

**CASE STUDY ON GIRLS WHO HAVE  
DROPPED OUT OF SCHOOL DUE TO  
PREGNANCY AND FACTORS FACILITATING  
AND/OR PREVENTING THEIR RE-ENTRY  
INTO SCHOOL AFTER DELIVERY**



**A RESEARCH REPORT**



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## A RESEARCH REPORT

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## EXECUTIVE SUMMARY

The research was commissioned to explore and improve understanding of the different factors that frame pregnancy and schooling among adolescent girls to inform policy and guidelines. In January 2017 this task was executed by addressing the following specific objectives:

1. Outlining the socio-economic and cultural factors that lead school girls into pregnancy and dropping out of school;
2. Exploring the factors facilitating and/or preventing girls from going back to school after delivery;
3. Assessing support systems needed by, and available to, school-going mothers.
4. Examining any differences in the preceding perspectives, between the northern, southern and middle belts to girls' re-entry after delivery;
5. Recommending strategies to inform ongoing GES guidelines surrounding pregnancy and re-entry into school after delivery.

The study was conducted in selected districts in the Upper East, Volta and Central Regions. A total of 90 respondents were covered through in-depth and key informant interviews and focus group discussions. They included in and out of school pregnant girls and mothers, school officers, Girls' Education Unit officials, parents and community members.

Our key findings include:

- The suggestion of a strong connection between school pregnancy and household instability and low incomes;
- Male partners of the school girls were mainly their peers either in school, unemployed or in highly vulnerable informal economy jobs;
- Evidence of high levels of sexual activity amongst young persons in the study communities;
- Inadequate sexual and reproductive health education from schools and other agents;
- A tendency to blame young girls and not boys for failing to exercising due diligence over their sexuality and succumbing to sexual pressures to meet their economic needs;
- Major factors influencing retention and re-entry were:
  - o Girls' school performance, and aspirations;
  - o How long girls stayed out of school during pregnancy and after childbirth;
  - o Availability and quality of child care support after delivery;
  - o The school environment framed by Head teachers, School Based Facilitators Facilitators, Guidance and Counselling Coordinators and District Girl Child Education Officers, teachers and peers;
  - o Parental attitude at disclosure and kind of support deployed to support girls during pregnancy and motherhood; with mothers tending to be more supportive than fathers;
- Fear of contamination which resulted in greater acceptance for re-entry after delivery than retention, while girls were more prone emotionally and psychologically to drop out during pregnancy.

To guide the Ghana Education Service guidelines on school pregnancy and re-entry we recommend:

- A robust gender sensitive national policy on pregnancy, parenthood and schooling with some context specific provisions where necessary and provisions to support school fathers;
- Policy guidelines should target community discourses inhibiting continuation and re-entry and create awareness on the provisions for parents and students about the policy content on retention and re-entry options;
- Early introduction of Sexual and Reproductive Health Education curriculum in basic schools to combat negative constructions of femininity and masculinity that sexualises women's bodies as male entitlements;
- Specialised training including gender awareness for Head Teachers, Guidance and Counselling Coordinators as well as School Based Facilitators;
- Provision of childcare facilities; (space, caregivers) and customised classroom furniture to accommodate the body of Pregnant School Girls;
- Flexible time table to allow ante- and post-natal clinic attendance as well as breastfeeding breaks for School Mothers;
- Systematised documentation facilities with mandatory guidelines for follow up;
- Restructuring of Girls' and Boys Clubs in schools to offer additional space to discuss healthy sexual and gender relations in schools;
- Capacitating Girls' Education Unit to deliver its mandate by developing clear roles for personnel at all levels, providing them requisite gender capacity building;
- Provision of all facilities needed to perform assigned tasks and undertake regular monitoring and evaluation (e.g. regular adequate funding, vehicles, ICT and communication facilities);
- Clear identification of significant organisational actors with roles specified (e.g. District Assemblies, Ministry of Health/Ghana Health Services, Domestic Violence and Victim Support Unit and Social Welfare) supported by institutionalised linkages.
- Using existing legislative provisions to support and sanction negligent parenting and child right abuse (e.g. defilement, neglect, child support).
- Long term development planning to tackle widespread poverty in Ghana with short term measures to extend existing social intervention to areas with high teen/school pregnancy rate (e.g. Livelihood Empowerment Against Poverty, Mandatory registration of all pupils in Basic Schools on the National Health Insurance Scheme).

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# List of Abbreviations

<b>AAK</b>	Abura Asebu Kwamankese District
<b>BECE</b>	Basic Education Certificate Examinations
<b>CAMFED</b>	Campaign for Female Education
<b>CEDAW</b>	Convention for the Elimination of all forms of Violence against Women
<b>DA</b>	District Assembly
<b>DGEO</b>	District Girls Education Officer
<b>DHS</b>	Demographic and Health Survey
<b>DOVVSU</b>	Domestic Violence and Victim Support Unit
<b>EFA</b>	Education for All
<b>EMIS</b>	Education Management Information System
<b>FGD</b>	Focus Group Discussion
<b>GCC</b>	Guidance and Counselling Coordinators
<b>GES</b>	Ghana Education Service
<b>GEU</b>	Girl's Education Unit
<b>GHS</b>	Ghana Health Service
<b>IDS</b>	Institute for Development Studies
<b>JHS</b>	Junior High School
<b>JSS</b>	Junior Secondary School
<b>MoH</b>	Ministry of Health
<b>NGO</b>	Nongovernmental Organisation
<b>OSM</b>	Out of School Mother
<b>PSG</b>	Pregnant School Girl
<b>PTA</b>	Parent Teacher Association
<b>RGEO</b>	Regional Girls Education Officer
<b>SBF</b>	School-based facilitators
<b>SDGs</b>	Sustainable Development Goals
<b>SHS</b>	Senior High School
<b>SM</b>	School Mother
<b>SMC</b>	School Management Committee
<b>UCC</b>	University of Cape Coast
<b>UNICEF</b>	United Nations Children's Education Fund
<b>VEG</b>	Village Exchange Ghana
<b>ZARD</b>	Zambia Association of Research and Development

# 1 Introduction

The Girl's Education Unit (GEU) of the Ghana Education Service (GES) in collaboration with United Nations Children's Fund (UNICEF) supported a team of researchers from the Institute for Development Studies (IDS) of the University of Cape Coast (UCC) to document experiences and harvest lessons on issues relating to pregnancy, schooling and re-entry after delivery among adolescent girls in Ghana. The primary objective of the research was to explore and improve understanding of the different factors that frame pregnancy and schooling among adolescent girls to inform policy and guidelines on the matter. The assigned tasks consisted of a desk review of available secondary data and field work to gather primary data on the subject. This report, a combination of reviewed literature and findings from research on the subject, sets out to fulfil all of the assigned tasks as outlined in the terms of reference.<sup>5</sup> These include:

1. Outlining the socio-economic and cultural factors that lead school girls into pregnancy and dropping out of school;
2. Exploring the factors facilitating and/or preventing girls from going back to school after delivery;
3. Assessing support systems needed by, and available to, school-going mothers.
4. Examining differences in the preceding perspectives, if any, between the northern, southern and middle belts to girls' re-entry after delivery;
5. Recommending strategies to inform ongoing GES guidelines surrounding pregnancy and re-entry into school after delivery.

This research report is in two parts. The first is the desk review and the second the, discussion of findings from the qualitative study undertaken in three selected regions of Ghana. The details of the report are structured around the following topics:

1. Part 1, desk review:
  - a. A discussion of main concepts like teen pregnancy and school motherhood as well as concepts related to school girls' pregnancy, its causes and impact;
  - b. Summary of literature on the situation elsewhere, explaining management mechanisms and their outcomes;
  - c. A description of the research methods, sample selection, data gathering and analysis.
2. Part 2; findings from qualitative study:
  - a. Details of the background of the school girls, fathers of their children and factors predisposing them to become pregnant;
  - b. Factors impacting girls' decision to remain in school during pregnancy and return after delivery;
  - c. Existing support systems that facilitate girls' retention, re-entry and integration in school during and after pregnancy;
  - d. Recommendations to feed into ongoing processes for developing GES guidelines on pregnancy, motherhood and schooling.

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<sup>5</sup> See Appendix A

## 2 PART I: DESK REVIEW AND STUDY METHODOLOGY

### 2.1 Explaining teen pregnancy and school motherhood

Discussions on pregnancy and schooling bring up a number of concepts that call for clarification. An important exercise since it allows for the understanding of the phenomenon under deliberation. We bring these terms up for discussion at the commencement of this review: first for their policy implications and second to draw attention to the variations in circumstances of girls who find themselves pregnant before what is considered a socially accepted age. Terms include teen or early pregnancy, unintended pregnancy, school mothers and mother learners (UNESCO, 2014; Pogoy, Verzosa, Coming, & Agustino, 2014). Though they appear to be describing conditions that are similar, close examination show differences in their emphasis, either the physical condition of the girl or the social and economic impact of the pregnancy beyond the girl in question. These concepts thus are related to specific circumstances calling for variations in special needs targeting.

Two crucial subjects that inform the framing of the terms under discussion are the age and school enrolment, implications of pregnancy and motherhood. Thus the term early or teen pregnancy which has an age related concern, draws attention to the health risks associated with age at pregnancy. The implications for the physical and mental development of the young mother as well as the child are the concern. This derives from the association of pregnancy related complications with lower ages such as ‘poor obstetric outcomes, inadequate mothering; poor child outcomes; ... and demographic concerns about increasing population numbers (Pogoy, et al., 2014, p. 159).

Age-based definitions derive from what is considered a boundary to legal adulthood (Pogoy, Verzosa, Coming, & Agustino, 2014). There is however, no standard agreement about age limits for pregnancy (UNESCO, 2014). Legal age limit therefore, vary across nations. Countries set the barrier at either 18, 19 or 20 years. Ghana’s Children Act, 1998 (Act 560) classifies as a child anyone below age 18 years. For UNICEF, the age limit is 19 and adolescence or teenage cited as occurring between ages 10 to 19 years. All cases of pregnancy before the legally set age are termed teen or early pregnancy. Not all age-based definitions are tied to legal adulthood. Thus Chauke (2013, p.5), citing a report by Save the Children, defines teen motherhood as ‘birth in a young woman, who has not reached her twentieth birthday when the birth occurs, regardless of whether the woman is married or is legally an adult’.

In Ghana, studies such as Michael’s (2011) indicate that majority of cases of teenage pregnancy occurred between the ages of 16 to 19 years. Recent information from the Ghana Health Service (GHS) indicates alarming numbers of teenagers in Ghana becoming pregnant, with the incidence of teenage pregnancy on the rise. Challenging Heights, Child-led Research Project, by Edwards, Reddington and Waters (2013) reports that the Central Region of Ghana in particular has recently been the focus of much concern from government and Non-governmental organisations (NGOs) relating to the incidence of teenage pregnancy. The region is noted to have recorded a 14.8 percent increase in teenage pregnancy from 2011 to 2012. In 2012, 13,780 teenagers became pregnant in the Central Region alone. The Ghana Demographic and Health Survey (DHS) states that in 2014 14 percent of 15-19-year-old Ghanaian girls irrespective of

their school going status, and 17 percent of the same age group in the Volta Region, had given birth to a child; a high percentage given that these figures do not take into account pregnancies that had not reached full term either because of miscarriage or induced abortion (DHS, 2015).

Birungi, Undie, MacKenzie, Katahoire, Obare and Machawira (2015) explain however that, a focus on health-related complications of teen motherhood tends to overshadow the associated educational loss. Terms based on age-focused definitions might exclude cases of women who are legal adults but still in basic school – a likely occurrence in rural African communities including Ghana due to late school enrolment. Thus terms with the prefix ‘school’ or ‘unwanted’ or ‘unintended’ highlight education and economic-related challenges such as the threat of pregnancy and motherhood to the educational attainment and the attendant ‘negative repercussions on ... employment opportunities and general well-being’ (UNESCO, 2014, p. 15). They point to the fact that ‘early and unintended pregnancy leads to a colossal loss of educational opportunities, which in itself results in perennial limitations on female life chances’ (Birungi, et al., 2015, p. 4). These concerns are dealt with in definitions, such as Chauke’s (2013), which describe school motherhood as an occurrence in women, who have not completed their core education, with few or no employable skills. The stress here is on the likelihood that such girls beyond being physiologically and mentally immature, are financially dependent on their parents and/or continue to live at home.

Our discussions imply that using the terms school mothers and teen mothers interchangeably, as some scholars have done in literature covered so far, can confuse the debate and policy direction. We find the term school motherhood more encompassing since it captures both teenage and non-teenage women/girls whose core schooling stands to be affected by childbirth. They have need for further schooling or skill acquisition, beyond their health requirements and that of their babies (UNESCO, 2014). This renders the term school mothers (SMs) rather than teen mothers a better focus for policy attention in Ghana’s education sector. We cover in our discussions, however, pregnant school girls (PSGs) since they form the base of school mothering.

The concern about pregnancy, motherhood and schooling, as we have noted earlier is the impact on female life chances. Literature contends that lower levels of educational attainment are strongly associated with a higher teen parenthood as well as poorer long-term life outcomes. The state of pregnancy makes school attendance a challenge and further dampens educational aspiration. In Ghana’s Volta Region, Village Exchange Ghana (VEG) (2005) reports that GES found pregnancy as the main cause of girls dropping out of Junior Secondary School (JSS). Barr and Simons (2012), studying the college aspirations of late adolescent African-American school mothers in the US for example, explain that the resultant effect of pregnancy while in school is a lowering of educational expectations. Low educational attainment, other studies explain, compounds the barriers to employment resulting from difficulties of child care and balancing responsibilities of early motherhood and work (Riordan, 2002 (UNESCO, 2014). Babies of SMs are likely to face the same estranging consequences later in life such as early pregnancy, early school exit, unemployment and poverty.

The connection between educational attainment and gender equality has led to a focus on education sector and its ability to deliver empowering outcomes for females (UNESCO,

2014). A number of international commitments on improving gender equality and ending poverty make educational attainment a key concern. Such international instruments include the Beijing Platform for Action, the Convention for the Elimination of all forms of Violence against Women (CEDAW) and, the most recent, Sustainable Development Goals (SDGs), in particular SDG 4 on quality education and 5 on gender equality. The need to eliminate gender disparities in primary and secondary education and ensuring girls' full and equal access to, and achievement in basic education of high quality by the year 2015, were discussed at various platforms including Education for All (EFA) World Conference held in Dakar in 2000. The EFA outlined a number of measures for the attainment of gender equality in education. They include the right to education for all, reduction in levels of women's illiteracy, bridging the gender gap in education, empowerment of women to look after their children and contribute to national development. Facilitating pregnant girls' re-entry into school after delivery becomes one measure for reducing gender disparities in educational attainment.

International commitments are backed by the Africa Charter on the Rights and Welfare of the Child (Article 11), which has seen many countries including Liberia, Malawi and Kenya amending their legislation and enact policies to allow pregnant school girls and young mothers to remain in, and/or return to school (Grout-Smith, Tanner, Postles and O'Reilly 2012). Grout-Smith, et al, (2012) in an overview report on the policy situation in Africa concluding that guideline enforcement remains the problem. An observation that makes it incumbent on Ghana to ensure that beyond policy outlines, strong implementing structures are instituted to make the school environment supportive and protective of pregnant school girls; and of mothers to continue their education without hindrance (Birungi, et al., 2015).

## 2.2 Teenage pregnancy promoting factors

Studying educational sector response to schooling and motherhood has to begin from identified promoting factors. Literature on this subject is rich, with the general observation being that the causes varied are contextual. The causes are grouped around the physiological factors, parenting conditions including their socio-economic status, school environment, peer influence and the cultural context of countries. These are factors known to influence adolescent knowledge of sex as well as their aspirations and vulnerability to unsafe sex.

Physiological factors appear to precursor disposing young adolescents to early unprotected sex. Studies from a number of countries across the world have reported reduced age at menarche as one of the biological factors common to early sexual activity and subsequently pregnancy among teenage school girls (Gender Report, 2012). Menarche renders a woman's body capable of conception and predisposing her to become sexually active. Studies in Nigeria for example, show that the average at menarche dropped from 14 in the 1960, to 12.3 among the higher socio-economic groups and 13 among the poorer groups by the late 1970s (Ibid).

Another physiological related situation is what has been termed the "bio-social gap" – the long period between puberty and marriage, when young people are not yet adults, neither prepared to be self-sufficient, and not expected to be sexually active. Adolescents however, may be becoming sexually active early, while age at first marriage is rising due to formal schooling. The result is growing numbers of births occurring outside marriage for young people (Bledsoe & Cohen, 1993; DHS, 2015). Ghana's DHS for 2014 reports a slight increase in median age at first

marriage between 2008 and 2014 from 19.8 years to 20.7 for women and for men, 25.9 to 26.4 years (DHS, 2015). The median age at first sexual intercourse for women in Ghana the report notes stands at 18.4 years, more than two years lower than at first marriage. Again male age at first intercourse is higher (19.8 years) in comparison to female's. The Ghana DHS notes that median age at first intercourse, rises with formal educational attainment and wealth. But while age at first marriage was increasing for females, pregnancy among 15 to 19-year olds which stood at 14 percent was an increase over 2008 figures of 13 percent (DHS, 2015). Thus early menarche and long schooling may further compound the bio-social gap.

Studies from various societies in Africa, Latin America, North America and Asia have reported influences of permissiveness, altered values and mores as creating increased opportunities for sexual expression. The mass media, especially its electronic form has been identified as a major purveyor of altered values and mores being experienced by many societies (Wanyama & Simatwa, 2011; Oronsaye, Ogbeide, & Unuigbo, 1982). The media increasingly reaches most areas in all countries, influencing their young persons. Teenagers in the US for example are reported to watch or listen to major forms of media (TV, radio, and motion pictures) 45 hours per week. Langham (2015), explains that the movie industry and the media contribute to teenage pregnancy by glamorizing teen pregnancy. The media constantly project a fantasy view of the world in which sex occurs without responsibility, completely out of proportion to reality. Such media depictions promote teen pregnancy as something to be desired and encourage teens to engage in reckless sexual activity (Langham, 2015).

Often cited, in studies on factors predisposing adolescent girls to pregnancy, is parental background as well as parents' relationship with their adolescent children. Parental relations, where strong, can even affect peer or congeners' influence (Simigiu, 2012). Socio-economic conditions play a key role in shaping parental ability to support children and offer sexuality and reproductive health education. Thus social and economic factors have been discovered as being significant in early sexuality among young people in countries such as Ghana, Kenya, Nigeria and Romania (Simigiu, 2012) Keller, Hilton, & Tuwmasi-Ankrah, 1999; Langham, 2015; Omwanacha, (2012). These studies note that low income and education of parents are likely to translate into low educational performance of the adolescent, giving rise to the likelihood of early onset of sexual activity. This situation is known to be the cause of greater possibility of early pregnancy. Baragwanath (1996) studying the truncated schooling of teenage parents aged 16 years or under (involving nearly 40 percent of all girls in New Zealand secondary schools) found that schools in the lowest socio-economic areas have the bulk of teenage mothers (86%).

Beyond the economic status of parents, the quality of time devoted to the care and guidance of their growing children has also been noted to play a role in predisposing girls to early pregnancy. In Ghana, Edwards, Reddington, and Waters (2013) identified lack of parental care and advice, as well as lack of education on prevention of pregnancy, as important factors. A home environment prone to violence and strife impact parental responsibility and can predispose a girl to early pregnancy. Simugiu (2012) makes similar observations for Romania, noting that parental relations can even dampen peer control. Other parental related factors were the kind of environment in which they grow, the nature of protection girls receive from abuse and violence, and the messages reaching them concerning sexuality. These are all part

of the processes that have been noted to put girls at risk of unwanted pregnancies (Edwards et al, 2013).

Also worth mentioning, is the preparation girls receive to deal with sexuality and their reproductive health. Literature contends that adolescent sexual behaviour is informed by their reproductive health background knowledge about safe sex, peer influence, access to contraceptives and their correct use. Attitude towards contraceptive use on the part of young people whether females and males or partly responsible for their decision to adopt birth control method to prevent unwanted pregnancies. Oronsannye and Odiase (1983) found in Kenya that females have negative attitudes towards contraception, such as fear of side effects and health hazards, accounting for their primary reasons not to use contraceptives. Females however tend to be more dependent on male attitudes to determine their choice. Thus Mandel (1982) found from a study in India that teenage girls, irrespective of their marital status, are swayed by their partners' negative attitudes towards birth control. Such a situation may prevent them from using contraceptives. Another reason, cited extensively in the literature to explain why young girls avoid or delay accessing contraceptive services, is their perception of being unwelcome in family planning facilities. This partially explains why teens have unprotected sex which, in most cases, result in pregnancy. And according to Habib, (2006) ninety percent of teens having unprotected sex will get pregnant within a year.

According to Dryfoos, (1984) the future aspirations of young girls is a factor that might motivate school girls to prevent early pregnancies. A situation, Dryfoos (1984) explains, related to how they view their future and their understanding of how pregnancy and its numerous consequences might affect them. Future aspirations are shape by a number of factors which include the school environment, knowledge about the causes and implications of school pregnancy. Thus, unless a young woman believes that childbearing during adolescence or schooling will limit her life opportunities and that foregoing early maternity will result in enhanced life options, she is not likely to protect herself sufficiently against pregnancy even though she does not particularly want to become a parent. But determining their future aspirations does not come easy to young people. Dryfoos (1984) cites studies that have observed the difficulties that young people have determining realistic plans for their future and therefore their inability to predict the long-term effects of their current actions. In some cases, teenage girls are naive about the relative costs and obligations of raising a child or underestimate the full costs of motherhood. Additionally, most young women according to Dryfoos, (1984) think that becoming a mother will give them adult status and someone to love them.

Pogoy et al. (2014) note studies indicating that educational aspirations and the motivation to pursue higher education constitute important deterrents to behaviours likely to result in teen pregnancy. They point in addition to studies that show that students with low self-esteem, poor school performance with 'no realistic expectations about education' are more likely to become pregnant. Pregnancy becomes a conscious choice to escape the demands associated with higher educational attainment and later motherhood serves as a 'path to economic independence and adult status .... Young people uncertain of a purpose in life or a career objective identify parenting as a future role (2014, p. 158).

Gender relations underlie all the factors however. Future aspirations that young people

develop, according to Pogoy, et al., (2014), are related to forms of gender orders and the value society places on motherhood as well as in the constructions of women as achieved persons. Cultural norms operating within countries, for example, will determine attitudes to early marriages, the place of marriage and motherhood in evaluating women as socially achieved individuals (Birungi, et al., 2015; Evans & Slowley, 2010). How females are viewed, motherhood as a value, attitudes to female sexuality and protection from sexual coercion and rape can inform how females encounter unprotected sex that can lead to unwanted pregnancy. These perceptions of women influence the environment within which girls shape their identities and future ambitions and their ability to delay motherhood for higher educational attainment.

Literature explains that discourses are fundamental to all the socio-cultural factors that lead school girls into pregnancy and dropping out of school. Discourses shape perceptions about female sexuality, especially premarital sex and unwanted pregnancies. Several but related discourses can be identified in existing literature. Discourses we note, are culturally derived and tie in with socio-cultural factors that scholars such as Onyango, Kioli and Nyambedha (2015) have identified as mainly patriarchy standards that inform practices such as early marriage. Such discourses we note regulate gender orders and their supporting power relations, frame the intersection of social divisions, the notion of contamination, determining whether education will be considered a responsibility or otherwise (Karimi, 2015).

Expositions on gender relations point to patriarchal power as sitting at the base of a system where men exercise power over women. In the opinion of Chigona and Chetty (2008), the gendered power men have over women shapes SMs as persons and simultaneously subordinates them. This is manifested in patriarchal control of women's sexuality and reproduction. Females are supposed to be chaste offering themselves for sex only to their legally recognised husbands. Girls who get pregnant are stigmatised as failures with loose morals. Yet the sexualising of female bodies predisposes them to transactional sex in return for favours from men in powerful positions making their sexual encounters anything but consensual. Barmao-Kiptanui, Kindiki and Lelan (2015) report that for most young girls, their first encounters with sex are non-consensual and that the incidence of forced sex is prevalent among young adolescents in most African countries. Men who violate young girls usually escape blame, because of the whole incidence of slut shaming or victim blaming that puts the burden of escaping forced sex on females, not males.

The factors predisposing teenagers and school girls to early or unwanted pregnancy as presented are diverse, beginning in physiological factors like early maturation and including changing societal values and new media creating more opportunities for sex, socio-economic circumstances of parents, reproductive health knowledge, the future aspirations of girls as well as access to family planning services. Baldwin (1982) reports that there are other less quantifiable social characteristics that have a strong bearing on adolescent sexual behaviour. Adolescents who consider religion important in their lives, he explains, are less likely to be sexually experienced, while those with low educational expectations are more likely to engage in sexual intercourse. The interplay of several factors in people's lives tend to make it very difficult to consider which issues are important determinants, and the length of time they continue to influence adolescent sexual behaviour. The other fact is the existence of variations within and between countries. Thus, a particular set of factors may not necessarily apply to young people in other contexts.

## 2.3 School Pregnancy and motherhood: Some Challenges

The main challenges of PSGs and SMs accounted for in existing literature, is their sudden thrust into adulthood and the burden of providing care for their babies. Having to contend with a lack of preparedness for motherhood, PSGs and SMs report facing extreme emotions almost bordering on despair (Keller, Hilton, & Twumasi-Ankrah, 1999). Another major challenge outlined is financial support, which affects access to childcare and medical support for themselves and their babies. Birungi, et al., (2015) exploring education sector response in six African countries of Botswana, Kenya, Malawi, Tanzania, Uganda and Zambia noted that for pregnant girls from poor families a related challenge arising out of poverty was inadequate nutrition for themselves and their babies.

Beyond financial constraints are bigger problems of social displeasure which, we note, are rooted in existing discourses identified in literature to include those regulating gender power relations (Karimi, 2015). Chigona and Chetty (2008) examine power discourses, particularly around gendered power relations. They note the manifestation of discourses that subordinate girls and women and the manner in which mothers, whether schooling or working, are burdened and sanctioned for the birth of a child at the same time. Another is the situation where fathers are absolved from the responsibility of offering care to the babies they have with SMs. The resulting effect is stigmatisation leading to discrimination and associated marginalisation. Thus, studies report how the social environment is often hostile to school girls for their newly acquired motherhood status. The situation, according to Boulden (2009), leads to social rejection. Social support is deemed as crucial for the health and wellbeing of all mothers and even more so for young mothers (Botting, Rosato, & Wood, 1998). Nonetheless, Pogoy et al., quoting Clemens, (2002) state that a school girl who finds herself pregnant not only has to come to 'terms with the unexpected demands of being an adult, ... in some cases, she may also have to deal with disapproval and dissatisfaction shown by significant others like parents and relatives (2014, p. 159). The discourses can come from teachers, parents, peers and the immediate communities in which the girls live. The marginalisation of PSGs SMs is therefore only a part of a broader gendered problem of power relations situated in discourses.

Presenting outcome of a national symposium in Australia exploring strategies to support parenting teens and school girls, Boulden (2009) notes how rejection and resulting social stigma heightens self-doubt and low self-esteem. She contends that such situations 'often exacerbate what can be already high levels of both physical and emotional isolation, and contribute to the heightened risk of depression amongst young mothers' (Boulden, 2009, p. 13). A British study in the 1993 noticed high levels of social isolation among teen mothers, often receiving inadequate support to enable them cope with, and adjust to, parenting (Botting, Rosato, & Wood, 1998). Keller, Hilton, & Twumasi-Ankrah, (1999) note from their Ghanaian study that most girls delay disclosure when they discover that they are pregnant, therefore push back access to antenatal care for fear of stigmatisation. For a number, this is a lonely journey since the father of their babies may not be known. Even where they are, young fathers will not suffer equal levels of disapproval and are not forced to forgo their education (Pogoy, et al., 2014). For young mothers, the difficulties of child care and balancing responsibility of early motherhood and the demands of formal education is a big challenge (Riordan, 2002 (Boulden, 2009)). Literature, however, reports a few success cases where such challenges have strengthened

SMs (Boulden, 2009). The coping mechanisms of these SMs lie in the kinds of support they have been able to mobilise to provide for their children and themselves (Boulden, 2009). A large majority however, have had their self-confidence battered reducing further, their aspirations to self-empowerment to break norms and values that pushed them into early child bearing (Pogoy, et al., 2014). Thus, the problems of SMs appear to be associated with the social context in which pregnancy occurs and the presence or otherwise of attitudes that might stigmatise them (Bledsoe and Cohen, 1993; DHS, 2003 (Boulden, 2009)). A situation leading Boulden to recommend efforts ‘to shift public attitudes and behaviours towards pregnant and parenting young people, and to encourage greater levels of respect and support, not only from specific services, but also from members of the wider community.’ (2009, p. 13).

## 2.4 School mothering, re-entry and related matters

Important factors that facilitate the decision of SMs to return to school and pursue their academic work to completion are social, economic and cultural as well as institutional. Socioeconomic and cultural factors shape the constructions of female sexuality, motherhood and associated stigmatisation and possibility of exclusion that PSGs and SMs are likely to face in their communities (Riordan, 2002). While their performance influences the decision to return and remain, in school, the economic standing of their families might determine the kind of support they will offer PSGs and SMs (Birungi, et al., 2015). These are in addition to the biological impediments such as disruptions in sleep due to nursing babies at night, which affect class attendance and performance. The resolution of the school girl to return to school and the family’s decision to support her are but the first steps. Next are institutional hurdles that have to be overcome, once the girl re-enters school. We examine in detail, the social and institutional barriers identified in existing literature in the sections that follow.

### 2.4.1 Social, economic and cultural terrain for re-entry

Social and cultural obstacles, according to the reviewed literature we have noted earlier, arise out of socially constituted gender orders as expressed in cultural values that legitimise what is considered a good woman or parent. Reactions of stigmatisation and exclusion shape parental or familial attitude to girls’ pregnancy and determine whether they will support their daughters who get pregnant and deliver while in school. A study by Onyango, Kioli, and Nyambedha (2015) on the subject in Muhoroni, Kenya, concluded that the main socio-cultural factors influencing the re-entry of SMs were gendered customary practices such as patriarchy or female subordination and early marriage. They established in addition, a close link between inability to return to school after childbirth and vulnerability in the area of study. Thus, widespread poverty which predisposes school girls to early pregnancy can limit further their ability to return and complete their schooling.

We have noted earlier how in discussions on factors promoting teenage pregnancy, the role of discourses dominate as not only leading school girls into pregnancy, but also responsible for their eventual dropping out. Here we turn our attention to how these same discourses facilitate or limit their re-entry into school after delivery irrespective of the existence of policies. We highlight in addition to those regulating gender power relations noted earlier, the intersection of social divisions, education as a responsibility and contamination (Karimi,

2015). Where the prevalent social environment stigmatises school mothers, thus inhibiting their re-entry. Studies have concluded that the existence of predominantly negative attitudes and perceptions among pupils, teachers and parents regarding teenage motherhood greatly undermine the re-entry of young mothers.

Karimi (2015) refers to Mac and Ghail's (1988) work which highlights discourses around the intersection of social divisions of hierarchy such as gender, age, class and race (ethnicity in our case) as influential in re-entry processes. Messages about the right age to bear children for instance are set within such intersections. Any woman who delivers outside the prescribed age is considered a deviant and must suffer for it. Social heterogeneity is manipulated to exclude some social groups considered as not befitting of such rights as access to education as well as economic and political assets (Karimi, 2015). Having a baby while still schooling, at a young age, when one is not economically active therefore serves as a precipitating factor to social exclusion of SMs with a cyclic effect. Achoka and Njeru (2012) found out that stigmatization and discrimination by teachers, parents, fellow students and the immediate society are the major causes for discontinuing school. The worst part is the self-blame where girls believe that they deserve to be punished through social isolation and hostility for getting pregnant and therefore drop out of school. And after delivery, they are too shy from self-blame to return to school (Achoka & Njeru, 2012).

Another influential discourse examined by Chingona and Chetty (2008) in South Africa is the discourse of education as a responsibility. The deal is that basic education is a right for all children of school going age. Any girl who gets pregnant while in school loses this right. Education turns from a right to a privilege that pregnant girls have to strive to access. This is a responsibility they owe their children and themselves. The motivation for SMs is to break the chain of inadequate schooling, for their wellbeing and future life chances. Undoubtedly, such a discourse impacts the attitude of policy makers and other significant actors in the education sector and schools, justifying their reluctance to provide support systems especially for pregnant school girls, while putting pressure on SMs to seek education at the same time.

Chingona and Chetty (2008) report that much of the resistance to allowing girls to remain in school while pregnant or re-enter after delivery in most of Africa and particularly South Africa, emanates from the discourse of contamination. This refers to community perceptions such as fear of a second pregnancy or bad influence on others (Onyango, Kioli & Nyambedha, 2015). The discourse of contamination emanates from the perception that PSGs are immoral or deviants and therefore bad examples to other girls who may be innocent and unwilling to engage in early or premarital sex. Good girls should therefore be protected from contact with teenage mothers. A related fear is that re-entry might be interpreted as rewarding immorality or encouraging promiscuity leading to increased cases of STDs/HIV infection. Again it is thought that SMs returning to school will lower standards, leading to loss of discipline in educational institutions where they dominate (ZARD, 1997). Girls might not value education and as a result lose respect for teachers.

Discourses are not always debilitating. Thus, babies can be the motivation for re-entry into school, according to Pillow (2004). The fact that school mothers 'are determined to complete schooling for the sake of their babies' is rooted in discourses or messages they receive from

society (p. 264). It is driven by power of other sorts, one of which Mosedale (2004) refers to as power within, the internalisation of assets such as self-esteem and the belief that one's actions can have positive effect. Adulthood outcomes are cited by Chigona and Chetty (2008) as a related discourse which facilitates the motivation of school mothers to complete their schooling. These examples of positive discourses notwithstanding, indications from the literature, reveal more discourses inhibiting school mothers' re-entry than those facilitating return to school. At the base of it all is the burden of discourses rooted in gendered perceptions about the phenomenon which influence parents, teachers, and other learners to resist the continuous stay of PGs in school or support SMs' re-entry and retention.

#### 2.4.2 Institutionally located barriers

In the literature reviewed we have outlined a number of structural and institutional obstacles such as exclusion from mainstream schooling, negative school experiences, financial needs including for childcare. We like to add others like barriers to accessing existing alternative education and training opportunities, lack of external counselling and support programmes (Riordan, 2002). In the UK, it has been found out that poor experiences associated with school life during pregnancy is a major inhibiting factor for re-entry despite an enabling policy for re-entry (Evans & Slowley, 2010).

The school environment can shape female response in terms of targeting their performance and motivation to remain in school. Schools have been noted to be most effective when it comes to providing education on family life and reproductive health that help to reduce attraction to unsafe sex, alcohol and drug abuse (UNESCO, 2014; Simigiu, 2012). This observation on the role school-based reproductive health education and educational achievement plays in teenage and school girl pregnancy points to the importance of the school environment not only as a facilitator of re-entry and successful completion for school mothers, but also as a major player in the prevention of school girl pregnancy. Ultimately however, we believe that the suggestion of Oronsaye, Ogbuide and Unuigbo, (1982) for improved formal family life education and access to family planning methods should be accompanied in a large measure by gender equality provisions to deal with cultural norms and values that shape attitudes to female sexuality and dispose them to the risk of early sex and its attendant unwanted and unplanned pregnancies. It is important however, for research to identify the most important causal mix of factors exerting force on school girls in the communities in which they are located.

### 2.5 Facilitating re-entry: Education sector response

Recognising the need to provide SMs support to complete their education, indicates the importance associated to the necessity to offer them a second chance. A number of countries provide support regulated through re-entry policies (FAWE, 2004). Though globally the number of countries with policies is increasing, in Africa only a handful have clear-cut re-entry policies in place. Literature reveals that such countries, including Kenya, Liberia, Malawi, Uganda and Zambia have amended legislation and policies to recognise the right of PSGs and young mothers to remain in school and provide supporting systems. Ghana has no existing policy, and like others, derives directives from the national constitution. Ghana's 1992 constitution, mandates the nation to ensure that every child of school-going-age completes a minimum of basic education.

Evaluating the policy terrain in Africa Birungi et al. (2015) grouped existing policies into three, expulsion, re-entry and continuation. The expulsion policies which they captioned as the original, are those prescribing immediate dismissal of girls upon disclosure of pregnancy, with no offer for re-entry. The second are those offering re-entry with compulsory leave of absence before and after delivery. Leave of absence duration differs from country to country, often with re-entry into a different school. The third, the continuation policy, they label most progressive, does not insist on compulsory leave from school and PSGs can remain in school as long as they wish or are able to (Birungi, et al., 2015). They note however that one strategy that cuts across most countries is the second option: maternity leave on disclosure of pregnancy and re-admission after delivery. In the case of Kenya, pregnant girls are permitted to remain in school for as long as they wish and can. They also have the option of re-entry after delivery when they desire and are able. Otherwise, they are supposed to be given support to gain admission into another school if they find the school environment unsupportive as a result of stigma and discrimination. Elsewhere continuation policies are more explicit and inclusive of school fathers. The UK Equality Act of 2010 not only allows pregnant girls to be in school till they request for maternity leave, it enjoins schools to ensure that girls return to school after no more than 18 weeks' leave (Helpdesk Report (2015). School fathers are also allowed to take paternity leave from school.

Beyond policy flexibility to facilitate school continuation, are the supporting provisions to ease the burden of care on the school mother. These provisions show in two British studies by Kiernan (1995) and the Social Exclusion Unit (1999) which emphasise that a central policy issue is the importance of supporting young parents to reconcile pregnancy and parenthood and their own continued participation in education or training. Riordan (2002) also suggests flexible arrangements for the pursuit of educational qualifications to ensure that teenage or early parenthood do not lead to further diminution of life chances. Existing policies offer therefore, a range of support targeting known school mothering or parenting challenges. These include facilities to assist in parenting as well as emotional and psychological support to deal with the demands of school, and the general community at large. Kenya, for instance, offers young mothers childcare support to enable them re-integrate into schools (Wanyama & Simatwa, 2011). Other support systems on offer include education maintenance allowance, childcare, housing and financial assistance as in the UK (Evans & Slowley, 2010).

The literature shows how important a policy framework is. Of the numerous mechanisms replete in the literature reviewed, we emphasise policy content as the most important. We note in addition the importance of support systems. Below we offer in summary structures and services that literature has identified as necessary to facilitate smooth re-entry and assist in continued and meaningful continuation of their schooling by PSGs and SMs. These are:

- Educational policy on schooling, pregnancy and motherhood  
Without policies, teachers will continue to be ambivalent towards the problem, viewing it as none of their business but rather the personal problems of the PSGs and SMs;
- Training for teachers  
Sensitising them to make changes in their perceptions in view of the current trends and to accept PSGs and SMs as learners with special needs

- Counselling services  
Because the factors that inhibit re-entry emanate from PSGs, SMs, their parents and teachers, they all need counselling to enable them cope with the demands of school mothering;
- Crèche facilities  
Crèche or baby-sitting facilities, when available to school mother learners, relieve them of the responsibility of nursing their babies and make it possible for them to stay in school and concentrate on their studies;
- Linkages with support agencies  
There is need for linkages with other ministries especially Health; and the need for collaborative efforts. Agencies and service providers ensure effective support through a delivery chain that involves, midwives, health visitors, and children's centres (Department of Health, 2007).

All the provisions outlined above are possible only within the setting of a dedicated framework with clear cut guidelines. Beyond the policy are also issues of implementation. Onyango, Kioli and Nyambedha (2015) indicate that while policy development has attempted to address pregnancy related school exits, studies still document poor rates of return. Likewise, Vincent and Thomson's (2010) observe that the clarity of state support for re-admission of PSGs and SMs notwithstanding, schools continue to be reluctant to encourage and support pregnant pupils to continue within the mainstream. Karimi (2015) as well as Chingona and Chetty (2008) explain that educational policies are affected by beliefs, values and attitudes situated in prevailing gendered discourses which affects responses to re-entry. In some cases, school girls are unaware of supporting provisions to their benefit. Birungi, et al., (2015) make similar observations recommending greater public participation in policy enactment and implementation.

Countries with policies and increased spending are unable to accomplish the task of assisting successful continuation or re-entry. Absence of legal backing for policy, poor implementation of the re-entry policy, lack of political will and an absence of clear implementation guidelines as well as tracking and monitoring systems were the guilty factors outlined. Policies, where present, may not be implemented due to lack of official support or absence of guidelines for effective implementation. Omwancha (2012) investigating the implementation of the re-entry policy for girls after pregnancy in Nigeria, discovered that there were conflicting views as to the value, nature and implementation of the policy. There was a lack of awareness and understanding of both the policy and the guidelines. In Kenya, policy implementation was described as nebulous, and constrained by negative parental attitudes (Wanyama & Simatwa, 2011). In other instances, most SMs were unaware of such policies and so were their parents. Other constraining factors in Kenya include poor knowledge of the policy by school headteachers coupled with unwillingness of schools to allow re-entry (Wanyama & Simatwa, 2011).

Our discussions of existing literature revealed several factors ranging from social, cultural, economic as well as institutional barriers predisposing school girls to early and unwanted pregnancies and also affecting their desire to remain in school or return after delivery. The literature reviewed suggests it is not only institutional responses that are impacted by social norms and values but the SMs' own motivation to continue schooling as well as the parents' and

teachers' attitudes. Our field work therefore focused on these concerns. In addition, fieldwork sought to reveal how the schooling experiences of pregnant and parenting girls impacted re-entry and conditioned successful school completion. We turn to present the field work findings but before that we explain the rationale for the selection of study sites and respondents as well as methods employed in data gathering and analysis.

## 2.6 Methodology

### 2.6.1 Study approach and sampling procedure

This study, as explained earlier, was qualitative, directed by the terms of reference detailed in the assignment. The qualitative approach was to provide in-depth information missing in large scale surveys. We found the qualitative approach appropriate for its ability to facilitate in-depth and contextual analyses of the experiences of school girls and the situation of pregnancy and motherhood while in school. In order to enhance rigour and trustworthiness of the qualitative data to be gathered, the study resorted to methodological triangulation through the use of multiple methods and gathering data instruments. The research process was participatory from conception to data gathering. Staff of UNICEF and GEU key stakeholders in the study provided critical inputs into the study design and data gathering instruments.

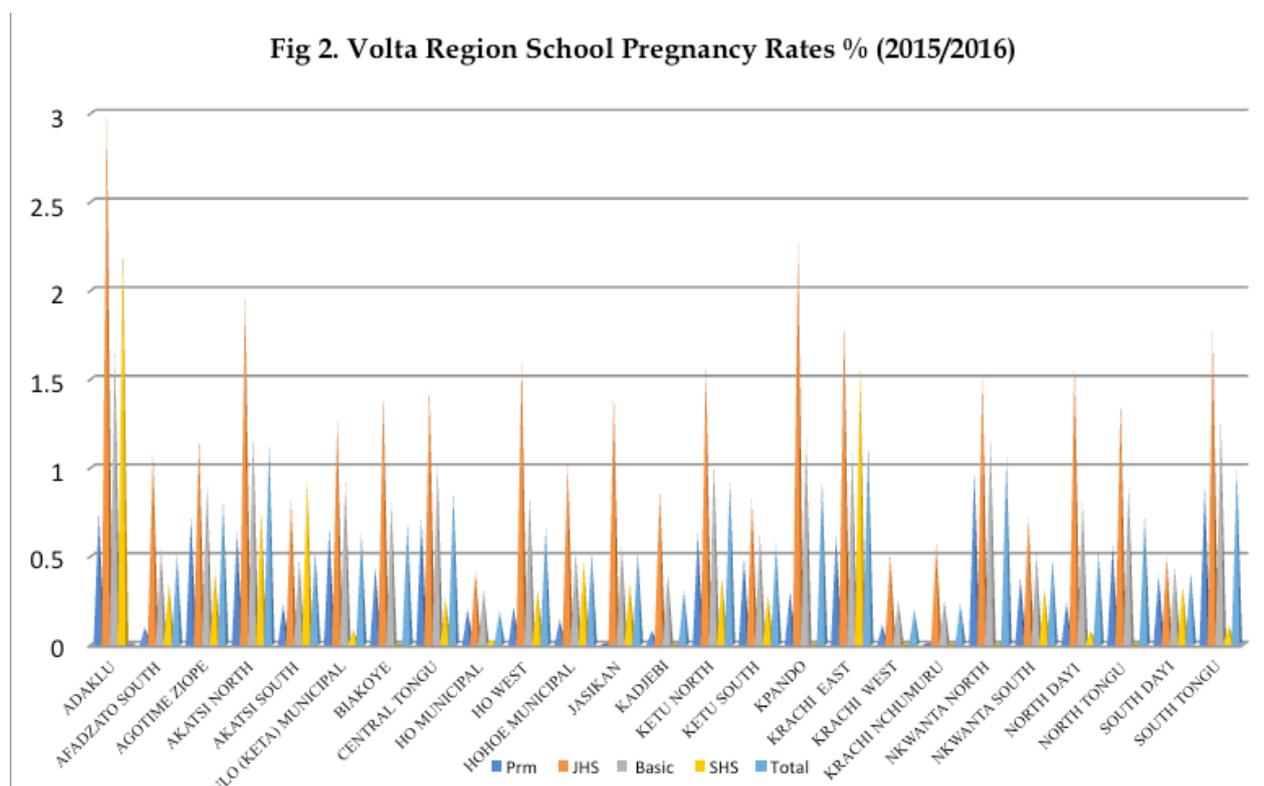
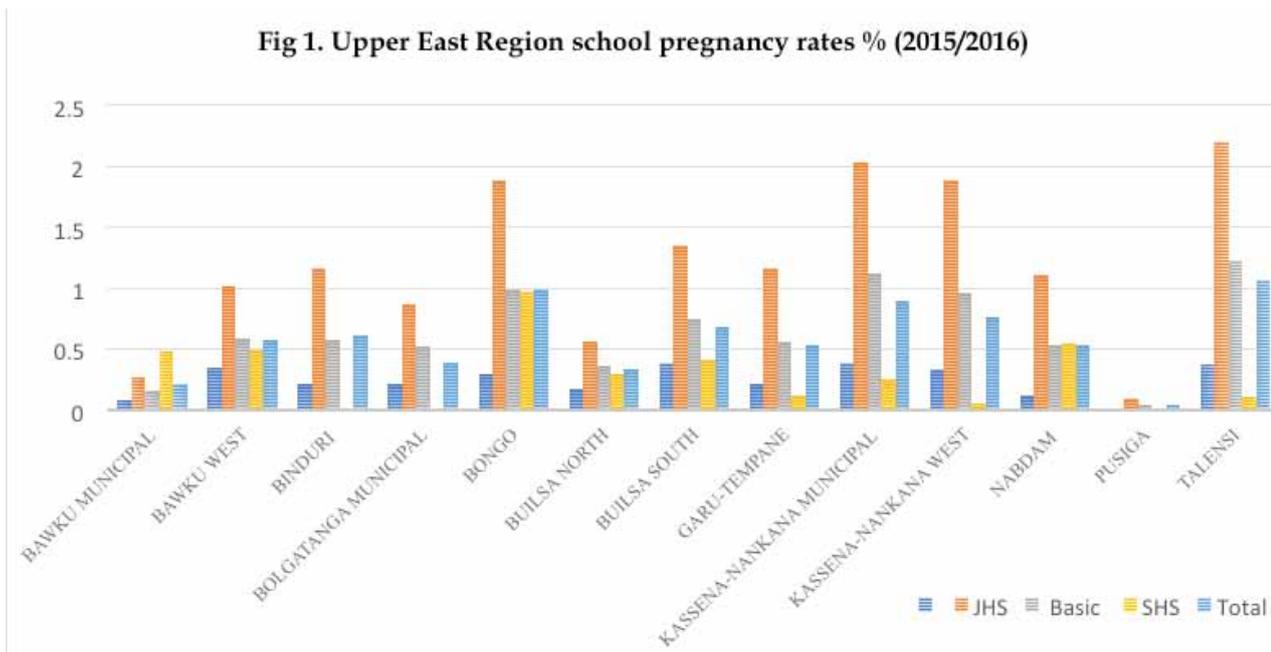
Two levels of sampling were adopted in this study: one to determine the specific districts and communities and the other, study participants. As a qualitative study, the sampling approach was purposive. The criteria for the selection of three study districts and communities were informed by pregnancy rates among school girls. The country was zoned into three: northern, middle and southern. Using 2015/2016 data from Education Management Information System (EMIS), the regions with the highest levels of school girl pregnancy were selected from each zone. These regions were the Upper East, Volta and Central Regions (see Table 1).

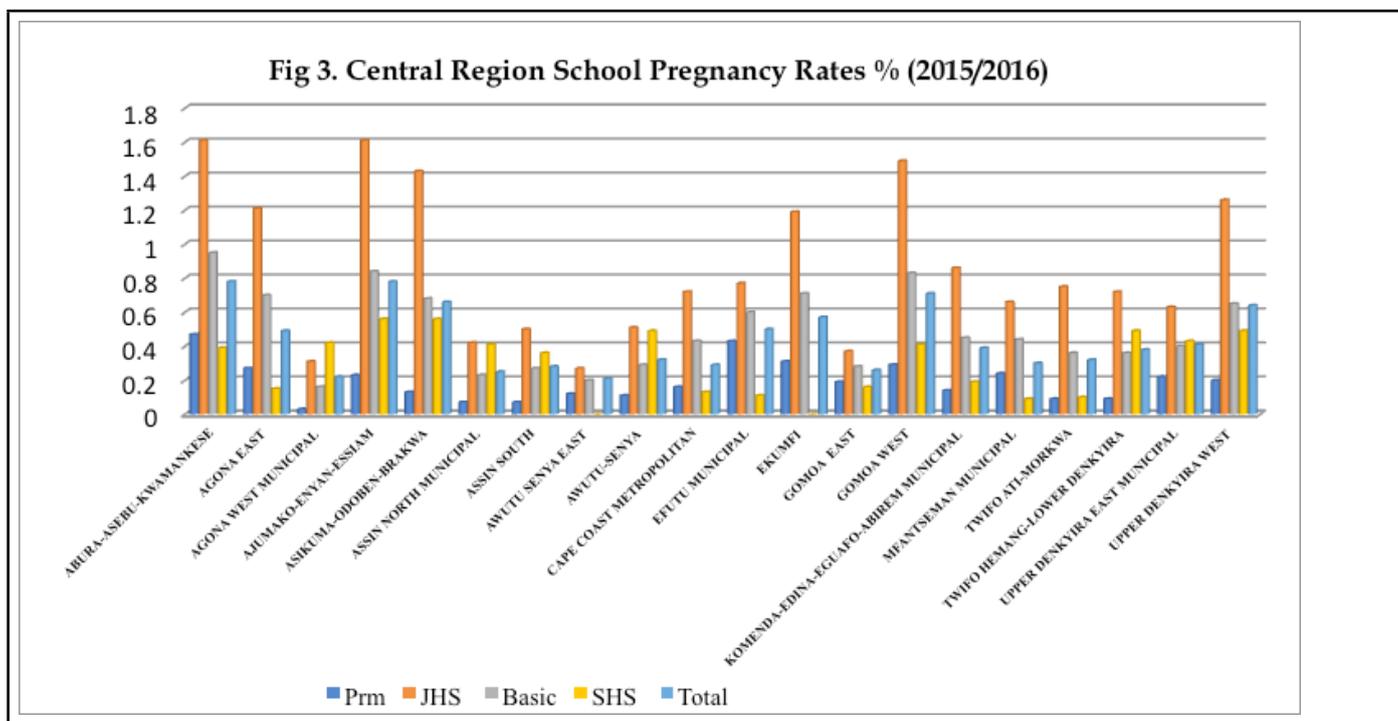
Table 1. Regional School Pregnancy Rates 2015/2016 Academic Year

Region	Upper Primary	Junior High School	Basic School	Senior High School	Basic & Senior High School
<b>Southern Zone</b>					
Greater Accra	0.17	0.34	0.26	0.11	0.23
Western	0.15	0.57	0.33	0.21	0.31
Central	0.15	0.94	0.49	0.27	0.45
<b>Middle Zone</b>					
Ashanti	0.02	0.53	0.29	0.13	0.25
Eastern	0.23	1.00	0.57	0.09	0.42
Brong Ahafo	0.12	1.04	0.51	0.26	0.46
Volta	0.44	1.18	0.75	0.21	0.63
<b>Northern Zone</b>					
Northern	0.13	0.77	0.38	0.25	0.36
Upper West	0.25	1.05	0.59	0.35	0.54
Upper East	0.25	1.24	0.66	0.33	0.60

Source: EMIS (2015)

The school girl pregnancy rates for the districts were further examined in each region and the districts with the highest rate again selected (see Figures 1, 2 and 3 below).





Three districts selected were, for the Upper East Region, the Talensi District, Adaklu for the Volta Region and for the Central Region, Abura-Asebu-Kwamankese (see Table 2).

Table 2. School Pregnancy Rates in Study Districts 2015/2016 Academic Year

Zone	Region	District	Total Rate (Basic School)
Northern	Upper East	Talensi	1.07
Middle	Volta	Adaklu	1.71
Southern	Central	Abura-Asebu-Kwamankese	0.78

Source: EMIS (2015)

Three non-random sampling approaches were used for the research participants. These were the expert, criterion and intensity sampling. Expert sampling targeted stakeholders with specialised knowledge about the re-entry and strategic interests in future policy implementation. These included, headteachers and school-based facilitators (SBF) and guidance and counselling coordinators (GCC) as well as Regional and District Girls Education Officers (RGEO and DGEO). Criterion sampling looked for interesting cases of school girls who appeared to give evidence of either highly successful or failed re-entry. The categories of school girls selected were expected to enhance understanding of community and household based factors leading to pregnancy and dropping-out as well as school based factors challenging or facilitating re-entry. These were pregnant school girls and mothers, both in and out of school. Since the data showed that school girl pregnancy was highest among Junior High School (JHS) girls we drew our sample from this level in education (Figs 1, 2 and 3). Intensity sampling was adopted in the selection of community members for focus group discussion

(FGD) to ensure that the range of persons participating manifest their distribution within the study communities. As practicable as possible, parents of both returning and non-returning school mothers were members of the groupings. Others included opinion leaders like female and male traditional leaders and assemblypersons.

Two FGDs were conducted in each of the selected districts bringing to a total of 12 in all. Group size of each focus group was eight made up of an equal number of women and men. A total of 90 respondents were covered in the study drawn from four categories of respondents. These were school girls and mothers in and out of school, community members, school officers and GEU officers (Table 3). The DGEOs facilitated the selection of all research participants in their respective districts.

## 2.6.2 Data Gathering and analysis

Both individual and group data gathering methods were employed. They were in-depth interviews with the school girls, key informant interviews with school officers and GEU officials as well as focus group discussion with community members and parents.

Table 3. Category of respondents and study methods employed

Respondent Category	Description	Total	Method
School girls	Pregnant in school	6	Individual in-depth interviews
	Pregnant out of school	6	
	In-School Mothers	6	
	Out of School Mothers	6	
Community members	Parents		Focus group discussions
	48		
	Opinion leaders		
	Traditional leaders		
School officers	Headteachers	6	Individual interviews
	School based facilitators	6	
	Counselling Coordinators		
GEU Officers	Region officer	3	Individual interviews
	District officer	3	
Total	90		

Source: Field data, 2017

The instruments used were the semi-structured key informant interview guide for the key informants and interview guides for the individual cases of pregnant school girls or mothers. The last instrument was the FGD guide (Table 3).

The instruments were designed to provide a contextual understanding of the causes of pregnancy as well as the factors that influence re-entry into school. To capture information on the demographic background of PSGs and SMs, their coping mechanisms and as well as challenges, the following demographic information was examined: the age of the school girls,

the age at which they got pregnant, marital status, educational level, performance at school prior to the pregnancy, future aspirations and the background of the persons responsible for their pregnancies<sup>6</sup>. FGD guides included items seeking information on community perceptions on the causes of high pregnancy rates among school girls as well as existing sanctions for girls and the males (boys or men) involved in school pregnancies. Other issues of interest that the FGD sessions explored were what communities expected of the school based personnel, such as heads and teachers as well as the GES and GEU personnel<sup>7</sup>.

The key person's instruments were also inspired by the need to gain additional insights into the experiences of school girls during pregnancy and motherhood as well as community perceptions about pregnant girls and what the school and larger community perceive should engage school mothers after delivery. Thus instruments for school based personnel investigated the special cases either challenging or successful that could serve to guide implementation and inform best practices. They also included items exploring the existence of preventive or supportive gender equality measures<sup>8</sup>. The instruments for the GEU personnel contained items for collecting data on the associated barriers and support systems that should be in place to facilitate school re-entry<sup>9</sup>. All the instruments were submitted to GES/GEU for their inputs and the agreed amendments effected before the fieldwork.

Three teams collected the data concurrently in the three selected districts from 20th to 24th February 2017. The study communities for the Talensi District were Gorogo, Sheaga, Shia, Wuug, Tongo-Beo and Yameriga. In the Adaklu District of the Volta Region respondents covered were located in the Waya, Wumenu, Kpodzi, Dawanu and Ahunda communities. In the Abura-Asebu-Kwamankese District, the communities covered were the Moore, Asebu, Korado, Edumfa, Abakrampa, Oboka and Mpeseduadze (Table 4).

Table 4. Study communities

Zone	Region	District	Communities
Northern	Upper East	Talensi	Gorogo, Sheaga, Shia, Wuug, Tongo-Beo, Yameriga
Central	Volta	Adaklu	Waya, Wumenu, Kpodzi, Dawanu, Ahunda
Southern	Central	Abura-Asebu-Kwamankese	Moore, Asebu, Korado, Edumfa, Abakrampa, Oboka, Mpeseduadze

Source: Field data, 2017

Data collected from the interviews and the focus group discussions were transcribed and cleaned to identify the major themes using the open coding approach guided by the objectives of the study and emerging themes from the desk review. The positive deviance framework was used to identify strategies and behaviours in relation to successful or failed re-entry. Of particular interest were the situation of the pregnant school girls and mothers, community perspectives on schooling, pregnancy and motherhood and the school environment. Narratives have been

<sup>6</sup> See Appendices C and D

<sup>7</sup> See Appendix B

<sup>8</sup> See Appendix E

<sup>9</sup> See Appendix F

used to explain emerging trends. The analysis, in addition, highlighted emerging differences between the northern, southern and middle zones.

### 2.6.3 Emerging ethical considerations

We recognised that the subject of the study, pregnancy, motherhood and schooling, was going to generate demands on the intellect, ego and emotions of school girls and parents in ways that could pose ethical concerns. Again, covering school girls who are minors made the need for adherence to ethical practices even more imperative. We therefore observed the ethical principles listed below to protect our research participants:

- Providing detailed information to participants to enlighten them about the study in order to ensure their consent to participate in the study was informed;
- Seeking research participants' consent ensuring that none felt coerced to participate in the study;
- Recording only the voices of persons who consented and were comfortable with the procedure;
- Respecting research participants' right to privacy, confidentiality and anonymity in the choice of interview venue and in the reporting of findings.

The GEU secured institutional clearance by first seeking permission and informing all Regional and District Directors about the study using the laid down official procedure. The schools and their heads were therefore apprised of the study aim and goals before the arrival of the study teams in the selected districts.

## 3 PART II: REPORT OF FIELD FINDINGS

This second part of the report presents findings from the field. We begin with findings on the background of the school girls covered in the study as well as some details about the background of the males responsible for their pregnancies. We also present findings on what was perceived as the causal factors and detail re-entry facilitating or inhibiting factors as gleaned from the data gathered. Later we discuss suggestions offered by research participants for an effective school policy. Throughout the discussions emerging regional similarities and differences are highlighted for policy recommendations later in the report.

### 3.1 Background of Pregnant School Girls and School Mothers

In order to provide a contextual understanding of the factors likely to predispose school girls to pregnancy and influence their decisions to remain in school during pregnancy and return after delivery, we examined their demographic background. We were interested in their age at pregnancy, marital status, educational attainment as well as their future aspirations. Our findings revealed that school girl pregnancy was more likely to occur during teenage. The upper age limit was highest for the Volta Region (22 years) followed by the Upper East Region (21 years). The Central Region had the lowest, 14 years. The nature of our sample selection and size does not allow any generalisation beyond the fact that there are overage pupils in basic schools. In Ghana school enrolment in primary one begins at age six suggesting that all things being equal pupils should be 15 years in JHS 3. The fact that the youngest age was 14 and oldest in the 22 years suggest late enrolment might play a role in school girl pregnancies. Some of the girls were getting pregnant at earlier ages and the first pregnancy for one SM was at age 12. FDGs also, reported early childbearing among primary school children. In the Central and Volta Regions there were reports of 12-year old pregnancies. Our findings show the likelihood that pregnancy among school girls is a teenage phenomenon, likely to occur in the mid and late teens. The majority of girls covered were pregnant for the first time or first-time mothers. It was in the Central and Volta Regions where two SMs, one from each region had more than one child out of separate pregnancies. Key person interviews with Headteachers and SBFs as well as FDGs mentioned cases in the communities where some of the girls had more than one child.

Persons responsible for pregnancies among the school girls, our study revealed, were their peers and predominantly from the communities where the girls lived. What was instructive was that few were in a position to support themselves let alone the girls and their babies they had fathered. They were school boys, four out of eight in the Upper East and five out of eight in the Central Region. Indicating the presence of school fathers. Those out of school had either dropped out or were engaged in the informal economy activities as masons, fridge repairers, farmers and waged labourers at a corn mill. Some were even unemployed. Two of the school fathers from the Upper East Region were reported to have completed Senior High School (SHS) and migrated to Bolgatanga, the Regional capital and the other, to Nkawkaw in the Eastern Region. While in the Central Region the girls reported that their male partners were all school dropouts and seven out of the eight were not gainfully employed. FDG participants in the Central Region noted in addition that “irresponsible and unemployed men” were sometimes to blame for school girl pregnancies (FDGs, 21/2/2017 and 22/2/2017).

We found interesting cases of school dropout fathers-to-be in the Central Region. Some had dropped out awaiting the delivery of their babies. In fact one was waiting to re-enter school together with the girl he impregnated who had had to drop out of school. Other school fathers had left because of poor performance at the BECE. In the Upper East Region however school fathers can continue their education without any interference from their roles as fathers. In the Central Region some males were refusing to accept responsibility for the pregnancies. In at least three cases, the male partners denied responsibility for the pregnancies.

When I became pregnant, I broke the news to the boy (JHS graduate) who made me pregnant and also mentioned him to my mother. But to my shock and disappointment the boy flatly denied responsibility for the pregnancy and has since absconded from the village. I am reliably informed that he is currently living in Ho. This is not someone I can marry (OSM).

The man who got me pregnant the first time denied responsibility and refused to take care of me and the baby after he was born. I reported him to the Social Welfare Department and the department ordered for a DNA paternity test. Thereupon the man pleaded for the case to be settled at home but things did not work out well thereafter. The man has since refused to take care of the child, until I got pregnant again this time by another man who has treated me almost the same way as the first (SM)

When I realised that I was pregnant, I mentioned the boy who did it to my mother but the boy denied it. So in a fix, I mentioned another boy's name as being responsible. Now the two boys and their families have all denied responsibility (OPSG).

In the Central Region however, males are sanctioned through a cultural norm that requires all males to pay fines to the families of girls they had impregnated. They are also required to take responsibility for the girls and the babies delivered. The FGD participants, noted however that enforcement was weak. Some failed to pay and while others did so in instalments. Invariably though, here as was the case in the Upper East and Volta Regions the onus fell on the parents of the fathers-to-be to cater for the pregnant girls, mothers and the babies.

A major stated interest in schooling and pregnancy derives from child marriages. We found from our study that pregnancy did not always arise out marriage. In fact, for the girls covered in our study it was hardly the case, none was legally married before their pregnancy either by custom or ordinance. Marriage for some was more likely to arise after pregnancy. There were regional variations in the connection between school girl pregnancy and marriage. Thus all the four girls out of the 8 covered in the Upper East Region who had dropped out due to pregnancy or child birth had been given away in marriage or at least were living with the families of the men responsible for their pregnancy. Though one was yet to move, she is as good as married because she is just waiting for the boy's family to get her. She explained during the interview session that my father is forcing me to marry... my family members are helpless because my father has the final say. The boy's family came here once to get me but my father was not around (OSM, 22/02/17). All the four girls covered in the Upper East Region who had remained in school during pregnancy and had returned to school after delivery were not married or being asked to marry.

One reason why the parents especially fathers in the Upper East Region send their girls to the homes of the men responsible, and eventual marriage is the socio-cultural norms that stigmatise girls who have children outside marriage as well as children born to such mothers.

It is a disgraceful thing so we send them away. For me, I will only take care of my girl if they can't marry. If they are blood relations or the boy has no parents to take care of her, then, despite this disgraceful act, I will keep her (FDG 2, 23/02/17)

The parents also feel disgraced. The babies are referred to as illegitimate. ... So they force them to marry. Sometimes too, they don't drive them away but the way the girls are treated, they just go away themselves. (GEO 1, 20/02/17)

Sending them to the homes of the men responsible serves as the initial step towards marriage. It is preliminary because culturally, it is considered a taboo to perform marriage rites for a woman during pregnancy. Pregnant school girls cohabit with their partners until they deliver. Once they have been cohabiting during pregnancy, it is hardly the case that marriage will not occur. Performing marriage rites for girls in their teens, constitutes early marriage and before age 16 is a legal infringement in Ghana.

The patrilineal inheritance system provides an additional justification for the actions of the parents. Culturally, children belong to their paternal lineage. The parents of the girls therefore feel cheated for having to care for the pregnancy and eventually a baby, who do not belong to lineage. Meanwhile the parents of the men feel obliged to take over the care of the pregnant girls and subsequently the babies, regardless of their equally low or similar economic status. The child they understand belongs to them.

The Central Region though predominantly Akan and therefore matrilineal presented a similar situation. Here it was rather the SMs (in and out of school) who were living with the parents of the fathers of their children. Their marital status was nebulous since the men concerned had no intention of marrying them. There was no evidence in the Volta Region that the PSGs and SMs covered in the study were being pushed into marriage as was the case in the Upper East Region. But there was evidence of forced cohabitation as reported by one girl who explained that:

When I got pregnant, I was bent on returning to school after delivery. However, my mother is a very busy trader who lives in Waya, whilst the boy who impregnated me and his family live in Ahunda some distance apart. Upon delivery, my mother arranged that I moved to Ahunda to live with my 'in-laws' who were ready to babysit for me to enable me return to school while my mother took care of my food and financial needs. This arrangement ended up in me cohabiting with the boy. Under the circumstances, I could not do otherwise. We still engage in sexual activity and because of this I have been to the Family Planning clinic, so I am now using contraceptives (SM Ahunda).

The question of marriage was under consideration for some. Another SM in the Volta Region explained that:

I have a very cordial relationship with the person responsible for the pregnancy. He has accepted the pregnancy and he is raising some funds by working so we can plan the future and get married. I am currently living with his parents who are taking good care of me (PSG, Waya).

This revelation about cohabitation after the disclosure of pregnancy is instructive in considering re-entry strategies. It was the case in all the communities, thus placing the fathers and their parents in a strategic location on issues of re-entry and successful completion after delivery. An issue we return to later. Evidence of male involvement in care and support of PGs and SMs as well as the babies, notwithstanding, the gender differences in social constructions around parenting is essentially about mothering. This absolves males of the numerous childcare responsibilities, while females are overburdened. Thus school girls carry the heavier load of child care irrespective of who and where they lived.

### 3.2 Educational Attainment and Aspirations

Educational attainment, school participation as well as the future aspirations of the girls at the time of pregnancy were among the factors examined. Most school girls were getting pregnant for the first time in JHS with the exception of two girls who got pregnant in primary six. However, FGD sessions and responses from headteachers and SBFs in the Volta Region had indicated previous cases of pregnancy amongst primary school girls in classes five and six. The majority of cases though were in JHS form 1, followed by JHS form 3. The class in which pregnancy occurs, we found, had implication for re-entry. According to one key informant in the Upper East Region, those who are able to complete are usually in form three. But those in form one or primary usually drop out (GEO 1 UER, 20/02/17). In the Volta Region, all the four girls who dropped out of school due to pregnancy were in JHS 1 at the time, while all three who were in JHS 3 at the time of their pregnancies remained or re-entered after delivery, apparently motivated by the need to write their final exams – the Basic School Certificate Examinations (BECE).

Key person interviews with school heads and SBFs revealed that most of the girls ranged from average to high performing students. In the Central Region, the PSGs and SMs were reported to be academically strong pupils. At least two out of the eight girls interviewed in the Volta Region were said to top performers in their respective classes with the rest described as falling between average to below average performance.

All the girls were aspiring to join diverse professions that called for post-secondary formal educational attainment. They recognised the significance of formal education in creating opportunities for their future. A sign that they had an investment in completing school. They mentioned professions such as teaching, nursing, medicine, banking, police service, athletics, business or trading, law, military and hairdressing. Some OSMs have however downgraded their aspirations seeking to take up informal economy occupations like trading or dressmaking. In the case of two OSMs in Upper East Region living in the home of the males responsible for their pregnancies had downgraded their aspirations to reflect the reality of their situations.

I wanted to be a doctor but I am married now. I want to be a business woman now because they won't allow me to go to school. I want to sell second hand clothes. I informed my father-

in-law that I want to work and he said he will find money for me but am not too sure I can get this money (OSM, 22/02/17)

Because I got married that's why I can't be a nurse anymore. They won't agree that I go back to school because of the fear that if I do and I succeed, I might not want their son any longer. Learning a trade is however permissible and I want to learn dressmaking but... Well now I am helping my mother-in-law in her vegetable trading business (OSM, 21/02/17)

Most of the girls were reported being active in extracurricular activities such as sports and clubs. Some of the sporting activities mentioned included football and athletics. Clubs mentioned were the Girls, Child Right and Drama Clubs. Three who were below-average students reported not being interested in club activities. Thus the suggestion in literature and also supported by some key informants, that pregnancy was a way out for low performance and disinterest in school was not borne out for all the girls in this study.

### 3.3 Household structure and parental background of school girls

One major finding emerging from the study was the parental background and household economic status of the girls covered. The PGs and SMS came from low income households, that mostly earned income from peasant farming, fishing, petty trading or artisans, with others engaged in fuel wood harvesting for sale. Farming emerged as the predominant income earning activity, and some households covered, especially in the Upper East Region farmed borrowed land, as well as worked as hired farm labourers. In most of the cases studied, they lived in households with no consumption assets such as television, radio and motor bikes. The key informants confirmed high levels of poverty in the communities where the girls lived. One key informant for instance, explained that, most of the girls she has worked closely with, cannot get access to sanitary towels, 'which is just worth GH¢ 5 and 'most of them complain about hunger' (GEO 1, 20/02/17). Both headteachers and SBFs in the Upper East Region confirmed low incomes of households in their communities noting how a number of the pupils come to school without breakfast. One OPSG explains:

My mother who takes care of me makes only about GHC30 a week from the sale of farm produce and this was hardly enough to take care of a household size of four. Sometimes food in the house was a problem. (OPSG)

Based on information from the girls, we were left wondering whether the reported occupations of parents and guardians could yield adequate resources to sustain the household sizes reported, not to mention additional burdens occasioned by unwanted pregnancies.

A striking finding was the structure of the households that the girls lived in. All but one school girl research participant interviewed in Upper East's Talensi District, were living in atypical households. Either they lived in a single mother or father-headed households. Where it was a single mother, the father was deceased but where it was a single father, the mothers had migrated or were living with other men. Others lived within step, polygamous and extended family structures that have implications for the nature of parental care they received.

I live with my mother alone, my father has died (PSG, 20/02/17)

I was staying with my grandmother since class two, by that time, my mother was living with her

husband ... my father died a long time ago. I was a small child, I don't remember him. But now my mother fought with her husband and so moved to live with my little step sister in Kumasi (PSG, 21/02/17)

The girls in the Central Region were also, living mainly in single parent female-headed households. Just like their Upper East counterparts the traditional two parent-headed households were less the norm. Thus they either lived with their mothers or grandmothers and one with a benefactor, an old woman sharing her single room with her grandchildren. The old woman was no relation of hers. Others were cohabiting. The situation was no different in the Volta Region where just three out of the eight girls lived in dual parent households. Two girls under the guise of living with their 'in-laws' were actually cohabiting with their male partners who got them pregnant. The rest were living with other relations such as uncles, aunties and grandmothers. One key informant shared our concern saying how she:

...realised that most of the girls who get pregnant are girls from single parentage mostly women. Their fathers exist but the mothers take care of them. You know these days the extended family system is breaking up. So you and your child that is all (GEO, 20/02/17).

A related factor emerging from our interviews was the formal educational background of the parents and guardians of the girls covered. With the exception of one PSG whose mother was a Senior Secondary School (SSS) drop-out, all the parents had no formal education. The household structures were not providing the needed parental care and supervision for the girls. Upper East FDGs revealed a general discomfort on the part of parents and guardians to discuss reproductive health related issues with the girls. While males FDG respondents stated categorically that female reproductive health education was a matter for the mother, the mothers affirmed that it was not an easy subject to broach. So whenever their girls reached menarche they mentioned casually that they are now women and could bear children. Indications from both the interviews with the girls and the FDGs are that, the girls had inadequate knowledge of sexual and reproductive health education. With the exception of two, they all explained that their parents did not tell them such things and that they learnt them at school in JHS form one.

### 3.4 Socio-cultural and economic factors predisposing school girls to pregnancy

A number of factors were identified by the girls and other research participants as likely to predispose girls to early sexual activity and unwanted pregnancy. They included poverty, parental control as well as social and cultural factors. Some girls admitted that they had been attracted to their male partners because of money to buy food and daily needs like school sandals and bags. One of the girls interviewed explained for example that:

The father of my baby is a mason from another community. He came to do mason work and I met him and he became my friend. He was giving me money to buy food (PSG, 20/02/17)

The FDG participants in the Central and Volta Regions as well as key persons corroborated the notion that economic conditions of households were influencing factors. These respondents contend that financial constraints and poverty compelled parents in all the research communities to expect their children to fend for themselves. Ultimately, the perception was that poverty which leads parents to expect children to meet their basic needs predisposed girls to fall victim to transactional sexual relations, trading their bodies for the necessities of life they lacked.

Poverty as possible influencing factor was contested by FDG participants at Shia and Wuug in the Upper East Region. They agreed that money was definitely a source of enticement for their girls, but it was more of a desire for money to satisfy wants and not the necessities of life. Things their parents could not afford. Young people in particular girls, they explained, had acquired a taste for what they described as exotic foods, such as rice, noodles (especially the brand named Indomie), fried eggs, fizzy drinks, kebabs (chinchinga) and even Kosey (a traditional fried cowpea snack). Such foods they termed ‘koodikoodi’. They thus suggested that, girls liked to imitate their friends and have the things their friends had and their parents could not afford.

Parenting lapses were also cited from the key informants and FDG participants in all the regions as possible factors pushing girls into early sexual encounters resulting in unwanted pregnancies. These respondents contend that parents were either not exercising adequate control or had simply lost the authority to guide their children:

I go round to meet girls who got pregnant. Most of them told me they had sex in the night so if they did, where were their parents? And most of them travelled so many miles to get to the point of their sexual encounters. You realise that parental irresponsibility is one of the issues. Parents don’t ask their children where did you go to; don’t go here, don’t go there. They go wherever they want and do whatever they want and it results in pregnancy (GEO 1, 20/02/17) The financial status of the parents can’t give them control of the children (GEO 2, 22/02/17). Parental absence, it was found, contributed to the loss of parental control in some instances. The interviews with both the girls and the key persons revealed that migration also contributed to parental absence in the Upper East Region. It was revealing to observe that, women in the community were more inclined to migrate. The explanation was that, they are forced to migrate to the south in search of alternative livelihoods since the poor economic situation affected women most, especially since they cannot bear to see their children hungry.

In this our community, the land is not fertile so farming is not profitable. Because of that, many people migrate to the south to seek work and somehow, it is the women who leave, leaving the children in the care of the men and you know us men.... So, the children are virtually left on their own (Headteacher, 20/02/17)

Most fathers shed off their responsibilities; the mothers who support these girls also move down south (GEO 2, 22/02/17)

Some parents attend funerals and do not return for some days (Headteacher, 20/02/17)

At least two of the girls interviewed in the Upper East Region reported that they had absentee mothers and one of them, a school mother, was of the view that, she would not have been pregnant if she were living with her mother, she would have received better parental supervision. She actually attributed the support she is currently receiving from her mother to her mother’s guilt feeling.

My father is old, about 76 years old and cannot work much so my mother moved to Tamale to find work. She was there for almost a year. When she got the message that I was pregnant, then she came to take care of me. (SM, 20/02/17)

Key person and FGD participants in the Central Region insisted that their communities had “normalized” teenage pregnancy. The inhabitants of Asebu, according to FGD participants,

place a high value on large households, and therefore welcomed early pregnancies. They explained that:

The parents know that the only reward they can get from their wards is for them to reproduce. ...childbirth is a delight to parents here so if you have not delivered by a certain age then you are considered a deviant (FGD, 21/2/2017).

Within the matter of parental control or lack thereof and low household incomes sits a bigger problem of the commodification of the female body and its use in transactional sexual encounters to secure other benefits. One headteacher revealed that, indebted parents use daughters to indemnify their debts. In the focus group discussion at Wuug in the Upper East Region, both the female and male participants were of the view that girls with no economic wealth had at sexual wealth to offer to their male benefactors. When girls accept gifts and favours from males, the girls are expected to show appreciation with their bodies. The feeling of indebtedness thus obliges some girls to give in to sexual demands from their male benefactors.

Transactional sex is fuelled by economic conditions in the community that give males access to quick income like artisanal gold mining, legal and illegal (galamsey). Key informants contend that, mining activities in the communities generate quick financial gains, which tend to draw the girls to the male miners. While the key persons were very clear that artisanal miners contribute to the problem of pregnancy among school girls, none of the girls interviewed, reported an artisanal miner as the father of their babies.

Most of the girls are influenced by guys at the galamsey site at Shamzi (SBF, 20/02/17)

Some of the community members do mining (galamsey), use the money to lure the girls into sex thereby impregnating them (Headteacher, 20/02/17)

FDG participants also blamed social activities that gave girls excuse to be in spaces outside parental supervision. Night time church activities and the market place were such spaces. Church programmes held at night, it was explained, provided the setting for young persons to engage in sex leading to pregnancy among school girls. While the parents were in no doubt about the benefit of such programmes, girls use such occasions to spend time with their male friends.

Some girls pretend going to all night church services and end up in their boy-friends' homes (Headteacher, 20/02/17).

The girls with Christian religious backgrounds have been more prone to pregnancy. Majority of them are Christians. They go for all night's service and it's during that time that guys take advantage of them (Headteacher, 20/02/17)

One Upper East OPSG revealed that she met the father of her baby at an all-night Baptist Church programme. They started dating when she was 15 years old and had been sexually active since. When she got pregnant, she told the pastor first, who, according to her, threatened that if she aborted the baby, she would go to hell. One key informant, described an active culture around night-time socialisation in market places where most people meet their spouses. As

boys gather around market places, girls groom up to attract their attention. One of the out-of-school mothers (OSM) recounts her experience:

I met my baby's father in the market. The market is a place for socialising. So I usually came around the market. Financial assistance lured me to go there. My baby's father promised he will marry me (OSM, 21/02/17)

Some FGD participants and key persons blamed the attitudes of the girls. In the Volta Region they contended that it was simply a bad case of an emerging generation of young persons (including girls) gone completely insolent, disobedient and wayward. Such girls often soliciting for money and other materials like mobile phones from men rather than from their parents. They wondered what a girl cohabiting with an unemployed school-going male friend was expecting. They concluded:

The girls are just stubborn and foolhardy. ...in the past, young girls listened to and obeyed their parents; unfortunately, the current generation of girls does not. ...some parents are disciplined but their girls get pregnant, I think the girls' own insolence and waywardness are at the source of the problem. The result is that such girls are lured into early sexual activity resulting in teenage pregnancies (FGD).

Technology and new media were also blamed. While Volta Region key persons and FGD participants blamed what they termed 'the unintended effects of the introduction of electricity'. They, together with participants in Shia and Wuug FGDs, blamed televisions and mobile phones which make pornography accessible making the youth promiscuous. Mobile phones allowed the girls to communicate and arrange rendezvous with their male partners without the knowledge of their parents and guardians. None of the girls interviewed however admitted to ever viewing pornographic materials.

In the Central and the Upper East Regions peer pressure also came out forcefully from all the respondents (FGD participants and key persons like the headteachers, SBFs, the two GEU). One headteacher explained that:

Peer influence is another factor. They usually influence each other negatively; fashion and boyfriend related issues. They fancy being able to date two or more people at a time so if you fall out of that category, they tease you (21/2/2017).

Others felt that finally the buck laid with schools which unlike previously were doing little to shape the values, behaviours and attitudes of the children in their care. The needed relations between school and parents to facilitate this transfer of positive values and behaviours were recognised as being absent. Either because of parental violent confrontation with teachers or hostility on the part of school authorities to suggestions from parents.

Besides economic, social and community factors, what may be described as a personal factor was also noted. Some key informants, specifically the school officers, were of the view that timid or shy girls were prone to pregnancy since such girls may find it hard to reject male advances.

Timid or shy girls hardly say no and this is a reason. Timid girls who don't talk are recorded as the ones who get pregnant (SBF, 20/02/17).

This suggests that assertiveness in girls is an important attribute to enable her ward of advances and propositions she might find offensive.

### 3.5 Experiences of school going and out-of-school mothers

In describing the experiences of the girls both PSGs and SMs we note their challenges and coping strategies adopted. For all the girls pregnancy was not a situation they celebrated. They all mentioned going through intense emotions when they become aware they were pregnant. Almost all the girls reported suffering shock and psychological trauma upon realising that they were pregnant. Other emotional experiences recounted included fear, self-blame and anxiety. Worse for them was anger and disappointment from parents, relatives and teachers. The initial disappointment by significant actors in their lives like parents, teachers, and peers makes the girls sad. Some of the girls still lived the emotional trauma of actual rejection from their parents and fathers of the unborn children. As one OSM explained 'Sometimes I am overwhelmed with regret, self-pity, sadness and anger ... as there seems to be no one to turn to'. One RGEO, attributed the intense psychological trauma experienced to their immaturity that limited their ability to cope with issues related to pregnancy and child birth. The psychological trauma is such as require specialised attention and care. For the trauma gets so intense that some even contemplated suicide. Thus one SM narrates her experience:

Sometimes I also go through severe emotional problems including self-blame, self-pity, and depression. My emotional pop-ups become severe when I am financially handicapped with no one to turn to. I sometimes even feel like killing myself and the children all together but keep advising myself time after time when these strange ideas come up (SM).

Girls' first fears are the reaction of their parents. 'I was scared of how my mother and father would take it.' One SM in the Central Region explained. Parents initially get angry, 'They got angry with me.' The majority overcome their anger. Mothers, once they overcome their initial disappointment were more likely to support their daughters to deal with motherhood. But fathers were reported to be most unsupportive. A PSG in the Volta Region narrated her father's extreme hostility towards her. She explains:

My father owns a commercial vehicle which he drives himself plying between Adaklu Waya and Ho. Upon discovering that I was pregnant, he, out of disappointment and anger, drove me out of his house. He and my step-mother have since refused to cater for me as their child as they did before even though my father is relatively well-to-do. Fortunately, the boy who made me pregnant accepted responsibility for it and so his parents (my in-laws) willingly accepted me and have since been taking good care of me (PSG).

For others it was family members beyond their parents. Thus an OPSG recounted the frustration she suffered from an extended family member adding to the factors that led to her dropping out of school:

It was the wish of my mother that I remained in school even when I became pregnant as she did not want me to stay at home once she understood from my teachers that I could attend school with the pregnancy till the time for delivery. But my paternal senior uncle, who is a tutor in a secondary school, for no apparent reason, warned and prevailed upon my parents not to allow me to go to school. He further went to tell the teachers not to accept me in school. This forced me to drop out (OPSG).

Childcare especially nursing and schooling was a challenge since girls needed to take time off school to breastfeed at home. Here distance between school and home was an issue. Some SMs were fortunate to receive assistance from female relatives like their mothers or prospective mothers-in-law. Those who had no support when nursing their babies have had to drop out of school. With the exception of two girls in the Volta Region who have had to deal with rejection from the persons responsible for their pregnancies, observable differences in experience border mainly on the eventual acceptance of the parents, which also determine whether or not they will be sent away to cohabit and eventually marry or will be supported to return to school.

The economic conditions that led them into pregnancy, such as poverty and its associated inadequate food, health care access and inadequate grooming, persist and get even more intensified during pregnancy and after delivery. The need for additional finances to attend regular ante-and post-natal clinics to ensure good health for mother and baby become additional financial burdens for PSGs and SMs. Thus one SM recounted ‘I had to skip some healthcare services because I could not afford them. My health insurance card had expired.’ In addition to this was the financial burden in providing for themselves and their babies. One SM stated how ‘In taking care of them, [she] sometimes get help from their father’s brother’ for clothing some had to rely on the generosity of others. ‘Some people were benevolent enough to give me clothing. I remember Albert’s [her daughter’s] father also buying material for me to sew. Later on, I also had help in terms of clothing from the man’s family members.’

Another source of their psychological trauma was derived from stigmatisation from the community and their peers. One SBF and the headteachers in the Central Region stated that girls have to endure all forms of ridicule including name calling like ‘born one’ ‘born two’, from their peers and community members leading to high rates of absenteeism in school attendance. Some teachers according to the headteachers and SBFs do not favour retaining PSGs in school despite directives from the GES to the contrary. As the narration of this OSM reveals:

When I became pregnant, I received severe scolding and rebuke from my parents. That aside, some of the male teachers in my school frowned on me while some of my friends also deserted me. In fact, some of the teachers and the headteacher were not nice to me. Sometimes I felt stigmatised and humiliated with ridicule and name-calling from some community members and even school mates. Even though the SBF encouraged me a lot, I felt bad and shy being in school while pregnant so I dropped out (OPSG).

None of the girls reported any pregnancy related health condition. None interviewed suffered any form of pregnancy-related health condition. On account of the physiological changes that their bodies were undergoing due to pregnancy, the PSGs had need for special school uniforms and classroom furniture. Facilities which were often not available since they come

with financial implications.

Challenges and coping mechanisms however, tend to vary among PSGs and SMs largely determined by the nature of support they received. Which support by people in contact with the PSGs and SMs influence their coping abilities. Strategies adopted by PSGs for coping include hiding the pregnancy from parents and teachers. As some key persons explain, 'some hid by wearing pull-over and jackets ... (HeadTeacher, 20/02/17). Wearing sweaters was to delay disclosure as way of forestalling parents' and teachers' reaction. 'When they become pregnant, they try to hide. ... It is when they cannot hide anymore, that's when they yield and accept (FGD 1, 22/02/17). Teachers have realised from experience that one way students effectively hide pregnancy is by wearing sweaters or pull-overs. One headteacher stated that he had banned sweater wearing in his school after 12:00 noon. Some had other reasons which we discuss below.

Though none of the girls admitted to ever having resorted to abortion, it does appear that abortion is a coping strategy pregnant school girls consider. This was evident from the fact that the word 'abortion' came up in most of the interviews in the Upper East Region for example. In fact, in as many as 12 instances, from all the categories of respondents. While some of the girls were being cautioned against it, some were encouraged to have an abortion and indications are that some might actually have induced abortion.

When I got to know I was pregnant, I told my pastor first .... He told me that if I abort, I will go to hell .... George didn't ask that I abort the baby (OPSG, 22/02/17)

My pastor too advised me against abortion when my friends gave me a drug to abort. (SM, 21/02/17)

None of my friends has said anything bad about my pregnancy. They are proud I didn't abort (PSG, 21/02/17)

I told my brother and he got angry. He asked that I abort the pregnancy. But I didn't want to abort. (OPSG, 22/02/17)

My sister told him that I can't abort. But he also didn't suggest abortion. (SM, 21/02/17)

Sometimes they try to abort (few cases) especially when the fathers are their peers (Headteacher, 20/02/17)

We notice the role of the parents of males responsible for the pregnancies as part of the coping strategies of the girls. We have mentioned earlier how some girls have moved to the homes of the men responsible for their pregnancies as a coping mechanism for several reasons. Some to avoid the wrath of their angry parents, others to meet their financial needs and others sent by irate parents. One OSM however explained that cohabitation was to deal with her provisioning needs, which she felt were more secured in the home of the father of her unborn child. There were hardly any complaints about the situation in the homes of male partners.

## 3.6 Factors facilitating or inhibiting re-entry

Several factors were identified as influencing school re-entry. They can be categorised as those emanating from personal disposition of the girls or significant actors in their lives like their parents, teachers and other learners; as well as socio-cultural, economic and institutional factors. The personal factors relate to the girl's own motivation to return to school or otherwise. In fact the very challenges they faced were the determining factors facilitating or inhibiting their return and retention.

### 3.6.1 Girls' aspirations and decision to remain in school

The interaction with the girls in our sample revealed that some were very clear about returning to school, others, however had just given up. Contrary to Pillow's (2004) assertion that the motivation for re-entry into school is their babies, the girls covered in this study are rather motivated by their future aspirations. Though these future aspirations, when realised, may help their children, they do not realise that yet. To them, they are in school to become somebody in future.

At the time of my pregnancy, my future aspiration was to become a nurse. I still aspire to be a nurse.... At the time of my pregnancy, I was third in class and so know if I go back to school, I can become somebody. I still perform well in class (SM, 20/02/17)

After I got pregnant and my parents got to know, they got angry and told me to go to the boy's house but I didn't mind them. I was determined to go to school to become somebody and the father of my baby, he was going to Senior High School by then, he told me that he cannot marry me in future if I didn't go to school (SM, 21/02/17)

When I got pregnant, I decided to move to my boyfriend's parents' house. I run away from home. Nobody asked me to go. I didn't tell my mother anything because I was afraid. After I moved in with my baby's father, that was when my mother found out. My mother did not agree to the marriage. She felt I was too young to marry. I insisted because of the pregnancy. I was thinking that they couldn't have taken good care of me and my baby. I assumed my brother, who was taking care of my education would think I didn't like schooling and that's why I got pregnant (OSM, 21/02/17).

While personal motivation is key to re-entry, it is not enough to get the girls back to school. Other factors such as the parents' role are of paramount importance. A common practice in the Upper East Region is that, when girls get pregnant, they are sent away, often by force, to the house of the persons responsible. Even when it is a school father, the expectation is for his parents to cater for the pregnant girl's upkeep. According to one key informant, some parents do not force them into cohabitation but maltreat them till they find their homes so unbearable that they leave to cohabit with the fathers of their unborn children. This was confirmed by one SM. She explained that, even though almost two years have passed since she delivered, her parents constantly taunt her with going to her husband's house, they deliberately over burden her with house chores and they still refuse to mind her baby. But she has resolved to remain in school despite the odds.

The narrations above reveal other reasons why parents send their pregnant girls into early marriages. It is both financial and cultural. There is extra financial burden accompanying pregnancy and childbirth. The patrilineal inheritance system provides an additional justification for the actions of the parents. Culturally, children belong to their paternal lineage. The fathers of the girls especially feel cheated that they have to care for the pregnancy and eventually a baby, who does not belong to their lineage. Meanwhile the parents of the men feel obliged to take over the care of the pregnant girls and subsequently the babies, regardless of their equally low or similar economic status. The child, they understand belongs to them. But cohabitation and early marriage among pregnant school girls was found to be the greatest inhibition to re-entry into school. All the four girls in the Upper East Region who had dropped out due to pregnancy and child birth had been given away in marriage or at least were living in the households of the men responsible for their pregnancies. Once in the husband's house, they assumed marital responsibilities and felt more like married women than school girls. It also came out clearly that hardly will the families of the boys encourage SMs to re-enter school after delivery.

The parents feel they have wasted their resources. ... They talk about additional costs. Taking care of the pregnant girl. Antenatal care. So they force them to marry. (GEO 1, 20/02/17)

### 3.6.2 Parental attitude and support

Related to early marriage is the willingness and ability of the parents, especially the mothers, to provide child care support for the girls. Of the two SMs, one was very certain that it was possible for her to return to school soon after delivery, without interruption and is doing well just as before, because her mother is nursing the baby for her. The other, is of the view that while she is determined to proceed with her schooling, her mother's refusal to nurse the baby meant a whole year's interruption in her schooling and is also responsible for her current weak performance.

During pregnancy, I attended school throughout and did not skip. My mother who was in Tamale working to provide us food heard of my pregnancy and came home. She nursed the child and during break I went home to breastfeed (SM, 20/02/17)

When I gave birth, I had to stay, one and a half years to breastfeed the baby because my parents refused to take care of the baby. ... Now I forced myself back to school but my performance has gone down. If I go home and I want to learn my parents ask me to go to my husband's house. I fetch water and I do all the cooking. When I ask my brother's wife to cook she refuses. So I do everything and after that I take care of my baby. My parents still don't support when I asked for money for soap to wash my uniform, they asked that I go to my husband's house for it (SM, 21/02/17).

The cases of two SMs are a reflection of the contrasting attitudes of the parents. As can be noticed in the following quotations, while some parents were clear that a girl who gets pregnant while in school has made a choice and must live with the consequences, others insist that regardless of the mistakes, the girls need their support and so they have to provide them assistance.

If you are wiser than me then I no longer have to take care of you. You need to go to your husband's house to be taken care of (FGD 1, 22/02/17)

The most important support we can give as mothers is nursing the babies for them to go to school. As you can see, this is my daughter's son, she is in school and I have the baby with me (FGD 1, 22/02/17)

Some gender differences with respect to the role of the parents were evident from the focus group discussions. Generally, the women felt it was the men who inhibit the re-entry process mainly due to anger. Even the fathers who are willing to support their girls back to school, insist that the responsibility for girls re-entry is largely the mothers'. They consider whatever support they can give as secondary.

Sometimes, when you tell fathers not to send their girls away, they are so angry, they don't listen. This taking of permanent decisions based on temporary emotions huh (FGD 1, 22/02/17)

Well for me, it will depend on the mother, if the mother insist that her daughter returns to school after delivery, she must know that she has a job to do. She has to care for the baby and if that is what she wants I won't stop her. My role then will be to provide for her financially just as before (FGD 2, 23/02/17).

It is noteworthy that most of the parents and some of the girls were not aware that it was possible to remain in school during pregnancy or return to school after delivery. Some OSMs covered in the study admitted that they did not know they could go back to school. Ignorance about the possibility of combining motherhood with schooling therefore can cause girls to give up their desire to pursue further education especially at an early age. For instance:

I did not know I could continue schooling, I thought I had no reason for continuing and my mother and uncles brought me to my husband's house by force because they did not want me to be a mother without having a husband. I did not know I could combine school with pregnancy. If I had known I would have resisted my being forced to marry (OSM, 22/02/17)

Of the number who did some mentioned that but for their teachers explained to them and their parents about that possibility of retention or re-entry they would have dropped out of school. Knowledge of this possibility evidently has influenced parental decision to support their daughters. For a parent, her decision to send her daughter back to school was informed by a radio programme she once listened to.

### 3.6.3 The school environment

The school environment played a crucial role in facilitating retention during pregnancy and after delivery. Headteachers, classroom and special teachers like the SBFs and Guidance and Counselling Coordinators played a critical role in setting the school environment. So did the peers of the school girls. We also found the role of the teachers to be important in the re-entry process. However, it was clear that, like the parents, the role of the teachers was often influenced by factors such as their personal values and the performance of the girls. Teachers, thus both facilitated and inhibited the process of re-entry an observation made by key persons and FGDs in the Upper East and Volta Regions. In the Volta Region all four girls who had dropped out of school blamed their school environment, complaining about what they termed the uncooperative attitude and rejection of teachers.

My then headteacher and my English teacher helped me but some of the female teachers were just the opposite. Even when they were teaching and saw me passing, they used to laugh at me and the whole class will laugh with them. They laugh because the teacher laugh otherwise they will not laugh at me, no they won't (SM, 21/02/17)

When I became pregnant, I realised that some of the teachers who previously used to open up to me began to shun me and sort of frown upon me. I felt embarrassed and shy in school. I lost some of my best friends as well, as these began to shun my company. I felt lonely and always pitied myself as I became a subject of gossip among both teachers and learners. These were part of my reasons for dropping out (OPSG)

### An observation noted by the teachers themselves, the GEOs, as well as parents.

Some headteachers bring in their own rules that there won't be a pregnant girl in the school. Others actually go out of their way to make the school uncomfortable for them .... Some of the teachers exempt them from running and find time for them to pay attention (GEO 1, 20/02/17). Anytime the pregnant school girls come back to school, the teachers ignore them. They pass negative remarks especially when the girls don't understand what is being taught in class. They tell them that because of the pregnancy or motherhood that's why they can't understand (FGD 1, 22/02/17).

Pregnancy is a disgrace to the school as the school will be counted among schools with pregnancy cases.... Although few of the pregnant girls perform well in class, majority do not and when they are pregnant, they even become worse due to lethargy.... For me, whether I will support a pregnant school girl or not depends on the girl in question. If she is a bright girl.... My advice is that pregnant girls should be made to sit at home and only return to school after delivery as PTA of the school suggested during one of our meetings (Headteacher, 20/02/17). It was their facilitating roles that were highlighted most. Central Region respondents cited cases of teachers encouraging PSGs and SMs to remain in school. The majority of the girls still in school acknowledged their Guidance and Counselling Coordinators. They relaxed school time for SMs permitting them to come to school late and leave to nurse their babies or attend ante-and post-natal care. They minimise stigma by banning name calling and encouraging the peers to be supportive. According to the teachers, they have always complied. Such teachers also give SMs special attention in class to overcome the lost time. Ultimately, they were able to also stop the parents from giving away the girls into marriage. These reports came from key persons:

I went to her house and convinced her to come to school ... Whenever teaching her I try to draw her attention. She is the reserved type. (GCO, 21/02/17)

A girl approached me and told me that she was being forced to marry but she didn't want it. I personally went to the parents and threatened them with arrest ...

I have a school mother in my school, I spoke to the father, that's why she is in school. They act more maturely after they come back (Headteacher, 20/02/17.)

Some girls actually confirmed they assertions of the key persons:

The teachers exempt me from some kinds of manual and physical tasks and assignments and I am given special attention in class; they always enquire about my welfare and some personally assist me academically and even financially (PSG).

I named my child Edwin after my primary school headteacher because he supported me. He

told me not to stop school and organised extra classes for me. He told the other teachers to support me and the students not to laugh at me so I went to school till I delivered (SM, 20/02/17).

Even more instructive is this report from the Volta Region about the support SMs have received:

I have received encouragement from some of the teachers to remain in school and I am determined to do so till I deliver. I have also received financial and material support from some of the teachers. For instance, the Social Studies Madam gave me a dress recently (PSG)

As a school mother, I have received considerable support and favour from my teachers and school mates. I have my two kids who are currently in the kindergarten of the same school I attend. Whilst there, other teachers especially the SBF attend to them so I can concentrate on my own lessons in class. I also receive financial and material support from some of the teachers; my children receive clothing and food from some of them and also helping hands from some of my school friends and colleagues (SM).

The general perception was that teachers' attitude was mixed, ranging from support that facilitate retention and re-entry to outright hostility that compels girls to drop out of school. Though the headteacher of one of the SMs insisted that she got this support because she has always been a clever and exciting girl, we found similar support even with one PSG in the Upper East Region who just as her teacher described her, was timid, quiet and below average. Thus all the girls who had returned to school mentioned the immense support of a teacher or two. One SM had to change school after delivery because the teachers who supported her during the pregnancy were no longer in that school and she feared the other teachers would not offer the same level of support. At her current school, only the headteacher is aware that she is a mother and he is supportive.

The peer learners were reported to contribute to re-entry. Their support for their friends involved visiting them at home, encouraging them not to be afraid, copying notes for them, sending their notes to them to copy and sharing in their joy upon return to school.

My friends supported me during my delivery. They paid me visits and even brought me notes to copy. Other friends asked about the baby when I returned to school. My friends were happy with me (SM, 20/02/17).

Others reported that their peers share their food whenever they were not in a position to buy food.

I can say that most of my school colleagues have so far treated me with love and care. I receive support and encouragement from them which indeed motivates me to remain in school till my baby was delivered and to return after delivery. They generally treat me well (PSG).

Even though, I sometimes receive catcalls from some of my school mates, they have generally treated me well enough which has given me confidence to the extent that now I no longer think of hiding the pregnancy as I used to do initially (PSG).

Our findings reveal that major institutional factors that can potentially facilitate inhibit re-entry are breastfeeding and childcare facilities, customised desks as well as customised uniforms for the pregnant girls, extra classes where teachers devoted special attention to the PSGs and SMs as well as counselling services. Breastfeeding rooms and childcare facilities were most crucial. A need pointed out by the school mothers, parents and some teachers. This need was more pronounced in the Talensi District of the Upper East Region. But some teachers did not find this feasible. They pointed to the many equally, if not more pressing, needs of the schools such as library and ICT space, staff room for teachers to sit to grade work. Providing nursing rooms for school mothers was almost a luxury. The option therefore to permit SMs breastfeeding breaks was a facility that was possible only when their homes were not too far from the school.

### 3.6.4 School pregnancy and motherhood regulating systems

The study searched for documentation or systematised structures for regulating pregnancy and motherhood in schools. Though all the education sector personnel affirmed GEU's official position as supportive of retention of PSGs and re-entry for SMs the study found no documented official policy on pregnancy and schooling. Apart from the mention of a circular encouraging headteachers to retain pregnant girls in school all indications suggested that there were no rules, policies or procedures in place to regulate and direct affairs in matters related to PSGs and SMs and their schooling. Thus they explained that 'no official GES policy exists but we have received directives to accept PSGs and support them for re-entry'. In the absence of official policies, school management, and various GES officials in contact with the schools adopt and apply best practices to encourage teachers, as much as possible, to accept and retain PSGs in school until they are delivered of their babies and allow them to return after. The attitudes of education personnel and the way they handled cases of pregnancy and mothers' re-entry were therefore influenced more by their personal inclinations informed by their socio-cultural biases. This explains why some teachers facilitated re-entry and were even passionate about it and others seemed to inhibit the efforts. Meanwhile, several categories of education personnel were faced with the issue ever so often. These included headteachers, teachers, girls' education officers, SBFs as well as guidance and counselling officers. None of them reported any specialised training or counselling on how to handle such cases. Not even the guidance and counselling officers. In the Volta Region GEOs revealed that it was the Constitution of Ghana that provided the objective guideline for all children to be in school including PSGs and SMs. The constitution was the legal framework which guide the adoption and implementation best practices related to PSGs and SMs. This approach, according to one RGEO, marked a clear departure from the old practice where PSGs were expelled from school on disclosure leading to high dropout rates among girls. Respondents in the Central Region, were applying issues surrounding the EFA and human rights principles to support their decisions to retain PSGs and SMs in their schools. In the Central Region again the School Management Committees (SMCs) in consultation with the headteachers were setting rules. As one headteacher explained:

At staff meeting, we make some rules to manage pregnant girls and mothers. The rules are basically on punctuality, lateness. Thus, sometimes the rules and regulations are made flexible for the comfort of the children. (22/2/2017).

Discussants in one FGD recounted when an SMC ruled against re-entry of PSGs and SMs in one of the communities. The decree stood until the committee sat again to reverse it. The headteacher of a school in one of the communities had this to say:

In the school, here SMC and the PTA have decreed that pregnant girls especially those in JHS 3 will be made to sign a bond at the police station. This is done to deter them from getting pregnant. But whoever finds herself in that condition is allowed to write the BECE. We also agreed that school mothers should not be accepted back into school otherwise others will copy them. After that agreement, some parent wanted us to act contrary to it. We later had a meeting to reverse the decision because we heard the government wanted us to accept such girls. However, we accept school mothers from other schools. (22/2/2017).

Other sources were training workshops and seminars held for school heads and teachers on gender and girl child issues. They were found by RGEOs and DGEOs to provide very helpful strategies for managing PSGs and SMs related concerns.

Reproductive and sexuality education curricula, integrating pregnancy prevention was not given the attention it deserves. It was treated in JHS form one, when some of the girls were getting pregnant in primary schools. Parents were generally uncomfortable about educating their girls on such subjects. In fact, we found that even some teachers were equally uncomfortable when treating such topics. While an NGO intervention called the FLASH programme sought to fill this knowledge gap in the Upper East Region, the feeling among some teachers was that, the content rather encouraged promiscuity among the school children.

### 3.7 Respondents proposing strategies for facilitating retention and re-entry

Research participants in all three regions were asked to provide suggestions for facilitating the retention and re-entry school girls who get pregnant and deliver. A number of responsibilities were assigned various actors such as the DAs, SMCs and parents of both girls and boys involved in the pregnancies.

The DAs for example, were assigned the tasks of organising education campaigns to sensitise the community about the policy when finally in place. The DAs were in addition supposed to provide special facilities in the schools such as changing rooms, separate toilet for boys and girls, nurseries, as well as vehicles for monitoring the girls after re-entry. The DGEO was particular on the DA:

The DA should help support the needy; when they do, 'this thing' (rampant pregnancy cases) will not happen. When it happens, the DA should help cater for the books, uniforms and other academic needs of those who re-enter. (21/02/2017).

After the DAs the next body in the direct management of schools was the SMC. Community members in both FGDs in the Central Region felt that the SMCs could play a key role in facilitating school community initiatives to manage pregnancy and motherhood. They recognised the support of SMCs and therefore called for an awakening of the committees. This view was supported by key persons who explained that schools were part of communities, not isolated entities. Just as members of the community needed the schools, the schools needed the

community. The SMC was that body interfacing school and community. Its membership they explained included community and opinion leaders as well as the headteachers. The SMC wields influence within the community and the school, overseeing pupils' welfare. The focus group discussants recommended that:

The SMC should team up with teachers and the guidance and counselling section to design rules that will ensure a smooth re-entry for girls because we are to oversee their welfare. (21/2/2017).

The girls, both PSGs and SMs in and out of school, called for understanding, encouragement, care and support from the teachers and the general school community.

It was generally headteachers, SBFs, the GEOs who agreed that some facilities were required to support PSGs and SMs. They mentioned customized classroom furniture and school uniforms for pregnant girls. Others include baby minding and child care facilities in schools including sick bays, rest rooms, caregivers and nannies. Others were office equipment, vehicles for effective monitoring by the GEU and training in counselling for SBFs and school guidance and counselling coordinators.

Key persons would prefer the community to support and encourage PSGs to remain in school and SMs to re-enter school soon after deliver. In that regard, the community was urged to provide babysitters and caregivers for the SMs and their babies. The headteachers and the SBFs suggested the need for the communities to educate and sensitize all children and adolescents on teenage pregnancy and support the teachers to enforce discipline in and out of school. The general consensus pointed to the need for by-laws to ban children's involvement in night-time activities that distract them from their studies and expose them to promiscuity. The headteachers and the SBFs called for strong leadership on the part of the chiefs and the traditional authorities in this matter.

Parents and extended families, according the respondents, have very crucial roles to play in supporting the schooling of PSGs and SMs. The support that parents provide in school was upheld by the headteachers, SBFs and the parents themselves. Parents were therefore encouraged to join the SMC through their joint associations with teachers (PTA) to counsel the school girls, support them, and facilitate their re-entry. They have to be understanding and must be willing to accept the PSGs in spite of the shame, stigma and disappointment their actions might have brought upon the family. The general notion on this subject was that acceptance of the PSGs by the parents would reduce stigmatization, anxiety and fear which push some into attempting abortion or dropping out of school entirely. The family was also urged to assist the PSGs and SMs by taking care of them and their babies to ease their return to school after delivery. According to FGD participants, "parents must keep talking to their PSGs till they deliver safely and then support them to get back to school". They insisted that:

"The PSG should be monitored till delivery and made to return to school soon after delivery. The parents must provide the needed support including babysitting and childcare to facilitate the easy return of the girl to school. ...some encouragement would also help in bringing the girls back to school after delivery" (FGD, Wayanu).

The concern expressed by key persons was the legal implication of pregnancy in girls below age 16. In Ghana sex with a girl below age 16 was criminal and considered defilement punishable by law, irrespective of whether the girl in question gave her consent. The headteachers and SBFs referred to the fact that there were several cases of child defilement but they were not in a position to pursue such cases for fear of community reprisals and backlash from the families of both the victim and the culprit. They suggested community and law enforcement agencies to ensure the enforcement of this law as a further protection for the girl child.

From an institutional point of view, even though pregnancy among girls in school was high within the Adaklu District, the District Assembly (DA) appeared to have done very little by way of finding solutions to the problem. According to the RGEO, the DA provides a budget line each year for girl child education support, these monies are never paid to the GES/GEU in spite of several approaches and demands made to them by the District GES. According to her, the DA owes it a duty to release these funds to support PSGs and SMs among other girl child education related interventions and activities. The DA must provide funding and scholarships to the PSGs and offer district-wide mass education and sensitization programme that involves all stakeholders.

Other state actors involved in teenage pregnancy matters which were active in the district included the Ministry of Health (MoH) and GHS, Domestic Violence and Victim Support Unit (DOVVSU) and the Department of Social Welfare. Somehow their involvement had been minimal mostly because of lack of effective collaboration between them and the GES/GEU and their reporting mechanisms unfamiliar to GEU personnel. Key persons expressed displeasure about DOVVSU especially for failing to prosecute offenders within the district for defilement when almost all the teenage pregnancy cases in the district have been clear cases of defilement because the girls were under 16 years. The Department of Social Welfare was also perceived as being slack in the discharge of its duties due to lack of resources. The RGEO cited the dissonance in the reproductive health education message of the GHS which emphasizes both abstinence and contraceptive use and that of the GES which stresses abstinence only. A situation that could confuse learners, raising the need to address this seeming contradiction. The suggestion was the need for the Ministry of Education (MoE) and GES to synchronize all reproductive health education curriculum with that of the MoH/GHS remove all ambiguities in the messages delivered to the target groups including the school children. Almost all the key persons agreed on the need for closer collaboration between the GES/GEU with these state institutions.

School personnel like the headteachers and SBFs suggested that state agencies such as the MoH should be contacted to readily avail themselves as resource persons. Others called for greater support from such state agencies. The problem was however on the part of school personnel and parents. According to the RGEO, issues of PSGs and SMs become difficult to report to any state agency because the teachers want to maintain a clean image of their schools. Besides, parents prefer out of court settlements and were reluctant to report to Social Welfare or even have criminal cases like rape and defilement handled by DOVVSU. It is noteworthy to state that respondents wanted all stakeholders to come together to enact some rules and regulations to deter others from engaging in early sex and at the same time make re-entry into school for current school girls more relaxing and favourable.

The role of school fathers received some mention in the suggestions for measures to support PSGs and SMs. Respondents' views about the nature of the role school fathers could play were varied. They all agreed however that young fathers responsible for school pregnancy be assigned a clear-cut role. Regarding sanctions that should be meted to school fathers, all respondents agreed that school fathers should support the girls financially. Failing this the parents of the boy should be assigned that responsibility.

Discussants did not report any physical facilities in place for accommodating pregnancy and motherhood. However, various proposals were offered in terms of school based-facilities needed to support PSGs and SMs. They included the provision of changing rooms, separate toilets for boys and girls, child care centres, nurseries attached to the schools and resting room for PSGs during breaks. They added that Girls' and Boys' clubs should be established in schools to mitigate the plight of young girls falling victim to pregnancy and school motherhood. The SBFs further suggested that the policy should provide for inviting prominent people in the community to share their experiences and act as role models.

For an effective policy, education sector personnel suggested that policy makers will do well to rally all stakeholders to give their consent to the policy. This could be done through the organization of workshops and sensitization programs. They suggested capacity building workshops for teachers on how to handle PSGs and SMs. One GEO stated: 'Advice to policy makers is that we implementers have to be educated as well.' Adding his voice to the view for effective policy, a headteacher cautioned that the policy should not be too flexible, otherwise people (i.e., young girls) will take advantage of it. All key person respondents, headteachers, SBFs and GEOs echoed the suggestion that the policy should also take into consideration the cultural variations across the country for effective implementation. One key person explained 'Policy makers are to acknowledge the variations across different communities and cultures.' (21/2/2017). Most important was the suggestion for the inclusion of monitoring as well as financial support for the in the budgetary allocation for effective implementation of the policy. 'If they mount a policy like this, then they have to support those girls financially to facilitate their re-entry.' (GEO, 21/2/2017). There were also calls for other state institutions to offer cash, material and other logistics to support PSG and SMs.

### 3.8 Conclusions

The factors predisposing school girls to early and unwanted pregnancies and also influencing their desire and ability to remain in or to return to school during pregnancy and after delivery were found to be economic, socio-cultural, attitudinal and institutional. The economic conditions that led them into pregnancy – poverty and its associated inadequate food requirements – get intensified during pregnancy and after delivery. The economic conditions in turn were crucial for the possibility for re-entry. It influenced the decisions of some of the girls to move to the homes of the persons responsible for their pregnancies and pushed some parents to send the girls away into early marriage. The fact that the socio-cultural perception of motherhood and marriage has led to the practice of early marriages complicates the entire re-entry process. The marital arrangements come with additional responsibilities other than mothering such as domestic chores. Combining both with schooling confounds the situation of OSM. In addition, in the marital homes, decision-making about their future is done together

with the entire family of the husband. What this means is that, the husband's approval of re-entry into school has to be subjected to the endorsement of his family. In situations where a number are minors themselves it is highly unlikely that a married SM will get the blessing of her in-laws to return to school. Also crucial to re-entry is a mere awareness of the possibility. It is evident that some parents as well as some girls ignorant of the possibility of re-entry lost the chance, since for them there seemed to be no other option than to quit school and marry.

The absence of a clear cut national policy on teenage pregnancy, parenthood and schooling has meant that, whether or not a pregnant school girl could remain in school and/or re-enter school after delivery, depends, to some extent, on the girl's own motivation to be back in school, access to information and to a larger extent, on the attitude of significant actors in her life. These include the teachers' attitude towards her and their willingness to accept her in school as well as the question of parental attitude and willingness to support her to be in school. In the event of early marriages, or cohabitation whether induced or forced, the willingness of the husband and his family to allow her back to school. On the whole, the attitudes of teachers and parents have been ambivalent. While some have been supportive others have been hostile. It seems as if the support of the other learners is almost assured, while the support from the wider community is non-existent, since the traditional extended family or community support systems, respondents claim, have broken down.

## 4 ISSUES FOR GUIDELINES ON PREGNANCY, MOTHERHOOD AND SCHOOLING

### 4.1 Facilitating factors and emerging regional variations

Schooling and pregnancy bring additional dimension to teen pregnancy making its conceptualisation an important policy concern. Our findings were consistent with the assertion of Michael (2011) that, the of majority cases of teenage pregnancy occurred between the ages of 16 to 19 years and explains why most attempts at defining the phenomenon of pregnancy among school girls have been limited to the age criterion. Health related concerns arising out of age related conceptualisation become secondary to lost opportunities to break the cycle of poverty through higher educational attainment. This gives credence to definitions that depend on educational status as the basis for developing guidelines for addressing the problems of schooling pregnancy and motherhood. Though age-related definitions such as that by Pogoy, et al., (2014), led us to draw attention to the health-related implications associated with teen or adolescent pregnancy, such as 'poor obstetric outcome, none of the girls admitted to having any pregnancy related health problems and the SMs claimed their children were in good health. The focus of this study on pregnancy, motherhood and schooling then means that irrespective of age, it is a girl's educational status which qualifies her as a PSG or SM.

The desk review had identified poverty as leading to high rates of pregnancy amongst school going girls. Our findings also confirmed the connection of school pregnancy with low incomes suggesting that the cycle of poverty once established, might not be so easy to crack. In all the communities covered in the three districts, PSGs and SMs were from poor homes and the economic factors played a role in their early pregnancies. Low incomes were further complicated by family instability. A number, in all three regions covered in this study, were living in households without the traditional two parent heads. Single-parenting was the norm, emanating either from deaths, failed marriages or migration. Even for those whose material conditions led them into sexual relations, their choice of partners provided little chance of breaking the poverty cycle. In all the regions covered, the male partners at the source of the school girls' pregnancies were either in school, unemployed or held highly vulnerable informal economy jobs. Most importantly, these were mainly their age-mates.

The second factor was high levels of sexual activity amongst young persons in the study communities. This fact coupled with inadequate sexual and reproductive health education made them easy prey to unprotected sex. Our findings from the field fell in line with emerging trends from the desk review. Literature reviewed earlier explained that, beyond poverty, increased opportunities for sexual expression, mass and social media glamorising pregnancy and sexual relations contributed to high levels of promiscuity amongst young persons around the world. This, together with decreasing age at menarche and delayed age at marriage, means that young persons had to face long periods of imposed sexual control, the bio-social gap mentioned earlier in this report. Meanwhile, according to Longham (2015), the fantasy world of sex without obligations offers them little context to engage in responsible sex.

From the assertions of community members and key persons in the study communities of the three regions, the electronic and social media served to present sex in ways that down-

played the possibility of pregnancy and its consequences. This situation, coupled with the loss of parental control and credibility in providing knowledge on matters related to sex and reproduction, meant that young persons were left with the formal educational setting to acquire the knowledge needed to make decisions about their sexual lives. The schools unfortunately had little to offer by way of engaging critical knowledge constructions of learners for responsible sex. And the GHS efforts were noted to be inadequate for promoting responsible sexual behaviour. Again, whatever the schools provided by way of knowledge, came a bit too late for some of the girls.

There was a tendency in all regions to blame young girls for not exercising due diligence over their sexuality and succumbing to providing sexual pleasures to meet their economic needs. Boys responsible for school girls' pregnancies were not subject to similar levels of blame. A situation that placed immense psychological pressure on pregnant girls minimising their ability to withstand ridicule and stigma, dampening their will to return to school. This was also used to justify the resistance from parents and schools to offering support.

Our findings did not bear out the established connection in literature between poor performance and school pregnancy. We found a number of the girls were high performers and active in extracurricular activities. The strongest link between performance and school pregnancy was at retention and re-entry. Thus high performing girls were more likely to receive better support from teachers. Again they were more likely to cope with studying at re-entry and therefore less likely to drop out. And so were their aspirations divergent from the literature reviewed. All the girls had high aspirations seeking formal sector occupations that required post-secondary or tertiary education. These were also factors that motivated them to remain in school during pregnancy and return after delivery. It was when they married and dropped out of school that they dropped their aspirations to informal sector occupations like trading and learning trade. This finding highlights the importance of school performance for retention calling for dedicated efforts to provide specialised teaching for PSGs and SMs.

In the three regions, the challenges of the girls were similar, mainly economic, heightened by their special health needs during pregnancy as well as the presence of their babies. There were additional economic needs around adequate nutrition, clothing for themselves and their babies. They were all exposed to intense emotional and psychological stress arising first from their sense of fear and failure and uncertainty of the reaction of parents and teachers to their pregnancy. Then at disclosure they had to contend with severe hostility and sometimes outright rejection from their parents, the men responsible for their pregnancies and teachers. The stigmatisation, ridicule and name-calling from peers, community members and teachers, compounded their sense of shame and self-blame. A situation that made abortion a likely coping mechanism and cohabitation a less dangerous choice for many. These were experiences that framed the decisions of PSGs in all the regions to remain or dropout of school. The factors determined whether PSGs will remain in school or once delivered if SMs will return to school were therefore similar in all the three regions.

Our findings supported existing literature that experiences at pregnancy were key determinants of retention and re-entry. These included how long school girls stayed out of school during pregnancy and after childbirth. Others were the availability and quality of child care support

after delivery and the school environment. Factors that highlight the role of significant actors in direct contact with the girls as critical facilitators in school continuation during pregnancy and re-entry. Teachers, parents and peers, our findings revealed, played important roles. The first and most important from our findings were parental attitude at the disclosure of pregnancy and the kind of support they were prepared lay out to their daughters during pregnancy and motherhood. Parental attitudes tended to differ by the gender of parents, once mothers overcame their initial disappointment, they deployed the financial and childcare support needed to keep their daughters in school. Fathers on the contrary, could be obstinate in their displeasure and seek to punish their daughters by sending them off into early marriages in the Upper East Region in particular or refuse financial support as in the Volta Region. They were more likely to limit their support to financial provisioning when they overcome their displeasure. Early marriages, our study revealed, for the Upper East Region, as the biggest stumbling block to re-entry. Even though in the Volta and Central Regions it was not. School mothers or pregnant girls were in school irrespective of the fact that they were married or cohabitating with men responsible for their pregnancies. The danger for such girls, however, was a second or possibly a third pregnancy.

Headteachers and teachers including those assigned special roles, like the SBFs and guidance and counselling coordinators, were important facilitating actors and so were the DGEOs. The reception of such school based key actors was influenced by their conviction about whether or not the girls were deserving of further investments to complete their schooling. These attitudes, according to the literature we reviewed, were supported by existing discourses presenting education as a right or privilege, as well as those regulating gender power relations (Chigona & Chetty, 2008; Karimi, 2015). Thus, in the absence of formally documented directives on the matter, a number used their discretion based on the knowledge gleaned from workshops organised by the GEU. They were able to provide the needed support to facilitate retention during pregnancy and re-entry after delivery. Focus group and key person interviews revealed the influence of such discourses on parents who refused to support their daughters and insisted on moving them to the homes of the fathers of their expected babies. That their girls should fail in their gender gate-keeping role was a consideration that inclined parents to withhold their support for the completion of the daughters' education.

For teachers, beyond gender conduct that insists that schoolgirls remain chaste, was the fear of contamination. There was generally greater acceptance for re-entry after delivery, as a result, than there was for continuing school while pregnant. There was discomfort and sometimes outright hostility to girls remaining in school with their pregnant bulge in all the three regions studied. But this was particularly the time that girls were most vulnerable emotionally and psychologically, and prone to drop out. Leaving school early might compound the academically weak PSG's inability to cope at re-entry leading her to drop out eventually. Teachers framed the school environment and ensured that there was no discrimination and name-calling that might heighten stigmatisation for PSGs and SMs. The most interesting and striking finding from our study however, was peer support. School peers offered academic, emotional and material support. They ensured that their colleagues could keep up with learning even during their absence from school by copying notes for them. They supported them emotionally through their visits and in school offered food and money, the very needs that drove the girls into transactional sex that caused their pregnancy.

Our findings revealed more parallels than variations between the zones. The similarities were striking in terms of the main causes of pregnancy, poverty and high levels of adolescent sexual activity against the back drop of limited sexual and reproductive health education. So was the similarity in the age and background of the males at the source of their pregnancies. Other similarities were the role of the family of the males responsible for the girls' pregnancies. In all instances where they accepted responsibility, their parents in particular provided support from home, financial to babysitting assistance. The few emerging differences within the communities studied were in terms of the role the fathers of PSGs and SMs in inhibiting re-entry and community response to the whole incidence of schoolgirl pregnancy. There were more occasions of efforts by communities in the Volta Region's Adaklu District and so was the case in the Abura-Asebu-Kwamankese District of the Central Region geared toward preventing teen and school girl pregnancy using traditional authority structures to instil fear as a way of ensuring compliance. In the Central Region, the SMC and PTA initiative was seeking to garner the support of the DA to institute bye-laws to give legal backing to initiatives.

In the Upper East Region fathers' authority to pronounce the final say in whether a PSG will return to school appeared to be stronger than in the other regions covered in the study. In the Abura-Asebu-Kwamankese District of the Central Region, discourses venerating motherhood were blamed for the occurrence of high incidence of school pregnancy and failed re-entry. Suggesting less stigmatisation of early pregnancies than in the other regions. What was not clear was the role matrilineal inheritance played, since children belonged to their mother's lineage in the Central Region, unlike the case in the Volta and Upper East Regions. The fact that children belonged to their father's family was stated as being at the base of severe rejection from the fathers' of PSGs and SMs in the Upper East Region. This was used as a basis for driving the girls to cohabit as a first step to early or child marriages.

## 4.2 Available Support systems for pregnant school girls and school mothers

Policy goals are of essence in such situations, informed by the need to support school girls to reconcile the participation in school with pregnancy and motherhood. We have mentioned earlier how policies for managing school pregnancy and motherhood around the world have been grouped into three main forms (Birungi et al., 2015). The expulsion upon disclosure policy with no option for re-entry, the compulsory leave of absence before and after delivery and the continuation policy, described as the most progressive. Under the continuation policy, when to take leave for delivery and return is the decision of school girls. In some instances, school fathers are offered paternity leave. Policy goals are underscored by discourses and their translation must seek as a result to deal with forms of resistance emanating from the gender relations and contagion discourses. Such discourses, when they prevail, breed attitudes that tend to stigmatise young girls for failing to prevent pregnancy and present them as potentially contagious to other girls. These attitudes get different forms of expressions amongst parents, community members and school personnel like headteachers, specialised staff as well as classroom teachers and ultimately pupils and students. They therefore might stand in the way of enacting what has been determined as the most progressive continuation policy.

Beyond policy goals and their framing are the support systems that will be rolled out. Field findings revealed the need for a number of support systems revolving around emotional and

psychological, health and material needs as well as facilities to assist girls in their parenting roles. This highlights the need for effective and well-structured linkages with state institutions and other non-state actors that deal with school pupils and students in general and pregnant girls in particular. Those identified were the MoH and GHS, DOWVSU, the Department of Social Welfare of the Ministry for Gender Children and Social Protection as well as the District Assemblies. Others were the non-profit organisations like CAMFED and FLASH. They provided support in dealing with PSGs and SMs in or out of school. Their supporting roles varied and are worth deeper understanding for effective policy focus.

School facilities were perhaps the greatest shortfall evident in the findings. School furniture to accommodate the bodies of pregnant mothers, as well as space for child-minding and breastfeeding, though identified as important, did not exist. In situations where schools are unable to provide adequate facilities for their mainstream activities, asking for specialised facilities for pregnant school girls and mothers appeared to be making unreasonable demands. But they are worth considering if the policies are to be effective. The support systems identified, however, suggest useful basis for policy success and highlight special focus for redress. The subsequent and final section therefore provide some suggestions to guide the on-going policy guidelines of the GES/GEU.

### 4.3 Recommendations for GES guidelines on school pregnancy and re-entry

Our discussions so far highlight how essential a policy with clear-cut guidelines on pregnancy, motherhood and schooling is for the education sector. Our findings reveal immense support for the current efforts of GES/GEU to formulate policy to guide school based actions aimed at facilitation of the schooling requirements of PSG and SMs. The findings, in addition, support context specific policy guidelines targeting existing community discourses that promote factors inhibiting continuation and re-entry. This suggests the need for a robust gender sensitive national policy on teenage pregnancy, parenthood and schooling. Such a policy will have to cover support right from the point where the school girls disclose pregnancy, through the duration of the pregnancy, till delivery and after.

#### 4.3.1 Policy frame and supporting guidelines

We support Vincent and Thomson's (2010) suggestion for a non-judgmental response by schools when a pregnancy is revealed. Such an attitude will bridge the current gap between policy and practice. It will as they explain convey a willingness to accommodate changing needs of the PSG and later her transformation into a school going mother. This should generate the needed flexibility in relation to uniform, attendance, movement around the school and curriculum requirements as practical ways of improving support and contribute to their sense of belonging. Towards this end we ask for:

- A policy with clear-cut guidelines to legitimise current efforts;
- Context specific policy guidelines targeting existing community discourses that promote factors inhibiting continuation and re-entry;
- Provisions for awareness creation among parents and students about the policy content, retention and re-entry options;
- A general gender equality policy to back the guidelines.

### 4.3.2 Gender sensitive sexual and reproductive health education

Policy content is just as important and we offer some for consideration in dealing with basic school pupils' knowledge and ability to make sexually responsible decisions. This calls for effective sexual and reproductive health education that targets attitudinal change. Its location should be within a subject area that looks more at capacitating young people to develop a value system that questions media presentations of sexual activity exclusive of the implications of its outcomes. This calls for critical thinking capacities and not morality preaching. The GHS can provide support in reproductive health education, in ways that acknowledge reality of early sexual activity and emphasize contraceptive use besides abstinence so that pupils can make informed reproductive health choices. Issues about sexuality however should be the preserve of the GES. Such education on sexuality should seek to address the gendered socialization of boys and girls and gender power relations underlying constructions of femaleness and maleness that predispose females to unwanted pregnancies. The education should therefore seek to empower school girls and not criminalise them. Sexuality education must target constructions of masculinities that sexualise women's bodies. This way, male notions that they have unlimited access to women's bodies will be tackled right from a young age. It will also help to curb the occurrence of transactional sex. Any intervention outside of the national educational institutions must first seek accreditation and approval from the GES. We highlight the following as recommendations:

- The introduction of a Sexual and reproductive health education curriculum that:
  - Targets knowledge and ability of Basic school pupils to make sexually responsible decisions;
  - Address negative constructions of femininity and masculinity that sexualises women's bodies;
  - Seek to empower school girls and not criminalise them;
  - Make men responsible for sexually coercing girls into sex;
  - Help curb the occurrence of transactional sex;
- Teaching should begin in primary school and aim to develop in pupils and later students a value system that questions discourses glamorising sex and shaming females as deserving victims;
- All external interventions on sexual and reproductive health education must be subjected to GES/GEU accreditation and approval;
- Collaboration with GHS should be sought in developing curriculum on reproductive health education (around contraceptive use).

### 4.3.3 Training for school based personnel

Building teacher's ability to offer informed and gender sensitive support is critical for the successful implementation of guidelines designed to facilitate re-entry and retention of PSGs and SMs. Teachers will need training to acquire the skills for supporting the PSGs and SMs. This is especially necessary for both female and male teachers who have to interact with such situations. An improvement of the counselling services at the schools, especially for PSGs and SMs, will be a requirement as well. Teachers will need, in addition, gender awareness training to understand the gender dimensions to sexuality. This calls for:

- Specialised training for Headteachers, Guidance and counselling coordinators as well as SBF;
- Training to build teachers' ability to offer informed and gender sensitive support to PSGs and SMs as well as their peers;
- Gender awareness training to develop positive gender politics;
- Training on how to document incidents of pregnancy and motherhood to facilitate monitoring and follow up actions.

#### 4.3.4 School facilities

School facilities are important to make the stay of PSGs and SMs comfortable in school. Such facilities should respond to their special needs. They include:

- The provision of childcare facilities; (space, caregivers);
- Customised classroom furniture to accommodate the body of PSGs;
- Flexible time table to accommodate ante- and post-natal clinic attendance as well as breastfeeding breaks;
- Documentation facilities, systematised and mandatory to guide follow up;
- Restructuring of Girls' and Boys Clubs in schools to offer additional space to discuss healthy sexual and gender relations in schools;
- Provisions to support school fathers.

#### 4.3.5 Dealing with poverty

The role of poverty in predisposing girls to early and unplanned pregnancies calls for development planning orientation with more concerted interventions to tackle widespread poverty in the Ghanaian society. In the short term however, to address the issue of poverty and its related vulnerability, existing social intervention measures should be expanded to target deprived families and promote responsible parenthood. Cash transfers and other social protection schemes should expand to cover PSGs and SMs immediately while more secure funding schemes are under consideration. Here, local government authorities and the Department of Social Welfare stand to play important roles in reaching out to such girls and assisting the GES/GEU to set up targeting modalities. This calls for:

- Long term development planning to tackle widespread poverty in Ghana;
- Short term measures for extending existing social intervention to areas with high teen/school pregnancy rate (e.g. LEAP and other forms of cash transfers);
- Mandatory registration of all pupils in Basic Schools on the National Health Insurance Scheme to reduce the burden of health care costs for PSGs and SMs;
- Special targeting of PSMs and SMs to receive cash transfers;
- GES working out more secure funding schemes with related state institutions like the Department of Social Welfare and
- Release of DAs budgetary allocation to the GEU.

#### 4.3.6 Capacitating GEU to deliver its mandate

Other demands for effective implementation include training for GEOs in the regions and

districts. This is necessary for effective delivery on the contents of policy guidelines. The provisions have to state clear roles for GEU personnel at the various levels, right from the national headquarters, to the regions and districts. Beyond gender capacity building is the provision of facilities to perform their assigned tasks. Such facilities include vehicles, funds and documentation facilities to aid monitoring and follow ups. We therefore propose that:

- Clear roles for GES/GEU personnel at various levels (national headquarters, regions, districts) are specified in the guidelines;
- All GEU staff undergo gender capacity building;
- All needed facilities to perform assigned tasks are provided as a matter of priority; (e.g. vehicles, ICT, communication facilities and funds);
- Documentation system to aid evaluation, monitoring and follow up is set up at all levels.

#### 4.3.7 Working with state institutions

Linkages with organisational actors like the DAs, MoH/GHS, DOWVSU, and Social Welfare should be backed by clear guidelines and the specific roles agreed on with the Ministries and departments in question. These linkages important for follow-up activities, require that their operations and command chains are clarified at the policy level. This calls for:

- Clear identification of significant organisational actors and their specific roles (e.g. DAs, MoH/GHS, DOWVSU, Social Welfare);
- Institutionalised linkages with organisational actors identified;
- Clarity of operational remit and command chain specified at policy level.

#### 4.3.8 Giving weight to policy enforcement

Our findings have revealed the need to encourage responsible parenting. But in situations where clear cases of neglect of duty occurs, some form of sanctioning might give weight to policy to secure adherence. Additionally legal provisions on defilement and child marriages should be upheld. Thus, provisions to sanction parents who renege on their responsibilities or send their daughters into early marriages will be necessary. Sanctions should equally apply against those who clearly defile under-aged girls. The Children's Act and Domestic Violence Act might provide leads to support such sanctions, just as will legal provisions on defilement offer support for legal redress. This calls for:

- Making provisions to sanction parents and others who fail in their assigned responsibilities;
- Using provisions from the Children's Act and Domestic Violence Act to support sanctions (e.g. defilement, neglect, child support).

Policies, no matter their content and intentions, are effective only when their intended beneficiaries are capacitated to utilise its provisions. This calls for a clear identification of significant actors and their specific roles in bringing the policy to its intended beneficiaries. Again, awareness creation among parents and students and the general public about the policy content is important to ensure informed access. Already GEU has shown its ability to raise awareness within the campaign to get parents to support their girl child to go to school. Lessons from this campaign will prove helpful in making the guidelines to facilitate retention and re-entry of school girls who get pregnant and later become mothers.

## 5 References

Achoka, J. S. & Njeru, F. M. (2012). De-stigmatizing teenage motherhood: Towards achievement of universal basic education in Kenya. *Journal of Emerging Trends in Educational Research & Policy Studies*, 3(6), 887–892.

Baldwin, W. (1982). Adolescent childbearing today and tomorrow: Statement prepared for Senate Human Resources Committee, June 14, updated in Adolescent Pregnancy and Childbearing Rate, Trends and Research Findings from the C.R.P, NICHD. November 1982, unpublished paper.

Baragwanath, S. (1996) School Age Mums: What About Their Education? Porirua College and Massey University Research Affiliateship Scheme Report No. 9.

Barmao-Kiptanui, C., Kindiki, J. N. & Lelan, J. K. (2015). The Impact of Teenage Motherhood on Academic Performance in Public Primary Schools in Bungoma County, Kenya *International Journal of Educational Administration and Policy Studies* 7(2), 61-71

Barr, A.B., & Simons, R.L. (2012). College aspirations and expectations among new African-American mothers in late adolescence. *Gender and Education*, 24 (7), 745-763.

Birungi, H., Undie, C.-C., MacKenzie, I., Katahoire, A., Obare, F., & Machawira, P. (2015). Education Sector Response to Early and Unintended Pregnancy: A Review of Country Experiences in Sub-Saharan Africa. STEP U and UNESCO.

Botting, B., Rosato, M., & Wood, R. (1998). Teenage Mothers and the Health of their Children. *Population Trends*, 93, 19-28.

Boulden, K. (2009). What it Takes: Supporting Pregnant and Parenting Young People. Association of Women Educators National Symposium. Brisbane: The Association of Women Educators.

Bury, J. (1984). Teenage pregnancy in Britain. London: Birth Control Trust.

Challenging Heights (2013). Child-led Research Project; Teenage Pregnancy

<http://challengingheights.org/wp-content/uploads/2014/11/>

Child-led-research-teenage-pregnancy-CH-FINAL-research-teenage-pregnancy-CH

Chauke, H. (2013). The Challenges of Teenage Mothers in Secondary Schools: The Case of Hlanganani South Circuit, Unpublished Thesis, University of Limpopo

Chigona, A. & Chetty, R. (2008). Teen Mothers and Schooling: Lacunae and Challenges, *South Africa Journal of Education*, 28, 261-281

Chigona, A. & Chetty, R. (2007). Girls' Education in South Africa: Special Consideration to Teen Mothers as Learners, *Journal of Education for International Development*, 3(1), 1-17

Department of Education. (2014). The Equality Act 2010 and schools. Departmental advice for school leaders, school staff, governing bodies and local authorities.

Dryfoos, J.Y, D (1984). A strategy for preventing unintended teenage childbearing. *Family Planning Perspectives*, 16 (4), 193.

DHS. (2015). Ghana Demographic and Health Survey 2014. Accra: The DHS Program. Retrieved May 31, 2017, from <http://dhsprogram.com/pubs/pdf/DM70/DM70.pdf>

Edwards, Carly; Reddington, Tom and Fiona Waters (2013) Challenging Heights Child-led Research Project 2013 Teenage Pregnancy <http://challengingheights.org/wp-content/uploads/2014/11/Child-led-research-teenage-pregnancy-CH-FINAL-report-24-Oct-2013.doc>  
Evans, J., & Slowley, M. (2010). Not the end of the story: Supporting teenage mothers back into education. Barkingside: Barnardo's Policy and Research Unit.

FAWE (2004). Re-entry for Adolescent School Girl Mothers in Zambia: Best Practices in Girls Education in Africa. Nairobi: FAWE Forum for African Women Educationalists of Zambia (FAWEZA)

Gender in Nigeria report 2012. Improving the lives of girls and women in Nigeria British Council Nigeria (2012) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/67333/Gender-Nigeria2012.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67333/Gender-Nigeria2012.pdf)

Ghana Education Service (2015). Education for All 2015 National Review Report: Ghana. Paris: UNESCO.

Ghana Statistical Service (2008). Ghana demographic and health survey, 2008. Accra: Ghana Statistical Service

Grout-Smith, J., Tanner, S., Postles, C., & O'Reilly, H. (2012). Because I am a girl, Africa Report 2012, Progress and obstacles to girls' education in Africa. Education for Change.

Habib, L. (2006). Why Do Young Teens Have Sex? WebMD Medical News.

Helpdesk Report. (2015), Education for pregnant girls and young mothers. Heart & Education Advice & Resource Team (HEART).

Karimi, E. W. (2015). Challenges Experienced by Young-Mother Learners upon Re-entry to Formal Primary School: A case in one of the Divisions of Coastal Region, Kenya. Unpublished Thesis, University of Oslo

Keller, E., Hilton, D. B. & Tuwmasi-Ankrah, K. (1999). Teenage Pregnancy and Motherhood in a Ghanaian Community. *Journal of Social Development in Africa*, 14(1), 69-84

Kerry, V. & Thomson, p. (2010). 'Slappers like you don't belong in this school': the educational inclusion/exclusion of pregnant schoolgirls, *International Journal of Inclusive Education*. 14 (4) 371-385

Kiernan, K. (1995). Transition to Parenthood: young mothers, young fathers – associated factors and later life experiences. Welfare State Programme, Discussion Paper WSP/113. London: London School of Economics

Langham R. Y. (2015). Causes of teenage pregnancy. Retrieved from: <http://www.livestrong.com/article/146681-what-are-the-causes-of-teenage-pregnancy/>

Mandel, T. (1982). Problems of unwanted mothers. *Journal of the Indian Medical Association*. 79 (5-6), 81-86.

Mosedale, S. (2004). Assessing women's empowerment. Bonn:WIDE Annual Conference:

Omwancha, K. M. (2012). The implementation of an educational re-entry policy for girls after teenage pregnancy: A case study of public secondary schools in the Kuria District, Kenya

Onyango, George Otieno and Ngunzo Kioli, Felix and Nyambedha, Erick Otieno, (2015) Challenges of School Re-Entry Among Teenage Mothers in Primary Schools in Muhoroni District, Western Kenya. Downloaded <http://dx.doi.org/10.2139/ssrn.2546761>; date accessed 3 February 2017

Oronsannye, A. U., & Odiase G. (1983). Attitudes towards abortion and contraception use among Nigerian secondary school girls. *International Gynaecology and obstetrics*. 21(5), 423-426.

Oronsaye, A. U., Ogbeide., O & E. Unuigbe, E. (1982). Pregnancy among schoolgirls in Nigeria. *International Journal of Gynaecology and Obstetrics* 20(5), 409-12.

Population Reference Bureau. (1992). Adolescent Sexual Activity and Childbearing in Latin America and the Caribbean: Risks and Consequences. *Population Bulletin* 33 (4), 3-55.

Population Reference Bureau. (2015). Early Marriage Trends. Washington DC; PRB. Retrieved from: <http://www.prb.org/Publications/Articles/2015/early-marriage-trends.aspx>

Pogoy, A. M., Verzosa, E. D., Coming, E. D., & Agustino, R. G. (2014). Lived Experiences of Early Pregnancy Among Teenagers: A Phenomenological Study. *European Scientific Journal*, 10 (2), 157-169.

Riordan, S. (2002). *The Invisible Students: Young Parents in Education*. The Centre for Social and Educational Research, Dublin: Institute of Technology.

Sifunsio, M. (nd). FAWE Zambia's campaign for an enabling readmission policy for adolescent mothers. Lusaka: Forum for African Women Educationalists.

Simigiu, A. (2012). *Teen Pregnancy: Factors, Options Consequences*. AFASES. Brasov: AFASES.

UNESCO. (2014). *Developing an Education Sector Response to Early and Unintended Pregnancy: Discussion Document for a Global Consultation*. Paris: UNESCO.

UNESCO. (2014). *Developing an Education Sector Response to Early and Unintended Pregnancy: Discussion Document for a Global Consultation*. Paris: UNESCO.

Village Exchange Ghana, (2005). Improving the lives of disadvantaged women in Ghana's rural areas Ho, Volta Region, Ghana. Ho: Village Exchange Ghana (VEG).

Wanyama, E.G.A., & Simatwa, E.M.W. (2011). Prospects and challenges in the implementation of reentry policy of girls in secondary schools in Kenya: A case study of Emuhaya District. *Education Research*, 2(8), 1373-1390.

## 6 Appendices

### 6.1 Appendix A: Project Terms of Reference

Agreement for Consultancy between Girls Education Unit of Ghana Education Service and Professor Britwum (Lead Person) - Case Study on girls who dropout due to pregnancy, factors facilitating/preventing their re-entry after delivery

#### 1. Introduction and Definitions

This Agreement is between Girls Education Unit (GEU) of Ghana Education Service, Headquarters, Accra and Professor. Britwum, (herein after called “the Consultant”).

The Consultant will report to the Education Specialist, UNICEF and work closely with a designated staff of Girls Education Unit on a day to day basis.

This agreement sets out the terms under which you shall provide your services for and at the direction of GEU and UNICEF on a freelance basis at such time or times as may be agreed between you and UNICEF.

The Agreement will be in accordance with the following Terms and Conditions unless and until an alternative is specifically agreed between the Parties and recorded in writing. This agreement is governed by Ghanaian law and is subject to the exclusive jurisdiction of the courts of Ghana.

#### 2. Purpose of the Agreement

The purpose of the Agreement is to undertake case study of girls who drop out due to pregnancy and factors facilitating/preventing their re-entry after delivery in accordance with best practice and international standards.

i. Undertake case study of girls who drop out of school due to pregnancy and factors facilitating/preventing their re-entry after delivery in three selected districts across the southern, middle and northern belts.

#### 3. Scope of Work

Specifically, the Consultant will undertake the following tasks:

i. Provide extensive desk review of relevant data and inception report.

ii. Develop appropriate tools for data collection

iii. Undertake field visits to collect primary data using appropriate instruments.

iv. Present report and power point presentation on findings and recommendations to be incorporated into on-going Gender Policy in Education and Guidelines/Monitoring framework on re-entry.

v. Ensure quality assurance at every stage of the case study process

#### 4. Output/Deliverable

The consultant shall produce final report and power point presentation on key findings and recommendations to be harmonised with the on-going Gender in Education Policy and the Guidelines/monitoring framework on re-entry.

## 6.2 Appendix B: Focus Group Discussion Guide for Parents and Community Members Ghana Educations Service/ Girls Education Unit

### A CASE STUDY ON GIRLS WHO HAVE DROPPED OUT OF SCHOOL DUE TO PREGNANCY AND FACTORS FACILITATING AND/OR PREVENTING THEIR RE-ENTRY INTO SCHOOL AFTER DELIVERY

#### Focus Group Discussion Guide for Parents and Community Members

1. Is pregnancy among school girls common in this community? (number of known cases at time of interview)
2. What do you think is the cause of early sexual activity among school girls?
3. What do you think is the cause of high pregnancy rate among school girls in this community?
4. What do girls do when they get pregnant?
5. What sanctions exist in the community for girls who get pregnant?
6. What do you think parents should do when their school-going girls get pregnant?
7. What should teachers do when girls get pregnant?
8. Why should such girls be allowed (or not allowed) back into school?
9. What do you think should be done to Men/Boys who make school girls pregnant?
10. Why should parents support their pregnant girls to remain in school and return after delivery?
11. What support do you expect from the school authorities to get pregnant girls back to school?
12. What support can you give as a community to ensure that school mothers go back to school?
13. What do you know about the GES policy on re-entry?
14. Any known case of successful school pregnancy or motherhood re-entry? Conditions for success? And lessons.
15. Challenges in assisting pregnant school girls or mothers with re-entry. Lessons for future.

## 6.3 Appendix C: Interview Guide for Pregnant School Girls in and out of school Ghana Educations Service/ Girls Education Unit

### A CASE STUDY ON GIRLS WHO HAVE DROPPED OUT OF SCHOOL DUE TO PREGNANCY AND FACTORS FACILITATING AND/OR PREVENTING THEIR RE-ENTRY INTO SCHOOL AFTER DELIVERY

Domain	Issues, Questions & Probes
PSG's Family Profile	<ol style="list-style-type: none"> <li>1. Person living with (if not same as parents)</li> <li>2. Household size</li> <li>3. Siblings' information (number, birth position)</li> <li>4. Educational attainment of parents/guardian</li> <li>5. Occupation of Parents/guardian</li> <li>6. Income of parents (asset ownership-house, farm, business, status symbols, TV, radio, motor bike, bicycle, gas cooker, refrigerator)</li> <li>7. Marital history of parents</li> </ol>
PSG's Background	<ol style="list-style-type: none"> <li>8. Age as at the time of pregnancy</li> <li>9. Level of Education at the time of pregnancy</li> <li>10. Future aspirations at the time of pregnancy</li> <li>11. Future aspirations after pregnancy</li> <li>12. School performance level (in class)</li> <li>13. Involvement in school activities (extracurricular)</li> <li>14. Knowledge of reproductive health education and source</li> <li>15. Previous experience of pregnancy (Have you been pregnant before?)</li> <li>16. Personal reaction to the pregnancy</li> <li>17. Relationship with the person responsible for the pregnancy</li> <li>18. Background of father-to-be(occupation, place of residence, education, age, status in society)</li> </ol>
Challenges of the PSG	<ol style="list-style-type: none"> <li>19. Health (morning sickness, nausea, body aches, pregnancy related health conditions, BP, diabetes, eclampsia, anaemia)</li> <li>20. Physical (body changes and implications for clothing, seating and mobility)</li> <li>21. Emotional (fear and anxiety, anger, pity, self-blame, shyness)</li> <li>22. Financial (ante-natal care, health, nutrition, clothing)</li> <li>23. Parents and guardians' reaction of the pregnancy</li> <li>24. Social (peers, religious community, social community- stigma, acceptance, discrimination)</li> <li>25. Academic (teachers, other learners)</li> </ol>

Domain	Issues, Questions & Probes
Coping mechanisms	<p>(Probe for coping strategies adopted to deal with various challenges)</p> <p>26. Hide pregnancy? How, Why?</p> <p>27. Abort pregnancy? How, Why?</p> <p>28. Skip school / Drop out of school? Why?</p> <p>29. Attend school anyway? Why?</p> <p>30. Change school? Why?</p> <p>31. Isolate self from peers? Why?</p> <p>32. Significant supportive person? Who? Role?</p>
School support systems	<p>33. Why did you decide to remain or leave school?</p> <p>34. What facilities do you need to attend school while pregnant?</p> <p>35. What attitude of teachers will be good for you or otherwise?</p> <p>36. What attitude of peers/other learners (girls, boys) will be good for you or otherwise?</p>
Gender equality measures	<p>37. What rules and regulations governing schooling, pregnancy and motherhood do you know of? Source?</p> <p>38. Which of these rules and regulations have you used to manage your situation?</p> <p>39. What should the school pregnant girls do in relation to school during pregnancy?</p> <p>40. What should be the role of the school-going fathers?</p> <p>41. Reporting issues of pregnancy to any State institutions? Who? What? Why?</p> <p>42. State departments used to support during pregnancy, (health facilities, DOVSSU? Social welfare)?</p> <p>43. Actions taken after reporting by departments, group, or individuals.</p>
Last words	<p>44. Advice on how to deal with pregnancy, motherhood and schooling (school/teachers, girls, boys/men, GES/GEU, community etc.)</p>

## 6.4 Appendix D: Interview Guide for School Mothers in and out of school Ghana Educations Service/ Girls Education Unit

### A CASE STUDY ON GIRLS WHO HAVE DROPPED OUT OF SCHOOL DUE TO PREGNANCY AND FACTORS FACILITATING AND/OR PREVENTING THEIR RE-ENTRY INTO SCHOOL AFTER DELIVERY

#### Interview Guide for School Mothers back and not back in school

Domain	Issues, Questions & Probes
SM's Family Profile	<ol style="list-style-type: none"> <li>1. Person living with (if not same as parents)</li> <li>2. Household size</li> <li>3. Sibling information (number, birth position)</li> <li>4. Educational attainment of parents/guardian</li> <li>5. Occupation of Parents/guardian</li> <li>6. Income of parents (asset ownership-house, farm, business, status symbols, TV, radio, motor bike, bicycle, gas cooker, refrigerator)</li> <li>7. Marital history of parents</li> </ol>
SM's Background	<ol style="list-style-type: none"> <li>8. Current age</li> <li>9. Age as at first Pregnancy</li> <li>10. Level of Education at first pregnancy</li> </ol> <p>Future aspirations</p> <ol style="list-style-type: none"> <li>11. at the time of pregnancy</li> <li>12. School performance at the time of pregnancy</li> <li>13. Involvement in school activities (before and after)</li> <li>14. Number of children</li> <li>15. Marital status</li> <li>16. 16. Knowledge about reproductive health education before pregnancy and source</li> <li>17. Relationship with father of child and father's background</li> <li>18. Source of financial support</li> </ol>
Challenges of the SM	<ol style="list-style-type: none"> <li>19. Health (Breastfeeding challenges, baby's health, night time sleep)</li> <li>20. Physical (body changes and implications for clothing needs)</li> <li>21. Emotional (fear and anxiety, anger, pity, self-blame)</li> <li>22. Financial (health, post-natal care, nutrition, clothing—self and child)</li> <li>23. Childcare arrangements,</li> <li>24. Parents and guardians' reaction to the pregnancy</li> <li>25. Social (peers, religious community, social community- stigma, acceptance, discrimination)</li> <li>26. Academic (teachers, other learners)</li> </ol>

Domain	Issues, Questions & Probes
Coping mechanisms	<p>(Probe for coping strategies adopted to deal with various challenges)</p> <p>27. What motivates you to go back (Not to go back) to school?</p> <p>28. Regularity (absenteeism)</p> <p>29. Change school?</p> <p>30. Financial support for child</p> <p>31. Childcare arrangements</p>
School support systems	<p>32. What facilities do you need to attend school while nursing a baby?</p> <p>33. What attitude of teachers will be good for you or otherwise?</p> <p>34. What is the attitude of peers/other learners (girls, boys)?</p> <p>35. What help would you need from parents to go back or remain in school as a young mother?</p> <p>36. What help will you need from the father of your child to go back/ remain in and perform in school?</p>
Gender equality measures	<p>37. Is re-entry a right for school mothers or a privilege? Why?</p> <p>38. What are the roles of the school-going fathers? Why?</p> <p>39. What rules and regulations governing schooling, pregnancy and motherhood do you know of? Source?</p> <p>40. Which of these rules and regulations have you used to manage your situation?</p> <p>41. Reporting issues of pregnancy to any State institutions? Who? What? Why?</p> <p>42. State departments used to support motherhood and childcare (health facilities, DOVSSU? Social welfare)?</p> <p>43. Actions taken after reporting by departments, group, or individuals.</p>
Last words	<p>44. Advice on how to deal with pregnancy, motherhood and schooling (school/ teachers, girls, boys/men, parents, GES/GEU, community etc.)</p>

## 6.5 Appendix E: Interview Guide for Heads, Counsellors and School-based Facilitators Ghana Educations Service/ Girls Education Unit

### A CASE STUDY ON GIRLS WHO HAVE DROPPED OUT OF SCHOOL DUE TO PREGNANCY AND FACTORS FACILITATING AND/OR PREVENTING THEIR RE-ENTRY INTO SCHOOL AFTER DELIVERY

#### Interview Guide for Head (Teachers), Counsellors and School-based Facilitators

Respondent information:

Region

District

Community

ID

Sex

Domain	Issues, Questions & Probes
Causes	<ol style="list-style-type: none"> <li>1. How prevalent is pregnancy among school girls in the district/ region</li> <li>2. What are the various causes of pregnancy in the district/region?</li> <li>3. At what age/class do girls get pregnant most? Why?</li> <li>4. What kinds of girls have the tendency to be pregnant? (parentage, performance, religion/cultural characteristics)</li> <li>5. How do you get to know when a school girl gets pregnant?</li> <li>6. Who are usually responsible for such pregnancies? (school boys, men in the community, teachers)</li> </ol>
Challenges	<ol style="list-style-type: none"> <li>7. What in your opinion, are some challenges faced by pregnant school girls and mothers?</li> <li>8. What challenges do teachers of pregnant school girls and mothers face?</li> <li>9. What challenges do the parents of pregnant school girls and mothers face?</li> <li>10. What challenges are faced by peers and other learners?</li> </ol>
Coping mechanisms	<ol style="list-style-type: none"> <li>11. How do the PSGs/SMs cope with the pregnancies? ( hide, abort, skip school, change school, attend anyway)</li> <li>12. How do teachers of PSGs/SMs cope? ( supportive, indifferent, irritable)</li> <li>13. How do parents of PSGs/SMs cope?( supportive, indifferent, irritable)</li> <li>14. How do peers and other learners cope?</li> </ol>

Domain	Issues, Questions & Probes
School support systems for PSGs & SMs	<p>15. How do you deal with pregnancy, motherhood and schooling?</p> <p>16. What is GEU policy on pregnancy and schooling? (ask for a copy)</p> <p>17. What advice do you want to give to policy makers on this policy?</p> <p>18. What is the likely cost of implementing the policy to you? (time, effort, financial)</p> <p>19. What facilities do you need to have in place to support a policy on re-entry?</p> <p>20. Which of these facilities do you have in place to support a policy on re-entry?</p> <p>21. What support do you need from these sources to facilitate re-entry: family/parents/guardians, community, other state agencies (which), local government, any others (specify)</p> <p>22. Which categories of stakeholders need counselling apart from teachers? (the pregnant school girls or mothers, parents, other learners)</p> <p>23. What has been your most successful school pregnancy or motherhood re-entry case? Why? How?</p> <p>24. What has been your most challenging school pregnancy or motherhood re-entry case? Why? How?</p>
Gender equality measures	<p>25. Have you had to counsel male teachers and school fathers in dealing with Pregnancy and schooling? Why and How?</p> <p>26. What rules and regulations have you used to manage schooling, pregnancy and motherhood? Source?</p> <p>27. Which rules and regulations were used to manage schooling and fatherhood?</p> <p>28. What should be the role of the school-going fathers?</p> <p>29. Reporting issues of pregnancy to any State institutions? Who? What? Why?</p> <p>30. State departments used to support pregnant and school mothers, (health facilities, DOVSSU? Social welfare)?</p> <p>31. Actions taken after reporting by departments, group, or individuals.</p>
Background	<p>32. Length of service</p> <p>33. Responsibilities</p> <p>34. Location/post</p>
Last words	<p>35. Advice on how to deal with pregnancy, motherhood and schooling (school/teachers, girls, boys/men, GES/GEU, community etc.)</p>

## 6.6 Appendix F: Interview Guide for Regional and District GEU Officers

Ghana Educations Service/ Girls Education Unit

A CASE STUDY ON GIRLS WHO HAVE DROPPED OUT OF SCHOOL DUE TO PREGNANCY AND FACTORS FACILITATING AND/OR PREVENTING THEIR RE-ENTRY INTO SCHOOL AFTER DELIVERY

Interview Guide for Regional and District GEU Officers

Respondent information:

Region

District

Community

ID

Sex

Domain	Issues, Questions & Probes
Background	<ol style="list-style-type: none"> <li>1. Length of service</li> <li>2. Responsibilities</li> </ol>
Causes	<ol style="list-style-type: none"> <li>3. How prevalent is pregnancy among school girls in the district/region?</li> <li>4. What are the various causes of pregnancy in the district/region?</li> <li>5. At what age/class do girls get pregnant most? Why?(earliest age experienced)</li> <li>6. What kinds of girls have the tendency to be pregnant? (parentage, performance, age, class, financial status etc)</li> <li>7. How do you get to know when a school girl gets pregnant?</li> <li>8. Recording facilities and procedure in GEU office covering schooling, pregnancy and motherhood. (How? Existing records?)</li> <li>9. Who are usually responsible for such pregnancies? (school boys, men in the community, teachers)</li> </ol>
Challenges pregnant school girls	<ol style="list-style-type: none"> <li>10. What in your opinion, are some challenges faced by pregnant school girls?               <ol style="list-style-type: none"> <li>a. Academic, social, physical facilities</li> </ol> </li> <li>11. What challenges do teachers of pregnant school girls face?</li> <li>12. What challenges do the parents of pregnant school girls face?</li> <li>13. What challenges are faced by other learners who have to interact with pregnant school girls?</li> </ol>

Domain	Issues, Questions & Probes
Challenges school mothers	14. What in your opinion, are some challenges faced school mothers? a. Academic, social, physical facilities 15. What challenges do teachers of school mothers face? 16. What challenges do the parents of school mothers face? 17. What challenges are faced by other learners who have to interact with school mothers?
Coping mechanisms	18. How do pregnant school girls cope with the pregnancies? (hide, abort, skip school, change school, attend anyway) 19. How do teachers of PSGs cope? (supportive, indifferent, irritable, discriminate, stigmatise) 20. How do parents of PSGs cope?(supportive, indifferent, irritable) 21. How do peers and other learners cope?
School support systems for PSGs & SMs	22. What is GES/GEU policy/rule on pregnancy, motherhood and schooling? (ask for a copy) 23. How extensive is knowledge of this policy among teachers, parents and pupils? 24. What is the attitude of teachers/head teachers to this policy? 25. What is the likely cost of implementing the policy for teachers' (time, effort, financial) 26. What facilities do schools need to have in place in support of this re-entry? 27. What facilities does the GEU offices in the district/region need to have in place to support a policy on re-entry? 28. Which of these facilities do you have in place to support a policy on re-entry? 29. What support do you need from these sources to facilitate re-entry: family/parents/guardians, community, other state agencies (which?), local government, any others (specify) 30. What factors facilitate re-entry? 31. What factors make it difficult/impossible for re-entry? 32. What advise do you want to give to policy makers on this policy?

Domain	Issues, Questions & Probes
Gender equality measures	<p>33. Have you had to counsel male teachers and school fathers in dealing with pregnancy, motherhood and schooling?</p> <p>34. What rules and regulations governing pregnancy, motherhood and schooling do you know of? Source?</p> <p>35. Which of these rules and regulations have you used to manage schooling, pregnancy and motherhood?</p> <p>36. What rules and regulations governing school fatherhood and schooling?</p> <p>37. What should be the role of the school-going fathers?</p> <p>38. Reporting issues of pregnancy? Who? What? Why?</p> <p>39. State departments used to support pregnant and school mothers, (health facilities, DOVSSU? Social welfare)?</p> <p>40. Actions taken after reporting by departments, group, or individuals.</p>
Last words	<p>41. Advice on how to deal with pregnancy, motherhood and schooling (school/teachers, girls, boys/men, parents, GES/GEU, community etc.)</p>

Ghana Educations Service/Girls Education Unit

### A CASE STUDY ON GIRLS WHO HAVE DROPPED OUT OF SCHOOL DUE TO PREGNANCY AND FACTORS FACILITATING AND/OR PREVENTING THEIR RE-ENTRY INTO SCHOOL AFTER DELIVERY

Points for training research assistants

Understanding and tackling gendered and emotional situation of the research interaction

Females, (and in the instance of this study, pregnant school girls) do not exist in isolation. They interact with males such as fathers, teachers, husbands (the fathers of their babies) and these interactions generate power gradients that often subordinates females and with implications for the lived experiences that we are studying as well as implications for the research process. We need to be mindful of the fact that females might:

- Want to exempt themselves with being busy
- Not be expressive at focus group meetings due to low self esteem
- Reluctant to talk for fear of partners/power brokers in the community
- Not be comfortable sitting in certain spaces or interacting with strangers
- They might be even more uncomfortable if the strangers are of the opposite sex

This study covers a sensitive topic and therefore poses an emotional demand for pregnant school girls and school mothers. We have to understand that some of these girls will be minors and we need the approval of an adult to interview them. We will in addition access these girls through contact persons who decided who out of possible school girls in the community to cover. During our interview sessions we have to appreciate the deep emotional and psychological pressures these girls are undergoing due to their early pregnancies and/or motherhood. They understand that they have fallen short of accepted social norms and may be harbouring feelings of stress, humiliation and self-blame. Some may even feel they are social outcasts. Our interviews sessions must be treated as psychological encounters likely to bring out deep emotional outburst. As we interview them we must be conscious of the possibility of some of them breaking down and weeping, inconsolable. We have to therefore:

1. Seek their consent before the interview and ensure that they are comfortable with their participation in the study;
2. Assure them of confidentiality
3. Avoid being judgemental
4. Make them feel important by carefully explaining the significance of the interview to policy and the important role they are playing; how their frank answers will bring about better life chances for girls who find themselves in their situation in future
5. Ensure that persons in power and authority over them are not visible during the interview sessions;
6. Observe body language, to determine discomfort and disinterest
7. Know when to break or discontinue the interviews

We the researchers also have our gendered identity which informs our perceptions of the research topic we are studying. We also have some measure of power over the research participants we are interacting with in the field due to our gender, social status and ethnicity. These can interfere with the research environment in ways that undermine the findings. Power issues do emerge strongly in gender research and these threaten ethical principles badly. It is therefore important to be alert as gender researchers, to the potentially exploitative relationship that can develop between us and the researched and that exist between the researched and their relations.

#### Operate within cultural norms

- Observe verbal and non-verbal cues, e.g. in some communities it might be wrong to make eye contact or sit with legs crossed, or point to people using your left hand
- Have genuine respect for the research participants and their ideas
- Humour them and most importantly,
- Avoid distractions from telephone calls and intrusions from others

## 6.8 Appendix H: General Information for Research Teams

### Community briefing

Please ensure that on arrival in the district you meet with contact person assigned by GEU to your region to confirm:

- o Research participants identified for the study
- o Schedule for interviews in the communities (date and time)
- o Venue for the interviews

Remember to fix time for onsite training for GEU research assistant

### Before setting off for the field please

- Check equipment, materials (recorders and camera, batteries)
- Ensure that you have all your instruments and writing materials
- If necessary plan for food and water for the research team
- Set off early to allow sufficient time before and after the interview
- Be conscious of your personal appearance, this is important to build trust and respect; What you wear and how you present yourself is important so ensure you are not over or under dressed
- Decide who will be covering which research participants

### In the community

Ensure that the place of interview is:

- Comfortable for research participants;
- Easily accessible;
- Free from danger, and
- Able to provide privacy especially for the pregnant school girls and mothers

Focus Group discussions should always have a:

- Moderator to:
  - o Facilitate the group
  - o Ask questions and
  - o Moderates the answers
  - o Keeps an eye on the recording equipment
- Recorder who takes notes

At the end of each day have debriefing sessions. The discussions can cover:

- The number of research participants covered;
- The quality of the interviews
- Challenges faced and implications for the research;
- Possible solutions;
- Confirming interview sessions, who, community and time for the next day

Before you go to bed read over your notes and fill in any gaps. It might be important to make notes on your reflections of the interview sessions you were engaged in during the day.

## 6.9 Appendix I: Data Collection Points to Note

Before you begin to engage the focus group discussion or interview indicate the community and the date on your note pad

- Regulate the number research participants in the focus group, in practice, this can sometimes be problematic (ensure that the numbers stay between 6 and not more than 12, preferably 8)
- Introduce your selves
  - o I am \_\_\_\_\_ from \_\_\_\_\_ (Facilitator/moderator)
  - o I am \_\_\_\_\_ from \_\_\_\_\_ (recorder/note-taker)

Build rapport at the beginning:

- Ask group to introduce themselves using first names, or pseudonyms if they wish
- Explain general purpose of the study:
  - o FGD or interview: To gain a deeper understanding of the socio-cultural factors facilitating and/or militating against the re-entry of girls into school after delivery in Ghana
- Indicate to the group/participant the expected duration (an hour and a half)
- Indicate to them who else is involved in the process (other participants, other regions)
- State why the participants' cooperation is important
- Explain to them what will happen to the collected information
- Check for everyone's consent to participate
- Ask group to define their own ground rules, for example:
  - o Only one person talks at a time
  - o It is important for us to hear everyone's ideas and opinions
  - o There are no right or wrong answers to questions – just ideas, experiences and opinions, which are all valuable
  - o It is important for us to hear all sides of an issue – the positive and the negative
  - o Confidentiality is assured. "What is shared in the room/venue stays in the room/venue."
- Give the research participant/s the chance to ask any questions and be sincere in your response
- Do not promise payments or special rewards
- Ask for permission to record the interview and do not record if even one person objects to being recorded
- Check the position and functioning of audio recorder
- Encourage all in the FGD to participate (especially women in the mixed group)
- Make your questions neutral to avoid being judgemental
- ASK A LOT OF WHY AND HOW QUESTIONS
- Use historical events to aid memory recall with dates

## Concluding the interview

Let research participant/s know the interview is coming to an end

- Ask for their last words
- Be prepared for new insights and valuable information
- Show appreciation for their time and cooperation
- Indicate the likelihood of follow up for further information
- If you have any gifts give them out when everything is over



## **A RESEARCH REPORT**

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**CASE STUDY ON GIRLS WHO HAVE DROPPED  
OUT OF SCHOOL DUE TO PREGNANCY AND  
FACTORS FACILITATING AND/OR PREVENTING  
THEIR RE-ENTRY INTO SCHOOL AFTER  
DELIVERY**