support they expect from key people (teachers, classmates, health officials, and parents) and the extent to which these supports have been given. The study revealed that pregnant teens expect the following support: head teachers should help them with extra classes; teachers should help them with their academic work; class mates should be closer to them; parents to support them; and health officials to prescribe proper medication and give good dietary advise. PT 1, PT 2 and PT 3 stated it this way:

“I want my head teacher to help me with extra classes particularly whenever I am absent from school. I want my teachers to pay special attention to me particular on my academic work. I want my class mates and friends to be closer to me to help me feel welcome...” (PT 1).

“...I want my parents to give me money and take care of my other expenses such as hospital bills, dresses and diapers for the unborn baby, and make preparations towards my delivery. As for the health officials, I want them to continue to prescribe appropriate medications for me” (PT 3).

On the extent to which they have received the expected support from the identifiable groups mentioned, the pregnant teens stated that they have received some support but not on the scale that they expect. PT 1, PT 2 and PT 3 put their experiences in this to say:

“My teachers have been helping me in class. My head teacher even sometimes checks on me in class. My friends come close to me. However, I do not normally get extra tuition on topics I missed due to my absence. Also, it is not every mate

of mine who comes close to me. Some of them shun from me, sometimes making me feel unwelcome” (PT 1).

“My head teacher has always been checking up on me in class. My parents have been accompanying me to antenatal. My friends visit me at home to check on me whenever

I absent myself from school...” (PT 2).

“My parents have been doing their part to support me financially, though I would have wished it would be better. In terms of preparation towards my delivery, they have been procuring some of the necessary items though they are yet to buy the baby’s dress and diapers” (PT 3).

4.5 Pregnant Students Academic State during Pregnancy

One of the key issues assessed was the academic performance of the pregnant girls before and after pregnancy. This issue was assessed from the perspective of the pregnant teens, teachers, and class mates. The academic performance was assessed relative to five key themes. These are: class attendance/ punctuality at school; active class participation; performances in class works and assignments; performances in end of term examinations; and Self-study at home. The outcomes of the study are reported below:

Theme 1: Class attendance/ punctuality at school.

The study revealed that most of the pregnant teens were relatively punctual to class pregnancy. PT 1, TE 2, and PU 4 confirmed that the pregnant teens attended class

regularly. *“I was very punctual at school. I was attending class on time, and I will not miss class without reasonable excuse” (PT 1).*

“my student [PT 2] was regular to school” (TE 2)

“my friend’s [PT 4] class attendance was okay” (PU 4).

The study further revealed that not all the pregnant teens were punctual to school before pregnancy. PU 5 for instance stated that:

“PT 5 was not regular to school even before her pregnancy. She was regularly absenting herself from school” (PU 5).

Though majority of the teens were regular to school pre-pregnancy, the same cannot be said of their post-pregnancy. Almost all the respondents agreed that the pregnant students class attendances have gone down significantly. PT 4 and TE 2 indicated it this way:

“My class attendance has gone down significantly. Sometimes, I feel so fatigue and unable to attend school. Sometimes too, I have to skip school to attend antenatal” (PT 4).

“my student’s (PT 2) class attendance has gone down. She is not regular to school as she used to be due to her condition” (TE 2).

Theme 2: Active class participation

The responses given on class participation followed the same trend as the pregnant teens class attendance. Apart from PT 5, all the other pregnant teens recorded active class participation prior to their pregnancy. TE 3 for instance gave this account on PT 3.

“she [PT 3] was very active in class. She was a very good student. She was very active in class, participating in class discussions, and asking intelligent questions in class” (TE 3).

“I was very active in class before my pregnancy” (PT 2)

However, with respect to PT 5, it was indicated by PU 5 that she [PT 5] was not active in class prior to her pregnancy.

“She [PT 5] was not active in class” (PU 5).

The activeness of the studied pregnant students in class post-pregnancy have taken a nose dive. Indeed, all the interviewed participants agreed that the pregnant students have not been active in class after becoming pregnant. Reasons cited for this drop include fatigue, lack of punctuality to school, and health conditions. TE 3 and PT 2 for instance pointed out that:

“she [PT 3] has not been active in class after becoming punctual. She hardly participates in class discussions, do not ask questions in class like she used to do, and always feeling tired and sleepy” (TE 3).

“I know that I have not been active in class due to my condition. Because, I have been missing classes, I sometimes have no idea about what my teachers may be teaching and I feel shy to ask them to revisit previous topics I missed. Hence, I stay silent during class” (PT 2).

Theme 3: Performances in class works and assignments

The performances of the pregnant teens in both class works and assignments were generally discovered to be encouraging prior to the teens pregnancy than after

pregnancy. The study revealed that most of the pregnant students were above average students prior to their pregnancy. TE 3 and PT 2 said that:

“she [PT 3] performed well in most of the class works and assignments I gave to her. She was above average student. But now her performances in the class works and assignments have gone down drastically. Her performance is now below average compared to her performances pre-pregnancy period” (TE 3)

“I was doing well in my class works and assignments. However, my performance is not as encouraging as it used to be after my pregnancy” (PT 2).

Theme 4: Performances in end of term examinations

Most of the pregnant teens were seen to be above average students prior to their pregnancy. They were doing well in their end of term examinations. However, the study revealed that most of the teens performances in their end of term examination have decline significantly due to their conditions. PT 2 for instance said this of her end of term examination performances:

“I was doing well in my end of term examinations. I was one of the good students. But, because I got pregnant I could not study hard during my last term examination. My performance in that examination was not encouraging” (PT 2).

PT 5 also stated:

“I was a good student before my pregnancy but now my performance has gone down. I could not even participate in the last term examination” (PT 5).

Theme 5: Self-study at home

The study's findings on most of the pregnant teens self-study at home was also encouraging prior to their pregnancy. Some of the pregnant teens mentioned that their parents ensured that they studied at home in the evenings prior to their pregnancy. The situation has however changed. Most of them are now unable to do self-study at home. PT 2 and PT 3 gave their experiences as follows: *"I was studying at home prior to my pregnancy. I was doing at least two (2) hours of study every night. I am unable to even study for more than thirty (30) minutes every evening in the house nowadays. My self-study at home has gone down significantly"* (PT 2)

"My parents will make sure that I study every evening prior to my pregnancy. Now, it is not the case again. They do not force me to study in the evening knowing my condition now" (PT 3)

4.6 The Challenges faced by the Pregnant Students in the Ejisu Municipality

The challenges encountered by pregnant students have been categorised under three main themes. These were challenges at home, challenges at school, and challenges at the community. The feedback from the respondents were recorded below:

Theme 1: Pregnant teens challenges at home.

The major challenge the pregnant teens face at home comes from their parents. Most of the pregnant teens stated that their parents do not treat them well as they used to because of their pregnancies. Some even indicated that their parents fight with them

and accused them of bringing hardship upon them because of their (pregnant teens) stubbornness. Here are the testimonies of some of these pregnant teens:

“My mother does not treat me well as she used to do due to my pregnancy” (PT 1).

“My father is always angry with me at home. He does not talk to me. He feels disappointed in me because of my pregnancy” (PT 2).

“My parents fight with me at home. They accused me of bringing hardship upon them because of my pregnancy” (PT 3).

Theme 2: Pregnant teens challenges in your school

Two major social challenges confronted the pregnant teens in school according to the study’s findings. The pregnant teens reported that they were sometimes mocked at by their fellow students at school. They also felt inferior to their non-pregnant teens. Some of the pregnant teens shared their experiences are as follows:

“Some of my school mates tease me and laugh at me for being pregnant. They mock me for being pregnant as a JHS school girl” (PT 1)

“Sometimes I feel inferior to my non-pregnant fellow students. This sometimes made it difficult for me to mingle with them as I used to do before my pregnancy” (PT 5).

Theme 3: Pregnant teens challenges in the community

The study further revealed that the pregnant teens are stigmatized in their communities. Some community members point fingers at them and called them bad

girls. Some parents go to the extent of asking their own girls not to associate themselves with them. PT 1, PT 3, and PT 5 shared their experiences.

“I have been stigmatized several times in my community. They made me feel as if I have committed murder (sobbing while speaking). A parent of my friend warn me never to come close to her daughter again because I will infect her with my “bad girl” behaviour. Sometimes, I feel that I should have aborted the pregnancy because of all the stigmatization” (PT 1).

“I do not normally feel going out of my house because of people pointing figures at me. I remember one day, I went out to buy an item, an elder called me and chastised me because of my pregnancy. I felt so embarrassed and have been trying to avoid that elder ever since” (PT 3).

“I have gone through a lot in my community. Some people do not sympathise with me. It is not like I wanted to get pregnant, it was a mistake, but some people do not care.

They think I am a bad girl” (PT 5).

Theme 4: How the pregnant teens overcome their challenges?

According to the studied pregnant girls, there is little that they can do to overcome the challenges that they have been encountering at school, home, and community. The respondents stated that they feel powerless to confront those challenges head-on. They stated that they cope with their challenges through avoidance and ignoring those who have been speaking against them.

Some of the girls stated as follows:

“I can do little about some of these things. For instance, my father is always angry with me. I do not know what I can do about that, except that I tried avoid anything that will trigger her anger” (PT 2).

“I tried to ignore all those who point fingers at me and laugh at me. I am pregnant and weak, even if I want to defend myself against them, I cannot” (PT 5).

CHAPTER FIVE

DISCUSSION

5.1. Introduction

This chapter has been divided into two main parts. The first part concentrates on the significant and novel findings identified, interpreted and discussed. The identification of the significant and novel findings has been done in line with the study's objectives. The second part which has also been presented in line with the study's objectives also focuses on highlights of major findings and inferences made from them in view of previous studies.

5.2. Significant and Novel Findings Identified, Interpreted and Discussed

5.2.1 School Authorities' Application of GES Guidelines on Pregnant Students

The study revealed that though most of the interviewees might have heard about the GES guidelines/policy on pregnant students, they know little about it. In other words, most of the respondents do not know much details about the GES policy. The implication is that the respondents may not have been sensitized on the policy which may invariably affect their understanding and application of the guidelines. The lack of sensitization breaches Section 3.1.9 (GES, 2018) of the policy. The section requires all structures within the GES and stakeholders to be sensitized on the content of the guidelines. On steps to be taken upon suspicion of pregnancy, the study revealed that the school authorities through the parents of the pregnant teens confirm the pregnancies by sending the suspected girl to hospital for confirmation. This process follows requirement of the GES guideline as envisaged. This finding clearly contradicts the position of GES (2020), when they indicated that as part of effective implementation of the policy the agency through its various regional and district

offices, have sensitized all stakeholders to be abreast with their pregnancy guidelines. The finding however, confirms the position of Baafi (2020) who articulated, it appears the details of the GES policy guidelines are quite pleasing but expressed doubts about the understanding of the school authorities.

The study further indicated that, the school authorities do not holistically follow the GES guideline on steps to be taken upon confirmation of pregnancy. Per Section 3.1.2 of the GES guidelines (GES, 2018), nine steps are to be adhered to by the school authorities. These are: submission of a formal confirmation notes from a recognized health facility; school authorities documenting and informing the District Education Directorate; informing the parent/guardian about the GES guidelines on pregnancy; orienting teachers to accept the pregnant girl and supporting her academically; encouraging the pregnant girl's peers and classmate to support her; and counselling the pregnant girl on how to cope with the pregnancy and the need to attend regular antenatal. The schools only counsel the girls on the need: to keep the pregnancy; attend antenatal regularly; coping with the pregnancy whiles schooling; not to abandon school; and counselling the pregnant girl's parent on the need to support the teen. Other important issues as envisaged by the Section 3.1.2 such as: school authorities documenting and informing the District Education Directorate; informing the parent/guardian about the GES guidelines on pregnancy; orienting teachers to accept the pregnant girl and supporting her academically; encouraging the pregnant girl's peers and classmate to support her are not adhered to. This finding is also in sharp contrast to the position of GES (2020) which indicated that school authorities such as head teachers and their assistants have been well trained on the application of the guidelines. On the application of GES guidelines in schools, Baafi (2020) agrees to Nwanza (2018) assertion

about re-entry policy but added that inclusive educational policy and re-entry directives have been the major blueprint adopted by countries to promote the re-entry and re-integration of pregnant teens and adolescent mothers into schools. They however cautioned that if key stakeholders are not orientated on the details and spirits behind the letters of the document its application may be problematic for school level implementers.

The study further discovered on the steps to take if the pregnancy is by a class mate/school mate/male teacher, the schools seem to relatively follow the GES guideline. The study's discovery revealed that only two teens were impregnated by their own school colleagues. In all these cases, the parents of the school boys were invited for discussion. Issues of the girls' maintenance were left to the two families. However, the school were not keeping any proper documentation of the incident. It is clear from the study's findings that though the schools do not follow the GES guidelines holistically, it has not prevented the pregnant girls from continuing their education. Indeed, all the studied pregnant girls were in school at the time of their interviews for the purpose of the current study. This revelation is in agreement with Omwancha (2020) when he narrated the process that is expected to be taken when pregnancy is suspected and confirmed in school in Nigeria. This also supports the directive of GES as recommended that, when there is the suspicion of pregnancy or when the girl herself voluntary reports of her pregnancy, the girl's parents/guardians are to be invited and advised by the school to confirm the pregnancy at a health facility (GES, 2018).

5.2.2 Supports given to Pregnant Students by Parents, Teachers, etc. to complete their Education in the Ejisu Municipality.

The study's findings revealed that, from the perspective of the parents, most of the parents became highly disappointed in their daughters when they learnt of their pregnancy. However, as parents they decided to support their pregnant kids since that was the best thing to do under the situation. The parents interviewed indicated how they supported their pregnant girls by: making sure that their daughters are well fed; keeping the pregnancy and encouragement; preparation towards delivery; providing financial support particularly by taking care of the daughters antenatal bills; allowing the teens to continue their education or learn a trade after delivery; and helping with the household chores of the pregnant teens. This finding of the study contradicts the experiences of Omwancha (2020) and Hodge (2017) who bemoaned the treatment meted out to teenage pregnant girls by their parents in sub-Saharan Africa. According to them, many girls who got pregnant while in school were abandoned and were forced to drop out of school by parents. The finding confirms the studies of Baafi (2020) who revealed that majority of parents of pregnant school girls have become tolerant and willing to offer home-support to their daughters to reintegrate them in school or community. The finding endorses the hopes of the GES (2018) to have a situation where parents accept and offer social support to their pregnant girls.

In terms of support from the teachers, the study revealed that most of the teachers are not aware nor been trained on the content of the GES guidelines for them to appreciate their expected role relating to the kind of support to be given to the pregnant students. The study revealed that, on the issue of extra-attention to pregnant teens, the teachers were divided on it. Whilst most of the teachers said they give extra-attention to

their pregnant students vis-à-vis the non-pregnant girls, others (two out of five teachers) said they do not give the pregnant students any extra-attention. Also, the study revealed that whilst majority of the teachers supported the idea of allowing the pregnant students to continue their education with their pregnancy, significant others were against it on the premise that it is an endorsement of indiscipline and immoral act.

Additionally, the study revealed that some of the teachers supported their pregnant students by exempting them from the performance of certain school chores like sweeping, weeding, and cleaning of the compound, classrooms, and offices. The finding on lack of support from a section of the teachers contradicts the position of GES (2020) who revealed that teachers all over Ghana have been sensitized and oriented to accept and offer academic support for pregnant girls in schools. The few teachers who offer guidance and support to the pregnant students however confirms the position of GES (2020) that teachers have been well trained and oriented to give continuous support to re-admitted pregnant girls in schools.

The outcome of the interview with the classmates also revealed that whilst most of them have heard of GES policy on pregnant students before, they have never been trained on it. So, they do not know their role as envisaged by the policy. They also discovered that, though some of the classmates have been advised by their own parents and siblings to stay away from their colleague pregnant students, they help their pregnant colleague students in their (pregnant students) studies such as notes copying and explaining some of the topics they (pregnant students) do not understand to her. This revelation agrees with the GES policy guidelines on pregnancy which requires that, officers of the District Education Directorates orient both the teachers and girl's peers and classmates to accept the girl's

pregnancy and not to stigmatise her or make disparaging comments about her (GES, 2018). The policy further directs that teachers and pupils must also be counseled to be supportive of the pregnant girl in order to catch up in their academic work (GES, 2018). This study finding again deviates from a study by Wekesa (2014) and Onyango, et al., (2015) in Kenya have also outlined some challenges that Kenya young mothers face both in their quest to continue their education. Wekesa (2014) study revealed that lack of proper guidance from teachers, intimidation from fellow students, and inability to balance school and home lives as the major constraints that young mothers face. According to the study some teen mothers feel their teachers do not seem to understand their peculiar situations and thus are expected to behave and perform like their counterparts who are not mothers or pregnant. In view of this some of the teen mothers indicated that they are often subjected to ridicule by both teachers and peers when they are unable to satisfy the class requirements.

The health officials interviewed also revealed that though they have heard of the GES policy before, they have also never been trained on it. This revelation contradicts the GES (2020) reports that schools have been mapped against hospitals and health centers within their catchment areas and that education and training have been organised for health professionals to understand the new policy guidelines on pregnancy in schools. The good news however was that, the health officials interviewed indicated that, in line with their own professional practices, they support the pregnant teens by: attending to her antenatal needs; giving them nutritional advice; Encouraging and advising the pregnant teens and their parents on the need to take proper and good care of the pregnancy have also been another support that the health officials have been providing to the pregnant teens; and

communicating to school authorities on the need to pay special attention to the pregnant girls.

The pregnant students also revealed that though they have been receiving some support from their teachers, parents, classmates, and health officials, they expect the following support: head teachers should help them with extra classes; teachers should help them with their academic work; class mates should be closer to them; parents to support them; and health officials to prescribe proper medication and give good dietary advise. Their expectation coincides with the studies of Nsalamba and Simpande (2019) who pointed out that the success of any re-entry policy to a large extent depends on the involvement of stakeholders (such as teachers, parents, classmates, health workers, etc.) in its implementation. In other words, whether a re-entry policy will succeed or not is a function of how well the various stakeholders play their respective roles. From the foregoing, it is clear that though the head teachers/teachers, classmates, parents, and health officials are doing what they can to help the pregnant students, their lack of training and detailed awareness of the GES guidelines may restrict their abilities to perform their expected roles to the brim. This situation revealed by the study therefore breaches the GES (2018) own policy target to provide continuous education, training and orientation for key stakeholders about the newly implemented policy guidelines on pregnancy in schools.

One thing that could be deduced from the findings is that once parents are supportive of the return to school of their daughters, no difficulty can stop them. In other words, though the role of other stakeholders is important, the parents possess the greatest power in ensuring the return to school of their pregnant daughters. This position is supported by Mutua et al., (2019), Osler and Starkey (2015) who stated that parental

support plays a vital role in promoting the return to school of pregnant students. Additionally, the findings of the study have revealed that the support role of parents, teachers, classmates, and health officials have basically facilitated the continuous education of the pregnant teens. In other words, these stakeholders have not become barriers to the educational inclusion of the studied pregnant students. This is very positive as it confirms position of GES (2020), Omwancha (2020), and Unterhalter (2017) who described that the success or otherwise of the re-entry policy hinges on combined support and cooperation of key stakeholders such as parents, teachers, school authorities, classmates etc.

5.2.3 Pregnant Students Academic Work before and after Pregnancy

The study revealed that the pregnancies of the studied students have negatively affected their academic work relative to their prior pre-pregnant academic work. The study revealed that though most of the students were punctual to school during pre-pregnancy periods, their attendances have taken a nose dive post-pregnancy. The study further pointed out that the girls have not been active in class post-pregnancy. Moreover, the study also revealed that the studied girls' performances in class works, assignments, and end of term examinations have gone down drastically. Though the pregnant students were above average students prior to their pregnancies, they have significantly fallen below average. Lastly, the outcome of the interviews revealed that most of the pregnant girls are unable to do self-study at home after becoming pregnant. This revelation confirms the assertion of Undie et al., (2015) who argued that teenage pregnancy is detrimental to girls due to the fact that most young-mothers and pregnant teens are unable to re-enter schooling. According to them, those who manage to re-enter face several psychological and social

discomforts such as bullying, stigmatization, rejection and lack of attention in class. This is further supported by UNFPA (2013), who confirmed that adolescent pregnancy continues to play great danger to females' education because it can lead to school dropout and marriage. The UNFPA (2013) further argued that the problem of pregnant teens dropping out of school and marrying is even severer in developing countries. Mutua et al., (2019) agreeing with UNFPA (2013) alerted that sub-Saharan African countries tend to have high adolescent pregnancies and ineffective policies. The authors further asserted that given the high incidence of teenage pregnancies and poor policies, young mothers tend to experience difficulties trying to re-enter schools and to further their education.

There may be several reasons for the drop in the academic works of the pregnant students. However, the strongest reason may be the exigencies of the pregnancy. As first-time pregnant women, they may lack the experiences needed in coping with the stress of pregnancies. The feeling of fatigue and other health implications were discovered as key issues that run through the interviews. This revelation or finding is in tandem with the studies of Seetesh and Lopamudra (2017) that highlighted that teenage pregnancy has effect on both the mother and child. According to the authors, the effect of teenage pregnancy on the young mother include abortion (which could be spontaneous or induced), anemia (which could be caused by iron deficiency, hookworm infestation, infectious diseases such as tuberculosis, vitamin-A deficiency and hemoglobinopathies), developmental issue due to nutritional requirement, hypertensive disorder of pregnancy, sexually transmitted disease, preterm labour or preterm birth, prolonged labour, birth injuries, and psychological problems. This position is also shared by WHO (2018) and UNICEF (2018) who reported that teenage pregnancy is harmful to the physical, mental and emotional health of the girls.

Their reports revealed that out of about 16 million females aged between 15 to 19 years who give birth each year in developing nations, about 2.5 million of them continue to live with various forms of health conditions and pregnancy induced ailments.

Additionally, the lack of special academic arrangement particularly when they missed class might have left the pregnant students behind their non-pregnant students. Per the study's outcome on the academic work of the pregnant students, it could be deduced that the pregnant students poor academic work could serve as a barrier to their educational inclusion. In other words, the continuous poor academic work of the studied pregnant girls if not addressed could be the main catalyst for their educational exclusion. Though it is good to have pregnant students continue their education, it will serve no good if their academic work deteriorates significantly instead of improving. This position corresponds with the admonitions of Chiyota (2020) and Adric (2018) who advised that robust measures ought to be put in place to deal with school-related barriers to girl-child education particularly for teenage mothers.

5.2.4 The Challenges faced by the Pregnant Students in the Ejisu Municipality

The study pointed out that the pregnant students encounter challenges at home, school, and the community. The study revealed that, at home, their greatest challenge comes from their own parents. The study pointed out that, most of the pregnant teens parents do not treat them well as they used to because of their pregnancies. Some even indicated that their parents fight with them and accused them of bringing hardship upon them because of their (pregnant teens) stubbornness. At school, the pregnant teens face two major challenges. The first is their mocking (scoffing) by their fellow students. The second is their own sense

of inferiority complex relative to their nonpregnant mates. The study further revealed that the pregnant teens are stigmatized in their communities. Some community members point fingers at them and called them bad girls. Some parents go to the extent of asking their own girls not to associate themselves with them. The study further revealed that the pregnant girls feel powerless to confront those challenges head-on. They stated that they cope with their challenges through avoidance and ignoring those who have been speaking against them. These revelations concur with literature for instance, Adric (2018) categorised the barriers to the girl child education into three groups. Adric (2018) indicated the categories as school-related, socio-cultural, and micro-level school-related challenges. Adric (2018) further mentioned that the barriers could be further sub-divided into six challenges. The six challenges as explained by Adric (2018) are distance to school, cost of education, gender-related issues, violence at school, early marriage/pregnancy, and poverty. Chiyota (2020) agrees with Adric (2018) on the barriers to the girl child education. Chiyota (2020) argued that external intrinsic factors are mainly responsible for the high school dropout rates of teenage mothers and pregnant girls. Chiyota (2020) indicated that these external intrinsic barriers include distance to school, violence, poverty, distance to school, and cost of education.

The study's outcome clearly reveals the African perspective of pregnancy as adult-centric. In other words, most African societies believe that pregnancy is the occupation of adults and those teenagers are not to become pregnant until they reach adulthood. Baafi (2020) indicated that even though pregnancy is generally viewed as a blessing in most African societies, teenage pregnancy (particularly a female student who is still under the control of parents) is considered social abomination. Teenagers who get pregnant before

adulthood are scoff at, stigmatized, and are seen as a disgrace to their parents (Maluli & Bali, 2014).

5.3 Highlights of Major Findings and Inferences Made from them in view of Previous Studies

5.3.1 School Authorities' Application of GES Guidelines on Pregnant Students

The study revealed that though most of the interviewees have heard about the GES policy guidelines on pregnant students, they know little and have not been trained under it. This finding concurs with literature (Wekesa, 2014; Lutha, 2016; Niboye, 2018; and Muyunda, 2021) that awareness, understanding, and training of stakeholders on the policies on pregnant students schooling are low. Additionally, the study discovered that schools in the Ejisu Municipality do not holistically follow the GES guideline on steps to be taken upon confirmation of pregnancy has concurred studies by Mutua et al., (2019); Omwancha (2020); and Muyunda (2021) which also discovered that re-entry policies have not been properly implemented among their countries studied. Thus, the fact that schools in Ejisu do not properly follow the GES guidelines have denied literatures such as Wekesa (2014), and Niboye (2018) which discovered that the schools they studied have implemented the re-entry policies of their countries very well. The inadequate implementation of the GES guidelines may be due to the lack of detailed knowledge of the guidelines on the part of the schools and possibly lack financial resources as well.

5.3.2 Supports given to Pregnant Students by Parents, Teachers, etc. to complete their Education in the Ejisu Municipality

The study revealed that the pregnant students received some form of support from their head teachers/teachers, parents, classmates, and health officials. The parents

supported their pregnant girls in the form of: making sure that their daughters are well fed; keeping the pregnancy and encouragement; preparation towards delivery; providing financial support particularly by taking care of the daughters antenatal bills; allowing the teens to continue their education or learn a trade after delivery; and helping with the household chores of the pregnant teens. The study also revealed that though majority of the teachers give extra-attention to the pregnant students and supported the idea of allowing the pregnant students to continue schooling, significant others do not. The classmates were also discovered to support the pregnant students by helping them in their notes copying and explaining some of the topics they do not understand to them. On the health officials, the study discovered that they support the pregnant students in line with their professional practices. They offer support such as: attending to her antenatal needs; giving them nutritional advice; encouraging and advising the pregnant teens and their parents on the need to take proper and good care of the pregnancy have also been another support that the health officials have been providing to the pregnant teens; and communicating to school authorities on the need to pay special attention to the pregnant girls.

The study's findings have denied previous studies that seek to assess the level of support to pregnant students by certain identifiable groups. For example, the study denied Luntha (2016) study that some parents do not support their pregnant teen girls given their disappointment in their girls getting pregnant. Indeed, the current study discovered that the pregnant students' mothers were their primary care givers at home. The parents have continued to support their pregnant daughters schooling unlike what Luntha (2016) discovered. The study also to some extent concurred with Mutua et al., (2019) discovery that some teachers do not provide support and buyin to the pregnant students by giving

them extra-care and attention, even though majority of the teachers have been supportive of the pregnant students. Additionally, the study to some extent rejected an earlier study by Chigona and Chetty (2017) that revealed that teen mothers tend to lack support from their school, home, and the community. This study revealed that pregnant students were generally supported, however, on the issues such as lack of support from teachers particular in re-teaching lessons lost by the pregnant students, the current study concurred with Chigona and Chetty (2017) study.

On the issue of parents allowing their pregnant daughters to continue schooling only when the girls are promising academically as espoused by Mutua et al., (2019), the current study confirmed it. The four (4) out of the five (5) parents interviewed who agreed to allow their pregnant daughters to continue schooling after delivery all stated that their daughters were academically good. This might presuppose that academic performance might be the key factor for allowing the girls to continue their education after delivery.

5.3.3 Pregnant Students Academic State during Pregnancy

The study revealed that the pregnancies of the studied students have negatively affected their academic work relative to their pre-pregnancies academic work. Per the outcome of the interviews, the performance of the pregnant students in terms of class attendance, active class participation, class work, assignments, and end of term examinations have gone down drastically. Though the pregnant students were above average students prior to their pregnancies, they have significantly fall below average. Most of the pregnant students are unable to do self-study at home. The study has concurred literature (Chigona & Chetty, 2017; Nwanamwabwa, 2018; and Nsalamba & Simpande,

2019) that re-entry of pregnant students to school has not improved their academic performance. On the other hand, the study denied empirical literature like (Wekesa, 2014; McCadden, 2015; Nwanamwabwa, 2018; Nsalamba & Simpande, 2019; and Kapasule & Kumar 2020) that re-entry policy has improved the academic performance of student mothers.

However, the disparity between this study and previous studies cited for comparison may be born out of the fact that the current study focused on pregnant teens still schooling but the cited studies mostly focused on student mothers (those who have delivered). Thus, there is a higher probability that the pregnant students may be constrained by the exigencies of their pregnancy in coping with their academic work. On the other hand, the student mothers may be constrained by their status on the basis of lack of child support. In other words, with enough child support at home, the student mother stands a higher chance of improving her academic performance unlike the pregnant student who is yet to deliver.

5.3.4 The Challenges faced by the Pregnant Students in the Ejisu Municipality

The study pointed out that the studied pregnant students encounter challenges at home, school, and the community. At home, the pregnant students claimed they are not well treated by their parents. Some of the parents' fight with them and accused them of bringing hardship upon them. At school, the pregnant students are scoffed at by the fellow students and they also feel a sense of inferiority complex. At the community level, the study revealed stigmatization as their main bane. The outcome of this study has corresponded empirical literature as follows: unsympathetic school mates/scoffing (Wekesa, 2014; Baa-

Poku, 2016; Nwanamwambwa, 2017; and Niboye, 2018); stigmatization (Nwanamwambwa, 2017; Niboye, 2018; Nsalamba & Simpanade, 2019; and Baafi, 2020); inferiority complex/feeling of shyness to mingle with fellow students (and Onyango et al., 2015; and Luntha, 2016); and pressure from parents ((Maluli & Bali, 2014; and Nwanamwambwa, 2017).

5.4 Limitations of the Study

Limitations of a study affects the validity and reliability of the study (Discoverphds, 2021). Limitations of a study are normally the features of the research methodology that the researcher has no control over but which affect the study's findings. In other words, the limitations of the study are elements outside the control of the researcher which the researcher cannot do anything about it. The limitations determine the internal and external validity of the study and are regarded as the potential weaknesses of the study (Discoverphds, 2021). The first limitation of this study related to the sample size that was used. The study used a sample size of thirty people (made up pregnant, head teachers, parents/guardians, classmates of pregnant girls drawn from three basic schools) and one health worker in the Tikrom circuit of the Ejisu Municipality. The small number of respondents were not adequately represented during the population of the study. This means that the findings of this study was difficult to generalise to the study's population (which was; pregnant girls, head teachers, teachers, parents/guardians, and health workers of Ejisu Municipality). However, it was noted that the adoption of small sample size has been used by other researchers (such as Omwanacha, 2020; Simelane, Thwala, & Mamba, 2013; Wekesa, 2014; McCadden, 2015; Luntha, 2016; Mwanamwambwa, 2017; Niboye,

2018; Chiyota, 2020; Baafi, 2020; and Muyunda, 2021). In other words, the usage of a small sample size in exploratory study was not a novelty but a common practice among researchers.

The second limitation of the study related to the research design that was adopted. The study employed was the descriptive research design. According to Malhotra (2015), the findings of a time. Thus, the study was not able to be used to make predictions about how changes in reentry policy caused changes in pregnant girls' performances.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATION

6.1. Introduction

This chapter focuses on summary of key findings, conclusions drawn and recommendations made.

6.2. Summary of Key Findings

6.2.1 School Authorities' Application of GES Guidelines on Pregnant Students

The study revealed that the school authorities have little knowledge about the GES policy on pregnant students. The school authorities have also never been trained on the GES guidelines on pregnant students. The study further indicated that, the school authorities do not holistically follow the GES guideline on steps to be taken upon confirmation of pregnancy. The study revealed that the schools only counsel the girls on the need: to keep the pregnancy; attend antenatal regularly; coping with the pregnancy whiles schooling; not to abandon school; and counselling the pregnant girl's parent on the need to support the teen. Other important issues as envisaged by the Section 3.1.2 such as: school authorities documenting and informing the District Education Directorate; informing the parent/guardian about the GES guidelines on pregnancy; orienting teachers to accept the pregnant girl and supporting her academically; encouraging the pregnant girl's peers and classmate to support her are not adhered to.

6.2.2 Supports Given to Pregnant Students by Parents, Teachers, etc. to complete their Education in the Ejisu Municipality

The study revealed that the pregnant students received some form of support from their head teachers/teachers, parents, classmates, and health officials. The parents supported their pregnant girls in the form of: making sure that their daughters are well fed; keeping the pregnancy and encouragement; preparation towards delivery; providing financial support particularly by taking care of the daughters antenatal bills; allowing the teens to continue their education or learn a trade after delivery; and helping with the household chores of the pregnant teens. The study also revealed that though majority of the teachers give extra-attention to the pregnant students and supported the idea of allowing the pregnant students to continue schooling, significant others do not.

The classmates were also discovered to support the pregnant students by helping them in their notes copying and explaining some of the topics they do not understand to them. On the health officials, the study discovered that they support the pregnant students in line with their professional practices. They offer support such as: attending to her antenatal needs; giving them nutritional advice; encouraging and advising the pregnant teens and their parents on the need to take proper and good care of the pregnancy have also been another support that the health officials have been providing to the pregnant teens; and communicating to school authorities on the need to pay special attention to the pregnant girls. The study further pointed out that, though the pregnant students received some support from their teachers, parents, classmates, and health officials, they expect the following support: head teachers should help them with extra classes; teachers should help

them with their academic work; class mates should be closer to them; parents to support them; and health officials to prescribe proper medication and give good dietary advise.

6.2.3 Pregnant Students Academic Work before and After Pregnancy

The study revealed that the pregnancies of the studied students have negatively affected their academic work relative to their pre-pregnancies academic work. Per the outcome of the interviews, the performance of the pregnant students in terms of class attendance, active class participation, class work, assignments, and end of term examinations have gone down drastically. Though the pregnant students were above average students prior to their pregnancies, they have significantly fall below average. Most of the pregnant students are unable to do self-study at home.

6.2.4 The Challenges Faced by the Pregnant Students in the Ejisu Municipality

The study pointed out that the pregnant students encounter challenges at home, school, and the community. The study revealed that, at home, their greatest challenge comes from their own parents. The study pointed out that, most of the pregnant teens parents do not treat them well as they used to because of their pregnancies. Some even indicated that their parents fight with them and accused them of bringing hardship upon them because of their (pregnant teens) stubbornness. At school, the pregnant teens face two major challenges. The first is their mocking (scoffing) by their fellow students. The second is their own sense of inferiority complex relative to their nonpregnant mates. The study further revealed that the pregnant teens are stigmatized in their communities. Some community members point fingers at them and called them bad girls. Some parents go to

the extent of asking their own girls not to associate themselves with them. The study further revealed that the pregnant girls feel powerless to confront those challenges head-on. They stated that they cope with their challenges through avoidance and ignoring those who have been speaking against them.

6.3. Conclusions of the Study

Based on the findings of the study, the following conclusions have been drawn.

1. If school authorities such as headteachers, assistant heads and girl-child and guidance and counseling coordinators are not adequately sensitized or trained on GES guidelines on pregnant students, implementation of the policy would be a challenge to them.
2. Support given by stakeholders such as parents, teachers, health officials etc. to pregnant students go a long way to cushion them in their education and must therefore be encouraged or deepened.
3. If special remedial measures are not put in place to address the challenges encountered by pregnant girls, they may experience fallen standards in their academic endeavors in the schools.
4. Provision of publish education or counseling to stakeholders especially parents and other community members is indispensable to help them accept the new status of pregnant girls.
5. If the GES guidelines on pregnancy is not elaborate enough to address all the cross-cutting issues pertaining to standard operating procedure, sources of funding, re-entry requirements after child-birth, discrepancies in implementation may be experienced across schools.

6.4. Recommendations

6.4.1. Sensitizing stakeholders on the GES guidelines

Stakeholders and other support institutions such as teachers'/head teachers, parents, classmates, health officials, District Education Directorate, Regional Education Directorate must be trained and sensitized on the GES guidelines. These stakeholders must be educated on their roles and responsibilities as enshrined in the guidelines. The importance of following the guidelines must be made known to these stakeholders. This will aid them to properly appreciate the relevance of the guideline in ensuring safe environment and positive experiences for the pregnant students.

6.4.2. Proper Application of the GES Guidelines

School authorities such as headteachers and their assistants must properly apply the dictates of the GES guidelines to teenage pregnancy issues in the schools. The requirements of the GES guidelines seem not to be too extensive. The requirements can easily be followed by the schools without much difficulty.

6.4.3. Review of the GES guidelines

The GES guidelines seems not detailed enough. A documentary evaluation of the guidelines suggests that it is scanty and do not properly establishes detailed standard operating procedure. Also, the guidelines failed to determine the sources of funding for operating the guidelines. A review of the guidelines could help to address its bottlenecks to facilitate effective and efficient implementation to ensure positive experiences for pregnant students.

6.4.4. Public Sensitization to Accept Pregnant Students

The general public should be sensitized about pregnant students. The public should be made aware that being a pregnant student is not an abomination. Pregnant students rather deserve our empathy and support. The human babies that these students are pregnant with could become important people in the society. Stigmatization, and public ridiculing and scoffing must be stopped. Fellow students should be made aware of the need to support and encourage their fellow pregnant students.

6.4.5. Special Academic Arrangement for Pregnant Students

The Ghana Education Service and school authorities should collaborate to establish special arrangement for pregnant students to boost their academic work. This arrangement could include organising special extra-classes for the pregnant students. Additionally, teachers could be made to revisit topics the pregnant students missed during their absence in class.

6.5.1. Suggestion for Further Studies

The study focused on the experiences of pregnant students in schools in the Ejisu Municipality. Per the revelation of the study, two of the pregnant students were impregnated by their own fellow students in the very schools the pregnant students were attending. The remaining three girls were impregnated by a community neighbour (possibly boys not attending the same school with the pregnant girls). Most often, when we talk of teenage pregnancy, the emphasis is on the pregnant girls neglecting the “pregnant boys” (soon to be student fathers). The psychological trauma and other challenges that

these “pregnant boys” or “student fathers” may often be going through are normally discounted. It is therefore imperative that future studies could explore the experiences of “pregnant boys’/student fathers” among schools in Ghana.

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APPENDIX
SEMI-STRUCTURED INTERVIEW GUIDE

**AKENTEN APPIAH MENKA UNIVERSITY OF SKILLS TRAINING AND
ENTREPRENEURIAL DEVELOPMENT (AAMUSTED).**

**RESEARCH TITLE: EXPLORING THE EXPERIENCES OF PREGNANT
STUDENTS IN SOME SELECTED BASIC SCHOOLS IN THE EJISU
MUNICIPALITY**

INFORMATION SHEET FOR PARTICIPANTS

I am an MPhil in Educational Leadership student at AAMUSTED. I am respectfully requesting your participation in my research as part of my MPhil studies. My research is on assessing the experiences of pregnant girls' re-entry into schools in the Ejisu Municipality. I have purposefully selected five schools which I am investigating. The selected schools that have been purposefully selected are: Tikrom circuit (Akokoamong St Martin's M/A JHS); Kwaso circuit (Essienimpong M/A JHS); Boankra circuit (Adadientem M/A JHS); Onwe circuit (Abenase M/A JHS); and Achinakrom circuit (Donyina R/C JHS). Head teachers, Teachers of pregnant teens/teen mothers, Pregnant teens/teen mothers, classmates of pregnant teens/teen mothers, parents of pregnant teens/teen mothers, and health officials are key stakeholders when it comes to pregnant teens delivery and re-entry into schools. It is for this reason why your views are being sought. I would like to state that your participation and views are extremely important

in this research though you are not under any obligation to be involved. This research has been assessed and approved by

AAMUSTED.

PART 1: SCHOOL AUTHORITIES' APPLICATION OF GES GUIDELINES ON PREGNANT STUDENTS.

This section will be answered by Head teachers, teachers, and pregnant teens/teen mothers.

Part 1A: Head Teachers/Teachers Prompt

1. How many years have you being the head teacher/teacher of your school?
2. How many students have gotten pregnant within the last ten years?
3. How many of those pregnant teens have dropped out of school?
4. How many of those pregnant girls re-entered school?
5. What do you know about GES re-entry of pregnant school girls back to school?
6. What steps do you take/have taken/expected to be taken upon suspicion of pregnancy among your school girls
7. What steps do you take/have taken/expected to be taken upon confirmation of pregnancy?
8. What steps do you take/have taken/expected to be taken if the pregnancy is by a school mate/class mate or a pupil/student?
9. What steps do you take/have taken/expected to be taken if a male teacher is responsible for the pregnancy?

10. Please kindly describe how leave of absence are granted to pregnant school girls in your school
11. Please describe what steps are taken/expected to be taken to ensure the return of girls to school after maternity leave/leave of absence.
12. Please describe the child-friendly school environment that has been created in your school to support pregnant girls to stay in school and encourage young mothers to return.
13. Please describe the documentation or records kept at your school level on teenage pregnancies among school girls in your school.

Part 1B: Prompts for Pregnant teens/teen mothers

1. How old were you when you got pregnant (only for pregnant teens/teen mothers)?
2. What do you think about school and education – how important is it to you?
3. Tell me about your time at school?
4. What happened when you had to leave?
5. What is it like no longer being at school? Or, tell me what it's like being back.
6. How do decisions get made in your family?
7. Could things have been different for you?
8. What do you know about GES re-entry of pregnant school girls back to school?
9. How was your pregnancy detected?
10. What steps were taken by the school upon suspicion of pregnancy?
11. How was your pregnancy confirmed?
12. What steps were taken by your school upon confirmation of pregnancy?

13. Who impregnated you? (A school mate, male teacher, or someone who is not connected to your school).
14. If the pregnancy was by school mate or male teacher, what steps did your school took?
15. Did the school authorities expelled you, granted you a leave of absence or you voluntarily dropped out of school?
16. If leave of absence, kindly describe how it was granted to you.
17. If you dropped out of school voluntarily, what reasons motivated your decisions?
18. Please describe what steps did your school took to ensure your return to school after maternity leave/leave of absence.
19. Please describe the child-friendly school environment that has been created in your school to support pregnant girls to stay in school and encourage young mothers to return.
20. Please describe the documentation or records you were made to sign or produce at your school during your pregnancies.

PART 2: SUPPORT GIVEN TO PREGNANT STUDENTS BY PARENTS, TEACHERS, ETC TO COME BACK TO SCHOOL TO COMPLETE THEIR EDUCATION IN THE EJISU MUNICIPALITY

This section will be answered by Head teachers, teachers, parents, classmates, health officials and pregnant teens/teen mothers.

Part 2A. Narrative prompts for

parents 1. Tell me about your

own education?

2. Tell me about your family (such as family size, income status, and educational status)

3. Tell me what happened when your daughter got pregnant.

4. How does your family deal with difficult decisions?

5. What do you know about GES re-entry of pregnant school girls back to school?

6. How was your daughter's pregnancy detected?

7. What steps were taken by the school upon suspicion of the pregnancy?

8. Please kindly describe the academic performance of your daughter prior to her pregnancy?

9. What did you do to help your daughter during her pregnancy?

10. What have you been doing to help your daughter after delivery?

11. Please describe what you have been doing or did to help your daughter re-enter school?

12. What reasons motivated you to send your daughter back to school?

Or

What reasons motivated you not to send your daughter back to school?

13. In a nutshell, how will you assess your performance in terms of your daughters schooling before and after pregnancy.

Part 2B. Narrative prompts for head teachers and teachers

1. Were you (teachers and head teachers) involved in the drafting of the GES guidelines on the facilitation of girls' re-entry into schools after delivery?
2. Have you been giving any training on the GES re-entry guidelines?
3. Please describe the level of attention you give to pregnant teens/mothers vis-à-vis their non-pregnant counterparts.
4. Do you think pregnant teens should be treated differently from non-pregnant teens?
5. What is your view on re-admitting pregnant teens back to school?
6. Please describe the role that you think you have to play in prevention of pregnancy among school girls
7. Please describe the role that you think you have to play in the facilitation of girls' re-entry into school after childbirth.
8. Please describe the extent to which you have played these roles (point 6 and 7) with particular reference to pregnant teen/mother (PT) referenced in this study

Part 2C. Narrative prompts for class mates

1. Have you heard of GES re-entry policy before?
2. If yes, can you tell me what you know about it?

3. Have you been giving any training on the GES re-entry guidelines?
4. Do you think pregnant teens should be treated differently from non-pregnant teens?
5. What is your view on re-admitting pregnant teens back to school?
6. Have you ever been told to stay away from your colleague pregnant teen?
7. If yes, who told you and what was the person reasons?
8. Please describe the role that you think you have to play in helping your colleague pregnant teen/mother in school to cope with her situation
9. Please describe the extent to which you have played these roles (point 8) with particular reference to pregnant teen/mother (PT) referenced in this study

Part 2D. Narrative prompts for health officials

1. Have you ever heard of GES re-entry policy before?
2. If yes, can you tell me what you know about it?
3. Have you been given any special training by either GES or Ghana Health Services on handling pregnant student teens?
4. Has the pregnant teen (PT) referenced in this study been receiving medical services from your medical facility?
5. Please describe the role that you think you have to play in helping your colleague pregnant teen/mother in school to cope with her situation
6. Please describe the extent to which you have played these roles (point 6) with particular reference to pregnant teen/mother (PT) referenced in this study

7. Do you think that the pregnant teen (PT) referenced in this study requires special treatment in her school?
8. Did you communicate this to the PT school?

Part 2E. Narrative prompts for pregnant teens

1. Describe the kind of support you think the following stakeholders should be accorded you to enable you cope with your pregnancy or baby and academic work: a.

Your Head teacher

- b. Your teacher(s)
- c. Class mates
- d. Parents
- e. Health facility/official you attend

2. Describe the extent to which those stakeholders have given you the kind of support that you think should be accorded you to enable you cope with your pregnancy or baby and academic work:

- a. Your Head teacher
- b. Your teacher(s)
- c. Class mates
- d. Parents
- e. Health facility/official you attend

PART 3: PREGNANT STUDENTS ACADEMIC WORK BEFORE AND AFTER PREGNANCY

This section will be answered by teachers, classmates and pregnant teens/teen mothers.

Part 3A. Narrative prompts for pregnant teens

1. Describe your academic performance prior to your pregnancy relative to the following
 - a. Class attendance/ punctuality at school
 - b. Active class participation
 - c. Your performances in class works and assignments
 - d. Your performances in end of term examinations
 - e. Self-study at home
2. Describe your academic performance during your pregnancy/after delivery relative to the following
 - a. Class attendance/ punctuality at school
 - b. Active class participation
 - c. Your performances in class works and assignments
 - d. Your performances in end of term examinations/BECE (if completed)
 - e. Self-study at home
3. What do you think have accounted for changes in your academic performance?

Part 3B. Narrative prompts for Teachers

1. Describe the academic performance prior of PT pregnancy relative to the following

- a. Class attendance/ punctuality at school
 - b. Active class participation
 - c. Performances in class works and assignments
 - d. Performances in end of term examinations
2. Describe the academic performance of PT during pregnancy/after delivery relative to the following
 - a. Class attendance/ punctuality at school
 - b. Active class participation
 - c. Her performances in class works and assignments
 - d. Her performances in end of term examinations/BECE (if completed)
3. What do you think have accounted for changes in her academic performance?
 4. Please describe what you have done to aid PT's academic work and performance

Part 3C. Narrative prompts for Classmates

1. Describe the academic performance prior of PT pregnancy relative to the following
 - a. Class attendance/ punctuality at school
 - b. Active class participation
 - c. Performances in class works and assignments
 - d. Performances in end of term examinations
2. Describe the academic performance of PT during pregnancy/after delivery relative to the following
 - a. Class attendance/ punctuality at school
 - b. Active class participation

- c. Her performances in class works and assignments
- d. Her performances in end of term examinations/BECE (if completed)
3. What do you think have accounted for changes in her academic work/ performance?
4. Please describe what you have done to help your colleague PT's to cope with her academic work

PART 4: THE CHALLENGES FACED BY THE PREGNANT STUDENTS IN THE EJISU MUNICIPALITY

This section will be answered by teachers, classmates and pregnant teens/teen mothers.

Part 4A. Narrative prompts for pregnant teens

1. Describe the challenges you have been facing as pregnant teen at home
2. Describe the challenges you have been facing as a pregnant teen in your school
3. Describe the challenges you have been facing as a pregnant teen in the society
4. What have you done to overcome some of the challenges you have enumerated above?

Part 4B. Narrative prompts for Teachers and Classmates

1. Describe the challenges PT has been facing as a pregnant teen in your school
2. Describe the challenges PT has been facing as a pregnant teen in the society
3. What have you done to help pregnant teen to overcome these challenges?