



'WHEN I GROW UP...'

A qualitative research about the professional help for teenage mothers in Bolgatanga, Ghana



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SUMMARY

Two students from the Netherlands have executed their Bachelor research in Bolgatanga, Ghana. They are studying Social Work at the Hogeschool Utrecht and by order of the non-governmental organization Youth Harvest Foundation Ghana (YHFG) they have researched the following research question: how do girls (age 13 to 19) in Bolgatanga in Ghana experience their unwanted motherhood and how can professional help respond on this?

The three sub questions are:

- What does professional help for teenage mothers in Bolgatanga looks like?
- Which notions and ideas do teenage mothers in Bolgatanga have about their motherhood?
- Which advice for help for teenage mothers in Bolgatanga can be given to the Youth Harvest Foundation Ghana, according to the answers of the sub questions 1 and 2?

INSTIGATION

There is a high number of teenage pregnancies in Ghana and the YHFG would like to become more concerned with this target group. The YHFG is an organization which is committed to the youth in Northern Ghana. They seek to help the youth of the region to develop their skills and equip them with the appropriate information that will help them gain the self confidence necessary to fight through the factors that are promoting the cycle of abject poverty.ⁱ

There are different motives why this research has been executed. The main reason is that the YHFG would like to get more information and knowledge about teenage mothers, their needs and possibilities. The data should provide this knowledge which can make it possible for the YHFG to start working with teenage mothers. To clarify these motives were analyzed on micro- meso- and macrolevel.

PROPOSAL

This research is an empiric qualitative research and this means that the main focus will be on the feelings and personal experiences of the teenage mothers. Because the vulnerability of this target group this research will take place as much as possible in the own context of the teenage mothers. Besides the teenage mothers there also will be a focus on the professionalism of the Youth Harvest Foundation Ghana. To be able to answer the sub questions several qualitative and quantitative methods have been used. A theoretical framework has been written to substantiate the statements in this research. The first sub question was mainly answered by interviewing key persons at different organizations, high schools and hospitals. These people could give the most relevant information about their relationship with the teenage mothers in Ghana. The second sub question has been answered by depth interviews with eight teenage mothers. During these interviews different topics were discussed. Examples of some of these topics are their early life and background, their unwanted pregnancy and last of all their present and future.

Results

The sub questions have been researched and have lead to the final results of this research. In Bolgatanga there is a minimum of organizations that provide professional help to teenage mothers direct or indirectly. The outcomes of this first sub question will have a connection with the outcomes of

the second sub question; teenage mothers in Bolgatanga experience their motherhood as difficult life situation with additional problems. These problems are the causes by the pregnancy and especially have to do with educational, financial and social aspects.

Following these results a number of recommendations have been written for the Youth Harvest Foundation Ghana. Some examples are searching a financial sponsor to support direct activities with teenage mothers and developing a clear vision. The social worker should become more active in doing fieldwork and the YHFG can look for opportunities to become an organization where foreign students can do their internship related to teenage mothers.

SUMMARY

Summary 2

1 Introduction 8

 1.1 Motivation 8

 1.2 The Youth Harvest Foundation Ghana 8

2 Theoretical framework 10

 2.1 Introduction 10

 2.2 The Ghanaian culture 10

 2.3 Social Work in Ghana 11

 2.4 Teenage pregnancies in Ghana 11

3 Describing the problem 12

 3.1 Introduction 12

 3.2 Problem analyze 12

 3.2.1 Macro Ghana and Upper East Region 12

 3.2.2 Meso 13

 3.2.3 Micro 13

 3.3 General problem 14

 3.4 Research question 14

 3.5 Sub questions 14

 3.6 Goals 14

4 Conducting research 15

 4.1 Introduction 15

 4.2 English and Dutch 15

 4.3 Research type 15

 4.4 Data collecting 15

 4.4.1 Operational notions 15

 4.4.2 Research method per sub question 16

 4.7 Privacy 22

4.8 Validity.....	22
5 Results	23
5.1 Introduction	23
5.2 Sub question 1 What does professional help for teenage mothers in Bolgatanga looks like?.....	23
5.2.1 The Youth Harvest Foundation Ghana.....	23
5.2.2 Government organizations in Bolgatanga.....	24
5.2.3 High Schools	24
5.2.4 Hospitals	25
5.2.5 Church and mosque.....	26
5.3 Sub question 2 Which notions and ideas do teenage mothers in Bolgatanga have about their motherhood?.....	27
5.4 Sub question 3 Which advice for help for teenage mothers in Bolgatanga can be given to the Youth Harvest Foundation Ghana, according to the answers of the sub question 1 & 2?.....	38
6 Conclusion and discussion.....	39
6.1 Introduction.....	39
6.2 Sub conclusion sub question 1 What does professional help for teenage mothers in Bolgatanga looks like?.....	39
6.3 Sub conclusion 2 sub question 2 Which notions and ideas do teenage mothers in Bolgatanga have about their motherhood?	41
6.4 Sub conclusion 3 sub question 3 Which advice for help for teenage mothers in Bolgatanga can be given to the Youth Harvest Foundation Ghana, according to the answers of the sub questions 1 and 2?	44
6.5 Conclusion.....	48
6.6 Discussion	50
Literature.....	52
Appendix	55
Notes.....	65

FOREWORD

This Social Work Bachelor thesis has been written for the Youth Harvest Foundation Ghana (YHFG) instructed by the Hogeschool Utrecht. When we met four years ago we became very close friends and this friendship has made it possible for us to choose to do research abroad.

We have always had specific interest in Ghana because of personal motives and because this country offers many possibilities.

First of all we would like to thank our docent Sabine de Vries. She was our companion during this research from a very long distance. Despite this long distance communication, we were able because of her professionalism to use her feedback, to write the concept and to collect all the data. Also we have experienced her personal interest as very positive.

Also John Kingsley Krugu has been a major support. He made as the founder of the YHFG for us to do our research at the YHFG. Because of this he gave us a lot of confidence to start this big adventure. Jolien van der Geugten is the sister of Rosan and she made it possible for us to get in contact with the YHFG. From the very first moment she has been very supportive and dedicated to our research. We would like to thank her for this. While our stay in Bolgatanga, David Ayine has helped us and made is possible to bring us in contact with organizations and many other people. Also we would like to thank the social worker and all the other people of the YHFG for their support, interest and patience.

Finally we would like to thank our family and friends and especially our parents. Because of their support and courage we were able to go to Ghana and finish our research successfully. We have enjoyed the country, the culture and all the good things we have experienced.

Fleur van Heeswijk en Rosan van der Geugten
Utrecht, May 2010



1 INTRODUCTION

1.1 MOTIVATION

Preceding this research, there has been contact with the YHFG about this Bachelor thesis, the possibilities and the question of the organization. The YHFG is already active in doing prevention work, for example the professionals of the YHFG are giving counseling and health education. There is also a research going on right now about sexual education of youth in the north of Ghana. For the YHFG this research is important to be able to focus more on teenage girls who are unwanted pregnant or who are already having a child.

1.2 THE YOUTH HARVEST FOUNDATION GHANA

The YHFG has founded in 2002 in Bolgatanga, the capital of the Upper East Region in Ghana. The YHFG is a non-governmental organization (NGO) and works together with youth. A NGO is an organization who is independent of the government and focuses on the social importance.ⁱⁱ Through education, projects and programs the YHFG offers youth support in their social and cognitive development.

- Vision: 'self reliant and self-sufficient youth in healthy communities.'
- Mission: 'Identify unfulfilled needs of young people, develop and implement breakthrough solutions with lasting impact.'ⁱⁱⁱ

The YHFG wants to help youth in this region to develop their skills and to provide them the right information. These youth need the confidence to fight against poverty in their surroundings.

HIV/AIDS AND HEALTHY SEXUAL LIFE CAMPAIGN^{iv}

The Tropical Institute Basel in Swiss supports the YHFG financially with the 'HIV/AIDS and Healthy Sexual Life Campaign' at seven High Schools in Bolgatanga. These schools are the so-called Youth Harvest Clubs and there are focusing on sexual education and courses. These clubs are an important part of talking with youth about sexual and reproductive health issues.

The clubs offer different activities and became an important connection between the YHFG and the schools. Some of the main issues are:

- Giving advice to youth in difficult situations.
- Discuss different topics about reproductive health.
- To create an exhibition whereby the focus is on the ideas of youth according to sexual and reproductive health.
- An annual debate whereby club members debate about sensitive subjects in relation with sexual and reproductive health.
- The YHFG offers several projects to youth. These projects are also called as the "Adolescence - Changes, Choices and Rights (ACCR)".

This is an example of these projects:

'GAMES FOR LIFE'

The research 'advocates for Youth 2006' has showed that it is very important to inform children of the age of 10 – 14 years about sexual and reproductive health.^v The project 'Games for life' informs the YHFG about this with the aim to inform youth about HIV/AIDS, prevention and related subject. Through talking at Senior and Junior High Schools in Bolgatanga they are about these subjects before these youth are sexual active. "Love.Check' is one of the games which is developed by the WEB.foundation. This is an organization who is working in countries with an increased risk of children getting infected with HIV/AIDS. This game will inform children about the risk of having sex and to inform them about HIV/AIDS.

YOUTH CENTRE

The YHFG has, besides from the Harvest Clubs and other projects, also a youth centre called the Youth Centre. This centre offers an internet café, a conference centre and an office for the social worker who receives youth to talk about problems and questions. There are plans to build a new and bigger youth centre called 'Securing Knowledge into Life Long Learning (SKILL) Centre'. The new SKILL centre has to offer more space for youth from Bolgatanga to meet, ask questions and talk about problems together in peer-groups or professionals from the YHFG.

There will be different projects being organized, whereby the focus will be on development of self-confidence and independence and to show their talents and skills. The centre will be managed by youth to stimulate their development and to realize their own ideas.

2 THEORETICAL FRAMEWORK

2.1 INTRODUCTION

This is the research question: 'how do girls (age 13 to 19) in Bolgatanga in Ghana experience their unwanted motherhood and how can professional help respond on this?'

We have chosen to write about the following themes in the theoretical framework: the Ghanaian culture and the system of social work and teenage pregnancies in Ghana. In this chapter relevant literature about these themes will be discussed.

This information is important to be able to put the results in the write context. Because this research has been conducted in Ghana and we were in a different culture, we have decided to start this theoretical framework during our research to reduce the amount of prejudices and suppositions.

2.2 THE GHANAIAN CULTURE

To describe culture we have to distinct a coarse and an intricate culture. Pinto (2000)^{vi} defines the western culture as a coarse culture; the traditional non-western culture is defined as an intricate culture. There are four categories that are playing a role: economical, religious, social and individual factors.

An intricate culture is focusing more on interest groups and reputation. According Pinto (2000) you can explain this because a non-western culture has other norms and values. The Ghanaian culture is a non-western culture, in this culture the focus is on family. In this non-western culture the group determines to have specific rules that must be lived up to. Hereby the helpfulness and being together are very important. This group or family has social and cultural expectations and individuals feel compulsories against this group or family. Besides family, religion also plays a big role in the Ghanaian society. In Ghana the biggest focus is on Christianity (67%), the Islam (17%) and the traditional religion (9%)^{vii}. Sex before marriage will be disapproved by these religions; because of this a part of society disapproves teenage pregnancies.

Such as this literature shows that a strong relationship with family and religion has influence on the Ghanaian culture. Besides this, culture is also influenced by economics, education and health care. In comparison with other African countries, Ghana is a well-doing country. Ghana has one of the fastest growing economics and the system of education is relatively good in Ghana. The Ghanaian economy is mainly dependent of agriculture. Also fishery, trading and forestry create a big part of the employment. Yet according to the CIA World Factbook 20% of the population is unemployed and 80% has less than 2 dollar per day to spend. According to statistics 40% of the people in Ghana lives in poverty and the situation in the rural areas shows an alarmingly percentage of poverty of 84%.^{viii}

In 1957 Ghana became independent, before it was a British colony. The official language is English and this language is also used at schools. Basic education is free and required in Ghana. There is very little control to compliance the schooling which leads to many early school drop-outs among children. Despite the free education many children can't afford additional costs like a school uniform and books. According to the Ghana Education Service teenage pregnancies is the biggest reason for girls to drop out (Hutchinson, G. & Domhnail, 2005).

Lack of medical resources forms a problem for the health care in Ghana. The average age of men is 54 years and women 58 years. In the last decade the health care has made progress like vaccination programs and access to clean drinking water and latrines. Nevertheless still many people die because of diseases like malaria. Hospitals are crowded and there is a lack of medical professionals. Ghana suffers from brain drain. Doctors and other medical professionals move abroad because of higher incomes and to develop their skills and experiences.

2.3 SOCIAL WORK IN GHANA

Social Work in Ghana is divided in four segments: social help, work and legalization, services financed by the government and services of voluntary work (Dixon, 1987). Social help means the insurances of individuals and companies. The segment work and legalization means the responsibilities of companies compared to their employees.

In Ghana some big Social Work organizations are financed by the government. One of these organizations is the Social Welfare. This organization offers services to different target groups. Some examples of these groups are disabled people, elderly, mothers and children and youth and vulnerable people in society especially those who have HIV AIDS. In every region in Ghana there is a department of Social Welfare. Besides the Social Welfare there are also organizations that are focusing on education. They are also financed by the government and they join the third segment, services financed by the government.

The fourth segment is the services of voluntary work like non-governmental organizations (NGO). In Ghana there are local and international NGO's.

2.4 TEENAGE PREGNANCIES IN GHANA

A recent research (Awusabo-Asare & Akwasi Kumi-Kyereme, 2004) has shown that the average age of pregnant women in Ghana is between 25 and 29. Around 10 % of all the pregnant women in Ghana is between the age of 15 and 19 years old. This research has also shown that 14% of all the girls between the age of 15 and 19 in Ghana has ever been pregnant or have delivered a baby.

Elfenbein, D.S. & Felice, M. E. (2003) conclude in their research about teenage pregnancies that there are different risk factors like the level of education, poverty, single parent families, families with multiple teenage pregnancies and uncontrolled behavior like drugs and alcohol. Also the research of Awusabo-Asara & Akwasi Kumi-Kyereme (2004) shows these factors. They concluded in 1998 after a research, that 16% of all the 15-19 years old girls in Ghana, who have followed less than seven years of education have a bigger chance to become pregnant. The percentage of girls who have followed more than seven years of education and become pregnant is lower 9%. This result concluded that the higher the level of education is, the age of girls when they get their first child is also higher.

Different researches (Hutchinson, G. & Domhnail, 2005) about youth and sexuality show that teenage mothers are dealing with multiple problems. A depression is a common problem among teenage mother. About 44 % of all the teenage mothers are depressed. These depressions are resulting from stress. Stress is getting developed by lack of financial possibilities to raise a child, not having a partner, lack of possibilities to continue education and care of the child.

This depression can also lead to social isolation of the teenage mother, extreme low self-esteem and unfortunately also neglecting of the child (Elfenbein, D.S. & Felice, M. E., 2003). In almost every case of a depression, the teenage mothers are not treated.

3 DESCRIBING THE PROBLEM

3.1 INTRODUCTION

In this chapter the exact problem will be defined. In paragraph 3.2 we will give you a micro-meso- and macro analyze of the defined problem. Then we will give you the research question and the sub questions. Finally the goals will be written in the last paragraph of this chapter.

3.2 PROBLEM ANALYZE

The micro-meso- and macroanalyse has been written to give a clear view on the current situation in Ghana and in particular Bolgatanga concerning unwanted teenage pregnancies.

3.2.1 MACRO GHANA AND UPPER EAST REGION

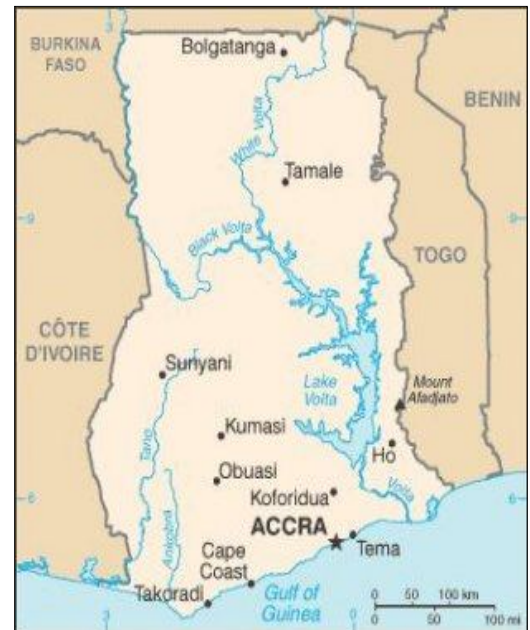
In comparison with other African countries, Ghana is well developed on the level of education and health care.^{ix} Ghana is still a development country and is ranked as number 152 of the 182 registered countries of the Human Development Report (2009).^x

In 2008 there were 23.328.848 people living in Ghana thereof 28,5%^{xi} lives under the poverty line. The World Bank handles the poverty line of an income of 1,25 dollar per day. According to the statistics 40% of the Ghanaian people lives in poverty and in the rural areas the number is even higher, 84%.^{xii}

In 2008 there were 350.000 people infected with HIV in Ghana and annually 30.000 people in Ghana die. Also sexual transmitted diseases and unwanted pregnancies because of unsafe and unwanted sex are common problems in the modern society in Ghana. These problems are located in cities as well in the rural areas. In the last two decades various researches has been conducted about teenage pregnancies in Ghana. These different researches show that unwanted teenage pregnancies are the problematic cause of early school drop-outs, health care issues and illegal abortion (K. Awusabo-Asare, A.M. Abane & A. Kumi-Kyereme 2004), (E. T Keller, D. B Hilton & K. Twumasi-Ankrah 1999), (G. Hutchinson, B. Mac Domhnaill, A. Milev & Y. Milev 2005).

UPPER EAST REGION

Bolgatanga is located in the north east of Ghana in the Upper East Region (UER), adjacent the countries Burkina Faso and Togo. Bolgatanga is the capital city of the UER and counts circa 50.000 people. The UER is one of the poorest regions in Ghana and in the UER there are living 1.015.290 people which 50% is younger than 15 years. The number of people with malaria, tuberculosis and HIV infections has not decreased but in most situations the number has increased.^{xiii}



Agriculture is one of the most important incomes and circa 90% of the population is farmer. Also the average circumstances of life are primitive and less than 7% of all the houses have running water, electricity and good sanitary facilities. There is a traditional cast between men and women in the north of Ghana. In this society women are taking a smaller part in making (own) decisions. The consequence of this type cast is girls growing up in a community of inequality between men and women, discrimination and traditional and religious issues.

In the Upper East Region 75,7% of the children from the age of 3 years do not follow any education or only preschool. In comparison with 47,7% on a national scale is education in this region less usual. 71,8% of the children from the age of 6 years do not follow any education of which 76,8% girls and 66,8% boys. Only 12,5% will succeed Senior High School. Then less than 5% will succeed in a follow-up study.

Also the number of boys that is attending school and finishes his school successfully is higher than the number of girls on any other level. This difference has not changed in the last years.

Many children and youth in the north of Ghana live in a vicious circle existing poverty, underdevelopment, low self-esteem and illiteracy. They are often not able to go to school because of low incomes of their parents.^{xiv}

3.2.2 MESO

YOUTH HARVEST FOUNDATION GHANA

The YHFG is a NGO who is active in youth development. Many teenage pregnancies start when the girls are still going to school. When you become pregnant in Ghana you cannot continue with your education. Besides it will be difficult for these girls to return back to school after they have delivered because of financial, emotional and practical problems. They might also have to deal with less concentration and less knowledge of the classes. This leads of many girls who drop-outs out of school in Ghana because of an unwanted pregnancy. The YHFG focuses on reducing the amount of school drop-outs and to guide youth and their education. Also the Ghana Education Service (GES) is focusing in reducing drop-outs.^{xv}

The percentage of girls who do go to school in Ghana is lower than the percentage of boys. The GES strives to an equal ratio at Ghanaian schools. The GES works together with schools in Bolgatanga to try to reduce the school drop-outs.

3.2.3 MICRO

TEENAGE MOTHERS

An unwanted teenage pregnancy can lead to shame and fear.^{xvi} It is legal in Ghana to abort a baby in case of rape, incest or in health danger situations.^{xvii} Pregnant girls who do choose for an abortion are mostly forced to an illegal abortion because of the shame and fear of going to the hospital. Taking an overdose of medications or herbs are examples of these illegal methods. This can result in health problems, mutilation or even death. The YHFG wants to be a position of trust for these girls and to help them in difficult situations so these girls can control their own lives and take own decisions. The YHFG is not that familiar with the target group teenage mothers but they would like to get more insight of the needs of teenage mothers in Bolgatanga so they can respond with professional help.

3.3 GENERAL PROBLEM

The YHFG doesn't have all the knowledge, insight and skills to reach teenage mothers and because of this they cannot respond on their problems and needs.

3.4 RESEARCH QUESTION

- How do girls (age 13 to 19) in Bolgatanga in Ghana experience their unwanted motherhood and how can professional help respond on this?

3.5 SUB QUESTIONS

- What does professional help for teenage mothers in Bolgatanga looks like?
- Which notions and ideas do teenage mothers in Bolgatanga have about their motherhood?
- Which advice for help for teenage mothers in Bolgatanga can be given to the Youth Harvest Foundation Ghana, according to the answers of the sub questions 1 and 2?

3.6 GOALS

- To get more insight in the existing professional help to teenage mothers in Bolgatanga.
- To get more insight in existing notions and ideas of teenage mothers in Bolgatanga with regard to their motherhood.
- To advise the YHFG about professional help to teenage mothers in Bolgatanga in Ghana with regard to their notions and ideas.

4 CONDUCTING RESEARCH

4.1 INTRODUCTION

In this chapter we will explain to you how this research has been conducted. In paragraph 4.2 we will explain why this research has been conducted partly in English and partly in Dutch. In paragraph 4.3 the type of research will be sounded. The process of collecting data will be described in paragraph 4.3 per sub question. In the next paragraph we will describe how the data has been processed and analyzed. Finally the definitions of the notions reliability, privacy and validity will be given in the last paragraph of this chapter.

4.2 ENGLISH AND DUTCH

All the interviews have been done in English. The interviews with the teenage mothers are also transcribed in English but the interviews of/for sub question 1 are analyzed in Dutch. Also we have chosen to write this report for the greater part in Dutch because the researchers are following a Dutch study with mainly Dutch literature. The summary and results of sub question 3 are written in English to explain it better for the YHFG.

4.3 RESEARCH TYPE

The research question (chapter 3) has been answered by doing an empiric qualitative describing research. Some characteristics and goals of such a research are:

- You look to the empiricism.
- You use different data sources.
- You try to understand and get to the bottom of individual people, groups or situations.
- You centralize the feelings, thoughts and experiences of the people concerned.
- You stay in your own context.^{xviii}

These characteristics and goals are all applicable to this research. The feelings, thoughts and experiences of the girls are centralized. Also their actual experiences and notions about their motherhood are investigated.

Besides we have looked for possibilities how the YHFG can start working with these girls. We have done this mainly by using different data sources. Besides trying to understand the girls/teenage mothers it was also important to look at the professional working methods of the YHFG. The YHFG has taking a big role/part in the process of collecting data.

To be able to work with this vulnerable group we have tried to stay as much as possible in the own context of the situation. We have tried to approach the respondents in their own surroundings. These approaches have been conducted systematically to be able to create a confidential band.

4.4 DATA COLLECTING

4.4.1 OPERATIONAL NOTIONS

In this research we have used a number of notions. This is an overview of the used notions.

- Girl*: a feminine child or young woman till the age of 19 years old.^{xix}
- *Teenage mother*: a girl between the ages of 13 and 19 who has delivered her first child.
- *Unwanted teenage mother*: a girl between the age of 13 and 19 who became pregnant against her own will.
- *Bolgatanga*: town in Ghana, Bolgatanga is the capital of the Ghanaian Upper East Region and has around 50.000 people.
- *Social Worker*: the general term for someone who works in the sector: care and welfare.
- *Social Work*: *serving people with problems on a professional way*.^{xx}
- *Social Worker in Bolgatanga*: a person who services all social and local problems in the society of Bolgatanga.
- *Taboo*: something that is considered as inappropriate to use, to do or to talk about.^{xxi}
- *Drop-out*: someone who stops early, without any certification, with school.

4.4.2 RESEARCH METHOD PER SUB QUESTION

To be able to answer the sub questions as correct and secure as possible, we have used different qualitative and quantitative data sources, methods and techniques. We have written the choices and why we have made these choices per sub question. The global selection of collecting data has been done by focusing on the main problem: the unwanted teenage pregnancies and the involved groups and people like the YHFG and other Social Work organizations. To give a clear view for which this research exactly has been conducted, we have chosen different research subjects.

4.4.2.1 SUB QUESTION 1 WHAT DOES PROFESSIONAL HELP FOR TEENAGE MOTHERS IN BOLGATANGA LOOKS LIKE?

This sub question has been answered by collecting information to create a good summary of active Social Work organizations and methods in Bolgatanga. We have collected this information by interviewing professionals. Before we could interview them, we have contacted them by personal letters in the name of the board of the YHFG. Then we have contacted them also by phone to make an appointment. After this step we were able to write a topic list. For every interview these topic lists have been used to collect information about the organizations, their relation with teenage mothers and their personal ideas and feelings about teenage pregnancies in Bolgatanga. These topic lists are added in the appendix. Per research subject we have described the process:

YOUTH HARVEST FOUNDATION GHANA

This research has been conducted for the YHFG. Depending on the results of this research they can decide in what way they want to start working with teenage mothers in Bolgatanga. To understand what the possibilities of the YHFG are but also their personal thoughts and feelings we have interviewed the social worker of the YHFG with a half structured interview. The length of the interview is 60 minutes.

GOVERNMENTAL ORGANIZATIONS IN BOLGATANGA

The government in Ghana plays an important part in the welfare of teenage mothers. To answer this sub question we have also focused on governmental organizations. The YHFG has advised us to

approach two organizations: the Social Welfare and the Ghana Education Service. We have interviewed professionals at these two organizations with half structured interviews. The length of the interviews is 30 minutes.

HIGH SCHOOLS

There is a number of teenage mothers that become pregnant while they are going to school. To find out what role/part schools are taking in the pregnancies and what kind of help or support school can offer, we have interviewed three teachers at three High Schools in Bolgatanga with half structured interviews. We have used topic lists. We have consulted together with the YHFG which schools were relevant for us to approach: Bolgatanga Girls Senior High school, Bolgatanga Vocational Training Institute en Zuarungu Senior Highschool. These schools were relevant because at these schools the YHFG is active with the Harvest Clubs and the teachers we have interviewed are contact persons with the YHFG.

The length of the interview is 60 minutes.

HOSPITALS

To find out how fare teenage mothers receive medical care and help, we have visited three larger hospitals in Bolgatanga: Afrikids Hospital, The Regional Hospital en Asakunde Hospital. We have interviewed the midwives because they are the key-persons in these hospital concerning pregnancies and also teenage pregnancies. We have interviewed them with half structured interviews.

The length of the interview is 30 minutes.

CHURCH AND MOSQUE

69% of the Ghanaian population is Christian and 15% is Muslim. Religion plays an important part in their lives and this also means for the people in Bolgatanga. In Bolgatanga there are approximately 100 small and big churches. The YHFG advised us to visit two churches that are relevant for this research. We have visited two churches who are giving some help to youth and in particular girls and teenage mothers. The Fountain Gate Chapel is a big church in Zongo and the Sacred Heart Catholic Church is a church in the centre of Bolgatanga who cooperates with Afrikids, a British NGO. These churches are, like many other churches in Bolgatanga, actively in working on a social level like training single mothers or organize fund-raising for homeless people.

At both churches we have decided to interview the pastor with an half structured interview. The length of the interview is 30 minutes.

All these interviews with the different organizations have been done by us, two students together one as the interviewer and one as a secretary. We made this decision to guarantee the validity as much as possible.

4.4.2.2 SUB QUESTION 2 WHAT DOES PROFESSIONAL HELP FOR TEENAGE MOTHERS IN BOLGATANGA LOOKS LIKE?

This sub question has been answered mainly by doing half structured depth interviews with teenage mothers. We have chosen this approach to find out as much as needed details about the lives, ideas, emotions and notions of these girls and their motherhood. When we approached the respondents we have take in to account these following factors of which can influence the validity of this research:

CITY AND AREAS

This research has been focused on the city Bolgatanga. There are seven areas: Zongo, Estates, Tanzui, Zuarunga, Zaaire, Centre en Bukere. We have chosen to visit all these areas and try to find respondents from all these different areas.

AGE

Children in Ghana are in principle registered when they are born. Although there might be a chance that there birth date is not in resemblance with their actual date of birth. While we have approached the respondents, we have always tried to check there age by asking friends and relatives.

EDUCATION

In Ghana most schools are advised to dismiss a pregnant girl from school. This means that a part of all the teenage mothers in Bolgatanga has gone to school until a certain level. We have chosen to look for respondents who didn't finish their education and girls who did finish Junior or Senior High. To be able to find these girls, the three High Schools have helped us.

RELIGION

The YHFG is an organization who focuses on all youth in Bolgatanga. This also means Christian and Muslim girls. Because these are the two biggest religious groups in Bolgatanga, we have focused on them.

LANGUAGE

English is the official language in Ghana but there are many different local dialects. The dialect in Bolgatanga is called FraFra. We have chosen to approach teenage mothers who speak English. To use an interpreter could have made the girls feel unsafe which could lead to non trustable results and it was not very much possible because of financial motives.

PREPARATION

We have approached all the teenage mothers to create a reliable relationship between us and the girls. We thought it would be the most important for them to feel safe and secure and getting personal contact is important. When we were looking for respondents we have kept the conditions in mind After meeting the girls for the first times we have visited them two other times before we actual interviewed them. Because of this they could get used to us more and the reliable relationship could grow. It was also for us good to find out if the girls were actual capable of being interviewed. We could talk to them and see if they command the English language to express themselves as good as possible.

Then we have made a topic list based on the interviews with the key persons of the organizations like teachers and midwives. We have interviewed 8 teenage mothers and the length of the interviews is around 2 hours. The respondents are personally approached by the two students to enlarge the validity of the results.

4.4.2.3 SUB QUESTION 3 WHICH NOTIONS AND IDEAS DO TEENAGE MOTHERS IN BOLGATANGA HAVE ABOUT THEIR MOTHERHOOD? WHICH ADVICE FOR HELP FOR TEENAGE MOTHERS IN BOLGATANGA CAN BE GIVEN TO THE YOUTH HARVEST FOUNDATION GHANA, ACCORDING TO THE ANSWERS OF THE SUB QUESTION 1 & 2?

Based on the results of sub question 1 and 2 we have given advice about giving professional help to teenage mothers who are unwanted pregnant. To be able to give this advice it was important to create a good view off the target group and to get to know this group better. The results of sub question 2 have been very important for this process. To give the best and realistic advices we have also looked at the professional possibilities of the YHFG by interviewing the social worker of the YHFG and analyzing the results. Besides this we have also developed a product which can contribute to realize the advices.

4.5 DATA ANALYZE

To analyze the data we have used the book called Basisboek Kwalitatief Onderzoek van Baarda, De Goede en Teunissen. All the interviews during this research have been recorded. Before every interview we have asked for permission. The eight depth interviews with the teenage mothers have been transcribed. All the non relevant information has been deleted.

THEMES:

- Parents and teenage mothers
- Reactions
- Father of the baby
- Family
- Pregnancy
- Abortion
- School
- Present
- Help
- Problems
- Needs
- Future
- Feelings

4.6 RELIABILITY

The interviews have been analyzed by the two students. Because of this inter-interview method the reliability has increased.

4.7 PRIVACY

We have guaranteed the privacy of all the respondents as much as possible. In this report we have not used any names of the respondents, family members and professionals. Also during the research we have guaranteed all the private information.

4.8 VALIDITY

To guarantee the validity of this research we have tried to stay as much as possible in the own context of the teenage mothers and the other respondents. Because of this we were able to disturb the present situations as little as possible.

5 RESULTS

5.1 INTRODUCTION

All the interviews have been done by the two students. For every interview we have divided the two roles: interviewer and secretary.

We have chosen for this strategy to increase the validity and trustable results because it is always possible to face a language barrier for example. The results have been described per sub question.

5.2 SUB QUESTION 1 WHAT DOES PROFESSIONAL HELP FOR TEENAGE MOTHERS IN BOLGATANGA LOOKS LIKE?

5.2.1 THE YOUTH HARVEST FOUNDATION GHANA

Schools can play an important role to prevent teenage pregnancies. Teachers can have more information about the backgrounds of these girls in the way of their family and financial situation. They can anticipate better to take measures on time and to protect these girls.

According to the social worker, teenage mothers mainly need guiding and support in their lives and all the challenges they will face. The pregnancy can also have psychological consequences for the girl. Many girls can deal with more problems when the father of the baby denies the pregnancy. As a social worker she can talk with girls to protect them from aborting the baby illegally. She also explains that confidentiality is very important. The location of the YHFG can contribute to make it as safe as possible for girls to be able to talk with the social worker.

Right now the YHFG is not working with this target group yet. Whenever a teenage mother approaches the YHFG, the social worker will think about a way to help her. She says to be motivated to start working with this group but she doesn't have many possibilities to realize this plan. Money is the most important factor but also in what way the people in Bolgatanga know the YHFG. They need to find a sponsor to make it possible for girls to, for example, go back to school or to support their education or work.

5.2.2 GOVERNMENT ORGANIZATIONS IN BOLGATANGA

SOCIAL WELFARE

Social Welfare is a governmental organization in Ghana who is providing social work. This organization is financed by the government and offers services to different target groups like disabled people, elderly, mothers and children, youth and other groups with vulnerable positions in society. Also teenage mothers can go to the Social Welfare. The respondent we have interviewed doesn't have exact data for us but she says the number of teenage mothers who visit the Social Welfare is very low. She also explains that their help to teenage mothers is mainly to search for the father of the baby and to try to get alimony for the teenage mother. She says that some cases are successfully and other not. It was not possible for us to see some data because it was not available.

GHANA EDUCATION SERVICE (GES)

The Ghana Education Service is an organization who organizes all education in Ghana. The government pays 4 Ghana Cedis per child and all children need to pay their own things like a school uniform. Because still many girls are not going to school, 5 years ago the Girls Education Unit was founded. This is part of the GES but focuses only on the education for girls. When a girl gets pregnant she cannot go to school anymore. The respondent of the GES says that the main reason is that a teenage mother is not a good example for other girls. This means that students can get the wrong message that you can get pregnant and still go to school. Also the position of the girls is mentioned. They would have compared to others girls and students a weaker position. Since a couple of years a girl can return back to school after she has delivered. Girls can return back to school but this has some conditions like the role of the parents and other support. Also the respondent explains that money is very important when a girl wants to return back to school. According to her it this is very difficult without any financial and psychological support. Besides the GES, she explains, there are no other organizations that help teenage mothers.

The GES has no exact numbers about drop-outs because of pregnancies or numbers about girls who return back to school after their pregnancy because not every school informs the GES.

5.2.3 HIGH SCHOOLS

The YHFG is active on these schools with the Harvest Clubs and the teachers we have interviewed are not only teacher but also contact person with the YHFG.

BOLGATANGA GIRLS SENIOR HIGH SCHOOL (BOGISS)

Bogiss is a High School for girls and also a campus. At this school there is a counseling department where 3 teachers are working. Whenever a student has a problem she can go to this department. She can get some help and support by these 3 teachers. This department will also be informed in case of a pregnant student. They stimulate the girl to go home, wait until she has delivered and return back to school.

In 2009 there were 2 girls who got pregnant and didn't end their pregnancy with an abortion. This happens at school. Because abortion is illegal in Ghana, Bogiss will dismiss a girl in case of an abortion. They also dismiss a girl when she is pregnant but they are allowed to come back but this means that they will go to another school. Bogiss is doing this, next to many other schools because to protect the position of the girl but also to prevent sending the wrong message.

BOLGATANGA VOCATIONAL TRAINING INSTITUTE (BVTI)

BVTI is a governmental school for students who cannot go to another High School. In the beginning BVTI was working together with Social Welfare but this co-operation does not longer exist. The Harvest Clubs visits BVTI to talk with students about values, norms, protection and development and also about sex education.

In most cases the teachers suspect a pregnancy. These suspicions will be checked by talking to the girls. Whenever a girl keeps denying she will be checked medically. After giving birth the girls is allowed to return back to school but according to the respondent this almost never happens. Whenever the school finds out a student is pregnant, they will dismiss her from school and they will not keep in touch with the girl.

ZUARUNGU SENIOR HIGH SCHOOL (ZUSS)

According to the respondent there are around 2 pregnancies per year that are officially reported but she says that there are also girls who are not coming to school anymore before the school finds out she is pregnant. At ZUSS there is a counseling unit with 4 teachers. This unit helps students with all kinds of issues and problems by talking with them. Also at ZUSS it is not possible for a girl to stay at school while she is pregnant. Whenever the school suspects something (like physical changes) they will confront the girl. When she denies the pregnancy she will be checked medically. Also the parents of the girl will be invited and they will talk about the suspicions. If the girl is pregnant she will be dismissed from school and sent home. ZUSS advices girls to return back to school after they delivered. But they also advice to go to another school because of the weak position of the girl. ZUSS informs the GES and sent the girl and her parents also to the GES. This means that the school is not taking any part during or after the pregnancy.

5.2.4 HOSPITALS

AFRIKIDS HOSPITAL

The Afrikids Hospital is part of Afrikids, a Child Rights organization who tries to improve the lives of the most vulnerable children in Ghana. We have interviewed a mid wife and she thinks many girls are ashamed of their pregnancy because of the fear of the reaction of other people. In this hospital they try to talk to girls and ask them questions of the reason of their pregnancy. Her experiences are girls who were raped or girls who had sex for money or food.

ASAKUNDE HOSPITAL

It was not possible at this hospital to interview a mid wife. That is why we have chosen to interview the head of this hospital. He is also working as a doctor. He sees many pregnant girls in this hospital but they are not giving birth because there is not space and there are not enough professionals. This hospital does give advice about other treatment mainly at the Regional Hospital. Whenever a teenage mothers visits Asakunde Hospital they ask what happened to make sure she gets the right medical help. In most cases the girls are not coming alone but they bring a family member or a parent. Although the interviewed person explains this hospital talks with the girls, they don't have official documents available.

REGIONAL HOSPITAL

The Regional Hospital, also called the Central Hospital, is the central hospital in Bolgatanga. There is a special department where the mid wives are working. We have interviewed a mid wife. She explains

that there are many teenage mothers in Bolgatanga and especially in the rural areas. Also she thinks the main reasons are poverty and broken families. According to her, many teenage mothers visiting this hospital but she can't say that much about them because of their privacy. She also experiences many girls who are afraid to visit the hospital because of the reaction of other people. This hospital offers medical care and they advice teenage mothers in general for example to look for help at a NGO.

5.2.5 CHURCH AND MOSQUE

CHURCH

We have approached two churches in Bolgatanga out of the many other churches. The Fountain Gate Chapel is a relatively big church and they help circa 6 teenage mothers per year. These girls usually approach the church by themselves because they ran away from home. The church gives them some money but they are not helping the girl with emotional problems.

The Sacred Heart Catholic Church is the biggest Catholic Church in Bolgatanga. There are teenage mothers asking this church for help but because of financial challenges they can't help these girls.

MOSQUE

In the Islamic society in Bolgatanga, there is one big and central mosque. Besides this mosque, there are many other, smaller mosques or places where Muslims can pray. At this big mosque, the project manager is interviewed for this research. He explains there is no official help for teenage mothers from the Islamic society. The subject is not fully ignored and during prayers and classes they can talk about this subject.

5.3 SUB QUESTION 2 WHICH NOTIONS AND IDEAS DO TEENAGE MOTHERS IN BOLGATANGA HAVE ABOUT THEIR MOTHERHOOD?

To be able to answer this sub question we have interviewed eight respondents according to a topic list. These respondents were interviewed at their homes to create an as safe as possible surrounding. We have recorded the interviews and the interviews were done by one interviewer and one secretary. After the interviews we have transcribed the interviews. After transcribing the interviews we have labeled the interviews and these labels have lead to the following themes:

- Parents and teenage mothers
- Reactions
- Father of the baby
- Family
- Pregnancy
- Abortion
- School
- Present
- Help
- Problems
- Needs
- Future
- Feelings

Many of these themes are similar to the topics and sub topics that have been used during the interviews.

5.3.1 PARENTS AND TEENAGE MOTHERS

During the interviews we talked several times about the parents of the respondents. The parents of the respondents have a major impact on the lives of the respondents and they play a role in the upbringing of the child.

"My mom likes me and being with her, when I'm sitting with my mom I learn a lot from her. She teaches me how to prepare nice meals, maybe washing like this, I can be doing washing and my mom will correct me that, that is no how to wash." (Respondent 5, frag.1.6)

Four out of eight respondents is living with one of both parents in the same house. The other respondents who don't live with their parents told us that they don't live with them because they died or they have other circumstances that make it no longer able to live with them. The role that parents had when they were still alive has been taken over by an uncle or aunt. This uncle or aunt plays a major role in the lives of the respondents.

Two respondents are both parents alive, three respondents had a parent who died and one respondent has not known her father. It is striking that six of the eight respondents have one or both parents who died and that in all cases they died before the pregnancy. This has an impact on the lives of the respondents.

"When my father was dead I cried. Because when he was there he gives me anything that I want. Now he is dead, he will never be there, he is not there, he can't give me anything. I am always thinking about him."(Respondent 4, frag.1.8)

The majority of respondents indicated financially dependent on their parents. All respondents indicated that the parents or guardians have financial problems. In three out of eight respondents the financial problems came after the death of the father.

"He was selling, when he was there, we were rich. After my father died, his brother did come and he took it all. He sold everything. He was also trying to sell our house, but my mother was saying no don't do that. We will stay in that house, because we have no place to stay." (Respondent 7, frag.1.21)

The financial problems of the parents or guardians of the respondents are all caused by the lack of work. Six out of eight respondents indicated that the parents or guardians are unemployed. Most of these parents or guardians had work in the past. The parents or guardians of the respondents encouraging them to find a job. Respondents mostly talk with parents about finding a job and raising a child. There are a number of respondents that also talk about their feelings with their parents or guardians. The majority of respondents indicated they prefer to don't talk about their feelings but if they want to talk to somebody about this, they prefer to talk with their parent or educator. At the subject feelings we will discuss this subject.

5.3.2 REACTIONS

The reactions that the social network of the respondents gave on the pregnancy were mixed. For most respondents, the parents or guardians gave in the beginning a negative reaction to the pregnancy. According to respondents, this is because they were too young for getting a child, not yet married and in some cases, they were still in school so they could finish school. All respondents find it difficult to tell their parents or teachers about their pregnancy. Especially because they were afraid of the reactions of parents or guardians. Several respondents indicated that they were afraid to be rejected.

"They were not happy. They were not happy for me being in the house and giving birth. But some people always sack their children away for doing that but they didn't do anything." (Respondent 1, frag.1.26)

In seven out of eight respondents the parents or guardians of the respondent were not happy with the pregnancy but the relationship between the parents or guardians and the respondent has not changed. One respondent said to have been disowned by her mother because she was pregnant.

"It was then that my mother brought me here and never came back to me, to see me again. She just abandoned me that she doesn't want to see me again." (Respondent 6, frag.1.2)

The majority of the respondents felt that people were talking about them because of the pregnancy. They were afraid of being laughed. The respondents didn't like that.

"Because, I can meet somebody. They sitting like this and talking about me, and if I close to them they will stop. I told them what is your problem. I won't come and tell them give me money or give me food. How can you talk about me? I am always tell them that I will go and birth. They won't say anything, but if I am going they will start again. Because if they talk, you don't want them to talk about you." (Respondent 2, frag.1.65)

Many friends and peers of the respondents advised abortion. Respondents indicated that their relationships with friends and peers changed after their pregnancy. They see their friends but it is less than before. This is primarily because they no longer attend school and their friends and peers did. At the subject abortion we will discuss this subject.

The reactions of the father of the child in pregnancy were very diverse. There are fathers who recognized the pregnancy but there is also a number of fathers who denied that they are the father of the child. Some of the respondents indicated that they only had sex with one man so it was not possible that the child had another father. Another response was to advise abortion. Three out of eight fathers advised abortion. Two out of three respondents indicated that they have told the father that it was not an option for them. The fathers understood this. There was a father who paid for the abortion of the respondent, but the respondent didn't abort. There are two fathers who have lost contact with the respondents when they knew of the pregnancy. At the subject father of the child we will discuss this subject.

5.3.3. FATHER OF THE CHILD

This research focuses on single teenage mothers. All respondents raise the child without the father of the child. But the father of the child plays a part in the life of the respondents and especially in the life of the child. This role is primarily financial. We chose to go not too deep into the history of the respondent and the father of the child because it is less relevant for this research. This theme was also sensitive for a number of respondents. The questions asked about the father are mostly focusing on the present and the future. Three out of eight respondents completely lost the contact with the father of the child. Respondent 3 said that she would have contact with the father of the child but the father of the child ignores her. She said that this is hard for her because she would like to receive help by upbringing the child. The other two respondents choose to break contact with the father of the child. Respondent 4 indicated that if she has contact with the father she will become pregnant again and she don't want that. Respondent 8 has got pregnant after she had a relationship with the father of

the child. The father of her child took no responsibility in the upbringing of her child and he abused her. Because of that she doesn't have any contact with him.

"I normal think about it, it is like my child. I feel like she has no father and I have no father."
(Respondent 3, frag.1.31)

Of the eight respondents, two have contact with the father of the child: respondent 1 and respondent 6. We noticed that this subject was very difficult for respondent 6. The father of her child was a teacher at the school. He gives her financial help in raising the child but there is no contact between him and respondent 6.

Respondent 2 and 5 respondents still have contact with the father of the child. They sometimes come along and in the past they given financial assistance. Now they don't give any financial help. Respondent 7 had a relationship with the father of the child when she was pregnant but this relationship is broken. She sees the father of her child but he does not give any financial assistance.

There was no respondent who would like to have a future with the father of the child. But some of the respondents would like to have a future with another man.

5.3.4 FAMILY

Most of the respondents receive support from family by upbringing the child. The support they receive from the family is very diverse. There were respondents who receive financial support and there were respondents who get some practical tips as how to educate their children. They can also talk with family about their feelings. We already described that the parents initially were not happy with the pregnancy.

Respondents indicated that now the child is born the family is happy with the birth of the child. Six out of eight respondents have one or both parents who died and that is why they find much support among family. Three out of eight respondents who live with the child with an aunt, they are satisfied and happy with the support they receive from family.

"She is the one who takes care of P. Because I'm too young. I don't know many things. She always bath P. gives him food. Anything he needs she gives. Many things she will always do for us. And she is also having one son." (Respondent 6, frag.1.17)

Several respondents indicated that they come from a family with financial problems. This is an obstacle for many families. They indicated that the financial problems of the family are actually the cause of all problems. For example, relatives of the respondents want to have education but this is not possible because of financial problems.

"We will find and get the food. When it's going by April, the food is always finish. So we don't know what to do to get the food again. That's our problem in our house." (Respondent 2, frag.1.2)

5.3.5 PREGNANCY

The majority of respondents found out they were pregnant because they were no longer menstruating. They went to a hospital or clinic for a pregnancy test. Three of the eight respondents keep the pregnancy secret for a while after they were told that they were pregnant. Respondents indicated that they did this because they were afraid of the reaction of the family. Respondent 6 has concealed her

pregnancy seven months because she was afraid that her mother would force her to abortion and she wanted to finish school. She told the following about this:

"I only kept it for myself because they if I tell anybody they can easily tell my mother or they can tell the school. And I was even willing for nobody to know by the time they realize I had given birth. But it was when saw me that she went and told my mother. I was willing to keep it to myself until the day I gave birth."(Respondent 6, frag.1.54)

All eight respondents experienced difficulties by telling their family about their pregnancy. Some of them told it to a family member and he or she told the rest of the family that she was pregnant. All respondents were afraid for aggressive responses. This was happening by a respondent. Most families were not happy but they accepted the situation and have not rejected the respondent.

"The first reaction was very bad. She told me I wasn't growing up; we don't know what the world looks like. But she was giving me advice to stop what I was doing but I wasn't listening and then I was pregnant and she didn't expect it. She was angry. So when it came, she told me to abort the baby. I said maybe, but after the abortion I could lose my life. I said that I won't do that. She understood me, she was feeling very bad." (Respondent 8, f rag. 1.12)

Some respondents kept the pregnancy for themselves or they found out late that they were pregnant so they went to school while they were pregnant. There are also respondents who early found out that they were pregnant and they are then immediately quit school. While conducting the interviews, respondents were asked how a normal day looked like when they were pregnant. If the respondents did not go to school they were mostly at home and they did little housework. Respondents experienced this as boring. In addition, a number of respondents had a feeling of loneliness.

"I do sometimes but not all days because sometimes I'm feeling like feeling lonely. I feel like my friends that I used to be with and where are they now, and I'm in the house alone doing nothing. They are working and I'm doing nothing. If I think about that sometimes, I feel bored. But sometimes when that is not in my mind I do feel happy."(Respondent 5, frag.1.2)

All respondents gave birth in the hospital. Seven out of eight respondents liked this, the support they received from the hospital made the delivery successful. One of the eight respondents indicated that hospital staff was not friendly to her because she was too young for giving birth and because she did not have a husband. She said she feels shamed and that she was unhappy at that time. The majority of respondents reported fear of childbirth, they were afraid of dying during childbirth. They were all happy immediately after delivery with the birth of the child.

"I feel happy that I have given birth to a human. And too he is a boy. By, by the future by this time he too also take care of me as his mother."(Respondent 1, frag,1.52)

5.3.6 ABORTION

In making the topic list we choose to avoid the topic or subtopic abortion. There are no questions asked about this topic. Because the topic abortion repeatedly been addressed by seven of the eight respondents we decided to add this topic at this sub-question.

Seven of the eight respondents have been advised to do abortion from family, friends or peers. Abortion is legal and only with a doctor's statement you can do abortion; we explain this in chapter 3. There are many young people who do abortion on an alternative way. Seven of the eight respondents who were advised to do abortion, have consciously chosen not to do so. Respondents indicated a fear of dying by doing abortion. These respondents gave an example of a multiple teenagers who commit abortion and died. Faith also played an important role in the choice not to abort their babies. Respondents said the following about this:

"Even the one of my class said to me that I should go to the hospital and do abortion. I said that is not my work, I won't do that. Because, we go to church all the time. The pastor always told us that that thing is not good for you. All the time pastor always told that, I know that if you do that it is wrong thing for you en wrong thing for god." (Respondent 2, frag.1.22)

"I feel good. Because I have the baby. I didn't do the abortion. Yes, because if I will do that, god will punish me. Because if I remove the baby, I am a Muslim and the Koran says that that is not good." (Respondent 4, frag.1.73)

5.3.7 SCHOOL

All eight respondents had some education before they got pregnant. The pregnancy is for five out of eight the reason that they stopped school. The other three expressed their lack of money and they had to quit school. No one of the respondents choice to quit school, it was an obligation.

"I feel happy when I'm in school. When I get to school I meet different friends, because of that I'm happy." (Respondent 3, frag.1.5)

The role of the school during pregnancy is small. The five respondents, who had to quit school because of their pregnancy, told us what the role was of the school while they were pregnant. They were sent home after their pregnancy and were allowed to go back to school after they give birth. One respondent was pregnant from a school teacher. In her situation, the school had a larger and more active role because the teacher was involved. The school was afraid that this man after a demission would have no more money for the financial contribution for raising the child. So they didn't dismiss him but gave him another function.

"Some teachers like the other teachers they don't know my problem. So they are blaming me. But the teacher who know all my problems he understood, he told me that it is not yet over, that I can deliver and continue my school. But when I delivered I had nobody who could pay my school fees, so I have to stop." (Respondent 8, frag.1.37)

5.3.8 PRESENT

The majority of respondents is not having a job. Respondent 3 has a temporary job working and respondent 7 is working as a hairdresser but has little or no customers. The other six respondents have no work and are unhappy about this. The respondents are mainly at home, and most said that they do little or nothing.

"Because in the afternoon everybody will go out leaving me in the house alone, because C. is too little for me to send him outside. So I'm always in the house, alone in the afternoon." (Respondent 1, frag.1.55)

None of the eight respondents goes to school. They would like to go to school. In the topic future we discuss this.

Respondents indicated that they experienced motherhood with mixed feelings. They all really love their child and that makes them happy. Still, many indicated that their life after the birth of their child have changed a lot. Respondents find it hard that by the arrival of the child they have to quit school. In addition, they limited the freedom they previously did. As example respondent 7 told us that she before her pregnancy she wasn't thinking about her money. Now she has to give all her money on food for her and her child. Respondents perceived more responsibility than before. Some respondents saw after the birth of the child the consequences of their actions in the past. Multiple respondents indicated that if they could change the past, she would like to do. However, respondents are happy with their child, they have mother feelings and the child is now central in her life.

"It is not good for me to be a mother. Yes, it have already come how will I do? That is why I be a mother. I am a small girl, I am suppose to be in school. And I am sitting in the house, how can I." (Respondent 2 frag.1.70)

5.3.9 HELP

Respondents receive help from different people. Two of the eight respondents receive help from the father of the child by getting money. It is important here to mention that one of these respondents have a relatively young baby (6 weeks). She sees the boy because he still regularly visits her. The other respondent becomes pregnant by a teacher. Two of the eight respondents also received financial help from the father of the child but this help is getting less.

Four of the eight respondents indicated help from social contacts. One of these four respondents is living in a home with a person where she works for. This person provides assistance to the respondent in several areas such as shelter, work, money and food. The other three respondents indicate that they get help from someone from the neighborhood. For example someone who talks and laugh with them. This help is described as fairly minimal and often only at the time of pregnancy and childbirth.

"So it is H. that provides food for me. Whenever my food is finished she will buy me ingredients so I can cook. What I need, she gives me." (Respondent 3, frag.1.40)

Compared to the social assistance the most assistance will be given by the family. Six of the eight respondents get a minimal help from family after childbirth, they get for example: food, clothing and soap. This help is often just once during pregnancy and childbirth. Help in the longer term, for example raising the child back to school or finding a job is not mentioned by all respondents.

At one of these eight respondents, there is an intensive form of assistance and longer term because

she was abandoned by her mother. She gets help from her aunts and grandmother through shelter, food, and they can talk to her about the important things in her life.

"I didn't talk to anybody. I always talk to my auntie, the one I live with here. And she said I should not worry. If P. is grows up she will collect him so that I can also go to do something small to earn a living." (Respondent 6, frag.1.66)

One of the eight respondents had a short period help from the family of the father of the child. She could go to this family because her parents died. This help was only temporary.

"So after that I was living with Ibrahim's father. The senior brother told me that now his brother was having a son so now we have to move in to Ibrahim's father's house. So we went to his house, but every night he leaves us alone, with the baby, and goes out for women. It was just recently that I can't back to him again, because I don't want that again. So that is why I am staying here." (Respondent 8, frag.1.18)

5.3.10 PROBLEMS

The respondents all experienced various problems and this is discussed repeatedly during the interviews.

"Nothing is going good, there is nothing. Right now without somebody to help you, your life is nothing. I do nothing, people like this come out and working and say I do like this and this. I can't say that, if I had somebody who could help me I can say I am doing this and this, but now people are laughing at me."(Respondent 8, frag 1.46)

Respondents indicated that they come from poor families and that nearly all problems are consequences or causes of financial problems. They experience having no work, not go to school and lack of financial resources for food and their child care as their biggest problems. During the interviews the respondents repeatedly talked about poverty. Respondents indicated that it is difficult to find work and once they find a job they have to arrange care for their child. They would like to get help to solve these problems. They come from poor families so they can't get this help from their family. They indicated that no matter how it looks like help, any help they can get would be nice. Many respondents feel that they are alone. This is why they feel unhappy. Respondent 3 is the only respondent with a temporarily job, she worries what happen when she have to quit with this job. Respondent 3 said:

"Like H. is helping me. After it, if I finish, if she pass me out and I get money to buy. That is my problem, I don't have money. I wish I get somebody to help me buy the things, I will like it." (Respondent 3, frag.1.50)

5.3.11 NEEDS

All eight respondents have the ambition to return back to school. For six respondents this ambition is the only ambition for their future. They think this is very important because they realize a school certificate offers more opportunities to find a job. Despite this ambition none of the eight respondents have return back to school despite some of them are already became mother for over a year. Also lack of money is according to the teenage mothers one of the biggest reasons.

"Because I offered at my SS level. I have to go to Bol technic. If I complete and come out I can work small and then continue my next level of education." (Respondent 6, frag.1.75)

Seven out of the 8 respondents really need to find a job because this is the best way to take care of themselves and others. The other respondent already has a job. To have a job the respondents get money which makes it possible for them to buy food and other primary needs. One respondent has followed an education for hairdresser and she focuses on a job in this sector. The other respondents don't really care what kind of job they will get.

The respondents experience many difficulties in finding a job despite the age of their baby/child. Respondent eight has for example a four year old son and doesn't have primary job and respondent five has a six month old son and is also unemployed. She says she is not capable of finding a job because she can't leave her child at home.

"It is not easy for me myself to get the work. Last I told that of my uncle D. I told him that I'm in the house here. In case someone, maybe someone is looking for a person to be doing something for him or her, that he should let me know."(Respondent 5, frag.1.54)

Beside the need of having a job, most of the respondents (seven out of eight) also need help. The respondents experience the lack of help as one of the biggest reasons why they can't find a job. When we ask the girls what their definition of 'help' is, they answer 'all' kinds of help is needed and they don't have any specific voorkeur.

"I'm ready to receive any kind of help that somebody is giving. Nobody is helping me." (Respondent 3, frag.1.43)

"Nothing is going good, there is nothing. Right now without somebody to help you, your life is nothing. I do nothing, people like this come out and working and say I do like this and this. I can't say that, if I had somebody who could help me I can say I am doing this and this, but now people are laughing at me."(Respondent 8, frag.1.66)

5.3.12 FUTURE

All eight respondents have a positive or neutral vision about their future. This is what they told us about it:

"My future it will be nice, one day I will be smiling, it is only a matter of time. That is all." (Respondent 7 frag.1.98)

"My future, as how I look it to be, my future if I intend what I want to be, my future will be very bright for me. If I fulfill what I promised myself to be, my future will be very good for me". (Respondent 6, frag.1.77)

It is distinct that the respondents have a positive vision of their future. During the interviews we have repeatedly about the problems of the respondents. None of the respondents talk about the problems when she thinks of her future or the future of her child. As well as her own future and the future of her child, they are all very positive. Every respondent thinks to be able to return back to school or to find a job. Also multiple respondents hope to find a husband and to start a family. We have asked the girls how they would think to realize this. The respondents think they need help but they also think their future will be good.

The final question of every interview to the respondents was what they think teenage mothers in Bolgatanga need. Every respondent think teenage mothers need help. This help can be financially but all kind of help is welcome. They think it is important for the girls who didn't finish their school to still finish their school and that other teenage mothers will get help to find a job. One of the respondents thinks it would be good initiative to meet in peer groups so they could talk about their problems and to find solutions.

They don't talk about help in raising their child.

"Yes I think all that we need is support. And the support is getting something to be doing. Like me if I get work and I will be working and maybe they pay me monthly or daily, it will be a support to me." (Respondent 5 frag.1.57)

5.3.13 FEELINGS

During the interviews we have talked many times about the respondents. All eight respondents explain to be unhappy. There are different reasons why they feel unhappy: being home alone, not going to school, pregnancy and the baby, the pregnancy in general and the reaction of others.

"I was not feeling happy, because I am too young to give birth. I was thinking what do have to do, but I will keep it."(Respondent 7, frag.1.71)

All eight respondents have experienced being insulted in their social life. One of the respondents got insulted by her family when her father died. The other seven respondents got insulted about their pregnancy. This happened many times by gossips and public humiliating. Three respondents experienced being laughed on the street because they were pregnant on a young age and being unmarried. One respondent told us she started laughing too as a reaction. The teenage mothers tried to ignore the insulting as much as possible. But as some respondents also explain, the insulting can lead to keep more secrets for themselves and don't trust other people.

"Nothing is going good, there is nothing. Right now without somebody to help you, your life is nothing. I do nothing, people like this come out and working and say I do like this and this. I can't say that, if I had somebody who could help me I can say I am doing this and this, but now people are laughing at me." (Respondent 8, frag.1.46)

"My heart said to me that, my heart was telling me that if something happen that is good for me. So all the time, if somebody insulting me my heart was telling me that if something happen that thing will be good for me. So that time it will be good for me and it will be bad for them." (Respondent 2, frag.1.66)

"That is just how they are, when you talk with the people they are saying if I can help you I will help you. But after that they will tell it to their friends and they will laugh at you. They will say look at the girl, she is telling me this and this. It is always happen me. It happened to me twice, so now I will not tell people me story anymore." (Respondent 7, frag.1.65)

Despite the fact that all respondent feel unhappy, six out of the eight respondents told us that they were happy when their baby was born. They were mostly happy because their baby was healthy and they survived the pregnancy. Some respondents were happy when they went to school and seeing friends.

Four out of the eight respondents were sad about their pregnancy, their future and the reactions of other people. Because of their pregnancy they were for example forced to quit their education.

Five out of eight respondents told us to cry when they deal with problems. One respondent told to cry when she is praying because on these moments she realizes how difficult her problems are. Other respondents explain to cry on individual moments.

"I always pray, every day when I pray I have to cry because I always suffering a lot. I always are saying I am young. Some girls of me age they have their own shop. Why am I different? So always when I pray I have to cry. I always feel sad."(Respondent 7, frag.1.50)

Five out of eight respondents explain to suffer because of their current situation.

"I'm suffering, I travel to go and see whether I get something small to do and get money and come back. My life living here is very, very hard." (Respondent 6, frag.1.72)

Four out of eight respondents were afraid to tell they were pregnant. They were afraid to be for example getting hit by their parents.

"I always feel sad for being in the house alone." (Respondent 1, frag.1.56)

Some respondents also explained to feel sorry for their pregnancy and the feel ashamed.

"To me it looks like my mom doesn't like me, but know I understand what I did was bad. But we can't go back. I have to continue." (Respondent 8, frag.1.15)

Two out of eight respondents felt ashamed. One respondent explained to feel ashamed when she came outside the house, she was afraid to see classmates or her mother. Because of these feelings she didn't leave the house a long time after the baby was born. The respondent said she is going to the market and other places more often and this made her happy.

One respondent has mixed feelings about her motherhood. She explained to be happy she is still alive and that she is loved by her child. But she still doesn't understand the whole situation. The respondent told this:

"The way I got the pregnancy. There are others, my friends, they are not pregnant. Why I should I alone be pregnant?" (Respondent 3 frag. 1.12)

5.4 SUB QUESTION 3 WHICH ADVICE FOR HELP FOR TEENAGE MOTHERS IN BOLGATANGA CAN BE GIVEN TO THE YOUTH HARVEST FOUNDATION GHANA, ACCORDING TO THE ANSWERS OF THE SUB QUESTION 1 & 2?

To be able to answer this sub question the results of sub question 1 and 2 have been analyzed and written down in the last paragraphs. In chapter 6 we have written the sub conclusions of these sub questions.

6 CONCLUSION AND DISCUSSION

6.1 INTRODUCTION

In this chapter we will write the sub conclusion of sub question 1 in paragraph 6.2. In paragraph 6.3 and 6.4 the sub conclusions of the other two sub questions will be given. The sub conclusions lead to the conclusion in paragraph 6.5 who gives answer to the main research question. In the final paragraph the problems during this research will be explained.

6.2 SUB CONCLUSION SUB QUESTION 1 WHAT DOES PROFESSIONAL HELP FOR TEENAGE MOTHERS IN BOLGATANGA LOOKS LIKE?

6.2.1 YOUTH HARVEST FOUNDATION GHANA

The YHFG is a NGO in Bolgatanga and they have a social worker. At the YHFG they don't work structurally and purposefully with teenage mothers because there are not enough financial possibilities. We can conclude that because of this lack of financial possibilities there is not enough concrete knowledge used to involve the target group teenage mothers in the programs the YHFG offers.

6.2.2 SOCIAL WELFARE

Teenage mothers in Bolgatanga can go to the Social Welfare but because of unknown reasons teenage mothers don't use this service enough. We can conclude that the respondents don't know enough about the services and possibilities of the Social Welfare.

6.2.3 GHANA EDUCATION SERVICE

The GES has more direct contact with schools than with students and their services are more on a national scale. In a case of a teenage pregnancy, the GES will be informed but this doesn't happen many times. We can conclude that the GES doesn't have enough insight on teenage pregnancies at schools. This leads to the GES not answering the needs and possibilities of the teenage mothers enough.

6.2.4 HIGH SCHOOLS

High Schools in Bolgatanga offers little help to students who are getting pregnant during their school period. Schools in Ghana have to dismiss a student when she becomes pregnant. The three schools who are involved in this research are following these rules and they don't play any part as soon as the student is dismissed from school. At one school they have a counseling department who gets involved when a student is pregnant. This department also doesn't play any part when the student is dismissed. The number of teenage mothers in Bolgatanga that returns back to school after she has delivered is small.

We can conclude that High Schools in Bolgatanga take little initiative to help teenage mothers to return back to school. Besides lack of initiative there is also lack of responsibility and the teenage mothers are strongly dependent of people who do feel responsible.

6.2.5 HOSPITALS

When a girl gets pregnant she can go to hospital for medical care and help. She can expect the same medical care of every other woman. We can conclude that teenage mothers in Bolgatanga can't go to a hospital for psychosocial problems or for example questions about how to raise a child because hospitals don't offer this kind of help and support.

Within the Christian community a teenage mother can be (financial) supported in all cases of emergency. We can conclude that teenage pregnancies within the religious believe are not fully accepted. We can conclude that there are in Bolgatanga very little professional organizations and services who give direct and indirect help to teenage mothers.

6.3 SUB CONCLUSION 2 SUB QUESTION 2 WHICH NOTIONS AND IDEAS DO TEENAGE MOTHERS IN BOLGATANGA HAVE ABOUT THEIR MOTHERHOOD?

We can conclude according to the results in chapter 5 that the respondents experience many problems.

The problems are mostly focused on education, money and psychosocial which are the results of their (unwanted) pregnancy.

6.3.1 PARENTS AND TEENAGE MOTHERS

The respondents who lost one or both parents explain this had an impact on their lives. Missing a parent and the social status the respondents are financially and socially more vulnerable. This vulnerability has enlarged the risk of getting an unwanted pregnancy which also leads to emotional and financial problems.

6.3.2 REACTIONS

One out of eight respondents is rejected by her mother. The reactions of the parents were mostly negative. We can conclude that the parents despite their negative reactions realize how serious the situation is and they will not reject the respondent.

The reactions of the father of the child were also mostly negative. There are two fathers who directly ended all contact after the pregnancy. We can conclude that most of the fathers despite the negative reactions realize how serious the situation is and don't end the contact.

The reactions of the people of their social lives were mostly negative. The respondents were getting insulted and humiliated. Especially because of these reactions the respondents are getting more isolated because they are scared to get insulted again.

6.3.3 FATHER OF THE CHILD

The fathers of the children of the respondents play a small or no part in the lives of the respondents. The respondents mostly miss the financial support of the fathers. We can conclude that the fathers don't take responsibility in taking care of the child. These children will have fewer chances of good education and health care. All the respondents told us to be unhappy. We can conclude that because the fathers are not taking responsibility their unhappy feelings will enlarge.

6.3.4 FAMILY

Family plays a bigger part in the lives of the respondents. Especially the respondents, who have lost one or both parents, get support from family. This support is mostly about the financial part. Some respondents experience also emotional support. We can conclude that family will be the most important help.

6.3.5 PREGNANCY

In all the interviews show that the respondents deal with financial problems, before, during and after the pregnancy. We can conclude that poverty is one of the biggest reasons because of the pregnancy. Family is one of the most important support of help during and after the pregnancy.

Respondents have experienced being afraid of telling people about their pregnancy. Seven out of eight respondents are not rejected by their parents. We can conclude that their fear was not based on reality.

Because of reactions of family members, the fathers of the babies and other people in their surroundings the respondents experienced their pregnancy has lead to loneliness. Despite of all their problems, the respondents all told us not to blame their baby and not to experience their child as a burden. The respondents also told us to be happy with their child. We can conclude that the negative feelings about the pregnancy don't lead to negative feelings about the child.

6.3.6 ABORTION

Seven out of eight respondents were advised by people to abort their child despite this is illegal and not allowed according to the Christian and Islamic religion. Because the respondents have chosen not to abort their baby, we can conclude that most of the respondents indirectly have chosen to accept the responsibilities and challenges of being a single mother.

6.3.7 SCHOOL

Schools in Ghana have to dismiss a student from school when she becomes pregnant. We can conclude that the number of girls who don't finish their school will increase because of this rule.

6.3.8 PRESENT

One out of eight respondents has a permanent job. The other respondents don't have a job or any other daily things to do. We can conclude that this will lead to loneliness and stagnation in their educational and work related development. Four out of eight respondents experience this kind of loneliness. These respondents all have relatively young children (all in the ages of six weeks and six months). We can conclude that teenage mothers will develop more independency when their children are getting older.

6.3.9 HELP

Six out of eight respondents get financial and emotional support from their family although they do experience a structural financial insecurity. We can conclude that the support they get from their families is not enough. Half of the respondents also receive help from other social contacts for example food and other primary needs.

The father of the child plays a small or no part in the lives of as well as the respondents and the children.

We can conclude that this will lead to fewer changes on different parts of life especially because of financial challenges.

6.3.10 PROBLEMS

The respondents told us to experience many problems especially financially. The respondents have to face new problems of money, education and their position in society. We can conclude that most of the respondents are unhappy because of the current situation.

6.3.11 NEEDS

All respondents need education; also the respondents need a job. We can conclude that the respondents all have a shared need: school. They also need to receive help. The respondents mostly need help to find a job or to return back to school because money is an important condition. They also told us that a job and school are their biggest problem. We can conclude that the respondents are not capable to fulfill their needs independent.

The age of the child doesn't change anything about the needs of the respondents. We can conclude that the respondents share the same needs. The respondents all don't have realistic ideas of their needs and possible solutions. We can conclude that they need more support from professionals.

6.3.12 FUTURE

All respondents have positive ideas about their future. This is not very realistic and we can conclude that the respondents underestimate their own problems and they are not realistic enough in creating ideas about their future.

6.3.13 FEELINGS

The pregnancy had lead to all the respondents feeling unhappy about their current situation. Although the pregnancy has also lead to a child which do makes them happy. Because of their current situation all the respondents told us to show their emotions unless they are alone. We can conclude that the respondents don't show their emotions to their social contacts because of fear and shame. This kind of behavior will lead to further isolation of the teenage mothers.

All these conclusions per theme lead to the final conclusion of this sub question: teenage mothers need professional help in Ghana.

6.4 SUB CONCLUSION 3 SUB QUESTION 3 WHICH ADVICE FOR HELP FOR TEENAGE MOTHERS IN BOLGATANGA CAN BE GIVEN TO THE YOUTH HARVEST FOUNDATION GHANA, ACCORDING TO THE ANSWERS OF THE SUB QUESTIONS 1 AND 2?

The YHFG is more than willing to help the target group teenage mothers in Bolgatanga. In this paragraph a number of recommendations is written for the Youth Harvest Foundation Ghana with regard to teenage mothers in Bolgatanga according to the results and conclusions. To be able to reach this goal the next recommendations can be considered as useful. A challenge is the fact that there is only one social worker working at the YHFG. In the recommendations is taking in account that there is only one social worker available to help the target group teenage mothers in Bolgatanga. These are the following recommendations:

6.4.1 DEVELOPING A VISION

The YHFG has a clear vision and mission for the entire organization but also specific for every individual project. It will be necessary to develop a specific vision of what they want to achieve in working with teenage mothers. Before they can start with giving help for teenage mothers they have to develop this specific vision. In this vision the YHFG has to focus on the needs of the teenage mothers. This vision of the YHFG by helping a teenage mother can focus on individual activities, on group activities or on both of these activities. This vision has to be clear and specific. For example if the YHFG focuses on teenage mothers returning back to school the focus is totally different if the YHFG focuses on helping and advising teenage mothers how to raise their child. By developing a specific vision the YHFG has to allow for the need of the teenage mother in reintegration in work or school. The results of this research show that teenage mothers need work or education. The YHFG has to develop a program with the focus on these areas. The YHFG already has close contact with several schools in Bolgatanga. So they can for example make arrangements with these schools in case a teenage mother wants to return back to school. Another option is developing a program with the focus on finding a job. The YHFG receives funding and financial support but to be able to start up a program for teenage mothers they might need to find a specific financial sponsor who gives financial support to make it possible to start a program for teenage mothers. It depends on what the YHFG wants to achieve. When this is clear, they know better what kind of financial sponsor they have to look for. When the YHFG develops a specific vision they can consider the following points:

Youth Harvest Foundation Ghana	
Start	<ul style="list-style-type: none"> ○ Promote the YHFG ○ Teenage mothers can come to the YHFG or the YHFG approaches girls by doing fieldwork



Youth Harvest Foundation Ghana	
What kind of contact?	<ul style="list-style-type: none"> ○ Contact between the social worker and teenage mothers ○ Contact between teenage mothers and other teenage mothers ○ Contact between the social worker and schools and teenage mothers



Youth Harvest Foundation Ghana	
Focus on specific group of teenage mothers	<ul style="list-style-type: none"> ○ Depending on the age of the babies ○ Depending on the level of education ○ Depending on the daily activities of the teenage mother ○ Depending if they have an relationship



Youth Harvest Foundation Ghana	
What kind of program?	<ul style="list-style-type: none"> ○ Personal- or Group sessions ○ Daily, weekly or monthly ○ Only one time or a frequent program



Youth Harvest Foundation Ghana	
Examples of possible programs	<ul style="list-style-type: none"> ○ Information about abortion ○ Tips, information and guidelines how to raise a child ○ Information about finances ○ Create social contacts for teenage mothers

	<ul style="list-style-type: none">○ Make plans for the teenage mother's future (re-integrating to school, finding a job)○ Workshops for teenage mothers○ Certificate or diploma in different subjects, skills
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6.4.2 FIELDWORK

Fieldwork can be an easy method to reach more people including teenage mothers. For the YHFG this will be important to do because of two reasons. First of all the YHFG can promote herself more. People become more aware of the organization and what the YHFG is exactly doing. Secondly is that teenage mothers are not always in the position to go out and look for help by themselves. The social worker can become more active in doing fieldwork.

6.4.3 HARVEST CLUBS

The Harvest Clubs can focus more on teenage pregnancies by giving students more information about this subject. Students at high schools might have closer relations with teenage mothers. To pay more attention about teenage pregnancies related to the possibilities of the YHFG, students can easier help each other to direct them to the YHFG.

6.4.4 CLOSER CONTACT WITH ORGANIZATION: SOCIAL WELFARE, HIGH SCHOOLS AND RADIO STATION STYLE FM

The YHFG and the high schools in Bolgatanga should create a more intensive contact in case of a teenage pregnancy. When a girl gets pregnant while she is in school, her school can for example inform the YHFG. The girl can also be informed when she is sent home and about the possibilities to visit the YHFG. There should be a structural cooperation with radio station Style FM to promote the YHFG. This promotion is important for the YHFG to reach more teenage mothers. Structural means for example once a month, an one hour show to discuss the latest news and developments.

Another structural cooperation should be between the YHFG and Social Welfare. These two organizations can support each other and give each other feedback in their professions. They can also exchange knowledge and skills requirements and use each other's network.

6.4.5 CONTACT WITH THE PARENTS, GUARDIANS OR FAMILY

In case the YHFG starts working with teenage mothers and the YHFG has developed a specific vision of what they want to achieve in working with teenage mothers. The YHFG has to focus on the needs of the teenage mother. To help the teenage mother by reaching her goals and focusing on her needs the parents, guardians or family can be involved. The findings show that family is very important in the life of a teenage mother. There should be a good contact with the family of the teenage mother and the YHFG. Nevertheless the teenage mother has to agree with the contact with the family because the focus is on her needs.

6.4.6 INTERNATIONAL STUDENTS

As foreign volunteers it is possible to volunteer at the YHFG. Another example is this research because it has been conducted by two Dutch students Social Work. Because of limitation in time and money it can be a great outcome for the YHFG to look for opportunities of becoming an organization where students can do their internship or bachelor research. These students can focus during their internships on the target group teenage mothers. The social worker and director of the YHFG will be the right persons to support these students and they can give concrete tasks to the students. The international office of the Hogeschool Utrecht can play an active role in this process.

6.5 CONCLUSION

Research question: How do girls (age 13 to 19) in Bolgatanga in Ghana experience their unwanted motherhood and how can professional help respond on this?

When we look at the results and conclusions, the question can answered as follow:

First, poverty is the main reason for unwanted teenage pregnancies. Because of the pregnancy, it was no longer possible for the girls to get education. Schools in Ghana are forced to refuse a pregnant pupil. The large number of school dropouts includes causes or teenage pregnancies. Girls not attending school are experiencing problems with their pregnancies in the area of work. It is not possible for many of them to work while they are pregnant and after birth it is also difficult to find a job, this is related to the care of their baby. The lack of professional help in several areas such as financial and psychosocial contributing to a cycle in which girls in Bolgatanga experienced many problems with their motherhood. Her child is not an expense.



The YHFG can provide assistance to the girls that experience motherhood with many problems. The teenage mothers need education and work, they also indicate that finding work and/or reintegration into education is their main problem. They often do not have a realistic picture of exactly what their needs are and what possible solutions of their problems might be. By offering insights of the professionals the YHFG can help these girls. Teenage mothers experienced financial and psychosocial problems. By helping these girls, there is a greater chance that the girls get a realistic view on possible solutions of their problems.

The YHFG can help the girls combat social isolation by promoting their educational or work-related development. In addition, this also contributes to greater job prospects. As a result, the financial problems of teenage mothers suffer decline. Because poverty is the main cause of teenage pregnancies, the YHFG can decrease the number of teenage pregnancies. In order to achieve this goal the YHFG needs a vision in which the teenage mother and their needs are central.

6.6 DISCUSSION

SUB QUESTION 1

In chapter 2 Theoretical framework a number of dates has shown from previous studies in the field of teenage mothers in Ghana. During this looking for this we found out that there is only little data on teenage mothers in Ghana. By interviewing various professionals working with various organizations in Bolgatanga, there is enough information collected to answer research question 1. However, the researchers found that organizations on these subjects have only limited data available, there were no official documents are maintained. In a hospital it was not possible to see data, because of privacy rules. In some organizations, the available unstructured data making it difficult to analyze it because of the reliability and planning. Because of the temporary residence of the student researchers, these choices and decisions made to avoid any delays.

After a series of interviews the student researchers produced a feeling that the interviewee gave a socially desirable response or did not quite telling the truth, for example, the image of the organization he / she is not hurting them. While analyzing the data was chosen to dismiss the results of these interviews for ensure quality.

Back then, in consultation with the YHFG which organizations would be approached to participate in a question to answer. It is possible that some organizations are not involved in the selection while still working with or for teenage mothers like schools, hospitals and (religious) organizations. The selection was made based primarily on relevance but also looks at the practical (im) possibilities of the student researchers such as time, money, transportation and language. In writing the recommendations were taken into account only the organizations involved in this study. This is an important point if the YHFG want to make contact with such organizations.

Ghana is a country where different religions play an important role for many people play. In this study, a total of two churches and a mosque approached and have been interviewed key individuals within these organizations. There were no more opportunities for the student researchers for more information and to collect data from large network of churches and mosques in Bolgatanga.

SUB QUESTION 2

In selecting the respondents considered the level at which they dominated the English language. While conducting the interviews with some respondents revealed that they dominated English less than originally thought. The student researchers have therefore not able to use all the interviews for this research. It is also that the findings, conclusions and recommendations from this research can only be intended to target teenage mothers in Bolgatanga that the English language sufficient. It is not possible to give these results of this research, for the large group of teenage mothers who only speak the local dialects.

Conducting depth interviews have been difficult because for the student researchers this because of the lack of appropriate interview skills. It is largely being driven by deepening in the basic book Baarda. (2005) and by practice interviews including the YHFG's social worker. Yet this is part one of the biggest challenges was for the student researchers.

Following the interviews with various professionals the student researchers designed a topic list for interviews with teenage mothers. But there are strongly Western perspectives and reasoned thought in drawing up this list. This has been shown by a number of respondents; they found it difficult to talk about their personal emotions and feelings. By the choice of depth of interviews, the focus was precisely this strong on the personal feelings and thoughts of the respondents. It is also important to indicate that the student researchers, look to the feelings and behaviors from a Western point of view. The student researchers are looking at the emotions and feelings of the respondent. During this research and especially during the interviews this is as much as possible taken into account but in a number of interviews made use of icons to get the best answers.

The concentration of the respondents often took off after a long period (90 to 120 minutes). While conducting the interview was a break. The concentration of respondents at the end of the interview is often less than at the beginning of the interview. It can therefore be said that there is a substantial likelihood that the respondents during the interview gave incomplete answers everything. Therefore, the recommendations in YHFG also advised to self-critical look at their (im) possibilities, qualities and preferences with regard to providing assistance to teenage mothers in Bolgatanga.

SUB QUESTION 3

The student researchers have looked by writing the recommendations at their own perspective as a Western social worker. In answering the question is taking account of the Ghanaian culture. It can be questioned whether they have enough knowledge of the Ghanaian culture to give these recommendations to YHFG.

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APPENDIX

Appendix 1 Information respondents

Appendix 2 Topic list interview social worker Youth Harvest Foundation Ghana

Appendix 3 Interview questions governmental organizations in Bolgatanga

Appendix 4 Topic list interviews High schools in Bolgatanga

Appendix 5 Interview questions hospitals in Bolgatanga

Appendix 6 Topic list interviews churches and mosque

Appendix 7 Topic list teenage mothers

APPENDIX 1 INFORMATION RESPONDENTS

Respondent 1

Age: 16 years old

Baby: 6 weeks

Residence: Centre

Education: Junior High School

Living situation: parents both died, lives with family

Religion: Christian

Respondent 2

Age: 18 years

Baby: 1 year and 4 months

Residence: Estates

Education: finished Primary school

Living situation: lives with parents

Religion: Christian

Respondent 3

Age: 18 years

Baby: 1 year and 5 months

Residence: Centre

Education: finished Primary school

Living situation: lives with brother

Religion: Christian

Respondent 4

Age: 15 years

Baby: 8 weeks

Residence: Zaare

Education: finished Primary school

Living situation: father died, lives with mother and family

Religion: Muslim

Respondent 5

Age: 19 years

Baby: 2 years

Residence: Zuaranga

Education: finished Senior High School

Living situation: lives with parents and family

Religion: Christian

Respondent 6

Age: 18 years

Baby: 1 year and 6 months

Residence: Zongo

Education: finished Senior High School

Living situation: father died, rejected by mother, lives with grandmother and aunt.

Religion: Christian

Respondent 7

Age: 19 year

Baby: 2 year

Residence: Tanzui

Education: finished Primary school and course hairdresser

Living situation: father died, lives with mother

Religion: Muslim

Respondent 8

Age: 18 year

Baby: 4 year

Residence: Bukere

Education: finished Junior High School

Living situation: parents both died, lives with unknown people.

Religion: Muslim

**APPENDIX 2 TOPIC LIST INTERVIEW SOCIAL WORKER YOUTH HARVEST
FOUNDATION GHANA**

Goal

Getting more information about how the YHFG in Bolgatanga associate/act with teenage pregnancies.

Introduction interview

We are two students from The Netherlands and we study Social Work. We are doing research here in Bolgatanga for the Youth Harvest Foundation. The reason why we are interviewing you is because we would like to get some information about how it is to be a young mother (age 13-19) here in Bolgatanga.

Personal data: age, sex, education, work, religion

All the information you give us will be private.

1. Function

First question: can you tell us something about your work?

2. Educational background

First question: can you tell us something about your educational background?

3. Teenage pregnancies

First question: can you tell us something about teenage pregnancies and the society Bolgatanga?

Can you tell us what knowledge you have about teenage mothers in Bolgatanga?

Can you tell us what kind of social/emotional support there is for teenage mothers in Bolgatanga? Financially, emotionally, in raising the baby?

4. Teenage pregnancies and the YHFG

First question: can you tell us what you would like to achieve by working with teenage mothers?

Are there important things that we have to know about teenage mothers for our research?

How do you feel about teenage pregnancies? (do you talk with the teenage mothers about their feelings?)

5. Ending

This is the end of the interview, is there something that you have missed or what you would like to ask or say?

APPENDIX 3 INTERVIEW QUESTIONS GOVERNMENTAL ORGANIZATIONS IN BOLGATANGA

Goal

Getting more information about how the governmental organizations in Bolgatanga associate/act with teenage pregnancies.

Introduction interview

We are two students from The Netherlands and we study Social Work. We are doing research here in Bolgatanga for the Youth Harvest Foundation. The reason why we are interviewing you is because we would like to get some information about how it is to be a young mother (age 13-19) here in Bolgatanga.

Personal data: age, sex, education, work, religion

All the information you give us will be private.

- Can you tell us something about your work?
- Do you know why the girls become pregnant? What are the main reasons?
- Do you give advice?
- Do you know if the girls are married or having a relationship?
- Does the father of the child have an active role?
- Can you tell us what kind of social/emotional support there is for teenage mothers in Bolgatanga? Financially, emotionally, in raising the baby?
- When a girl gets pregnant, she can't go to school anymore?!
- Can you tell us what happens with them?
- The girls who are dropped out from school, do you know how many of them return back?
- Can you tell us something about teenage pregnancies and the society Bolgatanga?
- Are there important things that we have to know about teenage mothers for our research?
- How do you feel about teenage pregnancies? (do you talk with the teenage mothers about their feelings?)

APPENDIX 4 TOPIC LIST INTERVIEWS HIGH SCHOOLS IN BOLGATANGA

Goal

Getting more information about how the High Schools in Bolgatanga associate/act with teenage pregnancies.

Introduction interview

We are two students from The Netherlands and we study Social Work. We are doing our research and we work for the YHFG. Our research is about teenage pregnancies (age 13-19) in Bolgatanga: how it is to be a teenage mother, what kind of professional help there is and what kind of professional help they need. The reason why we are interviewing you is because we would like to get some more information about how the High Schools in Bolgatanga associate/act with teenage pregnancies.

Personal data: age, sex, education, work, religion

All the information you give us will be private.

1. Function

First question: can you tell me something about your work?

2. Sexual education on school

First question: can you tell me something about the sex education in this school? Do you talk about teenage pregnancies in this school? Is it discussable?

3. Teenage mother

First question: can you tell me something about teenage pregnancies and this school?

What is the role of school during pregnancy?

Can you tell us something about the school and the relation with the parents of the teenage mothers.

4. Drop-outs

First question: can you tell me something about drop-outs in this school.

5. Future of teenage mothers

First question: if you think about the future of the teenage mothers in Bolgatanga, what does the future looks like?

6. Ending

This is the end of the interview, is there something that you have missed or what you would like to ask or say?

APPENDIX 5 INTERVIEW QUESTIONS HOSPITALS IN BOLGATANGA

Goal

Getting more information about how the hospitals in Bolgatanga associate/act with teenage pregnancies.

Introduction interview

We are two students from The Netherlands and we study Social Work. We are doing research here in Bolgatanga for the Youth Harvest Foundation. Our research is about teenage pregnancies (age 13-19) in Bolgatanga: how it is to be a teenage mother, what kind of professional help there is and what kind of professional help they need. The reason why we are interviewing you is because we would like to get some more information about how the hospitals in Bolgatanga associate/act with teenage pregnancies.

Personal data: age, sex, education, work, religion

All the information you give us will be private.

- Can you tell us something about your work?
- Are there teenage mothers visiting the hospital? 13-19 years old
- How long is a girl pregnant before she visits the hospital for the first time?
- Does a pregnant girl only visit the hospital for ones or more times while she is pregnant?
- Do you know why the girls become pregnant? What are the main reasons?
- Do you give advice?
- Can you tell us what kind of social/emotional support there is for teenage mothers in this hospital?
- After the girls gave birth, is there any help for them? Financially, emotionally, in raising the baby? Maybe here in the hospital or somewhere else in Bolgatanga?
- Are there important things that we have to know about teenage mothers for our research?
- How do you feel about teenage pregnancies? (do you talk with the teenage mothers about their feelings?)

APPENDIX 6 TOPIC LIST INTERVIEWS CHURCHES AND MOSQUE

Goal

Getting more information about how churches/mosques in Bolgatanga associate/act with teenage pregnancies.

Introduction interview

We are two students from The Netherlands and we study Social Work. We are doing research here in Bolgatanga for the Youth Harvest Foundation. Our research is about teenage pregnancies (age 13-19) in Bolgatanga: how it is to be a teenage mother, what kind of professional help there is and what kind of professional help they need. The reason why we are interviewing you is because we would like to get some more information about how the churches/mosques in Bolgatanga associate/act with teenage pregnancies.

Personal data: age, sex, education, work, religion

All the information you give us will be private.

1. Function

First question: can you tell me something about your work?

2. Mosque/Churches

First question: can you tell me something about this mosque/church?

3. Discussable teenage pregnancies

First question: do you talk about teenage pregnancies in this mosque/church? Is it discussable?

4. Teenage mothers

First question: as you know our research is on teenage pregnancies, can you tell me something about teenage pregnancies and this mosque/church?

5. Family

First question: can you tell us something about the mosque/church and the relation with the family of the teenage mothers?

6. Future teenage mothers

First question: if you think about the future of the teenage mothers in Bolgatanga, what does the future look like?

7. Ending

First question: this is the end of the interview, is there something that you have missed or what you would like to ask or say?

APPENDIX 7 TOPIC LIST TEENAGE MOTHERS

Goal

Getting more information about how teenage mothers in Bolgatanga experience their unwanted motherhood and what they need.

Introduction interview

We are two students from The Netherlands and we study Social Work. We are doing research here in Bolgatanga for the Youth Harvest Foundation. The reason why we are interviewing you is because we would like to get some information about how it is to be a young mother (age 13-19) here in Bolgatanga.

Personal data: date of birth/age, sex, religion, housing (where and with how many people)

All the information you give us will be private. If you don't understand me / my questions please tell me.

1. Family

First question: can you tell me how you are and where you come from?

Can you tell me something about your family?

How is the contact with your family? (relationship)

You live here in this compound; can you tell me something more about this?

Contact with neighbors?

2. School and friends?

First question: before you got pregnant, what did you do?

If school: tell me something more about that?

Can you tell me something about other social contacts?

3. Pregnancy

First question: can you tell me something about your pregnancy?

How did you find out that you were pregnant?

What did you do daily when you were pregnant?

Can you tell me something about how did you feel when you were pregnant?

Where did you deliver?

Subtopic: Relation with parents and family during the pregnancy

First question: you already told me something about your family, can you tell me something about the reaction of your parents when they find out you were pregnant?

Can you tell me something about the relationship with your family when you were pregnant?

Subtopic: Relation with the father of the child

First question: can you tell me something about the father of your child?

4. Present

First question: if you can make one wish, what would you wish?

What do you do now your child is born? How does your day look like?

How do you feel about being a mother?

Subtopic: Needs

First question: what is going good in your life on this moment? What is going not so good in your life on this moment?

5. Future

First question: how does your future looks like?

Are there things you would like to achieve?

Subtopic: Expectations

First question: What do you think that teenage mothers in Bolgatanga need?

6. More questions:

- Can you tell me more about that?

- Can you explain that?

- Can you give me a example?

- It's not clear for me?

- What do you mean by that?

- Why do you think this/that?

- How does it work in your school?

- Can you be more specific?

- In what way?

7. Ending

This is the end of the interview, is there something that you have missed or what you would like to ask or say?

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