Technology for Maternal and Child Health (T4MCH) Project

THE MOTHER'S STORY:
A CASE STUDY OF TEENAGE PREGNANCY IN NORTHERN GHANA

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Acknowledgements

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1. Background and Methodology

1.1 Teenage Pregnancy in Northern Ghana – Context for "The Mother's Story" Case Study

The Government of Ghana (GoG) recognizes the central role that adolescents play in the country's development. The 2016-2020 Adolescent Strategy and Policy emphasizes SRHR, including "the need to create a safe and supportive environment, ensure access to appropriate information, (and) ensure that health facilities provide goods and services." However, GHS initiatives such as "adolescent corners" in District or community health facilities are rare in the North, primarily due to lack of resources. Online counselling and advice platforms, and "hot lines" to report abuses, have been largely ineffective in providing adolescent girls and boys with the sexual and reproductive information they need to make informed choices or to exercise their SRH rights. Initiatives such as girls' and boys' clubs in school that provide safe spaces to discuss SRHR issues are limited by an abstinence-based approach, which is acceptable to parents, religious and traditional leaders, but often ignores the reality of adolescent sexuality.

In November 2019, the Mother's Story researchers held a series of focus groups in Upper West Region, Northern Region, and Oti Region with GHS (Regional Directors, District Directors, nurses, midwives, community information officers) and Departments of Gender, Children and Social Welfare, as well as District education officials, to discuss SRHR and Quality of Care findings from both our Technology for Maternal and Child Health Project (T4MCH) and from their own practice, in their Districts and regions. Their feedback indicates that not only is adolescent pregnancy on the rise, but that pregnant girls are getting younger. In Northern Region, health staff cite teen pregnancy as the highest SRH risk that they see in their practice. The Wa West hospital recorded a birth by a ten-year-old girl. In Wa East, the headmistress of the Junior Secondary School reports that she has not had a female graduate in 25 years because of early marriage or pregnancy. In Nkwanta South, the majority of first-time pregnancies the health staff are seeing at both the government hospital and St. Joseph's, the Catholic Hospital, are under-age girls, between the ages of 11 and 17. The focus groups reported that most pre-teen and teenage pregnancies and childbirth statistics are not officially recorded. However, they consider that child and adolescent fertility rates are increasing at an alarming rate throughout the North.

Girls and women are further disadvantaged by low levels of education; the female literacy rate is 40% or lower across all of the northern regions. Girls and women are often excluded from decision-making in the household, community and local politics. In spite of gender equality policies and legal frameworks put in place by the Government and its associated Ministries such as Health, Education, Gender, Social Services and Children to protect girls from violence, experience gained in the T4MCH project shows that harmful cultural practices and early/forced marriage still occur in northern Ghana. One out of four girls is married before she reaches the age of eighteen.[1]

[1] Ghana Health Service, "Adolescent Health Service Policy and Strategy, 2016-2020", 2018.

This case study provides evidence of the need for reproductive health education for young people – both in the community and at school – that is gender-sensitive and adolescent-friendly. The researchers found that mothers and fathers of adolescents in northern Ghana typically do not talk to their children about sex or reproductive issues. Girls who become pregnant drop out of school, and rarely have opportunities to resume their schooling. Boys have little understanding of their own sexuality, including forming healthy, respectful relationships with girls. When a girl becomes pregnant, the biological father often distances himself from the girl, even when they are considered "married", and plays a limited role in financial support or childcare.

Empowerment and Agency – The Power of Mother's Stories

An unexpected result of the study was the benefit to the young women from interaction with the interview team. At the end of the study, they reported that the conversations had provided a platform for them to express their thoughts, their fears and their aspirations. **Gaining a voice was the first step in empowerment for them.** "*We are not encouraged to talk about our feelings where I come from. Initially it was very difficult for me to express my feelings to you. But anytime we finished and I went back, it felt like some heavy weight had been lifted off my shoulders. It took away a lot of the anxiety I was feeling during my pregnancy*".

The value of the "The Mother's Story", or having the mother tell her life story, was described by researchers and participants as follows:

1. In sharing our stories, we gain a clearer perspective on personal experiences and feelings, which in turn brings greater meaning to our lives.
2. Through sharing our stories, we obtain greater self-knowledge, a stronger self-image, and enhanced self-esteem.
3. In sharing our stories, we share cherished experiences and insights with others.
4. Sharing our stories can bring us joy, satisfaction, and inner peace.
5. Sharing our stories is a way of purging, or releasing, certain burdens and validating personal experience.
6. Sharing our stories helps create community and may show us that we have more in common with others than we thought.
7. By sharing our stories, we can help other people see their lives more clearly or differently, and perhaps inspire them to change negative things in their lives.
8. When we share our stories, others will get to know and understand us better, in ways that they hadn't before.
9. In sharing our stories, we might gain a better sense of how we want our stories to end, or how we can give ourselves the "good" endings we want. By understanding our past and present, we derive a clearer perspective on our goals for the future.
10. Participating in the "Mother's Story" was an empowering experience for girls and young women.

1.2 Purpose of the Case Study

The Mother's Story is a longitudinal case study approach developed by SALASAN and Savana Signatures in northern Ghana that tells the stories of the everyday realities of mothers, fathers and infants through the voices of twenty adolescent and adult primigravidas from their first trimester of pregnancy to the child's thirty-month milestone. Using a standardized interview tool, the women are encouraged to discuss in detail their backgrounds, including childhood experiences, education, physical and psychological experience of pregnancy, and expectations for their future. These stories of first-time mothers ground our maternal and child health work

in the realities of young women whom we have come to know over a period of almost four years. We have not only learned about the mothers, but about their experiences with their partners, families, communities, and most significantly with their babies, health facilities and health personnel. We have guarded the privacy of these women, most of whom are young – we do not intend to use their individual stories or photos for "human interest."

1.3 Design and Approach

Initially designed as a source of qualitative data on twenty primigravidas (first time mothers) between the ages of 20 to 30, the study found that fourteen participants were under the age of eighteen. Since then, the researchers have discovered that another girl was much younger than originally recorded. Therefore, fifteen of the participants were under eighteen at the time of the first interview. The research revealed that many young women are thrust into circumstances not of their own choosing, which result in unwanted pregnancy and interruption of schooling. The study investigates girls' and women's experiences of pregnancy, childbirth and child-rearing through their own voices. It shows promise for identifying causes of early sexual relations and pregnancy specific to northern Ghana, as well as family dynamics that have long-lasting effects on the physical and mental health of girls and women. Individual stories have been adapted into a separate learning tool for enhancing both maternal/child and sexual and reproductive health for both girls and boys.

This case study report aims specifically to identify issues regarding gender equality and the reproductive health and rights (SRHR)[2] of adolescent girls in northern Ghana between the ages of 12 and 18. These issues include access to reproductive health education and services and socio-economic factors that contribute to teenage pregnancy. Within a gender-sensitive framework, we review the role of parents, the community and the health system in the reproductive cycle, and how these social groups contribute to or hinder adolescent achievement of girls' sexual and reproductive health rights. The study looks at the role of male partners or husbands in pregnancy, and how these young fathers affect the wellbeing of both the young woman and her child. It also addresses issues of poverty, stigma, gender-based violence and mental health, and how they affect girls' and women's sexual and reproductive health rights, gender equality, self-determination and empowerment.

Triangulated by regular monitoring of over 30,000 girls and women in the Technology for Maternal and Child Health Project (T4MCH), the data of the Mother's Story case study are representative of the general reproductive health rights (RHR) situation of adolescent girls and women.

1.4 Intended Audience for the Case Study

We hope that the study will serve as a starting point for further discussion and research on the topic of reproductive health rights specific to girls and young women in northern Ghana. The study provides information unique to northern Ghana to these organisations about the current

[2] As "Reproductive Health Rights" is the commonly used term in Ghana, we have used it throughout this document in place of "Sexual and Reproductive Health Rights" (SRHR).

situation regarding the reproductive health rights status of girls – some of whom are as young as twelve years – and young women in the North. The primary audience for this study is women's organisations and NGOs at the national and local levels. We hope that the case study results will be helpful to these organisations in their work with girls and women, and their collaboration with local governments and policy-makers.

The case study will also be disseminated to T4MCH stakeholders including the Ghana Ministry of Health, Ghana Health Service, Ghana Education Service, District Assemblies, regional health authorities and other relevant government departments with the aim of establishing a platform for further discussion and consideration of necessary policy development, provision of SRHR services, and innovative approaches to SRHR education. While policy initiatives and strategies such as the Adolescent Health Service Policy and Strategy 2016-2020 have been put in place to enhance services to adolescents, the implementation of such initiatives should be monitored by relevant stakeholders to identify challenges in their application, especially with regard to younger girls and young women in vulnerable circumstances.

1.5 Methodology and Scope

The Mother's Story case study research took place in three regions: Upper West, Northern Region (now divided into three separate regions) and northern Volta Region (now Oti Region), in communities where the T4MCH project was operational. These regions are characterized by low population density, dry savannah vegetation, with 70-75% of the economically active population involved in agriculture. GDP per capita is estimated at about USD 250, and emigration from the region is high.[3] Five study participants were from communities in Upper West, three from communities in Volta Region and twelve from communities in Northern Region (including the new Savannah, Northeast and Northern Regions). The selection criteria for participants and communities were based on recommendations from health care providers, and willingness of the girls and women to participate in the study. They were promised anonymity as a criterion for participating in the study. The names used in the case study are therefore aliases. However, they have consented to stories from their lives being used to teach other girls and women.

Study participants were all attending antenatal care services at health facilities within walking distance of their communities – 5 to 7 km. - and were selected with the assistance of nurses and midwives who knew them. The study was conducted over three years, and included five structured interviews with the participants, using a standardized interview tool. The life history of participants was taken at baseline when their babies were six weeks or more in utero. Listening to the initial story took from one to two hours. Following the baseline, two six-month updates were made when the babies were born and at six months of age. The third and fourth interviews occurred twelve months apart when the babies were eighteen and thirty months of age. The updates took from ninety minutes to two hours. The fifth and final round of Mother's Story interviews occurred between September and November 2019, twelve months after the fourth interviews. The interview tool was adapted for each interview stage to reflect the status

[3] Abdulai, Bawoli and Sakyi, "Rethinking Persistent Poverty in northern Ghana", 2018.

of gestation, birth and age of the child and status of the mother. Data was collected and documented on:

- **Attendance at ANC**
- **Existence of a birth plan**
- **Birth at a health facility with skilled birth attendant**
- **Attendance at PNC following the birth of the child**
- **Breastfeeding (exclusive breastfeeding, for how long)**
- **Marital status**
- **Place of residence (living with whom?)**
- **Education level**
- **Occupation**
- **Income level**

The girls and young women were also encouraged to talk about their personal histories, their feelings about pregnancy and motherhood, and interactions with their partners and extended families. The interviews were supplemented with semi-structured interviews with midwives, who attended the initial interview so that they would be familiar with the process. These conversations led to a rich source of qualitative data on the status of girls and young women in society and the family, their sense of agency (or lack of it) and, in some cases, their evolution from vulnerability to empowerment. A series of focus groups conducted to assess quality of care priorities with eighty-eight adolescent girls and women in five rural health centres towards the end of the study provided further insight into girls' and women's perspectives on health services available to them, their own quality of care priorities, and the degree of voice and agency they had in making decisions about their own reproductive and maternal health.

Under the auspices of the T4MCH project, financial assistance was provided to the thirteen underage mothers in the study for furthering their education or vocational training. During the final interviews, the researchers were particularly interested in whether the education/training opportunity had given these young women more control over their lives, influenced attitudes of their families, improved their ability to make decisions in the household and community, and whether they have a sense of being empowered. The T4MCH women project officers, through women health staff, got in touch with and were able to interview fifteen of the twenty participants, two more since the fourth interviews in September 2018. Thirteen of the participants were all young women the project had linked to education or livelihood opportunities.

1.6 Limitations

The main limitation to this study was the lack of available health information specific to girls and women in northern Ghana. There is a significant body of research on girls' and women's health in Ghana generally, as well as individual research studies on gendered aspects of health in specific sites. However, these data are not disaggregated for the northern regions. For

example, the Harvard 2017 Maternal Health Survey provides disaggregation on fertility rates and use of modern contraception by region but does not provide data on teenage pregnancy by region. As well, the literature does not provide explanations as to why fertility rates and maternal mortality rates in Northern Region are consistently higher than Upper West or Upper East, or why contraception use is low in Northern Region in comparison to other regions throughout the country. We postulate that culture plays a role in SRH and MCH, but there is a limited base of evidence to back this assumption up. To provide evidence for this study, the researchers have relied on census data, T4MCH semi-annual monitoring data to supplement the qualitative information gathered from the participants, as well as T4MCH reports and studies.

2. Teenage Pregnancy in Northern Ghana – Key Issues and Insights from Mothers' Stories

2.1 Teenage Pregnancy and Reproductive Health Knowledge

Data gathered by GHS (Adolescent Health Strategy 2016-2020) indicates that:

- **Four in ten Ghanaian girls and two in ten boys aged 15–19 are sexually active.**
- **Only 6% of sexually active unmarried girls between the ages of 15 and 19 use a modern contraceptive method.**
- **Only 19.9% of adolescents have any knowledge of HIV prevention.**
- **With the average time between first sexual activity and marriage about two years for young women and more than five years for young men, the national fertility rate for 15-19 year old girls is 76:1000.**
- **The induced abortion rate for 15-19 year olds is 17%.**

Information from Marie Stopes International (Ghana) provides additional insights into teenage pregnancy in Ghana. 57,000 teenage pregnancies were recorded nationwide in the first half of 2017. A total of thirty-one teenage pregnancy related deaths were also recorded during the period. 9,100 adolescent girls in the Ashanti Region became pregnant during the first half of 2017. Three teenage pregnancy related deaths were also recorded in the region during the period. While it is difficult to obtain data disaggregated by region, GHS indicates that fertility rates are lower in the former Northern region (now divided into three administrative regions), and higher in Upper West and Upper East, where data shows that 22% of 15-19 year old girls have ever been pregnant. 33% of teen-aged girls (15 – 19) in northern Ghana are married.

Rihana's Story illustrates the absence of SRHR education and information amongst adolescents, as well as the lack of rights for girls and young women in making decisions about their own sexual and reproductive health. And, while none of the Mother's Story participants reported experiencing violence from their partners, there were a number of stories of sexual coercion from older men, including male relatives. With a better understanding of their reproductive health rights, girls and women understand that they have the right to say "no" when pressured for sex.

The team first met Rihana when she was sixteen years old and twenty-two weeks pregnant. She lives with her parents, two brothers and two sisters. She attended the same school in her community from nursery to middle school. Her favourite subject is Science. A little while ago, a young man just a few years older than her came over to her house and "sent for her." He called for her three times and they had sex all three times. Her parents were working on their farm, so they were unaware that Rihana had a boyfriend. However, her mother noticed that Rihana wasn't the same and told her that she was pregnant. She went to the health centre for a confirmation test. Rihana was unhappy about the pregnancy because she has had to drop out of school. She didn't know that having sex would lead to pregnancy. However, her boyfriend's family is happy about the pregnancy. Rihana will live with them after she gives birth – she is too

young to leave her family now. After the baby is born, Rihana expects her mother to care for the baby so that she can go to Wa Secondary Technical School.

By the second interview, Rihana had delivered her baby. She was not sufficiently prepared for the birth when her labour had started at around 4 a.m. She told her mother, and together they walked to the health facility. However, none of the mid-wives were around, and she was referred to Wa Regional Hospital. They had not planned for any transport. Fortunately, a relative was able to take them in his trotro. Before they left for Wa, Rihana had to go home again to get her health insurance card. Her mother went quickly to a neighbour and borrowed fifty Cedis, which they have not yet been able to pay back. When they got to the hospital in Wa, she was asked to go to the labour ward. Her mother had to renew her insurance and purchase sanitary pads for her. In the meantime, she gave birth. Rihana said that she cried a bit because of the pain. When the contractions came, she "held herself tight." However, her mother had told her how the birth would take place, and so she knew what to expect.

Rihana says that it is not difficult to be a mother and she loves her baby. However, she does not want to marry the father of the baby. He and his family no longer pay attention to her or the baby. They provide no support whatsoever. She can only count on her family to help her. They invite her and the baby to come and eat with them. They also play with the baby and put him on their backs to give her a bit of a break. Food is a major problem for her. She has lost weight in the past six months. No one takes care of her anymore, so she does not have new clothes. She is not very happy these days.

She wants to go back to school, but her family does not feel that she should go back now that she has a baby. They cannot support her and the baby if she goes to school. They told her that her sisters went to school and nothing came of it – the family is not benefitting from their schooling. Family life is also difficult because of rivalries and competition. Her sister-in-law will not allow her to help out with her business. Whenever she starts working, she will send her son to school, but not to any of her relatives. She believes that her relatives will only punish him, and not take proper care of him. She understands that she will need to be responsible for herself and her baby. She would like to learn how to sew. She does not have a sewing machine, but knows someone from whom she can learn.

2.2 Teenage Pregnancy and Local Customs and Culture in Northern Ghana

There are a number of traditional practices around pregnancy and childbirth that are still practiced in northern Ghana. The custom of giving birth at home, with only a female relative or traditional birth attendant, signifies strength, independence, and in some cases, the woman's faithfulness to her husband. Other practices include food taboos which prevent pregnant women from eating certain foods which may be of high nutrient value such as snails and eggs. The use of herbal remedies to promote healthy deliveries can be detrimental to the mother and baby. Two of the Mother's Story participants delivered their babies at home; one of these home deliveries was unexpected and unintentional, the result of a pre-term labour. Adopting a healthy diet for both mother and baby was important to the women, who also were aware of the safety issues accompanying an unattended birth. As our participants had been selected

from primigravidas attending ANC at government health facilities, their practices may not be representative of the larger population.

Ghana has one of the lowest prevalence rates of female genital mutilation (FGM) in sub-Saharan Africa and the practice is illegal. Only 1-2% of girls are subjected to FGM, with a slightly higher rate of 4% of girls in Upper West and Upper East regions. Indications are that the practice is declining, with younger girls less likely to undergo FGM. As well, higher education levels are mitigating factors.[4] None of the young women in the Mother's Story study reported any incidents of FGM. Stigmatizing widowhood rites and infanticide practices, particularly if the child is deformed or severely disabled, are practiced in the country, but were not an issue for our participants.

Child marriage, however, is still common throughout the country. UNICEF stresses the use of the term "child" marriage as opposed to the term "early" marriage or traditional union, as the word "early" may unintentionally downplay the severity of such a union on the rights of girls. More than 1 in 4 women, 20.7% of all Ghanaian females, are married before the age of 18. 1 in 20 girls (4.9%) marries before her fifteenth birthday. The highest prevalence of child marriage in Ghana occurs in the three Northern regions, where more than one in three girls marries before age 18. The practice is higher in rural areas, among the poorest populations. The Mother's Story team also identified a form of the practice in Oti Region, which involves exchanging a woman from one village for a child bride from the potential groom's village.

Although child or forced marriage can affect both boys and girls, it more commonly affects girls, further entrenching gender inequality. Among men aged 15-49 years old, only 5% are married before 18, compared to 27% for girls.[5] A recent study on child marriage in northern Ghana found that it was associated with increased likelihood of difficulties with basic activities of everyday living, a higher likelihood of adolescent pregnancy, a higher likelihood of child mortality among first-born children and lower odds of believing that life is determined by one's own actions.[6]

Married at twelve years old: Kukua's Story

Eleven of the young women interviewed for the Mother's Story had lost a parent, to death (9 deaths) or abandonment (in 2 cases, the mother left). This loss had cascading results for the girls involved, usually involving the girl child (but not boys) being sent to live with relatives, a practice known as "fostering". In many cases, girls who are fostered are expected to work very hard to pay for their upkeep and subject to abuse within their foster family. To minimize the cost to families, the girl is often given as a bride to a willing man without her consent. Without education or income, the girl is bound to her new family and has no control over her future. In Kukua's case, she was a good student with a bright future that now may never be realized.

[4] UK Home Office Dec. 2016

[5] Data from Ghana Commission for Human Rights and Justice Report, 2018

[6] DeGroot et al, "Child Marriage and Associated Outcomes in Northern Ghana"

When the team first met Kukua, she was sixteen and under just under two months pregnant. When Kukua was still a nursing infant, her mother abandoned her and later died in childbirth. Kukua was moved by her father several times during her early years in school, but eventually after a couple of false starts, she was able to complete grades 1-6 at the same school. She stayed with her father, stepmother and grandmother. Kukua knew that they loved her, but they were stressed because they were poor and lived in difficult conditions. The sleeping arrangements were particularly cramped and "made them annoyed," and Kukua's stepmother would beat her if she did "any little thing." To escape her misery at home, Kukua read books and studied hard. She was the first in her class. Her teachers had great hopes for her. However, her family had other plans for Kukua. At a funeral, she was introduced to her sister's husband's friend. Little did she know that she would have to marry Joseph, 22, right after she completed grade 6 and become his second wife. When the wedding took place, her teachers were up in arms and called the police. The police arrested Joseph's parents and hers, but eventually let them go. The case was cancelled because the families agreed to the marriage. Now, Kukua just stays at Joseph's home waiting for the baby to be born. She is so disappointed with the turn her life has taken. Joseph brings her to the clinic but they do not talk about the baby together.

Kukua's baby died because she was born prematurely. She gave birth at 7 months with only her mother-in-law present. Later, she went to the health facility with the baby and her husband. The midwife said that her baby was not fully grown, and that they should take the baby to the hospital. However, there was no ambulance, and they had to use a motorbike for transportation. They left the facility and went home to prepare for the journey to the hospital. When they reached home, they saw that the baby had already died. They decided not to go back to the clinic, and just buried the baby at home. She and her husband felt badly that their baby had died. Her husband wanted her to become a seamstress, and was planning to arrange an apprenticeship for her the following year, as he does not have the money at present. Her husband's other wife said, "God gives and takes away – He will bring another one." She was not sure that she wanted to have another baby.

However, Kukua became pregnant again and she is now attending PNC with her baby. She loves the educational aspects of PNC and the opportunity to talk to other new mothers. Their main concern is their livelihoods and the fact that there are no opportunities for women in their community. Health staff members have discussed family planning with Kukua, but she has not taken any steps towards adopting it. They have told her that she needs to bring her husband with her in order to receive contraception. She is not yet thinking about another child, as she says that lack of money makes life difficult. The family does not care for her now, as they used to when she was pregnant. She says her mother-in-law does a lot to help her, but her husband provides little financial support. He has taken her to the hospital when she or the baby are scheduled to go. Other than that, he is not involved with her or the child. She had to ask for money from her brother to buy clothes for the baby. She is not terribly happy, but she loves her baby. She will miss the interviews, as they have given her a chance to talk about her life and her problems. There is nobody else she can confide in.

2.3 Teenage Pregnancy and Male Partner Involvement

The involvement of fathers before, during and after the birth of a child has positive effects on maternal health behaviour, women's use of maternal and newborn health services, and fathers' longer-term support and involvement in the lives of their children. Evidence shows that fathers' involvement before, during and after the birth of a baby has the potential to contribute to reducing maternal mortality and morbidity, and to improving the experiences of women in pregnancy and during labour.

While men's lack of involvement in pregnancy and childbirth is often interpreted as indifference to the health of their wives or partners, investigation by T4MCH staff involved in a Father to Father initiative called "The Father's Journey" demonstrates that many men in northern Ghana are indeed concerned. However, men are often left out of programs, services and policy discussions related to the health of women and children. This is true even though evidence suggests that they control or play a dominant role in decision-making around sexual and reproductive health in general, including sex, family size, contraception, pregnancy and childbirth, and access to or use of health services.

Most of the fathers in the Mother's Story case study conform to traditional gender norms around pregnancy and childbirth. Traditional customs and behaviour may dictate that they delegate many of the responsibilities for their wives and children to female relatives, including co-wives. In other cases, particularly where the parents are young, or the man had perceived the relationship with a girl or women to be only sexual or casual in nature, cases of real negligence occur. **Sisi's Story** demonstrates the harmful effects of lack of involvement in pregnancy, childbirth and child-rearing on the part of fathers, as well as a lack of financial support for their partners and children.

Sisi was born in Ivory Coast in 2000. At the first interview, she was 16 and 8 weeks pregnant. She lived with her father, mother and four brothers and sisters. Sisi loved her mother, who was a trader. She recalls sitting with her mother in the market while she sold palm oil. Not long after she started school, her mother took Sisi to Kumasi in Ghana to live with her father's younger brother and his family. Her uncle and aunt had two children. She started school in Kumasi, but felt sad because her aunt overworked and beat her. When he was 11, her father came to get her and took Sisi to Wa West District, where she was reunited with her family. She started grade 3 when she turned 11, and moved up to grade 6 by age 16. Her parents' relationship was under strain because her father married two more women. He travels back and forth from Ivory Coast to Ghana, and she feels insecure when her father is not around. Sisi doesn't have a good relationship with her mother because she is unable to provide for Sisi's needs.

To console herself, Sisi started seeing a 25 year-old man named Abdallah. Her mother knew about Abdallah but didn't caution Sisi because he was giving her money. Sisi knew that if she started having unprotected sex, she would probably get pregnant. She begged Abdallah to use condoms but he refused, and forced her to have sex even if she was not willing. Sisi felt that she couldn't get out of the situation with Abdallah because he gave her money. Inevitably, Sisi became pregnant three months into the relationship. Abdallah has accepted responsibility. Both

her mother and Abdallah's mother want her to move in with Abdallah, but she wants to stay in school as long as possible – even though her classmates make fun of her.

Sisi is continuing her apprenticeship in Wa. Her little boy, who is now 32 months, is living with her husband's family. Both her mother and mother-in-law look after him while Sisi completes her apprenticeship, which will take another four years. He has had malaria, but he is well now. Sisi is not planning to have another child until she has obtained her dressmaking certificate and can start her own small business. She says that things are difficult at home: - her husband doesn't provide her with any financial support and her sister-in-law "has been tormenting me in the house." She feels that there is no emotional support for her and that she is completely on her own. Although her husband has said that he will help her when she wants to open her own shop, she doesn't believe him, as he has broken all his other promises to her. She comments that pregnancy is not for "small girls", who should stay in school. She feels that parents do not communicate with their children about SRH enough. However, she enjoys her work and feels that her family will start to see the benefits of it. She herself feels accomplished and useful, but recognizes that finances will be an issue in the near future.

2.4 Teenage Pregnancy and Quality of Maternal and Child Health Care

There is a significant body of literature to demonstrate that quality of care[7] correlates strongly with positive health results for women and girls. Neonatal outcomes are inextricably linked to maternal health and, therefore, to the quality of care a mother receives during labour, delivery and in the immediate postpartum period, the highest risk period for both mothers and babies.[8] Quality of care is particularly important in the case of teenage pregnancies, where risks such as anaemia, low birth weight babies and premature deliveries must often be managed. A significant part of the Government of Ghana's National Healthcare Quality Strategy is "a coordinated health care quality system that improves client experience by being responsive to the health needs and aspirations of the patient and the community".

Women and girls in focus groups, who were asked to identify their priorities for good quality care, stated that a well-equipped facility with sufficient staff, appropriate equipment for prenatal/postnatal care and childbirth, and medications as prescribed by the health care staff was their top priority (41% of responses). Receiving appropriate, sufficient information from staff and being treated with respect was the second highest priority (36% of responses). Timeliness was also important, with a number of participants commenting that they had to wait for a long time to be seen by the nurse or midwife (18%). Other priorities were safety and cleanliness (5%). A small number of women (5%) said that lack of respect and/or information from staff was a problem.

In general, the Mother's Story participants thought that the care they received at the health facilities was especially good and welcoming. However, they were also of the opinion that it

[7] Defined by WHO as care that is safe, effective, efficient, client-centred, timely and equitable.
[8] "Approaches to Improve the Quality of Maternal and Newborn Health", Reproductive Health, 2014

was because of our association with the health facilities that they received that level of welcoming care from health workers. They explained they felt the midwives especially thought they would report any bad behaviour to the team, hence the nice reception whenever they visited the facilities. Quality of care risks that were highlighted by this case study include:

2.4.1 Lack of access to timely childbirth services

Stories of walking to the health facility, riding on the back of a motorbike, or finding a taxi to transfer to a hospital that could safely handle childbirth in the case of difficult deliveries were consistent among all participants who were referred on to hospitals. Two of the young women had their babies at home, one with assistance from a traditional birth attendant, the other with assistance only from her with mother. One of the babies born at home survived, but Kukua, the young woman whose story is described in Section 2.1, was not so fortunate. She took her baby to the local health facility after the birth, but he was weak and small. She lost the baby because the health facility in her community did not have the resources to care for pre-term babies.

Nyamekye was eighteen when her labour pains started at 3 a.m. Tuesday morning. *"I was with my mother in the house, and told her right away. She advised me to hold on until the sun came up before we went to the clinic. We actually waited 12 hours, until 3 p.m. While we waited, the contractions would come and go. We had planned to get a motorbike to transport me to the clinic, but my mother felt that it was better for me to walk – being on the motorbike would hinder the baby's movement. Ten minutes into the walk, I had to stop because of a big contraction. When we arrived at the clinic, I was given a bed and examined. Since I was giving birth for the first time, the health facility referred me to the hospital in Nkwanta. They assured me that real labour had not yet started. My mother and I walked all the way back home. I got my things and then my brother arranged for a car to take us to St. Joseph's Hospital. It didn't take too long to get there. I was in a bed at 6 p.m. having my vitals checked, but then, after a long day, I gave birth quickly at 7 p.m. When I started pushing, they had to do an episiotomy. At that point, I was in serious pain. When the baby came out, he was placed on my belly and the nurse asked me to check the sex. I started breastfeeding right away. Since arriving back home, I have not given the baby any wafer or porridge – nothing other than breastmilk. No one educated me about breastfeeding. I just felt instinctively that he couldn't have anything else".*

2.4.2 Lack of equipment and appropriate facilities to deal with difficult births

Examples of difficult births include breech births or those requiring a Caesarian section. Four of the girls were referred from the local health facility where they had initially arrived to deliver their babies to the District hospital. This was a stressful and physically difficult experience for them.

For Serwa, who is 17, labour started around 2pm, with her water breaking. At that time, Serwa was living in her boyfriend's home. *"I informed my sister-in-law that my waters had broken and she advised that we go to the health centre. Since I wasn't feeling any pains at that point, my boyfriend, his sister-in-law and I walked to the Health Center, which was only about five minutes from the house. I was given a bed, and after examination, the midwife referred us to the Central Hospital because the baby was not well presented for normal delivery and the facility was not*

equipped to handle such cases. We got to the Central Hospital at about 8 pm by means of a taxi. By then, labour pains had set in. I was detained until the morning, only to be referred to the Tamale Teaching Hospital because the Central Hospital was not able to handle my case either. We took a taxi and arrived at the hospital at about 3 p.m.

I was given a bed and made ready for the operating theater because they told me that I was going to have a C-section. I became very scared at that point because I thought I was going to die. I was given an injection and oxygen. I felt being cut at some point. I saw the doctor taking the baby out, then I blacked out. I regained consciousness around 4:30 pm and the first thing I did was to ask about my baby. My sister-in-law told me that I had a girl who was being kept at the nursery. I was frightened and thought that my baby had died and they were finding it hard to tell me. Later, my sister-in-law brought the baby to me. I stayed at the hospital for four days. The nurses told me to breastfeed exclusively, but the TBA who bathed my baby gave her water. My sister-in-law said that the nurses and midwives also give their babies water, so I asked my boyfriend to buy bottled water, which I used to supplement the breastfeeding".

2.4.3 A general lack of understanding of the childbirth process.

There were a number of cases where the girl did not know that she was in labour until the pains became acute. This lack of awareness may result in the young mother reporting later to the health facility than would normally be recommended, thus jeopardizing her life and that of her baby.

16-year-old Panyin began to feel labour pains between 3 and 4 a.m. *"I had a lot of stomach pain, and it felt as if I had urinated. I only learned later that my waters had broken. I also felt as if I had to defecate. My sister Julie went with me to the health facility in Tuna. I gave birth in the morning, and the baby died at noon. I know why. All I know is that the baby was born prematurely (8 months) and was very small. After the baby was born, I held him, but I had no breast milk and couldn't feed him before he died. After the baby died, I just sat on the bed. I couldn't talk or cry, even though I wanted to. Neither my family nor the father of the baby acknowledged the death of the baby or made any effort to comfort me. They all ignored the issue, as if it had never happened. I have no plans to resume my relationship with the father. I went back to school and I am in Form 2 of Junior High School. I don't talk to anyone about the baby or about any personal issues. I want to go to Tamale Girls' Secondary School, and I hope to attend nursing training afterwards".*

2.4.4 A need for support in maintaining good mental health

This need was demonstrated in several cases, where the young mothers were depressed or worried about their ability as mothers or concerned about their ability to support themselves and their babies.

Panyin's story is an example of another important issue in quality of care for young mothers, which is the need for increased communication and empathy, particularly to combat post-partum depression and any other mental health issues that may arise from the pregnancy and birth of the baby. Panyin's unresolved feelings of grief and guilt need to be addressed, for the

sake of her future relationships and ongoing mental health. Addressing mental health issues such as post-partum depression or unresolved grief from the death of a child is important for the long-term health of the mother and her baby. It may be possible to connect young mothers to a community health nurse or community volunteer for periodic check-ups following a birth. Attendance at PNC does not normally provide sufficient time to check on mental health.

Sakina has had mood swings since the birth of her first child more than eighteen months ago. She is now pregnant again and appeared to be quite depressed during the fourth interview, crying throughout. She said, *"There's really nothing to be happy about in this life of mine. It's already very difficult with one baby, and now a second one. I wish I wouldn't have it." Since then, the Mother's Story research team asked the midwife at the Kalba health centre to keep an eye on her and provide her with some counselling. She is doing well now, and has since delivered her second child. However, without the intervention of the team, she would not have sought any help for her depression.*

2.4.5 Effective communication between health care staff and expectant girls/women has positive outcomes

The study demonstrated that girls and women who already have a good relationship with their mid-wife through ANC attendance are more likely to have a positive birth experience, underscoring the importance of good quality of care in pregnancy and childbirth. Furthermore, if birth preparedness and contingency plans include making arrangements for safe transportation to the facility or referral centre, the birth experience is likely to be less stressful. Mothers who attend PNC or Child Welfare sessions are positive about them. They appreciate meeting with their friends to share their individual experiences about caring for their babies. Hearing from other women about what has worked or not worked for them and their babies makes decision making a lot easier. Watching the educational videos health staff show at PNC helps them learn about good child-rearing practices. Positive reinforcement received from nurses/midwives about their parenting abilities is particularly important to them.

On the day she went into labour, Dofi woke up as usual. She didn't feel anything. *"I cooked, fetched water, and took a bath. Afterwards, I went to relax under the mango tree. That's when my labour pains started. I went inside the compound to tell Auntie (mother-in-law). She asked me whether my waters had broken, and I said that they had. I just walked around for 4-5 hours, because walking was more comfortable than sitting. My mid-wife, Perpetua, came to my house when she heard that I was in labour. She told me that she had to deliver in Jirapa. Perpetua took me to Jirapa on her motorbike. Although the journey took under one hour, there was a lot of rain and wind. Perpetua had her baby on her back, and I sat behind her in labour. They had to rush because I was ready to give birth. In fact, I gave birth within an hour of reaching Jirapa. The nurses made me lie on my side; they didn't allow me to move. As I felt that I needed to move my bowels, I got up to squat. Eventually, I lay down again and pushed. It was all very painful. Only the mid-wives were present at the birth. I was really happy when I first saw my baby. They put him on my chest so that I could see his sex. I breastfed exclusively for six months and I found it easy. I did not experience any pain. The mid-wife showed me how to breastfeed properly".*

2.5 Gender Equality and Empowerment

Women in northern Ghana and have traditionally been relegated to child-bearing roles, supporting their husbands as farmers and traders. Structural and traditional norms obstruct gender equality. Levels of education and governance participation, both indicators of gains in sexual and reproductive health rights, are low. Only 8.2% of parliamentarians in Ghana are women, less at local government levels. Dropout rates for Ghanaian girls continue to remain very high at the upper primary and junior secondary levels. Female illiteracy rates in the North are 80% or higher. Adolescent girls are vulnerable to sexual and gender-based violence (SGBV) both at school and in the community and are less likely to have access to necessary family and community support systems when male partners fail to provide for them and their children. In Ghana, there are multiple forms of violence against women, including accusations of witchcraft, harmful widowhood rites, female genital mutilation (FGM), forced marriage, and widow inheritance. Child marriage rates are 21%.19% of women in Ghana have experienced intimate partner violence in the last year (Data from UNWomen, GHS, GSS). The T4MCH theory of change assumes that strengthening the rights of girls and women requires a gender-transformational approach that not only includes girls' access to and control over key services, but also helps communities understand and challenge the social norms that perpetuate inequalities between men and women.

There is significant evidence that increasing the voice and agency of women and girls has economic benefits for their families, communities and societies, in addition to the clear personal and economic benefits for them**.** In northern Ghana, however, girls and women have limited or no voice in determining their future, particularly in traditional rural societies. As many of our Mother's Stories demonstrate, they have no control over their sexual and reproductive health rights, they have access to land over through male relatives, and they are underrepresented in local and national politics. They are often not allowed to attend school, or are forced to drop out before they have graduated, without the educational foundation or qualifications to undertake training programs or postsecondary education. And, while none of the Mother's Story participants were subjected to physical abuse from their husbands or partners, several of them felt coerced to have sex or to marry.

Florence was 18 and 26 weeks pregnant when the team first met her. Florence started life with her mother and father, until her father died -- she was only 7. Her uncle brought her and her mother to Jirapa, where she was sent to live with her paternal grandmother. Her mother left after some time and re-married. Florence's grandmother couldn't afford to send her to school, so she gave her to a convent where she worked as a cleaner – even though she was 13, she did not have an opportunity to go to school. When she was 15, her family took her out of the convent because they thought she should have an education. Florence started in grade 4 when her younger sister was already in grade 10. She was mocked and bullied, so decided to drop out. To make her feel better, her uncle said that he would help her to get a position as a seamstress's apprentice. In the meantime, her family arranged for her to meet David. After a week, their families got together and decided that Florence and David should get married. She got pregnant after nine months. Although David is nice to her, she is disappointed that she cannot fulfill her

dream of becoming a seamstress. In any case, she is content in David's home, "especially when she can be alone in their room quietly with no one to annoy her."

After the birth of her baby boy, Florence stayed with her husband's family. They are nice to her and always include her when food is served. There are only four of them living together: she, her husband, her father-in-law who is old and blind, and her mother-in-law. Her mother in law sells firewood – they all help and make about 15 Cedis per month. She also sells charcoal, but not on a regular basis. They might realize 20 Cedis per month from sales. Her husband works in galamsey (artisanal mining). He supports her and the child, but she says there isn't enough money for the entire family. He periodically comes home for a break and to bring money for his family. At one time he claimed that armed robbers stole his money when he was on his way home. Family members help her with child care. She says, "My son is my strength nowadays. He's all that makes me happy." She would like to learn to sew so that she could earn some extra money for herself and her child, but has not yet identified anyone that she can apprentice with. Currently, she has savings of 8 Cedis.

With financial support from T4MCH, she was able to apprentice as a dressmaker, which she enjoys and feels will be useful for her in the future. Her husband's family has been supportive, as they can see that she is gaining a useful skill. Her biggest challenge is getting back and forth to Jirapa for her training. Sometimes she is able to use her husband's bicycle, but not always. She says that her husband's family still expects her to prepare the evening meal when she returns from her training. She has accepted that task and appreciates the childcare from her mother-in-law and husband. "I understand and have accepted that my work should not interfere with the work I do at home". Obtaining enough food is the biggest challenge Florence and her family face. They are only eating two meals a day.

Her husband provides her with money for the child and food when he can. He has promised to help her with initial financing to set up her own dressmaking business/shop when she finishes her apprenticeship in five years. In the meantime, Florence is on Depo-Provera and does not want to have any more children until she has her own business. She also says that the interviews with the Mother's Story team have been empowering for her. "There was a lot of suffering in my life at the beginning but you have helped bring me out of that dark place with you just listening to me, advising and empowering me. Also, sitting with you and talking about my life has helped me to think more about my life and the things I have gone through. Now, I try as much as possible to do well and not fall back again. It also feels like somebody cares about me and what happens to me. My whole family is appreciative. I have learned to look out for myself too. I feel happy and relieved to be able to share my deepest thoughts with you".

Sharing her story has helped Florence to feel that she has a voice in her own future. When asked what she would like to tell others about her experience through pregnancy and motherhood, she says, "I married early and that is one difficult point in my life. I wanted to be in school but I was not allowed to. I would advise younger girls to focus on school, make sure you have some concrete livelihood skill before you decide to marry. I would advise parents and older people to wait until we the girls are old enough to marry before they start making arrangements for us to marry".

3. Lessons Gleaned From Mothers' Stories

These lessons are drawn from the team's review and assessment of interviews conducted over thirty months with the twenty young women who participated in the case study – mothers' stories. The lessons inform the needs and recommendations for advocacy set out following this section of this report.

3.1 Adolescent Reproductive Health and Rights

1. Reproductive health information/education is urgently required for young women in the T4MCH project region. The general lack of knowledge about reproductive issues among the 20 women interviewed was striking, with 18 of the 20 having no knowledge of contraception or what to expect from early stages of pregnancy. "She didn't know much about sex and pregnancy". "She didn't know that she could get pregnant having unprotected sex." "She didn't know that sex leads to pregnancy". One exception said that her mother told her she "could get pregnant if she had sex". One other young woman was older (24), had completed SHS and knew how to prevent pregnancy.[9]
2. Adolescent girls who are pregnant and unmarried require ongoing family and community support, not censure, to assure a positive future for themselves and their babies. This should extend from the school setting to their families and communities. The girls who become pregnant when they are in school are subjected to bullying and shunning from their schoolmates, as well as denunciation from their communities. There is no sense that they should be helped.
3. Security for mother and baby, as well as confidence of the mother, is correlated with stable relationships with the male partner. Underage sex and pregnancy (15-18 years old) correlates with single status and/or lack of a stable relationship with the father of the child. The one exception is the girl who was married at 13. Young, single women are more likely to be financially precarious and unable to care for themselves or their babies.

3.2 Childbirth and Quality of Care

1. Women who already have a good relationship with their mid-wife through ANC attendance are more likely to have a positive birth experience.
2. If birth preparedness and contingency plans include making arrangements for safe transportation to the facility or referral centre, the birth experience is likely to be less stressful.

[9] The T4MCH cEMR review (August 2019) documented that only 15% of women at Kanvilli clinic received family planning counselling, all of them at PNC.

3. If all members of the family are on board and supportive with exclusive breastfeeding, the new mother will feel more supported in her breastfeeding behaviour.
4. If new mothers are supported in eating 3-4 times a day at least, they will feel more confident to breastfeed and enjoy their new role.
5. If women are given information and options for birth control and family planning, they will make positive decisions based on the best interests for themselves and their babies.
6. Addressing mental health issues such as post-partum depression or unresolved grief from the death of a child is important for the long-term health of the mother and her baby. It may be possible to connect young mothers to a community health nurse or community volunteer for periodic check-ups following a birth. Attendance at PNC does not normally provide sufficient time to check on mental health.
7. Mothers who attend PNC or Child Welfare sessions are positive about them. They like:
    - meeting with their friends to share their individual experiences about caring for their babies
    - hearing from other women what has worked or not worked for them and their babies makes decision making a lot easier
    - watching the educational videos health staff show at PNC helps them learn about good child-rearing practices
    - positive reinforcement received from nurses/midwives about their parenting abilities**.**

3.3 Agency and Empowerment

1. Women who have no control over their own sexuality, particularly decisions regarding pregnancy, have negative reactions to their pregnancies. These can be very strong if the mother does not want to be pregnant.
2. Women who do not express a wish for, or who have negative attitudes towards contraception, are often reacting to social cultural mores. They have cited fear of:
    - partner/ husband's anger
    - being called promiscuous
    - seeming not to want any more children, which implies husband marrying another wife.
3. Women who have found a way forward to better their lives - whether through education or skills development - have some level of agency, have more confidence and are more secure in themselves, their sexuality (including attitudes towards pregnancy) and their relationships. This does not imply that the women in the secure group do not need a bit of help to improve their lives.
4. Poverty hinders mothers' abilities to make decisions about themselves and their babies' wellbeing.

5. Young mothers place high value on support from husbands/partners and families. This lessens the burdens on them even in the face of the financial hardships. Most of them say that partners/ husbands and immediate family help in doing household jobs like fetching water and even cooking in some cases, so as to give mothers the chance to take care of the babies.
6. When you allow girls to make their own choices around the livelihood or career, it builds their confidence and enthusiasm to complete task
7. Working with GHS staff as interlocutors ("link agent"), between adolescents and parents increases parental support and researchers' ability to monitor their progress.
8. Giving girls a voice through providing an opportunity to share their thoughts and feelings in a "safe space" empowers them to think, analyse and make good decisions for themselves and their children.

4. Needs and Recommendations for Advocacy

The following identified needs and recommendations are based on lessons learned from this case study, from the lived experiences of girls and women in northern Ghana, and from evidence based on other research undertaken on mother and child health (including maternal and infant mortality, women's participation in and use of technology, and quality of care). They are focused primarily on the need for increased reproductive health awareness, education and empowerment for girls, young women, their families and communities. While issues such as the need for a more seamless transfer process from District health facility to hospital requires attention from administrators and clinicians, the majority of The Mother's Story lessons and recommendations should be considered and applied by women's organizations, community leaders and educators. The learnings gleaned from the stories also underline the importance of including boys and men in the conversation.

Reproductive health rights:

- **Need for rights-based reproductive health education for children and adolescents**
- **Need for family-based reproductive health and rights counselling to improve parent-child communication**

Pregnancy, childbirth and quality of care:

- **Need for health service personnel training in providing adolescent-friendly, gender-responsive health care – what to expect during childbirth, hospital transfers, attention to postpartum depression, etc.**
- **Provision of contraception information and services**
- **Importance of developing a relationship with the midwife**

Agency and empowerment:

- **Need for some sort of counselling for girls and young women, someone they can talk to, funding for "adolescent corners" in HFs, etc.**
- **Need for adolescent health and reproductive rights initiatives – both policies and follow through actions – to keep girls in school, whether pregnant or not**
- **Need for ongoing income generation programs for girls and young women**

Based on the experience of the research team is a recommendation for more research on the reproductive health and rights of girls and women in northern Ghana. While communication between the South and the North regions of Ghana has increased over the last fifty years, we can still consider much of northern Ghana to be a 'distinct society', with its unique traditions, customs, cultures and languages. A more complete understanding of attitudes, behaviours and their effects on the status of girls and women would be useful in developing targeted initiatives to keep girls in school, for example, or to open discussions with families on addressing teenage

pregnancy. An understanding of local cultures could also be helpful to health service providers in addressing key care issues such as preparation for birth.

Advocacy:

- Keeping girls in school, at least through JSS, is the most valuable thing we can do to guarantee healthy mothers, babies and families. Education must be universal for girls, as it correlates with early marriage/pregnancy and ability to live a healthy, productive life.
- SRHR education is critical in preventing teenage pregnancy and preparing young women and their partners to become effective parents.
- Providing support to adolescent girls and women who are pregnant and unmarried requires family and community support, not censure. This should extend from the school setting to their families and communities and requires significant changes in attitudes and behaviour. It is also important to recognize that there are strong cultural mores affecting attitudes towards sex before marriage that are counter to actual behaviour amongst adolescents.
- Contraceptive counselling should include both husband/partner and wife; cultural issues need to be addressed along with health considerations. Adolescents should also have access to contraceptives.
- Including men in the journey from pregnancy through childbirth and child-rearing must be treated as fundamental to the sound physical and mental health of the family. Families and communities need to understand how and why women's health, and that of their children, is significantly improved when fathers are involved.

5. Interview Summaries and Findings

5.1 Initial Interviews – October 2016: Pregnant for the First Time

The team individually interviewed 20 purposively selected first time mothers (primigravidas). Thirteen of the young women were between the ages of fifteen and eighteen, while the other seven were aged from nineteen to twenty-seven years old. Their gestation stages ranged from six weeks to nine months at the time. Their marital status fell into three main groupings: six were married, including one in a traditional marriage; eight were engaged, in a long-term relationship or living permanently with a partner; and six of the young women were unmarried. Of this group, all were between the ages of fifteen and seventeen. Only one of the unmarried girls was receiving financial help from her boyfriend.

Nine of the participants were from Northern Region, seven from Upper West, and four from Volta Region[10]. The majority were from rural farming areas; two participants were from peri-urban areas. All but one of the school-aged participants were in high school when they became pregnant and intended to continue their education following the birth of the baby. Three of the older participants had graduated from high school, while two others had completed up to Form Three and one other was working on a distance education university degree. One participant had completed Grade 6 of primary school. Four of the young women, all of whom were between the ages of nineteen and twenty-two, had no education. None of the girls or women was working at this time. All participants were attending antenatal care (ANC) regularly, i.e. a minimum of four visits and more in some cases.

5.2 Second Interviews – February 2017: Birth Experiences

In February 2017, the T4MCH team interviewed fourteen women, of whom twelve were new mothers. They were all happy to see the team and to tell them about their experiences. The midwives at their health facilities reported that at least four new mothers had gone with their babies to stay with relatives who would care for them when their babies were small. It is customary for women to go to the homes of their mothers for a period of time after they give birth. One hadn't yet had her baby. Two had lost their babies because they were premature and one young mother lost her baby at four months because she sought medical assistance late. We did not interview this woman, but heard about the death from the mid-wife. The team was able to interview fourteen young women. All interviews were held at their health facilities with health personnel present.

The majority of women choose to have their babies in health facilities. Of the fourteen young women interviewed, twelve had their babies in health facilities, and most of those had referrals to larger facilities because it was their first time giving birth. One had a Caesarean section, six were given episiotomies and the remaining five required no intervention. Most were prepared for more pain than they actually suffered. They were satisfied with the birth experience and with the care that they received. Some had formed close relationships with their nurses and

[10] Since the initial interview, the Northern Region has been divided into 3 autonomous regions. Volta Region was also divided, and those participants are now residents of Oti Region.

mid-wives before they gave birth. The youngest woman was fifteen when she gave birth. All were sufficiently mature that fistula was not an issue.

Two women had their babies at home, even though they had attended ANC regularly. Of these two, one of the births was premature. This baby died. Another young woman who gave birth at the health centre prematurely experienced the death of her baby. Health centres were ill-equipped to deal with preemies. In addition, no health centre practiced "kangaroo care" for preemies or full-term babies. Once born, babies were put on the mother's stomach so that she could identify the sex of the baby – this was the case for almost all women. As soon as the baby's sex was identified, the baby was removed from the mother. Of the fourteen live births, eleven were boys and three were girls. For several women, there was a significant time period between when the baby was born and when they were able to hold baby. At this point, the midwife would initiate lactation with the mother, showing her how to breastfeed properly.

Birth plans do not include emergency preparedness or arrangements for transport. All except one of the women had been prepared with "birth plans." For most women, preparedness means collecting the required items for their birth bags: cloths, Dettol, soap, a rubber sheet, baby clothing, etc. The women were prepared to a lesser extent with transportation arrangements and cash for contingencies. Transportation options for most women in labour were inadequate: walking or catching a lift on a motorcycle. At least one woman discovered that her health insurance was no longer valid because it was not renewed on time. One woman – the least educated of the twenty – had no items ready for the birth, and her relatives had to purchase several things in the market at the time when she was giving birth. The young women who had preemies did not have a birth plan in place, nor did the women who had their babies at home.

Women understand the importance of attending PNC. All women except one was up to date with her PNC visits and immunizations. One complicating factor for PNC visits was the fact that several of the women had their babies in larger centres or hospitals which they had not previously attended. Some returned to these larger centres for their first PNC visit. This meant that their health records were either not given to them or erratically recorded in their books. Record-keeping at referral centres was not done as consistently as in the originating health facility. In any case, most of the women were able to say when they first attended PNC after the birth of their babies. Two attended PNC within four days of their baby's birth, eight attended PNC within seven days, and only one waited longer than one week.

All twelve women said that they were breastfeeding exclusively and on demand. The young woman who lost her premature baby said that she attempted to feed her baby, but did not have milk. Other than her, all women were breastfeeding and none identified issues with clogged ducts or ulcers. Their babies, who ranged in age from one to seven months, were healthy, although some seemed smaller for their age. Moreover, none of the mothers said that they were ill or had health problems. The only complaint women had was that breastfeeding was painful at the start. However, once they got used to breastfeeding, the pain stopped. Although many of the young women were poor, most seemed to be able to eat enough. Two

women ate meals a day, but the other ten ate at least three meals. Several said that their appetite resumed after they had their babies. Others said that they were unusually hungry because they were breastfeeding. They noted minimal cost of food, and several mentioned that their male partners grew most of the food that they consumed.

5.3 Third Interviews – September 2017: Early Stages of Motherhood

In September 2017, T4MCH carried out the 3rd round of Mother's Story interviews. This was a little more than one year after they had initiated this longitudinal study. The visit occurred in the lean season, when many rural people in Northern Ghana eat less than three times a day. The team found seventeen young women out of the original twenty, two more since the second interview. Of the three who were missing, two had relocated and another had gone to school. Fifteen of them had given birth and their babies ranged in age from six to fourteen months. There were seven baby girls and eight baby boys. Thirteen babies were in the safe zone of appropriate age for weight, and two were underweight. Four babies were ill at the time of the interview. Four of the young women were in a food insecure situation, unsure of what they and their babies could eat, and when. The young women were asked the same set of questions about their lives. The two who had lost their babies – Panyin and Kukua – were asked to update the team with their situations. Panyin had gone back to school. Kukua had not been allowed to resume her schooling, but has engaged herself in several activities to empower herself.

A*ll fifteen mothers confirmed that they exclusively breastfed their newborns for six months.* For a few of these women, exclusive breastfeeding meant they could give water, but not solid food to their babies. Eight of the women said that they had no problems with breastfeeding, and several said that they enjoyed it. Seven women cited that minor inconveniences with breastfeeding, such as babies' increased feeding times, biting nipples, nipple pain, itchy breast, and pain when baby does not suck for a long time. When breastfeeding exclusively, most women ate three or four times a day. Only three women ate two times a day, two because of food shortages. After introducing complementary food to their babies, ten mothers said that they ate the same amount or more. Five mothers decreased the amount of food they ate after breastfeeding exclusively.

The new mothers faced challenges and uncertainties in introducing complementary feeding. Of all fifteen mothers, only five were able to introduce complementary feeding in the sixth month. For the majority of women who could not start complementary feeding at six months, the transitional period was characterized by uncertainties such as the right time to introduce solids, what to start with, how to go about it and whether the same level of nutrition as what was in breastmilk could be maintained. These uncertainties persisted, even though women attended post-natal sessions on how to introduce complementary feeding to their babies. A number of the women gave up feeding their babies solid food when they rejected it. They went back to exclusive breastfeeding because they were afraid that their babies were not ready for solid food. These results were surprising to the interview team because they thought perhaps that women would try to introduce solid foods earlier than six months, when in fact they delayed the introduction of solid foods. All women continued to breastfeed after their babies started complementary feeding. The number of times they breastfed ranged from two to three to more

than eight times per day. At this point, most of the mothers said they applied some form of "force" when they initially started complementary feeding, but only one resorted to force-feeding. The women were afraid that their babies would go hungry.

The women had limited understanding of their own and their babies' illnesses. Out of the fifteen mothers, five had experienced illness in the six month period since the last interview. Three had headaches, two had had malaria, and one had a lump on her eyelid. Twelve of the babies had been ill during the previous six months. Illnesses included minor ailments such as coughs, colds, and teething-related problems as well as three who had had fevers, others with diarrhea and vomiting, two with malaria and one who presented with anaemia. All the mothers took their babies to health facilities when they were ill. Although they were able to describe the general symptoms of their illnesses to us, they did not know the actual diagnosis of their babies' conditions. When they were given medicines for the baby or asked to purchase them, they did not know the names of the drugs or their purpose.

All fifteen mothers attended post-natal clinics with their babies. They all have child welfare books in which their babies' weights and developmental milestones are recorded. During the sessions, they receive advice on how to take good care of themselves and their babies. Some learned about the benefits of breastfeeding and proper attachment for breastfeeding, the need to bring babies to the health facility when they are sick, and what to feed them. Most of the women enjoy the social aspects of PNC, including talking to other women and comparing the weights of their babies.

Women's knowledge of and perceptions about contraception varies widely. By the second round of interviews, a number of the women who had given birth at referral centers had not been told about birth control and the importance of family planning. Since women were now settled in their communities and attending PNC, ten out of the fifteen said someone had spoken to them about family planning at their various health facilities. Only seven said they were on birth control, even though they had been given information about its benefits. Six were taking Depo injections at three-month intervals, while one was on the patch, which is effective for five years. Most of them expressed their wish to have some flexibility to choose when to have babies or not; thus, they did not choose any of the long-term methods. The major fears for those who choose not to go on family planning are barrenness, excessive bleeding, and "puffiness." Most of these young women take these fears seriously even though they receive some form of education on family planning during their PNC visits at their various health facilities. Most of the married or engaged women said that they are not having sex with their partners, but sleeping in the rooms of female relatives in the same household. Some are doing this to avoid sex, and some believe that they would only resume sexual relations once their babies were weaned. The girls who were not married were living with their parents, and were not on birth control.

Support for mother and baby from husbands and partners is limited. Although all the women said that they were receiving some form of support from their immediate families, only five said their partners supported them financially, even though not on a regular basis. Most mothers

said that their male partners give them money "when they feel like it". The amount of money and the time in between giving varies. Fathers will also provide items such as food, soap, clothes, or diapers for the baby. Most male partners appear to recognize their obligation to support the mother and child, but focus on the child. The mothers themselves receive less support, whether married or otherwise. Most of the women receive some form of assistance in taking care of their babies. Partners and immediate family help with doing household jobs like fetching water and even cooking in some cases, so as to give mothers the chance to take care of the babies. Even though girls had support from their families, many were uncomfortable around their in-laws, especially sisters-in-law.

Girls' education is severely curtailed by pregnancy and child-rearing. In the last year, the number of young women who initially expressed the desire to go back to school after they had their babies had diminished. Six still held on to the dream of furthering their education, 2 of whom are currently in school. The remaining 11 had given up on school or wanted to resume their businesses. When asked what they were doing at the moment, most of the young women said "nothing." However, they told us how busy they were with taking care of their babies, fetching water, cleaning the house, fetching firewood, farming and cooking. Upon further probing, the team found out that to these women "nothing" did not mean that they were sitting around all day – it meant they were not earning their own money and saving money to take care of themselves and their baby.

Motherhood does not prevent young women from pursuing their ambitions. For married and unmarried women alike, there is a great deal of insecurity involved in being dependent on either a male partner or family. Once schooling has been interrupted, the girls are expected to make their own way. If they are dependent on other people for their livelihood, this situation has a significant and negative impact on their confidence and self-esteem. Some who had previously been in school had already taken the initiative to start up small businesses: selling cooked food, sugar, farm produce, firewood, or charcoal. Two women were working "by day," doing farm work at a daily wage. A number of women had start participating in susu (revolving loan) or VSL (village savings and loan) groups. Some want to engage in petty trading, or food processing, while others look forward to learning dressmaking or hairdressing, but need financial support to start their apprenticeships. Although all the young women expressed to us how much they loved their babies and received such joy from them, they did not hesitate to say that they would leave them with their mothers in order to pursue school- or work-related ventures. They thought they might leave when their babies were a bit older and ready to go to nursery school.

5.4 Fourth Interviews – September 2018: From Babies to Toddlers

The fourth Mother's Story interviews took place in September 2018 during the rainy season, when most rural populations are planting crops on their farms. The team was able to interview only thirteen of the original twenty participants, four fewer than the third interviews. The seven missing women included the same three who were missing during the third interview. A fourth woman had moved away with her family, another had left her husband, and the last two were unreachable because the area was totally cut off due to flood waters. Five of the thirteen

interviewed were officially married and living with their husbands' families, four were in a long-term relationship and living with their partners' families, while four were living on their own or with their mother's family. The group included one woman who had lost her baby when it was delivered prematurely, so the team were able to see twelve babies, who ranged in age from nineteen to twenty-six months.

Breastfeeding continued for well into baby's second year unless the mother becomes pregnant again. Seven out of the thirteen women interviewed were still breastfeeding their babies as well as giving them solid nutritious foods. Four stopped breastfeeding because of their second pregnancies. Further probing to understand why they stopped breastfeeding revealed that a lot of family and community pressure was put on them to stop, since people felt that continuous breastfeeding would result in insufficient breastmilk for the second baby after delivery. Four out of the seven women still breastfeeding said they were comfortable doing it, while three said it had become very tiring for them. Compared to the exclusive breastfeeding period, four women said they were not breastfeeding as frequently as they did during the first six months, that is between four to five times daily. However, three of them complained of breastfeeding more frequently, about ten times a day, mainly because their babies are refusing solids. In addition, food security was an issue for four of the women, who expressed concern about not having enough food for themselves and their babies.

The women had a good understanding of the importance of complementary feeding and nutrition for their children. All twelve women confirmed that their babies were already eating on their own and that took a lot of pressure off them, since they can now be doing other things while baby eats. Nine women said their babies eat almost anything they give them to eat. Three babies were said to very choosy when it comes to food and this makes it difficult for mother decide what to give baby. All of the babies were eating carbohydrates such as rice, yam, banku/tuo etc., proteins including meat and fish, and vegetables. Six babies were eating fruit and two were fed processed cereals such as Cerelac.

*At this stage of development, the women's concerns about their babies focused on sleep patterns***.** According to all twelve women, all the babies have started talking. Even though most said it is a bit difficult to understand some of the things their babies say, they expressed a lot of joy at knowing that their babies were developing as expected. They were also asked if they had any difficulties putting their babies to sleep. Only three women said they find it very difficult to put their babies to sleep. This is partly because the babies are hyperactive and seem to never want to take a rest. The most common way to put babies to sleep for all mothers is to carry them on their backs. Two women resort to giving babies cold baths to cool them down for them to fall asleep while four said they feed baby (breastmilk or food) to enable them fall asleep because they believe it's easier to fall asleep when the stomach is full.

PNC attendance has both social and health benefits: For those mothers who attend PNC, we asked what sessions they enjoyed most. Four mothers said they enjoyed meeting with their friends to share their individual experiences about caring for their babies. They explained that hearing from other women what has worked or not worked for them and their babies makes

decision making a lot easier for most of them. Three of the mothers like watching the local educational videos health staff show at PNC. They said they had learned a lot about best practices when taking care of a baby. Lastly, three of the mothers said the most satisfying aspect of PNC to them is to learn that their baby is putting on weight.

Three of the women said they had stopped attending PNC. One of the women in this category stopped because she was back in school and could not afford to be going to school late. However, her grandmother, now her guardian, takes the baby for the scheduled visits. A second woman decided to stop when she realized she had gotten pregnant again. Checks with the health facility she's affiliated to revealed that the midwife and community health nurses have on several occasions visited her at home to encourage her to bring the baby for PNC while she receives ANC. The last woman in this group lost her preterm baby so has never attended PNC. However, she has started attending ANC since she found out she's pregnant again.

PNC allows mothers and health care providers to assess babies' health and treat any illnesses. The mothers' PNC records confirmed that nine of their babies were in the safe zone of appropriate age for weight, and 3 were underweight. Only one baby was ill at the time of the interview. Eleven of the babies had received all the necessary inoculations and other interventions at PNC, including vitamin A, yellow fever, measles-rubella 1,2. One baby had received the measles-rubella vaccine, but not vitamin A or yellow fever. Further checks at the facility revealed that the last baby was brought to the facility as scheduled but couldn't receive the interventions due to a shortage of vaccines. Some of the illnesses babies presented at PNC within the past twelve months included diarrhoea (four babies), malaria (two babies), teething related discomforts (five babies) and mild anaemia (one baby). One baby presented with pneumonia at PNC and was subsequently treated for it.

Four of the women were in their second pregnancies. This group included the woman who lost her preterm baby. The remaining three had babies aged between nineteen and twenty months, less than two years and still breastfeeding. Two of the mothers seemed very excited about the pregnancies, while one showed some level of indifference to it. This may be due to the fact that she feels she has no control over her own sexuality, so cannot decide when or when not to get pregnant. The fourth woman in this group was extremely unhappy. She cried throughout the interview and couldn't come to terms with the pregnancy. She didn't understand how it could have happened, because she was still breastfeeding, and felt the arrival of a second baby was going to make it harder for her to achieve a meaningful life.

Health care staff provide consistent and frequent information on contraception, but this is not reflected in its use. Twelve out of the thirteen mothers commended health staff for providing them with consistent and frequent information on family planning. The thirteenth mother, the one who had lost her baby, was not going for PNC so this information was not provided to her. Receiving information on contraception was not reflected in its use, with only 6 of the women using some form of contraception. The team concluded from the discussions that these women do not have any form of agency to decide on their sexual and reproductive health and rights, and no control over their own bodies. Some of the reasons the women gave for not adopting

any form of contraception, even when they wanted to, were fear of their partner or husband's anger, not wanting to be called promiscuous, not wanting to be seen as not wanting more children – which could result in their husband marrying another wife – and a more generalized hesitancy to discuss family planning with their husbands or partners.

Husbands or partners support their children, but expect women to look after themselves. All the women interviewed said they were receiving some form of support from either their partners/husbands or families. Ten of them said they get some level of financial support from their partners or husbands but always meant for the babies, and nothing for themselves. One mother said she hardly hears from the father of her baby while the last said the man had disappeared without a trace. Husbands, long-term partners and immediate family help in doing household jobs like fetching water and even cooking in some cases, so as to give mothers the chance to take care of the babies. Some also take charge of baby, to allow mothers do other things around the house. However, all thirteen mothers admitted to having challenges in caring for themselves and their babies. Financial difficulties formed the basis of their challenges. Six of the women interviewed explicitly said they didn't have money and that that hinders their abilities to make decisions about their and their babies' wellbeing. The rest of the women were distressed about the absence of people in their lives to help them. They explained that having support from family or community would definitely decrease the burden they felt they were carrying, even in the face of the financial hardships.

We also asked the women what they found as the most satisfying aspects of their lives. Eight women attributed joy and a sense of achievement to their babies, four were most gratified by their opportunities for education or income generation and livelihoods. The woman who had exhibited signs of depression during the third interview said that there was nothing in her life that gave her satisfaction. The interaction with this woman was a very emotional one. She was utterly shocked at the news of a second baby since she felt she had been very careful in her sexual encounters with her partner. She felt it would now be very difficult to engage in any kind of economic activity with a second pregnancy.

When asked if there had been any changes in their lives since the interviews a year ago, only three women answered in the affirmative. Of those three, two cited a change in economic activities, while the third cited going back to school as the positive change she was experiencing. They appeared very proud of their ability to forge ahead in life and explained they felt the changes they all experienced were major catalysts for the betterment of their lives and those of their babies. All thirteen mothers plan to eventually either finish school and find jobs or go through skills training and build their own businesses. While they all hope to see some financial improvement in their lives in the next year, they do not have any form of assistance, from their families or elsewhere, to start working on the plans they have for themselves.

5.5 Final Interviews – September-November 2019: Life Beyond Baby

Between September and November 2019, the Mother's Story team, through women health staff, got in touch with and was able to interview sixteen of the original twenty participants, two more since the fourth interviews in September 2018. Thirteen of the participants were all

young women the project has empowered by either linking them to education or livelihood opportunities. The two new additions to the thirteen interviewed during the fourth interactions include the young woman who the team could not visit because her community was then cut off by flood. Another of the young women who got lost to the project after the second interaction was found by chance. She didn't want to be interviewed, so the team decided to just engage in some informal talk with her to find out what she has been doing since she relocated. One of the young women was not well and had been admitted to the hospital when the team got to her community. Consequently, the whole tool could not be administered since she kept falling in and out of sleep due to the effects of an intravenous infusion.

Three years following the initial interview, the team still found anomalies in assessment of their ages. The mother of one of the young women informed the team that she was not over twenty, as she had self-reported, but only eighteen years old. Thus, at the final interview, ten of the participants were over twenty, two were twenty, one was nineteen and two were eighteen. Out of the fifteen young women interviewed, only five of them were officially married. The remaining ten were either single parents or living with the father of their child.
At this final interview, the team visited the health facilities the young women attended for PNC/ANC to inform especially the midwives and community health workers of this particular round of interviews and to find out if they would be available to participate in the sessions. Those who were able to make time sat in on the interviews

The children remain healthy as they grow, but mothers have some illnesses. In all, fourteen first born babies were seen by the team. The ages of the babies ranged between thirty-one months and thirty-eight months. Out of the fourteen, only one was underweight for his age. The remaining thirteen looked healthy and had the appropriate weight for their ages, according to PNC records. Their childhood sicknesses had varied from common ailments to very severe ones. Five mothers reported that their babies had severe malaria and were all detained at the health facility for care and observation. Only one reported mild malaria. All the babies/children were doing well when the team visited. Also, one baby was reported to have convulsed due to very high fever and was also detained, treated and discharged. Again, eleven of the firstborn babies had received all the needed interventions and inoculations, while two had only received some of them, but not all. Four of the babies had been reported sick to various health facilities with illnesses such as cough, anaemia and convulsion due to fever. Ten babies were reported to have had malaria during the past twelve months. In most cases, the mothers mentioned that they were sleeping under treated mosquito nets.

The team interviewed four of the young women who had experienced their second pregnancies and delivered their babies. One of them was the young woman who had delivered prematurely and lost the baby. This same young woman had Hepatitis B during her second pregnancy. After the birth of the baby, it was imperative for the baby to receive the Hepatitis B vaccine and HBIG shot, which the parents could not afford. The Mother's Story team leader secured some funds and ensured the baby had the needed injections to prevent transmission of the disease to the baby. The remaining three women have had initial live births and all three babies are now doing well.

Eight of the young women reported having had health problems within the period of reporting. Two of them have complained of chronic headaches. They informed the team that they had gone to the hospital on countless occasions with the same complaint but to no avail. They explained that they have now resorted to local herbal brews in an attempt to reduce the pain and its associated stress. Eight out of the fourteen first-born babies had fallen ill within the previous six months. Ailments such as coughs were also recorded by two mothers while one reported an ear infection which had subsequently been treated.

At this point in the child's development, none of the young women was still breastfeeding. An exception was the four who had had their second babies. None of the fifteen young women had completed the twenty-four month recommended breastfeeding period. Most of them said the babies themselves stopped suckling at a point because of a change in their activities which took them out the home for long hours during the day. Also, the four young women who were pregnant for a second time reported a cessation in breastfeeding once they confirmed their second pregnancies. It is worth noting that these four have exclusively breastfed their second babies and are still breastfeeding.

Mothers focus on their toddler's healthy eating and consistent sleep patterns: The children appear to have very good eating habits. They eat everything their mothers or anybody gives them. The foods range from staples like "tuo zaafi", pounded yam, rice balls, banku accompanied with soups with green leafy vegetables especially. They are reported to also love eating fruits; mango, guava, orange, pineapple etc., depending on the availability of the fruit in the district or region. Fourteen women said their babies were talking, even though they agreed that for most of the time it was incoherent. The mothers understood almost everything their children said even though others seem to be confused by the children's utterances. For the majority of them, the children have started counting or saying their alphabet mostly because they hear other children of school-going age around them reciting it. All the mothers reported that their children sleep well because they were very active during the day so got tired by night. They explained that it was the opposite whenever the children had some afternoon sleep. This meant that they would be very active at night and that was always hectic for them. They unanimously preferred their children to stay awake all day, to allow both mothers and babies to have good night sleep.

The mothers do not focus on other aspects of their children's development such as play: All the children seemed to like playing on their own and with friends. The team didn't talk to any mothers who thought their child loved exclusively playing by themselves. It depended mostly on the kind of game and the availability of other children. All the baby girls love playing football like their boy counterparts. There were no distinct play patterns distinguishing the girls from the boys. When the mothers were asked about the interesting things their babies liked to do, their answers didn't vary much and included singing and dancing, playing with the mobile phone and playing in the sand. The women found it very hard to answer this question and it seemed they do not pay much attention to their children's play. The team had to probe extensively before some of these answers were given. The same applied to the question of the

most enjoyable thing they do with their babies. It was either they sing and dance together, play throw and catch or recite the alphabet together.

All the mothers interviewed said they receive a variety of advice and help on how to care for their toddlers and themselves. Friends at PNC, husbands, mothers-in-law, sisters-in-law and their own families (mothers, sisters) are sources of advice to them on childcare. Most of the young women commented that their husbands/partners don't normally comment on anything concerning the children's health because they feel the mothers have had enough experience already to be able to take good care of themselves and the babies.

Attendance at PNC is valued for both its health and social benefits: Ghana Health Services requires children to come for interventions at PNC until after the child's fifth birthday. Out of the fifteen young women, thirteen said they were still attending PNC. Their Child Welfare Books corroborated this. However, only seven were attending every month as scheduled. Six had missed a number of months even though not consecutively. For the remaining two who said they were no longer attending PNC, one was actually going to the health facility for ANC for her second baby, and not the first because she lost the first one. Also, the second person in that category had completely stopped because her son was no longer living with her and she was not sure the child's grandmother, with whom he lives now, was taking him.

For those mothers who were still attending PNC, all thirteen agreed that they were enjoying various aspects of PNC attendance. Five mothers said they enjoyed meeting with their friends as well as making new friends to share their individual experiences about caring for their babies, among other things. They explained that it was motivating to hear other women talk about their experiences with pregnancy and childcare, what has worked or not worked for them and their babies. They reiterated that this makes decision-making a lot easier for most of them who are first time mothers. Again, eight of the mothers like watching the local educational videos health staff show at PNC as well as the accompanying talks. They said they have benefitted immensely from the knowledge the midwives and community health officers and nurses share. Other valued aspects of PNC for these mothers included weighing the babies and vaccinations.

Contraception information is readily available to women and, at this stage, they are able to exercise choice in adopting it: All fifteen young women told the team that health providers, mostly midwives and community health nurses, have spoken to them about family planning at several points, i.e. during their pregnancy, delivery, throughout the exclusive breastfeeding period and beyond. They have explained its purpose and results, the methods available to them and the advantages or disadvantages of each method. As a result, twelve of the fifteen women have adopted family planning. One is on the daily pill, seven are on Depo Provera, three are on a three-year injectable, two are on the five-year implant and three are not using any contraception. None of the women mentioned their husbands as the reason for either being on a family planning method or not, unlike previous interviews when they alluded to their husbands' "permission" in planning their families.

During this last round of interviews, the team also wanted to find out if the young women had any plans of having another child. Initially, ten of the young women responded in the affirmative. However, upon further probing, all of them explained that they thought they were being asked if they ever wanted to have other children in their lifetime. The five remaining young women answered in the negative, explaining that unless they made something good out of their lives, they would not be thinking about another baby. Two of the mothers who are in an apprenticeship and the one in Senior High School said they were not thinking about babies until they are done with their apprenticeship and schooling respectively.

The women who had had a second baby said there were no major differences in their two pregnancies. They explained that they were more prepared this time around because of the first experience. One of the women said she did not experience the nausea she was plagued with during the first pregnancy, while the other three said it was the same experience of nausea, fatigue and loss of appetite at the onset of their pregnancies. Taking care of their second babies has been relatively easier than during their novice days except for the mother who lost her pre-term baby. She is experiencing child rearing for the first time and so is very enthusiastic about it. The Child Welfare books of all four babies showed the mothers were attending PNC, and as at the time of the visit had not missed any of the interventions or inoculations. It also showed the babies were growing steadily and did not have any problems that required attention.

The practice of husbands and partners supporting only their children has continued: Most of the young women reported that they receive some help from their partners or husbands, particularly provision of support to ensure the child's health (e.g. taking the child to the health facility when ill, buying medicines). Some of them commented that their relationships with husbands/partners had improved since they had begun their training or small businesses. They felt their husbands respected them more and saw them as more than just wives and mothers. The most significant source of support, however, was reported to come from mothers, sisters-in-law and grandmothers, who provide food, money, childcare, assistance with household chores and attendance at PNC. In general, the families were happy with the support that T4MCH had provided to the young women and are beginning to see the benefits that can accrue to the whole family. However, they maintain expectations that the young women will do their share of chores and household work. The young women generally accept that they must work within the traditional gendered framework of undertaking both paid work and household work for the sake of their children.

At this point in their lives, and in their children's development, livelihoods and their futures are of utmost concern: All fourteen young women were currently engaged in either schools, apprenticeships or businesses. Those in school are looking forward to finishing their current levels and continuing to another level. Some have started their baking businesses, and are selling the pastries to schools, churches and at other social gatherings in the community. The one who was not given any assistance is also engaged in petty trading in her community. Some of them who just completed their apprenticeships are ready to start their own endeavours in their various communities. Most of them are also engaged in extra activities to be able to save

some money for future endeavours. One of them explained the need to multi-task because one cannot just depend on one activity to make enough money. So even though she bakes, she has also decided to cultivate her husband's farm since he doesn't have time to do it. She is currently growing groundnut and maize on the farm. She seemed very happy about her ability to buy her own seeds, fertilizer and farm implements to get the farming going. Another who is doing both sewing and hairdressing explained that her (female) boss gives her money at the end of every week. She decided to start saving that money in order to set up her own shop when she completes the apprenticeship. The other young women have started soliciting partners and family members to help them put together their own shops when they complete their skills training.

They describe the past year as a very constructive period in their lives. They commented that they felt more confident, and were proud of their ability to take care of themselves and their children both financially and emotionally. They feel useful and accomplished. They talk about feeling empowered. One young woman said, ""This working experience has really changed my life. I know now that there are a lot of opportunities out there and that my choices determine my future".

Annex – Individual Mother's Stories

INDIVIDUAL MOTHERS' STORIES

Compilation of Interviews Conducted by the T4MCH Project Team – 2016-2019

1. FARHANA'S STORY (NORTHERN REGION)

When the team first met Farhana, she was 18 years old and 3 months pregnant. Farhana's father had 10 wives and 18 children. When he died Farhana's mother re-married – her stepfather treated her as one of his own. She was able to finish grade 2 before he also died. Fortunately, they moved back to her mother's hometown, where her uncle took care of them. She was able to complete middle school and write her high school entrance exam. However, her uncle ran out of money to send her to school. So Farhana decided to go to Kumasi and work with her sister in a large shop selling kitchen supplies. But the work was too hard, so she came back home to live with her aunt and help her with household chores. Her boyfriend is four years older than her and they have already been together for six years. He has his high school diploma and is waiting to hear about admission at a university. Farhana is happy to be settled with her boyfriend's family. She is looking forward to her upcoming marriage and the birth of her baby.

The team learned that Farhana had delivered her baby at the time of the second, but had travelled from home. They were not able to interview her the second or third time. However, they met her again on the fourth interview and learned that she was enjoying her son. She feels happy when he is playing and laughing. At 19 months, he is a healthy, happy boy who laughs a lot and loves to be tickled. He runs around and plays with her. He is not talking much yet, but he has a good appetite, and enjoys solid foods, particularly fufu, TZ and rice. Farhana is still breastfeeding him, but not as much as she was earlier. He sleeps well as long as she puts him on her back, which she is happy to do. He has had malaria, in spite of sleeping under a bed net. Farhana is careful about keeping the compound clean and bathing herself and the baby regularly. Farhana herself has been well and attends the Child Welfare Clinic every month. She is aware of the importance of birth control, but is not using it now as she is not sexually active. She enjoys the opportunity to see her friends and get caught up on their news. Its main importance for her is as a social occasion. She is not getting any support from the child's father, who visits only rarely. She is dependent on her mother and her own family for the welfare of herself and her child. She feels challenged by both a shortage of money and the fact that she alone is responsible for herself and her child's welfare. She would like to learn dressmaking so that she can earn some income and eventually send her child to school.

By the time of the fifth interview, Farhana was in a dressmaking/tailoring apprentice program, while her mother takes care of her little boy. At nearly three years old, he is healthy, eats well and enjoys playing football. He is attending nursery school. On the advice of her midwife, she is on the five-year patch for contraception. Her parents help her financially, but money is tight. She often does not have enough to eat, and finds it difficult to find the money to go home to see her little boy. She was staying with an Auntie in Wa, but had to move because her husband tried to have sex with Farhana. When she refused, he told her she would have to leave. She is

now living with another sister of her mother's. Her parents have been very supportive, in the absence of any help from the child's father. They want her to complete her apprenticeship and secure a good job so that she has a future. She would like to have her own business and train others to work with her. She has found the mother's story interview process very helpful in learning about herself, establishing her own identity and taking charge of her life. She is enthusiastic about future work possibilities and says the apprenticeship training has changed her life. She is aware and frank about the challenges of teenage pregnancy and she says that parenting is even harder. It is not something that should be taken lightly by any young woman. In spite of her current financial problems, she is happy and optimistic about the future for herself and her child.

2. RIHANA'S STORY (UPPER WEST REGION)

The team first met Rihana when she was 16 and 22 weeks pregnant. She lives with her parents, two brothers and two sisters. She attended the same school in her community from nursery to middle school. Her favourite subject is Science. A little while ago, a young man just a few years older than her came over to her house and "sent for her." He called for her three times and they had sex all three times. Her parents were working on their farm, so they were unaware that Rihana had a boyfriend. However, her mother noticed that Rihana wasn't the same and told her that she was pregnant. She went to the health centre for a confirmation test. Rihana is sad about the pregnancy because she has had to drop out of school. She didn't know that having sex would lead to pregnancy. Her boyfriend's family is happy about the pregnancy. Rihana will live with them after she gives birth – she is too young to leave her family now. After the baby is born, Rihana expects her mother to care for the baby so that she can go to Wa Secondary Technical School.

At the second interview, the team learned that Rihana's labour had started at dawn at around 4 a.m. She felt like going to "free herself," but could not. She told her mother, and together they walked to the health facility. However, none of the mid-wives were around, and she was referred to Wa Regional Hospital. They called on a relative to take them in his trotro. Before they left for Wa, Rihana went home to get her health insurance card. Her mother went quickly to a neighbour and borrowed fifty cedis, which they have not yet paid back. When they got to the hospital in Wa, she was asked to go to the labour ward. Her mother had to renew her insurance and purchase sanitary pads for her. In the meantime, she gave birth. Rihana said that she cried a bit because of the pain. When the contractions came, she "held herself tight." Her mother told her how the birth would take place, and it happened exactly like her mother told her. Rihana had an episiotomy, which was painful. However, the suturing was not painful, because she was given a local anaesthetic. She recalls delivering the placenta, and says that she expelled a blood clot. When she was sent to "lying in," nurses inserted a catheter temporarily for her to urinate. They did not want her to put any undue pressure on the area. She gave birth on Saturday and was discharged on Monday. Rihana says that it is not difficult to be a mother. She is happy when she sees the baby. Rihana wants to go back to school, but she does not have the strength. She does not want to marry the father of the baby, even if he would ask her.

When she goes back to school, she wants to do petty trading, i.e. selling toffees. Her mother will take care of the baby.

At the third interview, Rihana went to the health centre several times to start family planning. However, the nurse she trusted is no longer around, so she is not sure that she wants to pursue it. She attends PNC regularly and loves to see her baby hanging on the scale. Last time, she found out that her baby's weight was not up to the expected amount for his age, so the nurse recommended that she feed him with TZ (tuo zafi) and vegetables. She still breastfeeds 4 times a day, and feeds her son solid food 3 times a day. However, he just does not want to eat – he resists and starts crawling around. He still prefers being breastfed.
Given that it is the lean period, her family does not eat three meals. They are waiting for the harvest. Instead of cooking for the baby, Rihana purchases porridge for him to eat in the afternoon. Food is a major problem for her. She has lost weight in the past 6 months. No one takes care of her anymore, so she does not have new clothes. She is not very happy these days, but sometimes the baby makes her happy. The man who impregnated her and his family no longer pay attention to her or the baby. They provide no support whatsoever. She can only count on her family to help her. When they cook, they will call her and the baby to come and eat with them. They also play with the baby and put him on their backs to give her a bit of a break.
She wants to go back to school, but her family does not feel that she should go back now that she has a baby. They cannot support her and the baby if she goes to school. They told her that her sisters went to school and nothing came of it – the family is not benefitting from their schooling. Family life is also difficult because of rivalries and competition. Her sister-in-law will not allow her to help out with her business. Whenever she starts working, she will send her son to school, but not to any of her relatives. She believes that her relatives will only punish him, and not take proper care of him. She would like to learn how to sew. She does not have a sewing machine, but knows someone from whom she can learn.
No fourth or fifth interviews.

3. *FLORENCE'S STORY (UPPER WEST REGION)*

Florence was 18 and 26 weeks pregnant when the team first met her. Florence started life with her mother and father, until her father died -- she was only 7. Her uncle brought her and her mother to Jirapa, where she was sent to live with her paternal grandmother. Her mother left after some time and re-married. Florence's grandmother couldn't afford to send her to school, so she gave her to a convent where she worked as a cleaner – even though she was 13, she did not have an opportunity to go to school. When she was 15, her family took her out of the convent because they thought she should have an education. Florence started in grade 4, while her younger sister was already in grade 10. She was mocked and bullied, so decided to drop out. To make her feel better, her uncle said that he would help her to get a position as a seamstress's apprentice. In the meantime, her family arranged for her to meet David. After a week, their families got together and decided that Florence and David should get married. She got pregnant after nine months. Although David is nice to her, she is disappointed that she

cannot fulfill her dream of becoming a seamstress. In any case, she is content in David's home, "especially when she can be alone in their room quietly with no one to annoy her."

During the second interview, Florence told the team that she was at home when the lower abdominal and waist pains started. She had finished harvesting groundnuts the previous day. It was when her water broke that her sister said it was time to go the hospital. Her husband had travelled then. It was very painful walking from the house to the hospital. Her sister advised her to stop and catch her breath when the contractions came. The midwife she met at the hospital stopped her from pushing prematurely. An episiotomy was done on her during delivery – she screamed because of the pain. She didn't expect it to be that painful even though she was told by other women that it was going to hard. She was shivering and very hungry when the baby came, but as soon as the midwife put the baby on her abdomen and asked her to check the sex of her baby, the pain just vanished. She is breastfeeding exclusively because she's been told it's the best for her baby. She makes sure no one gives water or "any other thing" to the baby. She experienced lower abdominal pains at the beginning so didn't want to continue breastfeeding, but was advised by midwife that the pain would go away. Now she doesn't feel any pain. She is hungry all the time because breastfeeding takes a lot of her energy. Her husband tells her to have patience and wait until evening to eat. There is a "food scarcity" at home, so she occupies herself with collecting firewood so as not to think about food. She and her baby are both healthy, but she worries a lot because she doesn't work and can't contribute to "anything" in the house. Her husband takes care of everybody (including extended family), so he needs help. Her uncle who promised to help her learn to become a seamstress hasn't said anything about it since she delivered. But she still wants to learn.

At the third interview, Florence told that team that she had breastfed her baby exclusively for 6 months because she knows with breast milk, he will grow well. Solid foods were only introduced to the baby at 8 months, because no appropriate foods were available at 6 or 7 months. He is fed three times a day, but only finishes 2 of the 3 servings. She still breastfeeds on demand. She loves to see the baby grow and develop, but he is not at the ideal weight for his age. He is still not walking at 12 months. Florence has had a bump on her eye for 3 months, and has not sought treatment for it because her health card expired. The baby has had diarrhea and coughing, and was in the hospital recently. They gave her some of the drugs she needed for him, and asked her to purchase the rest. They only cost 4 Cedis, but she did not have the money. She had to go to her husband's senior brother to ask for it.
She stays with her husband's family. They are nice to her and always include her when food is served. There are only four of them living together: she, her husband, her father-in-law who is old and blind, and her mother-in-law. Her mother in law sells firewood – they all help and make about 15 Cedis per month. She also sells charcoal, but not on a regular basis. They might realize 20 Cedis per month from sales. Her husband works in galamsey (artisanal mining). He periodically comes home for a break and to bring money for his family. This time, however, he said that armed robbers stole his money when he was on his way home. She still dreams of becoming a seamstress, but has not yet identified anyone to apprentice here. Currently, she has savings of 8 Cedis.

By the fourth interview, Florence's baby boy was 19 months old. He loves to sing and dance. Florence is still breastfeeding him about ten times a day, but for very short periods. She would like to do more, but she says that "When you don't have enough to eat, it's difficult to breastfeed." He is eating solid foods now and loves beans, rice or yam with tomato stew or soups. He is an active boy who loves to play with other children, or even by himself. His football is his favourite plaything. He is starting to talk. He is difficult to get to sleep, so she puts him on her back or nurses him to get him to sleep. He has had a bout of malaria even though the family sleeps under a treated bed net at night. Fortunately, Florence was able to get him treated with medication and he responded well.

Florence has been healthy since the baby's birth. She is on birth control and attending PNC on a regular basis. She enjoys the videos shown at the sessions with topics including use of mosquito nets, hygiene, breastfeeding and family planning. Her husband supports her and the child, but she says there isn't enough money for the entire family. Family members help her with child care. She says that, "My son is my strength nowadays. He's all that makes me happy." She would like to learn to sew so that she could earn some extra money for herself and her child. Florence is one of the young women who has received funds from T4MCH to learn a skill. By the fifth interview, she was apprenticing as a dressmaker, which she enjoys and feels will be useful for her in the future. Her husband's family has been supportive, as they can see that she is gaining a useful skill. Her biggest challenge is getting back and forth to Jirapa for her training. Sometimes she is able to use her husband's bicycle, but not always. She says that her husband's family still expects her to prepare the evening meal when she returns from her training. She has accepted that task and appreciates the child care from her mother-in-law and husband. "I understand and have accepted that my work should not interfere with the work I do at home".

Florence's little boy is 37 months now. Both he and Florence have recently had malaria, for which he had to be hospitalized. Florence is still attending PNC and particularly appreciates the information she gets about healthy foods for her child. Obtaining enough food is the biggest challenge Florence and her family face. They are only eating two meals a day. Her husband provides her with money for the child and food when he can. He has promised to help her with initial financing to set up her own dressmaking business/shop when she finishes her apprenticeship in five years. In the meantime, Florence is on Depo-Provera and does not want to have any more children until she has her own business. She also says that the interviews with the team have been empowering for her. "There was a lot of suffering in my life at the beginning but you have helped bring me out of that dark place with you just listening to me, advising and empowering me. Also, just sitting with you and talking about my life has thought me more about my life and the things I have gone through. Now, I try as much as possible to do well and not fall back again. It also feels like somebody cares about me and what happens to me. My whole family is appreciative. I have learned to look out for myself too. I feel happy and relieved to be able to share my deepest thoughts with you". When asked what she would like to tell others about her experience through pregnancy and motherhood, she says, "I married early and that is one difficult point in my life. I wanted to be in school but I was not allowed to. I would advise younger girls to focus on school, make sure you have some concrete livelihood skill before you decide to marry. I would advise parents and older people to wait until we the girls are old enough to marry before they start making arrangements for us to marry".

4. PANYIN'S STORY (UPPER WEST REGION)

At the first interview, Panyin was 16 and 16 weeks pregnant. She lives with her father, mother, brother and two sisters. She is the first born. Panyin went to the same school from primary to middle school. She has completed two years of middle school. Her favourite subject is English in which she came in second in her class. When she was 14, she met Paul on the roadside – he was nice to her and gave her money, 2 or 3 Cedis at a time, with which she bought clothes. Because Paul was 31, divorced with 2 children, she kept the relationship a secret from her parents. They didn't ask her where she was getting her new clothes. Panyin and Paul had unprotected sex only four times when she got pregnant. When she started to experience the signs of pregnancy, Panyin knew what was happening to her because she learned about it at school. When she told Paul about it, he just walked away. The next time she saw him, he acknowledged the pregnancy and went to see her parents with her. Her parents are not happy that Panyin is pregnant at such a young age. Her mother encouraged her to go to the clinic to start ANC. While she is pregnant she stays with Paul's family, where she has nothing to do. She had to drop out of school because her classmates mocked her. When she greets people in her community, they do not respond. Everyone is ashamed of her. Panyin hopes to have the baby, finish middle school, and attend secondary school in Wa.

Second interview six months later: Between 3 and 4 a.m., Panyin had a lot of stomach pain, and she felt that she had urinated. She also felt like she had to go to toilet. Her sister Julie went with her to the health facility in Tuna. She gave birth in the morning, and the baby died at noon. She doesn't know why, except for the baby was born prematurely (8 months) and was very small. After the baby was born, Panyin held him. She had no breast milk and couldn't feed him before he died. When the baby died, Panyin just sat on the bed. She showed no emotion. Neither her family nor the father of the baby acknowledged the death of the baby in an effort to comfort her. They all ignored the issue. Panyin has no plans to resume her relationship with the father. She went back to school and is in Form 2 of Junior High School. She doesn't talk to anyone about the baby or about any personal issues. Panyin wants to go to Wa Secondary School, and hopes to attend nursing training afterwards.

Third interview six months later: Panyin passed all her courses from the year before, and started JHS Form 3. During the 6-week long school vacation, she spent 2 weeks at camp in Damongo – New Life Study School. She found out about the camp at the end of the school year, and asked her father if he would give her the fee of 30 Cedis to go. Her father gave her the money because he wanted her to learn new things. She learned how to make new friends, and make crafts from beads. Now she feels more confident. In Form 3, she has several friends, including her best girlfriends, Agnes and Jennifer. She also has a friend who is a boy, but it is not a romantic relationship. He helps her with Math. She is not on family planning, and is not intending to be sexually active in the near future. Panyin also goes to Assemblies of God church every Sunday, and she attends the Youth Group on Monday nights. She would like to go to Tamale Girls High School when she completes JHS, and then go on to nursing school. She will write her BECE in April-May 2018. In order to be successful on her exam, she plans to form a study group. She will also make a personal study time table. After school, she is given time to

study. She does not study at home, but goes back to school. The school is not far and the lights are on for the students. This after-school study period is supervised by the Headmaster.
Fourth interview one year later: Panyin was a student when she became pregnant. She lost the child and returned to school. The team has been unable to meet her since the second round of interviews, but the midwife reports that she is doing well at school**.**
No fifth interview.

5. ARABA'S STORY (NORTHERN REGION)

First interview: Araba is 18 and 6 weeks pregnant. When she was 7, her mother left her with her father. She graduated from grade 6 with good grades, but it was a struggle. Her father could barely afford her school fees, and they ate only once a day. Araba was always hungry and sometimes her teachers felt so sorry for her that they gave her food. Because her father was old and didn't work, she went to live with her grandmother. There she had better care. Araba's grandmother paid her school fees and even gave her money to take to school to buy food. She completed middle school at the same time her grandmother died. Araba felt that she had no choice but to get married. She and her boyfriend Richard, 20, met at Assemblies of God church. They agreed to take care of each other. Richard has a motorized tricycle which he uses for his transport business. Araba has her own bicycle. They are happy together and look forward to having their baby.

Second interview six months later: Araba was husking groundnuts in the afternoon when the pain started in her stomach. She went to the health centre at 7:30 p.m., and gave birth just after 8 p.m. Her mother and mid-wife were with her. All she remembers is the abdominal pains -- labour was much easier than what she expected it to be. She was happy when she saw the baby for the first time and was able to hold him right away. Her mid-wife taught her how to breastfeed. Breastfeeding was difficult at first, but now she finds it easy. She loves breastfeeding because of the closeness with the baby. She enjoys evening time with the baby – when she is finished all the work and can just relax. Her husband will hold and comfort the baby. He runs his business, and provides for the baby's needs. He also fetches water to relieve her. Her husband wants to open an account for the baby now, so he will go to a good school when he's ready. It's not difficult to be a mother.

Third interview six months later: Araba breast fed the baby for 6 months, and it was easy. She started to give him solid food at 7 months. She still breastfeeds, but less than before. Now the baby is sick all the time with diarrhea and coughing. He does not eat, so he is restless and cries all the time. She is also unwell and has had a headache for the last 2 weeks. Because of the current food shortage, she cooks once at night for her family, and then they eat the left-overs in the morning. Her biggest challenge is that she has no money, even to grind flour. Her husband used to have a profitable business hauling goods with his motorized tricycle. However, the engine broke down and they have lost their livelihood. The engine costs 1,300 Cedis to fix. In the meantime, they are farming maize together. Whatever they make goes to buying weedicide and pesticide. She could work "by day" for 5 Cedis, but she cannot because she needs to care for her sick baby. She hopes that in 3 months' time when they harvest the millet,

they will have more food and money. Now, there is a lot of tension between Araba and her husband. She has been sleeping in her grandmother's room since she gave birth. She has not resumed sexual relations with her husband and will not until the baby stops breastfeeding.

Fourth Interview One year later: Araba's baby boy is now 22 months old. He has had some problems with anemia and diarrhea and he is underweight for his age. Araba took him to the health centre for treatment in both cases. He is active and happy, runs around the compound and enjoys splashing water at bath time. He likes playing on his own or with other children. He falls asleep quickly at night, and has started to talk. The child likes sold foods and eats well. Rice with tomato stew is his favourite meal. Araba does her best to give him healthy food. He is still breastfeeding, but she is beginning to find this to be a problem, as she is working on the farm and has to stop for brief feeds up to six times a day.
Araba herself is feeling well and has had no health problems. She is attending PNC regularly, which she enjoys. She says it's interesting because the nurses show the women health videos and give them drinks, which make the sessions enjoyable and welcoming. She is not using any form of birth control, but she plans to consult with staff at the health facility and adopt the most appropriate method. Her biggest challenge is food security; her husband's Motorking has broken down, so he cannot earn money. They are all struggling, but Araba says that her son and husband both make her happy. "Even in this poverty, I am always satisfied when we come together at night. It's a nice feeling."
Fifth Interview Fall 2019: Araba has been living away from home since June, as she is apprenticing as a baker. Her mother-in-law and sister-in-law help with the little boy, who is going to nursery school. She says the family is doing well now. Her husband is again operating his Motor King and a grinding mill, so he can provide for her son. She is happy with the apprenticeship and certain that it will lead to a secure financial situation for herself and her family. She says that the experience has been "amazing" for both her own personal development and her family's financial situation. Her boss provides her with a stipend, which allows her to save money. Her relationship with her husband and his family is good; she says that "he now understands that I have something to offer apart from giving birth." She is more assertive and feels that she has more decision-making power and voice in her home. She plans to start her own bakery when she finishes her apprenticeship and is optimistic about her future.

6. SERWA'S STORY (NORTHERN REGION)

First interview: Serwa is 17 and 36 weeks pregnant. She started school when she was four years old. When she was six, her father died and she and her three sisters were sent to live with their paternal grandmother. Their mother did not live with them but visited every day. Serwa was able to attend the same school from grades 1-8. In June 2016, she wrote the Basic Education Certificate Examination (BECE) to gain entrance to high school. However, just before she wrote the exam, she became pregnant with a boy one year older than she. She had to drop out of grade 8, but still managed to write the exam with notes from her boyfriend's brother, who is in her class. Serwa is proud of herself for writing the BECE during her first trimester of pregnancy when she wasn't feeling well. Since the end of 2015, she has been living with her boyfriend's family. She only started ANC in her seventh month, but likes all the midwives and

plans to have her baby at the health centre. Her birth bag is ready to go with cloths, antiseptic and a baby dress. After she has the baby, she wants start high school. Her plan is to live with her mother after the baby is born – she does not want to get married.

Second interview six months later: Labour started around 2pm – it started with her water breaking. Serwa was living in her boyfriend's home then. She informed her sister-in-law and she advised they go to the hospital. Since she wasn't feeling any pains at that point, Serwa, her boyfriend and sister-in-law walked to the Kalpohin Health Center, which about five minutes from the house. She was given a bed, and after examination, the midwife referred them to Central Hospital because the baby was not well presented for normal delivery and the facility was not equipped to handle such cases. They got to the Central Hospital at about 8 pm by means of a taxi. Labour pains had set in by now. She was detained until morning only to be referred to the Tamale Teaching Hospital because Central also couldn't handle her case. They took a taxi and arrived at the hospital at about 3 p.m. She was given a bed and made ready for the theater because she was going to have a C-section. She got very scared at this point because she thought she was going to die. She was injected and given oxygen. She felt being cut at some point. She saw the doctor bringing the baby out, then she blacked out. She regained consciousness around 4:30 pm and the first thing she did was to ask about her baby. Her sister-in-law told her she had a girl who was being kept at the nursery. Serwa thought her baby had died and they were finding it hard to tell her. Later, her sister-in-law brought the baby to her. She stayed at the hospital for four days. They told her to breastfeed exclusively, but the TBA who bathes her baby gave her water. Her sister said that the nurses and midwives also give their babies water. She bought Voltic bottled water to give to her baby. She lived with her boyfriend when she was pregnant, but since she's given birth, she lives in her father's house – she moved there two days after the naming ceremony. She want to go back to her boyfriend, but not now. Serwa wants to finish school first. She's heard about family planning -- some of her friends are taking it. She thinks the chemical is in plastic form and it might melt into her system and she may die. She doesn't think that it's a good thing. In the meantime, she and Alhassan are not having sex. She is aware of the implications.

Third interview six months later: Serwa practiced exclusive breastfeeding for 6 months. Afterwards, she made maize porridge for her baby. The baby enjoys eating and eats a lot. Other foods she likes are Cerelac (wheat flavour), TZ with ayoyo, fufu with light soup, rice with stew, pumpkin, alefu, okro, braa. So far she has not given the baby fruits, groundnut paste, or avocado. Recently, the baby cried and vomited all night. She took her to a private clinic where she was admitted for 4 days. The staff looked at the baby's eyes and decided that she was anemic. They took blood from a friend of the baby's father and gave her a blood transfusion. She said that the transfusion cost 20 Cedis, but she was not aware of the total cost of the hospital stay given the fact that the baby's father paid for it. Her grandmother told her that the baby was probably just teething, and did not need to go to the clinic.
Serwa is now responsible for the housework: fetching water, cooking. Her boyfriend babysits when she has housework to do. He also brings Cerelac, Pampers and money – about 5 Cedis at a time every day. He has a job as a tiler. She expects to marry him, but right now he has not formally asked her family for her hand in marriage. The two of them have talked about

marriage, but not about family planning. She has heard a lot of negative stories about family planning: that you become puffy, that the patch disappears in your body. Right now, they do not talk too much because there is tension in the relationship. He insults her when she talks or when the baby cries. She talks back to him. She is no longer planning to go back to school, but wants to learn hairdressing. Her family will not assist her with money, and she uses the 5 Cedis given to her every day by her boyfriend to pay for household expenses.

Fourth interview one year later: Serwa's boyfriend has abandoned her and her child. She lives with her grandmother, who supports her and looks after her little girl so that she has been able to return to school. She is currently attending junior high school (JHS) and waiting to write her BECE exams to gain admission into Senior High School. She would also like to see her daughter enrolled in preschool, but there is no money, as the baby's father has not provided any support. Her grandmother is the one who provides food, clothing and shelter for her and the baby, grandmother takes care of the baby when she leaves for school and for her to study. She gives her Gh2.00 daily for school, she uses it to buy porridge in the morning, which she eats for lunch then again in the evening. Serwa needs textbooks, exercise books and uniforms, but there is no money for such things either. She says she does not feel comfortable in her school uniform because it's too short and tight. She has only one old school uniform. She washes it every two days when she can; other times she just wears it like that for lack of washing soap, or she wears it partly dry if the weather doesn't allow it to dry properly. In spite of these challenges, she is happy to be back at school and hopes to get admission into Senior High School (Business Secondary School) to study Home Science. She aspires to be a nurse in the future.
Serwa plays hide and seek with her daughter, who is now 27 months old. She has been healthy since the birth of the child. The little girl has had some problems with vomiting and diarrhea, but responded to medication that the grandmother gave her and there have been no health problems since. She has weaned her baby but added that she practiced exclusive breastfeeding. She is on solid foods and likes rice with stew, T.Z with "ayoyo" soup, and cerelac but she refuses to eat if she does not like the new food. She is starting to talk and sleeps well at night. Salma still needs to soothe her to sleep by putting her on her back. Serwa has stopped attending PNC as her child has received all the required immunisations. She has received information on birth control, but does not want to adopt any methods because she believes they will make her fat. She says she will abstain from sexual relations until she finishes school. She is conscious of good hygiene practices for herself and her child. With her grandmother's help, she is managing both school and baby with limited resources.

Fifth interview Fall 2019: Serwa is continuing her education, and is in her first year of senior high school, with help from her grandmother. "My grandmother is my rock. She does everything for me and I am very grateful to her." Her little girl is healthy and happy, and will start nursery school when she is 3 years old. She does not know where the child's father is. She is not on any birth control, and has no intention of getting involved in a relationship until she has completed high school. Her main goal now is to go on to University and obtain a degree that will allow her to have a professional career. She says that the Mother's Story interviews saved her life. "I initially didn't want to go back to school after the pregnancy because I didn't want to be mocked. Your mere presence changed everything. I saw young women I wanted to

be like. Then you started talking to me about going back and what I was going to gain from school. I am very grateful". She says that it is unfair to be ostracized because of one mistake, but she has now gained more confidence. She says that Senior High School has opened new opportunities and knowledge for her and that her whole world view has changed and expanded. She is proud of herself, and her grandmother is proud and happy. Finances continue to be a problem for them, and their income is limited, but she feels that her education will pay off in the long run.

7. SISI'S STORY (UPPER WEST REGION)

First interview: Sisi was born in Ivory Coast in 2000. She is 16 and 8 weeks pregnant. She lived with her father, mother and four brothers and sisters. Sisi loved her mother, who was a trader. She recalls sitting with her mother in the market while she sold palm oil. Not long after she started school, her mother took Sisi to Kumasi in Ghana to live with her father's younger brother and his family. Her uncle and aunt had two children. She started school in Kumasi, but felt sad because her aunt overworked and beat her. When he was 11, her father came to get her and took Sisi to Wa West District, where she was reunited with her family. She started grade 3 when she turned 11, and moved up to grade 6 by age 16. Her parents' relationship was under strain because her father married two more women. He travels back and forth from Ivory Coast to Ghana, and she feels insecure when her father is not around. Sisi doesn't have a good relationship with her mother because she is unable to provide for Sisi's needs. To console herself, Sisi started seeing a 25 year-old man named Abdallah. Her mother knew about Abdallah but didn't caution Sisi because he was giving her money. Sisi knew that if she started having unprotected sex, she would probably get pregnant. She begged Abdallah to use condoms but he refused, and forced her to have sex even if she was not willing. Sisi felt that she couldn't get out of the situation with Abdallah because he gave her money. Inevitably, Sisi became pregnant three months into the relationship. Abdallah has accepted responsibility. Both her mother and Abdallah's mother want her to move in with Abdallah, but she wants to stay in school as long as possible – even though her classmates make fun of her.

Second interview six months later: Sisi's pains started at 5 a.m. She was sleeping when her waters broke. She told her mother-in-law, who called her husband's brother to bring her to the health facility. Her husband wasn't around – eventually he came with a motorbike and followed her the two miles to the health facility. Her mother-in-law came a bit later. When she arrived at the health centre at 2 p.m., the mid-wife was there. She asked her to lie down and checked her. She did not give birth until around dawn the next day, between 3:30 and 4:00 a.m. She thought that the onset of labour was more painful than giving birth. She first saw the baby when the midwife put him on her abdomen. She was able to initiate lactation before they cut the cord. Sisi is breastfeeding her baby exclusively, but is not sure if her mother-in-law gives her baby water. The baby is only 2 weeks old. This is the third PNC she has attended – she is up to date with all her vaccinations. She enjoys PNC and talking to other mothers. She understands the importance of the Child Welfare Clinic because she is taught what to do so that her child does not get sick. Her husband and his family do a lot for her. Her mother-in-law and her co-wives help her to take care of the baby. Her duty is just to take care of her child. They even wash

clothes for her. She enjoys this time because she gets a lot of attention – she even gets new clothes. However, she knows that all this will stop as soon as the baby starts eating. She is still in JSS 1, but her "mind is not on education." She is planning to do trading, or to learn how to be a seamstress or weaver. She has talked to her father-in-law, and he will assist her. When her baby is 6 weeks old, she will start laying the ground for the next steps.

Third interview six months later: Sisi breastfed her baby exclusively for 6 months. She still breastfeeds in intervals, but usually twice a day, while feeding the baby solid food three times a day. At times, he wants the food, but he resists until she "forces" it in his mouth. Whenever he is full, he sleeps – she enjoys watching him, knowing that he is satisfied. She attends PNC with other mothers. The all talk about their babies and compare how they act. Her baby is healthy, so she enjoys showing him off. Her baby doesn't react to being immunized, while others are screaming. She is happy when the baby is weighed and the chart shows an increase. Every time, the nurses praise her.

It is difficult to take care of herself the way she wants to because of a shortage of money. Her priority is the baby, but she would also like some things for herself, like clothes. She wants to learn a trade to be able to earn some money – normally she goes to the farm where she does not earn anything. When she sells firewood, she makes a bit of money for herself and that makes her happy. Her relatives do everything for the baby, like feeding, bathing and caring for him, so that she is free to do her work. She does not want to make any plans for the baby until he starts walking. When they are ready, she will take the baby to Wa, where her aunt will take care of him while she learns how to be a seamstress. Her husband has agreed to assist her to purchase a sewing machine after the harvest. She has already identified someone in Wa to apprentice her.

Fourth interview one year later: Both nineteen-year-old Sisi and her little boy, who is now 19 months old, are doing well and appear to be healthy. However, Sisi has experienced chest pains and the child has had convulsions, causing him to be admitted to hospital. He is teething, which causes diarrhea. She has some challenges with him, as he is a fussy eater. He eats a little spaghetti, T.Z with okro soup, and rice, but still prefers to breastfeed. He is nursing about ten times a day, which Sisi finds tiring. She puts him on her back and walks with him until he falls asleep. They laugh and play together. He also enjoys playing by himself or with other children in the compound.

Sisi enjoys attending PNC regularly and says that "It is one of the moments I get to chat with my age mates". She is on a three-year birth control implant. She is conscious of good hygiene practices, keeps her surroundings clean, sleeps under a treated bed net and washes her hands before breastfeeding. She also says that she benefits from the support of her husband and his family, which makes her happy. Her husband provides money for the upkeep of their child, while his family often provides meals for mother and child. They also play with him when she is busy with work. She has recently moved to Wa so that she can learn dressmaking. At present, the baby is staying with her. She thinks that when he starts preschool, she will send him to stay

with her mother. It is important to her to learn a trade so that she can contribute to her son's welfare and have some income for herself.

Fifth interview: Sisi is continuing her apprenticeship in Wa. Her little boy, who is now 32 months, is living with her husband's family. Both her mother and mother-in-law look after him while Sisi completes her apprenticeship, which will take another four years. He has had malaria, but he is well now. Sisi is not planning to have another child until she has obtained her dressmaking certificate and can start her own small business. She says that things are difficult at home: - her husband doesn't provide her with any financial support and her sister-in-law "has been tormenting me in the house." She feels that there is no emotional support for her and that she is completely on her own. Although her husband has said that he will help her when she wants to open her own shop, she doesn't believe him, as he has broken all his other promises to her. She comments that pregnancy is not for "small girls", who should stay in school. She feels that parents do not communicate with their children about SRH enough. However, she enjoys her work and feels that her family will start to see the benefits of it. She herself feels accomplished and useful, but recognizes that finances will be an issue in the near future.

8. EFIA'S STORY (NORTHERN REGION)

First interview: Efia is 15 years old and five months pregnant. She lives with her parents and siblings. Her parents are farmers, and Efia enjoys working on the farm so much that she was reluctant to go to school. However, she started primary school and did well. Her favourite subject is Math. Around this time, her sister was in grade 6 and just disappeared one day – they found out later that she had married someone from a neighbouring village. Efia has a boyfriend in high school named Issah. Efia is good friends with Issah's sister, who is in her class. Every time she had to pay school fees, Issah's sister would pay for Efia. Issah and Efia started having unprotected sex early in 2016 – she thinks that she got pregnant the first time they had sex. Efia tried to ignore the signs of pregnancy, but her uncle noticed and told her parents. Efia's parents and many of her classmates think that she should have an abortion. However, Issah, his family and her teachers want her to have the baby. Efia is scared of the woman who induced abortions by giving girls tea from leaves of a tree. But she also wants to have the baby. Efia has learned that it was actually Issah's father who had been paying her school fees all along. He also accompanied Efia to Daboya where she registered for National Health Insurance Scheme and antenatal care. Because of her age, Efia continues to live with her parents, while she is supported by Issah's family. She hopes to go back to school after she gives birth. She still needs to finish grade 6, and has plans for middle and high school.

Second interview six months later: Efia went into labour in the morning at Issah's house. She couldn't eat or sit, and was restless moving up and down. In the night, she started pushing. Issah's family wanted her to give birth at home, not the clinic – even though she regularly attended ANC. She doesn't know the reason why, but she was with Issah's mother, and she was nice to her, so she was not afraid. Both the TBA and Issah's mother helped her to give birth. She gave birth at home at night. There was some light and she had clean clothes for the birth. She

did not really know what to expect, but thought that it would be bad. Actually, it was good. She was happy when she saw the baby. She didn't give the baby anything to drink. She just started breastfeeding. At first, it hurt to breastfeed, but now it's OK. She doesn't even know how many times she breastfeeds in one day. She finds it difficult to eat because of the baby's demands. She goes to PNC with other mothers. One of her friends has also had a baby, and they are always advising each other. It's good to be a mother, and to have your own baby. When she's called "Nanjat's mother," she feels proud of herself. Now her friends play with the baby and pick him up. They are not ashamed of her any longer. Generally, Efia says that her "life is different." She used to wear short things, but now wears only long things. She used to play, but now is always in the house. She misses all that. She wants to go back to school, and will resume her education when her baby starts sitting up in October. Her mother will take care of the baby. Other than that, she has no specific plans.

Third interview six months later: Efia is breastfeeding exclusively, and it gives her so much joy. She breastfed her baby for 7 months, and only started solid food in the 8th month. In the 6th month, she tried to feed her porridge, but she rejected it. Now she gives porridge only, with no additions. She also mashes banana and feeds her with a spoon, or gives her the banana to suck on. She squeezes the juices out of an orange and gives it to her to drink. She can feed her baby until she is satisfied. Then she leaves her with her mother while she fetches water. She attends PNC with other mothers. She has two friends who attend with her: Zainia and Talahatu. They talk about going back to school. She is not sexually active now, and has not resumed menstruation. The baby's father visits her every day. She would like to be on Depo, but the health staff are reluctant to give it to her because she does not have permission from her boyfriend or her parents.

Right now, Efia has everything she wants. Her boyfriend gives her foodstuffs, baby clothes, clothes for herself, and money – about 50 Cedis at a time. He just completed Senior High School. He gets the money from his father, who has a grinding mill. Her father wants her to marry her boyfriend, but she would like to finish school first. She is in a *susu* (savings) group in which the girls contribute specifically for school fees and school-related expenses. Each takes her turn to start school. As a result, one girl has already completed secondary school. The idea for this type of susu comes from Shaibu, a local teacher. He gave them the idea and he looks after the money for them. Six out of 30 girls have already gone to school under this susu program. Her father, her boyfriend's father and uncle had a meeting and asked her to attend. They asked her whether she is serious about going back to school. When she said yes, they said that they would do everything to assist her.

Fourth interview one year later: Efia's little girl is 19 months old now, while Efia is 17. She is a happy baby, who eats and sleeps well and is learning to feed herself. Although she has had a bit of diarrhea because of teething, she is playful. Both mother and baby have been healthy since the birth. Efia makes sure the compound is clean, uses treated bednets and attends Child Welfare clinics monthly. She particularly likes the sessions where the nurses provide information sessions prior to the appointments. She has received family planning counselling

from the nursing staff , with the result that she is on Depo Provera. She does not wish to have any more children at this point in her life.

Efia is supported by her parents and in-laws, who "make life better for me", she says. They provide her with everything she needs for herself and the baby. They have enough money that financial support is not an issue for her, allowing her to enjoy the time she can spend with her baby. She is planning to go back to school and says that "everything is set" for her to continue her education. She states that she hopes the project will "adopt" her baby so that there is child care when she returns to school.

Fifth Interview: Efia's little girl is now nearly 3 years old (34 months). She is a happy, healthy little girl, although both she and Efia have recently had malaria. Efia says that she is her joy, as "she is all I have". She would like her boyfriend to marry her, but she is happy that he continues to support her and the child. He pays for her tailoring apprenticeship as well as her other basic needs. Although her father-in-law had previously been very supportive, he has withdrawn all financial support since Efia's father was arrested for dealing in marijuana. The little girl lives with Efia's mother, but her boyfriend takes the child to nursery school and Efia lives with his Auntie in Damongo while she completes her apprenticeship. She is now on Depo Provera and does not plan to have any more children until she completes her training and can establish her own business.

She has found the Mother's Story interviews to be a very positive experience. "The interactions have been very helpful to me. I love the guidance especially, all you did to help me take good care of myself so as not to get pregnant again. I have been able to take good care of Najat because of all the information I have from you". She says that she didn't used to talk much to her parents, but that the interview experience has helped with communication and put them on much better terms. The work experience has been particularly good for her. Living in Damongo has taught her a lot. She knows now that there are a lot of opportunities out there and that "my choices determine my future". She also gets much more respect from her boyfriend now, who calls her every day to see how she is doing. "I feel he sees the value in me". Her family is happy and proud of her. She can give them some money and buy things for herself and the child with her wages and she has already saved 500 Cedis from her wages.

9. *KUKUA'S STORY (NORTHERN REGION)*

First interview: Kukua is 16 and under 2 months pregnant. When Kukua was still a nursing infant, her mother abandoned her and later died in childbirth. She has a photo of her mother, and likes to imagine what her life would have been like if her mother had stayed with her. Kukua was moved by her father several times during her early years in school, but eventually after a couple of false starts, she was able to complete grades 1-6 at the same school. She stayed with her father, stepmother and grandmother. Kukua knew that they loved her, but they were stressed because they were poor and lived in difficult conditions. The sleeping arrangements were particularly cramped and "made them annoyed," and Kukua's step-mother would beat her if she did "any little thing." To escape her misery at home, Kukua read books

and studied hard. She was the first in her class. Her teachers hoped the best for her. However, her family had other plans for Kukua. At a funeral, she was introduced to her sister's husband's friend. Little did she know that she would have to marry Joseph, 22, right after she completed grade 6 and become his second wife. When the wedding took place, her teachers were up in arms and called the police. The police arrested Joseph's parents and hers, but eventually let them go. The case was cancelled because the families agreed to the marriage. Now, Kukua just stays at Joseph's home waiting for the baby to be born. She is so disappointed with the turn her life has taken. Joseph brings her to the clinic but they do not talk about the baby together.

Second interview six months later: Kukua's baby died because she was born prematurely. She gave birth at 7 months at her house at about 5 p.m. Only, her mother-in-law was with her. Later, she went to the health facility with the baby and her husband. The midwife said that her baby was not fully grown, and that they should take the baby to the hospital. However, there was no ambulance, and they had to use a motorbike for transportation. They left the facility and went home to prepare for the journey to the hospital. When they reached home, they saw that the baby had already died. They decided not to go back to the clinic, and just buried the baby at home. She and her husband felt badly that their baby had died. Her husband wants her to become a seamstress, and is planning to arrange an apprenticeship for her next year. This year, he does not have the money. Her husband's other wife said, "God gives and takes away – He will bring another one." She is not sure that she wants to have another baby.

Third interview six months later: Kukua still lives with her husband and his parents, along with his first wife (22) and her two children (2 and 3 years old). She plays with and feeds the children. Mainly, she is working on the farm weeding maize and beans. She goes to the farm from Monday to Friday, 8 a.m. to 4 p.m. They have already harvested some of the maize to feed themselves. They are yet to harvest the beans – they have another 3 months to go. Before she goes to the farm every day, she fetches water and firewood, and prepares breakfast. She would like to go back to school, but there is no opportunity because of money issues. Also when she asked her husband if she could go back to school, he said that as a married woman, she should not go – it would not be appropriate. Her family wants her to work at home, but she would like to do something on her own. Her husband does not give her anything, but he has respect for her, and cares about her, even in sickness. Still, she is still not used to her new life. Kukua enjoys going to church and youth group. She has also joined a *susu* group, and contributes 2 Cedis per week. In addition, she works "by day" for 6 Cedis sewing, harvesting and shelling beans. She usually makes about 12 Cedis a week which she needs to buy food and contribute to her susu group. Sometimes she has to spend it all on food and does not have the money for susu. Then she tries to get the money from her husband. She wants to trade in foodstuffs. She talked to her husband about it, but he says that he does not have the money for start-up now. In the meantime, she would like to get pregnant again.

Fourth Interview, one year later: Kukua has not been feeling very well recently and has discovered that she is pregnant again. She went to the health facility to confirm her pregnancy and she is scheduled to begin ANC next month. She is happy about the pregnancy because it validates her as a woman. "Now people will know that I can get pregnant again." However, she

is worried about getting sufficient food for a healthy pregnancy and for her baby's health. She says that "it is a huge problem to eat healthy here," reflecting past concerns about the family's food insecurity. Her husband gives her money whenever he can, but he is not working currently and his support is limited. Kukua is responsible for all the household chores. Looking into the future for herself and her child, Kukua feels that she needs to learn a skill or trade so that she can earn her own money. She cannot rely on her husband and she has nobody else who she can turn to for assistance. She wants to learn tie-dye and start a small business.

Fifth interview Fall 2019: Kukua's second baby boy is now 7 months old. He is still breastfeeding. Kukua has indications of Hepatitis B, so her baby has been given the HB immunoglobin vaccine. Her husband is now a community health worker. He has given her medication for her condition. T4MCH assisted her in obtaining the vaccine for her baby. He has been sick and was put on a drip, but she doesn't know what was wrong with him. Kukua is still attending PNC, but is not always aware of when the sessions are going to be. She loves the educational aspects of PNC and the opportunity to talk to other new mothers. Their main concern is their livelihoods and the fact that there are no opportunities for women in their community. Health staff have discussed family planning with Kukua, but she has not taken any steps towards adopting it. They have told her that she needs to bring her husband with her in order to receive contraception. She is not yet thinking about another child, as she says that lack of money makes life difficult. The family does not care for her now, as they used to when she was pregnant. She says her mother-in-law does a lot to help her, but her husband provides little financial support. He has taken her to the hospital when she or the baby are scheduled to go. Other than that, he is not involved with her or the child. She had to ask for money from her brother to buy clothes for the baby. She is not terribly happy, but she loves her baby. She will miss the interviews, as they have given her a chance to talk about her life and her problems. There is nobody else she can confide in.

10. THEMA'S STORY (VOLTA REGION)

First interview: Thema is 24 and 12 weeks pregnant. She has wonderful memories of her childhood with her mother and father, three sisters older and four brothers younger than her. Sadly, her mother died when she was age 11. Thema completed both primary and middle school at the same place, and then went on to high school in 2012. Before high school, Thema had sex once with a boy in middle school, but that relationship was short-lived. For the past 8 years, she has been with the same boyfriend, Deacon, but they did not have sex until she finished high school. They decided to use protection when they had sex, and Thema closely kept track of her cycle. Thema wants to be independent. As a high school graduate, she wants to continue her education at university. She also wants to support herself – she is a mobile money agent and also sells eggs. She even tried her luck in Accra, but did not get a job and returned to her home town in Kadjebi District.

Things were going well for Thema until one day Deacon's parents said that she was unsuitable to become their daughter-in-law. They brought in another girl for their son, and Deacon took her as his girlfriend. Thema was shocked by this turn of events. Deacon was trying to please his

parents and wasn't sure how he felt about Thema anymore. One day, they had unprotected "make-up sex" and Thema got pregnant. Once Deacon's parents found out that they were going to have a grandchild, they abandoned their plans for the other girl and came "knocking" at the door of Thema's relatives to propose marriage. Everyone is supportive of Thema and her pregnancy, but she is still feeling insecure about Deacon's commitment to her. She feels that having a baby will interfere with her plans for a higher education. However, she was able to raise the tuition fees to be able to attend a university distance education program, which she started in September 2016.

Second interview six months later: Themas's labour started at 4 a.m. with abdominal pains. She told her sisters and they advised her to go to hospital. She arrived at Papase Hospital at 8:30 a.m. Her fiancé took her by motorbike. Once she arrived at the hospital, she went to a mid-wife who sent her to the labour ward. They sent her to a waiting room and put her on an IV as a precaution against eventualities. Around 6 p.m., she went back to the labour ward, where she laboured from that time to 1 a.m. She was in a great deal of pain and shouted a lot. Two mid-wives were in the room with her, and she was the only one in the labour ward at the time. Her Aunty was waiting for her outside. The mid-wives were nice to her, comforting, and encouraged her not to scream so that she would not be tired out. They changed her IV drip twice. When she was ready to give birth, she was not pushing hard enough. They were concerned that she would lose the baby. However, she pushed hard and the baby came out. The mid-wife picked him up and he started to cry. She put the baby on her stomach so that Thema could see him. Afterward, she cleaned him and wrapped him, put him on a scale, and then put him on her breast. She is practicing exclusive breastfeeding. She knows about it because they told her at the hospital and she heard about it on the media. She feels that breastfeeding is boring and somewhat inconvenient. As a student in a tertiary institution, she finds that the baby prevents her from studying for exams. She does not breastfeed on demand because she is afraid of spoiling him. Her fiancé has taken over her businesses for the meantime. He also sweeps, fetches firewood, and carries the baby. Her in-laws helped a lot in the first week with bathing the baby and washing clothes. Her sisters do not live far, so they come in and help her. She wants to focus on studying for now, so that she can start her teaching career and be more independent. So far she is doing well and passing her tests. She hopes to be freer after six months. Now, the baby comes to class with her, along with her sister who takes care of him. Thema feels hopeful and confident about the future. She wants to start family planning, but does not know too much about it.

Third interview six months later: Thema's baby boy likes to dance to her singing. She practiced exclusive breastfeeding for 6 months. It went very well, so she extended it to 8 months. She recently started the baby on porridge, although he was resistant to porridge and even to water. He eats about 5 small spoons of porridge once or twice a day. He still breastfeeds frequently, so he does not eat too much porridge. When he is full, he just stops. Now he breastfeeds just as often as he did during the first 6 months, and even more. She still eats a lot – 4 times a day – because she is still breastfeeding on demand and frequently. She eats fufu with palm nut soup and rice with ground nut soup. If she eats soup, she gets enough breast milk. She enjoys going to the weighing centre. The nurses come to her community on an outreach program. She talks

with other mothers about their children, and compares their weights. They discuss how to take care of their babies, and especially how to feed them. She followed up on family planning with the nurses. She and her fiancé agreed that she should go on the patch, which is a birth control method that lasts for 5 years.

Thema and her fiancé have broken up, but he rents a room for her and gives her about 5 Cedis at a time when he feels like it. They do not live far from each other, but he has a girlfriend who is pregnant with his baby. This is the girl that his parents prefer, and the one who caused the initial problems in their relationship. For all intents and purposes, their relationship is over. She understands the importance of caring for herself in this situation, and feels somewhat freer now that the tension of the relationship has been resolved. Now she is managing her own life, running her business, and going to school. She has started the 200 level at teacher's college. Since the baby is sleeping longer, she is able to study without as many interruptions. When she has weekend classes, she goes with the baby by herself. When she has exams, one of her sisters goes to school with her to care for the baby while she is writing. She plans to continue to go to school. Also, she plans to continue doing mobile money transfers and expand her foodstuff business by selling rice and beans. She is a member of 2 VSL (village saving and loans) groups, to which she contributes 11 Cedis each every week. She will have 700 Cedis in time to pay her school fees. By October 7, she needs to pay 890 Cedis for the first semester.

Fourth Interview One Year Later: Thema's baby is now 18 months old. He is healthy and happy. He is walking and he loves to sing with her. He likes to play with her and with other children. He also likes playing football and running around with his toy car. He is starting to talk and sleeps well. Thema is still breastfeeding him and says that he still nurses about 13 times a day, particularly at night. He is taking solid foods; he eats banku with okro soup, rice with stew and porridge. He also likes avocado and oranges.

Thema has been well, but the baby has had malaria, in spite of the fact that they sleep under a treated bed net. He has also had pneumonia and worms. She was able to get medicine from the health facility for the malaria and attends PNC on a regular basis. She enjoys the health talks and discussions about how to take care of their babies. Her favourite topics are the importance of breastfeeding and complementary feeding. She has learned about the importance of family planning, and she is on the 5-year patch. She has gone back to school and is very proud of that accomplishment, even though she finds it difficult to combine care for the baby and studying, especially at exam time. Her sisters help take care of him so that she can concentrate on school.

The baby's father gives her 10 Cedis every week, and her sisters support her with food. She farms maize, beans and rice on a small scale. She is able to sell some of her crop and pay her school fees. She lost her mobile money transfer, selling of call cards/SIM cards business because she used the capital to pay her school fees. Although she has been able to save some money every month, she has difficulty raising money for the school fees. Recently she has been borrowing from her sisters in order to pay the fees. She is looking for a stable source of income to help cater for her needs and those of her son.

Fifth Interview: After a number of setbacks, Thema is excited because she knows that her life is gradually taking shape. Her child is now 32 months old. He has been healthy, apart from some bouts of malaria. This has happened even though they sleep in a treated mosquito net. He loves to recite the alphabet, play football, sing and dance. Thema is still attending PNC and enjoys the educational sessions. She says she always leaves with new knowledge. She likes to share stories with the other mothers there and feels proud when she can see that her little boy is putting on weight. She is on the 5-year patch and has no intention of becoming pregnant again for now. The child's father helps with the costs of the child's health and her sisters provide them with food and childcare when she needs it. Although she is having some financial difficulties, she says, "My son is my inspiration. I feel very lucky to have him."

She has completed her basic education course and is now doing her national service. She is teaching a nursery class, so she can bring her son with her and he learns along with the other children. She wants to send him to school as soon as he reaches three years of age. Thema hopes that the savings from her service allowance will enable her to start a small business buying and selling farm produce. "My greatest hope is to go on and do the degree course. I want to go up the educational ladder." She says that the Mother's Story interviews have been extremely helpful and encouraging for her. She feels empowered and understands that the difficulties she is facing now are just a stage in her life. She knows now that pregnancy is not for people who are not ready. Having a child should be planned. She has learned a lot from the diverse people she has met in school. Her training has motivated her to do better in her life and particularly to guide her child. She wants a great future for him.

11. NYAMEKYE'S STORY (VOLTA REGION)

First interview: Nyamekye is 18 and 16 weeks pregnant. She comes from a farm family with no education. She lives with her parents and is the oldest of four siblings, two brothers and a sister. Her parents have not allowed her to go to school because they are afraid that if she did, she would not get married. Only her brothers go to school. She attends the Pentecostal Church, and is able to read a Twi Bible. However, she does not speak or read in English. Nyamekye feels that her life is a long road of hard work – she is not unhappy, but has very little to stimulate her mind. When she was 15, she met Matthew in church. He also farms and is a hard worker, still unmarried and without children. One day at church, he simply asked Nyamekye's parents for her hand in marriage. They agreed because that is what they want for their daughter. Matthew brings gifts and food for Nyamekye's family. In turn, Nyamekye's parents allow him to have sex with their daughter in their home. They have been having sex for three years – Matthew used the withdrawal method in order to prevent pregnancy. Matthew discussed with her parents the possibility of pregnancy, and they agreed that the timing was appropriate, since they had been together for three years. When Nyamekye became pregnant, it was not really a surprise to her. Matthew and Nyamekye do not discuss the pregnancy, even though it is understood that they both want to have a girl. Matthew has already purchased items for the baby, but she hasn't seen them yet. She thinks that she would like to give birth at home with assistance from her grandmother.

Second interview six months later: Nyamekye's pains started early Tuesday morning at 3 a.m. She was with her mother in the house, and told her right away. Her mother advised her to hold on until the sun comes up, and then they would go to the clinic. They waited 12 hours, until 3 p.m. While they waited, the contractions would come and go. They had planned to get a motorbike to transport her to the clinic, but her mother felt that it was better for her to walk – being on the motorbike would hinder the baby's movement. Ten minutes into the walk, she had to stop because of a big contraction. When they arrived at the health facility, she was given a bed and examined. Since she was giving birth for the first time, the health facility referred her to Nkwanta. They assured her that real labour had not yet started. She and her mother walked all the way back home. She got her things and then her brother arranged for a car to take them to St. Joseph's Hospital in Nkwanta. It didn't take Nyamekye too long to get the St Joseph's Hospital. She was in a bed at 6 p.m. having her vitals checked. After a long day, she gave birth quickly – at 7 p.m. When she started pushing, they had to do an episiotomy. At that point, she was in serious pain. When the baby was born, he was placed on her belly and the nurse asked her to check the sex.

Nyamekye started breastfeeding right away. She has not given the baby any wafer or porridge – nothing other than breastmilk. No one educated her about breastfeeding -- she just felt that he can't swallow anything else. She is not sure if her mother gave him something to drink or eat. She's only been to PNC once. She likes going because she found out how to position her baby for breastfeeding. Another piece of advice she liked was to use clean pads to cover her nipples so as not to dirty her clothes. She started to learn hairdressing before she had the baby, and wants to go back. She hasn't discussed this with anyone. Her father does not support any notion of schooling or apprenticeship. He does not want to spend any money on her. Her husband does not want to contradict her father, so he will not discuss it with her. There is nothing she can do but accept the situation.

Third interview six months later: Nyamekye breastfed her baby exclusively – she did not give him water. She was able to breast feed frequently, and never became discouraged. She started her baby on solid foods at 7 months, and he did not resist eating the first time she gave him solid food. Now, she breastfeeds 5 times a day, and also feeds the baby 5 times a day. Usually he gets excited and happy to show her that he is satisfied. She usually attends PNC once a month with other mothers. When she comes for PNC, she is happy that her son gets the proper immunizations. The nurses speak to the mothers about family planning and that if they gave birth soon again, a new baby would make life difficult for them and their babies. Nyamekye has already had one Depo injection. The baby's father is aware that she has started family planning. He refuses to talk about their engagement, wedding, the baby's outdooring or circumcision. They are still living separately, although he always comes to her parents' place. Her parents do not ask him about their intentions toward their daughter or his son. She does not either, because it is the responsibility of her parents. She is worried because she does not know what to do if the baby gets sick. She cannot do anything without his permission and he is not around enough.
Even so, Nyamekye is happy that she is farming on her parents' farm. They eat what they grow. She is able to save some money for things that the baby needs, like food, dresses, and hospital

costs. Sometimes she buys Pampers. The baby's father buys soap, clothes for her, and baby dresses. When he has the money, he will give her 25-30 Cedis, and her parents 10 Cedis each to buy medicine. This happens only once in a while. She mostly does everything for the family: cooks, fetches water, sweeps, and prepares brothers' food for going to school. Nyamekye still wants to learn hairdressing. She told the father of her baby, but he did not respond. She wants her baby to be 2 years old before she starts. In the meantime, she is thinking of processing gari (roasted, grated cassava) as a business, and asking her brothers to help her. Her brothers told her to go ahead and start. She told her parents as well, but they did not say anything about it. However, her father did not oppose her as before.

Fourth interview one year later: Nyamekye's little boy is now 19 months old. She is enjoying him, especially when he tries to imitate her, doing things such as spreading out his sleeping mat or putting pomade on his body. He is eating well and responds well to new foods. He enjoys food such as rice or plantain with stew, akpele with okro-stew and fruit, but he rejects food that he does not enjoy. He is talking and says words such as "Mummy, Daddy, Grandmother and food". He sleeps well but he sometimes wakes up at night to eat. She has now weaned her baby but added that she practiced exclusive breastfeeding. Baby is able to spread his mats and sleep when he is sleepy. He likes to play with his mother and his friends and never gets tired of playing football. He was admitted to hospital once in the past year with anemia and was treated with Vitamin A. He has not received any vaccinations.

Nyamekye, who is now 22 years old, is 16 weeks pregnant with her second baby. She is conscious of maintaining a healthy environment for herself and her family. She sweeps her house inside and out every morning. Her family sleeps under a mosquito net, eats well cooked food, and drinks clean and safe water. She attends ANC as scheduled and takes her routine medication as prescribed by the midwife. She has not attended PNC with Kwaku. Because she has moved around a great deal, she has been unable to attend PNC regularly. She is now more settled on her farm, allowing her and the child to receive the PNC care and inoculations recommended. She has received information from the health staff on family planning, but she has not adopted any of the methods. She says that her greatest satisfaction has been having her own child and watching how her baby has grown over the years. She feels worthy for the good work she has done.

Nyamekye has a good relationship with her mother. She is married to the father of her child, but she is still living in her family's house. Her husband provides financial and emotional support, especially now that she is pregnant with her second baby. Her husband provides food (groundnut, yam) and clothing as well as 20 Cedis every three days for housekeeping. Sometimes the baby stays with his father for some days, while her mother helps in taking care of the child when she is on the farm. Her greatest hope is to get more resources to expand her farm and harvest more maize, cassava and groundnut so that she can sell her crops and get money for the family upkeep. She has plans to start her own food stall or to learn hairdressing to earn more income for herself and her family. She could then send her child to preschool, but at present her mother cares for him when she is at the farm.

Fifth Interview: For reasons that the team was not able to ascertain, this final interview with Nyamekye did not go well. She was reluctant to give much information and just provided curt answers to the questions. Her second baby is now 5 months old and she appears to be very much under the control of her husband. Her mother, who talked to the team after the interview, revealed to the interviewers that the age she provided for her ANC booklet was incorrect and that she is at least two years younger than she claims to be. She showed little interest in talking about her first child, who is now just over 3 years old and living with her mother. She says she rarely sees him. Apart from saying that he had malaria recently, she had no other comments about him or her baby daughter. Although she claims to have started her apprenticeship, her mother after the interview that she has not really taken it up and spends all of her time on the farm with her husband. She appears to be concerned that he will leave her if she does not stay close to him.

The team left the interview feeling very concerned about Nyamekye, who seems to have given up any hope of taking control of her own future. In spite of her lacklustre attitude during the interview, she told the team, "I like it when you come here and talk to me. It makes me feel cherished." This is a revealing comment, as it appears that there is little in Nyamekye's current life that makes her feel valued or happy. She does not appear to have the ability to address her problems, or even to admit what they are. This is a concern to the team, as they had hoped to see her learning a skill and feeling more secure.

12. SAMIRAH'S STORY (NORTHERN REGION)

First interview: Samirah is 22 years old and 24 weeks pregnant. Samirah's life has been overshadowed by sadness because of the deaths of both parents. Her mother died when she was 6 years old and her father when she was 15. After her father passed away, she went to live with her uncle, who took care of her until she completed middle school. She was determined to go to high school. Her uncle paid her fees, but then stopped because he ran out of money. Samirah was forced to raise the money for her education herself. During her long vacation, she found work in "galamsey" or artisanal mining. The wages from her work allowed her to support herself through grades 9, 10 and 11. Before her last year of high school, she decided that she needed to concentrate on studying her exams, rather than going back to work. At this time, she met David, aged 24. David had already finished high school and was interested in having a relationship with her. David provided for all her needs, and in return she had sex with him. Samirah said that at the time she was not aware of the implications of having sex. However, she was already pregnant when she wrote her final high school exams. Thinking that she was sick, she went to the hospital only to discover that she was going to have a baby. When she told David, he actually fainted. When she told her uncle later on, he said that she should go to live at David's house. She and David live together with his family. Her friends just gossip about her – none of them were loyal to her. Samirah is just waiting for the baby to be born because afterwards she wants to go to Kumasi and start her university education. She is quite worried about money and how she will manage with a baby. After this experience, Samirah says that she will use birth control to prevent any further surprises.

Second interview six months later: That day, she had gone for water, cooked and finished eating. Samirah was at David's house when contractions started at 10 p.m. At 3 a.m., she and David's mother went to the clinic. She was happy and surprised that it was already time. Labour was not easy. Her friends told her what to expect. She was with David's mother and two nurses. There were no problems. It took a few minutes for the nurses to give her the baby, but when they did, she was very happy to see him. Since it was her first time breastfeeding, it was initially painful. However, since she started, she has had no problems breastfeeding. She has not given the baby any other drinks or food – just breastmilk. She goes to PNC and meets other young women in her neighbourhood who have children. David's family is nice to her. She has remained at his house after the birth, but lives separately from her mother-in-law. After one week, her mother-in-law said that she should be doing everything for herself, separately from the family. This is unusual because it's her first time having a baby. She didn't even know how to bathe her baby boy – she learned from her friends. David helps her, but his time is limited because he does odd jobs in construction. Although she took all her exams while she was pregnant, she didn't pass any subjects. She doesn't have the money to go back to school, but thinks she might like to go to a remedial school. She is really interested in doing a small business, especially catering or selling cooked food. She can't work because of the baby -- this means that their income is very low. David brings in 5 cedis every market day (in 5 day intervals). They do not get any family support. She loves David, but feels a lot of stress because she cannot work.

Third interview six months later: Samirah breast fed her baby boy exclusively for 7 months. These days, she experiences pains on her nipples when breastfeeding. She started feeding her baby porridge at 7 months. Initially, he rejected the porridge, but after 2 days, he started eating it. The baby breastfeeds more than he did before. During the initial 6 months, he breastfed 6 times a day. Now, he breastfeeds 10 times. She gives him nothing apart from porridge and even feeding him porridge is difficult. She does not add sugar to the porridge. She has tried rice, TZ, yam, okro, groundnut paste and stew, but he will not eat any solids. She is planning to buy an adult "appetizer" for him at a local pharmacy. She has not tried fruit, but will try oranges and local fruits to see if that works. She attends PNC with other mothers. They monitor and compare their children's development. She feels that her baby is doing better than most – he has already developed teeth.

Both Samirah and her partner would like to leave Kalba to get away from his family, but they are not able to make a move now. Her partner helps her care for the baby, plays with him, and buys nice things for her and the baby. He has a new job as a mason. Although their relationship is good, Samirah is concerned about the gossip about her and others. She is upset by mean-spirited talk, especially by those living in her compound. To keep herself busy, Samirah sells sugar -- she makes about 50 Cedis on the bag and has 250 Cedis in savings. She would like to expand her sugar shop to include other items. She also wants to learn weaving.

Fourth interview one year later: Twenty-one-year-old Samirah is enjoying her baby boy. They do a lot of things together that bring smiles to both mother and baby: - when they walk together, sing together, eat together, and dance together, especially to Ebony's song. When her little boy

is dancing and singing, he "looks so cute. He thinks he is the best dancer, but his dance moves are so funny!" After not feeling well, Samirah discovered that she was three months pregnant, in spite of being on Depo-Provera. This unplanned pregnancy has been hard for her and her husband, as her sugar business has collapsed and she has no source of income for herself.

The child is quite demanding and nurses about 15 times during the day and night. This is tiring and makes her breasts sore. If she wants him to sleep, she nurses him or puts him on her back. He is eating solid food and enjoys groundnut soup with rice or TZ with okro soup, but he prefers breast milk. In spite of sleeping under a treated mosquito net, he has had malaria, which was treated at the health facility. Samirah ensures that their surroundings are clean to prevent the breeding of mosquitoes and also provides clean and safe food/drinking water for her family; she ensures that her family wears clean clothes. She attends PNC regularly and particularly enjoys the part where other mothers share their experience in child care. She has learned that breastfeeding your child exclusively will help protect the baby from infections and keep baby safe, while sleeping in mosquito nets will help prevent malaria.

Samirah lives with her husband's family. He is supportive and gives her 10 Cedis every market day for family upkeep. She buys food ingredients such as fish, dry okro, rice, Maggi, and vegetables for cooking. Her husband buys clothes for the baby and sometimes he feeds baby when she is busy with other work. Her husband plans to enroll the boy into preschool next year; meanwhile, she and her husband will continue to care for baby by themselves. She hopes to own a weaving shop, generate enough income to care for her family and also train other young people. She again hopes that she will give birth safely without complications. She appeared to be quite depressed during the interview and cried throughout. She said, "*There's really nothing to be happy about in this life of mine. It's already very difficult with one baby, and now a second one. I wish I wouldn't have it."* Since then, the T4MCH team has focused a lot of attention on her. They asked the midwife at the Kalba H/C to keep an eye on her and provide her some guidance and counselling. She is doing well now, and has since delivered her second child.

Fifth Interview: Samirah could not be interviewed at this time because she had not been well. When the team visited her, she was in hospital on an IV and it made her drowsy. Baby is now 38 months old and healthy, but the team has continued to monitor her and feel that she is doing much better psychologically.

13. EFUA'S STORY (VOLTA REGION)

First interview: Efua is 27 and 5 weeks pregnant. Efua comes from a hard-working family. Both her mother and father had children from previous marriages – she is their only child. At one point, her father abandoned her mother, leaving them to fend for themselves. Efua started primary school at age 8 and was able to complete grade 6 in her early teens. Afterwards, her mother sent her to relatives in another town thinking that she would get a better education there. However, the house was crowded with grandparents, aunts, uncles and cousins – she had to do all the housework for them. She even had to help out at the farm. As for school, she had to repeat grade 6, but at least she was elected class prefect. To earn money, she processed

white clay (ayelo or shile) which she sold at the market. Her aunt took all her money to buy things for her own children. Efua wasn't able to use the money to pay for her school fees. She had to depend on the kindness of others as her aunt became more demanding and verbally abusive. Her elder step-brother, a teacher, stepped in to pay for her school fees, books and upkeep. Somehow, she managed to complete middle school. Instead of going to high school, Efua wanted to do business. She went back and forth from her home town to Accra, where she was abused and maltreated by the women she worked for. She met her first boyfriend when she was 24 – he forced her to have sex with him. Fortunately, she did not get pregnant at that time. When she turned 27, she met Edward, 32, a carpenter. She and Edward dated for 5 months and then decided to get married. After a hard life of living with difficult people in different places, Efua is happily settled with Edward. She still works hard, but now her efforts are centred on making a good life for her baby. She and Edward want to make sure that their child is well cared for. She will never let her child live away from her.

Second interview six months later: Efua is eight months pregnant. She finds this last stage difficult because she gets tired. She doesn't feel comfortable anymore, and has stopped going to the market to sell her fabrics. The baby kicks her at 3:30 a.m. – it keeps her awake, but at the same time makes her happy. She and her husband are very happy in their marriage. They are the only two in their house. Her husband works, but he also helps her cook and sweep. He pounds the fufu, and she sits and turns it. He also helps with fetching water when he can. Her own eating habits have changed in pregnancy. She eats a lot – 4-5 times a day. Also, the foods she likes have changed: fufu with palmnut soup, banku with green green, beans, no sweets, fruits, especially apples, watermelons and pawpaw. She craves tilapia. But she cannot eat everything because of the scent. Efua has only missed one ANC appointment because of travel. She takes her medicines regularly – a green one twice a day, folic acid, and a multivite twice a day. Her pregnancy has been completely normal. From the scans she knows that she is having a girl. They may call her Mawudem, which means that God has delivered her out of something. Her second name will be Joy – her Pastor chose that name. She talks with other women about pregnancy and labour. They say that everything will be okay once the baby is born. She knows that God will do it for her – she shouldn't be afraid.

Efua and her husband have made many preparations for the birth. She will give birth at the health facility. They have the numbers of several taxis to contact to ensure that one is available when they need it. She has collected all the required items in a small travel bag (cot sheets, old cloths, Dettol, Milo, Parazol, baby welcome dress, Pampers, pads, chamber pot, bed sheets, and a flask for hot drinks). She brought all of these, even though she lives about two minutes' walk from the health centre. She enjoyed buying the things because they got her excited about the birth. Her husband gave her the money. Efua's mother will come to help her. She understands about breastfeeding, feeding schedules and feeding on demand. She knows that breastfeeding is good for the baby, and will help her grow fast. She has heard about "exclusive" breastfeeding, but is not sure what it is. Efua and her husband already have plans for the baby. They will put her in school from between 18-24 months. In the meantime, when the baby is between 4-6 months, she will resume her business in the market. She will take the baby with her.

Third interview six months later: Efua had not yet given birth at the second interview. She was washing when she went into labour. It was a Monday morning, when she went to the hospital, but they told her to go home because she was not ready. She and her husband were able to walk to the health centre from their home. Some church members also accompanied her. That night, she returned to the hospital at 2 a.m. and then she gave birth later in the morning. However, her labour experience was very difficult. At 9 a.m., she had only dilated 5 cms instead of the 7 cms expected. Her husband bought her pure water to take to hasten the birth. The baby came at 11:55. The umbilical cord was wrapped around her neck, so the mid-wife cut it. The baby cried and was wrapped in a cloth. Later, they brought Efua to the ward. Her mother gave her a bucket with hot water to sit over, because she was so sore. When she first held her baby, she felt happy. Baby did not start breastfeeding on the first day, but started after that. Efua's nipples were painful for the first two weeks.

Efua practiced exclusive breastfeeding for the first six months. During this time, neither she nor baby were ill. She comes to PNC for monthly weighing, but does not chat with other mothers. When she comes to PNC, she just comes and sits down to wait for weighing. Her husband says that she should not practice family planning methods that involve pills, injections or the patch. They are afraid of negative effects. Her husband will not wear a condom, so they will use natural methods (rhythm).

She had a business, but suspended it because of the baby. She used to go around walking and selling cloth on the street. She cannot do that anymore because of the baby, so they will have to find another way to do her business. Her husband will buy her a container (12x8 feet) in October, so that she can sell from there. Right now she only has about 8-10 pieces of cloth to sell, but she will buy more. She also wants to sell general provisions in addition to cloth. Currently, she has a savings of 1,500 Cedis. She is happy because now people call her "mom."

Fourth interview one year later: No interview, as she has relocated to a different town with her husband

Fifth interview: No interview

14. MAWUSI'S STORY (VOLTA REGION)

First interview: Mawusi is 19 years old and 12 weeks pregnant. Her parents are divorced, but Mawusi has a good relationship with both her father and mother. She has five brothers and sisters, mostly from different fathers. Her mother, Mawusi's primary caretaker, is a successful farmer and gari (cassava) processor, and is able to support her daughter's education. Mawusi's education started with a few years of nursery school, so when she started primary, she went straight into grade 2. She enjoys math, and completed middle school with ease. After she wrote her exams, she was placed in a high school about 30 kms from where her mother lives. She had to move and find a place to live, so she rented a room with some other girls who went to the same school. When Mawusi was in grade 12, she fell in love with a boy in grade 11, Eric. They

started having sex at his home. After Mawusi wrote her final high school exams, she went back and forth between her mother's house and Eric's. She suspected that she was pregnant and went with Eric's sister to the nearby clinic for confirmation. Although her mother had not told her about the implications of having sex, Mawusi is happy that she is having a baby. In fact, both her family and Eric's are pleased about this new development in their lives. Mawusi still wants to go to back to school to study to be a nurse. In the meantime, she and Eric are farming. She has already started planning to welcome the baby, and has purchased baby dresses and diaper cream. Both Mawusi and Eric want to have a baby girl.

Second interview six months later: Mawusi had her baby, but travelled to Nkwanta, where she stayed for 4 months. We could not interview her this time. She decided to return to her boyfriend's home the day that we interviewed her in September 2017.

Third interview six months later: We caught up with the story of Mawusi's labour and the birth of her baby girl. Her mother came to stay with her at her boyfriend's family's house before she went into labour. Mawusi was well prepared with all the things she needed for the birth: Dettol, two big bars of soap, a delivery pad, 3 cloths, Parasol, 2 baby dresses, and a dress for herself. Her boyfriend bought all the things in Nkwanta for about 90 Cedis. She was in the house relaxing when labour started. Actually, she felt some pain in her abdomen the night before and could not sleep. In the morning, she went to the hospital on a motorbike with her boyfriend and her mother. Her friends told her that it would be painful, but she should not cry. Her mother told her to be courageous. Her labour started from 7-8 a.m. She gave birth between 12-1 p.m. Her mid-wife coached her through it and it turned out to be an easy birth. She cut the baby's cord, wrapped her up in a white cloth that Mawusi brought with her, and put the baby in a bowl. Mawusi started breastfeeding right away and it was painful at first, but for only a day. She learned the benefits of colostrum and exclusive breastfeeding from PNC. Neither she nor her baby was sick in the first six months. Her boyfriend's mother helped them out with food. She had no problems caring for her baby's needs, such as Pampers and clothing. Her mother buys soap and clothes for Mawusi. Her mother also plays with the baby, but mostly Mawuse does her household chores with her baby on her back. The hardest thing about being a mother for Mawuse is when baby does not stop crying. But she is happy that she had a safe delivery. She feels sad when she hears about others who do not have babies or who have still births. She thinks that it is a miracle that she is "also holding somebody" – that she has given life.

Mawusi had no problems breastfeeding, and breastfed exclusively until 7 months. Now, the baby eats 7 spoonfuls at a time of solid food, three times a day. She still breastfeeds twice a day. Now because the baby is teething, she gives her "teether" [a medicine which is not recommended by health staff]. Mawusi feels positive about the future. She passed all her SHS subjects and her relationship with her boyfriend is good. She helps her mother on her large cassava farm near Nkwanta. Her boyfriend also passed his high school exams and is getting ready to go to school in Jesican, where he wants to learn to be a police man. Mawusi wants her baby to go to school in Nkwanta and stay with her mother, while she goes to school in Accra and studies to become a nurse. She is not sure where the money will come from to move forward with her plans.

Fourth interview one year later: Mawusi's little girl is now 18 months old. Mawusi, at 24, says that her daughter is "my inspiration, my satisfaction." Both Mawusi and the baby have been healthy and without illness over the past year. Mawusi monitors the baby's health and keeps Paracetomol and clove syrup on hand for any teething problems. She attends PNC every month, particularly enjoying the prayers and videos. She remembers a video on caring for babies with fever that helped her a lot. She is still breastfeeding the baby and intends to keep on until she is two years old. She is not on any form of birth control, but intends to discuss it with her husband and adopt the method that suits her best.

The little girl is active and healthy, laughing a lot and rolling on the floor. She especially loves hearing her mother sing to her. She has a good appetite, and prefers banku, yam and rice to fufu, which she eats with soup (palm nut or groundnut) or tomato stew or kontomire stew. She still naps in the afternoon, which makes it a bit difficult to get her to sleep at night. Mawusi nurses her to sleep most nights, but says that it causes her some breast pain to do that. She receives a lot of help from her mother-in-law and her husband's aunt. Mawusi and the aunt do the household chores while the grandmother babysits. She says she can leave her and go to town and they will take good care of her. "She's theirs".

Mawusi is happy, but she says that money is a problem for the family. Her husband helps at times but he has started rearing pigs. He put all the money he had in that business so now things are a little difficult. He gives her money to buy things for Adelaide whenever he can but it's not frequent. To get a little extra food and money, Mawusi has started going to her parents' farm to help them cultivate cassava and yam. They sometimes give her yam to take back to her husband's family, but not always. She says that life is hard; she wishes that she had enough to take better care of herself and her daughter. She wishes she didn't have to think about where their next meal will come from and what it will comprise. Her main aim now is to secure some meaningful work within the next year so that she can save money for her daughter's education. "That's one thing am very passionate about," she says. "She needs to go to school to get out of this poverty. I will do my best I can to ensure that."

Fifth interview: Since the last interview, Mawusi has completed a course in baking and is looking forward to starting her own small business. Her little girl, Adelaide, is now 33 months old. She is healthy, happy and attending school. She lives with her grandmother, Mawusi's mother-in-law but they are all in the same extended family house. Mawusi is not on any form of birth control, but does not want to think about having another child for another five years or so. Her partner (they live together but are not married) is helping her financially by providing food for her and Adelaide, paying school fees and providing accommodation in his family home. Mawusi's mother gives them food as well, and her mother-in-law continues taking Adelaide to PNC. Mawusi's family is very happy about the opportunity she had to do her training and she feels supported. This allows her to think about planning a future for herself and her child. She says that she has learned a lot from the interactions during the interviews that have helped her to take care of herself and think about the future. When she became pregnant, she thought her life had ended. However, she is confident that she can cook, bake and make pastries,

something that makes her feel accomplished and proud of herself. She is also proud that she is now able to speak in public. She had an opportunity during her training to participate in a quiz at the University of Allied Sciences in Ho, which opened her eyes to possibilities ahead of her. She would eventually like to go back to school and get more education. She now has an oven provided by the T4MCH project and she plans to set up her own bakery.

15. AFAFA'S STORY NORTHERN REGION)

First interview: Afafa is 26 and she is between three and four months pregnant. Both her mother and father were farmers. Her father had three wives – she has nine brothers and sisters, of whom she is the youngest. As a child, Afafa loved to accompany her parents to the farm and eat off the land. She delayed going to school for as long as possible, but eventually started at 12 years. The big drawing point for going to school was the lunch programme. Afafa loved the food – sorghum porridge and jollof rice. Because she was so big, the head teacher put her into grade 3 – she had a hard time adjusting because she missed grades 1 and 2. By the time she completed grade 6, her father had died and she had to move into her aunt's house. Her aunt was married with 8 children, and of course, Afafa had to do all the work. Before school, she had to fetch water from the stream and go to the farm. Even though she worked hard, her aunt would not give her a lunch to take to school. She only ate two meals a day: breakfast and supper. She stayed with her aunt for 3 years while she completed middle school. She passed her exams and was given a place at a good high school. However, Afafa did not want to continue her schooling. Instead she went to Accra. There she had a job selling food. She made 3 Cedis a day (1 Canadian dollar) which she saved until she had enough to buy the kitchen utensils and clothing for her trousseau. She stayed in Accra for three years, when she met a man from her area named Ibrahim. Ibrahim had a job loading goods onto trucks. He was 32 at the time, but had never been married. When she was 22, they fell in love, decided to marry and return to their place in the north to farm. They did not have sex until after they were married. Some of Afafa's brothers were Muslim priests and she did not want their disapproval. Afafa got pregnant when she was 26, after she and Ibrahim were married. On Ibrahim's advice, once she suspected that she was pregnant, she went by herself to Tamale West hospital. She found out that she was expecting the same day. Now she lives with Ibrahim's aunt who lives close to the clinic, while Ibrahim works their farm. She and Ibrahim talk on the phone 2-3 times a week. They talk about what to buy for the baby and the outdooring ceremony. Ibrahim is farming maize and cassava to prepare for the ceremony. Afafa says that marriage is beautiful.

Six months later and one year later: Afafa has had her baby, but travelled from home. We could not interview her the second or third time. She was not available at the time of the 4th interview. There was no fifth interview.

16. AISHAH'S STORY (UPPER WEST REGION)

First interview: Aishah is 19 and nine months pregnant. She grew up with her mother and father, 3 brothers and 3 sisters. She is the third born. Her father had 2 wives, but only 1 child with the 1st wife. Her mother is the 2nd wife. She recalls having enough food, and playing a lot, especially "make believe." She says that she is lucky because she was never forced to sell anything on the street -- many parents put their children in jeopardy by making them sell things after school. Aishah recalls being quite small when her parents sent her to kindergarten. She didn't like school and never went back. Because she was her father's favourite, he agreed that she could stay home. When she was home, she "did nothing" – only housework. Her father died 4 years ago. When he died she went to a sister in Kumasi. There, with other members of her sister's household, they sold rice. She stayed there 5 years, but it was not a positive experience and she was reticent to give details, except that she eventually had to leave because her sister's husband was pressuring her for sex. She didn't really know anyone in Obuasi, but a friend recommended that she stay there with an Ashanti woman. Although the woman was nice to her, she stayed there for less than a year. Her mother brought her back to Wa. She is living with a sister and not doing much work. Sometimes, she goes to do day work at construction sites in Wa where she makes 7 cedis per day. She had one boyfriend who she loved in Wa, but he was very controlling. They had a sexual relationship, but she ended it because she had a problem with him.

Her current boyfriend has been in her life for less than a year. She doesn't love him, but is looking for someone to help her to go to school to become a seamstress. He gives her money, but she refuses to go to his house or to have sex with him. In any case, he still insists that she will marry him. She met Alhassan in Wa at his work place (NHIS) when she was selling groundnuts. Now she is both selling groundnuts and learning to become a seamstress. They were married within the year – both families agreed to the traditional marriage. She became pregnant after 2 months of marriage. She and her husband have some petty quarrels but generally the relationship is OK. They both want to have a boy. They have done the scan in Wa, so know they are expecting a boy. She doesn't want her child to have the same problems as she did. She wants him to go to school and become a doctor.

Second interview six months later: Aishah's labour started at about 6 p.m. She was watching TV. She felt the baby turning a lot – when she tried sitting or lying down, she felt uncomfortable and restless. Fortunately, her husband was around, and was able to contact the friend with whom they had pre-arranged transportation. She went straight off to Loggu health facility, where the mid-wife examined her. She said that the baby was too big for a safe delivery in Loggu, so they were referred to the Regional Hospital in Wa, about an hour away. After going back home, they left for Wa very late, at 2 a.m. When she arrived, she was given a bed but asked to walk around. Late in the morning, she felt that she would give birth. She was asked to lie on her left side, then on her back. Because of the size of the baby, she was given an episiotomy. Then she gave birth at 1:30 pm. It was painful – at one point she thought that she was going to die. When the baby was born, he was placed on her stomach and she was asked by the mid-wife to check the sex. She thought that she would have a girl, so was surprised to

see a boy. Once she saw him, all the pain she had just vanished, and she felt peaceful. She breastfed the baby exclusively for 6 months. Breastfeeding was difficult at the beginning. She had no milk and it was painful. However, it became easier and no longer a problem. She made sure that no one gave him anything else to drink. She made a special effort to tell the baby's grandmother not to give him water, since she is in charge of bathing him. Now, since the 6-month period is over, she gives the baby a bit of porridge.

She likes attending PNC with other mothers. She learns a lot and gets advice from them, such as how to take care of the baby, and why she needs to separate baby's laundry from other's. Now that she's a mother, people see her as a grown-up, and she is happy to be treated like an adult. Her husband helps her to hold and carry the baby when she's busy with housework. Her mother-in-law is also helpful. There are only the three of them in the house, and she takes the bulk of the responsibility for housework and cooking. She is constantly thinking about how she is going to fend for herself and the baby. Her husband helps, but sometimes, at the end of the day, he comes home with nothing. She also has nothing to do and no way to bring in money. So she is worried with the new responsibility of the baby. She is sewing for a living, but because most people don't have any money, there isn't much business. She think that she might have better luck selling cooked food, for instance, rice with sauce. Because of the new high school, there is a good opportunity to sell food to students. However, neither she nor her husband have the capital to start a new business.

Third interview six months later: Aishah's little boy gives her endless pleasure. He picks up the phone and says, "Hello Mama! Where are you?" He switches off the TV while everyone is watching, looks back, and laughs at them. He does exactly what she doesn't want him to do – and he knows it. She breastfed exclusively for 6 months, and enjoyed breastfeeding. She waited to introduce solid foods until 8 months. She didn't want him to start early because she wasn't sure he would eat enough. The first time, he reacted positively. He took the food and ate it – he didn't resist. When he is eating and is satisfied, he takes the food and gives it back to her. When she tries to give it back to him, he refuses it. When he's thirsty, he lets her know by picking up an empty cup and pretending to drink.

When Aishah was breastfeeding the baby, she ate what she wanted. Now she cooks for him, and they eat what the baby eats. Her baby only fell ill once – when he was 6 months old. He started teething with diarrhea. She took him to the hospital because she knows that she needs to take good care of him – he will take care of her in the future. Aishah meets lots of women at PNC. They ask her why her son looks so healthy. She says that good food and care make all the difference. She enjoys the lessons on how to care for babies and prevent them from getting sick. She learned that she needs to wash the baby's clothes immediately after they are soiled. After bathing the baby, she should dress him in long-sleeved shirts, long trousers and socks.

Aishah is not doing much, so she is unable to buy herself everything she wants. However, she is doing a bit of sewing, and selling cooked food -- beans with gari. She profits variably from these businesses, and makes between 15-30 Cedis a week. She spends the money as she makes it. When her son is one and a half years old, she will send him to her mother in Wa, while she

works selling cooked food. She has not yet discussed this with her husband. She had saved 150 Cedis to start another business. She will buy baby clothes and sell them. She hopes to acquire all the things she needs to have a better life.

4th Interview one year later: No interview. The team was told that she had left her husband and relocated to Wa township itself. (All efforts to locate her in Wa proved futile.) There was no fifth interview.

17. AMA'S STORY (NORTHERN REGION)

First Interview: Ama is 22 and 7 weeks pregnant. Her father had 3 wives and 24 children altogether. 6 of them were girls, and none of them finished school. The boys were more fortunate – 10 of them finished school. Ama's earliest memory is when she was 4 years old a truck ran over her leg. Although she was OK, she still experiences pain and has difficulty walking during rainy season. When she was in Class 4, her father stopped her education because he had no money. She liked school because World Vision used to give them food and other items at school. When she had to leave school, her teachers followed up to persuade her father to let her go back, but they could not change his mind. Even her mother wanted her to continue schooling, but her father did not agreed. Ama's father sent her to live with her aunt in a different area. She helped her aunt with petty trading of pepper, tomatoes, rice, and dried okro. She would go "roaming" around town until she sold the expected amount. She did this until she was 19. During this time of her life, she was beaten, insulted and refused food if she didn't sell enough. Her aunt beat Ama even if she didn't do anything wrong. This was hurtful to her because her aunt did not beat her own children and they all went to school. Ama was only happy when she sold a lot of food because she knew that her aunt wouldn't beat her. She ran away twice.

At 19 years of age, she went back to her mother to help her. Her father was also around. Her mother sold cooked rice and yam in a stall by the roadside. Ama was much happier selling food with her mother. During that time she had a boyfriend, but her mother didn't like him, so she stopped the relationship. At one point, a man approached her at the stand and proposed marriage to her. Her mother approved of that relationship and she was married to him. Unfortunately, her husband, Idrissu, didn't have a job when they were married. However, he has a good education, and has just received his appointment letter to start work as an Environmental Officer. Idrissu takes good care of her. Ama is generally happy with the pregnancy, even though she has some symptoms, like vomiting. She will deliver her baby at the clinic, but is not sure what to expect. Even so, she has no particular concerns because she believes that her husband will provide. She want her baby to be like Idrissu – well educated for a better future.

Second Interview six months later: Ama started experiencing labour symptoms on 4th Feb. 2017, a week before she was taken to the hospital. She felt lower abdominal and back pains, but was told by the women in her family that she was not ready yet and should bear the pain. On the 8th she saw blood-streaked mucus in her underwear, but still went about her activities,

and told no one about it. She was helping her aunt sell porridge, so anytime the contractions set in, she just took a few minutes to lie down before going back to her duties. On 10th Feb., around 11 pm, the pains became excruciating and she could no longer bear it. She informed her husband who was back from school then. He immediately went for his motorbike and took her to Tamale Teaching Hospital around 11:20 p.m. The ride to the hospital was very painful, but she had to endure it all. They were received by a midwife upon arrival; she was given a bed, and asked to lie down. When the midwife examined her, she was still not ready to deliver. The pains came and went till at about 11 a.m. the next day. She was so tired and felt she wouldn't have enough energy to push. The baby was big, so she had to have an episiotomy. It was painful despite the injection they gave her before cutting.

After the baby was born, the midwife put the baby on her chest and asked to her check the sex – it was a girl. She had goosebumps all over her body when she felt her baby's body on hers. She was very happy. She felt empty when the placenta was delivered and started feeling hungry. Her baby was cleaned, wrapped and put in a bed beside her in the ward. She is breastfeeding exclusively. Her husband told their relatives not to give water to baby till after 6 months. He helps her wash clothes, dishes and also cooks when he's back from school. Once in a long while, he gives money. Her mother helps with food and her brother gives her money regularly. She sells sachet water at home and also takes some to her aunt's porridge stall for them to sell for her. She's currently with her husband's family because he's gone back to school. She's been selling things all her life and is good at it. She wishes she could start selling provisions to help with their finances, but her husband says school is eating up all his money and she has to hold on. She wants to start saving for the baby, but there's no money to save.

Third interview six months later: Ama's baby girl is hyperactive and always on the go. She likes to be tickled, so her mother does that a lot to her. Ama breastfed the baby exclusively, but after six months she did not take to solid food. Although she knew it was dangerous, she force-fed the baby because she thought she had no choice. The baby still doesn't sit still to eat, but she discovered that baby likes to eat with other people.

Ama hasn't been well for some time. She went to the health facility and was tested for malaria, but she was not told what was wrong with her. She was given medications which she is taking and feels better now. The baby has a high temperature and diarrhoea, which Ama believes is because she is teething. She took baby to the health centre and was been given some medication for her. Ama was on Depo for three months, but did not renew it because some people say she will have irregularities in her menstruation.

Ama's husband is out of town and still in school, so they are having financial problems. She stopped helping her sister sell porridge. Now, she's struggling to sell pure water but because of the cooler rainy season, there is not much business. What she really wants to do is to sell food or provisions.

Fourth Interview One Year Later: Ama's daughter is now 19 months old. She loves music and enjoys playtime, including dancing and singing, with her mother and grandmother. (She

weaned her baby before this interview. She mentioned she practiced exclusive breastfeeding). She is a healthy girl who enjoys food such as rice with stew, TZ with soup, Cerelac and banana. She feeds herself and eats more when she is sharing food with other children. She is starting to talk and says “Mummy, Daddy, food.” She sleeps well and loves to play the “sand game” with her mother and friends. She has had some problems with fever and diarrhea, usually when she was teething. She takes care of herself and her family by keeping her surroundings clean, sleeping under mosquito nets, eating warm food, and drinking clean and safe water.
Ama is now 28 weeks pregnant with her second child. She has not been feeling well and has experienced stomach pains. However, her ANC exams indicate that she is healthy. She attends both ANC and PNC regularly, where she meets with other mothers. At these sessions, she and her baby’s vitals are taken, she is able to learn about the health status of her babies, and she also able to learn from other women about pregnancy and childcare, including the benefits of spacing births. While she and her friends have discussed family planning with health staff, and she is aware of the various methods and their benefits, she has not yet used any form of birth control.

Ama is happy; having a healthy baby has increased her self-esteem. She is supported by her husband and family (mother and brother), all of whom provide financial and emotional support. Her husband helps to bathe and feed the baby and gives her a monthly allowance for food and clothing. She would like to start her own business to contribute to the household and to earn money for her children’s education. Her husband has constructed a shop for her and she is starting to save money for the business by selling porridge. Her goal is to see her children get a good education.

Fifth interview: Ama’s second little girl is now 10 months old. She is a healthy baby, who is still breastfeeding on demand (about 12-13 times a day) as well as eating some solid foods. “I love how individualistic she is at this age. She loves to keep herself busy.” Ama found her second pregnancy more difficult than the first, but Nasara, the second child, was an easier baby than her sister. Her older daughter, Salma, is talking clearly now, but Ama finds it is very difficult to put her to sleep and she cries a lot before she falls asleep. Both girls love to play with their parents, tickling and being thrown into the air. Salma and her playmates also play house and hide and seek. The girls are generally well, but both have had malaria; Salma was sick at the time of the interview and her father had taken her to the hospital. Ama suffers from severe stomach pains, but when she goes to the hospital, they just give her Paracetomol and send her home. She is trying some local remedies now. She takes both girls to PNC because she feels their health is properly monitored during these visits. She also talks to the other mothers whose children are doing well. She talks to them to find out what she can do to ensure that they are healthy. She is mainly concerned about Salma. She herself Is on the 3 month Depo Provera injection.

Ama’s husband helps her a lot around the house. He takes care of the children when she is busy, or when she needs some time to herself. Ama says her mother is very helpful too. Her mother, sisters and brothers help her with food and money. They have provided some funding so that she can buy goods for her store. Her sister helps out when Ama is not feeling well. She

says she las a lot of support. She would like Salma to start school, but her husband wants to wait until she is four years old. Ama makes enough money from the store to pay for school fees and would like to see her start school now. However, she says that the family is against the idea. Her main aims now are to completely stock her store and send Salma to school.

She says that she has enjoyed the company of the interviewers for the last few years and has been motivated by the discussions. These interactions have helped in shaping her life. She was able to get a small grant from the T4MCH project to help her set up a small store in the village. She is so busy with the store that she doesn't worry about small things anymore. She feels she is more focussed. She has the support of her family, although she isn't sure how her husband's family feels about her work. She is able to buy things for her children and the house and doesn't need to ask anybody for money. She is proud of her achievements, but wishes that she could have a little bit of money for herself.

Ama is very unhappy because her husband wants to take a second wife. She is resentful about this latest development. "I am not at peace. I know he will be sharing our meager income with that other woman, and to think that I give him money when he doesn't have any makes me very angry. I never expected him to do this, looking at how far we have come together. I feel deceived." She says that the girls and her business are the most satisfying aspects of her life right now. They are able to distract her and take her mind off some of my marital problems.

18. ALIYAH'S STORY (UPPER WEST REGION)

First interview: Aliyah is 21 and 10 weeks pregnant. Her father had two wives and 11 children, 6 of whom were girls. Aliyah's earliest memory is when she started going to the farm with her parents and siblings on Saturdays and Sundays. She also remembers playing "ampe" at home with some other children. She started school when she turned 7 years old. When she finished grade 4, she was taken to live with her maternal cousin in Kumasi. There she had to do grade 4 all over again. After a year, she came home and started grade 5. Her favorite subject was math, because teacher explained it to her well. She lived in the same house with her parents and grandmother, who she spent lots of time with. Aliyah completed middle school and started high school in 2013, majoring in Home Science. She met Imoro in grade 11 – they met during the holidays in the city where she was taking extra classes. Aliya loves Imoro, and they started having sex in 2016. She wouldn't have had unprotected sex if the implications of doing so had been made clear to her. Aliyah suspected that she was pregnant and told Imoro about it. He was very happy about it and informed his parents about it. They accepted the pregnancy. Imoro is now in his 2nd year at the polytechnic. Her own family was very disappointed with her when she told them of the pregnancy. She got married on 11th July, 2016. On Imoro's advice, she went to the hospital for a pregnancy test. She doesn't feel anything unusual and doesn't know what to expect. She's a little unhappy that she got pregnant, but the presence of Imoro in her life makes her happy. She knows Imoro will take very good care of her during the pregnancy. She plans on asking Imoro's mother to help with the baby after delivery so that she can go back to school. Aliyah still wants to be a teacher someday. She wants better life for her baby, and will advise him or her not to make bad choices.

Second interview six months later: Aliyah has had her baby, but travelled from home to stay with her mother for one month. We could not interview her this time.

Third interview six months later: Aliyah told us about her birth experience. Her labour started at her husband's village, where she went to draw water at the borehole. She was prepared for labour and expected lots of pain. However, labour was not too difficult, and she did not cry or scream. She had her baby at the health centre. She was prepared with Dettol, Parazol, and clothes. Her husband has a car, so he took her at 3 p.m., and she gave birth at 4:36 p.m. Sister Priscilla was great – she helped her, fed her and even gave her water.

During her pregnancy, she could not eat yam or fufu, only TZ and porridge, but afterwards she could eat everything, and neither she nor the baby had any serious ailments. Aliyah found it easy to practice exclusive breastfeeding. After the baby was born, she breastfed 4 times in 3-hour increments. At 7 months, she started to feed the baby solid foods: porridge, TZ, orange, pineapple, powdered fish, and cassava leaf in small amounts. She has not yet introduced other vegetables or beans. The baby doesn't sit still to eat, but plays and spits the food out. Last month, Aliyah brought the baby to the health centre because she was hot. The nurse gave her paracetamol. She enjoys PNC outreach in her community – it is lots of fun talking to others about their kids. They also get family planning advice, which was a new thing to her. She started Depo 6 months ago.

The hardest thing about being a mother is that she is stuck with caring for the baby and housework – there is nothing else to do. Even though her husband gives her everything, she wants her own money. She plans to start catering and making chips, pancakes and pastry. Her husband promised to help with capital. She needs to raise money to go to school. Without something to do for herself, she feels insecure about the future. She really wants to go to Jirapa Nursing school – she has savings of 1,260 Cedis at GN Bank. She plans to move to Jirapa in 2018 and leave the baby with her mother-in-law. She would like her daughter to become a policewoman – she likes the life they lead, especially the uniform.

Fourth interview One Year Later: Aliyah's baby girl is now 20 months old. She is healthy, active, eats well and enjoys playing around the house. Aliyah is still breastfeeding, but the baby also feeds herself and loves TZ with green soup. She is starting to talk and sleeps well. Both mother and baby have been well. Aliyah is still attending PNC regularly and is aware of the importance of good hygiene and nutrition for herself and her child. She feels proud when the nurses weigh the baby and tell Aliyah that she is doing well. She says that child is currently the centre of her life and empowers her to do well for herself and the child's future. She is currently on family planning (Depo-Provera) and wants to start her own business, as she feels that the money her husband gives her for food and clothing is not sufficient for a good quality of life. Her mother helps her with child care so that she can start her own business. Aliyah has plans to start a bakery business, as she has experience in this area. She looks forward to having enough money to send her daughter to nursery and school, and to contribute to the family upkeep. Her husband is supportive and will build a shop for her so that she can sell her goods. Her greatest hope for the next year is to make enough money to save for her daughter's education.

Fifth and final interview one year later: Aliyah's little girl is 33 months and attending nursery school. The nurses at the health centre have told Aliyah that the baby is anemic. Aliyah herself suffers from headaches. She does not find that Paracetomol helps her and has resorted to herbal medicines to see if they will help. She is still attending PNC. "The health staff talk to me about how to take care of my baby or myself and what foods to give her so that she doesn't come to the hospital with anemia again. I meet other women there. At times I am not happy, but the other women always find a way to lift my spirit. It's good. My husband also advises me about the health of Majiba a lot, what to cook for her and how to make sure she doesn't fall sick again". Aliyah does not want to get pregnant again until Aliyah is older. She was on the 3 month Depo injection, but is now taking a daily birth control pill. Majiba has started school in the community, but Aliyah and her husband have identified a better school in Wechiau for her.

Aliyah says that her husband is very supportive. He supports them financially, and makes sure they have enough money to get medical attention if Majiba is sick. Since Aliyah doesn't have family locally, she is very dependent on her husband. However, she has her own business making and selling bread and baked goods and she says it is bringing in some profit for her. She and her husband have a 5 acre groundnut farm, so she supplements the bakery income by farming. This enables her to save money so that she can expand her business. She says that the interviews have been helpful for her. She wishes that she had continued her education. Like many of the other young women, she stresses that pregnancy and child rearing are for adults. It has not been easy, but her life is more comfortable now.

19. DOFI'S STORY (UPPER WEST REGION)

First interview: Dofi is 24 and 28 weeks pregnant. Dofi started school at 6 years old. She completed primary school and went on to middle school, writing her BECE at 15 years. She went on and graduated from high school. She was planning to go forward in her education at a Polytechnic in the west of Ghana; however, she couldn't go because her father died. Since 2014, she has been "doing nothing." Since 2015, she has been living with her boyfriend, Anthony, who also finished high school. She and Anthony love each other, and Dofi is Anthony's only girlfriend. He was always playing around with her, but Dofi didn't know how serious Anthony was. Now she is happily living with Anthony and his whole family. Because Anthony's mother is from her home town, she calls her "Auntie." Dofi and Anthony planned to get pregnant. All Anthony's friends are having babies, so they also wanted to have a child. Dofi was on Depo during high school, but stopped because she wanted to get pregnant. She was prepared for pregnancy. She will give birth at the hospital because it's her first time. She and Anthony discuss their hopes for the baby. He and his whole family want to have a boy. Because her parents were poor, she doesn't want her baby to be poor. She wants him to be educated and live a happy life.

Second interview six months later: On the day she went into labour, Dofi woke up as usual. She didn't feel anything. She cooked, fetched water, and took a bath. Afterwards, she went to relax under the mango tree. That's when her labour pains started. She went inside the compound to tell her Aunty (mother-in-law). She asked her whether her waters had broken, and she said that

they had. She just walked around for 4-5 hours, because walking was more comfortable than sitting. Her mid-wife Perpetua came to her house when she heard that Dofi was in labour. She told her that she had to deliver in Jirapa. Perpetua took Dofi to Jirapa on her motorbike. Although the journey took under one hour, there was a lot of rain and wind. Perpetua had her baby on her back, and Dofi sat behind her in labour. They had to rush because Dofi was ready to give birth. In fact, she gave birth within an hour of reaching Jirapa. The nurses made her lie on her side – they didn't allow her to move. She felt like "shitting" and got up to squat. Eventually, she lay down again and pushed. It was all very painful. Only the mid-wives were present at the birth. She was really happy when she first saw her baby. They put him on her chest so that she could see the sex of her baby. She breastfed exclusively for six months before she gave her baby any water or liquid. When she started breastfeeding, she found it easy. She did not experience any pain. The mid-wife showed her how to breastfeed properly. Dofi feels happy since the baby was born. She has not experienced any discomfort or illness. The baby had a skin rash which was treated with clotrimazole (an antifungal), i.e. Canesten, which is used to treat diaper rash.

Dofi hasn't missed any PNC meetings because she knows they are good for her child. The most important thing she learned was that she shouldn't give her baby anything apart from breast milk for the first six months. Her husband doesn't attend because they live close by and she can walk by herself. She attends with other women who have recently given birth. They encourage each other to come for weighing. They also meet at the borehole to fetch water and chat. Her mother-in-law, who is in charge of the kitchen, helped her with chores before and a month after the birth of the baby. She feels at ease with her home situation and sleeps well. She is able to keep up with her responsibilities in the house, such as fetching water, washing her baby's things, and cooking for the whole family. Dofi would like to go to Teacher Training College in Tumu. It costs 600 cedis (about CAD200) per term. In order to maintain herself there, she would like to sell ingredients out of a container in Tumu. She thinks that Anthony would agree, and her mother-in-law would take care of the baby. She does not plan to have another baby soon. Dofi is on Depo-Provera, which is a birth control shot she gets every three months.

Third interview six months later: Dofi's baby boy likes to make people laugh -- he does things that he knows he should not do. Dofi likes chasing him around, and also plays ball with him. Dofi breastfed exclusively until the baby was 9 months. He started eating solid food at 9 months, the same time he started walking. Anthony did not want her to stop breastfeeding exclusively because he thought that breast milk was healthier than food. It was only when the child started to walk that his father was convinced that he should start eating solids. Now, she now has to get up at 6-7 in the morning to set a fire and cook for the baby.

This is farming season, so they are busy farming and awaiting the harvest. Dofi has porridge in the morning and then she spends the day on the farm. She does not eat again until the evening meal. Last month, she had a headache for a week. She went to the hospital for treatment and it went away. The baby had malaria in June and was treated at the health centre. Dofi goes to PNC and has met a few friends. She has joined 13 women in a susu (savings) group. Every

month, they contribute 2 Cedis to save for a piece of cloth or T-shirt which they will buy at the end of the year to celebrate their friendship.

Dofi does not have any work, and she knows that her husband can't provide everything. For example, she wants to use pads, but they are costly compared to traditional rags. Her husband knows that she is menstruating, even though she doesn't tell him, but he will not give her the 5 Cedis required to purchase pads. Right now, she and her husband are having difficulties in their relationship. One Sunday, he expected her to have food ready for him when he returned from the farm. Instead, she was at church. He took her absence as a sign of disrespect and since then has not spoken to her. She refuses to apologize because she has not done anything wrong. Both she and her husband are using go-betweens to communicate with each other. In spreading the news about their problem, they are making the possibilities for reuniting more difficult. This situation is made harder by the fact that the couple does not share the same room. Since the baby was born, she has shared a room with her mother-in-law. Now that she and her husband are fighting, she has been locked out of her husband's bedroom. She has been able to move most things out, but the soap remains in his room. She is so upset that she wants to move back to her father's compound and live with her brothers. Dofi and Anthony are both stubborn and refuse to give in to each other. She is overwhelmed with sadness because of the tension between her and her husband. Her husband plays with Manel, but does not speak to her. She knows that she cannot ask for money. If he knows that the child's supplies have been used up, he will buy more for him, such as Pampers. Her brothers help her with a little money, but not her mother because she is not working. She would like Manel to go to day care in Babile when he starts to talk. She still wants to go to Tumu to Teachers' Training College, or to Sunyani to become a dietician. She would like to depend on her brothers for help, but she is not sure if they can assist.

Fourth Interview one year later: Dofi's little boy is now 22 months old. He loves her and copies everything that she says or does. He likes her to play football with him, even inside the house. He voluntarily stopped breastfeeding 2 months ago. She thinks it is because she started going to weekend classes so that she could go on and earn her high school diploma, and left him at home with her mother. She needed an entry certificate to pursue a diploma in distance education. So she retook some examinations of her Senior high school subjects to qualify her for the diploma course. He is a good eater and eats everything she gives him. His favourite food is TZ with green soup. He is talking more every day and sleeps well. He enjoys playing on his own, especially with his ball, and is happy staying with his grandmother when Dofi goes to her classes. He has had some problems with diarrhea, which the midwife told Dofi was due to his teething, but he is well now. Dofi herself feels well and hasn't had any recent illnesses.

Dofi goes to PNC regularly and enjoys the videos that the midwives show the women. She does not want to become pregnant again in the near future, and she is on the birth control patch. She is happy that she has been able to go back to school, but finds the one-hour bike ride into town very tiring. However, she can see a future for herself and her son if she gets more education and would like to go on to do a university degree. She wants to be sure that the boy

has everything he needs, especially food. She does not have enough money to buy Milo for him, for example, and finds lack of money her biggest challenge.

Fifth interview: Dofi's little boy is now three years old. They have both been ill recently, the child with a cough and earache, Dofi with soreness in her muscles that she thinks comes from her work on the farm and carrying maize. She is attending PNC and particularly likes having the child weighed. She feels it helps her to know if he is doing well. She has learned a lot about malaria. She also talks to the other mothers and says that she has learned a lot from them about how to live in peace with her partner. She gets good advice on food for him, while her husband and his mother are both careful about the child's diet. However, she talks about a growing rift between her and her husband. "Things have drastically changed in my life. He does nothing for us, not even for his son. There's no joy in the house any longer. I have problems getting food, as my husband is no longer providing anything for me. My mother-in-law also has stopped me from using any of her utensils. When I cook, he doesn't eat. I don't have any support from them. The only person I can go to for help is my mother." She says that she wishes she could change things. She and her husband have never sat down to talk to each other, or to discuss mutual issues and concerns about the family and their son.

She says that the interviews have been very helpful and inspirational for her. She is very happy that she has been able to go back to school. She sees how important it is for young women to concentrate on their own education and development before they enter into marriage and having children. Continuing her education has changed the way she sees things. She has become stronger and more confident and feels that she could now stand up in a classroom and teach effectively. She also now has friends that she can discuss issues with. She feels empowered and useful, and has hope for her future and her son's. She wishes she could have support from her husband and his family, but is grateful that she can rely on her mother. She is finding that riding her bicycle back and forth to school is her biggest difficulty, especially in the rainy season.

20. GHARAM'S STORY (NORTHERN REGION)

First interview: Gharam is 17 and 4 months pregnant. Born the last of 8 children, as a child Gharam lived with her mother, father, 3 sisters and 4 brothers. She had all the love from her parents and siblings, but her father passed away when she turned 9 and most of her siblings then left for the south. In 2008, after her father died, she started school with financial support from her mum and older siblings. She was motivated to start school after the government provided school uniforms for community children. They sometimes used a motor bike or car to send them to school to promote girl child education. However, in 2012, she took a break from school. She moved to Kumasi, stayed with her brother and his family, while she learned sewing for 6 months. In 2013, she went back to her mother to continue school, but she quit school altogether in 2016 when she was in form 2 because she could no longer manage to pay her school fees. Her mother and siblings stopped taking care of her education and they advised her to start petty trading to make money.

After she got back from Kumasi, she discovered that when she was a child, her family betrothed her to Mathew. Her mum pushed her to stay with Mathew when she had to drop out of school. She was not happy with the arrangement and Mathew did not pay any bride price when they met. She started to visit Mathew at home because her mum kept pressuring her to be with him. She got pregnant when they first had sexual intercourse in March. She was sad about the pregnancy because she wanted to work. Mathew, his family and her family are excited about the pregnancy. She has been staying with Mathew's family because her mother wants her to be with them. Her teachers are concerned that the pregnancy will prevent her from continuing school. She started ANC in her 5th month. Mathew suggested she come for ANC and gave her some money so that she could buy food during her visit. During the first trimester, she felt sick a lot. She is prepared for the birth and plans to deliver at the clinic. Though she doesn't speak to anyone about the pregnancy, she hopes it goes well.

Six months and one year later: We were not able to locate Gharam, even with assistance from senior personnel at the facility.

No fourth or fifth interview