Perceptions of students at the University of KwaZulu Natal, South Africa, regarding factors influencing high fertility rates among young people

By

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DECLARATION

Submitted in partial fulfillment of the requirements for the degree of Master's in Population Studies, in the Graduate Programme in School of Development Studies,

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Durban, South Africa.

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. It is being submitted for the degree of Masters in Population Studies, in the Faculty of Humanities, Development and Social Science, University of KwaZulu-Natal, Durban, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

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Student signature

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Date

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Acronyms

AIDS	-	Acquired Immunodeficiency Syndrome
DISH	-	Delivery of Improved Services for Health
FHI	-	Family Health International
HIV	-	Human Immunodeficiency Virus
HSRC	-	Human Sciences Research Council
IYDF	-	International Youth Development Forum
KZN	-	KwaZulu Natal
SADHS	-	South African Demographic and Health Survey
STATS SA	-	Statistics South Africa
STIs/STDs	-	Sexually Transmitted Infections/Diseases
UKZN	-	University of KwaZulu Natal
UN	-	United Nations
UNAIDS	-	Joint United Nations Programme on HIV/AIDS
UNFPA	-	United Nations Population Fund
UNICEF	-	The United Nations Children's Fund
USAID	-	United States Agency for International Development
WHO	-	World Health Organization

ABSTRACT

Fertility among young people has increased globally and is a major concern, particularly in developing countries. Sub-Saharan Africa is a region that is greatly affected by poverty; HIV/AIDS and an increasing population. Young people are engaging in unprotected sex and this not only increases their risk of having an unplanned pregnancy, but also increases the risk of them contracting HIV and other sexually transmitted infections. In Southern Africa, pregnancy rates among young people are high even though total fertility rates have declined. Many interventions have been implemented to directly address this issue; however, it is perplexing as to why pregnancy rates among young people are so high.

Studies have indicated that there are many factors that influence unplanned pregnancy rates among young people. The aim of this dissertation is to understand the reasons for high fertility rates among young people in South Africa. This study draws on qualitative methodology using in-depth interviews with 20 female students at a tertiary institution in KwaZulu Natal, South Africa.

Students interviewed presented a number of reasons for the high levels of pregnancy among young people. The study findings highlighted that young women have knowledge of contraception and are aware of the importance of contraception in preventing an unplanned pregnancy; however, contraception is being practiced inconsistently and incorrectly. Students are more afraid of the risk of an unplanned pregnancy than HIV/AIDS. Poor interpersonal relations with health service providers were perceived as a common barrier preventing young women from accessing contraception at the local clinics. Furthermore, the interviews suggest that peers exert an enormous influence over young people.

Chapter One

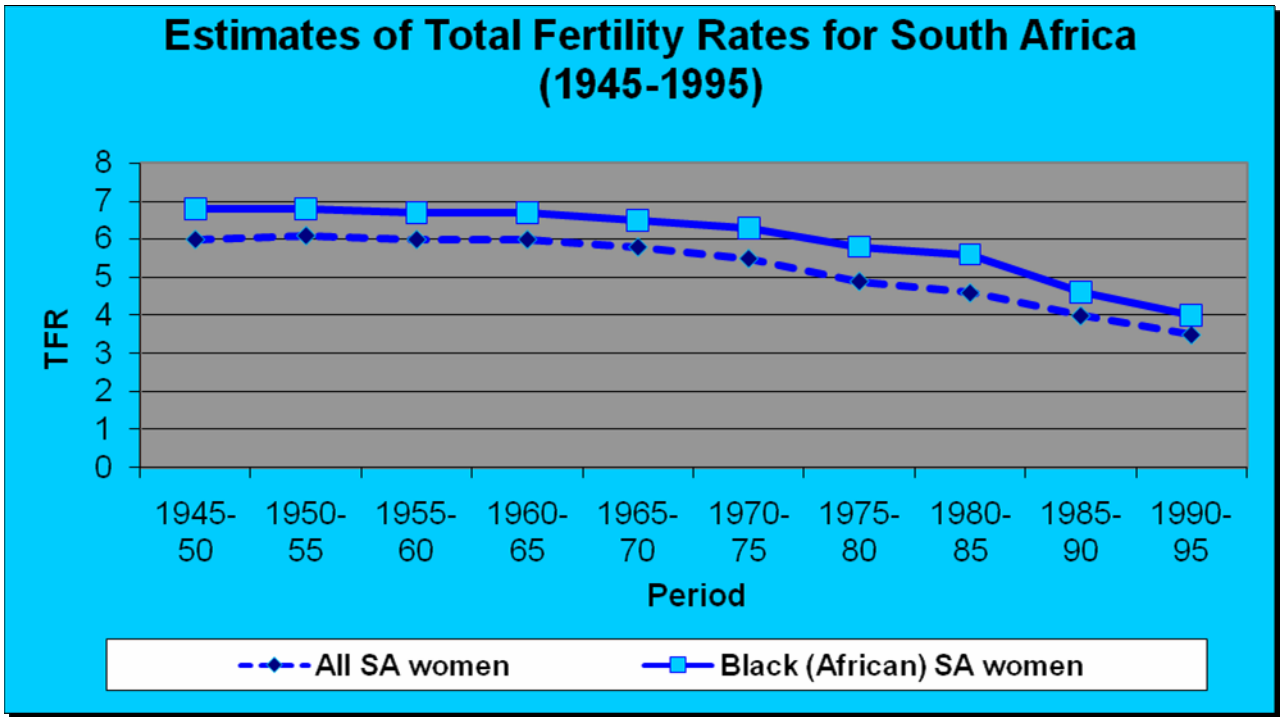
Introduction

High fertility among young people has become a major concern, particularly in developing countries (USAID, 2009). Sub-Saharan Africa has the highest fertility rates in Africa with women having 5.4 births on average (USAID, 2009). Furthermore, Sub-Saharan Africa is a region that is greatly affected by poverty and HIV/AIDS (UNAIDS, 2008). In 2007, almost 5.4 million young people (aged 15-24) globally were infected with HIV (UNICEF, 2008). The highest HIV prevalence rates were found in Sub-Saharan Africa, with younger women having a higher prevalence rate than men. High HIV prevalence rates in Sub-Saharan Africa illustrate that people are engaging in risky sexual behaviour such as unprotected sex, which not only increases their risk of having an unplanned pregnancy, but also increases the risk of them contracting HIV and other sexually transmitted infections (Kaufman et al., 2004; Hollander, 2007; Pettifor, 2005; USAID, 2009, UNICEF, 2008). South Africa is one of the countries that is greatly affected by HIV/AIDS and unplanned pregnancies, both factors increasingly occurring among the youth (USAID, 2009).

1.1. Background

Fertility in South Africa has declined dramatically over the last 50 years. In 1945 the total fertility rate (which is the average number of children that a woman would have given birth to in her lifetime) was 6.0 and it declined to 3.5 in 1995 and 2.8 in 2001 (Mostert & Lotter, 1990; Moultrie and Dorrington, 2004). At present, the total fertility rate for South Africa is 2.38 (Statistics South Africa, 2009). Figure 1.1 shows the total fertility rates for South Africa.

Figure 1.1: Estimates of Total fertility in South Africa and of Black South African Women for the Period of 1945-1995



Source: Moultrie & Timæus, (2003).

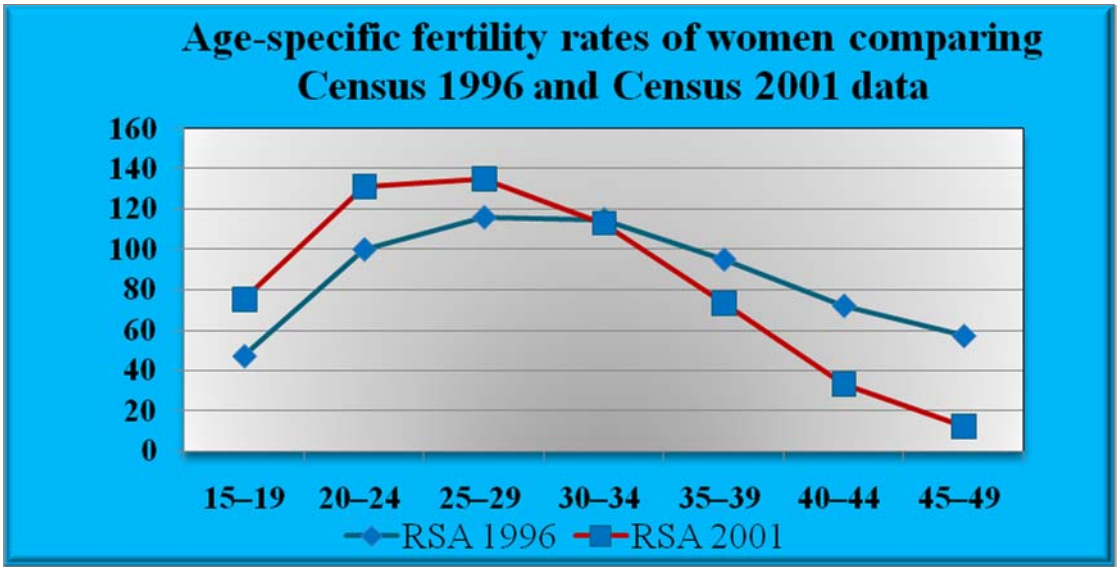
African women have the highest total fertility rate in South Africa, followed by Coloured women, thereafter by Indian/Asian women and lastly by White women who have the fewest children (Moultrie & Timæus, 2003). The rationale for the African group having such a high TFR was based on the belief that they would numerically 'swamp' the White population and put an end to the apartheid system (Moultrie & Timæus, 2003:266). However, Moultrie & Timæus (2003), argue that more recent data shows this to be untrue. Moultrie & Timæus (2003) argue that the main reason for the high levels of total fertility rates among African women is the inequalities created by the apartheid system.

Fertility in South Africa is now lower than elsewhere in Sub-Saharan Africa. Some argue that it is comparable to fertility levels in many middle-income countries in other parts of the developing world (Moultrie & Timæus, 2003:280). The most significant decline in fertility has been

observed among the older age groups. However, fertility among young people remains high and has increased steadily over the past few years (Statistics South Africa, 2001). Recent evidence suggests that the fertility rates of young people aged 15-29 have increased from 1996 to 2001 (Statistics South Africa, 2001). A number of studies suggest that more than one third of young women have had their first pregnancy by the age of 19 (Rutenberg, Kehus-Alons, Brown, Macintyre, Dallimore, and Kaufman, 2001; SADHS, 1998). Most of these pregnancies occur outside marriage, and most of them are either unwanted or unplanned (SADHS, 1998). Early studies have suggested that many young women become pregnant to demonstrate their fertility, and increase their opportunities for marriage (Preston-Whyte and Zondi, 1992). However, a later study found that young women prefer to delay their pregnancy (Kaufman et al. 2004).

An analysis of age specific fertility rates suggest that there is an increase in fertility until age 30 and thereafter fertility begins to decline. Figure 1.2 provides a comparison of age-specific fertility rate estimates for South Africa for 1996 and 2001.

Figure 1.2: Age-specific fertility rates of South African women, comparing data from Census 1996 and 2001.



Source: Statistics South Africa (2001)

This data illustrates that there has been an increase in fertility for women in the age groups 15-19, 20-24 and 25-29 years, with a significant decline in fertility for women in the age groups 30-34, 35-39 and 40 and 49 years. The increase in fertility among young women aged 15-29 is difficult to understand as many efforts (such as media campaigns) have been made in South Africa to address this issue (Pettifor, 2005), however it appears that despite these efforts, fertility among these ages has still increased (Statistics South Africa, 2001). Therefore, this study wishes to understand the factors that influence high fertility rates among young people by exploring the perceptions of young women regarding the causes of unplanned pregnancy and the reasons for its persistence.

A study by Senderowitz, Hainsworth, and Solter (2003), found that there are diverse factors that contribute to high levels of pregnancies among younger women. Their study indicates that contraceptive practice among young people in Sub-Saharan Africa is a major issue. Their findings conclude that the level of education, the attitudes of young people, and their awareness and access to contraception, are some of the main factors hindering contraceptive use (Senderowitz, Hainsworth, and Solter, 2003).

Studies indicate that young people are possibly engaging in unprotected and risky sex which increases their risk of falling pregnant and of contracting HIV and other sexually transmitted infections (Kaufman et al., 2004; Hollander, 2007; Pettifor, 2005). Furthermore, KwaZulu-Natal has the highest HIV prevalence rate (39.1%) in South Africa (Department of Health, 2008). This is a growing concern as many pregnant women who receive antenatal care are infected with HIV. There has been 354 000 new HIV infections among young adults aged 15 and older (Statistics South Africa, 2009). Young people are at an increased risk of contracting HIV and having unplanned pregnancies due to early exposure to sex and the lack of sexual and reproductive health knowledge resulting in more risky sexual behaviour.

The fact that young women are having unplanned pregnancies at an early age is a major cause for concern. Therefore, an issue that arises here is whether or not young people are using contraceptive methods correctly and consistently. This study therefore intends to investigate the

possible factors influencing high levels of fertility among young people in South Africa. More research is needed in understanding the driving forces behind the high levels of unplanned pregnancies amongst young people despite attempts like loveLife and many other campaigns to increase awareness of the risk of unprotected sexual intercourse (Pettifor, 2005).

1.2. Aims and objectives

The overall aim of the study is to provide insights into the reasons for the high levels of pregnancy among young women.

The focus of this study is to try and address the following research questions:

- Why is fertility among young people high despite increasing levels of educational attainment?
- What are the possible factors that influence high levels of fertility among the youth?
- Taking into consideration the history of South Africa, how does tradition, culture, dominant notions of masculinities and other social aspects play a role or influence the high levels of fertility amongst the younger generation in South Africa?

This study draws on qualitative data in order to understand the underlying reasons behind the high levels of pregnancies among young people. The study draws on 20 in-depth interviews conducted with students at a tertiary institution in KwaZulu-Natal.

1.3. Theoretical Framework

This study draws heavily on the framework developed by Bongaarts (1978) for analyzing the proximate determinants of fertility, which restructured the intermediate determinants of fertility proposed by Davis and Blake (1956). According to Bongaarts (1978:107), intermediate fertility variables are variables that directly influence fertility, and proximate determinants of fertility investigate these factors that directly influence fertility.

The proximate determinants of fertility

Proportions married: This variable is intended to measure the percentage of women at reproductive age engaging in regular sexual intercourse most likely in established/strong unions (sexual) such as marriage and traditional/consensual unions.

Contraception: Any purposeful means or practice of reducing conception.

Induced Abortion: Any practice that purposefully interferes with the normal course of gestation.

Lactational infecundability: Due to the women lactating regularly directly after birth, she is infecundable (unable to conceive).

Frequency of intercourse: This variable measures normal changes or differences in the rate of sexual intercourse.

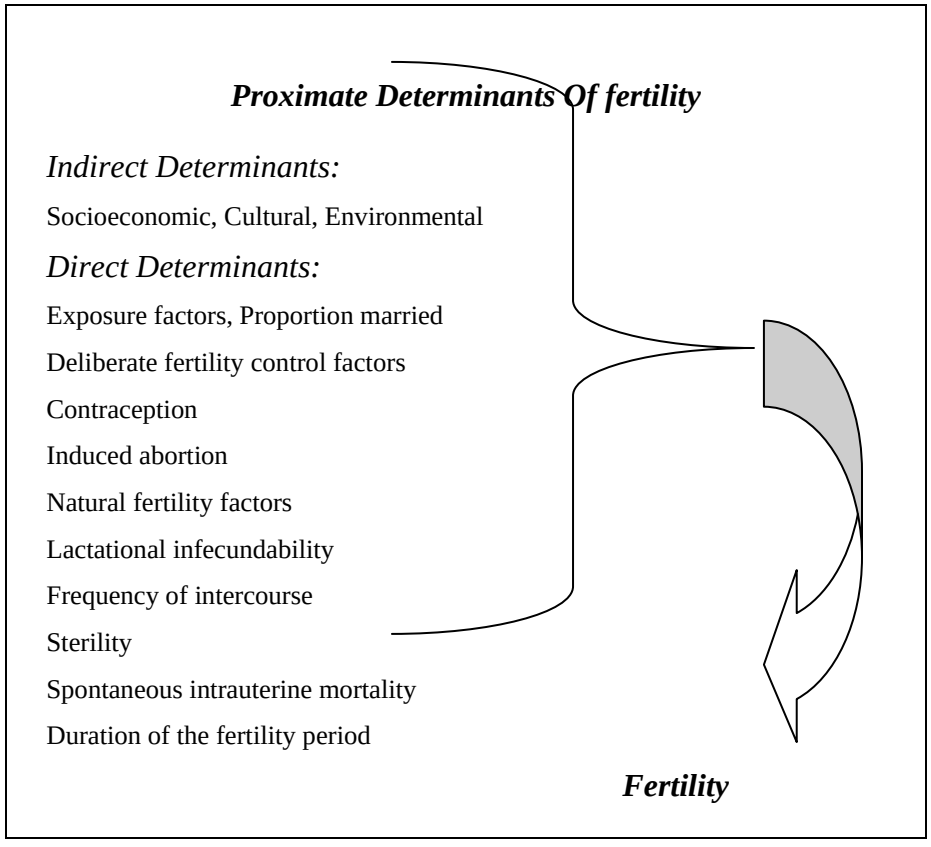
Sterility: Women are unable to fall pregnant naturally at the beginning of the menstrual function and after menopause. However, other than simply becoming sterile (as conception), there are other reasons as to why a couple could become sterile.

Spontaneous Intrauterine Mortality: Not all pregnancies result in a live birth as spontaneous abortion or stillbirth also occurs.

Duration of Fertility Period: The most apparent period that a woman will conceive is during ovulation where the ovum is most fertile. Therefore, she is most likely to fall pregnant if she engages in unprotected sex during ovulation (Bongaarts, 1978).

There is no doubt that socio-economic and cultural factors play a huge role in determining fertility (Bongaarts, 1978). For example, there is a negative relation between education and fertility as the higher the education, the later the age of marriage, and the increased use of contraception leading to the delay in age of childbearing with the likelihood of having children at, or below replacement level (Bongaarts, 1978). Hence, biological, cultural, behavioural, environmental and socioeconomic factors *directly* influence fertility and are as a result called intermediate fertility variables (Bongaarts, 1978). It is therefore important to understand what these determinants are as well as what they mean as these determinants are often used to gather information for demographic purposes (Bongaarts, 1978).

Figure 1.3: Proximate determinants of fertility



Source: Bongaarts (1978:106)

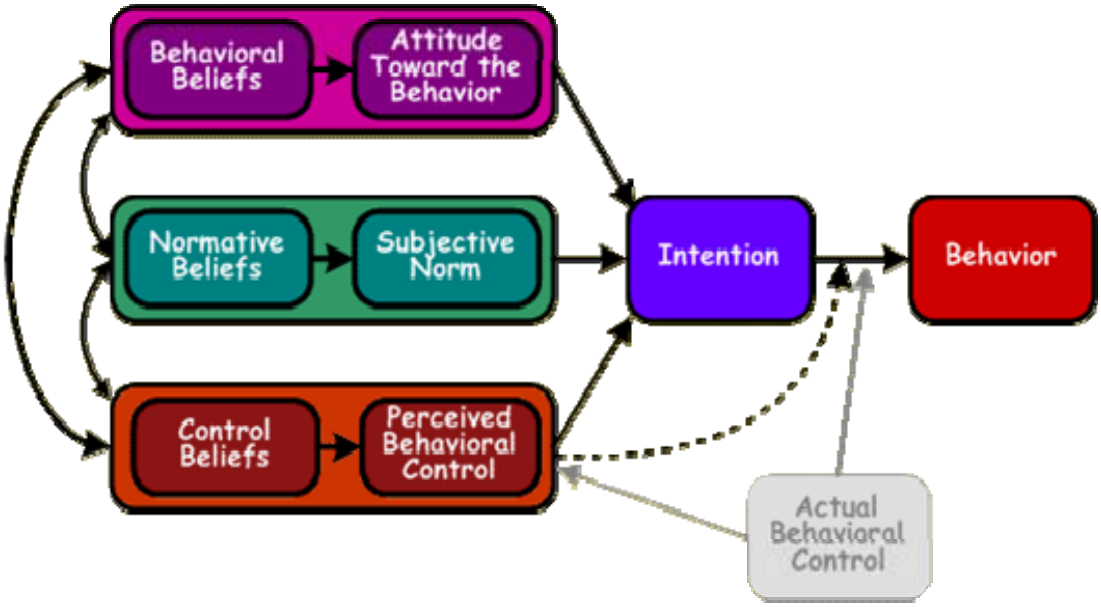
Contraceptive use is the main indicator that is responsible for the wide range in the levels of fertility (Bongaarts, 1978). The most important proximate determinant that applies to this study is contraception which is any purposeful means or practice of reducing conception. In order to use a method of contraception however young women will have to have awareness of it and it has to be available and accessible. Induced abortion is also common among young people and includes any practice that deliberately interrupts the normal course of gestation (Bongaarts, 1978).

The other proximate determinant influencing fertility among young people is the frequency of intercourse. This measures normal changes or differences in the rate of sexual intercourse which in this context depends on how many times students may have sex. The possibility of having multiple sexual partners may influence the frequency of intercourse (Bongaarts, 1978).

Lastly, the duration of the fertility period is the most apparent period that a woman will conceive; during ovulation where the ovum is most fertile. Therefore, a woman is most likely to fall pregnant if she engages in unprotected sex during ovulation. Hence, if young people do not protect themselves against pregnancy within this period by practicing safe sex or condom use, then they are more exposed to falling pregnant and are increasing their risk of conception (Bongaarts, 1978).

The second theory that the study draws on is the psychosocial theory called the theory of planned behaviour which was proposed by Ajzen (1988). This theoretical model illustrates the association between attitudes and behaviour (Potter, 1996). In 1975, Fishbein and Ajzen had created a theory of reasoned action which showed that behaviour is a result of intention (attitude) (Fishbein & Ajzen, 1975). However, Ajzen (1988) later on renamed this theory as the theory of planned behaviour because of the increasing recognition that behavioural intention does not always leads to actual behaviour.

Figure 1.4: The theory of planned behaviour



Source: Ajzen (2006)

'The model treats what people do' (for example, young people who engage in unprotected sexual intercourse), 'as the outcome of considering their own views' (the attitudes of young people), 'the views and expectations of important others' (pressures from their peers and sexual partners), 'and their own capacities' (their own influential power or the lack of it in for example initiating condom use) (Potter, 1996:132).

Ajzen explains that behaviour determines expected outcomes. For this reason, an individual's behavioural belief produces an anticipated outcome (Fishbein & Ajzen, 1975). These expected outcomes determine the attitudes towards the behaviour. Each attitude is valued differently as some are more valued than others. This is determined by our behavioural beliefs. In this way, the pressure from these beliefs results in an outcome. Therefore, an outcome depends on the weight of each belief and attitude (Potter, 1996).

People also experience behavioural expectations often through significant others (for example, their family, spouse, parents, friends and peers. These are perceived by individuals and are

referred to as normative beliefs. These beliefs determine subjective norms which are formed through other perceptions like uncertainty and social pressure. These subjective norms are concerned with living up to the expectations of important others (Ajzen, 2006).

Control beliefs, which refer to the presence of other factors that facilitate or inhibit performance of the behaviour, are important as they allow behavioural control. Perceived behavioural control refers to an individual's perceived ability to perform the particular behaviour (Ajzen, 2006). This in turn is governed by attitudes toward the particular behaviour thereby reflecting each intention to behave in a certain manner. Thus, behaviour is a function of intentions and perceptions of behavioural control such that perceived behavioural moderates the effect of intention on behaviour (Ajzen, 2006). These are the underlying assumptions of the theory of planned behaviour which can be applied to provide an in-depth understanding of the attitudes and behaviours of young people. This theory illustrates that young people hold very strong normative beliefs which weigh greater than that of their control beliefs (Ajzen, 2006). For example, young people hold a high regard of the opinions of their peers and significant others in their social settings (Lloyd, 2005). Therefore, young people are prone to experience social pressures to conform to group and social norms which results in an ongoing conflict with their subjective norms.

1.4. Organization of the Dissertation

The first chapter provides a background to the study. It looks at the rate of fertility decline in South Africa and the high levels of unplanned pregnancy among women. It also outlines the aims of the study and the theoretical framework used to understand changes in fertility rates among young people. Chapter two is a review of literature that is relevant to this study. Issues discussed are the factors that influence increasing pregnancy rates among young people; and the challenges and difficulties that they face, such as peer pressure, sexual coercion, culture and tradition. Chapter three will outline the methodology used in this study. It will also provide a motivation for the methods used in the study. Chapter four presents the research findings and chapter five provides a discussion of the main findings and recommendations for future research.

Chapter Two

Literature Review

2.1. Introduction

High levels of unplanned pregnancies among young people are a major source of concern in Sub-Saharan Africa (USAID, 2009). A number of studies in Southern Africa suggest that fertility among young people is high in this region (Pettifor, 2005; Caldwell & Caldwell, 2005; Lloyd, 2005). This chapter will examine the empirical research on the factors influencing high fertility among young people. The first section will present a general overview of factors contributing to the decline in fertility. The second section will describe factors contributing to high fertility particularly among young people in developing countries.

2.2. Factors contributing to the decline in fertility

Fertility around the world is changing. South Africa like many developing nations has seen a positive shift towards a declining total fertility rate (Anderson, 2003). There are many reasons that have contributed to declining fertility rates. Modernization has influenced the decline in total fertility rates around the world as the education levels of women have increased. Research suggests that increasing emphasis is placed on individual goals (Lim, 2000). In addition, evidence suggests that personal freedom is more highly valued than in the past (Lim, 2000). Greater priority is placed on education, career development, work force participation, and economic freedom (Lim, 2000; Lloyd, 2005). These priorities have overpowered the desire to get married, and have children. Women have more freedom and are more actively involved in shaping their future than in the past (Mantell et al., 2009). Greater opportunities such as more freedom, rights, further education, and specialized labour force participation, exist for them today (Lim, 2000). These factors have played a significant role in reducing fertility. A Western culture has been incorporated into the lives of many who were once bound by tradition (Lloyd, 2005). Marriage and childbearing is no longer the norm. It is being replaced by individual

freedom and rights. Couples are delaying childbearing to accommodate their modern lifestyles (Mostert, Hofmeyer, Oosthuizen, & van Zyl, 1998). They are now choosing to fulfill their individual goals before making serious commitments (Mostert et al., 1998; Lim, 2000). Cohabitation, where people live together in a sexual relationship without being married or lawfully bound, has become increasingly common (Lim, 2000).

In South Africa, there are many factors that have contributed to the decline in fertility. Over the years, there has been an increase in contraceptive use among African women (Kaufman, 1996). This is due to the increase in health care facilities with greater access and availability of contraceptives (Kaufman, 1996). Education rates have increased with more women completing their tertiary education. Women now have more specialized skills, and are gaining higher qualifications and better job opportunities (Lim, 2000). However, many African women did not have access to health care facilities during the apartheid era which meant that they had little or no access to contraceptive methods but they still tried to reduce their fertility (Kaufman, 1996). For this reason, there has been an unmet need for family planning services in South Africa particularly among African rural women resulting in high fertility rates among them (Anderson, 2003). HIV/AIDS also contributed to the decline in fertility in South Africa (Anderson, 2003). In South Africa, the 2001 antenatal survey showed that the HIV prevalence rate among African women was 24.8% (Department of Health, 2003). 'The impact of HIV/AIDS on fertility is expected to be threefold: as more women die young before completion of their reproductive years, total fertility will decline; AIDS reduces fecundity of women who would otherwise have borne more children, and increased condom use as a result of public education about the prevention of HIV infection may further boost contraceptive use' (Swartz, 2003:543).

However, women in South Africa (as well as in other parts of the world) still experience pressure from their partners and other family members to demonstrate their fertility and to have children as future investments to secure old age provision (Connell, 1998; Lloyd, 2005). Stereotyped notions of masculinities are widespread in Sub-Saharan African countries, with South Africa being no exception (Connell, 1998; Kaufman, 2000). This chapter will now move on to discuss factors that are possibly influencing high fertility, particularly among young people in developing countries.

2.3. Factors influencing fertility in poor developing countries

High fertility rates are a huge concern in Sub-Saharan Africa (Dixon-Mueller, 2007). Unlike developed countries like the United Kingdom and United States of America, many people in Sub-Saharan Africa live in rural and under-resources areas where most population growth occurs (Bankole, Singh, Woog & Wulf, 2004). This is partially due to limited opportunities, such as education and access to contraception for women (Bankole et al., 2004; Lloyd, 2005). There are huge gender imbalances and inequalities in poor developing countries (Bankole et al., 2004; Lloyd, 2005). For example, in traditional rural areas, women have a low status and are expected to obey their partners (husbands) who are considered to have a higher status due to their gender (Gupta, 2002). Furthermore, women are more disproportionately affected by HIV/AIDS in Sub-Saharan Africa than men. This is a result of socio-economic and cultural barriers that many women are faced with in this region.

In many developing countries, women are not in a position to regulate their fertility. Some women may not be fully aware of birth control measures. A study by Maja and Ehlers (2004) found that many younger women had limited information on contraception and the choice of methods and also did not practice contraception effectively. Many young women experience unplanned pregnancies and this situation is highly prevalent in South Africa despite the availability of free contraceptives, emergency contraceptives and a strong family planning programme (Maja and Ehlers, 2004:43). In their study, Maja and Ehlers (2004) found that adolescents indicated that nurses were helpful and provided health education, but not contraceptive information. Hence, this is an important challenge that young women may face in South Africa. In addition, there are a number of myths and misconceptions associated with contraception which may have also limited use (Mantell et al., 2009). A study of men in Ghana by Akafuah and Sossou (2008) found that there is a low level of male involvement in practicing contraception due to socio-cultural factors such as lack of partner communication, gender norms and traditional and cultural misconceptions. This was due to poor education levels, religious beliefs and customs, lack of knowledge of modern contraceptive methods, myths surrounding contraception, the exclusion of males from family planning programs that mainly focus on women and negative male attitudes toward using condoms and practicing contraception

(Akafuah and Sossou, 2008). Hence, women also face the challenge of men refusing to use condoms as well as the incorrect and inconsistent utilization of condoms (Kibret, 2003). This leads to increased fertility rates and are only some of the factors that women face in terms of fertility control.

2.3.1. Fertility and early sexual debut amongst the younger generation

The focal point of this research is to explore possible factors that influence unplanned pregnancies among young people in South Africa. This is an important field of study as many young people are engaging in premarital sex at a much earlier age and therefore face a greater risk of exposure to pregnancy (Singh and Darroch, 1999).Younger children are having sex, largely unprotected and lack sufficient contraceptive knowledge. This is apparent in the high levels of unplanned pregnancies that commonly occur among the youth (Singh and Darroch, 1999; Kaufman, de Wet & Stadler, 2000). It is therefore important to focus on the needs of young people in preventing unplanned pregnancies as out of every five people in the world; one is a young person**.** According to Statistics South Africa (2004), eighteen million people in South Africa are under the age of 20. Hence, young people between the ages of 10-24 experience much change in their behavioural patterns during this period which is often characterized by sexual curiosity and experimentation**.**

Early and premarital sex among the youth is a great concern in the era of HIV. Young people between the ages of 15-24 are one of the most vulnerable groups that is most exposed to HIV infection and unplanned pregnancies due to early sexual debut (Kaufman et al., 2004; Kibret, 2003; Manzini, 2001). They are now more actively engaging in premarital sex compared to previous generations (UNAIDS, 2008). The problem at this point is that many new infections occur between these ages, especially in Sub-Saharan Africa (UNAIDS, 2008).

The study by Manzini (2001) on sexual debut in South Africa found that out of the sample size of 796 young females, nearly 50% of them had engaged in sexual activities before age 16. Almost 50% have ever been pregnant – which was in most cases unplanned. The risk of

engaging in premarital sex and having an unwanted pregnancy increases when young people choose to get married at a later age (Manzini, 2001).

There are different factors that increase the vulnerability of young people to HIV/AIDS and early pregnancy (Kaufman et al., 2000; Lloyd, 2005). These are lack of access to sexual and reproductive health information and knowledge, poor quality of health care services, sexual curiosity and experimentation of young people, risky sexual behaviour, multiple sexual partners, sexual coercion, rape and inconsistent and incorrect use of contraception (Manzini, 2001). There is some evidence that their first sexual activity is often unplanned. Consequently, condoms are not used during their first sexual encounter. Youth perceptions toward falling pregnant and contracting HIV are very narrow as many do not believe that it could happen to them despite awareness surrounding these factors (Lloyd, 2005).

Early and premarital childbearing among young people is a worrying issue as many do not use any form of contraception during their first sexual encounter (Manzini, 2001). This is a major concern as it is young women who suffer a greater burden when they bear a child at such a young age. They then do not complete their schooling, which impacts on their chances of a better life and that of their child's future. However, in South Africa, young women tend to leave their children with the extended family, often their parents, grandparents and aunts. They then go on to complete school and further their education (Kaufman et al., 2000; Nzimande, 2002).

According to Kaufman et al (2000:2-3), ‘more than 30% of 19-year-old girls are reported to have given birth at least once.’ These levels of fertility amongst younger groups have remained high over the years as many engage in risky sexual behaviours (Kibret, 2003). Sex is no longer portrayed as a taboo, especially by the media. Younger people are more open to the idea of having sex and use sex for different purposes. Some engage in it simply for intimacy, fun, pleasure, exploration and even for favours (Ott, Millstein, Ofner, Halpern-Felsher, 2006). For example, Mantell et al (2009) found that many young women in their study did not have sex for pleasure alone and that their choice to have sex was largely due to the need for intimacy and a sense of belonging. Furthermore, these women did not want to be rejected by their partners for

not engaging in sex. They also placed more emphasis on male pleasure and in wanting to satisfy their partners before even considering their own needs (Mantell et al., 2009).

Young people are surrounded by a modern and self-directed society which influences their behaviour. For example, many young women are now delaying their age at marriage by increasing their level of education and participating in the workforce, resulting in an increase in premarital sex with multiple partners. Gupta (2000) stressed that people are not only engaging in sexual intercourse at an early age, but are also having spontaneous sex which is associated with the lack of condom use.

Additionally, 'young people who abuse drugs, for example, are much more likely than others to drink and smoke heavily, drop out of school, have sex at early ages and experience early childbearing...Early tobacco and alcohol use have been associated with permissive sexual attitudes and peer relationships that in turn, predicted sexual behaviour' (Ainsworth, 1985:2). Furthermore, ‘the needs of young people are often only recognized when it is too late: when they become pregnant, need abortions, or are infected with HIV or other STDS.’ (International Youth Development Forum IYDF, 2002:1).

Considering the lifestyles of young people, sexual activities are not always planned. This is common among young people who often meet their sex partners in social gatherings or events like weddings, institutions (colleges and universities), parties, and also through friends. Commonly they engage in sexual relations for fun, sexual pleasure and experimentation. Therefore, it is unlikely that there is much contact after 'hooking up' (Ainsworth, 1985).

Despite increasing levels of education among younger women, contraceptive use is still low. In countries like Kenya, South Africa and Tanzania, traditional and cultural values toward sex and childbearing plays a major role in determining the use of contraception and the age at childbearing (Zaba and Gregson, 1998). Young women in these regions are therefore encouraged to bear children to prove their fertility to 'potential male partners’ (for marriage) and to their families (Lloyd, 2005). Furthermore, children are valued and are seen as an investment and

security in old age (Connell, 1998). This is an important factor that influences fertility at a young age in South Africa (Kaufman, 2000).

An early sexual debut comes with many challenges and concerns. Young women do not have adequate knowledge about sex, their reproductive health, contraception and the use of it, as well as the dangers of unprotected sex (sex without a condom) (Gupta, 2000, Kaufman et al., 2000). Young women in South Africa are at an increased risk of being sexually coerced. They are offered gifts, money, favours, and school fees in return for sex with older men (Maharaj and Munthree, 2006). Many of these women are young women who come from poor financial backgrounds and have little power to refuse sex, making them more susceptible to having coerced first sex with older men for personal gain (Maharaj and Munthree, 2006). Under these circumstances, it is highly unlikely that a woman has the power to negotiate safer sexual practices (Schueller, 2005; Maharaj and Munthree, 2006). Hence, there are diverse factors that influence the likelihood of unplanned pregnancies among young women. In addition, young women perceive that it is necessary to have sexual intercourse in a relationship in order to keep a man interested in you even though they may not really want to (Lloyd, 2005; Schueller, 2005). A study by Schueller (2005) found that many women are victims of sexual coercion as they are afraid to decline sex to their partners due to the fear of being rejected and having their boyfriend break up with them.

2.3.2. Cultural and Gender Norms

Culture has an important role to play in influencing fertility levels in Southern Africa (Connell, 1998). Many cultures and customs encourage young married women to bear children immediately after marriage to prove their fertility and also because children are highly valued (Connell, 1998). In fact, in the African culture, women are encouraged to have children before marriage in order to prove their fertility and to please their partners. This is done to guarantee that the lobola (bride price) will be worthwhile (Nzimande, 2002). Furthermore, the trend in adolescent fertility in South Africa shows that after giving birth at a young age, many women return to school to complete their education. They then further educate themselves and thereafter get married because higher education increases their lobola (Nzimande, 2002). A further trend

indicates that fertility greatly declines among women who bear a child at a young age. The spacing of their next birth interval is delayed to a much later age. Many only have one child, with some even choosing not to have another child at all (Kaufman, de Wet & Stadler, 2000).

In Sub-Saharan Africa, many dominant African cultures define the roles that men and women play. Young boys are encouraged to have sex at an early age and to have multiple sex partners as it is perceived as something that defines a 'real' man (Connell, 1998). For this reason, stereotypical notions of masculinity is dominant in South Africa and men are often encouraged to conform to a type of manliness such as having sex without a condom which is considered to be the real deal and is highly regarded in this society and cultural context (Varga, 1997). Men adopt such stereotyped notions of masculinities as it is expected of them and because they are pressurized by their peers (Varga, 1997). A study by Varga (1997) found that the Zulu culture and tradition in South Africa encourages multiple sexual partners and allows polygamy. In the African tradition, men are given high prestige and favour if they are 'isoka' which translates as a man with many partners (Varga, 1997). Many young men in South Africa subscribe to this particular notion of masculinity and have multiple sexual partners (Varga, 1997). Women are generally expected to accept that men will have multiple partners and they grow up with the belief that a man has to fulfill his sexual desires openly and that it is normal for him to have multiple sex partners (Connell, 1998).

A very recent study by Mantell et al., (2009) found that men and women in South Africa are socialized differently. The study also suggests that women today have more freedom and rights which gives them greater control over sexual negotiation and contraceptive decision-making (Mantell et al., 2009). Within this study, 'participants reported dramatic changes in the structure of gender norms and relations with the formal recognition of women's rights in the post-apartheid context. At the same time, women recognized the co-existence of traditional constructions of gender that operate to constrain women's freedom. The perceived changes that have taken place provide an entry point for intervention, particularly for reinforcing emerging gender norms that promote women's protection against unintended pregnancy and HIV/STIs' (Mantell et al., 2009:139). However, 'although new gender norms may have evolved in the post-Apartheid context, the structure of persistent gender relations and ensuing power dynamics

means that some women are less empowered and capable of negotiating protection with partners than others. These changes are likely to be mirrored in tertiary institution among women students who grew up in the post-Apartheid period. Although they may be more likely to adopt empowering gender norms, they may still be expected by parents and partners to subscribe to traditional gender-role hierarchies that characterized their parents' generation' (Mantell et al., 2009:142). Hence, culture, gender norms and socialization may also play a role in influencing sexual practices and high fertility among young people.

Additionally, unplanned pregnancies among young people are common and this may be seen as a result of an attitude-behaviour problem. This is the inability to understand the outcomes of an action before it is carried out. Much research has been done on the attitudes and behaviours of younger people by Ajzen and Fishbein, (1977), on the idea that every individual evaluates the world on their own level which influences them to behave in particular ways (Potter, 1996).

The government of South Africa has taken many steps, through campaigns, in trying to shift attitudes amongst younger people toward practicing safer sex and to understand why it is important to do so (Pettifor, 2005). However, these attempts are insufficient for long term change. For example, attitude campaigns focused on young people to help lower HIV and reduce unplanned pregnancies may encourage them not to forget to use a condom, and to use it consistently (Potter, 1996). Hence, there should be more campaigns and interventions that empower both women and men to adopt protective measures against unintended pregnancy and HIV/STIs. This should be done by altering stereotypical notions of acceptable behaviour for men and women (Schueller, 2005; Greig et al. 2008).

Studies by Varga (1997 and 2000) and Schueller, (2005), explain that the attitudes of men are very important in explaining the high levels of HIV/AIDS and unplanned pregnancies amongst the youth. This is largely based on research findings which suggest that men often assume the dominant role in sexual relationships. Schueller (2005) argues that gender norms are one of the main drivers underlying sexual coercion as men often have greater power in relationships which directly influences sexual choices and practices within these relationships (Lloyd, 2005; Varga, 1997). Hence, condom use is largely determined by men and their willingness to use it. This

reduces the power of many women within such unions as condoms are controlled by men and as a result, women having little or no control under these circumstances as female condoms are scarce and costly (Gupta, 2002; Kaufman et al., 2000). Despite attempts by women in negotiating condom use, many men in Sub-Saharan Africa simply refuse to wear condoms due to their personal beliefs; existing masculinities and surrounding influences (Varga, 1997).

2.3.3. Use of contraception

Contraceptive use, which is the use of any purposeful means like oral contraception or condoms to reduce conception, has increased over the years resulting in declining fertility rates (Bongaarts, 1978; Lim, 2000). Studies have shown that in recent times, women choose to further their education and have high paying jobs (Lloyd, 2005). They prefer to delay childbearing which comes with huge financial costs and responsibilities (Zwang & Garenne, 2008; Udjo, 1997). Women often choose to have fewer children because they want to provide them with higher standards of living. They delay childbearing to a later age in life after completing their education and joining the work force in order to secure their future through social and economic independence driving them to be successful (Lim, 2000). Women no longer want to sacrifice their career to start a family or adopt the role of caregivers (Lim, 2000). This is a major factor that has led to the increase in contraceptive prevalence as women with higher levels of education have greater decision-making power in controlling fertility within their relationships and are able to practice contraception. In this way, women are able to influence their partner's perceptions regarding the importance of contraceptive practices. Hence, fertility rates are generally relatively low among women with tertiary education as they have greater knowledge of modern contraceptive methods. They are able to access contraception through family planning services and prioritize their health concerns by seeking sexual and reproductive health information (Mantell et al., 2009; Lloyd, 2005; Lim, 2000; Varga, 1997).

Education is seen as a powerful resource in improving their socio-economic status as it enhances their freedom to make informed decisions about their future. However, not all women are this fortunate as the opportunities that women have in more developed regions are much different to those of women in the rural areas of Sub-Saharan Africa (Lloyd, 2005; Udjo, 1997; Varga,

1997). For example, lack of power in relationships is a major problem as many women are unable to negotiate use of methods to prevent pregnancy and HIV/AIDS (Gupta, 2002). Hence male domination is a serious issue as many refuse to wear condoms and bring up trust issues that limit their partner's ability to negotiate safer sexual practices (Kibret, 2003). Many women are vulnerable to these circumstances especially in developing countries. These are only some of the issues that women in Southern Africa face with regard to control of their fertility and contraceptive practices (Zaba and Gregson, 1998).

South Africa like many other African countries experiences many difficulties associated with childbearing at a young age. Sexual and reproductive health issues are not openly discussed in African societies as it is seen as disrespectful and regarded as a taboo. With regard to the study by Wood and Jewkes (2006), young black women who seek information on sex and birth control are commonly stigmatized and scolded by nurses instead of being helped. Thus, sexual and reproductive health services have been inadequate in meeting the needs of young women (Wood and Jewkes, 2006). Globally, more than 120 million women, largely from Sub-Saharan Africa do not have access to contraception **(**United Nations, 2000). They face many barriers that hinder contraceptive use. These are some of the main reasons that directly contribute to the high fertility rates among young people. It is therefore important for these services to be available and accessible to young people as this will provide them with the necessary information that they require in practicing safe sex, protecting them from HIV/STIs and unplanned pregnancies (Wood, & Jewkes, 2006; Lloyd, 2005).

Use of contraception is an important determinant of fertility (Wood, & Jewkes, 2006). However, there are more female contraceptive methods available than male contraceptive methods and this is a concern. It is argued that young men are not encouraged to practice safe sex and to be faithful. Furthermore, society has not socialized men as they did women, to attend clinics or even assume responsibility for their sexual and reproductive health (Varga, 2001). The majority of men do not even seek guidance from clinics for information as they do not want to go to clinics and neither do they feel welcome when they do go to clinics as it is mostly frequented by women (Varga, 2001). This is a great challenge in South Africa as service delivery, service quality and

service-friendly services have been inadequate in meeting the sexual and reproductive health needs of both men and women (Wood and Jewkes, 2006).

Research shows that there are very few young men who attend clinics and hospitals for sexual and reproductive health care information and contraception because this is considered to be an unfavorable characteristic of a man. Society expects men to be well-informed about sex from an early age through sexual exploration. In addition, young men are encouraged to have multiple sex partners without a condom without acknowledging the risks associated with unprotected sexual intercourse (Varga, 2001). Women are generally 'expected' not to fall pregnant even though no condom and possibly no other form of contraception is being used (Lloyd, 2005). These are the attitudes that influence fertility among young people.

Furthermore, many findings demonstrate that young people need quality sexual and reproductive health education and services (Wood and Jewkes, 2006). Many young people are refused help and contraceptive methods by 'scolding nurses' who disapprove of them engaging in sex before marriage or at a young age (Wood, & Jewkes, 2006). This has huge implications for the sexual and reproductive health for young people and is one of the major determinants of high levels of fertility among the younger generation (Wood, & Jewkes, 2006). Therefore, they should not be humiliated or turned away by service providers but rather be understandingly accommodated (Senderowitz, Hainsworth, and Solter, 2003). More contraceptive information also needs to be directed toward men as this will reduce the burden of responsibility that falls on women (Varga, 2001). These are very important points that need to be seriously considered when examining fertility levels among young people.

2.3.4. Older partners

Young women are presently more sexually active at a younger age (Manzini, 2001). Research suggests that they are also engaging in sexual relations with multiple partners (Dixon-Mueller, 2007) and are increasingly having much older partners or 'sugar-daddies' (Luke, 2005; Ott, Millstein, Ofner, Halpern-Felsher, 2006). These young women engage in sexual relations with older men for mutual fulfillments such as financial support, gifts and material gain, by providing

them with sexual favours in return (Luke, 2005; Lloyd, 2005). Young people are forced into such relationships due to their poor backgrounds and to fit in with the fashionable lifestyles of significant others (Dixon-Mueller, 2007).

Most often the older men are willing to give the younger women anything that they want providing that they agree to have sex without a condom (Luke, 2005; Ott et al., 2006). This is a serious issue as it is unsafe and allows for the transmission of STIs, HIV and unplanned pregnancies (Ott et al., 2006). This has further repercussions as these young women and older men may have other concurrent partners whom they may contract or pass on STIs and HIV to if they have unprotected sex. In this way younger women may also pass it on to younger men; and older men may pass it on to their wives or other partners who in turn may spread it to others (Lloyd, 2005; Ott et al., 2006).

A study by Longfield, Glick, Waithaka, and Berman (2004) found that the main incentive for young women in Kenya to willingly have 'sugar-daddy' relationships is financial and for men to get sexual pleasure. Furthermore, peer pressure was identified as a leading factor compelling young women to have older partners in order to gain benefits that allow them to have a better standard of living (Longfield et al., 2004). 'Female participants explained that although some young women have legitimate financial needs and seek assistance from older partners, most want to impress their peers and enjoy luxuries such as trendy clothing, hairstyles, jewelry, cosmetics, and toiletries, or outings to expensive restaurants that they cannot otherwise afford or that their parents refuse to or cannot provide' (Longfield et al., 2004:128).

The study found that young women and older men also engage in such partnerships due to emotional motivations. Younger women desire emotional fulfillment from a mature partner or an older mentor and older men desire to regain the sense of their youth and to relieve stress (Longfield et al., 2004). Furthermore, 'increased status among peers is also a powerful social reward for participating in cross-generational relationships, and men make use of the existing cultural tolerance to justify their pursuit of young women' (Longfield et al., 2004:133).

Alternatively, these relationships are disapproved of by parents, young men, and same-aged boyfriends, particularly by married women and the wives of these older men as it is generally expected for men to have younger women in different cultures or societies (Longfield et al., 2004). However, the study found that this is disliked by many women: ‘when a wife becomes jealous of her husband's emotional involvement with a young partner or feels threatened by the family's lowered financial resources when her husband gives money to his partner, she may become violent toward the young woman. Several female participants told stories of wives' stalking, threatening, and attacking their husbands' young partners. Such attacks may involve beatings, knifings, poisonings, or scalding with hot water (Longfield et al., 2004:130).

Young women are increasingly turning to older partnerships and therefore are at an increased risk of having an unplanned pregnancy (Longfield et al., 2004; Luke, 2005). It was found that sex during the fertile period is often avoided in order to reduce the chances of falling pregnant. However, this is only common among women with a moderate level of education who is aware of contraceptive methods. Furthermore, it was reported that males within the study tend to choose women who have some sort of education so that they can avoid falling pregnant and will not trap them into a serious commitment (Longfield et al., 2004).

The study findings showed that couples fear the danger of contracting HIV and having an unplanned pregnancy, however, ‘STI/HIV risk perception is low, and couples rarely use condoms. Material gain, sexual gratification, emotional factors, and recognition from peers override concern for STI/ HIV risk. Women's ability to negotiate condom use is compromised by age and economic disparities’ (Longfield et al., 2004:125). Therefore, programs have developed strategies that provide information about sugar-daddy relationships and the STI/HIV risk, encouraging consistent condom use, reducing peer pressure to have such relationships, and to educate young women about improving their sources of income through education and specialized skills (Longfield et al., 2004).

2.4. Summary

In South Africa the total fertility rates have declined rapidly over the past few decades. Studies suggest education has an important role to play in the fertility decline. Better educated women are more likely to have greater awareness of contraception and as a result are more likely to use a method (Mantell et al., 2009; Lim, 2000). In addition, female labour force participation has also increased (Mantell et al., 2009; Lim, 2000; Kaufman et al., 2000). Despite the decline in South African fertility, unplanned pregnancies remain a pressing concern among the younger population (Ott et al., 2006; Manzini, 2001; Kaufman et al., 2000). There are many factors that influence fertility among young people with direct influences occurring through inconsistent and incorrect contraceptive practices. This is largely due to the lack of access to contraception. Furthermore, gender norms and cultural barriers greatly restrict the use of contraception among young people. This occurs due to cultural misconceptions and myths surrounding contraception. Young people are increasingly engaging in multiple sexual partnerships and more young women are engaging in relationships with older partners. These relationships are commonly associated with risky sexual behaviour. In addition, peer influences greatly determine the perceptions and behaviour of young people. This is a growing concern that needs to be further investigated in order to gain greater insights and to understand the factors that influence the high pregnancy rates among young people, which is the focal point of this study.

Chapter Three

Methodology

3.1. Introduction

This chapter outlines the methods used in the study. It starts by providing an outline of the study setting and then considers the methodology used to collect information from young women. This methodology is being used to provide insights into factors influencing high fertility among young people and therefore forms part of an exploratory study. The qualitative data for the study relies on in-depth interviews with university students. This chapter also outlines the methods used to analyse the data. Finally, some of the ethical considerations and limitations of the study are considered.

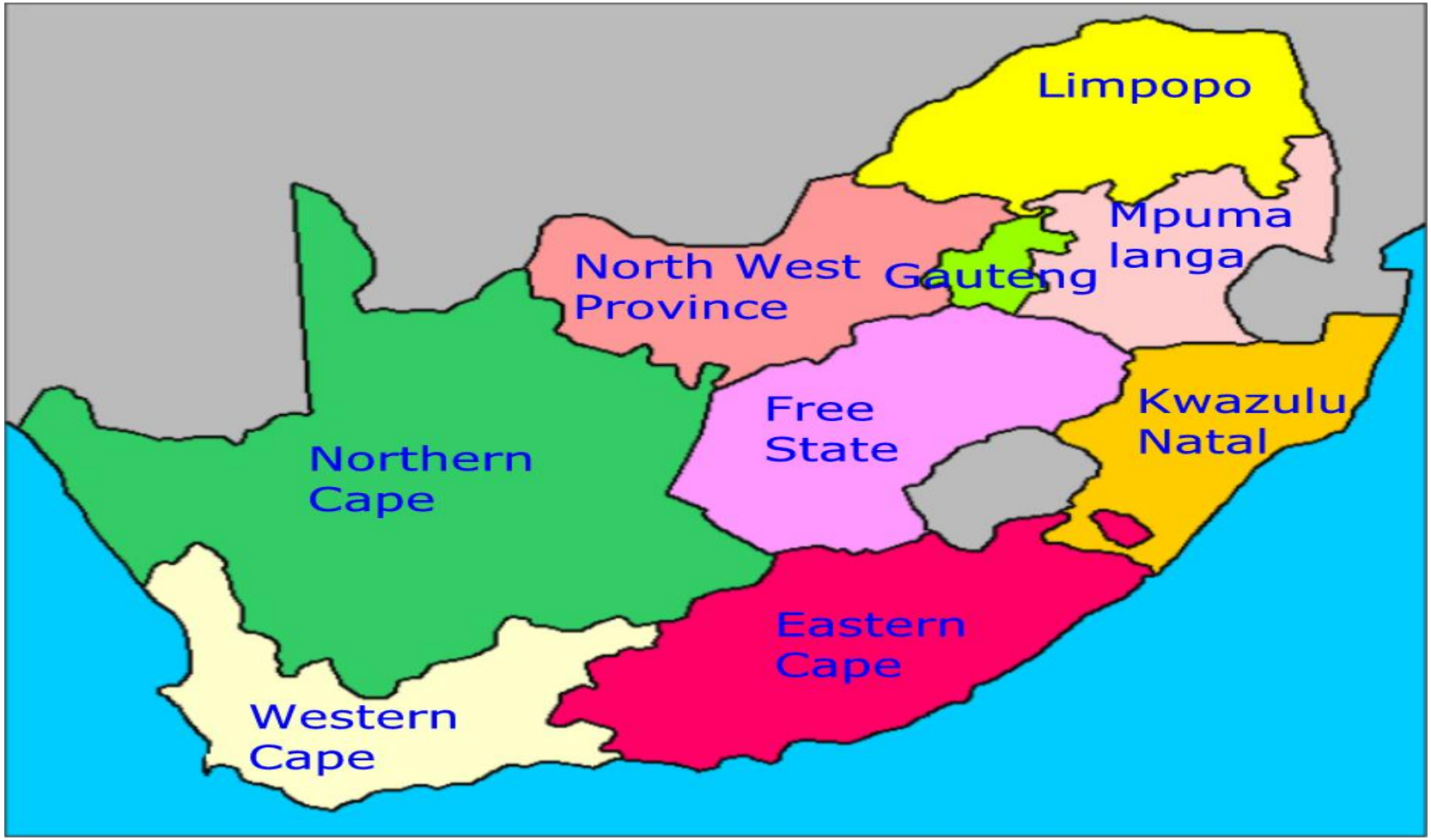
3.2. Contextual background

KwaZulu Natal, one of the nine provinces of South Africa, has a square kilometre area of approximately 94 361. The total population of South Africa is 49.32 million, out of which 25.45 million (52%) are women (Statistics South Africa, 2008). KwaZulu Natal has the second largest population in South Africa of 10.45 million people, making up 21.2% of people living in South Africa (Statistics South Africa, 2009). One-third of the population in South Africa is below the age of 15, of which 23% live in KwaZulu Natal (Statistics South Africa, 2009). KwaZulu Natal has a population of 85% Black/African; 2% Coloured; 8% Indian/Asian and 5% White. The 2001 census results also indicate that the total fertility for Black women nationally in 2001 was 3.04 and in KwaZulu Natal was 3.23 (Moultrie and Dorrington, 2004). However, the national fertility rate for South Africa in 2001 was 2.8 children per women (Moultrie and Dorrington, 2004). Therefore, evidence suggests that Black women's fertility is much higher than other population groups (Statistics South Africa, 2001).

The national HIV prevalence rate is 10.6%, with a total of 5.21 million people living with HIV (Shisana, Rehle, Simbayi, Zuma, Jooste, Pillay-van-Wyk, Mbelle, Van Zyl, Parker, Zungu, Pezi, 2009). KwaZulu Natal has the highest HIV prevalence rate (15.8%) in 2008 (Stats SA, 2009). In addition, 9.2% of young people aged 15-19 and 26.2% age 20-24 were HIV positive in 2008 (Human Sciences Research Council, 2009). There has been 354 000 new HIV infections among adults aged 15 and older (Statistics South Africa, 2009). Furthermore, women have the highest prevalence of HIV with 6.7% between ages 15-19 and 21.1% between ages 20-24. Recent evidence suggests that fertility rates among young people between the age groups 15 -19, 20-24 and 25-29 years have increased from 1996 to 2001 (Statistics South Africa, 2001). This is one of the main reasons why the study had chosen to only interview young women between the ages of 18-24 as they are at an increased risk of contracting HIV and having an unplanned pregnancy (Human Sciences Research Council, 2009).

There are a number of educational institutions in KwaZulu Natal. This study has focused on one particular institution as the research site because it was convenient for the researcher who attends the institution. Furthermore, KwaZulu Natal has the largest number of young people between the ages of 13-22 (Statistics South Africa, 2009). Therefore, an educational institution was appropriate for this study as it is concentrated with young people, however, it may also be seen as contradictory as education is generally depicted as a powerful deterrent to decreasing fertility (Jain and Nag, 1986; Shigemi, 2008). Women have been chosen to identify the possible reasons that they believe contributes to high fertility rates and unplanned pregnancies among young people. In addition, the study aims to obtain more information about the ways of preventing unplanned pregnancies among young people. It was important to research the perceptions of women regarding factors influencing high fertility rates as they bear the responsibility of childbearing.

Figure 3.1: Map of South Africa



Source: World Atlas (2009)

3.3. Research Methods

Qualitative research provides a more detailed understanding of social phenomenon by allowing the researcher to explore the context of the study in greater detail (Rugg and Petre, 2007). Qualitative data usually is in the form of words and visual images. They are associated primarily with strategies of research such as ethnography, phenomenology and grounded theory, and with research methods such as interviews, documents and observation (Babbie & Mouton, 2001).

A major advantage of qualitative research is that it provides comprehensive insight into a specific event or observation. In this way, researchers are able to understand how these events occur and the underlying reasons for it (Rugg and Petre, 2007). Qualitative research allows participants to reveal personal information. They use open ended questions that encourage discussion thereby allowing the researcher to identify any concealed information relating to the research topic (Babbie & Mouton, 2001). The qualitative research method was most suitable to acquire information for this study as it allowed the researcher to acquire rich, valuable insights from participants regarding their perceptions of the reasons for high fertility among young people. Furthermore, the research uses an exploratory design as the data gathered through the study will assist in providing greater information and a comprehensive understanding of the phenomenon being studied (Babbie & Mouton, 2001). In addition, there are disadvantages of qualitative research. The main disadvantage is that it might be less representative and is very time consuming. The collecting and analyzing of data requires a great deal of time (Rugg and Petre, 2007). This was a great challenge during data analysis and interpretation. It is also possible for this methodology to 'decontextualize the meaning of the study and oversimplify the results' by taking the findings out of context and scrutinizing every detail of it (Denscombe, 2007:313).

This study uses semi-structured in-depth interviews as the main research tool in obtaining data. 'Interviews involve a set of assumptions and understandings about the situation which are not normally associated with a casual conversation' (Denscombe, 2007:173).

This type of research tool is valuable in exploring complex and sensitive issues like unplanned pregnancies among the youth (Elliot, 2005). In-depth interviews are specifically valuable as they allow the 'opinions, feeling, emotions and experiences' of the interviewees to be taken into account (Denscombe, 2007:175). This is particularly beneficial when studying sensitive issues by 'encouraging the interviewees to discuss personal and sensitive issues in an open and honest manner', allowing them greater freedom of expression minimizing the effect of closed ended questions (Denscombe, 2007:175).

Through the use of semi-structured in-depth interviews usually one-to-one, the researcher is allowed greater flexibility to let the interviewee develop ideas and speak more widely on the issues raised by the researcher. The answers are open-ended, and there is greater scope for elaboration (Denscombe, 2007:176). Furthermore, this flexibility allows the researcher to probe the interviewee for specific details for a better understanding and to obtain more valuable data as probing allows the researcher to search for hidden or more detailed answers (Denscombe, 2007; Elliot, 2005). Data collected through in-depth interviews reduces potential influence that could have biased the data. For example, the interviewee's own perceptions may be gathered without potential influence from others being present during the interview process (Elliot, 2005; Rugg and Petre, 2007).

The disadvantage of interviews is that responses cannot be taken for granted as 'what people say they do, what they say they prefer and what they say they think cannot automatically be assumed to reflect the truth' (Denscombe, 2007:203). It is also possible that the interview could be affected by the personal characteristics of the researcher as interviewees may simply state what they think the researcher wants to hear. They may also choose not to reveal all personal data due to fear of being judged (Elliot, 2005). In addition, interviews are time consuming and may go on for an hour or more. Furthermore, the results from this research cannot be representative of the entire population due to the limited sample used and therefore the results from in-depth interviews cannot be generalized (Babbie & Mouton, 2001; Rugg and Petre, 2007).

3.3.1. Data Collection

This study used a non-random sampling method called purposive sampling. Purposive sampling is adopted when selecting participants in studies that target a specific group of people (Babbie & Mouton, 2001). This sampling method allows the researcher to obtain the target sample faster which boosts the research process. With purposive sampling the sample is pre-selected for the research. This is when the researcher is able to choose participants who will be able to provide the study with valuable results by having specific characteristics that are being researched. In this way, the researcher is able to gather more valuable information (Denscombe, 2007). For example, within this study, purposive sampling was used to deliberately select African, female students aged 18-24. Purposive selection was employed due to the reason that this specific age group, gender and population group is more vulnerable to unplanned pregnancies and high levels of fertility (Human Sciences Research Council, 2009). Semi-structured in-depth interviews were conducted with each student. The reason for choosing individual interviews was to explore the personal views of young people. They are most likely to express themselves more openly by revealing personal data than they are through focus group discussions (Gaskell, 2000; Ulin, Robinson, Tolley, & McNeill, 2002).

Students were approached within the educational institution by the researcher in person and asked if they were willing to participate in the study. Once students gave consent to participate, the researcher utilized venues that were unoccupied in order to conduct the interviews. This ensured maximum privacy during the interviews. There were no students who refused to participate in the study when approached.

This study conducted twenty in-depth interviews. All interviews were digitally recorded with the consent of the students interviewed. The interviews were conducted in English as all students who were interviewed were fluent in English. All interviews lasted roughly around thirty minutes and had been conducted solely by the researcher. The main focus of discussion during the interviews was youth perceptions of unplanned pregnancy and factors that are influencing high fertility among young people. Students interviewed

displayed diverse characteristics as some students were single, others in a relationship, some were sexually active, others were not and some were using a contraceptive method and others were not. An incidental outcome of the study was that all students who were interviewed shared one main characteristic which was that none of them had any children. However, the findings from this method cannot be generalized and are not representative of the entire population or institution (Babbie & Mouton, 2001).

3.3.2. Data Analysis

The data was analyzed through transcribing interviews that were recorded during this study. Once the data had been transcribed, it was then divided into broad themes through thematic analysis which is useful as it identifies themes that are similar and recur. Thematic analysis is based on 'what is said in a text, how it is said, and how often it is said' (Rugg and Petre, 2007:154). This involves identifying themes that are hidden beneath the surface content of the data - the core elements, which helps to identify key components that can be used to explain the nature of the phenomenon being studied, with the aim of arriving at some general principles (Denscombe, 2007:247). The process of thematic analysis is demanding but valuable as it helps the researcher to examine the data in greater detail, providing more accurate results. Each interview was also analyzed through single reports detailing what each interviewee highlighted to ensure accuracy of the findings and to identify major themes. For the research findings, quotes that were used to specify research results are supported through interview recordings that have been transferred onto compact discs.

3.3.3. Ethical Considerations

All students who participated in the study were asked to complete an informed consent form. Informed consent falls part of the requirements of ethical research, namely: students were informed about the study, the purpose of the study, sample selection, research requirements, the researcher's identity, and how they could access the results of this study. Informed consent and voluntary participation is very important for ethical

reasons and for allowing people who are interviewed to have the freedom to participate in the study and to also, withdraw from the study if they are not comfortable with the process (Babbie & Mouton, 2001). The students were assured that their responses will be kept strictly confidential and their identity will remain anonymous. Confidentiality and anonymity is important in research dealing with sensitive and personal issues. It is also important to maintain confidentiality when publishing results. 'Care needs to be taken not to disclose the personal identities of individuals who have contributed to the findings' (Denscombe, 2007:143). Therefore, primary data collected from students were not revealed to anyone in a manner that could be traced. This study was only conducted after receiving ethical clearance from the Higher Degrees Committee of the Faculty of Humanities, Development and Social Sciences.

3.3.4. Limitations of the Study

The main limitation of the study is that it comprises a small sample. It is therefore, not considered as representative of the university student population or of all young people in KwaZulu Natal, South Africa. In addition, the interest of this study was very sensitive as it questioned the concealed opinions and perceptions of young people surrounding high pregnancy levels and sexual practices among young people. It is possible that students may have not entirely spoken the truth or may have simply stated what they thought that the researcher wanted to hear. It is therefore likely that students maintained issues of secrecy and provided the researcher with socially desirable responses. Students may have not felt entirely comfortable to discuss their sexual behaviour which is a sensitive factor and may have withheld personal information regarding it. It is also possible that students may have had issues in recalling their fertility history particularly if they had given birth at a very young age. The findings are therefore still questionable as there is no method to confidently accept that the findings are accurate and represent the students' true responses or judgment.

3.4. Summary

This study draws on a qualitative research methodology using twenty in-depth interviews to obtain information on the factors influencing high fertility levels among young people. Qualitative research allows comprehensive insights into a specific event however it is time consuming and challenging when interpreting data (Babbie & Mouton, 2001). This study ensured all the ethical guidelines were followed and all the students who participated in the study were assumed of anonymity, confidentiality and privacy.

Chapter Four

Research Results

4.1. Introduction

This chapter is based on the findings from the face-to-face interviews with 20 young women attending a tertiary institution in KwaZulu Natal. The aim of the in-depth interviews was to identify some of the reasons for the high levels of pregnancy among young women. In-depth interviews have been identified as one of the most effective methods of collecting rich and detailed information on sensitive topics. The chapter starts by outlining the sample characteristics of the sample of students interviewed and then it looks at some of the factors facilitating and inhibiting pregnancy among young women. These themes have been identified through transcribing and analyzing results gathered through interviews. In order to substantiate the research findings, direct quotes are used from the transcriptions.

4.2. Sample characteristics

All respondents were females aged 18 to 24 years. Students that were interviewed were largely from urban areas. None of the students were mothers. This study found that 12 students who were interviewed had ever had sex. The mean age at first sex was 19. The youngest age at first sex recorded in this study was 17. Out of the 12 of students who have ever had sex, only 6 were currently sexually active, with 5 using contraception. However, only one student in the sample reported consistent condom use. Others stated that they did not always use a condom, nor did they use any other form of contraception.

It was found that 12 students were single with only 8 currently in a relationship. None of the students were married. This also illustrates that marriage is not the norm among young students and that many young people are sexually active outside of marriage.

Some students admitted to having more than one sexual partner concurrently. In addition, the findings indicate that some students were in a relationship and currently sexually active. There was only one student who was in a relationship but not sexually active. However, she intended on becoming sexually active with her partner because she felt that she was now ready to engage in sexual relations with him and because she trusted him and knew him well enough to want to have sex with him. Nevertheless, each student's behaviours greatly differed regarding contraception. One sexually active student who was in a relationship said that she was not using any form of contraception as she claims that she knows before her partner ejaculates and that this prevents her from falling pregnant and has worked thus far. She was not concerned about the risk of HIV infection but feared STIs. However, she perceived a greater risk of pregnancy than HIV/AIDS. The other student who planned on becoming sexually active was using injectable contraception. This meant that she was protected against the risk of pregnancy. However, she did not see the need to use dual methods – the use of condoms with injectable contraception. Injectable contraception provides no protection against the risk of STIs (including HIV/AIDS).

Another student stated that she is currently single but is sexually active. She said that she only uses the morning after pill (emergency contraception) after unprotected sexual intercourse and only sometimes uses a condom. This indicates once again that protection against pregnancy is the main priority and that protection against STIs and HIV is inconsistent. However, only one student out of the entire sample stated that she only always uses condoms in her relationship both as a means of preventing pregnancy and STIs. She strongly emphasized that she uses condoms correctly and consistently in every sexual act and has never had a problem with either pregnancy or STIs thus far.

Figure 4.1: Study findings

Student	Relationship status	Ever had sex	Currently sexually active	Age at first sex	Currently on Contraception
1	Single	Yes	No	19	No
2	Single	Yes	No	19	No
3	Single	Yes	No	19	No
4	In relationship	Yes	Yes	17	Yes, condoms
5	In relationship	No	-	-	-
6	In relationship	Yes	Yes	19	Yes, condoms
7	In relationship	Yes	No	19	No
8	Single	No	-	-	-
9	In relationship	Yes	Yes	19	Yes, condoms
10	In relationship	Yes	Yes	18	No
11	Single	No	-	-	-
12	Single	No	-	-	-
13	Single	No	-	-	-
14	Single	No	-	-	-
15	In relationship	Yes	No	18	Yes, injection
16	Single	No	-	-	-
17	Single	No	-	-	-
18	Single	Yes	Yes	17	Yes, morning after pill
19	Single	Yes	No	18	No
20	In relationship	Yes	Yes	18	Yes, condoms

4.3. Perceptions of pregnancy

Students reported that pregnancy was a major problem among young people. The most common response by the young women was there were so many students who were falling pregnant. They felt that pregnancy among young people was a bigger problem than in the past. They attributed this to the influence of modern Western lifestyles which has replaced tradition, making pregnancy outside of marriage more acceptable in society. It is not uncommon for young people to engage in sexual intercourse before marriage but few use contraception.

> *"We (students) should sustain our morals outside home. Most people live on their own so their parents cannot monitor their behaviour. Government and society is accommodating and accepting this behaviour. People in our age group are more sexually active than before. Sex has become the norm. People are also too embarrassed to get contraception because they are embarrassed to say that they are having sex."* (Student #3)

This student explains that when young people leave home to attend university, they often enjoy greater freedom because they are no longer under the watchful eye of their parents. Hence, there is less regulation of young people's behaviour by their parents. She furthermore implies that those students then engage in sexual relationship are often embarrassed to get contraception due to the fear of being judged by others, resulting in an increase in pregnancies among young women at university.

A student mentioned that she was previously at another university and that there were not as many pregnancies there. Others claimed that most of the students who are pregnant on campus are mostly from the rural areas. They argued that there is a lack of information about the risk of pregnancy in the rural areas. Students also felt that first year students are at greater risk of falling pregnant than other students. Most students stated that pregnancy among young people here is a major problem especially among students who live on campus, as many are away from their families and communities, away from adult supervision and are experimenting with sex. They felt that adult supervision was important in regulating the sexual behaviour of young people.

> *"People from rural areas are subjected to a different environment and have to fit in or withstand it to adapt. They are more prone to falling pregnant as they stay in the residences and are 24 hours on campus, and are more exposed to having sex. There are lots of parties in residences..."* (Student #17)

Students who live away from home have more opportunities for engaging in sexual relations because of lack of parental guidance. In addition, many young people attend parties and there is a higher risk of unprotected sexual intercourse occurring at these venues.

4.4. Fear of unplanned pregnancy

All students were afraid of having an unplanned pregnancy, particularly outside marriage. Many were afraid of having an unplanned pregnancy without completing their education. However, a few said that if it did happen to them then it is just one of those things and that they will still continue with their education. They felt confident that their families will assume responsibility for their child. Students feared an unplanned pregnancy but feared it for different reasons.

Most students feared family exclusion as they came from strict family backgrounds in which pregnancy before marriage is unacceptable. They were particularly concerned about the reactions of their parents. They also feared having a child while they were still studying and unable to afford the responsibility of childrearing. However, some students did not fear an unplanned pregnancy as they stated that they were not sexually active and they wanted to abstain from sex until marriage. It is worth noting that in general students were afraid of having an unplanned pregnancy; nevertheless they are quite confident that it will not happen to them.

> *"No. I am not afraid now even though I am having sex without any contraception. I was at the beginning. But, I know before my partner releases his self and I trust him. He knows not to do it."* (Student #10)

"No, I am not planning on having sex anytime soon. But if I do, it will be planned, with a condom. I do not want to fall pregnant." (Student #14)

"Yes because of all the diseases that is out there like STIs and HIV as well as childcare responsibilities." (Student #1)

"Yes, I am afraid because you never know...Your boyfriend can rape you." (Student #15)

"Yes I am afraid, but smart enough not to get myself into that situation." (Student #8)

Students expressed a number of fears about an unplanned pregnancy. Some also were afraid of the risk of HIV and STIs because of unprotected sex. Others feared the responsibilities that came with childbearing and a few were also concerned about being raped. Some students indicated that they are not afraid of having an unplanned pregnancy as they are abstaining from sex and if they engage in sexual relations, it will be planned with the use of contraception.

4.5. Factors increasing the risk of pregnancy

Students identified many reasons that were the contributing to the high levels of pregnancy among young people. Most students argued that the students who are away from home lack guidance from elders. This was seen as playing a huge role in determining the way that students living on campus behave. Students claimed that young people on campus are influenced by their surroundings as it is assumed that all young people are having sex. It was not uncommon for young people on campus to be engaging in sexual relations. The media also has an important role to play in promoting sex.

"College students have sex. This behaviour is described as normal on campus". (Student #7)

"People just want to experience sex. In the past, people were afraid. Now people are learning from the media"... (Student #12)

Some people blamed the child support grant money for the increasing pregnancy rates among young people. They argued that some people are having more than one child to increase the amount of money that they receive and they then use this money to satisfy their own needs like buying the latest fashion accessories. They explained that even though the amount of money is small, it is still attractive to those people who come from extremely poor backgrounds.

> *"A way of getting the government child grant...because they want the money."* (Student #4)

> *"The grant is available and many people want this for other purposes. They just want the child support grant even if it is little. The women just use it for themselves...like for buying new clothes and fashion. They do not use it for their children, they use it for themselves. They come from poor backgrounds so this money is seen as something..."* (Student #19)

Students reported that young women are often coerced into sex because they feel pressured by their own friends and partners to engage in sex. They experience peer pressure as well as social pressure to conform to group norms. Women are often coerced into sex by their boyfriends and by the pressure of conforming to the norms of their social settings such as campus. Students argue that men make them feel guilty by questioning their love if they are not ready to engage in sex.

> *"They are persuaded by men to have sex, saying 'prove that you love me'. Emotional attachment to boys results in increasing pregnancy rates at this university. Men mislead women and encourage them to have sex. Many people are also influenced by their friends who are not virgins"*. (Student #14)

> *"Also sweet talk by boys for example they say: 'If you love me you'll sleep with me to prove your love."* (Student #8)

"College students have sex. This behaviour is normalized on campus". (Student #7)

Students explained that peer pressure is one of the main factors that influence young people to have sex at an early age. Many young people engage in sex because they are under considerable pressure to fit into the group. In addition, they argue that men do not want to be in a relationship that does not include sex. Women often succumb to the pressure as they are afraid that their partners will abandon them. .

An important factor derived from these findings that contribute to the high levels of fertility among young people is the choice of not using contraception at every sexual act. The main reason for this is due to the commonly held belief that it cannot happen to them. They often perceive that others are at a greater risk of falling pregnant and they do not necessarily see themselves as vulnerable to an unplanned pregnancy. In addition, many students lacked adequate information about contraception. Some felt they were not at risk of pregnancy despite not using contraception consistently. Students were quite uninformed and clearly did not have enough knowledge about the risks associated with inconsistent contraception use. In addition, there was very limited communication among couples about contraception. Few reported discussing contraception with their partners.

"Ignorance is an important reason. They know not to fall pregnant but still fall pregnant. There is no communication between couples here on campus". (Student #5)

"They (students) stop using contraception or do not use it at all as they perceive that nothing will happen to them." (Student #16)

Some women are at greater risk of falling pregnant because they have multiple partners who give them money and gifts in return for sex but they do not end up having safe sex or practicing contraception. Some women are forced into relationships with men in order to survive financially. In these relationships, it is much more difficult to dictate the conditions under which sexual intercourse occurs. Women have limited power to exert their personal preferences.

"They come from poor homes, are poverty stricken, have boyfriends or 'sugar-daddies' and fall pregnant, thinking it is guaranteed to get money for them. They also want to support their families. They are desperate." (Student #4)

"They have multiple partners, it is negligence. They have had a child before so it doesn't matter anymore. Their attitude is more relaxed. However, they are coming from poor homes and also they have to support their family." (Student #13)

These students explained that many young women have multiple sex partners and often with older men. They highlighted that some women who cannot provide for themselves and are dependent on their families are more vulnerable to forming these kinds of relationships. They resort to multiple partners as they are desperate and try to fend for themselves and also to provide for their families. They find themselves under enormous pressure to survive.

Students argued that young women who are not emotionally strong and have a low self-esteem are more likely to engage in sex at an early age with multiple partners. These women are more likely to be at risk of pregnancy because they hastily engage in sex when they are not ready. Often, they do not know how to request condom use from their partners who are able to persuade them to have unprotected sex. They lack condom negotiating power in these relationships.

"They have a low self-esteem, wanting the approval of others, the peer pressure to fit in. Also sweet talk by boys for example they say: 'If you love me you will sleep with me to prove your love.'" (Student #8)

"They are mentally and emotionally not ready. There are under pressure from men and peers. Students now enter varsity younger than before and older students take advantage of them." (Student #10)

These perceptions of students regarding why they thought that some people were more vulnerable to falling pregnant than others provide valuable insight. This is important to

understanding the many underlying issues that contribute to the high fertility rates among young people.

4.6. Factors inhibiting risk of pregnancy

Most students stressed that young women prefer to delay their childbearing. They provided a number of reasons for delaying pregnancy. They felt that it was important to concentrate on completing their education so that they could be financially independent and then start planning a family. Students also argued that they cannot afford to have babies and prefer to have babies when they are mature and ready for that kind of commitment. Economic stability seemed to be very important to all students who agreed that in order to have economic stability they have to finish their education and at least have a degree. They want to be independent, live up to family expectations and their strong cultural backgrounds. Some emphasised that their schooling comes before pregnancy.

> **"***Young women are concentrating on their careers and education and think of the consequences of their behaviour. Their education is a big priority. Pregnancy has long-term effects and their families have higher expectations of them."* (Student #11)

> *"Education is important to young women due to the influence of their culture and family background. It is also due to their own ambitions, goals, their parents' sacrifice and money. They want to work and get a job first and then have children."* (Student #10)

> *"Young women are prioritizing their education as they want to work, earn a living and become independent. They are no longer expected to be financially dependent on men anymore."* (Student #2)

> *"Young women are delaying childbearing in order to further their studies. They want to enjoy life and travel. They do not want to sacrifice a fun life. Therefore, they tend to focus on their studies. They also have strong moral values and follow their religion, and culture. They want to enjoy their youth."* (Student #7)

Many students highlighted that they want to enjoy their lives. They understand the responsibilities that come with childbearing and they would prefer to prefer to delay children until marriage. The majority of students explained that their parents have great expectations of them and that they cannot simply ruin that because they respect their parents and come from strict families that do not encourage early childbearing. They also stated that they would only think of having a child after marriage. Students were very clear in their understanding of why young women like themselves prefer to delay childbearing and emphasized different reasons.

> *"Religion plays a huge role. They preserve themselves before marriage. They have strict parents who have socialized them in this manner. They do not want to disappoint their parents and are therefore resistant to certain pressures. They should be able to block out certain things and choose correct peers who would not judge them and have similar values as them. They also have the fear of raising a child because of the responsibility. They have goals in life, and do not want any distractions. They want to work and be economically independent and they want to be able to support the child and not rely on parents."* (Student #3)

> *"Young women are under the control or care of their parents and come from strict families. Girls depend on their families and therefore choose not to have children before marriage. They are afraid of being excluded from their family."* (Student #9)

> *"Young women are delaying their childbearing because they are worried about their future. For example, they are taught to have a child only when they are married, with a stable dependable man."* (Student #12)

These findings illustrate that there may be a change in the perceptions of young people towards early pregnancy. Students show that they are aware of the consequences of pregnancy. Their attitudes seem to be more directed toward self-fulfilment through advancing their careers. Some students also emphasized the importance of associating with peers who share similar values and understand the costs of early childbearing. This may bring a change in fertility levels among

young people in the near future. However, this still does not explain or correlate with the current fertility rates among young people.

Some students also explained that knowledge of contraception is important to prevent an unwanted pregnancy. They observed that not all students who were sexually active on campus are necessarily using a method of contraception. They were then probed for some reasons that prevented young people from using a method of contraception and whether there was knowledge of contraception.

Only a few students argued that they do not have sufficient knowledge of contraception. However, most were upset because they felt that young people were making excuses for not using contraception as they perceived awareness of contraception to be universal on campus. They blamed the lack of contraception use on irresponsible students who were willing to engage in risky behaviours. Some students may not use contraception because they are afraid of being seen obtaining a supply of contraception.

> *"Partying, they do not know what they are doing. Haphazard behaviour...It is ignorance, but they do have knowledge on contraception. Contraception is difficult for some people to buy. Condoms for example, there's embarrassment."* (Student #8)

Students argued that there are too many myths that exist with regard to contraception. These myths hinder the use of contraception. Many young women are afraid of going on hormonal contraception as they fear weight gain. Some were also afraid of using condoms as they believed that it will get lost or stuck in their bodies. Some women are also afraid of using contraception because they fear that it will affect their ability to have children in the future. These beliefs severely limit contraceptive use and increases the risks associated with unprotected sex.

> *"They have some knowledge of contraception but it's because of myths like it makes you fat. There are many myths that they believe for example about condoms getting lost inside and coming out. They disregard condom use. There's lack of correct knowledge and peer pressure. There's pressure from boyfriends and others. There is lack of access for*

example; no clinic offers female condoms for free. Women have lack of negotiating power and cannot control their partners. Female condoms will boost condom use because females want to use it. If both the man and woman use it, it will prevent STI, HIV and pregnancy. They have knowledge from high school but are ignorant. They choose not to use it." (Student #15)

This student reported that there are myths that prevent condom use; however, she also explains that there are other factors that hinder the use of condoms. For example, she identifies that there is a lack of free female condoms available; hence it is difficult to access. She also observes that some women are not in a position to negotiate condom use with their partners. Men often control condom use. She implies that with greater access and availability of the female condom, women will have more condom negotiating power and will be able to protect themselves against STIs/HIV and pregnancy.

Some students pointed out that they had learnt about contraception from school. One student argued that young people all have knowledge about contraception from school through the Life Skills Programme.

"There are myths associated with contraception for example some are worried that they will not get pregnant in the future and that it cause cellulite. It is also the girl's perceptions of being judged by her boyfriend. They all have contraception knowledge from Life Orientation/skills in school. But many do not want to go to clinics because they are afraid of being judged so they end up not using contraception and become pregnant." (Student #11)

This student explained that they learnt about sex, HIV, contraception, and STIs in school. She further explained that this subject has been around for many years now since the introduction of the Outcomes Based Education system, which is why the behaviour of young people cannot be condoned due to the lack of information.

Some students were somewhat outraged when responding and showed clear anger about some of the contraceptive myths and also, some despondency when explaining that young people know about contraception but are not practicing it correctly. They do not understand why young people are engaging in risky sexual behaviour and falling pregnant despite having the knowledge of ways to prevent pregnancy. They further argued that currently young people are not making enough of an effort in changing their behaviours despite knowing the consequences of having an unplanned pregnancy.

Students also believed that trust in a relationship influences condom use. Many argued that condoms are not often used in relationships that are long-term. They will only use condoms if they did not know their partner well. If they have little knowledge of their partners and do not entirely trust them then they are more likely to use condoms. However, if they are close to their partners and trust them, then they choose not to use condoms. They also explained that their partners are unwilling to use condoms as they claim that there is no need to as they both trust and know each other. Furthermore, one student reported that for young women, condom use depends on access. Sometimes women depend on their partners to get condoms and they would have unprotected sexual intercourse if a condom was not available.

> *"It depends on how much they trust a person. Trust is equal to no protection. No trust is equal to protection. There are also myths associated with contraception. For example, the pill prevents future conception and condoms are not pleasurable. Young women have knowledge but expect their boyfriends to buy condoms but do not use it in the moment. But most of the time if he does not buy it, then there is no worry and it is not used. This campus clinic is useless. They do not give you the attention that you need. The staff are not enthusiastic about their work."* (Student #15)

> *"No, it's obvious that they do not use it, they are falling pregnant. Their partners are unwilling to use contraception and they are uninformed about the pill. The campus clinic nurses are very rude. People are afraid of being treated there and of being judged and labelled as 'whores' or as being 'loose'. People have knowledge but the process of getting contraception is difficult."* (Student #6)

Some students argued that the heavy emphasis placed on children has led to the increase in pregnancy among young people. It was mentioned that children are seen as being a gift from God and are therefore highly valued in most cultures. One student reported that most people are on contraception today as they have knowledge of it. However, she explained that fertility rates are still high because people value children and that children are seen as a blessing from God. In addition, the belief that contraception leads to infertility acts as a major barrier to use among young people.

> *"Most people are on it due to awareness. It's due to their beliefs. Children are seen as a blessing or what God wants. But overall there is a lack of contraception knowledge, no professional knowledge. They take advice from their friends."* (Student #15)

They argued that despite religious or good moral backgrounds, people are still having sex before marriage. However, they experience a great challenge when going to local clinics and claimed that they do not receive the services and treatment that is needed and are turned away from the clinic because of the judgmental attitudes of health providers.

Many students in the study complained about the health facilities on the campus. They explained that they do not receive quality services and are not given the kind of attention that they need. Furthermore, they felt unwelcomed by the nurses who are rude and judgemental.

> *Our campus clinic has a humiliating entrance. People are watching every move. There is no privacy. People judge you. They talk about other patients behind their backs in front of you and others. We do not want to go back. There is a barrier preventing students from getting what they need...which is a service."* (Student #15)

> *"Many do not want to go to clinics because they are being judged. So they end up not using contraception and become pregnant."* (Student #11)

Some of the students felt that the health providers are reluctant to provide young people with contraception because they are seen as children. There is a perception among the health providers that young people should not be engaging in sexual intercourse. In addition, some felt that health facilities were not welcoming and did not encourage young people to visit them.

> *"We are respecting the nurses who are like family. They do not worry about others but as a black, you are seen as their child."* (Student #3)

This is a clear indication of an important challenge that faces young Black women in accessing contraception at local clinics as most nurses come from the same background as them. It is a significant reason that prevents young Black women from practicing contraception and possibly a key component in the high total fertility rates among young Black women.

According to students, condoms were seen as the most popular form of contraception because it is widely available on campus. They also explained that condoms are most convenient, more 'acceptable', most accessible and the cheapest alternative. The other most common forms of contraception were hormonal methods – the pill and injection. Students explained that these are also quite common and are offered at the campus clinic. However, a student reported that condoms distributed on campus are untrustworthy and therefore she will not use them.

> "I do not trust the condoms that are handed out on campus and available in the ladies rooms and at the campus clinic. They really are unreliable and I will not use it." (Student #18)

Students preferred different methods of contraception. Many students used condoms as they believed that other methods like the pill or injection will make them fat. Some students refused to use condoms because they felt that it reduced sexual pleasure and therefore were more likely to use hormonal methods. Some favoured the morning after pill as they perceived that it was the most reliable method to prevent pregnancy.

"They use condoms, even though it is unsafe, because they will get fat with the pill or experience side-effects with the injection." (Student #15)

"Abortion is practiced as a form of contraception. They also use the morning after pill because they do not want to be stigmatized and are scared of family exclusion and boyfriend rejection." (Student #3)

"The morning after pill is more convenient, particularly because there are too many one-night-stands and spontaneous sex is common among young people. Therefore, the morning after pill is most convenient. In this case even the injection is convenient." (Student #18)

"The pill is most common. However, they do not think of STIs or HIV and are increasing their risk of contraction. They do not use the condom and believe that the condom reduces pleasure." (Student #10)

These explanations indicate that students favour different methods and view contraception differently. Students reported that condoms and hormonal contraception are most popular among students on campus. One student, who claimed that the pill is most common, argued that people do not use the condom together with this method and therefore do not protect themselves from STIs (including HIV/AIDS). Interestingly, abortion was perceived as a form of contraception by a few students.

4.7. Attitudes to abortion

Many students stated that attitudes toward abortion have changed. They argued that more girls are willing to have an abortion today compared to the past when it was considered to be a sin. Some students were very disapproving of young children having an abortion without parental consent. They emphasised that this further encourages young children to be sexually active and have unprotected sex and additionally to keep it a secret. Thus, most students were against abortion.

"In the past, abortion was seen as a sin. Now it is more acceptable. They are allowed to have an abortion without the consent of their parent. For example a 12 year old can have an abortion and it can be kept a secret. Most have an abortion because they are afraid of parents and communities." (Student #5)

"Yes, many females are now more comfortable to have an abortion. It is no longer taboo. People are more free to have abortions; the law is on their side. It is also due to the economic recession. People also abort to portray an innocent image to their parents, church and community who are strict and traditional. They want to remain pure in their eyes. But many decide to keep the children these days. The grant is available and many people want this for other purposes." (Student #19)

Students explained that women have abortions for many reasons. Abortion is more widely available and is commonly advertised on the streets. They explained that their partners often do not want them to have an abortion even though they are not prepared to share the responsibility of raising a child. Women resort to abortion because they do not want to bring shame to their families. In addition, they would find it difficult to face the community if they had an unwanted pregnancy at a young age.

"Attitudes have changed. More abortions occur today because it is easily available. For example, you see the pamphlets all over town like 'pain-free same day abortion' by traditional doctors from East Africa. However, many people do keep the child." (Student #6)

"Men are against abortion but they are not the ones with the burden. Girls are therefore more willing to have an abortion. They do not want to disappoint their parents after they provided for them. They would prefer to abort the child." (Student #18)

Students argued that many people on campus will not admit to having an abortion and that this does not mean that abortion does not exist within this setting. They explained that due to

financial reasons, many abortions occur among young people who have unplanned pregnancies. They highlighted that abortion is more common today because people are aware of the consequences and responsibility that comes with childbearing.

4.8. Consequences of pregnancy

Students felt that women face too many burdens and they highlighted that they find that their childhood is taken away by having a child at a very early age. They highlighted that very young women experience a change in personality and endure emotional trauma. They explained that most commonly, the girl's parents or grandparents end up taking care of the child. When compared to previous generations, contemporary women return to school and are still provided with the opportunity to educate themselves. However, the challenges that they face are often long-term and unexpected such as disorientation, disruption of goals, increased responsibility, stress and financial constraints.

> *"She is forced to know her HIV status and faces reality now that she is pregnant. Family perceptions change. Peers leave you behind. There is increased stress. You do not continue right away with your education. You are disoriented. There's a lost track of goals and of yourself."* (Student #3)

> *"She finds that she cannot cope with her degree and deadlines. It becomes difficult to balance pregnancy and studies. She is forced to leave her child with her parents. She then continues with the education."* (Student #16)

> *"A major consequence of pregnancy is revealing to your parents when you are at university that you are pregnant and 'bringing home another diploma!' There are also financial problems to be faced as well as relationship issues and depression."* (Student #19)

Students reported that when young women fall pregnant, they often leave their children with their parents or older aunts. They explained that these women then go back to complete their

education and are encouraged by their families to finish their schooling as a high emphasis is placed on education. Their families still give them the opportunity to earn a better living and assume responsibility for care for their child. Others argued that these young women end up resenting their children who become a huge responsibility as they are constantly reminded of their mistake.

> *"They leave the children with the grandparents. Many come from rural areas and fall pregnant. They send them back to study because the family values education… There's hardly any remorse shown by these girls who leave their children. They use the grants from child support and even from their granny's grant. The child's father plays no role."* (Student #19)

> *"It depends on the family who usually takes care of the child. If the girl is in her third year then she goes back to complete her studies. But, they experience self-blame and hate their children. They blame their children for their wrong doings. More experience, they are getting to know the real world."* (Student #6)

Often women face trauma and stress from an unplanned pregnancy. They have to assume financial responsibility for the child. Young women commonly experience stigma associated with bearing a child before marriage and feel guilty for 'shaming the family'. Therefore, students stated that there are no favourable factors in having a child at a young age. However, one student, despite agreeing with this, did state that the only favourable factor that she can think of is that children are highly valued and provide financial security in old age, and are seen as someone to love forever. She felt that by having a child, a part of you would always be around and that you would have someone who is truly your own.

4.9. The role of young men

Students felt dissatisfied with the role that young men play in preventing pregnancy. Almost all the students reported that men currently have no role to play in preventing pregnancy. They

claimed that men do not want to use condoms even though the woman may not be on any type of contraception and furthermore they expect her not to fall pregnant.

These young women want men to take responsibility for their actions and to stop being selfish. Students explained that it is unfair that women are largely responsible for preventing pregnancy. In addition, they argued that contraceptive methods do not ease the burden of responsibility on females as most methods are made for females. This causes difficulties as many women lack access to contraception and also lack condom negotiating power. Students argued that men cannot identify the consequences of their actions when they engage in unprotected sex with multiple partners, and do not perceive their sexual behaviour as increasing the risk of an unplanned pregnancy which largely impacts women.

> *"Some men do insist on condom use. Men need to use condoms. Here men do not play a role in preventing pregnancy. They do it for selfish reasons to protect themselves from STIs and HIV."* (Student #4)

> *"Currently, they are not doing anything to prevent pregnancies and carry on with life. It's not a major issue to them. They keep impregnating girls because they want control over the women. They only realise the severity of this until they have about three children. They have to be more careful and be aware of future implications and who is going to contribute toward the maintenance of the child in future."* (Student #6)

Some students felt that it would be helpful if men provided resources for good health care for both the women and child. They argued that men do not take the role of fatherhood seriously. In addition, they only provide limited financial support for their child and usually for a short period of time. Women emphasized that men need to provide emotional support to their children and not just financial support.

> *"Men should take responsibility and provide health care for the women and the child. Most of them currently do not play this role. Men do not talk about being a father. They*

should be there financially and not stop after a couple of days. They should be there for the child emotionally, a father in every way." (Student #8)

Another student argued that men are often uninvolved in preventing pregnancy because women have come to accept such behaviour and do not expect men to assume responsibility for using a method of contraception to prevent pregnancy. She argued that women do not respect themselves anymore and have lowered their values. She implied that women allow men to behave in the way that they do by not refusing them sex, moreover, unprotected sex.

"There is no positive role that men play. They do not care and just want to have sex and move to the next. They do not bother even if the girl is pregnant and just move on. Women do not respect themselves anymore and have lowered their standard which is why men are easily attracted to them. They do not know how to say 'NO' to sex anymore. That is why even sugar-daddies are attracted to them. They end up getting HIV or falling pregnant. They do it also for social status among peers. They are valued for attracting sugar-daddies or the 'rich guy'. This is highly prevalent on campus; sex has become the norm... Men should abstain. They should play a positive role, be active in showing responsibility and supportive regarding their sexuality." (Student #5)

An important finding from this was that women simply wanted men to be encouraging and show some responsibility toward them and the unborn child if they were to have an unplanned pregnancy. Students claimed that men do not take responsibility for the pregnancy and choose not to practice safe sex.

4.10. Student Recommendations

Students reported that unplanned pregnancy among young people is a concerning issue. The recommendations that they provided were very positive in addressing this issue. The most important point that students stressed was that both males and females need be exposed to the consequences of an unplanned pregnancy at a young age. Many students felt that young people should be provided with the consequences of unprotected sex at an early age as this will allow

them to think before they engage in sex. They were supportive of early sexual education. They also argued that young people should be provided with extra-curricular activities in and out of school to occupy their time.

> *"Display the negative consequences of having sex without a condom and contraception to young people, for example, syphilis, gonorrhoea, HIV and pregnancy. They need to shock them into reality and to wake up."* (Student #2)

> *"Talk to them (young people) and inform them about the consequences of unprotected sex like HIV. Take them to hospitals and show them how people are dying. Parents should talk to their children. Maybe create awareness by using people that have HIV/STIs to explain to them the dangers of unprotected sex. Young people are too stubborn."* (Student #17)

> *"Government and schools should have campaigns to expose them to consequences of pregnancy so that they can grow up knowing the consequences of early sex."* (Student #20)

> *"Speak to parents or guidance counsellors to educate children in rural areas and provide them with extra-curricular activities."* (Student #8)

Others stated that people have different perceptions which are difficult to change. They argued that young people live on a day to day basis and do not think of their future so often. Their behaviours are influenced by their peers. They also reported that it is difficult to predict one's actions as it may vary in the presence of one's partner or boyfriend.

> *"It's hard to change people's attitudes. Media campaigns have tried. I think that there's nothing that can help at the moment as people just do not want to use contraception because they live for today."* (Student #4)

"There is no way to do this. When you are with your partner, things change." (Student #18)

"There are not many things. They have a mind of their own. They should have motivational speakers at schools to explain their experiences to them and the attitudes of 'it would not happen to me'." (Student #5)

Students came up with innovative ideas to reduce pregnancy rates among young people. The most popular idea was that the media and other social networks should play a greater role in creating awareness around safe sex and contraceptive practices. Many students perceived the best way to do this would be through music, stating that this would be a fun yet effective approach. They argued that this is the best way to capture the attention of young people.

"Social networks should provide more programs. For example mxit should provide contraceptive information. Even cell phones, television and magazines should have advertisements. There should be more care lines with information about contraception. Even music should promote contraception. For example, by a popular star that is idolized. This will definitely result in some action." (Student #5)

"In order to reduce pregnancies among young people, education campaigns need to be more supportive of young women. The media needs to integrate music and fun to attract the attention and understanding of young people regarding their sexual practices and the importance of contraception." (Student #8)

Students argued that young people are engaging in unprotected sex with multiple partners and are falling pregnant because they are misled by the current images portrayed in the media. They reported that the media portrays sex to be impulsive and wild and that young people try to emulate these messages.

"Currently, the message that the media is passing on for example in songs and programs is the wrong message, for example, abortion is no big deal. They are promoting and saying that it is okay or normal to have sex after partying and to then have an abortion if they fall pregnant. Young people look up to these role models and copy their behaviour." (Student #5)

"Role models like celebrities in Generations, have sex and never talk about contraceptives, and are happy and they do not fall pregnant, or get HIV. They are promoting sexual behaviour without mentioning contraception or safe sex." (Student #8)

Other students highlighted that young people need more information on sex and contraception. They argued that nurses at clinics need to be supportive of young people in order to reduce the stigma associated with health facilities, as this will possibly reduce pregnancy rates among young people. They argued that by altering the perceptions of health providers young people will then be able to receive specialized sexual and reproductive health information.

"More information and awareness needs to be available on sex and contraception. Not the taboos of it. Professional people with diverse backgrounds should be available in clinics who can speak to us so that someone from your own background does not judge you. Nurses at the campus clinic are our last resort. Nurses need to be trained. A diversity of nurses is needed. Nurses are too biased and judgemental. As a Black African, you get judged when you go there. It turns into a counselling session with the nurses. Not a lot of information, but a lot of judgement." (Student #6)

"There is a need to reduce the stigma towards young people. Nurses should stop being rude or judgmental. They should give you advice. Hence more young people would be on contraception." (Student #13)

An important comment that a student made at the end of her interview was that information is widely available in contemporary society and that people should just behave irresponsibly. She argued that young people really have no justification for having an unplanned pregnancy.

> *"Unless you are raped...That is the only excuse for being a teenage mother or parent."* (Student #8)

This comment suggests that young women are aware of the consequences of pregnancy. She suggested that there really is no justification for having an unplanned pregnancy at a young age. Her argument strongly reflects the importance of awareness campaigns that stress the responsibility of young people.

4.11. Summary

This chapter has summarized key findings of the study conducted among students at a tertiary institution in KwaZulu Natal, South Africa. Students interviewed presented a number of reasons for the high levels of pregnancy among young people. The study findings highlighted that young women have knowledge of contraception and are aware of the importance of contraception in preventing an unplanned pregnancy; however, contraception is being practiced inconsistently and incorrectly. Students are more afraid of the risk of an unplanned pregnancy than HIV/AIDS. Poor interpersonal relations with health service providers were perceived as a common barrier preventing young women from accessing contraception at the local clinics. Furthermore, the interviews suggest that peers exert an enormous influence over young people.

Most students felt that people should know about the consequences of unprotected sex from an early stage. They revealed that it is more important to provide information to people at a young age before they begin experimenting with sex in order to ensure positive reproductive health outcomes. They also stressed that it is ineffective to receive sexual and reproductive health education at clinics after already engaging in unprotected sex and have contracted an STI/HIV and are pregnant.

Chapter Five

Discussion, Conclusion and Recommendations

5.1. Discussion

Studies on fertility have shown that there are increasing pregnancy rates among young people in the world, particularly in developing countries (Singh, 1998; Dixon-Mueller, 2007). Sub-Saharan Africa is a region that is greatly affected by poverty; a large burden of HIV/AIDS and increasing rates of unplanned pregnancies among young people (UNAIDS, 2008). One of the main factors influencing unplanned pregnancies among young people is that of risky sexual behaviour (Santelli, Robin, Brener and Lowry 2001). Young people engage in risky sexual behaviours such as early exposure to sex, multiple concurrent sexual partnerships, substance and alcohol abuse, spontaneous and unplanned sex and failure to use barrier contraceptive methods (Santelli et al., 2001). Even when condoms are used, it is often incorrectly and inconsistently used (Santelli et al., 2001; Maharaj, 2003). Incorrect and inconsistent condom use increases the risk of pregnancy and STIs (including HIV/AIDS) (Santelli et al., 2001; Pettifor, 2005; Kaufman et al., 2004; Hollander, 2007).

Unplanned pregnancies among young people are increasing especially in Southern Africa despite the overall decline in total fertility rates (Mostert and Lötter, 1990). Various interventions have been implemented in addressing this issue; however, pregnancy rates among young people are still high (Kaufman, de Wet and Stadler, 2000; Pettifor, 2005). In light of this, this study strived to understand reasons for high fertility rates among young people in South Africa. It draws on in-depth interviews with young people attending a tertiary institution in KwaZulu-Natal, South Africa. The findings from the study suggest that there are a number of factors that are impacting on the high levels of unplanned pregnancies among young people.

In recent years, increasing attention has focused on the high total fertility rates among young people in South Africa and most have been quantitative in nature. This study uses qualitative methods to understand the reasons for the high total fertility rate among young people. The study found that young people identified unplanned pregnancies among young people as a major problem. Students observed that more and more young people are engaging in sexual relations at an earlier age because they lack parental guidance on sex and there is less regulation of their behaviour when they are no longer living with their parents. In addition, many studies have found that lack of parental guidance impacts on the sexual behaviours of young people: "adolescents say they lack parental guidance about sex, sexuality and relationships" (UNICEF, 2009:2). Hallman (2004:24) observes that "poverty, low education, and lack of parental guidance and support could influence young people's sexual behaviours by reducing access to information about safe sex practices or by inhibiting their ability to put such knowledge into practice. While information alone is not enough to bring about changes in behaviour, information is still a prerequisite" (Hallman, 2004:24). Unprotected sexual intercourse and the absence of parental guidance were identified as important reasons for the high pregnancy among young people. Unprotected sexual intercourse increases the risk of both unwanted pregnancy and STIs (including HIV/AIDS).

Young people who engage in sexual relations at an early age are more likely to have multiple partners. The possibility of having multiple sexual partners may influence the frequency of intercourse (Bongaarts, 1978). The duration of the fertility period is the most apparent period that a woman will conceive; during ovulation where the ovum is most fertile. Therefore, a woman is most likely to fall pregnant if she engages in unprotected sex during ovulation. Hence, if young people do not protect themselves against pregnancy within this period by practicing safer sex, then they have a heightened risk of pregnancy (Bongaarts, 1978).

Students argued that a Western culture has been adopted making premarital fertility more acceptable in society today than in the past. Some students admitted to personally knowing many young women who were pregnant and living on campus residences. The study findings suggest that students are aware of the dangers associated with unprotected sex but this has not impacted their behaviour. The theory of planned behaviour identifies such behaviour as the outcome of an

individual considering their own views, the views and expectations of significant others, and their own capacities (Potter, 1996:132). Ajzen explains that behaviour determines expected outcomes. For this reason, an individual's behavioural belief produces an anticipated outcome (Fishbein & Ajzen, 1975). These expected outcomes determine the reasons that cause an individual to behave in a particular manner. The role of peers also influences the sexual behaviour of young people. Young people are often encouraged by their peers to engage in early sexual relationships. These pressures are strong within social settings that consist of largely younger people who portray very modern lifestyles. They experience different forms of pressure and are in a stage of sexual exploration (Lloyd, 2005). Thus, the pressure to conform to social expectations is strong and weakens their individual self-control, resulting in them complying with group norms (Ajzen, 2006).

Young women were more concerned about the risk of pregnancy than HIV/AIDS, a finding that is consistent with other studies (UNAIDS and UNICEF 2001; Maharaj 2006). These studies suggest that the primary reason for condom use is the prevention of pregnancy and some girls use dual methods of contraception. Most young people feel it is unrealistic to believe that a condom can be used during every sexual act. In addition, many young women feel that they could not insist on using a condom if their boyfriend refused, even if she suspected that he had an STI. The risk of pregnancy and STIs are more likely to be recognized than the risk of HIV infection, possibly because these are more visible risks (UNAIDS and UNICEF 2001).

A study by Maharaj (2006) found that young people in KwaZulu Natal fear an unplanned pregnancy in the near future. It was highlighted that this was an important factor influencing condom use. This suggests that among both sexes, a desire to avoid pregnancy and its consequences was a strong motivator of use. A growing number of studies in South Africa similarly show that young women are deeply worried about becoming pregnant at an early age.

Students claimed that peers are an important source of information about contraception and often young people take advice from friends and practice contraception inconsistently and incorrectly and frequently engage in unprotected sex. This is a concern as students claimed to know many people who engage in risky sexual behaviour with multiple partners and one-night-stands. This

again is consistent with other findings by Kaufman (2000) and Varga (1997) who emphasized that multiple sex partners are common among young people. Multiple sexual partnerships increase exposure to HIV infection. The probability of young people contracting and spreading STIs and HIV is very high. This is a concern as many new HIV infection rates are occurring among them and may spread at a more rapid rate in future as they currently do not protect themselves from HIV (Statistics South Africa, 2009). Many students seemed less concerned about the risk of HIV infection than pregnancy. However, by engaging in unprotected sexual intercourse they are not only placing themselves at risk of pregnancy but also HIV/AIDS.

South Africa has one of the highest levels of HIV/AIDS in the in the world. In 2007, it was estimated that 5.7 million South Africans were living with HIV/AIDS (UNAIDS, 2008). There has been 354 000 new HIV infections among young people aged 15 to 24 (Statistics South Africa, 2009). This suggests that HIV prevention efforts have not been very successful in changing the behaviour of young people. However, the level of infection differs notably across racial groups. In a population-based survey conducted in 2002, HIV prevalence was significantly higher among blacks than among other racial groups" (Human Sciences Research Council, 2002 in Maharaj, 2006:28). In South Africa, numerous studies suggest that the level of pregnancy is higher among young, black women than other race groups (Mostert et al., 1998; Mostert and Lötter, 1990; Moultrie and Dorrington, 2004).

Young women are often embarrassed to go to local clinics and hospitals for contraception as they experience condemnation from nurses and health care workers for engaging in sex at a young age, a finding consistent with another study (Wood and Jewkes, 2006). This restricts the ability of young women to access sexual and reproductive health services. The study also suggests that students fear being judged by nurses and they also express concern that their personal information would be discussed with others. According to Wood and Jewkes, (2006), women in the African culture, particularly in Sub-Saharan Africa are discouraged to display sexual freedom and knowledge about sex. This is seen as disrespectful and lowers the status of women who are labeled as 'cheap' and 'loose' (Wood and Jewkes, 2006). This is a major barrier preventing young women from accessing sexual and reproductive health services. Cultural barriers are very dominant in health care facilities. Within certain cultures, sex is a taboo topic particularly for

young women and therefore, many young women attending local clinics are scolded by nurses who disapprove of young women engaging in premarital sex (Wood and Jewkes, 2006).

The students felt that the nurses were not helpful or friendly. They did not feel that they were welcome at the health facility. These attitudes are likely to prevent them from visiting health facilities. In addition, some students felt that there was a lack of privacy and confidentiality at the health facility since some nurses discussed their problems with other nurses in the clinic. As a result, they felt embarrassed and ashamed to go to the campus clinic. Students claimed that when they visit the clinic for sexual and reproductive health care services, they are turned away by the nurses. As a result, they are not able to access sexual and reproductive health services that they need. These findings are also consistent with other research. The findings from the study by Wood and Jewkes (2006) confirm that young people were turned away and judged or 'scolded' by the nurses.

An important finding within this study was that cultural barriers significantly prevent young people from accessing contraception. These barriers largely influence the use of contraception amongst young black women in particular as they are often pressurized to prove their fertility in order to make the bride price more worthwhile (Nzimande, 2001). This is a huge challenge that faces South Africa which is difficult to overcome as young people often conform to African cultural expectations (Statistics South Africa, 2009). Hence, cultural expectations may also influence the probability of early childbearing among young women.

Some women have a higher risk of pregnancy because they are not using a method of contraception. A student within this study stated that she is not on any contraception and that she uses the morning after pill after sex and only sometimes uses a condom as 'back-up'. This indicates that risky sexual behaviour and inconsistent condom use may still be an issue among young people, a finding consistent with other studies (Maharaj, 2003; Pettifor, 2005).

This study showed that young people perceived unplanned pregnancy as a major problem among young people. However, despite this understanding and being at a tertiary institution and having a higher level of education, students still do not prioritize safe sex through condom use. Some

were afraid that the condom would slip or break during sexual intercourse so they sometimes chose not to use it at all. They indicated many myths associated with condoms. This indicates that condoms are not only being used inconsistently, but *also incorrectly*. However, condoms remain the most commonly used method of contraception among students as they stated that it is available everywhere on campus and it is free. Nevertheless, some students perceive that the condoms distributed on campus are untrustworthy and that they would not use it. They preferred their partners to purchase condoms and if he does not purchase them then it is *not* used. This is very serious as young people do not understand the severity of their actions until it is too late and have experienced a situation where they have fallen pregnant or have been infected with HIV.

Many students blamed the introduction of the child grant money as being one of the causes increasing pregnancy rates among young people. They argued that often young women, particularly those living in the rural area, fall pregnant in order to access the child support grant. However, the findings from Makiwane and Udjo (2006) find no association between the increasing pregnancy rates among young people and the child support grant emphasizing that this is an area that needs further investigation.

Another finding from this study is that young women prefer to delay childbearing until they complete their education and gain financial independence. This finding is consistent with the research conducted by Zwang & Garenne (2008) which found that young people are delaying childbearing and marriage to a later age in order for them to complete their schooling and further their education so that they may find better paying jobs. Murphy and Carr (2007) confirmed through their findings that women with higher education levels have fewer children. Education gives women greater independence (Zwang & Garenne, 2008). This creates a shift of opportunities available to them resulting in a greater sense of responsibility. In this way, young women can shape their own future without having to depend on their fathers, brothers, husbands or other male figures. This allows them to make choices that are more favourable to them and their future, such as delaying their age at childbearing and reducing their fertility, even if it is through abortion (Murphy and Carr, 2007).

Students are aware of the negative consequences of pregnancy. They were concerned that an unplanned pregnancy is likely to lead to an interruption of their education. Most of the students placed a high emphasis on their education. They felt that education was the key to a higher socio-economic status. A large number of young women today want to be financially independent before marrying, so as not to depend on their husband or family to raise their children. This requires them to complete their education and find some stable employment (Zwang & Garenne, 2008:102**)**. They were also afraid that an unplanned pregnancy is likely to lead to family disapproval and even, exclusion. Many of the women were concerned about the reaction of their families and they felt that the implications are likely to be very severe. This finding is consistent with that of Zwang & Garenne (2008:107) that premarital pregnancy and pregnancy during schooling "is perceived very negatively by the mothers themselves, by the families who will have to support the child, by institutions, in particular schools and clinics, as well as by the whole society, including peers of the young mothers."

This study found that most young women felt that men do not take responsibility for pregnancy. Men seldom use a method to delay and/or prevent pregnancy as they feel that pregnancy is a woman's responsibility. They claimed that men are reluctant to use condoms and often engage in risky sexual behaviour with multiple sexual partners. Students explained that childbearing is not seen as a man's concern and that it is the woman who often assumes sole responsibility for childrearing. Varga (2001) explained that men have been socialized into behaving this way. Their behaviour is widely accepted in society. In the African context, men are expected to have multiple sex partners and to have unprotected sex as this increases their status within a particular society. This is what gives young men, particularly African men, their identities. Men are also discouraged from accessing sexual and reproductive health care services and information as this is not perceived as something that a man should do (Varga, 2001). This obviously limits the role that young men play in delaying or preventing pregnancy (Varga, 2001).

Students portrayed the media as having a tremendous influence over the sexual behaviour of young people. They believe that the media focuses too much attention on sex, making it seem attractive and unavoidable. This finding is consistent with research conducted by Steele (1999); and Kinsman, Nyanzi, and Pool (2000). Their findings indicate that the media plays a huge role

in influencing the sexual behaviour of young people. Kinsman, Nyanzi, and Pool (2000) highlighted that pornography has become increasingly common in the media as well as in the lives of young people who then begin to explore the images portrayed. "Reaching world-wide, the media bring teens compelling images of sexuality that range from the predictability of a television soap opera or country-western ballad to the unpredictability of an independent filmmaker or recording artist. These media windows on the world are part of teens' lived experience" (Steele, 1999:335).

Students suggested that parents should talk to their children about sex and should not discourage them from refraining from sexual activities as this creates curiosity among them leading to sexual experimentation. They argued that parents often make sex out to be a major issue and it is seen as a taboo. This makes it worse as young people will still experiment in sex no matter their culture. Students therefore recommended that parents should normalize sex to children at a young age as this will reduce the mystery behind it, and will further reduce experimentation. In addition, schools should maintain guidance counsellors to also educate young people about sex and reproduction. Students strongly believed that this strategy would work. Family Health International (2000), also favour sex education for young people at an earlier age and encourage parents to have an open communication about sex with their children. Furthermore, sex education at school is seen as a key function in providing young people with a better understanding of sex (Family Health International, 2000).

5.2. Conclusion

The main aim of this study was to understand the factors that influence high pregnancy rates among young people as it is a growing concern that needs to be further investigated.

Inconsistent and incorrect contraceptive practices among the youth are a persistent issue (Maharaj, 2006). Young people are aware of the benefits of contraception in preventing pregnancy. However, they practiced contraception inconsistently which contributed to high

pregnancy rates among young people. In this study, condoms were the main method of contraception used but they were not used consistently. There are many factors that influence the use of contraception among young women. There are a number of misconceptions about particular methods of contraception which affects its use. Furthermore, women often do not have the power to negotiate condom use. Another factor limiting contraceptive use is the availability and accessibility of contraceptive methods. Many young women in South Africa lack equal access to health care services and sexual and reproductive health education. In addition, they are also faced with cultural barriers that restrict them from accessing information in meeting their sexual and reproductive health needs. In addition, some health facilities do not have a full range of contraceptive methods and providers rarely counsel women on the different methods which make it difficult for them to make an informed choice.

Studies have shown that multiple sex partners are increasing among young people (Nshindano and Maharaj, 2008). This increases the likelihood of them engaging in unprotected sex more often. Young women engage in multiple sex partners for a number of reasons, including financial and material gain (Nshindano and Maharaj, 2008). Increasingly, young women are engaging in sexual relationships with men who are considerably older than them. Older men use younger women for sexual pleasure and provide them with many favours in return. These affairs are risky as unprotected sex is increasing within older men and younger women relations (Wilkinson, Ramjee, Sturm and Karim, 1997). In these relationships young women have less power to negotiate safer sexual relations. Risky sexual behaviour among young people is therefore a great cause for concern in South Africa in terms of more unplanned pregnancies and HIV infections among young people (Wilkinson, Ramjee, Sturm, Karim, 1997).

Peer influence is another aspect that also plays a role in influencing high pregnancy rates among young people. It is common for young people to engage in sex at an early age due to external pressures such as peer pressure (Steele, 1999; Nshindano and Maharaj, 2008). Young people are often coerced into sex by their friends and boyfriends who make them feel pressurized to conforming to social and group norms. It is evident that young people attach great significance to

such relationships and therefore feel the need to conform to social expectations (Ajzen, 1988; Lloyd, 2005). Young women who engage in sexual relationships at an earlier age have a heightened risk of early childbearing and HIV infection (Department of Health, 2008).

5.3. Recommendations

Young people are faced with many physical, emotional, social and cultural challenges during their transition to adulthood. One of the biggest challenges that young people are faced with is unplanned pregnancies and increasing HIV infection rates (Department of Health, 2008). It is therefore crucial for countries, governments, communities, and institutions to implement targeted interventions that addressing the factors that contribute to high pregnancy rates among young women.

There are different factors that increase the vulnerability of young people toward unplanned pregnancies and HIV infection (Kaufman et al., 2000; Lloyd, 2005). These factors are the lack of knowledge and access to sexual and reproductive health information, poor quality of health care service providers, sexual curiosity and experimentation of young people, risky sexual behaviour, multiple sexual partners, sexual coercion, rape and inconsistent and incorrect use of contraception (Manzini, 2001). In addition, dominating masculinities and cultural norms still exist in many societies and influence the lifestyle of young people and the opportunities that are available to them (Connell, 1998). Hence, these are issues that need to be given particular attention to when implementing policies and awareness campaigns for young people.

Many recommendations were made by students which provide insights into the reasons for high pregnancy rates among young people. It is therefore very important to consider their ideas and understandings as it allows future researchers, governments, societies, institutions and parents to

be aware of the most influential factors – according to young people – that may possibly reduce the level of unplanned pregnancies occurring among them.

The most highlighted recommendation from the majority of students was that young people both males and females should be exposed to the consequences and challenges of unprotected sex such as unplanned pregnancy and HIV at a young age. Students emphasized that only the pleasures of sex is considered in society and that it would therefore be helpful if young people were exposed to both the pleasures and consequences of unprotected sex. Sex education and programs aimed at young people at an early age before becoming sexually active has proved to be more effective (Manzini, 2001).

Taking into consideration the ages of the students that were interviewed during this study, most of them are first year students and have just come out of school. Many students showed great fear of having an unplanned pregnancy; however, little concern was shown for HIV/AIDS transmission. Students did not see this as a threat despite engaging in unprotected sex. A student argued that young girls with unplanned pregnancies cannot be excused because they were informed about practicing contraception in preventing pregnancy and was also educated about HIV/AIDS in school.

Students favoured sex education to be provided to people as early as primary school. They explained that this will allow people to think about the outcomes of their actions *before* they take action. This finding is also consistent with studies by Family Health International (2000); Santelli et al (2001); Lloyd, (2005). “Sex education programs have been successful in various settings, including schools, community centers, youth groups and the workplace. The programs often include peer-based approaches and media activities to reach more people. A characteristic of programs that appears critical to success is an interactive and experiential learning environment where young people can comfortably and safely explore issues and concerns and develop skills to practice safer sexual behaviour.” (Family Health International, 2000).

Studies have stressed the importance for schools and other educational institutes raising awareness about sex education and about the dangers of drug and alcohol abuse on sexual practices. Education and awareness regarding such issues should be taken seriously by these institutions as the dangers and consequences of the relationship between drug/alcohol abuse and the lack of condom use needs to be stressed. This is necessary in raising awareness regarding risky sexual behaviour, multiple sex partners, STI/HIV infection and unplanned pregnancies (Santelli et al., 2001; Lloyd, 2005).

Sex education programs in schools may help reduce early sexual activity among young people and allow those who are sexually active to have safe sex to prevent STIs/HIV/AIDS transmission and practice contraception correctly and consistently for protection against pregnancy. Students further recommended that young people should be provided with extra-curricular activities in and out of school to occupy their time and keep them entertained. In this way; they would not feel the need to engage in sexual activities. “It has been proven that sex education leads to safe behaviour and does not encourage earlier or increased sexual activity. Therefore, young people should be informed about STIs/HIV/AIDS and early pregnancy, and appropriate advice and supplies should be made available to them. Young people need to develop certain skills to be able to make informed, responsible decisions about their sexual behaviour. They need to be able to resist pressure, be assertive, negotiate, and resolve conflicts. They also need to know about contraceptives, such as condoms, and feel confident enough to use them. Peer counseling and peer education can be very effective in strengthening these skills and attitudes” (UNFPA, 2009).

Sex education programs and campaigns should also aim to further empower women. Women from rural areas should be specifically empowered as they are most susceptible to experiencing greater inequalities and have higher fertility rates than women in urban areas (Department of Health, 2008). These programs and campaigns need to also target men more intensely. Many of these programs neglect the sexual and reproductive health needs of men (Varga, 2001). Therefore, greater effort needs to be directed toward men in an attempt to change their risky

sexual behaviour and to promote the importance of safer sex practices for HIV/STI protection and contraceptive use for protection against unplanned pregnancy.

Another recommendation is parent to child communication (Fisher, 1988, Jones, 2006). Despite communication and cultural barriers, parents need to start talking to their children about sex (Family Health International, 2000; Jones, 2006). A study on parent child communication by Jones (2006) concluded that parent child interaction and communication may possibly reduce unplanned pregnancies among young people allowing them to feel a sense of responsibility and comfort through communication with their parents. An interaction of this sort may boost the confidence of young people who would be receiving sex education from a respected source. Young people are more likely to have a higher regard of the advice that they receive from their parents if their parents had provided them with an approachable and interactive environment for communication at an early age (Fisher, 1988; Family Health International, 2000; Jones 2006). Family Health International (2000) and Jones (2006) found that this may reduce the chances of young people rebelling against their parents and may provide a stronger and more trusted parent-child relationship with greater communication. This allows for greater sex education for children as well as choices of reproductive health services and abstinence from sex before marriage (Fisher, 1988; Family Health International, 2000; Jones, 2006).

A student suggested that the media and social networks should provide contraceptive information. “Youth are interested in sex because of biological reasons, hormones. Suggestions about sex in music, radio, advertisements, films and television reinforce that interest. Kids talk about sex and have questions about it. We should find ways to give youth the right information so they can make better, informed decisions about their sexual behaviour.” – Dr. Cynthia Waszak, a FHI senior scientist who focuses on adolescent health (Family Health International, 2000).

It is important for health services to attract young people. This means that there is a need to change the judgmental attitudes of providers. Young people are unlikely to visit health facilities

if they feel unwelcome. Many students raised concerns and dissatisfaction regarding the quality of service that they receive at local clinics and hospitals. This issue has emerged from many other findings (Wood and Jewkes, 2006; Senderowitz et al., 2003). Health services also need to more effectively meet the sexual and reproductive health needs of young people. Maharaj (2006:32) stressed that according to her findings from a study conducted in KwaZulu Natal, "reproductive health programs will need to create greater awareness of the risks of pregnancy and HIV infection, and provide counseling on these risks."

Cultural barriers within health services are restricting young women and possibly men from accessing contraceptive information and methods (Kibret, 2003). Young women attending clinics and hospitals are often judged and scolded by nurses who disapprove of them engaging in premarital sexual activity (Wood and Jewkes, 2006). This creates a barrier that prevents young women from accessing contraception. Thus, the response of sexual and reproductive health services in meeting the needs of young women have been less than adequate (Wood and Jewkes, 2006). Therefore, students reported that nurses need to be more professional in addressing the needs of young people. Students stressed that nurses are too judgemental and do not provide them with the help and information that they need. They argued that people with diverse backgrounds should be available in clinics so that they can speak to someone with whom they are comfortable. Students perceived local clinics to be unfriendly and unapproachable, and therefore do not go to them. They identified this to be a major hurdle in preventing young people from accessing sexual and reproductive services. This is a huge barrier that prevents young people from meeting their sexual and reproductive needs and is an important factor that students perceive as influencing high fertility rates among young people.

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Perspectives on Fertility amongst the youth interviewed at UKZN:
Interview Schedule

Introduction:

The purpose of this research is to understand possible reasons for high rates of pregnancies among young people. This research is being done for my Dissertation as part of my Master's degree fulfillment, and is based on the perceptions of students at UKZN regarding factors influencing high fertility rates among young people, as well as the decisions that they make regarding contraception and the problems that they face with unplanned pregnancies.

A qualitative research approach has been taken in order to obtain in depth, rich and valuable information through direct interaction with young people.

Purpose of the research:

The purpose of this research is to identify the perceptions of young people studying at the University of KwaZulu Natal, specifically regarding issues around fertility.

Confidentiality:

Your name will not be used in this study. If what you say is quoted in this study, then you would be referred to as a respondent and not by your name. Your identity will not be publicly revealed and is only for the purpose of research.

Interview Details:

Date and time of Interview: Interview No. _____
Consent form signed: _____Yes _____No

Before we begin, I would like to ask you about the age group that you are in.
Are you: between 18-21 or 22 – 24?

1. Do you think pregnancy is a problem amongst young people?
   Probe: is it a problem at UKZN? Is it a bigger problem than in the past?

2. What do you think is contributing to the high levels of pregnancy among young people? Probe: What are some of the reasons? Any other reasons? Why are some students *more vulnerable* to falling pregnant?

3. Do you think that young people who are sexually active are using a method of contraception? Probe: What are some of the factors preventing them from using a method of contraception? Do you think they have knowledge of a method of contraception?

4. What forms of contraception do you think are the most popular among young people? What is the main reason for using contraception?

5. Why do some girls prefer to delay pregnancy?

6. Have attitudes to abortion changed? Are girls more willing to have an abortion if they have an unplanned pregnancy? Do you think that most girls who fall pregnant decide to terminate the pregnancy or do they have the child?

7. What do you think is the role of young men when it comes to unplanned pregnancy? What role do men have to play when it comes to preventing pregnancy?

8. Many young women experience much challenges as well as benefits from pregnancy and motherhood.
   - What are some of the problems that women face if they become pregnant at a very young age and often before marriage? Does she continue with her education? Who takes responsibility for the child?

(Probe for physical, emotional, mental, cultural, family, economic and social challenges)

   - What do you think are some of the more favourable factors relating to parenting at a young age?

9. Do you have any children?
   a) How many?
   b) At what age did you have your first child?
   c) Is your child living with you?
   (Prompt further if No - Who then is taking care of your child?)

10. Are you currently in a relationship or are you dating anyone?
11. Are you sexually active? (Prompt: within that relationship or out of it)

a) Have you ever had sex?
b) At what age did you first have sex?
c) Are you on any forms of contraceptive?

12. Are you afraid of falling pregnant? By this I mean an unplanned or unexpected pregnancy.
13. Can you recommend some kind of means that would reach young people and teens to help them lower their fertility and practice contraception correctly and efficiently?

14. What do you think would help motivate the attitudes and behaviours of young people toward practicing safe sex responsibly?

Thank you for your time.

Do you have any comments, questions? Is there anything that you would like to add?