Indigenous methods used to prevent teenage pregnancy: Perspectives of traditional healers and traditional leaders

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SUPERVISOR'S APPROVAL FOR SUBMISSION OF DISSERTATION

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Signed

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DEDICATION

This study is dedicated to my parents; Miss. J. Z. Sikhakhane and late Mr. Q. B. Shange.

ABSTRACT

The study aimed to explore indigenous methods used to prevent teenage pregnancy from the perspective of traditional healers and traditional leaders. Furthermore, it aimed to explore with traditional healers and traditional leaders whether these methods have relevance today as form part of teenage pregnancy intervention. The data were collected through conducting semi-structured interviews with ten traditional healers and five traditional leaders from the rural area of Umhlathuzane, Eshowe. The interviews were guided by an interview schedule which allowed the researcher to keep in touch with the purpose of the study while having face to face conversation with participants. All interviews were tape recorded and transcribed.

The findings of the study revealed that traditional healers and traditional leaders are concerned by high rate of teenage pregnancy within the community. They felt strongly that ignoring indigenous cultural practices due to modernity has led to major non-resolvable social issues such as teenage pregnancy, spread of HIV/AIDS related diseases, poverty, drugs and alcohol misuse. The study findings also revealed that there is a high demand for re-instituting elders' and family roles in addressing the erosion of cultural practices and traditional methods. Traditional practices such as virginity testing, *ukusoma* (non-penetrative thigh sex), *ukushikila* (physical maturity examination) as well as traditional ceremonies were identified as indigenous methods previously used to groom girls and to prevent teenage pregnancy. Furthermore, traditional healers and traditional leader were totally against contemporary teenage pregnancy interventions and policies around this issue, and have mixed views towards the idea of combining modern and traditional methods for teenage pregnancy prevention. Based on the findings of the study, recommendations were made regard to collaboration between South African government and indigenous experts so that to deal effectively with teenage pregnancy. Recommendations for further research were also made.

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CHAPTER ONE

1. INTRODUCTION

1.1 BACK GROUND OF THE STUDY

Teenage pregnancy is a social issue that is of concern both locally and internationally and which has an impact on the lives of young people in South Africa. Statistics South Africa (2007, 2010) report that 750 000 teenagers between the ages 15-19 became pregnant annually, and that one in three girls had had a baby by the age of 20. Even though teenage pregnancy is a social issue occurring in different social contexts it tends to be high in developing countries. Its impact depends on individuals' attitudes towards certain behavioural patterns as well as their background. South Africa Demographic and Health Surveys showed that teenage pregnancy displays marked social patterning. The Department of Health (1999, 2004) surveys indicate that teenage pregnancy is more prevalent in rural areas and is 60% more likely amongst women with low educational achievements and amongst African and Coloured women.

There are a number of factors that influence teenage pregnancy. For instance, conformity to peer norms and certain values expose teenagers to high risk behaviour. Teenagers may engage in sexual relationships to gain material support from their partners as a means to gain certain status within their groups. Some teenagers from poverty stricken families engage in sexual relationships with older partners to gain material support for themselves and their families as well. Due to poverty some parents tend to view education as a major hindrance and they force their daughters into marriage as a way to meet the basic needs of the family (Were, 2007: 329). The relationships between young girls and older partners are usually characterised by a power imbalance and lack of communication. As a result young girls are unable to negotiate condom use. Poor access to resources, such as condoms, contraceptives and sexual health education also exposes teenagers to risky sexual behaviour. In fact these teenagers are exposed to health risk factors, such as HIV/AIDS, Sexually Transmitted Diseases (STDs), sex coercion, unwanted pregnancy and rejection.

As part of an intervention a number of pregnancy prevention strategies have been implemented. These include educational programmes, access to family planning such as contraceptives and condoms, as well as termination of pregnancy. These strategies, as well as

indigenous methods, have been in use in South Africa even though there is ongoing debate about them; this issue will be discussed later on in this dissertation. Some studies have highlighted that pregnancy prevention strategies have a positive influence as teenage pregnancy declined from 16.4 percent in 1998 to 12 percent by 2003 (Department of Health, Medical Research Council, OrcMacro cited in Panday, Makiwane, Ranchod and Letsoalo, 2009: 18). Even though these strategies have been put into practice, the incidence of teenage pregnancy is still very high. South Africa has been identified as a country with high levels of teenage child-bearing (Rutenberg, Kaufman, Macintyre, Brown and Karim, 2003: 123) and teenage pregnancy remains an issue of great concern.

Since it has been acknowledged that an individual's background has an important influence on sexual behaviour, an intervention based on the different conditions and perspectives is necessary. Pregnancy prevention strategies based on universal or western perspectives often tend to overlook the importance of indigenous knowledge. In other words, there is a gap in literature and service delivery incorporating indigenous knowledge and traditional practices. Failure to incorporate individuals' cultural norms, values and beliefs may provoke disinterest and lack of co-operation. Sillitoe, Dixon and Barr (2005: 13) argue that research based on indigenous beliefs research is needed to adopt a more modest stance and allow others to teach about their understanding of their natural resources and thus generate solutions to jointly perceived problems, rather than an attempt to impose inappropriate ideas. No matter how elegant a solution, scientific or otherwise, if people reject it on cultural grounds, it will meet with local disinterest or opposition. In other words, individuals' participation in needs' identification and the subsequent implementation of intervention strategies is significant as it promotes a sense of belonging and motivation. In so doing, the implementation of relevant strategies will bring changes in individuals' lives. For instance, applying indigenous knowledge, especially in rural areas, when dealing with the issue of teenage pregnancy may be the answer, as individuals may be motivated to practise what they believe is part of their own values and beliefs. In this case, reference to indigenous knowledge means local traditions, customs, norms, beliefs and values of a particular society which are significant, respected and valued by the society members and which moderates human behaviour.

The purpose of this research study is to ascertain indigenous perspectives in relation to teenage pregnancy prevention. The aim is to explore the perspectives of traditional healers and traditional leaders towards teenage pregnancy and to gain different perspectives based on their knowledge of indigenous ways used to prevent teenage pregnancy.

1.2 RATIONALE FOR THE STUDY

As explained in the above section, teenage pregnancy is an issue of concern both internationally and locally. In support The Planned Parenthood Association of South Africa (1998: 154) highlighted the fact that "teenage pregnancy is considered a disaster by most people". Across the globe, many pregnancy intervention programmes have been initiated to deal with this issue. This includes family planning, including contraceptives and condom use, and termination of pregnancy. In addition, a number of studies have been conducted around this social issue in different social contexts (Sathiparsad, 2010 and Were, 2007) and some of these studies have taken cultural factors into consideration. However, most of these studies focus briefly on the advantages and disadvantages of teenagers' cultural practices without exploring the fundamental significance of these practices. These studies argue that certain cultural practices that are used to prevent teenage pregnancy, such as virginity testing, expose teenage girls to risk of HIV/AIDS, sexual abuse and rejection from families and communities (Taylor, Dlamini, Sathiparsad, Jinabhai and de Vries, 2007; Denis, 2006 and Leclerc-Madlala, 2003). However, it is very important also to take indigenous knowledge into consideration. Indigenous knowledge has been defined as the local knowledge that is unique to a given culture or society which people have developed over time and continue to develop based on their own cultural traditions (Sillitoe, et al., 2005). Therefore, in order to gain in-depth indigenous knowledge related to teenage pregnancy prevention, the perceptions of traditional healers and traditional leaders towards indigenous methods that were used to prevent teenage pregnancy will be explored. This study will serve to obtain indigenous knowledge as well as different views from traditional healers and traditional leaders about teenage pregnancy interventions. It will also serve to gain their perceptions on existing modern ways of teenage pregnancy interventions as well as policies around this issue. In addition, it will afford an in-depth view on previous practices now ignored by young people as well as present practices. It is hoped this study will help determine how these different practices can be combined.

1.3 MAIN AIM OF THE STUDY

The main aim of this study is to explore indigenous methods used to prevent teenage pregnancy from the perceptive of a sample of traditional healers and traditional leaders. The study will explore, with traditional healers and traditional leaders, whether these methods have relevance today and could form part of a teenage pregnancy intervention.

1.4 RESEARCH OBJECTIVES

- To explore traditional healers' and traditional leaders' views on teenage pregnancy.

- To explore with traditional healers and traditional leaders
  (a) indigenous methods/practices used traditionally to prevent teenage pregnancy, and
  (b) their views on whether these practices have relevance today.

- To determine perspectives of traditional healers and traditional leaders on modern teenage pregnancy intervention strategies, such as family planning (contraceptives and condom-use) and termination of pregnancy.

- To ascertain views of traditional healers and traditional leaders on the integration of indigenous and modern methods of pregnancy prevention.

1.5 RESEARCH QUESTIONS

- What are the perceptions of traditional healers and traditional leaders towards teenage pregnancy?

- What are the indigenous methods that have been traditionally used to prevent teenage pregnancy?

- What are the views of traditional healers and traditional leaders towards modernized teenage pregnancy interventions and policies?

- Do traditional healers and traditional leaders view the integration of indigenous methods with modern methods as a way to prevent teenage pregnancy?

1.6 ANTICIPATED VALUE OF THE STUDY

Teenage pregnancy is a complex phenomenon and results from a range of factors. Since teenage pregnancy is a broad issue that affects individuals, taking different perspectives into consideration could help to deal with this issue. Both western and indigenous perspectives will be examined in order to understand their approaches to teenage pregnancy. It is envisaged that the study will throw light on relevant and effective teenage pregnancy prevention strategies which may be overlooked at present. Sillitoe, et al., (2005: 13) argue that "by paying attention to local perceptions and practices, developmental initiatives are more likely to be relevant to people's needs and generate sustainable interventions". Herein lies the value of this study. One of the aims is to facilitate acknowledgement of the value of indigenous knowledge which has been overlooked by the existing intervention programmes based on the western perspective. Sillitoe et al., (2005: 13) state that "it is possible that indigenous knowledge may advance scientific understanding of environment processes".

In this study, traditional healers and traditional leaders are viewed as an appropriate sample to be targeted to explore their perspectives on the value of indigenous knowledge on prevention practices. Therefore, this study will examine indigenous knowledge concerning teenage pregnancy as well as indigenous practitioners' and leaders' views of current practices in South Africa which attempt to address the issue of teenage pregnancy. It is envisaged that the findings of the study will provide guidelines for integrated interventions and will be presented.

1.7 THEORETICAL FRAMEWORK

In an attempt to understand traditional healers' and traditional leaders' perspectives towards indigenous methods traditionally used to prevent teenage pregnancy the *Socio-Cultural Theory* will be used. According to Swartz, de la Rey and Duncan (2006: 69), "Lev Vygotsky's socio-cultural theory focused on how culture – the beliefs, values, traditions, and skills of a social group – is transmitted from generation to generation". Each and every group of individuals is characterised by its own culture which determines acceptable behaviour within that particular group. Through social interaction and socialisation, social group culture can be transmitted from one individual to another in such a way that influences their judgement, views and attitudes towards certain behavioural patterns. Classification of normal and abnormal behaviour depends on an individual's social and cultural perspectives.

Socio-Cultural Theory is significant to this study as the traditional practices that were previously used to prevent teenage pregnancy will be explored and which could be used today if they are proven to be useful. Since adolescents are viewed as being more vulnerable to risk taking, it is important that they are socialised in such a way that enhances their resilience and strengths to deal with risk exposures. The main focus of this study is to gain knowledge of cultural practices that can be transmitted to the current generation as a means of dealing with teenage pregnancy. For example, cultural practices such as virginity testing may be viewed by particular individuals as a meaningful way to promote self-efficacy and resilience to young girls. In this case, culture is viewed as a self regulatory process providing strength to deal with temptations to risky sexual behaviour. However, individuals who are viewed as sources of information, in this case the traditional healers and traditional leaders who possess indigenous knowledge concerning teenage girls, rarely play a major role. Vygotsky viewed "cognitive growth as a socially mediated activity, one in which children gradually acquire new ways of thinking and behave through co-operative dialogues with more knowledgeable members of society", (Swartz, et al., 2006: 69). Making the effort to take indigenous knowledge into consideration from the perspective of traditional practice experts may have a great impact on teenagers' sexual choices. As a result, young people could be able to identify sexual risk behaviour that may expose them to unintended pregnancy and sexually transmitted infections.

As mentioned earlier, most teenage pregnancy studies are based on a western perspective and are at least implicitly critical of cultural practices without exploring the fundamental

significance of these practices. Mwamwenda cited in Swartz, et al., (2006: 69) argues that "cognitive abilities cannot be defined out of context". However, socio-cultural theory emphasizes the importance of transmission of a social groups' culture through generations, since there is no universal culture. Western teenage pregnancy intervention programmes such as family planning and termination of pregnancy, may not hold the same value for indigenous individuals. In summary, socio-cultural theory emphasizes the significance of recognizing that individuals have their own cultural beliefs, values, norms and traditions which shape their functioning as part of a unique social group.

1.8 OUTLINE OF RESEARCH METHODOLOGY

In this section the research methods used in this study are briefly outlined. The research methods are described in details in Chapter 3.

1.8.1 *Research paradigm*

"A paradigm is a fundamental model or scheme that organizes our view of something", (Rubbin and Babbie, 2005: 38). This includes how to collect, analyze and interpret data. A research paradigm is essential for guiding the researcher throughout the process of conducting the research study. Determined by the purpose of this study, which is to gain a different perspective towards teenage pregnancy, the *interpretive paradigm* has been used. "Interpretive research, which is where qualitative research is most often located, assumes that reality is socially constructed, that is, there is no single, observable reality. Rather, there are multiple realities, or interpretations, of a single event" (Merriam, 2009: 8). This approach is relevant to this study as its main purpose is to understand or to explore the perspective of traditional healers and traditional leaders towards certain cultural practices that were used to prevent teenage pregnancy in relation to the western perspective.

1.8.2 Research design

Based on the main purpose, this study is *exploratory* in its design as the aim is to find new information. According to Terre Blanche, Durrheim and Painter (1999: 45); "exploratory studies are designed as open and flexible investigations, and they adopt an inductive

approach as the research makes a series of particular observation, and attempts to patch these together to form more general but speculative hypotheses". As a result, a *qualitative research* study was conducted to obtain in-depth knowledge from the traditional healers and traditional leaders regarding indigenous methods used to prevent teenage pregnancy. Struwig and Stead (2001: 12) argues that "qualitative researchers are very interested in understanding the issues being researched from the perspective of the research participants". In this case, qualitative data was found applicable, these being "the approach to make sense of social observations, and examine social research data without converting them to a numerical analysis" (Rubbin and Babbie, 2005: 527). These data allow the researcher to focus on underlying meanings that people attach to their actions and interactions to gain in-depth knowledge.

1.8.3 Sampling

Sampling refers to "the selection of research participants from an entire population, and involves decisions about which people, settings, events, behaviours, and/or social processes to observe" (Terre Blanche et al., 1999: 49). A sample has further been defined by Becker & Bryman, (2004: 405) as "a subset of population selected to participate in a research study." A sample of traditional healers and traditional leader was selected from the geographic area Umhlathuzane, Eshowe. To ensure that they were well qualified to provide the information relevant to the research topic, only those with a minimum of five years' experience were selected. The initial selection was guided by an interview that took place at participants' households. Participants were informed about the overall purpose of the study and an informed consent was obtained.

Since this is a qualitative research study which aims at exploring individual's perceptions, a non-probability sampling approach was used. "This sampling technique allows the researcher to select the sample for the study for a purpose" (Alston & Bowles, 2003: 89). Alston & Bowles, (2003: 87) also state that "non-probability sampling is a method that is generally used in exploratory research and by qualitative researchers…it is very useful and justifiable when the researcher is seeking information on a new area and targets subjects or cases which typify the issue to be studied". Therefore, the purposive sampling strategy, a category on non-probability sampling, was used to select individual traditional healers and traditional leaders to meet the purpose of this study. That is to gain an understanding of the indigenous

perspective and the types of interventions which were most acceptable for indigenous knowledge perspective.

1.8.4 Data collection

As part of this study, data was collected via interviews, as these serve as a way of interaction between the researcher and participants and enabled the researcher to gain in-depth knowledge from participants. According to Henning (2004: 50), "research interviews assume that the individual's perspective is an important part of the fabric of society and of our joint knowledge of social processes and of the human condition". Interviews enable the researcher to get to know people better and to understand the meanings attached to certain actions. To collect data on this study the *semi-structured interviews* were conducted with traditional healers and traditional leaders so as to understand their perspectives towards indigenous methods used traditionally to prevent teenage pregnancy. Semi-structured interviews follow a set outline of the topic, which form the triggers for the main direction of the interview and allow the interviewer to explore additional information that the respondent has raised (Alston and Bowles, 2003: 116). During the interview sessions ,an interview schedule consisting of demographic and open-ended questions (see Appendix B), couched in the research participants' language, were administrated and subsequently translated. These questions covered demographic information, the traditional healers' and traditional leaders' perceptions towards teenage pregnancy, and both indigenous and modern methods used for teenage pregnancy prevention. A tape recorder was used, with the participants' permission, to facilitate transcription at a later stage.

1.8.5 Data analysis

During the interviews a vast amount of information was collected and that information was carefully transcribed. Data obtained during the data collection process must be analysed in order to gain a better understanding and meaning of that particular data. During this process, the data from the audio tapes were transcribed into a Word document together with field notes and observations.

After transcription the data was analyzed. "To analyze literally means to take apart words, sentences and paragraphs, which is an important act in the research project in order to make sense of, interpret and theorize that data by organizing, reducing and describing" (Henning, van Rensburg and Smit 2004: 127). Alston and Bowles (2003: 69) state that "a qualitative research study produces vast amounts of new data, often unstructured, which must be coded, categorized and analyzed". During data analysis, the thematic content process was used to analyze data because a study had been conducted using existing theory. (Henning et al., 2004) describe analysing as the breaking down of data into bits and pieces by labelling them in terms of themes, coding and categorisation. Descriptions of data also form the basis of the data analysis as it helps to clarify and to highlight meanings of data. Descriptions of meaning are the basis for the analysis, since the qualitative analysis is usually concerned with defined situation and motive explanations (Henning et al., 2004). Ultimately, data analyzing will involve the researcher's interpretations, descriptions and explanations of the findings. The findings will be presented in detail in Chapter four.

1.9 PRESENTATION OF CONTENTS

This research project consists of the following chapters:

- Chapter 1: Gives a brief overview of the study motive and process followed by a researcher. It focuses on the background, rationale, value, main purpose and objectives of the study as well as questions it is attempting to answer. It also describes the theoretical framework used to guide the study.

- Chapter 2: Presents the literature review based on both local and international research articles. It focuses on teenage pregnancy, risk factors that contribute to teenage pregnancy, modern and indigenous teenage intervention strategies as well as policies around this issue.

- Chapter 3: Outlines the research methodology used to conduct the study. This includes study setting, research paradigm, research design, sampling, data collection and analysis, reliability and validity of a study, ethical consideration and study limitations.

- Chapter 4: Presents the data analysis and discussion on results of the study

- Chapter 5: Presents the conclusion and recommendations based on the findings of the study.

CHAPTER TWO

2. LITERATURE REVIEW

2.1 Introduction

Teenage pregnancy is a major social issue which may be experienced by individuals who engage in sexual activities during the adolescent stage. In fact, the Planned Parenthood Association of South Africa (1998: 154) confirmed that "teenage pregnancy is considered as a disaster by most people".

Although teenage pregnancy has been considered as a global issue, in under-developed countries such as South Africa this issue is considered to be very severe and is of growing concern. According to the Department of Health (1999, 2004), "both the 1998 and 2003 South Africa Demographic and Health Surveys showed that teenage pregnancy displays marked social patterning, and it is much more prevalent in rural areas, 60 % more likely, amongst women with lower educational attainment and amongst African and Coloured women". Rutenberg et al., (2003: 123) also confirm that "South Africa has high levels of teenage child-bearing: about 30% of girls aged 20-24 years have given birth by the age of 20". In 2007, statistics show that South Africa had a huge teenage pregnancy problem, that one in three girls had had a baby by the age of 20 (Statistics South Africa 2010). The same study revealed that 750 000 teenagers from the ages 15-19 become pregnant every year. To deal with this issue, the South African government has implemented a number of teenage pregnancy intervention programmes, such as family planning and awareness campaigns, that may have resulted in a decline in teenage pregnancy from 16.4 percent in 1998 to 12 percent by 2003, (Medical Research Council, cited in Panday, et al., 2009: 18). Nevertheless, the prevalence of teenage pregnancy remains an issue of concern and needs to be addressed.

Teenage pregnancy issue must be understood in order to intervene effectively. Teenage pregnancy must be seen as a social issue that is characterised by influential factors which motivate teenagers to engage in risky sexual behaviour. It is also necessary to understand the risk factors associated with this issue. Teenagers need to be considered as unique individuals characterised by different behavioural patterns determined by their social construction. Therefore, it is important to take different perspectives into consideration when implementing intervention strategies. Since the majority of research studies are based on a western

perspective, it was decided to explore teenage pregnancy from an indigenous angle. This literature review covers teenage pregnancy, its risk factors and outcomes as well as the indigenous methods previously used to prevent teenage pregnancy.

2.2 Risk factors associated with teenage pregnancy

Peer pressure, socio-economic issues, poverty and lack of knowledge are some of the factors that have a great influence on adolescents' behavioural patterns that are related with the teenage pregnancy issue. These factors are discussed in this section to highlight the extent of such influences.

2.2.1 Peer pressure

Within different peer groups, there are certain norms and values that underpin group identity. Peer conformity to certain peer groups' norms and values is more likely to influence their intentions to engage in particular behavioural patterns. Panday et al., (2009: 36) argue that "peer attitudes, norms and behaviour as well as perceptions of norms and behaviour amongst peers have a significant and consistent impact on adolescent sexual behaviour". This is referred to as *peer pressure*. "Peer pressure is manifested in different ways and is often difficult to quantify, but mainly related to the influence of behaviour by fellow adolescents" (Were, 2007: 333). During the adolescent stage, peer relations are dominant to such an extent that adolescents place more value on the information obtained from their peers than from their parents. Also at this stage, sexual relationships become very important, and those who have experienced sexual activities may encourage others to engage in such behaviour. Nobelius, et al., (2010: 666) state that peers are the primary source of information about relationships and they tend to encourage each other. Friends share their experiences in groups. Rewards for becoming sexually active, such as status earned from dating a 'popular guy' or a financially stable partner, may encourage early sexual debut. In other words, there is a likelihood that conformity to peer norms and values as a means of gaining a sense of identity or belonging may encourage teenagers to engage in early sexual debut which exposes them at risk of teenage pregnancy.

2.2.2 Socio-economic issues

Teenage pregnancy must also be viewed against socio-economic factors since such factors may have a great influence on adolescents' sexual behaviour. For instance, adolescents from a poor background may be more likely to engage in risky sexual behaviour. Panday, et al., (2009: 23) highlight that a consistent pattern of high pregnancy rates are reported for provinces that are poor and mostly rural (Eastern Cape, KwaZulu-Natal and Limpopo) compared to most affluent and urban provinces (Gauteng and Western Cape). This indicates that *poverty* is one of the issues that influence teenagers' decisions to engage in sexual activities with an aim of ensuring social and economic security. Girls from disadvantaged backgrounds are more likely to be at risk of falling pregnant when sexual relationships are used as an alternative means to secure their economic status. In such circumstances, families sometimes encourage younger girls to engage in such relationships for the sake of the entire family's economic stability. Were (2007: 323) states that "early pregnancies are more pronounced and detrimental in Sub-Saharan African (SSA) countries, most of which experience high levels of poverty…given limited resources in rural areas or inability to meet basic needs, personal material needs girls are forced to get married at an early age".

Regardless of poverty, teenagers may engage in sexual relationships due to the need for *material support*. Some authors highlight the fact that young women felt that the constant offering of gifts and money and only 'possibly' having to do something that they characterized as so 'simple' and 'natural' in return made it hard to resist. Rewards in the form of money, clothes and ornaments from sexual partners made it difficult for young girls to resist sexual relationship temptations (Nobelius, et al., 2010, Were, 2007). Due to their eagerness to gain a status that seems admirable to their peers, young girls may engage in such relationships. Usually, material support comes from older partners who are particularly tempting because they are able to offer much larger gifts of money than younger partners could. In most cases, material support is provided in exchange for sex which exposes teenagers to health risk factors, such as sex coercion, unwanted pregnancy, HIV/AIDS and other Sexual Transmitted Diseases (STDs), since they find it difficult to negotiate safe sex with older partners. Rutenburg et al., (2003:124) show that many first sexual experiences may have been coerced and that violence may have been related to the issue of condom use

2.2.3 Lack of knowledge

Poor access to education correlates with lack of knowledge and also exposes individuals to high risk behaviours. A study conducted by Panday et al., (2009: 7) stressed that "incomplete education has been identified as a significant risk factor for negative reproductive health outcomes, including early pregnancy and HIV". For instance, adolescents' lack of knowledge of risks associated with sexual relationships has a great impact on teenage pregnancy issues. Without appropriate guidance and access to reliable sources of information undesirable behaviour such as pre-marital sex is often practised culminating in unwanted pregnancy (Were, 2007: 333). However, adolescents who are educated about the risks associated with early sexual debut, such as teenage pregnancy, HIV/AIDS and other STDs, are more likely to delay sexual initiation and to use necessary resources, such as condoms and contraceptives. Gupta and Mahy cited in Were, (2007: 325) using Demographic and Health Surveys' data from eight countries in SSA found that girls' education exercised strong negative influences on the probability of early childbearing in all countries. Sex education challenges risky sexual behaviour and promotes healthy behaviour among young people so that education has a positive influence on adolescents' decisions and behavioural patterns towards sexual initiation. Nobelius et al., (2010: 663) offers the opinion that good quality sexual health education may not only lead to a delayed debut but also increase contraceptive and condom use at debut.

Sex education is not only the responsibility of outside infrastructures such as schools and clinics, but it also involves communication within families. Therefore, communication between parents and children about sexual issues may have a positive impact on children's sexual behaviours. It is important to consider that poor interaction between adult and children may not occur due to neglect and/or lack of communication, but may be influenced by external factors such as cultural beliefs. For instance, as highlighted by Ntseane (2007), in some indigenous communities sex is an issue that cannot be discussed in public or with children. As a result, teenagers tend to rely more on information obtained from their peers which mostly exposes them to risky sexual behaviour.

On the other hand, some parents do communicate with their children about sexual issues. However, certain parents' decisions may also contribute to teenage pregnancy. A study conducted by Were (2007: 329) in Kenya highlights that poverty is one of the causes that forced some parents to marry off their daughters at an early age as a way of meeting the

family's basic needs. This has contributed to a high rate of school dropouts and exposes young girls to teenage pregnancy. In other words, children may engage in unintentional high risk behaviour as a result of information and instructions from their parents.

Lack of knowledge of teenage pregnancy intervention strategies also contributes to the high rate of teenage pregnancy. In 2006, termination of pregnancy was legalized in terms of the Choice of Termination of Pregnancy Act No. 92 of 1996 by the South African government. This service was made accessible to the public and private sectors. Termination of pregnancy, contraceptives and condoms has been made available even to children from the age of 12 without parents' consent (Children's Act No. 38 of 2005). However, lack of information in regard to these services is widespread. Since individuals, especially from rural areas, are not educated about these strategies, they may have negative attitudes towards them. Poor access to such information has a negative impact on effectiveness of legal unplanned pregnancy prevention strategies and may lead young girls to undertake illegal termination of pregnancy which poses a high risk to their health.

2.2.4 Poor access to resources

Even though education may reduce teenage pregnancy, poor access to resources such as condoms and contraceptives, is an impediment. The high rate of teenage pregnancy, as highlighted by the Department of Health (1999, 2004) and Statistic South Africa (2007, 2010) in Chapter 1, it is evident that use of contraceptives and condoms may be limited. Education on its own can obviously work most effectively with adolescents who abstain from sex, not with those who are sexually active. Manzini (2001) conducted a study in KwaZulu-Natal and found that 51, 7% of sexually active girls reported having been pregnant, with more pregnancies amongst girls in rural areas. It is a fact that the lack of infrastructure, especially in rural areas, contributes to a number of social issues and hinders community members in dealing with these issues effectively. Therefore, in order to deal effectively with teenage pregnancy education, access to basic health information and resources must be taken into consideration.

Teenagers' fear of being judged also has a negative impact on family planning. Health workers have been criticized for ill-treating teenagers when they request family planning services. Their attitudes have a negative impact on contraceptive use as well. *The Policy*

Framework for the Provision and use of Contraception in SA strongly recommends extensive promotion and availability of contraception; however the negative and judgemental attitude of health workers hinders young people in accessing such services (Panday et al., 2009: 49). This shows that teenage pregnancy intervention will be successful if everyone, including parents, educators, health staff and community, takes initiation in the promotion of contraceptive use and eliminates negative attitudes and stigma.

2.3 Risks and outcomes associated with teenage pregnancy

2.3.1 Health Outcomes

During the adolescent stage teenagers are psychologically immature to make critical and stable decisions. For instance, adolescents' inability to negotiate safe sex with their partners puts them at risk. A study conducted by Pettifor reflects that only 46% of young people used a condom during their sexual debut, and only 56% reported condom use during the first sexual intercourse with their most recent partners; this behaviour may also be reflected in the common occurrence of early and unplanned births to many South African women (Makiwane & Mokomane, 2010: 18). Adolescents' inability to practice safe sex may also be influenced by fear of losing a partner, especially if he provides material support. Shisana, Rehle, Simbayi, Zuma, Jooste, Pillay-van Wyk, Mbelle, van Zyl, Parker, Zungu, Pezi and SABSSM III Implementation Team, (2009:20) also state that in Southern Africa the practice of age mixing or intergenerational sex, particularly younger females having sex with older males has been identified as an important factor contributing to the spread of HIV. Dating at an early stage of life influences the timing of sexual debut and is more likely to expose teenagers to illnesses such HIV/AIDS and other sexual transmitted diseases (STDs) as well as unintended pregnancy.

Falling pregnant during the adolescent stage has many complications and severely impacts on the young mother. Since teenage mothers are not physically and emotionally mature for pregnancy it may lead to illnesses either during or after pregnancy. In support, some authors (Were, 2007; Moholo, Maja and Wright, 2009) argue that early childbearing is linked to a number of undesirable health outcomes including risk of death, pregnancy-related illnesses, abortion, infertility and exposure to STDs and HIV/AIDS. Early childbearing also exposes

both the mother and child, more than pregnancies of adult women, to a risk of death during pregnancy and labour.

2.3.2 Rejection by family and community

Even though teenage pregnancy arises from sexual relations between young men and women, it is the young women who are more likely to take responsibility and be blamed for being immoral (Sathiparsad, 2010: 537). The family members, especially parents, may feel shame and disappointed when a young girl falls pregnant. Due to anger or to avoid embarrassment from the community they may chase a girl away from home. Varga cited in Jewkes, Morrell and Christofides (2009: 680) states that many teenage girls fear the response of their families to their pregnancies and some are punished for it and may experience stigma in the community.

During pregnancy teenagers are more likely to be rejected by their partners as well and in most cases older male partners refuse to take responsibility due to fear of disappointing their own families, especial their wives. Young male partners may deny that they impregnated a girl due to inability to provide financial support. A young mother may also be rejected by her peers. For instance, in some traditional rural areas teenage mothers are not allowed to socialize with *izintombi* (girls who are still virgins). Teenage mothers may also experience stigma from their community. For example, in Zulu culture, they were called *amaqhasha* which means being sexual active and immoral, and their children were called *imilanjwana* or *ingane yesihlahla* (awful concepts used to explain that a child is born out of wedlock). Goldbatt, Morrell et al. cited in Sathiparsad (2010: 542) emphasize that "irrespective of sexual behaviour of males and females, pregnancy, childbearing and childcare as a consequence of sexual relationships, rests with the women". However, it is vital to consider that a families' response to teenage pregnancy differs from one family to another. Regardless of being disappointed, some families do accept the situation in such a way that they assist the young mother with financial needs for a baby and also take care of the child while the mother goes back to school.

2.3.3 Cycle of poverty

As much as poverty contributes to teenage pregnancy, teenage pregnancy maintains the cycle of poverty since early childbearing is associated with many challenges that influence the well-being of both mother and child. Teenage mothers who become pregnant while still at school require more support, including emotional, physical, psychological and financial support. Even though family members provide support, it is very demanding for a young mother to pursue her education while nurturing a child. Moholo, et al., (2009: 47) argue that with teenage pregnancy comes an inevitable interruption in education, but some mothers do go back to school after delivery of their babies. However, the challenges of parenting and school work often result in poor performance. Teenage mothers are more likely to be single parents and the lack of support from their partners also makes it difficult for them to adapt and to cope with the new situation. Due to rejection and the struggle of caring for a child they may drop out of school. "Teenage pregnancy is not only a health issue, but one that affects the current and future socio-economic well-being of women", (Were, 2007: 323). Another author, Kirby cited in Panday et al., (2009), also argues that the general consensus is that since teenage pregnancy is mostly unplanned and often coincides with other transitions such as schooling and it can result in negative consequences for the teenage mother and more especially for the child. As a result, it is impossible to break the cycle of poverty for these families and they are more likely to experience continued behavioural patterns, including teenage pregnancy. Poverty is now recognized as both a cause and a consequence of early child bearing, the more young people suffer from poverty, the more the chances are for them to engage in risky sexual behaviour.

2.4 Contemporary modern methods used to prevent teenage pregnancy

To deal with teenage pregnancy and the above factors, a number of teenage pregnancy prevention strategies have been implemented. Some of these strategies are discussed below.

2.4.1 Family planning

Family planning has been implemented as one of the strategies that can be used to address unwanted pregnancy worldwide. To prevent teenage pregnancy this service has been made accessible to children from the age of twelve.

Family planning as an intervention was implemented many years ago; however, it was only available in certain countries. For instance, teenagers in England have been able to access family planning clinics, free of charge, since the 1970s, and in 1985 the service was available to under 16s without parental consent or notification (Paton, 2006: 284). Since unplanned pregnancy is an issue that affects everyone across the world, family planning was implemented across the world as a mean of controlling the birth rate and unplanned pregnancy. The United Nations (UN) Millennium Project produced a set of recommendations for ensuring universal access to sexual and reproductive health (SRH) services and information, encompassing family planning, safe motherhood, and prevention, treatment and care of Sexual Transmitted Infections (STIs), including HIV. The South African government has put more effort in promoting family planning across the country, thus fulfilling the obligations of the Millennium Development Goals (MDGs). Increased access to family planning could help South Africa meet MDG targets by decreasing the number of maternal deaths during childbirth (Goal 5) and by reducing the number of pregnancies and induced abortions (Ramkissoon et al., 2010).

The South African Government adopted a number of strategies as a means of enabling service users to have a choice of services, such as *contraceptives and condoms.* Successful implementation of these strategies was brought about through certain legislation allowing teenagers to have voluntary access to these services without parental or guardian consent. The Children's Act No. 38 of 2005, Section 134 emphasizes that a 12 year old child has a right to access condoms and contraceptives without parental or care-giver consent, and the proper medical advice must be given to the child. The National Department of Health's *Policy Guidelines for Youth and Adolescent Health* in 2001 and *Contraception Policy Guidelines* in 2003 both state that a range of contraceptives, including emergency contraception and male condoms, should always be in stock at all health facilities and that information, choice and confidentiality are an essential part of the service. In addition, healthcare providers should be trained with an emphasis on providing care in a non-judgmental manner (Jewkes et al., 2009: 682). Distribution of condoms, for both males and females has been made available to everyone regardless of gender. These strategies have made a slight decrease in HIV among the young and teenagers.

2.4.2 Termination of pregnancy

Termination of pregnancy has been implemented by many countries as a viable option for consideration by young women to deal with unwanted pregnancy and its negative outcomes, such as the social and financial hardships associated with unplanned pregnancies, and to protect educational opportunities (Panday et al., 2009: 25). As part of the intervention, the South African government has made termination of pregnancy legal as a strategic intervention against unplanned pregnancies. In 1996 the South African Parliament adopted the Choice of Termination of Pregnancy Act, providing for termination of pregnancy on request up to 20 weeks gestation (Jewkes et al., 2009: 682). This policy has raised many concerns many to do with its perceived contradiction with religious beliefs. Even so, in 2004 the Choice of Termination of Pregnancy Amendment Act was passed to ensure widespread availability of termination of pregnancy and which empowered provinces to designate abortion providing facilities making it illegal to perform termination of pregnancy outside of a designated service (Ramkissoon et al., 2010: 36). This policy also emphasised that teenagers could access termination of pregnancy services either from public or private health sectors without parental or guardian consent.

However, there are some challenges surrounding these strategies for teenage pregnancy prevention. For instance, individuals' attitudes towards teenage pregnancy prevention strategies determines it effectiveness. Similar to contraceptive use, the termination of pregnancy effectiveness is also affected by stigma and negative attitudes towards young women seeking such a service. Lack of knowledge about resources and/or facilities which provide such services may also lead to poor access and use of such resources. Panday et al., (2009: 25) reported that there was a low level of knowledge about termination of pregnancy particularly among uneducated women and women living in rural areas which forces them to resort to illegal alternatives. These expose individuals to associated health risks such as abortion-related morbidity and mortality. This may also occur as a result of inability to afford legal abortion in the private sectors and/or limited service in the public sector.

2.5 Indigenous knowledge and culture practices

Indigenous knowledge refers to the local knowledge that is unique to a given culture or society which people have developed over time and continue to develop (Sillitoe et al., 2005: 3). Usually indigenous knowledge is based on the cultural values and norms existing within a society. Culture plays a major role in the functioning of the world as a whole. Different continents, countries, communities, groups, families and/or individuals practice different cultures which shape their functioning. Du Plessis and Raza (2004: 86-87) believes that the history of culture represents a record of reaction in thoughts and feelings, to the changed conditions of common life. Culture can be understood only within the context of social actions; it is deeply rooted in the identity of a given society and reflects society's customs, knowledge, art forms, morals, habits, ideologies and politics. Usually, individuals obey and show great respect for their culture. When dealing with social issues it is important to consider different perspectives from different social groups. It is a fact that the change consciously brought about in a society by researchers and government may not yield the desired results if the aspirations of the people that practice indigenous knowledge systems are not taken into account (Du Plessis and Raza, 2004: 97). Thabo Mbeki's government called for African Renaissance (*azibuye emasisweni)* to restore the African dignity which was lost during several centuries of slavery, colonialism and racial discrimination, and the National Research Foundation (NRF) also emphasizes the importance of the reinstatement of indigenous knowledge systems (Denis, 2006: 314).

The Socio-Cultural Theory emphasizes that culture must be transmitted from generation to generation since it enforces acceptable behaviours within an individual's social context (Swartz, et al., 2000). However, even though indigenous knowledge may be viewed as a source of reinforcing positive behaviour among young people, the general breakdown of traditional norms has led to the indigenous approach being ignored. For instance, today's youth mostly have negative attitudes towards traditional norms and practices which they tend to regard as superstitions. They argue that individuals who believe in such traditions are still living in the past. As a result, parents are facing difficulties in discussing the value of indigenous knowledge with their children. Conducting this study will enable a greater understanding of strategies that were used to pass indigenous knowledge from one generation to another in order to promote their well-being.

2.6 The perspective of traditional healers and traditional leaders

In attempting to address teenage pregnancy, it is important to take different views into account. For that reason, an attempt must be made to understand the indigenous perspectives of traditional healers and traditional leaders towards teenage pregnancy. Traditional healers are individuals who have received from their ancestors a divine spirit and power to heal. They have power to see beyond the present situation, to heal and to communicate with the ancestors. Traditional leaders are individuals elected by the community, either due to their dignity or for possessing significant knowledge, to represent and to guide the community members. Indigenous knowledge obtained from *sangomas* (diviners), *inyangas* (traditional healers), *amakhosi and induna* (traditional leaders) and *abathandazi* (spiritual mediators) may make a significant contribution in teenage pregnancy prevention. Individuals who believe in cultural practices also emphasise the importance of such practices and they believe that neglecting culture leads to social problems, such as rape, women abuse, risky sexual behaviour by the youth, violence, domination by outsiders and diseases (Kendall, 1999). It is also argued that adaptation of past cultural practices may help to deal with today's social issues. Wilson and Wilson, DeVos and Hunt cited in Leclerc-Madlala (2003: 16) have argued that "social upheavals and rapid social change often prompt a rekindling of peoples' interest in the past....people often look at the past for guidelines to give direction for managing the uncertainties and insecurities that come with change". Certain cultural practices and rituals are viewed by Africans as a proper indigenous way to guide and maintain adolescent girls' development, eliminate chances of being sexual active and to promote resistance.

2.6.1 Indigenous methods used to prevent pregnancy

Transition from the traditional to a western society life style led to a decline in cultural practices. It is necessary to reconsider cultural practices to deal with existing social issues. Buthelezi (2006: 3) argues that "while it might be impossible to revive the traditional practices within the current social context, it is important that we document and learn from the knowledge, attitudes, values, and skills (related to sex and sexuality) that underpinned the traditional practices".

Previously, traditional societies used certain indigenous methods to ensure that young girls are protected from risky sexual behaviour. Each society has its own cultural practices depending on their customs, beliefs, norms and values that were formed as a regulatory system to assist an individual to understand his or her journey, and the various stages of life (Buthelezi, 2006: 4). The focus of this study is on Zulu cultural practices that were used for the upbringing of girls such as virginity testing and physical maturity examination as well as thigh sex used by young women to prevent pregnancy. These methods were traditionally used to protect girlhood and to prevent sexual risk factors such as teenage pregnancy.

2.6.1.1 Virginity testing

Virginity testing (*ukuhlolwa kwezintombi*) is one of indigenous ways used, mostly in rural areas, to prevent teenage pregnancy. During this practice, which may take place either at home or in an open space, young girls are examined by women to determine if they are still virgins. Even though there has been a huge debate around this practice, those who believe in virginity testing argue that it protects girlhood and it is a better way to ensure that girls remain sexually inactive until they get married. Virginity testers and their supporters rely on the growing social prestige of virginity which provides positive reinforcement for abstinence (Leclerc-Madlala, 2003: 17). Traditionally, virginity testing was used as a means to make sure that the young girls who were tested could be married in exchange for a dowry (*ilobolo*), which usually consisted of eleven cows (Denis 2006: 318). As a result, girls were motivated to remain virgins until married so as to make their parents proud and to maintain dignity both for themselves and their parents. President Jacob Zuma himself declared that girls knew that their virginity was their family's treasure (Bennett, Mills and Munnick, 2010: 255). In some communities in KwaZulu-Natal traditional leaders, such as Andile Gumede, a prominent leader of virginity testing practice, are keen to promote virginity testing and are encouraging girls to participate. Virginity testers also argue that virginity testing protects young girls from sexual illnesses such as HIV/AIDS and other STDs. Zungu cited in Leclerc-Madlala (2003: 20) points out that "some virginity testers claim that virginity plays a positive role in identifying cases and incidences of child sexual abuse in communities".

Although virginity testing is viewed by these individuals as indigenous methods that can be used to prevent teenage pregnancy and re-enforce resistance, South African policy makers criticise this idea. For instance, the South African Human Rights and Gender Commission

argues against virginity testing. "South Africa's Constitution stands firmly on the side of Human Rights and the Bill of Rights which argues that girls who are compelled to participate in virginity testing have their rights and dignity violated....it is a discriminatory practice since males are not tested", (Taylor et al., 2007: 34). Human rights organizations argue that virginity testing is dangerous since it is done in public. If young girls fail the test they find themselves labelled, stigmatized and classified as prostitutes and if they pass the test they are at risk of being raped by those who believe that HIV can be cured by having sex with a virgin (Denis, 2006: 319). Some South African government departments, such as the national Department of Health, also have concerns regarding virginity testing. They argue that virginity testers are assisting in the spread of HIV and STDs as they touch and inspect one girl after another during the process.

2.6.1.2 Physical maturity examination

The traditional Zulu culture still promotes the importance of physical maturity examination. Andile Gumede cited in Leclerc-Madlala (2003: 19) has argued that "*ukushikila* (a way to assess a girl's degree of physical maturity in order to determine her readiness for courtship and marriage) could also be used as a rough measure of sexual experience...having a flabby stomach and loose buttocks could be taken as signs that girl was sexually active". This practice is usually conducted by grandmothers who ask girls to show their bottoms as a symbol of being proud of being virgins. In other words, physical maturation examination is viewed as a means to encourage girls to remain virgins and to avoid embarrassment from being sexually activity. Individuals who support this practice believe that it helps to delay sexual initiation amongst girls. Even so, the Commission of Gender Equality criticizes *ukushikila* and argues that this custom falls well within the modern legal definition of sexual harassment and possibly abuse (Leclerc-Madlala, 2003: 21).

2.6.1.3 Ukusoma (Non-penetrative thigh sex)

Thigh sex, traditionally known as *ukusoma,* is a pre-marital sexual intercourse using the thighs. It is a non-penetrative sexual practice done by young couples who do not want to engage in penetrative sex before marriage. This practice was used as a means to satisfy sexual

desires without losing virginity (Buthelezi cited in Sathiparsad et al., 2011). However, this practice has lost its value and is little practiced even in traditional societies. Even though the practice of *ukusoma* cannot be actualized within the current context, the attitudes, values, norms, and knowledge that were associated with the practice are still valuable. This includes openness about sex, sexuality and sex education, and sexual activity that responds to the sexual needs of the body in a safe manner (Buthelezi, 2006: 5). However, the Department of Health argues that due to fear of being declared a non-virgin, girls may adopt sexual practices that increase risk for acquiring HIV such as anal sex. Renewed interest in the significance of thigh sex, given the general silence about sexuality in traditional or rural societies, may help young girls avoid turning to more risky sexual behaviour.

2.6.2 Ritual Ceremonies

2.6.2.1 The Zulu goddess Nomkhubulwane ritual

Performances of certain rituals also contribute to girlhood protection. For instance, The *Zulu goddess Nomkhubulwane* ritual is performed by traditional healers, virgin girls and parents in KwaZulu-Natal at Impendle. In traditional Zulu culture *Nomkhubulwane* is known as a rain princess. Individuals who promote this ritual argue that due to the failure of performing this ritual, *Nomkhubulwane* turns her back and walks away and her absence leads to social crises such as droughts, great storms, terrible wind and soil that lies exhausted and barren (Kendall, 1999). During these crises only virgin girls have powers to communicate with *Nomkhubulwane*. "*Nomkhubulwane* considered all *izintombi* (Zulu girl children or virgins) her daughters and can only show herself to them, she protects them and makes them and the earth wet with life waters, healthy and whole" (Kendall, 1999: 96). Therefore, a girl, being part of this festival, depends on her ability and motive to maintain her virginity. By doing this there is likelihood that she will delay sexual activities. Ngobese cited in Kendall (1999: 99) hopes that the "*Nomkhubulwane* festival will help to restore ancient Zulu respect for virginity and, through restoration of reverence for virginity, communities will alter teenage sexual behaviour and curb illegitimate pregnancy and the spread of AIDS and STDs".

2.6.2.2 The Royal Reed Dance festival

The Royal Reed Dance festival (*umKhosi womhlanga)* takes place at the Royal Zulu Palace called *Kwabulawayo* and is supported by thousands of Zulu Africans including the King of the Zulus, traditional leaders, traditional healers and ordinary people. The Royal Reed Dance festival has been viewed as one of the indigenous methods that promote protection of girlhood. During this ceremony the reed ritual is only performed by virgin girls, which is ensured by having virginity testing prior the ceremony as well as at this ceremony (Bennett et al., 2010: 254).

2.6.2.3 Ukukhuliswa

In traditional Zulu culture, *ukukhuliswa* is a ritual ceremony that takes place during the adolescent stage. During the ceremony adults educate teenagers about the meaning of the changes in their bodies and the importance of abstinence. "During ritual ceremonies relating to the stage of *ukukhula* (the beginning of puberty) for boys and girls, the community openly addresses sexual matters through educational talks, songs, dances and the offering of advice" (Buthelezi, 2006: 4). Since, in traditional Zulu culture, dating (*ukuqhoma)* is the first step to marriage, in this ceremony adolescents are also taught about how to satisfy sexual needs without engaging in penetrative sex. Buthelezi (2006: 4) adds that "culture appreciates and recognizes the physical needs of the growing body and the hormonal changes that occur in young people's bodies at puberty. In this sense, love relationships among young people were allowed, but kept within well-defined social control and regulatory mechanisms".

2.7 CONCLUSION

In conclusion, teenage pregnancy is a social problem that confronts everyone. A number of teenage pregnancy prevention programmes have been implemented to deal with this problem but with limited results. On the other hand, indigenous aspects argue that cultural practices play a major role for empowering girls, protecting them from sexual risk behaviour and securing them from high risk behaviour. It is emphasised that culture must be taken into consideration when formulating and implementing policies and intervention programmes for teenage pregnancy prevention. Du Plessis and Raza (2004: 97) argue that "indigenous

knowledge has value, not only for the culture that it upholds, but also for scientific policy makers and planners". Therefore, it is hoped that this study will give clarity on modern and indigenous perspectives in regard to teenage pregnancy prevention.

CHAPTER THREE

3. RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research methods used in this study. This includes a description of the study setting, research paradigm and research design. The techniques and procedures followed during data collection are also explained as well as data analysis. Other important factors such as the validity and reliability of the study, ethical considerations and potential limitations of the study are also discussed.

3.2 Study Setting

This study was conducted in a rural area called Umhlathuzane, Eshowe, in northern KwaZulu-Natal. Umhlathuzane is an under-developed area; there is a lack of infrastructure such as schools, health institutions, electricity, roads and community recreation centres. Most of the community members lack knowledge with regard to political issues and policies existing in South Africa. This community is very traditional and still believes in cultural practices such as performing rituals for the ancestors and doing traditional ceremonies. As mentioned previously, teenage pregnancy is a broad social issue and the Umhlathuzane community is also facing the issue of teenage pregnancy which has rise dramatically. Since this study aims to explore indigenous methods traditionally used to prevent teenage pregnancy, this community was identified as an appropriate area of target. A sample of traditional leaders and traditional healers was selected because they play a major role in community functioning. For instance, traditional leaders are selected by community members as individuals who have the ability to control and to guide the community. Their role includes resolving community conflicts, addressing community issues and ensuring that traditional ceremonies are undertaken in an appropriate manner. Traditional healers are viewed as special individuals who have the power to heal and to communicate with ancestors; they have a divine spirit to predict the future and are also knowledgeable on aspects of herbal remedies

Since these participants play a major role in promoting the community members' well-being, their perceptions, feelings and attitudes towards the issue of teenage pregnancy are very important. The main focus was to gain in-depth knowledge on indigenous methods or

strategies that were previously used to groom young girls in a way that eliminate their chances of engaging in risky sexual behaviour at any early stage of life, as well as to explore if these methods have any relevance today and/or if they can form part of teenage pregnancy intervention.

3.3 Research Paradigm

Research paradigms are the key guides that guide and determine how to conduct a study. This includes how to collect, analyse and interpret data so as to gain in-depth understanding and knowledge on a particular topic of interest. In other words, a paradigm is a model or scheme that organizes a researcher's view of something (Rubbin and Babbie, 2005: 38). Since a purpose of this study is to gain different perspectives towards teenage pregnancy as a social issue that affects different people, the *interpretive paradigm* has been used. "Interpretive research, which is where qualitative research is most often located, assumes that reality is socially constructed, that is, there is no single, observable reality. Rather, there are multiple realities, or interpretations, of a single event" (Merriam, 2009: 8). Teenage pregnancy is a debatable social issue since different individuals have different perceptions, feelings and attitudes towards it depending on their socialization or beliefs which are socially constructed. It is a fact that there is no universal intervention against teenage pregnancy since individuals across the globe are unique. Therefore, it is important to attempt to gain an empathic understanding of how people feel inside, seek to interpret individuals' everyday experiences, deeper meanings and feelings, and personal reasons for their behaviour (Rubin and Babbie: 2005: 41). Based on these facts it was decided to use the *interpretive paradigm* to explore the perspective of traditional healers and traditional leaders towards teenage pregnancy and certain cultural practices that were used to prevent this issue in relation to the western perspective.

3.4 Research Design

A research design is also a fundamental plan that guides research throughout the process of conducting a study. Babbie and Mouton (2001: 74) defined a research design as "a plan or structured framework of how the researcher intended to conduct the research process in order to solve the research problem". It refers to the researcher's ideas on how to conduct a particular study in order to reveal the findings and reach a conclusion. Based on the purpose of this study, which is to explore indigenous methods used to prevent teenage pregnancy from the perspectives of traditional healers and traditional leaders and its relevance today, the *exploratory research design* has been used. This type of research design is used when a researcher wants to expand knowledge in a particular area and it usually identifies the general terrain of a topic or problem area, and the important themes and issues which arise within this area (Alston and Bowles, 2003: 34). Based on these factors, a *qualitative research* study has been conducted. Holliday (2007: 6) lists the following characteristics of qualitative research:

- Looks deep into the quality of social life
- Locates the study within particular settings which provide opportunities for exploring all possible social variables and sets manageable boundaries
- Initial foray into the social settings leads to further more informed exploration as themes and focuses emerge.

Qualitative research study has been conducted to give full meaning and to obtain in-depth knowledge from the traditional healers and traditional leaders regarding indigenous methods used to prevent teenage pregnancy and their relevance today.

3.5 Sampling strategy

"Sampling is about choosing who or what we wish to study in order to answer our research question", (Alston and Bowles, 2003: 81). The key questions attempted to be answered through this research study are outlined in Section 1.5 and will be addressed by drawing on the perceptions and views of traditional healers and traditional leaders. A research sample was selected from the population from the indigenous community of the rural area of Eshowe, uMhlathuzane. A sample has been defined as "a subset of population selected to participate in a research study" (Becker and Bryman, 2004: 405). Traditional healers and

traditional leaders were targeted since they are knowledgeable on cultural practices. The sample consists of 15 traditional healers and traditional leaders who have been involved in cultural practices for at least five years.

3.5.1 Participant selection process

As highlighted previously, this community still believes in ancestors and traditional practices so that traditional healers and traditional leaders were viewed as a suitable sample to represent the population. Alston and Bowles (2003: 81) argue that "for a sample to be representative, it must be chosen in such a way that subjects or cases have beliefs, attitudes or experiences which are similar to the population being investigated". In this study a non-probability sampling approach was used. Alston and Bowles, (2003: 87) also state that "non-probability sampling is a method that is generally used in exploratory research and by qualitative researchers…it is very useful and justifiable when the researcher is seeking information on a new area and targets subjects or cases which typify the issue to be studied". As a category of non-probability sampling, the purposive sampling strategy was used for the selection of research participants. The sample units were selected based on the purpose of the study and by the fact that participants were available, accessible, willing to participate and convenient. Seven traditional healers and five traditional leaders were selected, five males and ten females. To ensure that they were suitable units to represent the population and to provide relevant information, only those with a minimum of five years' experience were selected.

3.6 Data Collection Instrument

As part of this study, data were collected using the in-depth interviewing technique, as this serves as a way of interaction between the researcher and participants. It also enables the researcher to gain in-depth knowledge from participants. According to Henning (2004: 50), "research interviews assume that the individual's perspective is an important part of the fabric of society and of our joint knowledge of social processes and of the human condition". Interviews enable the researcher to get to know people better and to understand the meanings attached to certain actions. To collect data for this study, *semi-structured interviews* were

conducted with traditional healers and traditional leaders in order to understand their perspectives towards indigenous methods used traditionally to prevent teenage pregnancy. Semi-structured interviews follow a set outline of topic, which are the triggers for the main direction of the interview and allow the interviewer to explore additional information that the respondent has raised (Alston and Bowles, 2003: 116). The research interview schedule was developed in keeping with research questions. This schedule consists of demographic and open-ended questions (see Appendix B). The interview schedule is in a form of interview guide or questions that help the researcher to focus on relevant information or themes while maintaining the professional conversation. These questions covered demographic information, the traditional healers' and traditional leaders' perceptions towards teenage pregnancy, and the indigenous and modern methods for teenage pregnancy prevention. The interview schedule also helps a researcher to keep in touch with the purpose of the study while having face to face conversations with participants. During the interviews main questions and probing was used to deeply explore participants' perceptions. Questions were translated and administrated in the research participants' language, which is IsiZulu. Data collection took place in participants' households. All participants agreed to participate during the first contact since they were very interested to the study and appreciated the fact that someone was willing to listen to their views. This was an advantage as it saved time and costs. The interview sessions were conducted in the participants' place of choice within their households. An advantage of using participants' place of choice is that they seemed more comfortable and interested. No participants' family members were involved during the process. It was ensured that the place was conducive to conduct an interview without any interruptions such as noise. During the initial contact the informed consent document was issued to the participants. The permission to use a tape recorder for transcription at a later stage was also obtained from the participants. Interview sessions took approximately 50-60 minutes which differed from participant to participant.

Even though the structure of the interview was similar to an everyday conversation whereby people share their experiences, knowledge, meanings, views, perceptions and so forth certain skills were used. These included professional conduct, unbiased questioning, probing and listening all in a non-judgmental or threatening manner. A rapport and a good relationship with the participants were established with the result that a rich source of information was obtained.

3.7 Preparation prior to the interview session

Participants were approached at their households. After the introductions a brief explanation of the study was given. This included the purpose and process of the study as well as the rationale behind it. Fortunately, all targeted subjects were willing to participate since the issue of teenage pregnancy is of concern in this community. The informed consent was obtained from the participants (see Appendix A). Participants were also informed that their participation was voluntary, no rewards would be issued, and they had the right to withdraw from the study without any penalty. Confidentiality was stressed and the participants were assured that pseudonyms would be used to protect their identity.

3.8 Data Analysis

Since this is a qualitative study *thematic analysis* was used to analyse the study findings. Thematic analysis follows a series of analytical steps which include transcribing, familiarisation, deducing themes, coding, interpretation and checking (Terre Blanche, Durrheim and Painter, 2004). During data collection all interviews were tape recorded and later transcribed into word-processing documents. Since interviews were conducted in the participants' language, which is isiZulu, the transcripts were also later translated into English by a researcher. To scrutinise this process the interview recordings were repeatedly listened to and the transcripts repeatedly read through. As a result in-depth understanding of the participants' views or responses was gained and the data became familiar. This was done as soon as possible after the interviews so as to be able to link words to actions, facial expressions and emotions observed during the interview session. Henning (2004: 127) emphasizes that it is important to transcribe texts from interviews and observational notes into word-processing documents before beginning to analyse data. In this way a researcher re-lives the data collection scenes so as to be able to understand meaning based on ideals constructed during the data collection process. During data familiarising process emerging themes were identified. Lacey and Luff (2001) state that in order to establish themes a researcher must transcribe and read all collected data in order to categorise common data. To highlight emerging themes, a common data coding strategy was used. In this case different coloured pens and symbols were used. The data was then interpreted in relation to the literature review and theoretical framework.

3.9 Dependability and Credibility (Reliability and Validity)

Because qualitative research is open to multiple interpretations of situations, researchers often need to defend subjectivity in their work. Although some researchers refer to issues of reliability and validity, qualitative researchers are increasingly using the terms dependability and credibility.

Dependability (or reliability) refers to whether the results are dependable and whether the research process is consistent and carried out according to qualitative methodological principles (Ulin, Robison & McNeill, 2002). Data gathering through the in-depth interviews was conducted personally by the writer who had developed, and was thus familiar with, the interviewing guide thus ensuring consistency in questioning and probing. Questions were clarified and repeated where necessary to prevent misinterpretation by the participants. In qualitative research, credibility (also referred to as validity) focuses on confidence in the truth of the findings, including an accurate understanding of the context. As mentioned above, because qualitative data is subject to multiple interpretations, it is inevitably partial. Golafshani (2003) maintains that it is not possible to have absolute confidence regarding credibility mainly because research is influenced by the processes through which a researcher investigates and represents a particular topic and the findings. However, Golafshani (2003) and Ulin et al (2002) suggest that it should be ensured that the findings are consistent in terms of the explanations they support. In this study, the findings relate directly to the data gathered which was found to be rich, detailed and adequate to support the findings. Teenage pregnancy is a sensitive issue, and extensive reading on the topic and considerable engagement with experts in this area contributed to the credibility of the results

3.10 Ethical Considerations

This study was approved and conducted in terms of the University of KwaZulu-Natal Higher Degrees Committee and the Ethics Committee in social sciences research which specifies certain procedures that should be followed by researchers when implementing research projects. "Ethical issues in social research are both important and often ambiguous, most of the professional associations have created and published formal codes of conduct describing what is considered acceptable and unacceptable professional behaviour" (Babbie & Mouton, 2001: 528). Ethics guides regulate and maintain a professional relationship between the

researcher and research participants and ensure that human dignity is respected. Merriam (2009: 230) stressed that "the protection of subjects from harm, the right of privacy, the notion of informed consent and the issue of deception all need to be considered ahead of time, but once in the field issues have to be resolved as they arise". The informed consent documents were administrated using the participants' language which in this case was IsiZulu.

The ethical considerations relevant to this study are as follows:

- ***Informed consent***

Before the data collection process began, the participants were informed about their anonymity and the letter of consent and the consent forms were issued. Henning et al., (2004: 73) emphasizes that participants must be fully informed about the research in which they are participating and must give informed consent to participate. This process was done both verbally and in writing (see Appendix A). Participants were informed about the purpose of the study, interview content and procedures, utilization of collected data, as well as confidentiality assurance. Permission to use a tape recorder was also obtained from participants. All participants signed the consent form prior the interview.

- ***Confidentiality and anonymity***

Participants were ensured that their confidentiality was guaranteed since data would be kept private and confidential at all times. According to Alston & Bowles (2003: 21) "confidentiality means that the information given to the researcher will not be divulged to others, except in reporting research results as agreed, and also that information will not be used for any other purpose other than the research". Participants were also informed that the writer's supervisor would have access to collected data; however their identity would be kept confidential. During research findings or discussions, pseudonyms were used to protect the identity of participants.

- ***Voluntary participation***

The research code of ethics emphasized that it is significant that a researcher must obtain voluntary and written informed consent from participants, and also assure them that they may refuse to participate without any implied or actual deprivation or penalty. The informed consent should include information about the nature, extent and duration of the participation (Marlow, 1998: 333). As a result, during initial contact, participants were informed that their participation was voluntary and no monetary reward would be issued. They were also informed that they were free to withdraw from the study at anytime and/or to refuse to answer certain questions, and that no penalties would be charged. This process was done both verbally and in writing.

3.11 Potential limitations of the study

- Since this study is a qualitative research study which consists of a small sample size of 15 participants the result of its findings cannot be generalized to the entire population.

- The amount of data collected from a small sample size also limits the findings of the study.

- Only five male participants recruited and as a result this limited important data on methods that were previously used to enhance boys' resistance to engage in risky sexual behaviour that might lead to the impregnation of younger girls. This also limited data on the perspectives of male traditional healers and traditional leaders towards teenage pregnancy.

- Some of participants had limited knowledge of modern teenage pregnancy interventions and policies. For instance, they knew that girls did have abortions but they did not know that the South African government had made this practice legal.

- The findings of this study may be subjective due to the participants' cultural bias.

CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

4.1 Introduction

This chapter focuses on data analysis and findings. Discussions, tables and graphs will be used to make results clear. The findings are presented according to major themes and sub-themes that emerged from the data. Prior to discussions, the demographic characteristics of the research participants and results obtained from collected data will be briefly outlined.

4.2 Demographic information of participants.

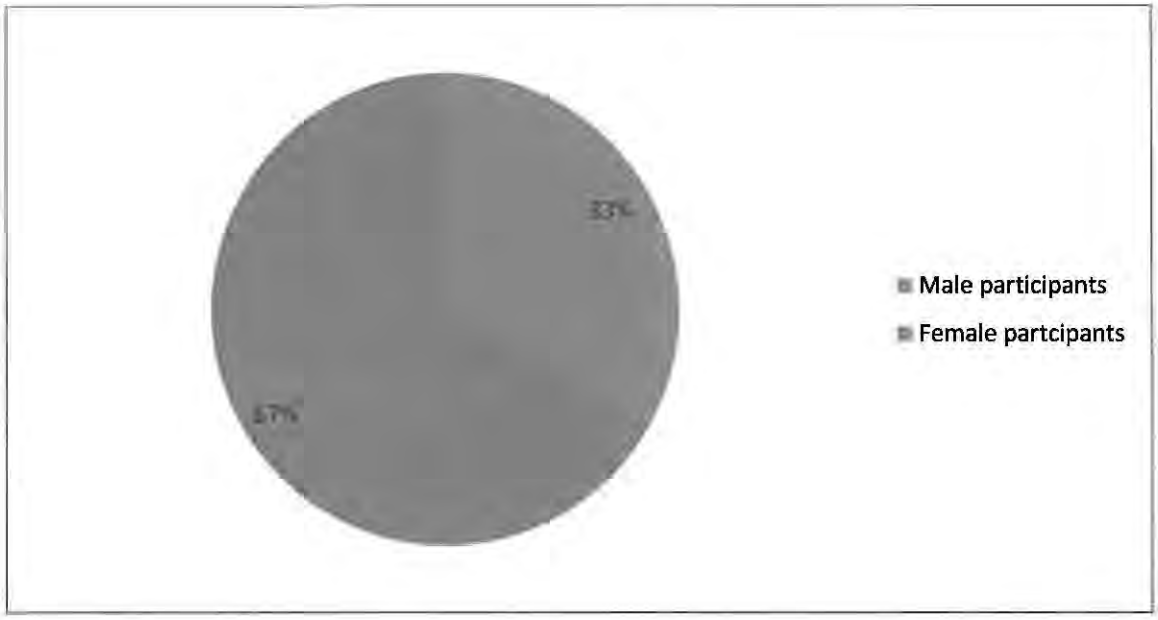
Data was collected from 15 participants who were traditional healers and traditional leaders form the rural area of Eshowe, Umhlathuzane. All participants are African, speak isiZulu and support indigenous knowledge and also believe in ancestors. Note that the names of the participants are not mentioned to ensure confidentiality and anonymity. Therefore, participants are referred to using letters of the alphabet.

Table (1): **Demographic information for participants**

Participant	Age Category	Gender	Position	Period in that position (years category)	Calling/ Training/ Elected
A	41-50	Female	Traditional leader for virginity testing	5-10	Trained by former virginity testers
B	50+	Female	Traditional healer	20+	Received calling from ancestors
C	31-40	Male	Traditional healer	15-20	Received calling from ancestors
D	50+	Female	Traditional healer	20+	Received calling from ancestors

E	50+	Female	Traditional healer	20+	Received calling from ancestors
F	50+	Male	Traditional leader (Induna)	11-15	Elected by community members
G	50+	Male	Traditional healer	20+	Received calling from ancestors
H	41-50	Female	Traditional healer	5-10	Received calling from ancestors
I	50+	Female	Traditional leader for girls in indigenous church.	20+	Elected by church members
J	41-50	Female	Traditional leader (girls' mentor)	20+	Trained by former mentors
K	41-50	Female	Traditional healer	5-10	Received calling from ancestors
L	50+	Male	Traditional leader (Induna)	10-15	Elected by community members
M	41-50	Male	Traditional healer	15-20	Trained by his father who was a traditional healer as well.
N	50+	Female	Traditional healer	20+	Received calling from ancestors
O	50+	Female	Traditional healer	20+	Received calling from ancestors
					Total Participants = 15

Graph 1: **Sample distribution by gender**



Graph 2: **Sample distribution by position held in the community**

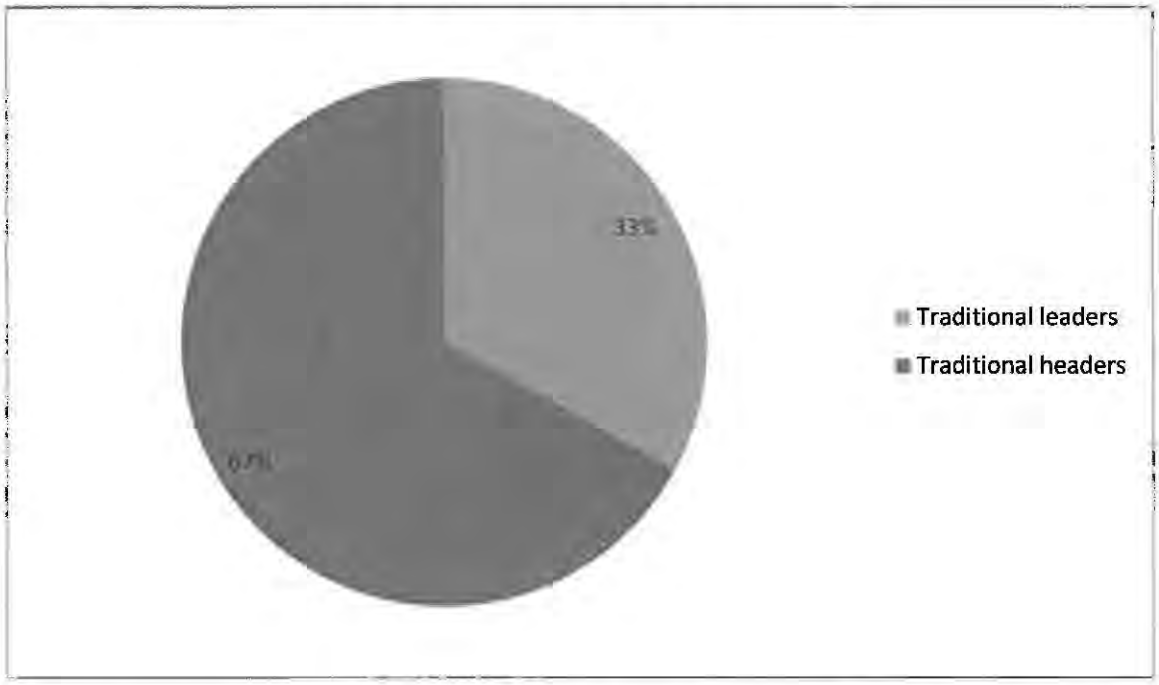


Table 1 and Graphs 1 and 2 illustrate that data was collected from fifteen sample units made up of ten traditional healers and five traditional leaders, which consisted of five males and ten females. Furthermore, the period in their positions ranged from five to twenty years' experience. Eight participants obtained their positions through divine calling from ancestors. Some participants' callings were manifested through dreams, such as continuous dreams

about snakes, the sea and so forth, while others were manifested through different forms of sickness which were identified by traditional leaders as symptoms of divine calling. Three participants were trained by their mentors. For instance, Participants A & I were trained as leaders by their mentors who used to guide them as young girls when they were growing up and Participant M was trained as a healer by his father who himself was a traditional healer. Another three participants are traditional leaders who were elected by community members. Traditional healers described themselves as individuals who had received divine spirit and the power to heal from their ancestor as well as from God. They had the power to see beyond a present situation, power to predict a future, to heal and to communicate with ancestors. Traditional leaders are individuals selected by the community either due to their dignity or possession of significant knowledge to represent and guide the community members.

In addition, eleven participants were born and grew-up in the targeted area, Umhlathuzane, and as a result they had an in-depth knowledge about previous and current community functioning patterns. One participant grew-up in Swaziland and moved to Umhlathuzane after getting married. All women participants participated in indigenous methods that had previously been used to modify the behaviour of young girls such as virginity testing, physical maturity testing and ceremonies.

Previously, Umhlathuzane had been more of a traditional society and education was not a priority. Eight participants between the ages of 41 and 50 were illiterate. Only three participants had completed standard eight (Grade 10). Another three had lower primary education, whereas Participants C and M dropped out of school due to sickness related to divine calling and Participant L dropped out of school because his parents believed that it was a waste of money to send a child to school once she/he could read and write. Only Participant D, who grew up in Swaziland, had a professional qualification; she is a retired educator.

As illustrated in Graph 1, the majority of participants were female, which reflects the fact that in the Umhlathuzane community the majority of traditional healers are females. It was also noticed that Umhlathuzane is still a patriarchal society and community leaders are very largely males. They are viewed as powerful community members who have wisdom and strength to ensure smooth functioning of the community as whole. This includes making decisions in tribal court and intervening in family conflicts as well as conflicts between sub-areas that usually occur during ceremonies. Women were elected as leaders only in matters that involved girls' upbringing.

4.3 Participants' views towards teenage pregnancy

In interviewing the participants their perceptions towards teenage pregnancy was first ascertained. This section focuses on some of their responses, which are discussed as follows.

4.3.1 "Disaster, Shame and Embarrassment"

All participants expressed concern that teenage pregnancy is an issue of much concern in the community. Participants expressed negative feelings towards teenage pregnancy as in their view it was a factor that had a negative impact on young girls and society in general. The following comments illustrate this point:

Participant D: *"... the future of a child that fell pregnant is dead."*

Participant E: *"Everyone can see that teenage pregnancy is one of the surrounding issues that killed our community..., when can we get future doctors, teachers and so forth if these children are dropping out of school like this (due to pregnancy)".*

Participant G: *"I feel good for my forefathers who died many years ago rather than witnessing our community dying day by day".*

These participants view teenage pregnancy as negative occurrences that destroy children's future. Participant D viewed teenage mothers as helpless children who still need parental guidance to build their own future. Participant E expressed concern on a broader level, namely, the implications of teenage pregnancy on the community. The severity of teenage pregnancy as a social issue to these participants is described by terms like "killed our community" and "community dying day by day". This phenomenon is an issue of concern to all individuals, who are either directly or indirectly affected by the situation. This includes families, community, government and worldwide. The majority of participants viewed teenage pregnancy as shame and embarrassment both to teenage mothers and their families. The following quotes illustrate this:

> *"I was so embarrassed when my young daughter fell pregnant. I didn't even know what to say to other educators at work as well as to learners since I was always preaching about acceptable conduct from young people"*

*"I thought that Zodwa**(not a real name for participant B's daughter) *would serve our family from poverty since she was intelligent...she just gets pregnant out of nowhere...and all was just a dream..."*

"When I found out that my child was pregnant I was mad...I didn't know what to say to the community since I am a leader. I was embarrassed...Not knowing what to do I even chased my wife away..."

The above quotes show that teenage pregnancy creates a very difficult and painful situation. Most people find it difficult to overcome this issue, especially if it affects them directly. Affected families tend to lose hope and sometimes it may lead to family conflicts. Some participants had personal experiences of their own daughters falling pregnant, and from their comments, embarrassment and disappointment were evident. In trying to deal with embarrassment and disappointment irrational actions may be undertaken. For instance, one participant said that in response he had his wife away.

4.3.2 "Normalisation"

Despite the initial shock and embarrassment, frequent occurrences of teenage pregnancy have come to be viewed as normal and acceptable behaviour in certain communities. Jewkes et al., (2009: 680) argue that African traditional ideals are that pregnancy should be confined to marriage. However delay and decline in formal marriage and the acceptance of sex outside marriage has led unwanted pregnancy becoming common, acceptable and sometimes encouraged. Previously, especially in rural communities, pregnant young girls were physically punished by parents and/or older family members. Usually pregnant teenagers used to faced rejection from the family as well as the community. However, five participants argued that teenage pregnancy is very high due to the fact that it has been normalised by individuals. Furthermore, some were concerned that instead of trying to find the means to address the issue of teenage pregnancy, the focus of individuals was only on the upbringing of babies. The following quotes reveal that the increasing incidence of teenage pregnancy contributed to the "normality' status.

Participant B: *"Previously, teenage pregnancy was occurring, but it was a shock and embarrassment; however nowadays it is considered quite normal".*

Participant D: *"Knowing that a teenage girl is having a baby is not a shock as it was in our days, instead as parents we tends to worry about someone who will take care of that child while the young mother goes back to school".*

Participant G: *"Grandmothers seems to enjoy this situation...I don't know...maybe they are excited by the fact that they have great grandchildren, situation seems normal to them. Even if I as a head of the household (father) decided to chase a pregnant girl out of my house, they (grandmothers) do all it takes to protect that girl".*

The trend today is for grandmothers to be primary care givers. This occurs for various reasons, such as giving a young mother the opportunity of going back to school. However, the reality is demanding that grandmothers take the responsibility of raising their grandchildren. For instance, some studies that focuses on HIV/AIDS' orphans highlight that it is not usually the extended family members or family kin group who take responsibility of caring for the orphaned children but the grandmothers (Oppong cited in de la Porte, 2008: 130). This may occur due to the fact that other younger family members are unwilling, are not staying at home due to economic demands or are deceased.

However, a few participants strongly felt that the normalization of such behaviour is abnormal, and that a pregnant teenager must be punished regardless of other people's views. They emphasised that each and every parent had a unique strategy to guide and to discipline his or her own children. For instance Participant A was very proud about the way she raised her daughters. Praising herself, she said that "teenage *pregnancy is disgusting so I decided to encourage my daughters to participate in virginity testing to ensure that they do not engage in sex before marriage. .... I am so excited X's fiancé decided to pay lobule in the form of cattle not money as is done today since X is still a virgin".* This shows that regardless of the normalization of teenage pregnancy, some parents still view it as unacceptable behaviour that must to be prevented. In this case, virginity testing has been adopted as a prevention strategy which also seems to have created a sense of security for Participant A that her daughters would marry well.

4.4 Contribution factors to teenage pregnancy

This section focuses on participants' views on factors contributing to teenage pregnancy. During interviews participants mentioned a range of factors as discussed below.

4.4.1 Alcohol and drug use

For many of the participants, excessive use of drugs and alcohol by teenagers has a great impact on teenage pregnancy. Participants' main concern is the increase in alcohol consumption within the community. Some participants argued that the increase in the number of alcohol sellers in the community has a great impact on community functions. This not only affects young people but adults as well. Were (2007: 329) also found that "reckless drinking (mainly of an illicit local brew) among parents and adult members of the society set a bad example to the youth". Similarly, Participant J argued that "*drinking alcohol is a trend in this community because it is a successful business for those who sell alcohol. Mrs.*___(a tuck-shop owner who sells alcohol illegally) *told me that she made lot of money by selling alcohol. She has been arrested several times, but she won't stop*".

The majority of participants felt helpless and expressed that it is difficult to control young people due drug and alcohol addiction. Teenage girls may engage in sexual relationships under the influence of drugs and alcohol. In support Participant B stated that "*young girls do not have enough money to buy alcohol, therefore they depend on boys to provide them with alcohol....in return sex is used as a form of exchange*". To support the range of studies (Shisana et al., 2009, Sathiparsad et al., 2010 and HSRC, 2009) highlight the fact that alcohol plays a major role as a factor contributing to risky sexual behaviour. These studies highlighted the strong correlation between substance abuse and risky sexual behaviour such as having multiple sex partners, having unprotected sex under substance influence and engaging in sex due to material reasons. As pointed out by Sathiparsad et al., (2010), such behaviour places young people at risk for HIV and teenage pregnancy.

4.4.2 Child Support Grant

A child support grant was initiated by the South African government in 1998 with the aim of preventing extreme child poverty (Jewkes et al., 2009: 684). Even though the child support grant has been viewed as a means to assist deprived individuals to meet their children's basic needs, three participants believed that it also contributes to the high rate of teenage pregnancy.

> Participant J: *"I won't lie, the child support grant does assist us but it is also a motive to young children to get their own children. For an example, Mrs. X's daughter at age of 23 she got five babies, and other girls are impressed about the amount of money she received from the government* (child support grant)".
>
> Participant K: *"I wish the government would ban teenage mothers from receiving the child support grant because they keep on making babies so as to earn this money which they do not even spend on their babies' needs".*

This statement highlights the parents' concern about the child support grant. They admit that it assists individuals; however it is also viewed as a motive to young girls to have unwanted babies. As a result, the grants are not utilized accordingly; they are misused by teenage mothers who end up satisfying their own wants instead of meeting the children's basic needs. In support, Participant N argued that young girls misuse the child support grant and instead of buying necessities for their babies, they buy cell phones, change hairstyles and spend it at school with friends.

4.4.3 Peer pressure

During the adolescent stage, peer relationships have a great influence on teenager behavioural patterns. Transition from childhood to adolescence is characterised by identity formation within peer social groups. To be identified as a particular group member a person has to conform or obey its norms and values. At this point adolescents' reliance on parents and siblings as the sole source of influence and decision making begins to change (Panday, et al., 2009: 36). Hence, information obtained from peers is more likely to portray sexuality in a positive manner in the way that it inspires teenagers to engage in risky sexual behaviour.

During discussions the majority of participants argued that peer pressure had a negative influence on relationships between young people and their parents.

Participant O: *"Even if we as parents try to make these children aware about the reality of life and how boys can make a young girl's life miserable forever, they do not listen. They keep on doing whatever they like until the damage is beyond control".*

Participants I: *"I was discussing sexual issues with a group of girls from my church. I told them that a girl is not allowed to talk to boys during the menstruation period. They all laughed and argued that it is a superstition, and their peers would laugh at them".*

Participants H: *"I used to encourage my daughters to participate in virginity testing, since they went to high school they refused to participate and argued that other children make them a laughing stock".*

These quotes are evidence that parents are concerned about young girls' sexual behaviour and teenage pregnancy. However, due to peer pressure as well as the fact that young people do not value traditional beliefs they failed to protect their children.

4.4.4 Material support

Participants identified financial reliance on sexual pattern as one of the factors that influence teenagers' sexual decisions. A study conducted by Kaufman and Stavrou (2004: 377) highlighted that sexual relationships are often characterised by the exchange of gifts for sex. Gift giving within a relationship usually entitles one partner physical and sexual rights to the other's body. During discussions, some participants highlighted that in most cases, teenagers' first babies do not get support from their fathers. Alternatively, young mothers tend to date older partners, who are usually financially stable, in order to meet their babies' financial needs. Participants identified a number of young mothers who moved in with older males after having a first baby. In other words dating older partner may be viewed as a sense of security to young mothers. However on the other hand Francis and Rimensberger (2008) and Manzini (2001) argue that being economically dependent on men has implications for young women's vulnerability to HIV/AIDS since they are less likely to negotiate safe sex. In

support, Godia (2008: 48) argues that "transactional sex is a means of survival for women in many countries, regardless of the risk to their health".

Some participants believed that poverty is an issue of concern with regard to reliance on material support. Others argued that once young girls have their own babies they do not listen to their parents; they make their own decisions which expose them to higher risk of being pregnant again. Lack of respect for elders was identified as one of the contributing factors to the escalating rates of teenage pregnancy.

4.4.5 Sex talk is a cultural taboo

Traditionally, African parents do not discuss sexual issues with their children. Discussion about sex was viewed as being naughty and an embarrassment. According to Ntseane (2007: 145), due to socio-cultural beliefs, in most families sex talk has become a taboo and parents feel embarrassed to discuss sexuality issues with their children. However, all participants supported the idea of sex education. Male participants suggested that women must talk to young girls about risky sexual behaviour. Female participants also believed that it is part of the women's role to talk to young girls about sexuality; however the majority of female participants were scared to have sex talks with their daughters. Reponses presented below reveal their concerns:

Facilitator: ***"Do you talk to your children about sexual issues and their consequences [sex talk]?"***

Participant A: *"As a virginity tester I do chat with young girls about sexual issues regularly...however, AmaZulu (African people) do not communicate with their children about these issues, as result black people (Africans) have the highest rate of teenage pregnancy"*

Participant M: *"I always make a point that I tell my wife how important it is to talk to our daughter about these things (sexual issues) as soon as possible"*

Participant I: *"I do chat with girls from my church, but I am not brave enough to talk to my daughter by herself"*

Participant G: *"As parents we find it difficult to discuss sexual issues with our children, however teachers are well educated, they are the ones who are supposed to talk to these children"*

These responses reveal that both males and females believe that it is a woman's role to talk to teenagers about risky sexual behaviour. The data also revealed the ignorance of boys since the focus is only on enhancing teenage girls' resistance, since girls were likely to be accused of being immoral in the case of pregnancy. Even though all participants understood the significance of sex talks, some seemed to shift responsibility to other people, such as educators. Based on discussions with participants it was discovered that shifting responsibility is something that existed previously because educating young girls about risky sexual behaviour was the mentors' and virginity testers' duty, not that of parents. It appears that traditionally, sex was not a silent issue as most studies maintain and was the duty of certain family or community members. Bhana (2008: 439) quoted the Convention on the Rights of the Child of 1989 which emphasizes that "sex education for children is obligatory as a measure of protection of public health". It is evident that sex education is significant and should take place within different social contexts such as homes, schools, churches, community and so forth.

4.5 Outcomes of pregnancy

Consistent with feelings of shame and embarrassment discussed in Section 4.3.1, all participants spoke about the negative outcomes of teenage pregnancy.

4.5.1 Being rejected

Because of the negative attitudes towards teenage pregnancy there is a high probability that pregnant teenagers are likely to experience rejection. According to Were (2007: 326) and Cunningham and Boult cited in Chohan and Langa (2011: 91) teenage pregnancy is also characterised by the psychological cost of rejection or social exclusion ranging from disapproval of friends to rejection by the family, isolation and stigma. During interviews, some participants highlighted that even though teenage pregnancy has been normalised, one of its consequences is social rejection. For instance when Participant D found out that her

daughter was pregnant she chased her away and since then has never made any effort to assist her financially. Participant D does love her grandchild and provides financial and emotional support as she used to do for her daughter. It is evident that even though grandparents do accept innocent babies, teenage mothers experience social rejection as one of the consequences of the teenage pregnancy.

Teenage mothers not only experience rejection within their family but also social rejection as well. In traditional societies individuals are classified in social groups according to their stage of development. Teenage girls who are not mature enough to engage in sexual relationships belong to a group of *amatshitshi.* Young women who are mature enough to be in a sexual relationship but are still virgins or have no babies belong to a group of *izintombi.* Then later there are the groups of married women and elderly women. Once a teenage girl gets pregnant before marriage she belongs to no group since she is not allowed to be part of either *amatshitshi* or *izintombi.* In support, Participant I says that "*getting pregnant at an early stage of development or before marriage is a shame... as a mentor of young girls at church I won't allow a rotten potato (teenage mother) to be part of my group, and unfortunately there is no group for them*". Labelling or name calling within the society, such as 'rotten potato' is one of the challenges faced by teenage mothers. Such labelling is again consistent with the roots of shame and embarrassment discussed in section 4.3.1.

Many participants agreed that being rejected by a sexual partner usually occurs once a young girl falls pregnant. Due to fear of taking responsibility and disappointing their families, young male partners tend to deny pregnancy. The findings of Sathiparsad (2010) highlight the fact that the financial responsibility related to fatherhood is an obvious reason for boys to deny that they have impregnated a girl. As a result, teenage mothers have to find alternative ways to deal with the situation, such as dumping a child with someone else or engaging in transactional sex.

4.5.2 Dropping out of school

Even though the majority of teenage mothers do get support from their parents, some have to face the challenges of being a young mother on their own. Participants revealed that teenager mothers drop out of school due to the following reasons:

Teenage mothers coming from strict families are more likely to be forced by their parents to quit school. The majority of the participants strongly believed that each and every mother had to take a responsibility to raise her own child. As a result, parents sometimes refused to meet educational needs for a young mother, such as paying school fees, transport allowance, buying school uniforms and so forth. Some parents continued to provide school necessities for teenage mothers but refused to provide financial support for the baby. They argue that the baby's father must provide financially for his own child, which impossible if he still at school or if he refused to take responsibility.

Participants also argued that young girls misunderstand that having a baby does not mean being adult. Two participants highlighted that once a young girl had a baby she changed her attitude towards parents' teaching. Participant B revealed that as a concerned parent, she insisted that her daughter had to go back to school after having a baby. Instead she moved into her boyfriend's house and within a year was expecting another baby. Participant J also insisted that her daughter go back to school but the in-laws refused since they believed that women must take care of the household while men provide financially. As a result, Participant J compelled the in-laws to pay *lobolo* for her daughter to get married. The above responses point to the upheaval, not only in the girl's life, but also in the lives of those around her.

Dropping out of school due to teenage pregnancy seems to affect only girls. The Sathiparsad (2010) study reveals that teenage mothers are blamed for loose morals therefore they have to bear consequences such as dropping out of school. However, male participants revealed that previously both boys and girls suffered the consequences of being young parents. Boys were also forced to quit school and to find jobs so that they could support their babies and pay damages to the girls' families as well. These young boys were employed as unskilled labourers either by farmers or industries. In support, Barker cited in Sathiparsad (2010: 541) suggests that early school dropout is associated with fatherhood in early teenage years whereby a boy is forced to find the means to support his child.

The above discussions are evidence that since teenage pregnancy is usually unplanned it can result negative outcomes for both the mother and the child, which means that the cycle of poverty is likely to continue endlessly. Francis and Rimsensberger (2008) view schools as vehicles for change. They argue that not going to school means fewer opportunities for

personal development and exposes more women to poverty, financial dependency and HIV infection.

4.5.3 Family conflicts

As mentioned in Section 4.5.2, teenage pregnancy is a social issue that not only affects teenagers but also has a negative impact on family functioning as a whole. The majority of participants expressed their concerns about the impact of teenage pregnancy on family relationships. They revealed that one of the issues within the girl's family is taking decisions about pregnancy. Some participants who had experienced this situation decided to chase their daughters out of their homes, which probably made the situation worse. In most cases, probably due to frustration, parents do not make joint decisions, and there is conflict when parents disagree. Some parents, especially males, tend to blame women for being careless and for not teaching their girls about morality. Grandparents were also identified as a cause of conflict within the family because in most cases they were against punishing their grand children, but instead became excited by the fact that they were becoming great grandparents.

The majority of community members of Umhlathuzane follow traditional procedures when a teenage girl gets pregnant. The girl's family have to approach the boy's family and request the acknowledgment of paternity. This process is traditionally called *ukubika isisu* (reporting pregnancy). Recognition of paternity is very important as it provides a sense of belonging and determines which set of ancestors are responsible for protecting the child (Jewkes et al., 2009: 681). The majority of participants strongly expressed the embarrassment of approaching someone's house due to the fact of your child's misbehaviour. Participants revealed that traditionally, if the identified father accepted paternity responsibility, he or his family had to pay damages in the form of cows. However, although paying damages is expected, accepting responsibility and providing financial support to the child is a priority. Conflict between both families occurs if the identified father denies paternity. There are a number of reasons that were identified by participants as motives for denial, such as inability to provide financial support, fear of embarrassing his parents and keeping family dignity and/or where a girl had had multiple sexual partners. A study conducted by Hendricks, Swartz and Bhana (2010) also highlights a number of reasons why youth fathers deny paternity responsibility. The acceptance of paternity gives the child's mother and her family the right to claim financial support and payment of damages (*inhlawulo*) if it is a cultural

necessity. Besides financial responsibility, fear of breaking news to the family, emotional conflict and educational implications can also have a great influence.

The majority of participants emphasized that even though teenage pregnancy causes conflict between families, parents and other family members have to support the young mother. Eleven out of fifteen participants argued that a pregnant girl loses self-esteem and social identity within the community; therefore parents must give encouragement and empower young mothers to have a positive attitude towards life and the future. This also includes taking care of the baby while a mother goes back to school. In this case women are the ones who play a major role compared to men.

4.6 Role of indigenous knowledge in Umhlathuzane community

The National Research Foundation (NRF) clearly recognises the need to understand the indigenous knowledge system (IKS) and its role in community life (Denis, 2006: 315). As part of the research study's objectives, participants' perceptions towards the role of indigenous knowledge at Umhlathuzane, was explored. According to Sillitoe, et al., (2005: 9) "indigenous knowledge refers to culturally informed understanding inculcated into individuals from birth onwards, structuring how they interface with their environments. It is community based, embedded in and conditioned by local traditions". This definition emphasizes the significance of indigenous knowledge in shaping individuals' development and functioning within their primary environment. The majority of participants felt strongly that the decline on the role of indigenous knowledge in the Umhlathuzane community had lead to the community falling apart. All participants highlighted that even though sex talk was a taboo in traditional society, older community members taught young people about accepted behavioural patterns. For instance, traditionally, young girls used to sleep in their grandmothers' huts. Before they fell asleep their grandmothers used to tell them about how they should behave as young girls *(amatshitshi)* and as young women *(izintombi)* until their got married. Grandfathers did the same with boys. During these conversations, children gained a proper understanding of what was expected of them as young people. These informal conversations were one of the strategies used to transfer indigenous knowledge from one generation to another. Some of the strategies, such as ceremonies and rituals that were used to groom young girls, will be discussed in the next section (4.7).

Even though the role of indigenous knowledge has declined in this community, the majority of participants believed that taking indigenous knowledge and cultural practices into consideration when dealing with social issues may have a positive impact. The following quotes express the participants' views towards indigenous knowledge:

Participant B: "*.... Africans must go back to their roots so that they can have healthy living as before.*

Participant M: *"Previously we haven't suffered from these social crises; we were living in a peaceful manner under the guidance of elderly community members who taught us about acceptable behaviour with the society as whole, not just your parents".*

Participant K: *"I believe indigenous knowledge is still playing an important role to those who consider it. Look at (for instance) Inkosi Mzimela of Ongoye, he enforces cultural values to his community, as a result the incidence of teenage pregnancy is very rare. If it happens that a young girl falls pregnant, the boy's family is forced to pay damages and to assist the boy marry that girl".*

In keeping with the socio-cultural theory guiding this study, these participants again highlighted the significant roles played by respected elders in maintaining healthy living within the community through transmitting indigenous knowledge from generation to generation. In fact, Participant K advocated Inkosi Mzimela as a model who could be followed to address teenage pregnancy, highlighting the significance of promoting cultural values in communities such as Umhlathuzane.

4.7 Upbringing of children

This section focuses on different traditional practices that were used by the family as well as the community at large to bring up boys and girls from the early stages of development.

4.7.1 *Girls*

During data collection the following traditional practices were identified as indigenous methods previously used to groom girls and to prevent pregnancy until they got married.

These practices are discussed based on information obtained from participants during interviews.

- **Community traditional practices**

a) Virginity testing

Virginity testing is a traditional method used to examine young girls to ascertain if they were sexually active or not. This practice declined many years ago until the late '90s when Andile Gumede encouraged the Zulu nation to reinstate virginity testing. The majority of participants believed that virginity testing enhances a girl's sexual resistance and also helps to identify sexual abuse cases. Bennett (2010: 264) highlights that virginity testing has a variety of social benefits such as teaching young girls about the value of chastity before marriage, preventing teenage pregnancy and detecting sexual abuse cases and inhibiting the spread of HIV/AIDS. This practice was usually performed by mothers and/or senior women within the community as well as by trained virginity testers. Virginity testing took place either at home or in public during ceremonies such as *Umkhosi womhlanga* (the Royal Reed Dance). As mentioned in Chapter two, virginity testing has been highly criticised by South African Human Rights and Gender Commissions arguing that this practice violates girls' rights and dignity, exposes girls to risk of being infected by HIV during the process as well as to risk of being raped by those who believed that having penetration sex with a virgin cures HIV (Taylor et al., 2007 and Denis, 2006). Nevertheless all participants supported this practice as an effective way to control sexual behaviour among girls and in this way prevents teenage pregnancy.

b) Ukushikila (Physical maturity examination)

Ukushikila is a traditional practice used to assess girls' physical maturity so as to determine if they were ready for marriage. It was also used as a rough measure of sexual experience (Leclerc-Madlala, 2003: 19). According to participants, this practice still exists at Umhlathuzane; however, lack of elderly women within the community has a negative impact on the effectiveness of *ukushikila*. According to

participants, previously elderly women were able to tell if the girl was still a virgin by examining her body, specially thighs, breasts, bottoms and stomach. Leclerc-Madlala's (2003) study states that *ukushikila* was also viewed as an acceptable way for men to catch a glimpse of a young woman's developing body and appreciate without touching, abuse or rape. Even though the Commission of Gender Equality view *ukushikila* as a custom that falls well within the modern legal definition of sexual harassment and possibly abuse, Participant A confirmed Leclerc-Madlala's findings and stated that when they were growing up, during the ceremony they only wore *isigege* (a piece of bead work that covered the genital part only) and no one ever raped a girl for showing her bottom. Instead, if a male was impressed by a particular girl's body he might decide to marry that particular girl. During interviews the majority of the participants knew of this practice, but were concerned that today people might use it for the wrong reasons. For instance, Participant A further argued that "*in nowadays people are like animals ....a man may ask a young girl to reveal her bums and only to find out that later he raped that girl*".

c) *The Zulu goddess Nomkhubulwane's ritual*

Participants explained that Momkhubulwane's ritual had to be performed every year. Nomkhubulwane was a rain princess of the Zulu nation. During this ritual older community members and virgin girls had to prepare a garden of vegetables in an open field where everybody had access to on behalf of the princess. Failure to perform this ritual would lead to social crises such as drought, poor harvesting and so on. During this ceremony only virgin girls were allowed to participate; therefore virginity testing was done in advance. Being part of this ritual characterised a girl with a positive reputation such that she was a virgin and had morality. As a result, the majority of participants believed that this ritual played a significant role in encouraging young girls to remain virgins.

d) *Umkhosi womhlanga* (the Royal Reed Dance festival)

According to participants *umkhosi womhlanga* began many years ago and still exists today. The festival took place in the Zulu King's palace at KwaNongoma, KwaZulu-

Natal. Each chief arranged transport, usually buses, to bring *izintombi* (virgin girls) and other community members to the ceremony. In this festival virgin girls are viewed as flowers of the nation. According to participants the Umhlathuzane community is aware of this festival although only a few girls from the community participate. The majority of participants assumed that early sexual initiation is the reason why young girls do not participate. They also argued that lack of promoting young girls' participation at an early stage of development had a negative impact because it usually happens that by the time girls are mature enough to participant they had already lost their virginity.

- **Family traditional practices**

a) Umhlonyane

According to participants *umhlonyane* was a ritual performed by a family as soon as a young girl reached womanhood. Once a young girl goes through the first period of menstruation, the older female family members were responsible for teaching that girl about acceptable behaviour as well as risky sexual behaviour. This was done through *umhlonyane.* During the ceremony the young woman was kept behind doors where she could not be seen by males. Other young girls of the same stage of development celebrated womanhood through music and dance, while older women taught them about sexuality and acceptable behaviour within the community. According to participants, this ritual still exists but individuals tend to ignore its value to young girls.

b) Umkhuliso

Umkhuliso is a form of traditional twenty first birthday party. This ritual is performed by parents as a means of appreciating that their girl is a virgin and is mature enough to get married. Previously *umkhuliso* was performed on virgin girls only, however today it is a custom performed on a young woman regardless of whether she is a virgin or not. Participants argued that the misconception of *umkhuliso* and its significant has a

negative impact to young girls' sexual behaviour. This ritual was a sign that the parents were giving a young woman permission to engage in a sexual relationship, however in a proper manner. In this case, if a girl was falling in love she informed a *iqhikiza* (mentor). The mentor's role is to ensure that a girl is choosing the right partner, to guide the whole process of *ukuqhoma* (dating procedure). They also taught a young woman about sexuality, such as when to engage in sex and how. The majority of participants argued that the meaning of *umkhuliso* has been misinterpreted in such a way that today this ceremony is being performed even for women who already had babies. Furthermore, they explained that whereas previously only virgin girls were allowed to participate, today even unmarried young mothers become part of this practice.

c) *Ukusoma* (Non-penetrative thigh sex)

Penetration sex was not allowed unless the partner had paid *lobolo* and the couple were about to get married. Female participants revealed that having sex with your partner before he had paid *lobolo* was not allowed and if it did happen the young woman was called a loser by everyone. They revealed that *ukusoma* (non-penetrative thigh sex) was an alternative strategy. In support Buthelezi cited in Sathiparsad et al., (2011: 74) admitted that Zulu culture acknowledged that young people's sexual desires satisfied by *ukusoma* was used to ensure that no unwanted pregnancy occurred. According to participants, the youth of today know nothing about thigh sex, and it is no longer in practiced. Likewise, the study by Sathiparsad et al., (2011) reports that young people knew about this practice but that it was no longer popular. Young women were also taught ways to trick their partners in order to make sure that they avoided penetration sex. For instance, Participant A had a mentor who taught them to apply Vaseline all over the body to make it difficult for the partner to grab her if he wants to have penetrative sex.

d) Umkhehlo

Participants explain that *umkhehlo* was the last ceremony performed by a groom's family within the bride household before the wedding. Performing this ceremony

indicated that both families appreciated that the young woman had behaved very well and was ready for marriage. The groom's family sent a cow to the bride's house which would be slaughtered during the ceremony. Family and community members gave gifts to the bride in the form of money and blankets. According to the participants this practice still exists at Umhlathuzane community and is active.

4.7.2 *Boys*

According to male participants, previously when they were growing up they were guided by older male figures, especially grandfathers. They used to teach them about acceptable behaviour within the community. For instance, young boys were not allowed to abuse alcohol. They were also taught about how to propose love to young women as well as the responsibility that that entailed, such as paying *lobolo*, being responsible for their household and so forth. Promoting masculinity also occurred as boys engaged in certain activities. For instance, boys were motivated to be brave and courageous in a coercive manner by *inqwele* (a hero) during cattle herding. A study conducted by Nkosi (2008: 150) highlights that "in Zulu culture a lot of teachings about sexuality amongst boys take place during the period of *ukwelusa* (cattle herding)". Mostly male participants were concerned that today no one takes responsibility to guide male children. Participant J even stated that *"I have heard Ukhozi FM emphasizing the importance of going back to our roots. This will only work with girls since as a community we still practice some of the cultural practices used to groom young girls previously. But when it comes to boys nothing has been done and community older men don't bother to do anything with upbringing of boys as they suppose to do"*. Participants were concerned that in their community boys were getting out of control; they quit school and engaged in high risk behaviour such as abusing drugs and alcohol, crime and having multiple sexual partners. In this case, there is a need for implementing strategies to intervene on issues around boys' views on masculinity. Socio-cultural theory also emphasized that cognitive growth is a socially mediated activity whereby young people acquired new ways of thinking and behaviour such as interacting within knowledgeable societal members (Swartz, et al., 2006). This theory supports the significant role played by elders and indigenous experts, such as traditional leaders and traditional healers, on the upbringing of both girls and boys.

4.8 The influence of modernity on traditional methods

During discussions modernisation was identified by participants as an impediment to traditional methods used to prevent teenage pregnancy. Transition from traditional society to modern societal lifestyle has a great impact on an individual's functioning. Emile Durkheim, sociologist, believes that traditional society was characterised by social facts and moral solidarity regulated by shared values and customs that hold society together and keeps it from descending into chaos. He argues that transition to modern society has led to social difficulties as it has disruptive effects on traditional lifestyles, morals, religious beliefs and everyday patterns (Giddens, 2006). A sense of individualism was also viewed as a hindrance to modifying young people's behavioural patterns. Participants argued that today young people do not listen to or respect older people instead they make their own decisions that were more likely to expose them to risk behaviour. For instance, the some participants expressed their frustration as follows:

Participant F: *"Our fore fathers used to teach us on how to become insizwa (well behaving young man) by respecting elders' views and culture. However we cannot follow the same procedures as our children are highly modernized".*

Participant J: *"In our day as a child you had to respect each and every adult as your own biological parents...guiding and punishing a child was everyone's duty.*

Participant K: *"In nowadays children have rights; they do as they wish at any given time...punishing a child for wrong deed is now viewed as child abuse".*

The above participants made a clear distinction between modern and traditional beliefs and practices regarding young people's behaviour. These quotes also reveal that elders are critical of the rights discourse and felt strongly that rights take power away from them. The majority of participants argued that children's rights also had a great impact on children's risk behaviour and also viewed these rights as impeding on the traditional parenting role. Furthermore, they strongly argued that the government should not control how they raise their own children. Ntseane (2007: 145) writes that in Botswana, community leaders and parents blamed government for taking away their authority that would improve the welfare of the community by over-emphasis on children's rights.

Participants A: *"I make sure that my children understand that no one has rights in my house, you must first complete your studies, have a job, buy your own house and then do whatever you like in your own time".*

Participant C: *"Government is killing our nation. Neither parents nor educators are allowed to punish children. Our parents had no magic to guide and to protect us, they used corporal punishment. However, today Children's Rights prohibit such a good thing".*

Participant M: *"Government has no child in my house. I am a commander in my house and I know what is best for my children".*

Some participants were critical of the fact that liberal policies of the government are based on a western perspective. They argued that looking at an issue in a global manner may lead to disaster since different individuals interact in a unique manner based on their culture. For instance, in this study all participants believed corporal punishment to be part of Zulu culture and viewed it as a direct way to enforce discipline; however, the government accuses them for abusing and violating children's rights. Sathiparsad (2007) also highlights that corporal punishment is used by chiefs and *indunas* (advisors) as a form of disciplining the perpetrator of wrongdoing.

During these discussions a number of factors, discussed below, were also identified by participants as impediments to using indigenous knowledge and causes of the erosion of cultural values.

4.8.1 Cultural diversity misconception

Participants stressed that taking indigenous knowledge for granted due to a cultural shift had a negative impact on a young generation's behaviour. Young African people tend to ignore their own cultural values and rely more on other racial groups' cultures. As outlined in the socio-cultural theory, the majority of participants argued that different racial groups have different cultural values that shape their functioning in a unique manner and that there is no universal culture that can be applied to modify young people's behavioural patterns across the globe. Were (2007: 329) also argues that the breakdown of traditional moral structures, such as virginity testing, and infiltration of the western culture were partly attributable to the

problems among the youth. Some participants were also concerned that Africans would never be able to intervene successfully on teenage pregnancy issues if they relied on western methods. During discussions, Participant N showed her frustration and anger by saying that *"I was working for White people as a domestic worker for many years and I never saw a White girl pregnant. Look at our (African) children, the situation is becoming worse due to the fact that they undermine the value of traditional culture to young African girls"*. The majority of participants were concerned that misconceptions of cultural diversity by young Africans was destroying their future. They argued that democracy did not mean that certain cultural norms and values must be ignored or criticised, but individuals must practice whatever promoted the well-being of individuals. In support Noden, Gomes and Ferreira (2010: 1287) advocate delaying sexual debut as determined by socio-culture. During the interviews it was noticed that there was a misconception that teenage pregnancy is only an African problem. Various studies found that teenage pregnancy is a global issue which occurs regardless of race; however developing countries and rural areas have a higher rate of teenage pregnancy compared to other racial groups (Statistic South Africa, 2007, 2010).

4.8.2 Policies promoting access to termination of pregnancy and family planning

The aim of conducting the interviews was also to explore the views of traditional healers and traditional leaders towards policies that promote modern teenage pregnancy interventions. The main focus was on termination of pregnancy and family planning. Nine of the participants were not aware of these policies. Even though they knew that teenagers did terminate pregnancies, some did not know that it was legal in South Africa. In 2004, the Choice on Termination of Pregnancy Amendment Act was put into practice by the government to ensure females, including teenagers, could legally terminate pregnancy either from public or private sectors (Jewkes et al., 2007 and Ramkissoon, 2010). All participants were totally against the termination of pregnancy, whether it was done legally or not. They argued that it was *immoral* and was a *sin*, and those who *kill innocent babies* are *murderers who deserve to be jailed.*

Some participants also argued that government strategies used to eliminate unwanted pregnancy contradict one another. Examples of the follow participants' arguments are:

Participant A: *"Why would you tell a child to make use of contraceptives if she can terminate pregnancy at any given time?"*

Participant D: *"Teenagers need parents' guidance since they are more vulnerable to risk behaviour. However our (South African) government allows a twelve year old to make 'severe' decisions that may permanently affect her sexual life without parents consent".*

Participant G: *"Government seems to be concerned about the issue of teenage pregnancy; however the same government motivates young people to engage in sexual relationships. Government gives young people options (contraceptives and condoms) to choose from when engaging in sexual relationships"*

These participants argued that instead of promoting sexual resilience among teenagers, the South African government has created an image that sex at an early stage of life is normal and acceptable. This argument is against the legislation that promotes children's right to access contraceptives and condoms. For instance, Section 134 of the Children's Act No. 38 of 2005 emphasizes that teenagers have the right to voluntarily access family planning services by the age of twelve without parents' consent. Participants assumed that young people did not make use of family planning strategies, based on their observation that teenage pregnancy is very high in their community. In other words, the family planning strategy is perceived to be ineffective. However, it would seem that the young people of Umhlathuzane do not in fact have access to health facilities. The mobile clinic comes once a month and operates in an open space which violates their rights to privacy and confidentiality. Negative assumptions, as indicated by Participant D, about family planning, also hinder the effective use of contraceptives among young people. A study conducted by Were (2007) in Kenya also finds that the majority oppose contraceptive use asserting that it affects one's reproductive system and leads to infertility. For instance Participants B stated that *"I am totally against the provision of pills and injections (contraceptives) to young girls and I believe that these methods have a negative impact on a later stage of life. You may find that this girl may have difficulties to have babies at a later stage since contraceptives affect fertility".* During this discussion it was noted that there was a need for health education to keep people informed about the impact of their choices on their health outcomes.

4.9 Participants' views towards collaboration and integration of modern and indigenous methods to address teenage pregnancy

Participants held different perceptions towards the idea of combining modern and traditional methods for teenage pregnancy prevention. Six out of fifteen participants argued that ignorance of traditional practices as well as the high rate of teenage pregnancy indicates that the practice is beyond control. They also argued that children of today did not listen and lacked discipline. These participants viewed the generation gap as an impediment to the effectiveness of traditional practices today.

Further, they argued that the government was critical of indigenous methods which also had a great impact on the frequent occurrence of teenage pregnancy. A number of studies indicate that statutory regulations have classified indigenous methods used to prevent teenage pregnancy as criminal offences (Bennett et al., 2010; Leclerc-Madlala, 2003; Denis, 2006; Taylor et al., 2007). As an example, virginity testing was viewed by the participants as a significant Zulu cultural practice that protects young girls from early sexual debut, teenage pregnancy and STDs. On the other hand, human rights organisations consider this practice as a humiliating and discriminatory violation of children's rights. Studies conducted by Shisana at el. (2009) and by Bennett (2010) also highlight that virginity testing exposed girls to risk of being raped since some men believed that sleeping with a virgin could cure AIDS.

However, eight participants believed that collaboration of modern and traditional teenage pregnancy prevention methods may have a positive impact. Two of these participants considered that even though the situation is worse working together with government could make a slight difference. Six of them strongly believed that culture plays an important role for individuals within their social contexts, and that using cultural practices when dealing with social issues may be successful. They considered the fact that society is highly modernised, thus emphasising need to take both modern and traditional strategies into consideration. Even though participants lacked information on how the government formulates and implements intervention strategies, the majority believed that if the government made an effort to consider their perceptions there is a likelihood of successful and effective collaboration. In doing so, the government could implement strategies that are based on both western and traditional perspectives in such a way that unique individuals' needs will be met efficiently and effectively.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

In this chapter the conclusions and recommendations are outlined according to the research findings. The main aim of this study was to explore indigenous methods used to prevent teenage pregnancy from the perceptive of traditional healers and traditional leaders, and to explore whether these methods have relevance today and may form part of a teenage pregnancy intervention. As outlined in Chapter 1, the research objectives were:

- ***To explore traditional healers' and traditional leaders' views on teenage pregnancy.***

- ***To explore with traditional healers and traditional leaders***
  - ***(c) indigenous methods/practices used traditionally to prevent teenage pregnancy, and***
  - ***(d) their views on whether these practices have relevance today.***

- ***To determine perspectives of traditional healers and traditional leaders on existing modern teenage pregnancy intervention strategies, such as family planning (contraceptives and condom-use) and termination of pregnancy.***

- ***To ascertain views of traditional healers and traditional leaders on the integration of indigenous and modern methods of pregnancy prevention.***

To meet these objectives a purposive sampling strategy was used to select a sample of fifteen participants consisting of ten traditional healers and five traditional leaders. Semi-structured interviews were conducted guided by an interview schedule which consisted of demographic and open-ended questions (see Appendix B). This schedule was designed to address the following questions:

- ***What are the perceptions of traditional healers and traditional leaders towards teenage pregnancy?***

- ***What are indigenous methods that have been traditionally used to prevent teenage pregnancy?***

- ***What are the views of traditional healers and traditional leaders towards modernized teenage pregnancy interventions and policies?***

Attempting to understand the perspective of traditional healers and traditional leaders towards indigenous methods traditionally used to prevent teenage pregnancy the Lev Vygotsky's Socio-Cultural Theory was used. This theory focuses on how social groups' significant cultural practices, beliefs, norms and values are transmitted from one generation to another through socialisation. This study was conducted in southern KwaZulu-Natal, in a traditional society of Umhlathuzane, Eshowe.

5.2 Conclusions of the study

The following conclusions are drawn from the study in terms of the main objectives of the study.

5.2.1 Participants views towards teenage pregnancy

This study found that the issue of teenage pregnancy is of concern at Umhlathuzane community. All participants expressed negative feelings towards teenage pregnancy and view it as a shame and embarrassment to both parents and teenage girls. They also considered it as a disaster facing the community since teenage pregnancy destroys the future of young girls as well as community functioning. A study conducted in Soshanguve by Moholo et al., (2009) found that teenage pregnancy comes with inevitable interruption in education and feelings of hopelessness. Despite the initial shock and embarrassment, family conflicts and rejection come with a negative attitude towards teenage pregnancy. This study found that due to frequent occurrences of teenage pregnancy, it has become a normal and acceptable situation within the community. Five participants argued that normalisation of teenage pregnancy contributed to its escalation rate in the community. Factors such as alcohol and drug use, child support grant, peer pressure and material support were identified as teenage pregnancy contributors. The majority of the participants were concerned that young people were

becoming addicted to drugs and alcohol and the increasing number of alcohol sellers had a negative impact on community functioning. Studies conducted by (Shisana et al., 2009; Sathiparsad et al., 2010; HSRC, 2009) show that alcohol has a strong correlation to risky sexual behaviour which places young people at risk for teenage pregnancy, HIV infection and other STDs. Furthermore, financial reliance has a negative impact on teenagers' sexual decisions. Dating an older wealthy partner may be viewed as a sense of security to young mothers while this in fact exposes them to the risk of unattended pregnancy and HIV/AIDS. Two participants were of the opinion that the child support grant was a motive to young girls to have babies.

Peer pressure was found to be a communication hindrance between teenagers and parents. Participants stressed that children of today did not respect elders, did not listen, did not value traditional beliefs and tended to rely more on their peers, all of which made it difficult for parents to protect their children. Consequently, lack of sex talk between parents and children also contributed to the domination of peers' information. Participants highlighted that traditionally sex discussions did occur but was the duty of certain family and/or community members such as grandparents and *amaqhikiza* (mentors). However, this strategy has declined and responsibility has shifted to other people, such as educators.

5.2.2 Participant's perspectives towards indigenous knowledge and practices

All participants strongly felt that indigenous knowledge systems played an important role in individuals' daily functioning. They further argued that the decline in the role of indigenous knowledge amongst the Umhlathuzane community had a negative impact. Previously, elders and mentors used to teach young people about acceptable behavioural patterns. Different cultural practices and rituals were also used as methods to monitor young girls' behaviour in different stages of development until they got married. The sequence of these methods begins as soon as a young girl reaches puberty stage. *Umhlonyane* has been identified as a significant family practice whereby young girls are taught about womanhood, sexuality and acceptable behavioural patterns within the community. *Umkhuliso* is a family practice which is viewed as a reward from parents to a mature young woman for not engaging in a sexual relationship until parental consent was given. The majority of the participants were concerned that the value of this ritual had declined as it was now being performed not only for virgin girls but also for women who already had babies. Permission to date does not mean that a

young woman must initiate sex but *ukusoma* (non-penetrative thigh sex) was practiced until the partner paid *lobolo* (bride worthy). Before marriage, the groom's family performed the *umkhehlo* ceremony within the bride's household as a symbol of appreciation that the bride has behaved very well until marriage. This practice still exists at Umhlathuzane community. Participants also identified certain community cultural practices as significant strategies to promote indigenous knowledge. For instance, they view virginity testing as a significant traditional method for enhancing a girl's sexual resistance and also helped to identify sexual abuse cases. Traditional ceremonies, the Zulu goddess *Nomkhubulwane*'s rituals and *Umkhosi Womhlanga* (the royal reed dance festival) were also viewed as significant practices during the girls' upbringing. Participants believed that for a young girl to participate in these practices brings with it a positive status for being a virgin and it indicates morality. *Ukushikila* (physical maturity examination) was a traditional practice used by elderly women to examine a girl's body to determine if they were still virgins. This practice was also used to assess if a young woman was physically mature enough to get married. This practise has decline due to the lack of elders who are experts in this practice and those who abuse it such as males who tend to abuse these girls sexually.

The majority of participants were aware of critics around these methods and practices but argued that they remained significant in Zulu culture. Briefly, they strongly believed that these practices enhanced young girls' resistance towards early sexual debut prevent teenage pregnancy and ensure that girls remain virgins until they get married. Both male and female participants supported these practices. However the responsibility of keeping these practices active falls on women. During discussions, it was clearly indicated that it is a woman's duty to take responsibility for a girl's upbringing.

Some participants were concerned that boys were getting out of control. They misbehaved but no one took responsibility to guide male children. Male participants highlighted that guidance and teachings from elders, indigenous knowledge experts and *izinqhwele* (heroes) was significant during their early stages of development.

5.2.3 Participants' views towards modern teenage pregnancy interventions and policies

Divergence from the traditional to the modern is the main challenge faced by traditional communities. The majority of participants argued that modernity has a negative impact on

young people's behaviour. The majority of participants were totally against modern methods of teenage pregnancy interventions. They argued that the South African government motivates young people to engage in sexual debut and provides options (i.e. contraceptives and condoms). Certain policies were also identified as causing diminishing value of indigenous practices. For instance, all participants were totally against the Choice of Termination of Pregnancy Act and children's rights to access family planning services as from the age of twelve without parental consent. They criticised the government for viewing social issues in a broader level as well as for implementing universal intervention strategies as it eroded the elders' and family role. In that way indigenous knowledge and practices were ignored. Furthermore, they argued that modernisation was destructive and contributed to the rise in teenage pregnancy.

5.2.4 Participants' views towards collaboration and integration of modern and indigenous methods to address teenage pregnancy.

Participants had mixed responses toward collaboration and integration of modern and indigenous methods in addressing an issue of teenage pregnancy. The majority of participants believed that such collaboration could have a positive impact. This is despite the fact that some argued that the damage was beyond control and nothing could be done to restore traditional practice. Indigenous knowledge and cultural practices are fundamental traits that shape individuals' functioning within society. These traits help societal members to understand acceptable behaviour within that particular society. Participants took into consideration that today most societies are highly modernised and this calls for a formulation and implementation of teenage prevention strategy based on both western and indigenous perspectives.

5.3 Recommendations

The findings of this study indicate that the decline in indigenous knowledge and cultural practice influences risky sexual behaviour among young people. Therefore, it is recommended that the role of elders and family must be re-instituted to address erosion of cultural practices and traditional methods. This will enable formulation and implementation of relevant teenage pregnancy intervention strategies which correlate with societal beliefs, norms and values.

Collaboration between the South African government and indigenous experts is a necessity. It is recommended that the government must consult and discuss social issues with traditional healers and traditional leaders in order to gain different perspectives. Indigenous experts must also be included in the government policy formulation process to avoid existing debate on legislation and policies. The White Paper (1997) emphasizes the need for developing a holistic legislation which considers a range of human needs, social functioning and co-operation between different sectors to ensure formulation and implementation of appropriate welfare legislation. The study findings indicate that there is a need for forums of indigenous experts and other sectors, such as health, welfare and education.

Addressing teenage pregnancy calls for community initiative. It is not only a responsibility of the government and certain community members such as virginity testers, mentors, women and leaders to enhance sexual resistance among young people. Existing community structures such as schools, churches, parent groups and committees must take initiative in educating and motivating parents and care givers to discuss sexual issues with children. This gap need to be filled in order to eliminate the risks associated with early sexual debut such as teenage pregnancy, HIV/AIDS infection and poverty.

Day in and day out, social workers interact with unique individuals from different social contexts. Therefore, it is important that social workers must have a holistic understanding of an individual's functioning. Even though social work codes of ethics promote cultural diversity its practise is mostly based on a western perspective. Therefore, it is recommended that social work curricular especially in universities must promote indigenization. Green (2007) and HSRC (2010) emphasize the important roles that educational institutions can and should play in encouraging dialogue relating to indigenous knowledge. In fact, these authors suggest further that education at school should include indigenous knowledge systems and

practices. This is one way to encourage understanding and to facilitate relationships between diverse cultures.

The findings of this study were based on information obtained from only fifteen participants. These findings may be similar to other studies; however generalizations extending to a larger population may be unwise. Therefore it is recommended that further research be conducted. A similar research study with a large sample needs to be conducted in other areas, both rural and urban, so as to get a fuller picture, in-depth information and guidelines which are best suited in addressing teenage pregnancy. For better understanding of individuals' views towards modern and traditional methods to prevent teenage pregnancy, the perspective of young people, both male and female from rural and urban areas, must be explored.

5.4 CONCLUSION

This study revealed the significant role of the elders and indigenous experts in transmitting indigenous knowledge and cultural practices to young people. The main objective of this study was to gain in-depth understanding of traditional methods that were previously used to prevent teenage pregnancy from the perspective of traditional healers and traditional leaders. The study findings revealed that there is a high demand for re-instituting elders' and family roles in addressing the erosion of cultural practices and traditional methods. Most of literature looks at teenage pregnancy prevention based on a western perspective and tends to criticise indigenous practices. This study highlights that indigenous experts felt strongly that ignoring indigenous cultural practices has led to disaster and non-resolvable social issues, including teenage pregnancy. They also considered that today young people are highly modernised. Therefore, when attempting to formulate and implement effective intervention strategies to address teenage pregnancy and the negative impact of modernity on traditional societies, both modern and traditional methods should be utilised.

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Appendix A:
Informed consent form

APPENDIX A

LETTER OF INFORMED CONSENT

INFORMED CONSENT FORM

Indigenous methods used to prevent teenage pregnancy: Perspective of Traditional Healers and Traditional Leaders

Student/Researcher: Thembelihle Shange

Supervisor: Dr. R. Sathiparsad

Dear Participant

My name is Thembelihle Shange. I am a social work student at the University of KwaZulu Natal, Howard College, Durban, 4041. I am conducting a research which aims to explore indigenous methods used to prevent teenage pregnancy from the perspectives of traditional healers and traditional leaders. I am conducting this study for the completion of my Masters Degree in Social Work (Social Policy) at the School of Social Work and Community Development. Participants must be aware of the following facts before agreeing to participate in the study:

1. Participants will remain **anonymous**.
2. All information that participants give will be **confidential**. Only I, as the researcher, and my supervisor, Dr. R. Sathiparsad, will have access to the information.
3. Information will be used only for the purpose of the research purpose and it will be destroyed as soon as the study is over.
4. Each interview session will take approximate 60 minutes.
5. Participation is **voluntary**; participants will not be given any rewards for participating in this study.
6. Participants are allowed to **withdraw** from the research study at anytime.

If participants have any queries regarding this research study, they may contact me (Cell. no: 0765337795 or Dr. R. Sathiparsad (031 260 2430); email: sathipars@ukzn.ac.za)

Thank you.

Researcher: Thembelihle Shange, 207509470.

To be completed by the participant

I_____ fully understand the information discussed above and I consent to participate in this study.

_____ _____

Participant's Signature Date

Appendix B:
Interview schedule

APPENDIX B

UKZN: School of Social Work and Community Development

Interview schedule

Indigenous methods used to prevent teenage pregnancy: Perspective of Traditional Healers and Traditional Leaders

Student/Researcher: Thembelihle Shange

Supervisor: Dr. R. Sathiparsad

2011

1) **Demographic information**

a) What is your age?

Age category in years	Please tick
15-20	
21-30	
31-40	
41-50	
50+	

b) What is your gender?

Male	
Female	

c) What is your position?

Traditional healer	
Traditional leader	
Both	

d) How long have you been in this position?

Period in position	Please tick
5-10 years	
11-15 years	
15-20 years	
20+ years	

2) **How did you come to be in this position?**

Probe: A calling, training received?

3) **As you know, I'm here to talk about teenage pregnancy. So what can you tell me about teenage pregnancy in this community?**

Probes:

a) Is it a common phenomenon?

b) Does it happen with girls in/out of school? Age group?

c) How do you get to know about it?

d) Is it acceptable or considered a problem in this community?

(Explain: for boys, girls, families?)

e) Has teenage pregnancy always been a problem? Is it a new issue? Is it increasing?

f) Do you think that this is an issue in SA generally or is it more common in some communities? Explain.

4) **What do you think about teenage girls falling pregnancy?**

Probes:

a) Attitudes towards teenage pregnancy.

b) Possible causes.

c) Responsibility for child-care.

5) **Have pregnant girls/ their families/ families of the boys concerned approached you for assistance?**

Tell me about this. (Some discussion here on processes, methods and outcomes)

6) **Can we talk about the indigenous/traditional methods used to prevent teenage pregnancy?**

Probes:

a) Some explanation of the methods.

b) Did these methods help to prevent/reduce teenage pregnancy?

c) Do you think the indigenous methods can help to address pregnancy among teenagers nowadays? (Some discussion here – In what way?)

7) **Are you familiar with the existing modern methods used to prevent teenage pregnancy?**

Probes:

a) Methods such as the use of contraceptives, family planning and abortion, and views on these.

b) Awareness and views on policies and legislations such as the Termination of Pregnancy Act, 1999, and policy for hospitals to provide free care to children under the age of six.

8) **Is there any way in which traditional and modern methods can be combined to address this issue?**

Probe: If yes, ideas on how this can be done? (Role-players, process, methods)

If no, why do you think combining methods is not a good idea.

9) **Is there any question that you would like to ask or comment that you would like to make?**

Thank you for your participation. I appreciate sharing your views with me.

Appendix C:
Ethical clearance

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

2 October 2012

Ms Thembelihle Shange 207509470
School of Applied Human Sciences
Howard College Campus

Dear Ms Shange

Protocol reference number: HSS/0988/012M
Project title: Indigenous methods used to prevent teenage pregnancy: Perspectives of traditional healers and traditional leaders .

EXPEDITED APPROVAL

I wish to inform you that your application has been granted Full Approval through an expedited review process.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Professor Steven Collings (Chair)

/pm

cc Supervisor: Dr Reshma Sathiparsad
cc Academic Leader: Professor Johanna Hendrina Buitendach
cc School Admin: Mrs Doreen Hattingh

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