

SUMMARY OF KEY FINDINGS

**FACTORS ASSOCIATED WITH
TEENAGE PREGNANCY:
A NATIONAL PERSPECTIVE**



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Department:
Social Development
REPUBLIC OF SOUTH AFRICA



BACKGROUND

The incidence of unplanned teenage pregnancies as well as the increased risk of early child bearing and maternal mortality are highlighted as major population concerns in the 1998 Population Policy for South Africa. In accordance with the 1994 International Conference on Population and Development Programme of Action, the 1998 Population Policy for South Africa places emphasis on the *“promotion of responsible and healthy reproductive and sexual behaviour among adolescents and the youth to reduce the incidence of high risk teenage pregnancies, abortion and sexually transmitted diseases, including HIV and Aids, through the provision of life skills, sexuality and gender sensitivity education, user-friendly health services and opportunities for engaging in social and community life”* (Department of Social Development, 1998:36).

Although public health facilitates integrate sexual and reproductive health services, the utilisation of such services by young people is limited for various reasons. Civil society has been instrumental in bridging the gap in sexual and reproductive health services in communities with much success over the years. Yet, teenage pregnancy remains a concern for many especially when one considers the ripple effect on the individual’s personal, social, educational and economic outlook.

INTRODUCTION

The body of knowledge on teenage pregnancy has increased significantly in recent years, where new perspectives on teenage pregnancy have surfaced. Such studies (Swartz and Bhana, 2009; Bhana and Nkani, 2014; Singh and Hamid, 2015) point to the evolving context of teenage pregnancy in South Africa.

Often research on teenage pregnancy has centered mainly on the views of young people. The voice of the parent, caregiver and service providers is not always heard. The study acknowledges this and thus includes such groups as key participants in the study.

South Africa has a youthful population and investing in the promotion of healthy lifestyles amongst adolescents and youth remains vital. Therefore an investigation into the contextual understanding of factors associated with teenage pregnancy in South Africa and its wider implications is paramount.



STUDY OBJECTIVES

The study sought to:

- Identify and understand dynamics of sexual activity, psycho-social, economic, household and cultural factors associated with teenage pregnancy;
- Identify barriers to information and service delivery; and
- Propose areas of intervention to prevent, reduce and manage teenage pregnancy.

METHODOLOGY

The study was conducted in two rounds. Research was first conducted in Limpopo, Eastern Cape, Mpumalanga. Findings from the first five provinces were finalised between 2011 and 2013. Given the interest generated by the findings from the first five provinces, the research was extended to include the remaining provinces of the Free State, North West, Northern Cape and Western Cape. Research for the four provinces was conducted in late 2015. All districts in the provinces were included in the sample. 2-3 municipalities within each district were sampled.

The study adopted a mixed method approach comprising of a survey questionnaire administered to teenage mothers (aged between 13-18) and service providers (e.g. teachers, nurses etc.) as well as the use of focus group discussions with school-going boys and girls (aged between 13-18), family and community members. Discussions were held separately so that participants could express themselves freely and with comfort. Ethical clearance for the study was granted by the Human Sciences Research Council Research Ethics Committee (Protocol No REC 4/20/10/10)

Permission to conduct research in schools and health facilities and hospitals in all provinces was granted by the respective provincial Departments of Education and Health.

Participants were given the choice to have questionnaires and focus groups administered in a local language or English. Focus groups were recorded with the written permission of participants and later transcribed to English.



SUMMARY OF FINDINGS

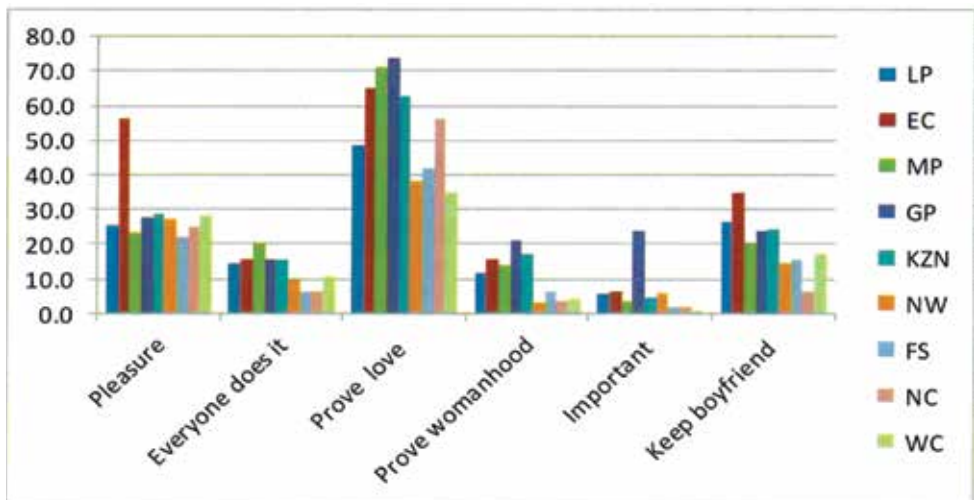
In general, the findings of the study are confirmatory and congruent with past and current literature on teenage pregnancy in South Africa. It nevertheless still remains an important reflection of teenage pregnancy in the country. The findings also bring additional dimension to the discourse on teenage pregnancy with respect to the conflictual psycho-social experiences of teenage mothers, the greater role to be played by parents in communication and sex education initiatives as well as the dynamics of teenage fathers and willful paternity.

2217 survey questionnaires were administered to teenage mothers nationally. 904 survey interviews were administered to service providers. 128 focus group discussions were held with teenage boys and girls (i.e. neither mothers nor fathers) and 78 focus group discussions were held with parents, caregivers and members of the community.

TRANSITION FROM SEXUAL DEBUT, CONTRACEPTION AND FIRST PREGNANCY

Findings show that the majority of sexual debut and first pregnancies in teenage mothers occur just over age 16. There is also a high proportion of willing sex less than age 16. Worryingly, there is a moderate-high proportion of unwilling sex under age 16. The substantial proportion of unwillingness amongst teenage mothers to engage in their first sexual experience point to the gendered power imbalances that colour relationships even in adolescence. **Figure I** shows the most commonly reported reasons for sexual activity by teenage mothers.

Figure I: REASONS FOR ENGAGING IN SEXUAL ACTIVITY



The first sexual partner and the impregnating partner (essentially the teenage father) were on average 3 years older than teenage mothers. The majority of first sexual partners and impregnating partners were school-going or employed. First pregnancies were largely unplanned and fewer proportions of teenage mothers themselves wanted the pregnancy; although the study shows that some partners wanted the pregnancy.

“When you love a girl too much you want them to have your baby” –

Male learner, North West

“...if you really love your girlfriend and you want to introduce her to your parents. The only way to keep her is to impregnate her...” –

Male learner, KwaZulu-Natal

Teenage mothers reported first using contraception well after their first sexual experience. This period can be measured as approximately a year and an even shorter period for some provinces. Teenage mothers and their partners preferred the male condom over other methods. Elevated partner preference for no contraception during sexual activity remains a concern. Proclivity for female centered contraception (apart from the injectable) such as the female condom, contraceptive pill and the patch was very low amongst teenage mothers.

PSYCHO-SOCIAL FACTORS ASSOCIATED WITH TEENAGE PREGNANCY

Teenage mothers felt extremely scared, shocked, confused and sad on discovering they were pregnant. Happiness was the least felt emotion by teenage mothers. Whilst teenage fathers initial reactions were similar to that of teenage mothers, considerable proportions of young fathers felt happy at hearing about the pregnancy. The lead emotional reaction by family of teenage mothers was anger followed by shock, sadness and confusion. Happiness was minutely felt by the family. Once the pregnancy was disclosed, it emerged that the parents of teenage mothers were the most supportive of the pregnancy despite their initial intense emotional reaction. This was followed by their partners.

Results show that the majority of teenage mothers did not fall pregnant because of peer pressure. In contrast, service providers believe that one of the major causes of teenage pregnancy is peer pressure. The ‘disconnect’ between what teenage mothers believe and do versus what service providers perceive is apparent. This gap presents many challenges for service delivery.

Service providers also believe that other major causes of teenage pregnancy are low self-esteem and family stress. Also observed is the considerable proportion of teenage mothers who fell pregnant as they were seeking love. A little over a fifth (the lowest proportion observed) of all teenage mothers reported falling pregnant due to experimentation with sex. Gaining respect appeared to be a minimal psycho-social factor in explaining the occurrence of pregnancy amongst teenage mothers.

The study also found that over a fifth of teenage mothers considered terminating their pregnancy. Their reasons for deciding against the termination were due to deciding to keep the pregnancy/baby and fear of the procedure. Some cited the receipt of family support whereas others noted that termination is against their religious beliefs.

"The doctor said I may die too, so it was better to keep the baby" –

Teenage mother, Limpopo

HOUSEHOLD FACTORS ASSOCIATED WITH TEENAGE PREGNANCY

The study revealed that there are significant proportions of teenage mothers who are either maternal or paternal orphans. The study found that dual orphans were more than twice as likely to experience an unwanted pregnancy before the age of 16 compared to paternal orphans and those with both parents alive. Paternal orphanhood or departure linked with increased likelihood of having an early unplanned pregnancy. The study has found that the larger the household size, the increased likelihood of a teenage pregnancy. This could be a possible effect of less supervision and care.

"....parents are not interested in the children's social life. They don't worry what the children do and where they are and what they doing, they don't worry..." –

Teenage Mother, Eastern Cape

Despite previous incongruences, it is worthy to note that there is similarity of thought between teenage mothers and service providers on the household factors relating to teenage pregnancy. Furthermore, teenage mothers and service providers agreed that the inability of parents and caregivers to communicate with children on aspects of sexuality is a contributing factor to teenage pregnancy.



ECONOMIC FACTORS ASSOCIATED WITH TEENAGE PREGNANCY

Some teenage mothers believed having multiple and intergenerational partners are helpful financially. These perceptions fuel further concern regarding their increased susceptibility to vulnerable and exploitative sexual relations, gendered power imbalances and increased risks of contracting sexually transmitted infections including HIV and Aids.

The study also showed that the majority of teenage mothers did not fall pregnant to access the child support grant. Findings from the first five provinces of the study showed that there is no statistical significance to this claim. Results from all provinces confirm previous research and refutes the claim that young women fall pregnant to access the child support grant. Despite these findings, qualitative evidence showed service providers still hold this view. Again this was linked to poverty and inequality.

Figure 2: ECONOMIC FACTORS IDENTIFIED BY TEENAGE MOTHERS

Economic Factors By Province		Multiple Partners Are Helpful	Older/IG Partners Are Helpful	Access Financial Resources	Sugar Daddies	Access CSG
Limpopo	Yes	24.8	20.2	4.7	*	15.5
	No	75.2	79.2	95.3	*	84.5
Eastern Cape	Yes	66.0	41.2	31.6	50.7	13.6
	No	34.0	58.8	68.4	49.3	86.4
Mpumalanga	Yes	54.9	45.9	11.6	19.3	15.0
	No	45.9	54.1	88.4	80.7	85.0
Gauteng	Yes	25.2	24.6	25.8	25.8	24.0
	No	74.8	75.4	74.2	74.2	76.0
KwaZulu Natal	Yes	26.9	41.5	6.3	41.9	6.3
	No	73.1	58.5	93.7	58.1	93.7
North West	Yes	3.0	30.0	3.5	21.9	0.5
	No	97.0	69.5	96.5	78.1	98.0
Free State	Yes	5.5	31.0	2.8	18.4	3.5
	No	93.5	69.0	97.2	81.6	94.5
Northern Cape	Yes	2.5	30.0	0.4	12.4	10.0
	No	97.5	69.0	99.6	87.6	90.0
Western Cape	Yes	9.5	32.0	0.4	15.0	5.5
	No	88.5	57.5	99.6	85.0	94.0

Figure 2 highlights the perception held by teenage mothers in relation to various economic factors and its possible link to teenage pregnancy. Opinions on the economic helpfulness or assistance by multiple and intergenerational partners were divided amongst teenage mothers.

Figure 2 also reveals the the majority of teenage mothers did not get pregnant because of money. Between a fifth and half of all teenage mothers believed that sugar daddies contributed to the incidence of teenage pregnancy. Additionally, across all provinces the majority of teenage mothers did not fall pregnant to access the child support grant.

CULTURAL FACTORS ASSOCIATED WITH TEENAGE PREGNANCY

The expression of masculinity and femininity, traditions and beliefs as well as procreation and legacy emerged as core themes. Cultured identities were represented through masculinity and femininity. Masculinity was expressed through virility especially post circumcision and attendance to a traditional initiation school. Teenage boys noted that they are expected to prove their manhood, usually by impregnating a girl. Femininity was expressed through proof of one's fecundity resulting in a pregnancy.

"...It's trying to prove that you are a hero (imboza) by making a girl pregnant..."

Male learner, Eastern Cape

"...You can see all your friends with babies, and maybe you are the only one without a baby and they call you a dlolo (an infertile girl), so you want to prove that you are not..." **Teenage mother, Eastern Cape**

Whilst initiation schools exist for a specific cultural purpose, what occurs once the initiation process is completed raised tensions in the study. Parents questioned the content and knowledge imparted to young boys and girls at initiation schools which possibly spur a series of events resulting in undesirable consequences. Some point to young people "doing their own thing" and not following the prescripts of the traditional initiation school.

"...I know because when a child goes there, they come back seeing themselves as women and grown up and ready to have a babies" –

Parent, North West

Teenage mothers also expressed the pressure placed on them by elderly family members desiring children and grandchildren as the legacy they leave behind. Whilst this occurs for some, some also alluded to young people "taking advantage" of the desire of children or grandchildren expressed by family members. In general, the study has found that whilst the appealing rhetoric would be to associate traditional or cultural practices and values predisposing factors to sexual activities that might result in pregnancy, the study showed that the norms held by teenagers have no such basis.

Our parents also push us to become pregnant; they say they don't want to die without seeing our babies, by doing so they give us permission to have sex" –

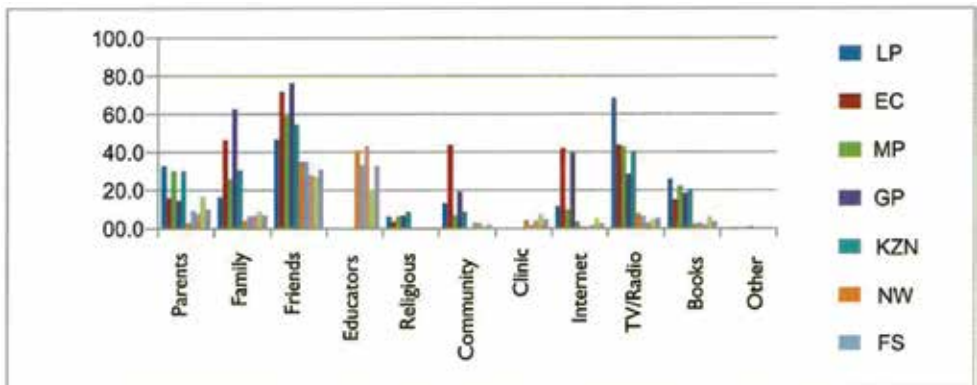
Teenage mother, Limpopo



SOURCES AND BARRIERS OF KNOWLEDGE AND INFORMATION

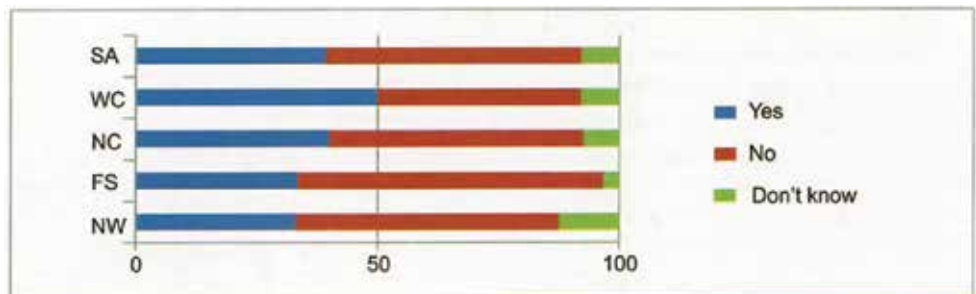
Figure 3 reveals young people often first hear about sex and other reproductive issues from their peers, TV/Radio, books and the Internet. Educators were also fairly notable sources of information, thought possibly due to Life Orientation in schools. Community members and religious leaders in particular were not viewed as a key source of information. Low proportions of teenage mothers reported receiving information from their local clinics due to experiences of discrimination, fear of being judged, shame and lack of confidentiality and privacy. Parents were not viewed as the first point of information by their children. Parents acknowledged this is due to their own limitations with respect to approaching and communicating with their children.

Figure 3: SOURCES OF INFORMATION.



An appraisal showed that teenage mothers have little to adequate knowledge, on pregnancy, contraception and rights. **Figure 4** shows that teenage mothers in the provinces it was asked are largely not aware of their legal protection under the Sexual Offences and Related Matters Act (SORMA) of 2007.

Figure 4: AWARENESS OF LEGAL PROTECTION UNDER SORMA 2007



CURRENT AND PROPOSED INTERVENTIONS

Health talks, peer education, counselling and Life Orientation were the most popularly reported programmes currently in operation in communities. The majority of service providers do not view their programmes as successful. Reasons cited include non-compliance and no interest by young people as well as realising that teenage pregnancy is too massive to deal with. Teenage mothers viewed the lack of success as a result inconsistency of services provided by organisations in the area.

Reported successes of interventions related to increased awareness and participation, more young people being educated on sex, abstinence, reduced teenage pregnancy and increased contraceptive use.

For proposed interventions, teenage mothers expressed that media in the form of films and documentaries be used to educate and inform. Teenage mothers also desired the use of drama, dialogue, poetry and debate as a further activity to improve awareness initiatives. This finding characterises teenage mothers move towards more contemporary and relatable mediums.

Teenage mothers also stated a higher need for sex education in local languages as opposed to what service providers proposed. Whilst the need for peer educators and school based counsellors is evident, it is articulated to slightly lesser degree by teenage mothers. There was a unanimous call by all (including parents themselves) for parents to be involved in sex education campaigns and in the lives of their children, skilled with effective communication techniques and to be exemplary to their children.

In terms of suitable mediums for interventions, service providers underestimated the potential of television as a medium to inform and educate. Teenage mothers greatly preferred television as a suitable medium for programmes and messaging. The use of the Internet is a favoured choice amongst teenage mothers, yet amongst service providers it appears sporadic. Radio and cell phones were viewed as equally suitable mediums by both groups, yet teenage mothers expressed a slightly higher predilection. Print media in both groups are deemed suitable mediums however more interactive and digital mediums were found to be slightly more preferable amongst teenage mothers.



DISCUSSION

Implications for findings of the study are immense, especially if one considers that sexual discovery at young ages is accompanied by risk and responsibilities with some of the foremost being unplanned teenage pregnancy and increased predisposition to contracting STIs and in particular HIV. Whilst the study did not explore the link between unprotected sexual relations and HIV in great detail, teenage mothers, learners, parents and service providers commented on the seriousness and “double threat” of contracting HIV and falling pregnant. Whilst Shisana et al., (2014) note that young people have shown a gradual move towards safer sexual behaviour, qualitative evidence from the study suggests that teenage mothers and learners are fully aware of the risks involved yet continue to pursue their chosen routes.

Whilst teenage mothers are aware of contraception; they reported first use is after their first sexual experience and some cases after the first pregnancy. These findings raise urgent questions about teenager mothers’ ability to negotiate condom use and maintain consistent use. The contention lies with much of the engagement relying on male acquiescence. As argued by MacPhail et al., (2007) this limits the ability of young women to make independent decisions in cases of an unwilling partner.

As echoed by Bhana and Nkani (2014) emerging research on teenage fathers have found that young teenage fathers express a strong desire to become a father, to be active and responsible fathers. This goes against the literary grain where teenage fathers have been somewhat negatively portrayed as uninterested, in denial of paternity and opportunistic. The study in part has showed willful paternity thus attests to the change in tide on perceptions of teenage fatherhood.

Economic and household factors associated with teenage pregnancy are confirmed by other studies (Mkhwanazi, 2010; Wilan, 2013). Such studies place emphasis on the link between teenage pregnancy and disparities in socio-economic status, education, unemployment, access to health care, poverty and inequality experienced and the incidence of teenage pregnancy and early childbearing especially in Black/African and Coloured communities (Panday et al., 2009)

In recent years, South Africa’s high antenatal care coverage was acknowledged during the country’s Millennium Development Goals process. Evidence however, shows that young women are less likely to be informed of the signs of pregnancy complications as well as to have vital components (e.g. weight management, blood pressure readings etc) of an antenatal visit performed. (SADHS, 2003). The consequences of not accessing and receiving comprehensive antenatal care are serious. For instance, the 2008-2010 confidential enquiry into maternal deaths showed that young mothers are at an increased risk of dying due to complications in pregnancy (such as hypertension) (Department of Health, 2012).

Health seeking behaviour in young men and especially young women must be encouraged from early ages. The need to establish a receptive environment free from discrimination and judgement is of imperative. Inculcating health seeking behaviour early on can prevent late detection and many of the complications experienced in pregnancy thereby lowering the number of adolescent maternal deaths.

RECOMMENDATIONS

Recommendations for the study use the National Adolescent Sexual and Reproductive Health and Rights Framework Strategy as a guiding platform with which to synchronise Government and stakeholder efforts on teenage pregnancy. The study also seats its recommendations within the sexual and reproductive justice framework. Reproductive justice argues that “the physical, mental, spiritual, political, social, and economic well-being of women and girls is based on the full achievement and protection of women’s human rights” (Ross, n.d:4). In other words, the ability of a woman to determine her reproductive agency is linked directly to the conditions in her community and where this is not limited to only individual choice and access. This perspective thus remains the fundamental reference point for all recommendations.

In summary, some of the recommendations made on teenage pregnancy related to fresh and novel approaches for programme design, sex education in local language and suitable mediums for persons with disabilities (PWDs), concentrating on family-centred interventions for parents and their children as well as engaging men and boys. At the individual level counselling, second chance opportunities as well as initiatives aimed at instilling worth and self-confidence in young women are encouraged.

For the community, teenage mothers and fathers who have been successful in overcoming their circumstances should be used as role models to relate their stories to motivate their peers. From the health perspective, advocacy efforts for dual protection and female centred/discreet contraceptive choice must be intensified. Lastly on a structural level, economic opportunity and inequality must be addressed to provide an aiding environment for young people and their families.

Importantly to tie all efforts and to offer direction for future initiatives feedback and reflection must be emphasised in programme design. Feedback here does not only refer to the organisation but also to the community in which the intervention was carried out. Lastly, interventions must be fun and friendly not just for beneficiaries but for planners and facilitators as well. **Figure 5** captures these recommendations.

**Figure 5: RECOMMENDATIONS FOR INTERVENTIONS ON
TEENAGE PREGNANCY IN SOUTH AFRICA**



CONCLUSION

The study sought to identify and understand the psycho-social, economic, cultural and household factors associated with teenage pregnancy in South Africa. The study also identified barriers to information and service delivery to teenagers and lastly proposed areas of intervention to be improved or initiated to prevent, reduce and manage teenage pregnancy in South Africa.

The major thrust of the study points to conditions within households such as the fragmented family structure and economic need was shown to predicate much of the decisions and behaviours adopted by teenage mothers and learners in the study. Parents and community members of the study were in agreement of the above and acknowledged they too perpetuated the incidence of teenage pregnancy and poor decisions made by young people in their communities due to limitations in terms of their own lifestyles, decisions, less than desired communication skills with their children and fear of going against the cultural and societal prescripts.

The study made several recommendations using the National Adolescent Sexual and Reproductive Health and Rights Framework Strategy as unifying platform to co-ordinate efforts between stakeholders. The study upholds the reproductive justice framework as its ideological reference point within which interventions must be aligned to.

To conclude; an effective response to teenage pregnancy cannot simply be focused on individual behaviour change, providing more awareness and information or simply increasing contraceptive uptake. The response needs to be more holistic where the link between structural factors such as the political economy and social inequality and the lives of young women and men are improved on an individual basis, within their households and community. Abundantly clear is that a committed and collective response by Government, civil society, NGOs, the academic fraternity, religious and traditional leadership and most importantly adolescents and young people themselves is required. It is hoped that the findings incite further research and improved interventions on teenage pregnancy in South Africa.

NEED MORE INFORMATION

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