

**ATTITUDES, PERCEPTIONS AND UNDERSTANDING AMONGST TEENAGERS
REGARDING TEENAGE PREGNANCY, SEXUALITY AND CONTRACEPTION IN
TAUNG**

TAUNG/North west



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Declaration

I, the undersigned, hereby declare that the work contained in this thesis is my own work and that I have not previously submitted it to any other university for degree purpose.

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Abstract

Background

Teenage pregnancy is a socio-economic challenge and an important public health problem for communities in South Africa. Teenage pregnancy is a risk factor for disruption of education, unemployment, sexually transmitted infections, HIV, preterm birth and poor mental health. In the rural town of Taung, North-West Province, the teenage pregnancy rate is approximately 13% and this study aimed to explore the attitudes and perceptions of teenagers regarding teenage pregnancy and to explore their understanding of sexuality and contraception.

Methods

A qualitative study involving 13 in-depth interviews with pregnant teenagers and 3 focus groups with women aged 19 -25 years who had a baby as a teenager, teenage girls aged 14-19 years who had never been pregnant and males aged 14-25 years.

Results

Factors influencing teenage pregnancy were found to be broad and complex:

- 1) Socio economic factors included poverty, the controversial influence of the child support grant, trans-generational sex and financial support from older partner to secure income for the teenage girl or her family.
- 2) Substance abuse, particularly alcohol, in either the teenager or her parents was found to have a critical influence. A lack of alternative entertainments and social infrastructure made taverns a normal part of teenage social life.
- 3) Peer pressure from boyfriends and the broader social network.
- 4) Other factors included the right to motherhood before catching HIV, poor sexual negotiation skills, the need to prove one's fertility, sexual coercion and low self-esteem and hope.

Understanding of contraceptives and reproductive health was poor, condoms were the contraceptive method most known by teenagers and their understanding of the menstrual cycle was inaccurate.

Most teenagers perceived falling pregnant as a negative event with consequences such as unemployment, loss of boyfriend, blame from friends and family members, feeling guilty, difficulty at school, complications during pregnancy or delivery, risk of HIV, secondary infertility if abortion is done and not being prepared for motherhood. A number of teenagers

however perceived benefits and saw that it could be a positive event depending on the circumstances.

Conclusion

Social cognitive theory provides a useful framework to make sense of the various factors uncovered in this study that influence behaviour leading to teenage pregnancy. A model utilizing this theory is presented.

Strategies to reduce teenage pregnancy should focus on building social capital for teenagers in communities, exploring further the influence of the child support grant, targeting trans-generational sexual norms, applying the law on underage drinking, making information on contraception more accessible and offering programmes that empower girls in the area of sexuality. Multifaceted and inter-sectoral approaches are required and it is likely that strategies to reduce teenage pregnancy will also impact on HIV and other sexually transmitted infections.

INTRODUCTION, BACKGROUND AND MOTIVATION

Teenage pregnancy is a socio-economic challenge and an important public health problem for communities in South Africa.¹ Teenage pregnancy is a risk factor for sexually transmitted infections, including HIV, and is a reflection of poor or inconsistent uses of contraception.¹⁻¹² In addition the risk of dropping out of school is considerable, which results in a lack of qualifications and unemployment.^{1, 4, 5, 7, 9, 12, 13} Teenage pregnancy has an increased risk of preterm birth and^{14, 15, 16, 17} teenage mothers have a worse mental health state compared to nulliparous teenagers.¹⁸

The population of Taung was estimated to be 182,164 habitants in 2001.¹⁹ A local peri-natal information system recorded a teenage pregnancy rate of 13% (6.8 % (< 18 years old) and 6.2 % (18-19 years old)) in the period 2006-8. By comparison the Fifth Peri-natal Care survey of South Africa (2003-2005) revealed a teenage pregnancy rate of 6,1% in the Northern Cape, 19.5% in Limpopo, 18% in Kwazulu Natal and 22% in the Eastern Cape.²⁰ The reasons why teenagers fall pregnant are complex.¹ Teenagers are most likely to live with a single unemployed parent or guardian⁴ and the pregnant teenager as well as the baby are an additional economic burden on the family.¹ Peer pressure, poverty, poor knowledge of contraception and reproductive science can all play a role.^{4, 5, 9, 10, 13} Health workers have been accused of turning away young teenagers from the family planning clinic¹³ and accusing them of being too young for sex. In the community there may also be a perception that one has to prove one's fertility.²

Family planning and sexual knowledge, acquired from parents, health workers, teachers, priests or mass media, can help to reduce the number of teenage pregnancies.^{7, 10, 13} Other interventions that can reduce teenage pregnancy are based on abstinence or delayed sexual initiation, training in decision making and sexual negotiation skills.^{21, 22}

For the past 20 years, studies on teenage pregnancies have been done in different parts of South Africa without fully understanding this complex issue.^{1, 2, 3, 9, 13, 23} this study intends to contribute to a deeper understanding, by exploring teenager's own perceptions on the matter, to identify factors that, in their view, may influence the risk of pregnancy and suggest possible interventions. No previous studies from the Taung area have been identified.

OVERVIEW OF THE LITERATURE

Current epidemiology of teenage pregnancy

Teenage pregnancy is a public health concern for developed and underdeveloped countries. Rachel Jewkes, one of South Africa's leading researchers in the field of teenage pregnancy, has recently reported to the public about a decrease in the teenage fertility rates in South Africa and argues that the reduction in teenage pregnancy rate has coincided with a more open debate on

sexuality and a more empowering approach towards youth sexuality. However she cautions that we still need to put effort into reducing rates further.²⁴ Teenage fertility rates in South Africa have dropped from 78/1000 in 15-19 years olds in 1996 to 65/1000 in 2001.²⁵ Teenage birth rates have also fallen in most Western European countries from the 1970s to the 1990s and only the United Kingdom has a persistently higher rate.¹¹

Factors known to influence teenagers to become pregnant

Teenage pregnancy has been associated with frequent sex without reliable contraceptive protection, sexual coercion, poor sexual communication between partners, the perception that most of your friends have been pregnant, poverty and promiscuity.^{1, 26, 27, 28} Poor socio economic conditions are associated with sexual activity in teenagers that can lead to teenage pregnancy.²⁹ Poor knowledge of contraceptive methods is found in teenagers from poor as well as affluent families.^{30,31} Liberal attitudes towards casual sex, alcohol consumption, fear of hormonal contraceptives and poor school based sexual education have also been associated with teenage pregnancy.³² Pregnancy amongst older siblings has also been thought to influence the risk for younger teenagers.³³ Children born to teenage mothers are themselves more susceptible to fall pregnant when they are teenagers.³⁴

Studies performed elsewhere suggest that girls know more than boys about contraception³⁵ and in some settings up to 20% do not mind getting pregnant.³⁶ In a study done in the Eastern Cape 71% of the sexually experienced girls had never used contraception. Reasons given were ignorance of contraception, fear of parents finding out, shyness in going to the clinic and disapproval from the boy friend.² In South Africa parental pressure on teenagers to go to the clinic for contraception, little opportunity to choose their own contraceptive method, and poor explanations of the side effects and the mechanism of action all contribute to a low use of contraceptives, despite them being cost free.²³ Pressure on adolescent girls to conceive or to prove their fertility²³ and unwillingness of male partners to use barrier methods are also amongst the reasons for poor use of contraceptives.³⁷

A high level of school and family connectedness, a stable relationship with your partner and religious beliefs have been associated with protection from teenage pregnancy.¹¹ A systematic review on factors shaping young peoples sexual behavior has outlined 7 themes that may influence them:²⁷

1. A subjective assessment of sexual risk (clean or not clean) by the teenagers. Teenagers subjectively assess their sexual partners about the risk of contracting sexually transmitted disease and HIV. Physical appearance and social behavior are the criteria used for this subjective assessment.
2. Influence from sexual partners. Male partners strongly influence the relationship in terms of having sex and using barrier prevention.
3. Stigmatization of condoms, which are associated with a lack of trust.

4. Gender stereotyping in determining social expectations and behavior. For example, it is acceptable for men to be sexually active, but virginity is expected of women.
5. Penalties and rewards for sex by society. For example transactional sex can be used to receive gifts or support from the boyfriend, while pregnancy out of marriage is stigmatized.
6. Reputations and social displays of sexual activity or inactivity. For example women's reputation is damaged if they have many partners.
7. Social expectations hamper communication about sex. Society will not allow women to openly acknowledge their sexual desire in the relationship. Young people usually avoid speaking frankly about sex in the relationship.

Teenager's perceptions of teenage pregnancy

Teenagers have negative attitudes towards teenage pregnancy.^{9,10} In general, teenagers believe that teenage pregnancy is wrong and they report a need for more information about sexuality.³ However, positive attitudes towards teenage pregnancy by teenage mothers have also been reported and a second pregnancy from teenage mothers has been associated with an absence of negative attitudes towards teenage pregnancy.⁸

Consequences of teenage pregnancy

There are several risks associated with early childbearing, such as sexually transmitted infection and HIV/AIDS. Pregnant teenagers face a number of challenges, including abandonment by their partners, inability to complete school education, which ultimately limits their future social and economic opportunities, and increased adverse pregnancy outcomes such as preterm birth.^{1,2,4,14}

Effective interventions

Effective interventions identified in reducing teenage pregnancy are sex and HIV education curricula, one-on-one clinician-patient consultations in healthcare settings, service learning programs and intensive youth development programs.³⁸ School based interventions to delay sexual debut among adolescents or to postpone future sexual intercourse and increase condom use have been found to be effective^{39,40,41} but several reviews also conclude that most school-based interventions worldwide have not been subject to systematic evaluation.⁴² Pregnant teenagers do not represent a homogenous group and therefore it is necessary to tailor preventative interventions according to the differences among them, such as their cultural or educational background.^{43,44,45} In South Africa Life Orientation lessons are now compulsory in the school curriculum, which includes learning about sexuality and HIV. In addition a number of other school based programs have been developed such as Groundbreakers by Love Life, GOLD peer education and Rutanang. In Taung, the sub district has assigned a school nurse to give health education in schools but practically this is not always done. There are also regular and active visits from LOVE LIVE and a structured curriculum of life orientation from grade 7 to 12 that includes sexuality. The clinics organize their own daily health education on contraception,

sexual health and other health issues. Contraceptives are available for free in every clinic. There is also a nurse assigned to give health education at the local radio station.

However, approximately 15% of all adolescent pregnancies are planned and interventions should also be developed to help provide the best care for this unique group of pregnant adolescents.⁴⁶

AIM AND OBJECTIVES

Research question

What are the attitudes, perceptions and understanding amongst teenagers regarding teenage pregnancy, sexuality and contraception in Taung?

Aim

The aim of this study was to understand the attitudes and perceptions of teenagers in Taung regarding teenage pregnancy and to explore their understanding of sexuality and contraception.

Objectives

The objectives of this study were:

- To explore the views of teenagers regarding teenage pregnancy.
- To explore their understanding on sexuality and contraception.
- To explore the major factors influencing teenagers to fall pregnant.
- To formulate recommendations and to suggest interventions to the sub district on the issue of teenage pregnancy.

STUDY DESIGN, SAMPLING AND DATA ANALYSIS

Study design:

This was a qualitative study that utilized focus groups and in-depth interviews.

Setting

The study was conducted in Taung, a rural town in the North-West Province of South Africa. This is a rural sub district that contains about 96 villages; Taung is situated between Vryburg in the north and Kimberley in the south. The general number of households in the Greater Taung area is 35,671 with a population of 182,164. Ninety-eight percent (98%) of the population is African with an age distribution as shown in Table I. School children and teenagers therefore make up the largest percentage of the population. Fifty three percent of the population is estimated to be female.

Table I: Age distribution of population in Greater Taung

Age (years)	Number	%
0-4	25480	13,82%
5-19	74761	40,56%
20-29	26907	14,60%
30-49	30864	16,74%
50-64	14611	7,92%
Over 65	10532	5,71%
unknown	1129	0,61%

The key development priorities for the Greater Taung municipality are electricity, water, roads, housing, sanitation and local economic growth.

Assignment

Three focus groups each consisting of approximately ten peoples were organized as follows:

- Young women aged 19-25 years that had a baby as a teenager. These women were purposely selected from the local clinic when they attended at the baby clinic.
- Non-pregnant girls (who had never been pregnant) aged 14 -19 years. They were purposely selected from the local youth centre (gymnasium, aerobic group, karate, ballets, dance and lifting classes).
- Boys aged 14-25 years, because teenage girls are usually involved with older male partners⁴⁶, were also selected from the local youth centre (gymnasium, aerobic group, karate, ballet dance and lifting) using the same process as above.

Table II Age distribution of participants

Age (yrs)	Non-pregnant teenage girls	Boys	Young women	Pregnant teenage girls
14	0	0	0	0
15	0	0	0	0
16	3	0	0	1
17	4	0	0	1
18	2	4	0	2
19	3	1	1	9

20	2	2	1	0
21	0	1	0	0
22	0	2	1	0
23	0	1	2	0
≥ 24	0	0	5	0
Total	14	11	10	13

People living in the “big city” and only coming back to Taung for their delivery were excluded. There is a belief that people should deliver at home, so a number of our patients fall pregnant elsewhere and only come to Taung to be close to their family when they deliver.

In-depth interviews were also conducted with thirteen pregnant teenagers aged 14-19 years during their antenatal visit or during the post natal period in the hospital. The participants were purposefully selected and interviews were done after obtaining consent from the parent or guardian as well as the teenager.

Assessment

The 3 focus groups interview were conducted on different days over weekends in the local cultural centre. The focus groups were conducted in English and questions were prepared in English and Se-Tswana. There were no official interpreter because of limited financial resources and where necessary the teenagers assisted each other to make their point clear, the general ability in English of the participant was of average level, although some were excellent while others needed help to be understood. Each focus group had a different interview guide as shown in the open questions listed below:

Group 1: young women aged 19-25 years who had a baby as a teenager

- Share with us your personal experience of your teenage pregnancy?
- What are your views now about teenage pregnancy?
- Why do you think teenagers fall pregnant?
- What are the disadvantages and advantages of being pregnant when you are a teenager?
- How can society (family member, friends) influence teenage attitudes towards teenage pregnancy?

- Tell us the reaction of your family and friends when you told them that you were pregnant?
- Many teenagers have negative attitudes towards teenage pregnancy, how do you explain that they are still falling pregnant?
- Do you think teenagers in Taung see some benefit to getting pregnant?
- What is your view about teenager's knowledge on pregnancy prevention related matters?

Group 2: Non-pregnant girls (who have never been pregnant) aged 14-19 years

- Share with us your views regarding teenage pregnancy?
- What are the factors influencing teenagers to fall pregnant in Taung?
- What are the advantages and disadvantages of getting pregnant as a teenager?
- How does family life influence teenagers on the issue of pregnancy?
- How does having pregnant friends or colleagues at school affect other teenagers?

Group 3: Boys aged 14-25 years

- Share with us your personal experience of teenage pregnancy?
- What are the possible interventions for prevention of teenage pregnancy in Taung?
- What are the different intervention programs for prevention of teenage pregnancy available in Taung?
- Do you think there are any rewards from society for teenage pregnancy, if so, what are they?
- How effective are these programs in your view?
- What is the role of the school in teenage pregnancy?
- What is the role of the church in teenage pregnancy?
- What is the role of the nursing sister in the local clinic or the doctor in teenage pregnancy?
- What is the role of parents in teenage pregnancy?

The in-depth interview with pregnant teenagers

Interviews were conducted by the researcher in a private room with the help of a nurse interpreter. Questions were prepared in English and Se-Tswana. One interview was abandoned as the teenager became emotionally upset and asked to stop the interview. The interview had two parts, the first part with open questions was unstructured and the second part with more closed/specific questions was more structured. The unstructured interview allowed the teenager to express their views and elaborate on them in whatever way they wanted. The structured interview focused on the issue of basic knowledge of reproductive health and contraception. The following open questions were used in the more unstructured part of the interview:

- Tell us about your experience of falling pregnant.
- Tell us about your experience of being pregnant, the delivery and the impact of the pregnancy in your life.

The structured interview was based on the following more closed and specific questions:

1. Knowledge of sexuality such as menstruation and ovulation:

- Do you think there are relatively safe days when you are less likely to fall pregnant in the menstrual cycle? On which days of the cycle does ovulation occur?

2. Understanding on different contraceptive method:

- Please list the different contraceptive methods that you know of?
- Were you using any contraception the time you fell pregnant?
- What is emergency contraceptive?

3. Source of knowledge on contraceptive and reproductive health:

- Who gave you information on contraception?

All focus group and in-depth interviews were recorded on audio-tape.

Analysis

All the audio tapes were transcribed and translated where necessary into English.

The analysis had 5 different stages: 1) The transcription of audio material to hardcopy, reading of and listening to this material to become familiar with it 2) formulation of emergent themes, 3)

coding of different themes, 4) charting, cutting, pasting and rearrangement of data under different themes 5) interpretation and explanation of findings.⁴⁷

Because of time and human resource constraints the analysis was not repeated by another co researcher, but was supervised. The analysis of data from in-depth interviews and focus groups data was combined (triangulated) to give a more complete picture.⁴⁸

Ethical approval

Approval for the study was obtained from the Human Research Ethics Committee at the Faculty of Health Sciences, Stellenbosch University.

Confidentiality, before each focus group and in depth interview, participants were assured of strict confidentiality from the researchers and they were requested also to respect each other confidentiality amongst the focus group participants. Informed consent was signed by all participants and also the guardians of those less than 18 years old of age. Participants were free to withdraw their consent any time, one participant from the in-depth interview withdraw from interview.

RESULTS

Factors influencing teenage pregnancy

The majors factors identified were grouped into 6 different themes: socio economic conditions, alcohol abuse, peer pressure, role of parents and knowledge of contraceptives and reproductive health.

1. Poor socio economic conditions

The community of Taung is characterized by poor socio-economic condition with unemployment, poverty, reliance on government grants / old age pension and limited opportunities for teenagers. These conditions provided significant incentives and pressures on teenagers to fall pregnant.

1.1 Child support grants influenced choice to become pregnant

Child support grants were seen as one means of increasing the household income and could act as an incentive for teenagers to contribute to the household through having a baby. This is sometimes encouraged directly or indirectly by parents or other family members. A young teenage girl who never fell pregnant said during the focus group:

“The grant is the only income to the family so they will support themselves with the grant. (2b-32)”

A young boy said:

“I realized that you will see teenagers getting pregnant: sometimes you find the person is struggling at home, she decides it is better to fall pregnant in order to get grant. (1a-28)”

On the other hand teenagers also saw the grant as a way of increasing their personal income and pocket-money for clothes or cell-phones. A 17 year old who was 5 months pregnant said:

“Some of them fall pregnant because they want child support grant. They tell themselves that grants will help them get what they want and then after they receive their grants, they go and play with that money. They don’t want to support children. (5d-28)”

An 18 year old pregnant girl living with her grand parent was asked to give her opinion about the idea that some teenagers fall pregnant because of money:

“Yes because another girl got pregnant because she saw her friend buying clothes with the money she receives as a grant. (13d-2)”

Teenagers’ views on the relation between child support grant and teenage pregnancy appeared to be more a regurgitation of popular perceptions and ideas regarding other people, none of the participants revealed to us in their personal experience that their pregnancies were motivated by the child support grant.

1.2 Pregnancy may secure financial support from older men

Teenage girls who went out with older working men saw this relationship as a source of income and support. If this relationship included a child then they believed that the likelihood of ongoing support was increased. Some times this relationship would provide income for the wider family. However, it is also fair to say that sometimes this relationship only benefited the teenager and not her family, as he would support her social life, clothes, cell phone and even alcohol.

“Sometimes you will find that at home, you are poor and the person you are dating is rich, once the person you are dating is rich, so people at your house will tell you that there is nothing to eat at home, for you to have a child with the rich person you are dating you must make a child as that at least there could be something that comes in, the people at your boyfriend house will help you. (6b-13)”

During the focus group, with young adult women who had been pregnant during their teenage years, one of the participants said:

“They run after money, reason being that they date people who are older than them who are working, they will assess their assets, their cars, so that I live with this one, we are going to go out to Sugar (local pub), drink Savanna (cider).... After that they sleep without using condoms and they fall pregnant. (6c-11)”

A young adult woman who fell pregnant when she was in standard 9 said:

“From my point of view some people benefit they have benefits, expensive clothes, expensive cell phones from boyfriend and life goes on, yes, by having a baby with a wealthy somebody, somebody who is working so that person can give you expensive clothing, the latest cell phone so fourth and support the baby as well. (10c-27)”

1.3 No organized instructive activity during holidays

Holidays are one of the times when teenagers may be vulnerable as they have free time, may travel to visit relatives, go to taverns and need some pocket money. A young girl in the focus group who had never been pregnant said:

“Doctor, the environment itself, because there is no activity after school, we don’t know where to go to, we just sit at home doing nothing so we might as well as have a baby. So you mean like now during the holiday? Yes there is no where to go to, maybe if there was a shopping centre mall maybe we will go to a mall. (5b-7)”

A 15 year old pregnant girl said:

“I started falling pregnant in December during the holiday. I visited my aunt, I found a boyfriend and we started having sex without condoms. (8d-22)”

Some teenagers have sex as a way to entertain themselves and take little or no precaution. This attitude may be influenced by peer pressure. A young teenager boy declared during the focus group;

“Some girls say that is their entertainment, that all ... They say sex is their entertainment. (2-7)”

During the focus group with young adults who had children during their teenage years one of the participants concluded that:

“They make sex as if some hobby and there are condoms and injection that they can use.(5-11)”

2. Effect of alcohol on risk of pregnancy

There is also a group of teenagers who fall pregnant while intoxicated because their judgment is impaired and they are less careful. Some attribute alcohol abuse to their financial difficulties at home and stress. Alcohol is seen as a way of relaxing and releasing stress. A young girl who had never been pregnant said:

“The only thing that we think about, on Saturdays is to go to the tavern to relieve ourselves; the only way is to go to the taverns. (4-18)”

When teenagers allow someone to buy alcohol for them in a tavern, it may be perceived by the man as a way of asking for and agreeing to sex. The teenager’s ability to take the necessary precautions to avoid pregnancy may also be impaired when they are intoxicated. A 15 year old pregnant girl said:

“So when you get a boyfriend, he buys you alcohol and then you go and sleep with him. And he eventually makes you pregnant and denies it. (10d-13)”

A 19 year old who was 8 months pregnant declared:

“Yes, a person will leave home with no money and goes to tavern. When they arrive, they meet a guy who buys them alcohol. They then leave together and sleep without using a condom. (17d-10)”

Alcohol abuse by parents can also influence the occurrence of teenage pregnancy in different ways, for example, a parent abusing alcohol may have poor discipline at home and no control over their children. The parental alcohol abuse may also have a gateway effect on teenagers who then also abuse alcohol. A young girl who had never been pregnant put this comment on how drinking alcohol by parents can influence teenagers:

“And then again doctor, sometimes you find our parents drink alcohol, and then they say that we must go and buy them alcohol, and then you find that also us aside we will be drinking and then may be you go to a tavern unaware, may be you go with boyfriend and drink alcohol, and then it tempts you to have sex when you are not ready, just because you are drunk. (7b-5)”

A 16 year old who lives with her aunt and was interviewed 2 days after she delivered acknowledged that alcohol can influence the occurrence of pregnancy:

“Alcohol can influence a person to be pregnant – because one will buy alcohol for you and ask to sleep with you. (20d-24)”

An 18 year old who was 9 months pregnant also supported the view that alcohol influences the occurrence of pregnancy, especially if it is offered to you in exchange for sex:

“For instance a person buys alcohol when he finishes buying you alcohol he sleeps with you. (24d-4)”

Going out to the tavern, is illegal for teenagers under 18 years of age but unfortunately tavern owners are not strict and some teenagers appear older. Going out to the tavern is one of the favorite leisure activities for teenagers, especially in rural towns where entertainment is limited. When intoxicated, teenagers have poor control, poor judgment and fail to take precautions to prevent pregnancy. A 19 year old who was in her second teenage pregnancy commented on alcohol and teenage pregnancy by saying:

“Yes, when you go to tavern you overdose alcohol, you will sleep with people with out using condom and then you can fell pregnant, but you can get diseases. (32d-16)”

Other substance abuse did not appear to be playing an important role in the occurrence of teenage pregnancy in Taung.

3. Peer pressure and others influential factors

Having friends or peers who have unprotected sex can strongly influence one’s own behavior. During the focus group for non pregnant teenagers a young girl admitted that friends that are pregnant can influence your behavior:

“You are five in a group and two are pregnant, you decide not to get pregnant till you get married , they will say to you that you are foolish and because of that pressure you may change you mind”(1b-22) .

A participant at the focus group with males said:

“Girl are pressurized by their friends telling them if they stay virgins they will get sick so they end up having sex and sometimes unprotected”.(2a-9)

During the focus group with boys when asked about his own experience about teenage pregnancy a boy said:

“My experience about teenage pregnancy, I think it is because of peer pressure...”(1a-3)

3.1 Pleasing the boyfriend

Teenage girls are sometimes put in a difficult position in the relationship because they feel that they have to please their boy friend to keep the relationship going. This may imply having unprotected sex if requested to do so. There is a gender inequality in terms of the power dynamics within the relationship, with the male partner deciding on what behavior the couple will adopt, and the girl is given little chance to express her opinion or to disagree. It is acceptable for the male to change partners, but this is not the case for women. However the male partner usually runs away from their responsibility once pregnancy occurs. During the focus group with male teenagers, one of them shares his experience:

“My experience is they get pregnant because of being pressurized by their boyfriends. They will tell them that they have been long in the relationship, now the boyfriend wants to have sex with her, they end up having sex and sometimes they do not have condoms, then they have sex and the baby comes from there. (2a-12)”

A young adult nurse who had a child when she was 19 years old declared during the focus group for older women:

“ Because of boyfriends, when a boy wants a child by you and don't want to , he tells you that he is going to leave you, and because you love him you end up surrounding and you have a child with him because you don't want him to leave you. I thank is to please the boyfriend. (10c-1)”

Another young woman said: *“I was dating a school boy, w attended school together in 2001 and he insisted that we sleep together without a condom. (1c-11)”*

3.2 Pregnancy seen as socially desirable

Pregnancy can also be seen as a fashion and socially desirable. The experience of motherhood by some teenagers may influence others to also try. Having a pregnant class mate, a colleague at school or a friend may have a direct influence on other teenagers, who then also get pregnant without knowing exactly what they are doing or what they want. A young girl who had never been pregnant said:

“You see someone holding a baby and you say to yourself when will I hold, when the time I was going to hold mine, that all. (2b-24)”

Another teenager from the same focus group, who was never pregnant, said:

“It affect us because sometimes when a person comes to school pregnant, then you as a teenager you will say what is this person trying to say, because people don't advice us enough then she become pregnant we as the youth will make the pregnancy to look like a fashion, then we end up pregnant. By when you are sitting in class, you are going to copy your friends, and you are going to do the same thing. (7b-23)”

3.3 Need to prove one's fertility

Older teenagers may feel the need to prove that they are able to have children before seriously considering marriage. Having a child may also be a way of attaining adult status. One teenager who had never been pregnant commented:

“The reason is that you can show people that you can have children you can show many people that you can have children while you are still young .(5b-31)”

A participant from the young adult's focus group said:

“They want to prove a point to everyone that I can have a baby when I want to. (6c-3)”

3.4 Poor sexual negotiation skills from the teenager

Teenager’s girls are often lacking in terms of sexual negotiation skills. They don’t negotiate and think that saying no to sexual intercourse will end the relationship. There is also a power imbalance about decision making on sexual relationship, which goes in favor of the male partner who unilaterally decides if the time is appropriate for sex or not and whether to use contraceptives or not. In the focus group 2 with non-pregnant girl when asked to share her view regarding teenage pregnancy, a participant said:

“They are failing pregnant because, they want to please their boyfriends and are afraid to tell their boyfriends that they don’t want to sleep with them. (1b-7)”

3.5 Low self esteem

Some teenagers are unable to imagine a bright future for themselves, through success at school, and think ‘Why not?’ to having a child now. A young girl argued during the focus group for teenage girls who had never been pregnant:

“Again teenage pregnancy is caused by, a low self esteem, we don’t believe in ourselves, you will have a colleague who is passing class easily and then you are struggling with studying, you may decide to go and do whatever you want, so like have giving up at school, you will say that let me enjoy my life will over do it, you are going to have baby if you don’t believe in yourself. (5b-1)”

3.6 Coercion to have sex

Some teenagers are physically forced by their partners to have sex even if they are not yet ready or not prepared in term of contraceptive precautions. Male partners may have different expectations in the relationship; especially if they are giving any kind of financial support, and this may justify coerced sexual activity. A young girl who had never had a baby said:

“Nowadays the youth get raped...” (1b-15)

Some teenagers alleged that they are obliged by their boy friend to have unprotected sex to make a baby. Boy friends may also threaten to break the relationship if the girl does not have a child. Maybe this is just a way of asking for unprotected sex because usually when the girl falls pregnant, the male partner runs away. A 19 year old who was 8 months pregnant and in grade 7 said:

“He says that I must give him a child... (17d-2)”

One of the boys during the focus group told us about his friend who became pregnant after being sexually assaulted:

“My experience is about my ex school mate who fell pregnant, when I asked her why she was pregnant, she said she has been raped”(1a-25)

3.8 Effects of relationships with older partners

Mature adult people can easily manipulate young teenagers who are still struggling to discover their own personality. A young teenager boy said during the focus group:

“Another thing is that you will see teenagers of 16 years or 17 going out with some one who is 26 year old, he overpowers with thinking, to an extend that this child cannot say no to this male, even if she says no her mind is still weak, this person overpowers her with his mind. (4a-1)”

A young woman said during their focus group:

“Teenagers get involved in relationships at an early age at about 15 years. You find a 15 year old pregnant girl who got pregnant by someone who is older than her. He thinks well than her. (5c-6)”

4. Understanding of reproductive health and contraception

4.1 Understanding of contraception

This is a snapshot of what the teenagers knew about contraceptives

Some teenagers knew almost nothing about contraceptives. A 17 year old from grade 12 who is 5 months pregnant, when asked to ask to give us any kind of contraceptives that she knows of, told us:

”So that one, I don’t know anything about it. (6d-30)”

Teenagers need more information about contraceptives, as shown by a young teenage girl who had never been pregnant:

“Some of the factors that encourage teenage pregnancy is lack of information like our parents don’t speak openly to us they see us going out with boys. We need some information from our parents or guardians just to sit down with them and for them to tell us that you are now turning into an adolescent, you have to do this and that, I think it is the lack of information. (4b-10)”

Teenagers may also be misinformed about effective contraception as shown by one teenage girl:

“Wrong information, it can lead to many wrong things... You find people telling untrue stories that when you eat leaves from some trees you will not fall pregnant. (4b-22)”

Teenagers varied in the number of contraceptive options that they knew about, although condoms, injection and pills were most frequent mentioned. A 19 year old, who is 8 months pregnant and in grade 7, when asked to give the different contraceptive method that she knows of, said:

“To use condoms and take pills.(18d-20)”

The same question was asked to a 16 year old who dropped out of school at grade 4 and her answer was:

“To use tablet and to sleep with lots of men. (21d-21)”

An 18 year old who dropped out of school at grade 7 when her parent found that she was pregnant, before she had realized this herself, said:

“When you don’t want a baby, you just have to use a condom. (24d-20)”

A 17 year old grade 9 schoolgirl when asked to give us different contraceptive method that she knows of said:

“The ones that I know for preventing pregnancy is using a condom or an injection or abstaining totally or to take pills. (3d-28)”

A 15 year old who is repeating grade 9 because of her pregnancy, give us these different contraceptive methods:

“Using an injection, drinking pills and using a condom. (10d-24)”

An 18 year old who never used any kind of contraceptive and who wished not to ever have a teenage pregnancy, but who unfortunately fell pregnant after being convinced by her boyfriend that not using condoms is safe, mentioned:

“Pills, injection and condom. (14d-9)”

4.2 Understanding of reproductive health

Poor basic understanding on reproductive health can contribute to the fact that teenagers don’t take enough precautions to avoid pregnancy. The understanding of reproductive health was explored by testing their understanding of safe days in the menstrual cycle and awareness of ovulation in the menstrual cycle. Almost no one knew with certainty the relative safe period for unprotected sex in the menstrual cycle, the only statements that were close to the correct answer were given to us by a 15 year old girl:

“I am not sure around the 15. If you finish your menstruation after those days that means you are clean when you meet a boy. (10d-19)”

A confused 17 year old from grade 12 was told by her mother to wait for 14 days after menstruation before you sleep with your boyfriend, she told us:

“You can fall pregnant within 14 days after menstruation. (6d-18)”

A 17 year old of grade 9, after been asked about what she knows about relative safe days for unprotected sex in the cycle said:

“After two days menstruation you can fall pregnancy, but in the other days I’m not sure. (3d-12)”

Regarding ovulation some of them knew that women produce an egg, but had little understanding of the role of ovulation. A 19 year old from grade 9 who gave birth by cesarean section said:

“I know that we have eggs or oocyte and when it breaks down, you have the baby, what is the role of the sperm? Yes the sperm will go inside the egg and break it. Women have eggs and men don’t have. (27d-9)”

An 18 year old who is 9 month pregnant who passed from grade 11 to grade 12 but could not start the grade 12 said:

“I just know that there are eggs and when its break you have menstruation. (29d-5)”

An 18 year old of grade 11 who dropped school because of pregnancy said:

“Doctor, I know that women have eggs in their bodies. When eggs break you have menstruation. I don’t know if you have sex without a condom they say that eggs have broken if you miss a month you become pregnant. I don’t know how come. (36d-15)”

The different sources for the knowledge on reproductive health and contraception were explored during the in-depth interview and they were diverse and included: school, the Love Life organization, magazines, clinic, friends and parents. The school seemed to be the commonest source of knowledge for most of the participants, followed by friends.

5. Views of teenagers regarding the consequences of teenage pregnancy

Most teenagers perceived falling pregnant as a negative event with consequences such as unemployment, loss of boyfriend, blame from friends and family members, feeling guilty, difficulty at school, complications during pregnancy or delivery, risk of HIV, secondary infertility if abortion is done and not being prepared for motherhood.

“I think teenage pregnancy is bad as it causes more unemployment and like, here in South Africa many people don’t have jobs and have lack of education, so they don’t have knowledge an skills to go for a job that is why they fall pregnant to get the grant. (3b-1)”

“I think teenage pregnancy is bad because sometimes when you are a teenager, and you fall pregnant, and your parents take you to abortion, and when the time is right when your family you want to start your own family, it happens now you can not have a baby by that time because you already have a miscarriage. (2c-28)”

“Falling pregnant at an early age is not a good thing because you are going to take care of the child: you are not old enough to take care of the child. You are going to encourage many difficulties, you are going to take your future, and your future is going to be at risk, because your child has to come first. (2b-4)”

“The disadvantage again is that HIV and AIDS is very high so just imagine as a teenager being infected with this disease and we know that this disease is incurable. HIV can kill so we are trying we as teenagers to build our country to be the best but now we are infected by HIV, we will all die. (6b-1)”

Some teenagers however perceived pregnancy as a positive event as it may lead to a grant:

“Teenage pregnancy I will say it is a good thing course for his fortunate people: the grant is the only income to the family so they will support themselves with the grant. (2b-32)”

Another girl expressed the view that having a baby early may be beneficial because later on if you get sick (e.g. HIV) the doctors may prevent you from falling pregnant. Having a teenage pregnancy may therefore safeguard your right to motherhood.

“I think teenage pregnancy in some other ways when you are young and get a baby and when you are growing up and you are not able to have some babies because you will get some deceases and the doctors will refuse you to have some babies. (3b-5)”

Teenagers may also not worry about falling pregnant as the baby will not primarily be their responsibility. There may be an expectation and tradition of the grandmother taking over responsibility for the baby:

“The teenage pregnancy can also be good in a strange way, because when you fall pregnant and you don't have money and you also have a baby, so in your mind that a baby is a big responsibility and you can't take care of her because you are still a baby yourself. You might as well just leave the baby and to have fun because you think that the baby you have is for your mother. She will take care of it. (3b-22)”

Some teenager's opinions were more ambivalent about pregnancy perceiving that it could be an adverse or beneficial event depending on the circumstances.

“Pregnancy in our life can be good and bad. When you are pregnant boys go away and leave you alone, your parents will shout at you because you did not take care of your self

by falling pregnant, I left school but I told myself that I will go back to school...teenage pregnancy is something that is going to happen to anyone, to be pregnant is a human nature. (2d-1)”

“What I can tell you, to be pregnant does not mean it is good or bad. Sometimes you will be happy that you are pregnant because you want a baby but it depends where you are. Sometimes you want to say that you a teenager. At least you want a baby when you are 21 and above because at least you are an adult and not a teenager. (5d-21)”

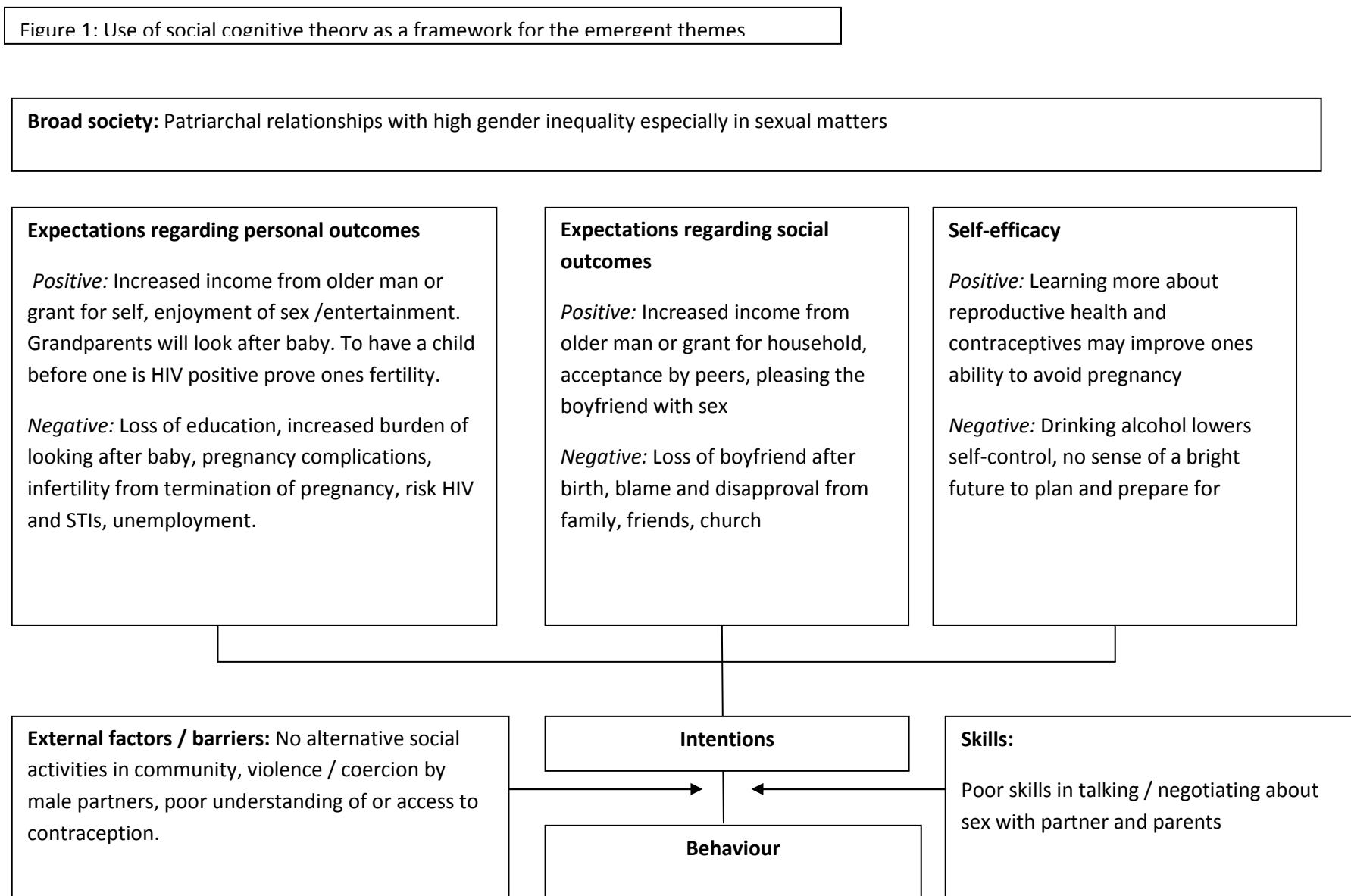
DISCUSSION

Summary of main findings

The study suggests that the main factors influencing teenage pregnancy in Taung are poor socio economic conditions, alcohol use and peer pressure .Other influential factors included the need to please one’s boyfriend, prove fertility, low self esteem, and poor sexual negotiation skills. Poor socio economic conditions included the desire for a child support grant, financial support from older men and no organized activities during holidays. The understanding of contraception and reproductive health was generally poor. Teenagers expressed a variety of opinions on the consequences of teenage pregnancy.

Social cognitive theory provides a useful framework to make sense of the various factors uncovered in this study (Figure 1).⁶⁶ This theory proposes that an individual’s intentions are shaped by their expectations regarding the outcomes of this behavior at a personal and a social level as well as their self-efficacy. Self efficacy refers to the person’s belief that they are able to successfully exert control over a specific behavior. Intentions lead to behavior, but are moderated by external forces or barriers and the person’s actual skills. The theory acknowledges that all of this takes place within a broader social and cultural context. The factors identified in this study were placed within the conceptual framework of social cognitive theory.

Figure 1: Use of social cognitive theory as a framework for summarizing the emergent themes



Comparison with existing literature

The influence of the child support grant on teenage pregnancy has been a controversial topic. Introduced in 1998 it has shown a big impact on the enrollment of children in school and has helped unemployed people to take care of their children's needs.^{49, 50} Teenagers in this study reported that the child support grant is also seen as a way of ensuring some sort of income for the family or for the teenage mother herself. Therefore some teenage pregnancies are encouraged by the possibility of a grant. These reports are however not supported by an organization called the Alliance for Children Entitlement to Social security who disagree with the allegation made by news papers on the influence of the child support grant on teenage pregnancy.⁵¹ The Alliance argues that research done by the Department of Social Development failed to show any link between teenage pregnancy and the uptake of the child support.⁵¹ Another study also argues that there is no support for the belief that the child support grant induces teenage pregnancy as there has been a decrease in the teenage fertility rate in South Africa over the same period.⁴⁸ The number of factors however that influence the fertility rate are clearly more complex than just the child support grant⁵² and rates have also fallen world wide in countries without such a grant.⁴⁸ The role of the child support grant on teenage pregnancy therefore remains unclear and requires further study.

Financial support from older men, because of poor socio economic conditions, can be a key factor in the development of trans-generational sexual relationships. Support may be for the teenager themselves or for the whole family, but often at the price of loss of autonomy over sex and contraception. The power and gender imbalance in these relationships and resultant unsafe sex leads to increased risks for STI's and HIV in teenage girls.^{53, 54} Therefore any intervention to reduce teenage pregnancy should consider the impact of financial support from older men. Trans-generational relationships may however be acceptable in terms of current cultural norms.

In an interesting paper written by Nancy Luke and Kathleen Kutz on transactional sexual relations, they hypothesis that the young girl who receives gifts from an older partner has power to chose that partner and to end the relationship, but once there is sexual interaction, it is the male partner who has control on what precautions to take in term of contraception.⁵⁵ This means there is opportunity for young girls to negotiate safer sexual practices. Dr Ruth Hope in her publication on gender equality and 'sugar daddies' states that a difference of 5 years in age between partners increases the risk of HIV transmission among partners.⁵⁶ A reduction in trans-generational sex may therefore impact on teenage pregnancy, STIs and HIV.

Teenagers had expressed during the study the need to have organized instructive activities for them during the holidays that would keep them away from the shebeen. All the stake holders in the community can play an important role in building such social capital. Organizations, such as scouts, the youth leagues of different churches, the municipality and different government

departments (ART & Culture, Health, Education, and Sport) can be involved in organizing and coordinating different types of recreational or instructive activities for teenagers during the holidays. This could include summer school where they can be taught about reproductive health.

The social capital concept may play an important role in the prevention of pregnancy.⁵⁷ Taung is a rural town with unemployment and poverty, where a large number of people survive from the child support grant, the disability grant and old age pension. These are not always enough for some households and many of the risk factors identified during this study were related to poverty in one way or another. On the other hand, building a strong network of supportive social relationships and opportunities inside the community (social capital) may have a protective effect on the risks associated with poverty.

In a relatively recent publication Paul Pronyk has called social capital the new magic bullet for the HIV epidemic in rural South Africa.⁵⁸ Social capital can facilitate behavior change amongst the community in terms of sexuality, multiple partners and contraceptive use. Steve de Gruchy, defines social capital as “the social resources upon which people draw in pursuit of their livelihood objectives, it includes networks and connectedness, more formal group membership and trust, reciprocity and exchange”.⁵⁹ Religious groups are seen as an asset for assisting with health problems through the social capital principle. This can easily be extended to other groups in the community such as informal associations of people for saving money, large family meetings (clan), and civic organizations.

Alcohol consumption among teenagers is one of the important risk factors for teenage pregnancy. Teenagers like to spend time in shebeens and alcohol is well known for its ability to impair judgment and be the gateway to unsafe sex, sexually transmitted diseases and teenage pregnancy.⁶⁰ Alcohol may also be purchased in exchange for sex and the environment of the shebeen increases the chance of rape or assault. Therefore it is important for the law enforcement agency to strictly apply the law in terms of underage drinking. Studies also concur with the opinions expressed in this study that alcohol abuse in the home environment can influence the occurrence of teenage pregnancy.⁶¹

Substance abuse among teenagers remains a public health challenge and any effective intervention to prevent substance abuse among teenagers should also have an impact on teenage pregnancy.⁶² However, substance abuse other than alcohol, for example marijuana or tik, did not appear to be a major problem amongst Taung teenagers.

Traditionally it was not acceptable to be pregnant before marriage, but cultural norms have changed and evolved and having a teenage pregnancy now is not seen as so immoral. There is also a perception that one needs to prove one's fertility by having a teenage or pre marital pregnancy.² A young girl who was previously ostracized because of her teenage pregnancy may today be proud of being a mother and receive social support and acceptance from the family.²

This study suggests that knowledge among teenagers regarding contraceptives and reproductive health in Taung was poor. One can argue however that improving knowledge of teenagers regarding contraceptive and reproductive health will not necessarily change their sexual behavior. For example a recent study on improving the knowledge of use of emergency contraception, showed no change in the teenager's sexual activity or use of emergency contraception.⁶³ Access to simple, accurate and desired information however can form the foundation of an informed and responsible choice.

Teenagers themselves expressed the need to know more about reproductive health and contraception, and although knowledge will not stop teenage pregnancy alone, in the context of a small rural town it may play an important role. Youth here do not have easy access to the internet or even libraries and may rely more on parents, schools, health workers or even initiation schools. There may also be a need to empower girls to participate more equally in decision making within relationship regarding sex. Peer education and use of appropriate role models may also help in changing behavior.⁶⁴

Teenagers appear ambivalent about teenage pregnancy. On the one hand they recognize the potential adverse health (HIV, STI's) and long term socio-economic consequences (less education and employment opportunities, cost of child), but on the other hand appreciate the short term economic benefits from grants or older partners. Interestingly in the light of the HIV epidemic there may also be an emerging sense of safeguarding ones right to motherhood by having a child before one becomes sick with HIV. Judith Herman in her study on adolescent perceptions of teen birth also found that teenagers were positive about teen birth, but early childbearing and parenting were considered hard in many aspects.⁶⁵

Several studies on teenage pregnancy have also suggested that there is no single universally effective intervention and each community should tailor their own interventions according to their own situation, condition and environment.^{43, 44, 45} A broad inter-sectoral strategy is needed to prevent teenage pregnancy and there is a need for all government department to 'think health' when developing policy that may impact on teenage pregnancy.

Strengths and limitations of the study

The study draws on 4 different groups of people to explore and interpret the phenomenon of teenage pregnancy in the Greater Taung area. The triangulation of these multiple viewpoints is a strength of the study, although care must be taken to separate the opinions of those who have never experienced pregnancy from those who have. The study findings cannot be widely generalized, but may be transferable to similar communities in South Africa.

The principal researcher collected and interpreted the data alone, which increases the chance for prior assumptions, values and beliefs to influence the process. Despite living for about five years in the area the researcher was born in Africa outside South Africa and he considers himself as having moderate Christian and moral values and a broad understanding and acceptance of

different cultures (traditional and modern). The language may also have been an issue as the study was mainly conducted in English in an area where most of the people speak Se-Tswana. Participants may have felt more comfortable and have been more open with an interviewer who spoke their first language and shared their cultural background. Interviews were translated and it is possible that meaning could have been lost or distorted in the interpretation process.

Implications for future research and local policy makers

Future research could attempt to quantify some of the factors uncovered in this study and to evaluate the effects of different interventions on teenage pregnancy. Further study on the effect of the child support grant may be needed. Policy makers should look at the broad issues related to reducing poverty and building social capital as well as specific interventions targeted at teenage behavior and health education.

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