

**Experiences of sex and contraception education in young women
from semi-rural areas in Pietermaritzburg who have experienced
early and unintended pregnancy**

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This dissertation is submitted in partial fulfilment of the requirements for the degree of Master of Social Science in Educational Psychology in the Discipline of Psychology, School of Applied Human Sciences, College of Humanities, University of KwaZulu-Natal, Pietermaritzburg.

Declaration

I, Sandile Radebe (student no. 215022074), declare that

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Signed:



Dated: 14 November 2021

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Abstract

Early and unintended pregnancy (EUP) is a world-wide concern affecting both developed and developing countries. This study explored the experiences of sexual activity and contraceptive use in relation to early and unintended pregnancy. It aimed to understand young women's experiences of sex and contraceptive education, in relation to early and unintended pregnancy. The data for this study was collected from individual interviews with four young women. This study took a qualitative approach to explore how young women made sense of their early and unintended pregnancy experiences. Simultaneously, this study used an interpretivist paradigm, which places importance on the notion that people's experiences are better understood from within their immediate context. Thematic analysis was used to identify and report themes or patterns that were found in the data. Findings revealed that sexual reproductive health education and culture play a significant role in early and unintended pregnancy. The discovery of the pregnancy by young women further hinders their relationship with the baby's father which may lead to the consideration of termination. Post-pregnancy experiences indicate that some women only use one contraceptive method which might be the pill or injection and not the condom, whereas some use the dual method. The study revealed that there is a need for parents to be taught about the importance of talking to their children about sex, and for sex education in schools to begin at a much earlier stage. The study further recommends possible steps that could be taken to ensure that early and unintended pregnancy can be better understood and supported.

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Chapter 1: Introduction

1.1 Introduction

Early and unintended pregnancy (EUP) is a world-wide concern affecting both developed and developing countries. The word ‘early’ refers to the association between the mother’s age and youth, and the risk of serious health and social outcomes for the young mother and her newborn (UNESCO, 2017). The word ‘unintended’ refers to unplanned pregnancies, “which differs from pregnancies that are early and planned” (UNESCO, 2017, p.8). In other words, an unintended pregnancy can be defined as mistimed or unwanted. Early sexual debut is often defined as having sex before the age of 14 years and is usually associated with health and reproductive risks (Richter, Mabaso, Ramjith & Norris, 2015). These include having sex whilst under the influence of substances, having multiple partners, sexually transmitted infections (STIs) and falling pregnant without being prepared for it (Richter et al, 2015). This study sought to focus on the experiences of sex and contraception education amongst young women from semi-rural areas in Pietermaritzburg, who have experienced early and unintended pregnancy.

The existing literature shows that both developing and developed countries are affected by issues related to early pregnancy amongst young women (Paranjothy, Broughton, Adappa & Fone, 2009). Even though this is the case, developing countries have higher rates of individuals who fall pregnant while still in school (Sagili, Pramya, Prabhu, Mascarenhas & Rani, 2011). These countries contribute 95% of the population that falls pregnant whilst still at school as per data collected annually (Sagili et al, 2011). Although South Africa is part of these statistics, very little literature exists that looks at the holistic understanding of young women’s experiences, particularly those from semi-rural areas. Most of the literature looks at experiences of individuals from rural areas. Rural areas are characterized by very low resources and are far from urbanization, these areas include villages and farms, whereas semi-rural areas are on the outskirts of central business districts. Semi-rural areas are located between rural and urban areas, and there is access to resources such as clinics and hospitals (Abramsson & Hagberg, 2020). Much of the research focusses on the cause of early teenage pregnancy and does not address the experiences that the young women had pre and post pregnancy. This study wanted to understand the experience that young women have regarding early and unintended pregnancy, from the information they had before falling pregnant pertaining to sexual intercourse and contraceptive use, to the discovery of the pregnancy, to the delivery of the baby, and their experiences of motherhood.

1.2 Study aim

The aim of this study was to understand young women's experiences in semi-rural areas, of sex and contraceptive education, in relation to early and unintended pregnancy.

1.3 Purpose of the study

This study explored the experiences of sex education and contraceptive use in relation to early and unintended pregnancy. Young women who were part of this study were from an organization called Whizzkids United Health Academy which is a youth clinic based in Pietermaritzburg. The aim of this study was getting an overall understanding of young women's experiences, especially since they are from a semi-rural area. A lot of the existing literature addresses the research topic in relation to individuals from rural areas. As a researcher, I wanted to understand the experiences of those individuals who do have access to resources and explore the circumstances related to them falling pregnant. Also, another aim was to see if there are any commonalities with the existing studies on the contributing factors of early and unintended pregnancy, the information that young women had about sexual intercourse prior to their sex debut, and their contraceptive use. For this study, the purpose is to give an understanding of the pre, during and post pregnancy experiences of young women who have experienced EUP.

1.4 Study objectives

1.4.1 The objectives of the study are:

- To explore young women's exposure to sex and contraceptive education, prior to their early and unintended pregnancy experiences.
- To explore their use of contraceptive methods, including access to contraceptives.

1.5 Research questions

Main research question:

What are the experiences of sex and contraception education amongst young women from semi-rural areas in Pietermaritzburg, in relation to early and unintended pregnancy?

Sub-questions

- What were the young women's experiences of sex education?
- What were the young women's experiences of contraceptive education?
- What circumstances led to the early and unintended pregnancy?

1.6 Outline of the dissertation

In chapter one (Introduction) the topic and importance of the dissertation is introduced. In chapter two (literature review) literature related to the study is discussed. In this chapter, a theoretical framework chosen for this study is also introduced. Chapter three (methodology) explains the design, sample, methods, and approaches employed to this study. Chapter four (findings), findings for this study are presented and analysed thematically. In chapter five (discussion), themes that emerged from the analysis of the findings are discussed in relation to the literature. Chapter six (conclusion) concludes the study and discusses the study strengths, limitations, and recommendations for future research.

Chapter 2: Literature review

2.1. Introduction

EUP is a global phenomenon and has been researched both locally and internationally. This chapter focuses on presenting literature that is relevant to the issues being researched. The chapter will start with discussing the experiences of sex and contraception education amongst young women from both an international perspective and the local context. Some of the issues which will be addressed are the factors contributing to early and unintended pregnancy, the consequences, and the role of education in perpetuating the notion of early pregnancy, and the type of education received and where it was received from. This chapter will also discuss the ecological systems theory. Research on young women's experiences of early and unintended pregnancy will also be discussed.

2.2 Social consequences of EUP

Young women face a lot of obstacles and are forced to make hard choices that affect their lives forever, particularly when they experience pregnancy while still in school (UNESCO, 2017). In rural and semi-rural areas, falling pregnant could mean being shunned by family, peers, and society at large due to the stigma that society might have about early pregnancy. It could also mean being vulnerable to health risks such as exposure to STIs, abuse and being exposed to socioeconomic hardship such as having to leave school and look after the baby. Young women face a lot of life changing difficulties and one can argue that conceiving a child requires two people, then why is it the woman alone who must face all these hindrances? The effects of gender inequalities play a significant role in these major differences (UNESCO, 2017).

Young male adolescents might also be exposed to life difficulties such as dropping out from school and finding work to cater for the child or be forced by culture to ask the young women for their hand in marriage to follow the societal norms. This could mean the young men ought to leave school and find a job to provide for the baby as expected by the existing societal norms and obligations (UNESCO, 2017). This is very common in rural areas where cultural and traditional values encourage raising a child within marriage. Although such areas do exist, they are in the minority. However, research shows that EUP usually affects adolescent women this is because the male responsible for the pregnancy is usually older than the young woman and is often not part of the pregnancy after it has occurred (UNESCO, 2017). According to a study by Watts, Liamputtong and McMichael (2015), young mothers receive support from their

mothers, siblings, friends and rarely get any support from the father of the baby and the wider community. Participants in the survey felt that their wider communities looked down on teenage mothers, which caused them humiliation and embarrassment. According to a study conducted by Naidoo, Muthukrishna, and Nkabinde (2021) in the KwaZulu-Natal province, young mothers are ridiculed and shunned for breaching the norms of marriage and motherhood.

Motherhood is of high value in many countries and is considered a crucial part of a woman's life. Although there is no set age where a woman can have a child, there are many societal expectations that a woman should fall pregnant in marriage. However, when this happens outside of marriage, society shuns her which results in distress for the young woman. This means that the stigma that young women face for falling pregnant at an early age is not only limited to a particular context but is a global phenomenon. Motherhood comes with a lot of challenges such as financial constraints to the mother especially if there is no financial support available (Watts, Liamputtong & McMichael, 2015).

Falling pregnant at an early age can be stressful particularly when the pregnancy was not intended. This can have negative social effects on pregnant young women as most societies particularly in the South African context, falling pregnant while still in school is regarded as a disgrace (Panday, Makiwane, Ranchod & Letsoalo, 2009). In some schools the young women are expelled for being pregnant because of the school's policies, and/or due to the negative comments that the class teachers and students make to the young woman, she may drop out (Panday et al., 2009; UNESCO, 2017). If the young woman comes from a poverty-stricken background, she will then continue the poverty cycle as she will not have the necessities to provide for the infant after birth (Panday et al, 2009). Panday et al (2009) argue that "poverty is now recognized as both a cause and consequence of early childbearing" (p. 26). It has been found that previous studies have overestimated outcomes of early conception because of the belief that poverty is a result of teenage pregnancy (Panday et al., 2009).

Young women are often shamed for falling pregnant at an early age whereas men get praised for it. This reflects the patriarchal underpinnings of men's responsibility, which is to persuade multiple women to expect financial assistance from him and then to demand sexual engagement with the woman if he is providing for her, whether they are married or not (Hoss & Blokland, 2018). The social unwritten rule that exists in many cultures that gives men the power to have

as many sexual partners as he prefers, has perpetuated the rate of EUP as many men prey on young women. This has also led to the oppression of women in general to always obey and conform to what the man wants, whether he wants it forcefully or not, but the result is that the young women is blamed.

2.3 Sexual coercion and relationships with ‘sugar daddies’ as contributing factors to EUP

According to several studies, South African teenagers are sexually active at very young ages (Manzini, 2001; Richter, 2015). It has been found that the South African median age for sexual debut across all provinces is sixteen years and, in most cases, it is coerced (Richter et al., 2015). Often when young women have sex for the first time it is without a condom, and they are uninformed, and do not know the procedures related to putting on a condom and ensuring that it is used in the right way especially when the young woman is much younger (Manzini, 2001). This often is a result of not being prepared for the event. Manzini (2001) found that age of a person plays an important role in contraceptive use. Manzini (2001, p. 1) found that “adolescents who begin sexual activity at younger ages are less likely to practice contraception”. This means that debut sexual intercourse also contains the risks of early and unintended pregnancy as well sexually transmitted infections (STIs) (Manzini, 2001). A study conducted in the rural Eastern Cape province of South African by Shai et al (2010) indicated that young women who were in relationships with people of the same age, and who did not experience any form of abuse from their partners, were using contraceptives. Young women who reported being in abusive relationships or in relationships with older men reported not using contraceptives due to fear of their partners (Shai, et al., 2010).

In recent years, the negative effects that the dominance of men has on young women has been identified. There are many reported instances where a young woman is raped and killed brutally either by their partner or by a stranger, instances where young women are beaten by their partners and in many instances killed by them this might mean that young women would fear saying ‘no’. Many of the reasons why many young women would agree to being intimate with their partners would be because of the fear of getting into conflict with them (Shai, et al., 2010). For these young women not using condom use in sexual intercourse is a display of trust in their partners, although they might also suspect that their partners have multiple partners. It has now become norm to have reports of rape of young women and even children. Manzini (2001) argues that “studies in Africa on first sexual experience show that for over half of young women

in Malawi and over half of young women in Nigeria, first sexual intercourse was forced, with coercion more common among those who were younger” (p.1).

The act of one forcing oneself sexually onto another involves physical violence where the young woman is beaten and threatened. Studies conducted in developing countries such as South Africa, Tanzania and India reveal that there is an association between physical violence and coercive sex, and the manifestation of EUP (Koenig et al, 2004). For some women, reporting such things becomes a challenge especially if the perpetrator has threatened the young woman and/ or has given her money especially for those young women who are the head in their household (Ntloko & Kheswa, 2018). The individual might tolerate this coercive treatment as long as they have the benefits. The gesture of being given money after sex creates the impression that at the very least the female benefits from it (Gage, 1998).

Social and cultural norms influence the public views and the interaction between two people of the opposite sex in relationships. Women in general, including young women, are often held responsible by society for the phenomenon of ‘sugar daddies’ which in the South African context are nowadays called “blessers” (Masenya, 2017). The terms ‘sugar daddy’ and ‘blesser’ refer to an older man who has sexual relations with a young woman to meet her needs (usually financial needs) and to have his needs met (often sexually). Socially, young women are blamed and regarded as lacking moral values when found to be affiliated with sugar daddies (Masenya, 2017). Young women are expected to abstain from sex before marriage, protect themselves from EUP and from sexually transmitted diseases, whereas men are praised by society for having multiple sexual partners and for having the right to marry and provide for more than one wife (Hoss & Blokland, 2018).

The loss of family members particularly parents and/ or guardians, together with poverty, has been found to contribute to the vulnerability of adolescents to the risk of early and unintended pregnancy (van Zyl, van der Merwe & Chigeza, 2015). Many young women experience a series of socio-economic challenges during childhood and adolescence. Due to the early deaths of significant family members young women develop in a context of a lack of financial stability. In the South African context, it has been found that some young women find someone older than themselves who supplies their necessities in exchange for sexual intercourse. The older men that these young women rely on for financial stability and/ or men who buy them the necessities are referred to as “blessers” (Masenya, 2017). These “blessers” instill the idea into

these young women that if they engage in sexual relations, they will get financial benefits in the form of money, food, clothes and all the important things needed to live. For some young women, the lack of job opportunities drives them to find older men who can provide for them especially if the young women are the eldest and they must look after her younger siblings. In this situation the only option is dropping out from school and trying to find a way of making money. EUP is underpinned primarily by being marginalized socio-economically and by poverty generally.

2.4 Cultural taboos around sexual education

Cultural beliefs in many African communities encourage young girls not to seek information about contraception and safer ways to have sexual intercourse (Ramathuba et al, 2012). Many African parents do not teach or talk to their children about sex related topics because it is seen as culturally unacceptable to talk about such things with young people (Ramathuba et al, 2012). Research show that the prevalence of human immunodeficiency virus (HIV) infections is higher among young pregnant women than in the general population. (Christofides et al, 2014). When adults, and parents do not discuss topics related to sexual intercourse, young women might experience challenges. Becoming pregnant at an early age creates additional challenges such as competing school demands, having to find work, and at times finding accommodation if they are turned out of their parent's houses (Watts, Liamputtong & McMichael, 2015).

Unplanned teenage pregnancy is one of the major health issues in South Africa, and even though access to contraceptive methods and services is free, the number of abortions is still increasing (Ramathuba, Khoza & Netshikweta 2012). According to a study that was conducted in villages in the Eastern Cape Province, young women explained that being in a relationship was tacit consent to sex (Sofika & van der Riet, 2017). Consent to sexual intercourse is one of the key issues that young women face, and this is often due to the age difference between the female and their significant other (Manzini, 2001). The fact that young women are more likely to have sexual relations with older men makes it hard for them to communicate to their significant others their unpreparedness for having sexual intercourse (Manzini, 2001).

In some communities' adolescent girls believe that it is best to fall pregnant before the age of eighteen because of the belief that they should not delay childbearing as this might lead to sub-fertility (Ramathuba et al, 2012). Although this may be the case, in some African societies like the Nyanga community of Western Cape, early pregnancy brings shame to the mother of the

pregnant young woman. This is because it is believed that the actions of the young woman are a representation of her mother's teachings (Mkhwanazi, 2010). Often, this will result in the mother distancing herself from the young woman as an indication to the community that they did not condone such behaviour (Naidoo, Mathukrishna & Nkabinde, 2019).

2.5 Sex education

Research shows that education plays a fundamental role in early and unintended pregnancy. Female students are more likely to fall pregnant and/or contract STIs in schools where teachers promote abstinence and avoid talking about safe sex and contraception, as compared to schools which offer education about safe sex and contraception (Macleod & Tracy, 2010). Research indicates that young women conform to messages whether good or bad, if they are mediated by people whom they share strong social relations with (Macleod & Tracy, 2010). In other words, if the young person has a strong relation with their friends, they are more likely to conform to whatever it is that their friends are preaching to them about sexual intercourse which could possibly put them at risk (Macleod & Tracy, 2010).

In some cases, the actions and beliefs of family members, particularly parents or caregivers, are a contributing factor in young women falling pregnant at an early age. According to a study conducted in Uganda by Sekiwunga and Whyte (2009), parents are negligent and lenient when monitoring their daughters. Parents do not educate their daughters about sexual and reproductive health and the dangers of having sexual intercourse at an early age. These include teaching about sexual consent, contraceptive use and being romantically involved (Birungi et al, 2015). The study also revealed that harsh parents also contributed to EUP. For young women who are burdened with household duties, particularly in instances where they are living with a stepmother, the young women run away from home to better places where they find men who make them pregnant (Sekiwunga & Whyte, 2009). Sometimes the young women are forbidden to enter the house by parents if they come home late.

The reluctance of parents and teachers to discuss sexual topics with young individuals has meant that young people are influenced by the mass media about sex (Brown, 2002). Since young people have been largely exposed to the media and explicit content, most of their reality is influenced by the media. Few parents talk to their children about media portrayals of sex and sexual values (Richter & Mlambo, 2006). Young women are most likely to fall pregnant at an early age if there is poor communication between them and the parents, or if the young woman

is “exposed to a sexual environment through the mass media” (Richter & Mlambo, 2005, p. 66). This then results in young people having to rely on their peers for guidance in exploring sexual practice (Kyilleh, Tabong & Konlaan, 2018; Thobejane, 2015). Exposure to mass media can be both an advantage and a disadvantage. Certain platforms like television and radio programs can influence young people to practice safe sex. Although this is the case, we cannot deny the fact that these platforms also expose them to sexual content that can be inappropriate to young people in the form of music videos, adverts, and pornography. The internet also plays a significant role in exposing young people to sex, particularly sites which normalise being sexually active. In the South African context, having access to social media through television, cellphones and computers is perceived as a basic need (Chauke & Malatji, 2018). Many of the television programs that young people watch depict sexual practices, these programs include music videos and soap operas (Brown, 2002). As a result, young people learn about sex before they reach physical body maturity. Self-esteem and relations between males and females are portrayed by the media as something that must be attained through sexuality (Richter & Mlambo, 2005), from the way that young women are portrayed in music videos and movies. Although this is a globally known phenomenon, parental guidance to young people is very important. Having a basic understanding of what sex is, and what the consequences are of engaging in sex, and unprotected sex, is important to mediate their exposure to inappropriate material.

2.6 Lack of access to health-care facilities

Having access to health-care services is important for adolescents with regards to their sexual and reproductive health. The adolescent stage is a period where an individual’s health is good however, individuals between the ages of 10 and 19 years have health risks relating to sexual activity and reproduction (Denno, Hoopes & Chandra-Mouli, 2015). This is proven by the fact that adolescents form part of the global population that has the most births and maternal deaths following pregnancy complications. Female adolescents are vulnerable to unwanted pregnancies and are more likely to have unsafe abortions (Denno, Hoopes & Chandra-Mouli, 2015). Every year, an estimated 45 million pregnancies around the world end in abortion, with an estimated 20 million of these taking place in unsafe environments or by unskilled individuals, putting more women at risk (Gresh & Maharaj, 2014). Perhaps this could mean that there is very limited access to health care facilities, and youth friendly health services, particularly in rural areas. Having access to safe abortion facilities has been found to reduce unintended pregnancies, reduce maternal mortality, and reduce infant HIV infection (Grimes

et al., 2006, cited in Gresh & Maharaj, 2014). In rural and semi-rural areas health facilities are not necessarily youth friendly or easy to access by adolescents, making the adolescent population more vulnerable to STIs. Every year about 800 000 adolescents are reported to be newly infected with HIV in sub-Saharan Africa (Denno, Hoopes & Chandra-Mouli, 2015). With the massive number of new infections reported annually, many adolescents do not know their HIV status and of those that do know, very few are taking their antiretroviral (ARV) treatment. The infected population consists of 79% of the adolescents from Sub-Saharan Africa, only 10% of adolescent males know their HIV status and 15% of females know and are aware of their HIV status (Denno, Hoopes, Chandra-Mouli, 2015; Mazur, Brindis & Decker, 2018). This could mean that there might be a shortage of facilities that cater for sexual reproductive health.

2.7 Medical consequences of EUP

Adolescents have been reported to be at greater risk of contracting the HI virus than any other age group. However, adolescents remain underserved when it comes to HIV testing and treatment (Mazur et al., 2018). Youth-friendly health services (YFHS) have been regarded as the only approach that might have an impact on catering for the youth's sexual and reproductive health needs. YFHS can give young individuals quality healthcare that provides "services that support their physiological, cognitive, emotional, and social transition into adulthood" (Mazur et al., 2018, p.2). The government has been able to implement such services, but the figures of new HIV infections have not subsided. This might be a broader issue of gender dynamics in sexual relationships, but may also be because many young people fear the negative treatment that they get from the healthcare staff members.

2.7.1 Youth and health services

The way staff members treat young people has been one of the key reasons why many young people tend to not use sexual health related services. It has been emphasized by Mazur et al., (2018) that having YFHS can increase the adherence to contraceptives, practicing safe sex and adherence to the HIV treatment for those that are already infected with the virus. Although the aims of such services have been outlined and seem to be realistic, there does not seem to be a significant positive effect on youth's sexual reproductive health outcomes. At least one of the three goals of sexual health services for teenagers should be met: first, provide a supportive atmosphere; second, improve reproductive health knowledge, skills, behaviors, and attitudes;

and third, increase the use of health and related services (WHO, 2001, as cited in Mazur et al., 2018).

High pregnancy rates indicate the absence of condom use, which correlates with the high HIV infection amongst women. Norms concerning sex and gender inequality are some of the reasons why women are much more vulnerable to getting infected with HIV (Sofika & van der Riet, 2017). Sexual norms such as having multiple sexual partners, gender-based violence and the absence of condom use, have the effect of increasing women's vulnerability. According to a study on HIV prevalence in young people in South Africa, HIV prevalence was 5,1 percent for men and 17,5 percent for women among those aged 20–24, and 17,3 percent for men and 28,4 percent for women among those aged 25–29 (Sofika & van der Riet, 2017). Although it is the men who encourage the non-use of condoms, it is the women who are vulnerable to HIV infection partly because many men have multiple sexual partners. This traces back to the power dynamics that exists between men and women, and the idea that having more than one sexual partner is more acceptable for men than women. This then results in women being more exposed to contracting HIV than men.

Many interventions have been launched to reduce HIV prevalence. Sofika and van der Riet (2017) comment that these interventions include educating men about the risks of having multiple partners and practicing safe sex such as the *Yenza kahle: Do the right thing* campaign, and the *Zazi: Know your strength* campaign, which is about empowering women to take control of their sexual rights. Although these interventions have been said to be effective, they are still hindered by the social and cultural stereotypes that exist within communities especially since most communities in South Africa are patriarchal (Sofika & van der Riet, 2017). In most cases, men who try to change their oppressive behavior towards women are themselves stigmatised by society and end up conforming to the existing norms. These norms relate to the societal expectations of how men should behave in relation to women. Even though the issue of EUP and HIV is known, it is not subsiding because of the social norms that influence multiple concurrent sexual relationships, and the valorisation of 'becoming a man' above the risks of becoming a parent, and or being infected by STIs.

Early pregnancy can have an impact on the individual's biological, social, and psychological health. Falling pregnant at an early age or during the adolescent years has been found to be riskier than falling pregnant at an adult age and this is due to the biological immaturity of the

adolescent young women (Goonewardene & Waduge, 2009). The extreme effects of falling pregnant as a teenager include “maternal anemia, pregnancy induced hypertension, spontaneous miscarriage, low birthweight primarily due to preterm delivery and leading to a high perinatal and post neonatal morbidity and mortality, high maternal mortality, the mother finding it difficult to cope with pregnancy, behavioural problems and poor cognitive abilities and achievements in the child later on” (Goonewardene & Waduge, 2009, p.116). Pregnancy can enhance social exclusion and economic disadvantage for young women from low-income areas, resulting in poor health and well-being (Paranjothy, Broughton, Adappa & Fone, 2009). Although issues of EUP are predominantly found in developing countries and regions, it is also a concern in developed countries like the United Kingdom. Studies show that the United Kingdom has a high teenage pregnancy rate ranging from the ages of 15 to 17 (Parajothy et al, 2009). The implications of the increasing rates of pregnancy are that they also affect the poverty rates particularly in developing countries.

Although early pregnancies have been known to be a great social problem, they have also been found to be associated with birth complications. According to Parajothy et al (2009), young women, particularly adolescents, are 46% less likely to give birth via a caesarean section when compared to women between the ages of 25 and 29 years, but they are at high risk of having instrumental delivery births. Pregnancy can enhance social exclusion and economic disadvantage for young women from low-income areas, resulting in poor health and well-being (Parajothy et al, 2009). It has been estimated that every year 16 million young women give birth, and 95% of these young women are from developing countries (Sagili, Pramya, Prabhu, Mascarenhas & Rani, 2011). The 95% of pregnancies that occur in developing countries, are also commonly associated with maternal mortality which usually results from pregnancy complications and childbirth (Parajothy et al, 2009). In developed countries like the United Kingdom, maternal mortality is significantly low especially in young women below the ages of 20 (Parajothy et al, 2009). The introduction of contraceptives in developing countries such as South Africa have not affected the figures of annual teenage births, and these are continuing to rise rather than subsiding (Mazur et al., 2018).

2.8 Myths surrounding contraceptive use

For some young women, condom use signifies that they are promiscuous, and/or are HIV infected (Macleod & Tracy, 2010). In most cases the decision about condom usage is influenced by the belief that having sexual intercourse without a condom with one's partner

symbolizes love and trustworthiness (Macleod & Tracy, 2010). For some, they believe that using contraceptive methods could lead to them being infertile and thus avoid using them (Manzini, 2001). Some of the beliefs that influence young women not to use contraceptive methods are a contributing factor towards EUP (Ramathuba et al, 2012).

2.9 Psychological consequences of EUP

Being pregnant can be a strenuous process especially if it was unintended and especially if the pregnancy is culturally forbidden. A lot of young women find themselves not being able to decide whether they should terminate the pregnancy or not. and the decision might be difficult for some young women (Brauer, van Ditzhuijzen, Boeije & van Nijnatten, 2019). In some instances, the young woman might want to keep the pregnancy but later change her mind, which might then lead to post-abortion distress (Brauer, et al, 2019). Decision difficulty is deemed not a precipitator for post-abortion mental disorder (van Ditzhuijzen, Ten Have, De Graaf, van Nijnatten & Vollebergh, 2017, as cited in Brauer, et al, 2019). According to Brauer et al (2019) decision difficulty can be viewed as a good response as it entails a choice between two bad possibilities; some women know what to do right away, while others need time to consider their arguments, desires, and feelings. Being indecisive as to whether to keep the pregnancy or not is considered something normal to happen in a young woman's mind especially if the pregnancy was not intended. This can be best described by cultures that regard falling pregnant at an early age and before marriage as a disgrace, as something that is a shame and a humiliation of the family name. These notions and beliefs influence the young woman to consider terminating as they have had core values instilled by culture that forbid falling pregnant before marriage.

Growing up without a father can affect the circumstances of the EUP. According to Biblarz (2010), individuals who grow up without a father tend to have behavioral problems during their teenage years and early adulthood such as running away from home and becoming a parent at an early age. These behavioral problems are usually a result of a lack of attachment. Attachment fulfils two purposes that is providing a "safe haven" that the person can withdraw to and establishing a "secure base" that the individual can participate in activity (Bowlby, 1969). Individuals are born with the need to attach, "they use their care giver as havens of safety and secure bases for exploration and protest separation from them" (Orbach, 1992, p. 92). This could mean that some young women might be exposed to EUP as a result of issues relating to attachment, especially to the father figure.

Although many studies have been conducted in South Africa about EUP, in the main the focus has been put on the consequences of EUP, the societal factors that led to EUP and how society perceives those that have been victims of it. What about the knowledge that young women had before sexual debut? How did they learn about sexual intercourse and at that time did they know about the possibilities of getting pregnant? Did they know how to use a condom? Did they know about the different contraceptive methods? These are some of the questions that this study will focus on.

2.10 Theoretical approach of the research

EUP is influenced by several factors, and it is common that many young women in semi-rural areas end up in this position due to factors in their context. Bronfenbrenner's ecological systems theory (Neal & Neal, 2013) is therefore helpful in conceptualising this study. For example, in scenarios where a young woman comes from a disadvantaged background and her basic needs such as food, clothing and shelter are not met, she would be in desperate need for financial aid, thus making her vulnerable to men who are financially able to meet her needs. For others, EUP occurs because of sexual coercion by a family member within the household.

The ecological systems theory by Bronfenbrenner focuses on the quality and context of a child's surroundings (Ryan, 2001). As a youngster grows older, he claims, the interaction between diverse environments becomes more sophisticated. This complexity may emerge when a child's physical and cognitive systems develop and mature (Ryan, 2001). In his theory, Bronfenbrenner argues that a developing individual is affected by their social setting which can be broken down into five layers, which he referred to as systems (Neal & Neal, 2013).

In his theory he argues that the individual's immediate environment, particularly where they live and who they live with, form part of the first layer called the microsystem. The microsystem consists of the individual's immediate family and all the direct interactions that the individual has with people from other contexts such as school (Neal & Neal, 2013). This system also focuses on the basic needs of the individual and whether the environment within the microsystem is enabling for the individual to develop properly (Neal & Neal, 2013). In South Africa EUP is a national concern and this is partly a result of young people not receiving valid and reliable information about safe sex (Macleod & Tracy, 2010). Parents do not see the

need to educate their children about sex as this is seen as not acceptable to their culture (this is a macrosystemic issue, discussed in more detail below). This is also illustrated in rural areas where schoolteachers prefer teaching about abstinence rather than contraception and as a result more young women in these contexts tend to fall pregnant than in schools that offer contraception education (Macleod & Tracy, 2010).

The second system is the mesosystem. The mesosystem involves the interaction of the people within the individual's microsystem and how that interaction indirectly affects the individual (Neal & Neal, 2013). An example of this would be the relationship between the individual's parents and the teacher. A lack of communication between the parents and the teacher can be a problem in nurturing the individual's behaviour. This can be illustrated by the individual having to rely on her friends for any form of advice and often the information they receive from friends is misleading (Macleod & Tracy, 2010).

The third system is the exosystem which also does not involve the individual directly, but it has some indirect outcomes for the individual (Neal & Neal, 2013). An example of this would be the parent's workplace. If the parent loses their job, it indirectly affects the individual, for instance they might now not get certain things that they used to get while the parent was still working. The parent losing a job can result in the basic needs of the developing individual not being met properly and this can result in the young female seeking other means to have her needs met. One of those means could be through cohabitation. A study in the United States on premarital serial cohabitation by Cohen and Manning (2010) found that cohabiting is an underlying cause for EUP. In South Africa 30% of young women reach the age of twenty already in cohabitation and 20% reach the age of 18 already cohabiting (Ntloko & Kheswa, 2018). Ntloko and Kheswa (2018) in a study conducted in the Eastern Cape found that young women leave their homes to cohabit with their partners due to them feeling emotionally not wanted by their parents.

The fourth system is the macrosystem. This involves the laws, belief system, rules and norms that exist within society that all the other systems fall under (Neal & Neal, 2013). This system affects all the other systems below it (Neal & Neal, 2013). An example of this would be the cultural practice and belief of "*ukuthwala*" which was historically practised in the Eastern Cape and KwaZulu-Natal. *Ukuthwala* (which is similar to forced marriage) is considered a part of culture and involves a practice in which young women are abducted and forced into marriage

(Mwambene & Nielsen, 2011). The young women are again forced to fall pregnant so to give birth to a male child and failure to deliver a male lead to the young women having to fall pregnant several times until she delivers a male child (Shanahan & Veale, 2016). Usually when this happens the young woman eventually drops out of school because she must deal with the pregnancies and must go to the clinic for antenatal care every now and again (Ouattara, Sen, & Thomson, 1998). In patriarchal societies, the norms and societal beliefs may pressure young women into falling pregnant at an early age. In some societies there are beliefs that falling pregnant an early age reduces the chances of becoming infertile at an older age (Ramathuba et al, 2012).

The last system is the chronosystem, and it involves all the historical events that occur during the individual's life, or the time in which the person is living (Neal & Neal, 2013). For example, in SA where the government is giving child support grants, and which some young women may interpret as a reward for getting pregnant and it might influence them to become pregnant.

The ecological systems theory was used to formulate this study in addition to the existing literature. The next section will discuss the methodology and design of the study.

Chapter 3: Methodology

3.1 Research design

This study used an interpretive qualitative approach. This means that the study used a descriptive approach when collecting the data (Gentles, Charles, Ploeg, & McKibbin, 2015), and that participants' experiences were the focus. A qualitative approach explores individual experiences and views of the world. A qualitative approach enabled a study of the participants' experiences in a particular context.

This study took a qualitative approach to explore how young women made sense of their early and unintended pregnancy experiences. Simultaneously, this study used an interpretivist paradigm, which places importance on the notion that people's experiences are better understood from within their immediate context. Ontological, epistemological, and methodological assumptions are all intertwined in paradigms (Terre Blanche & Durrheim, 2006). Interpretivists follow a relativist ontology, believing that a single phenomenon can have various interpretations rather than a single fact that can be determined through measurement (Pham, 2018). Interpretivism allows researchers to obtain a better knowledge of the phenomenon and its complexities in their own context rather than attempting to generalise the findings to the entire population (Creswell, 2007 as cited in Pham, 2018). Since multiple interpretations develop in human relationships, interpretivist researchers should try to understand "the diverse ways of seeing and experiencing the world through different contexts and cultures" (Wellington & Szczerbinski, 2007 as cited by Pham, 2018, p.3) to avoid being biased in studying events and people only from their own viewpoint. Qualitative research allows researchers to gain insight into the subjective motivations and meanings that drive social behavior. In the context of their occurrence, the meanings attached to experiences are explored and explained.

3.2 Sampling

Purposive sampling was used to recruit the participants with the help of a WhizzKids United Health Academy counsellor who works for the NGO and has been working very closely with the teenagers. The organisation, WhizzKids United Health Academy, promotes health seeking behaviour amongst youth. Although it is called an academy its focus is to prepare young individuals to live a healthy lifestyle whether HIV positive or negative. The academy staff are nurses, counsellors, a doctor, and peer educators, just to name a few. It offers over 30

educational and empowerment programs, many of which use football to create dynamic, goal-oriented learning environments for both men and women (WhizzKids United, 2021). Some of these programmes focus on pregnancy prevention where individuals are taught about the importance of abstaining from risky behaviours. Considering the nature of WhizzKids United Health Academy, I used it as a recruitment site because of the nature of the research topic. The NGO is based in a semi-rural area within the outskirts of Pietermaritzburg. WhizzKids United Health Academy works with young individuals from diverse communities within the Msunduzi Municipality such as Edendale, Imbali, Ashdown, KwaPata and Caluza. All these areas are regarded as semi-rural areas due to their location in relation to the central business district and the majority of these residents are black people.

Purposive sampling is a type of nonprobability sampling method where participants are chosen deliberately because of the characteristics that they have which meet the criteria for the study (Etikan, Musa & Alkassim, 2015). This sampling method is also known as judgement sampling, which “involves identification and selection of individuals or groups of individuals that are proficient and well informed with a phenomenon of interest” (Etikan et al, 2015, p. 2). Purposive sampling was best for this study because it explored young women’s experience of EUP.

Four young black women made up the sample for this study. There were some challenges in the recruitment of participants. This reluctance could be related to the sensitive nature of this research topic and I happen to be a male. Although the study aimed to recruited between 8 and 10 participants, 4 participants were recruited. Due to the outbreak of the COVID-19 pandemic, I had to work with the four participants as the regulations related to conducting research in the context of the pandemic were very limiting in terms of sampling further. WhizzKids United Health Academy primarily works with schools from semi-areas in Pietermaritzburg, it was convenient that the participants be African. This study also wanted to understand young black women’s experiences regarding early and unintended pregnancy. The focus was on young women who had fallen pregnant unexpectedly and had parented while still in school.

I was a volunteer at WhizzKids United Health Academy and I approached the director to ascertain whether the organization would be willing to assist with the study. The response from the director giving consent for the study is attached (Appendix 1). Posters (Appendix 2) with my contact details were distributed around Whizzkids to recruit participants. Further

recruitment was done through word of mouth by the Whizzkids staff members. The sampling criteria was related to the participants' experiences and relevance of data relating to the study's research question (Gentles et al., 2015).

For the participants that were under the age of 18, consent from their parents or guardians was requested (see Appendix 3). The parent or guardian consent form was accompanied by an assent form which the participant had to sign (Appendix 4). Although preparations for participants that were under the age of 18 were put in place, the people who were initially sampled for the study did not return the consent forms. This meant that there were no participants in the study under the age of 18 years. An adult consent form (Appendix 5) was given to the other participants to sign. This became one of the problems that I faced with recruitment which in turn delayed the interview process. After about a period of two months I was able to recruit four participants for the research study.

3.3 Methods of data collection

Once the participants had been recruited for the study, they were invited to an interview. Interviews were used for this study primarily because I wanted the participants to give rich and thorough descriptions of their experiences, views, and beliefs on the primary research question (Gill, Stewart, Treasure & Chadwick, 2008). In other words, interviews assisted in obtaining a deeper meaning of the social phenomena. Researchers can learn about other people's lives through interviews, however actual comprehension can be difficult to come by. Even if the interviewer and the interviewee appear to be speaking the same language, the cultural connotations of their words may be significantly different. As a result, when people have different worldviews, communicating becomes more difficult (Qu & Dumay, 2011).

Semi-structured interviews are characterised by having numerous questions that lead the interview to the areas that need to be explored, but at the same time allow the interviewer and interviewee to diverge so to pursue an idea or response holistically (Gill, Stewart, Treasure & Chadwick, 2008). For this study this type of interview provided the participants with a form of guidance on what to talk about during the interview. The interview took the form of a conversation between me and the participants but followed the interview guide (Fylan, 2005). Further follow up and probing questions were used to get more details. Prior to the interview dates, I scheduled time slots with the Whizzkids United director that correlated with the participants' availability. Each interview took approximately an hour.

Since the study was conducted in an area that is dominated by *IsiZulu* speaking persons, an *isiZulu* version of the interview schedule was used. There was no need for a translator since I am bilingual. The interviews took place in the most convenient venue that was an enabling environment for interviews within the participant's vicinity. The aim of the interviews was to get an understanding of the experience of sex and contraception education in young women in relation to EUP. For this study, a semi-structured interview schedule was used (Appendix 6). The use of semi-structured interviews helped me build rapport with the participant by allowing the interview to guide and simultaneously pursuing the desired idea. With the consent of the participants, the interviews were audio recorded and transcribed verbatim and became the data set for the study. After recruitment, the participants were ensured that the data would be kept confidential and that participation was voluntary. Before the interviews started each participant was given an opportunity to ask any questions relating to the study.

The recorded individual interviews were transcribed and analysed by me . The interviews were transcribed verbatim so as not to add an additional layer of interpretation. The transcribed interviews were further translated into English by me and for verification that the meaning was not lost, I consulted a colleague who holds an *IsiZulu* teaching qualification for accuracy. She ensured this by reviewing all my transcribed interviews and recordings. Jefferson transcription conventions were used in transcribing some of the extracts (see Appendix 8).

I understood that since the participants were potentially from a socially stigmatized population and might find it difficult to talk about their experience. In addition to this, their experiences might have been difficult and discussing them might cause some form of distress. Since WhizzKids United Health Academy held support groups every second Saturday and I was a co-facilitator in these groups, I was able to use this group as a recruitment platform and explain to the possible participants about the topic and this enabled me to build rapport. It was also emphasised that in cases of distress, the participants were going to be referred to one of the Whizzkids counsellors. One of the participants showed distress and was referred to the counsellor who attended to the matter

3.4 Data analysis

Thematic analysis was used to identify and report themes or patterns that were found in the data (Braun & Clark, 2006). The first phase in the analysis is to familiarize yourself with the

data, which requires reading and rereading transcripts as well as making a list of initial codes. The second step entails creating initial codes for all the data. The third step is to look for themes, the fourth step is to review themes, and the fifth step is to define and name the themes. Finally, a report of the analysis is produced by selecting a number of clear extracts that are related to the literature. These steps assume a recursive process with back-and-forth movements rather than a linear process of moving from one phase to the next (Braun & Clarke, 2006). Thematic analysis helped in organising and explaining data in broad detail and it helped interpret several features of the research topic (Braun & Clarke, 2006) found in the transcripts. In other words, thematic analysis was used in it “identifying what is common on the way a topic is talked or written about and of making sense of those commonalities” (Braun, Clarke & Terry, 2014, p.57).

Thematic analysis also had the advantage of pointing out the differences that existed within the data, which helped in producing results that were not initially hypothesized. In summary, themes helped to give an overall element in relation to the research question (Braun & Clarke, 2006). Individual interviews were coded using a step-by-step approach during analysis as suggested by Braun and Clark (2006). Coding was used to identify important elements in the transcribed data. This was used to formulate general themes by looking for similarities and patterns that referred to the research question. The analysis of data was done using analytic description which included extracts from the transcripts and was related to the theory and the existing literature. Familiarizing oneself with the data necessitates a thorough examination of the data, as well as reading and rereading (Braun & Clark, 2006). This means that the study tries to make sense of the data objectively, without having any preconceived notions about it.

3.5 Credibility, dependability, confirmability and transferability

To ensure that the current research produces excellent results and adheres to giving scientifically valid knowledge, measures were made to maximize the quality of data and outcomes. Credibility, dependability, and confirmability are concepts used in qualitative research to ensure the quality of study results. This can be assessed by the research producing the same results when conducted by someone else. The findings of qualitative research are frequently criticized for being merely a collection of personal opinions subject to researcher bias, with poor justification of methods used, and lack of transparency in the analytical procedures (Noble & Smith, 2015). Rigour refers to the minimization of bias or subjectivity by me during the study and when reporting the findings (Noble & Smith, 2015). Rigour was

enhanced by ensuring that the qualitative design has credibility, dependability, confirmability and transferability.

The degree to which the research findings are consistent with reality is referred to as credibility (Silverman., 2000). I initially spent time at the WhizzKids United Health Academy to build rapport with the participants before collecting the data. This helped in enhancing the credibility of the findings of this study. The data was collected using individual interviews, which allowed each participant to feel free to respond to the questions without having to worry about what other people might think. Working with a colleague who majored and graduated in *IsiZulu* assisted me in ensuring that the translation was not taken out of context when transcribed to English. The transcribed data was further made meaningful using Jeffersonian transcription conventions. This helped to show the tone and emphasis placed on the words by the participants.

Dependability refers to the consistency of the findings if this study was to be replicated by another researcher (Silverman., 2000). The collection of data was in the form of interviews. These interviews were conducted by me, a male, and the participants were females. Rapport was formed between me and participants which in a way increased participation during the interviews. Although the rapport was established it remained a possibility that the quality of data might have been affected by the differences caused by gender and age. I reminded the participants that they can pull out from the study should they feel that they must and that their participation was voluntary. This was done so to ease or lessen the differences between the participants and I. The study was conducted in the semi-rural area of Edendale where I also resided, which helped a lot in terms of the language and jargon used making it easier for me to translate the data. However, if another researcher from a different communal context conducted the study, most probably the findings would be interpreted differently.

The ability to maintain objectivity in data analysis is referred to as confirmability (Silverman., 2010). Confirmability was achieved by paying attention to my claims as well as how I interpreted and presented the findings. Ensuring that the responses were not overstated I worked in collaboration with an *IsiZulu* colleague when translating the collected data. This was done to ensure that the translated and transcribed interviews were a fair reflection of the interview responses. To enhanced confirmability, I made sure that no leading questions were asked during the interviews, and that all responses were transcribed verbatim.

Transferability refers to the study findings being applicable to other settings and populations. Transferability was enhanced by giving a thorough contextual background of where the study was conducted and a precise description of the participants and their background. This section of the thesis also contains a discussion of the sampling process, the data collection process, and the data analysis process. All of these steps enhance the transferability of the study to like participants in similar settings.

3.6. Ethical considerations

3.6.1 Ethical clearance

Ethical clearance for this study was applied for from the University of KwaZulu-Natal's Humanities and Social Sciences Research Committee and was received towards the end of 2019 (HSS/0280/019M). Some of the concerns initially raised by the committee were related to me being a male, and the sensitivity of the topic. I had to amend some aspects of the proposal and I was then granted clearance (see appendix 9 for this document).

The research process occurred over the first year of the COVID-19 pandemic in South Africa. Restrictions on interaction with other people came into effect during March 2020. I had unfortunately collected some data during that time and had to apply for a deviation from the original ethical research clearance, as there were strict regulations related to contact with participants during the initial lock down period. This deviation was approved (see appendix 10).

3.6.2 Informed consent

Everything that pertains to the study including the aims and purpose was explained in detail to the participants. The participants were not forced in any way to be part of the study and they had the right to withdraw from the study whenever they felt the need to (Tsoka-Gwegweni & Wassenaar, 2014). They were asked to sign a consent form before they took part in the study. The forms (attached in Appendix 3, 4 and 5) covered details relating to confidentiality, respect for communities and non-maleficence and beneficence, discussed in greater detail below.

3.6.3 Confidentiality

This principle focuses on giving respect to participants by ensuring confidentiality pertaining to the information shared during the study interviews and that their names will be kept confidential (Halai, 2006). For participants under 18 the limits of confidentiality were explained (see more detail below). Confidentiality was ensured by giving the participants pseudonyms to hide their identity; and the audio recordings were kept safe in a place that only I had access to.

3.6.4 Ongoing respect for participants

This was gained by me minimizing risks and being able to keep everything that the participant shared in the study confidential (within the limits described below). Another way that this was signified was by me making participants feel welcomed and making them feel free to answer questions in any way that they wanted to answer. The participants were ensured that withdrawing from the study at any given point was also an option (Tsoka & Wassenaar, 2014), without any negative consequences for them.

3.6.5 Non-maleficence and beneficence

This principle required me to provide the participants with a description of the benefits and risks that might relate to participation in the study (Halai, 2006). Early and unintended pregnancy is a potentially sensitive topic and issue for young women who have experienced it, for this reason, they were ensured that they will not be harmed in any way during the study interviews. In cases where the client felt distressed, they were referred by me to the Whizzkids United counsellors (see Appendix 7). One participant had to be referred to a counsellor due to her expressing feelings of distress immediately after the interview session took place.

The possibility of not having any direct benefits to the participants was considered. The indirect benefits of the study were that research on the topic helped bring about an understanding of the reasons why young women fall pregnant. It also provided insight into the problems that young women face because of falling pregnant and parenting while in school and how that hinders them socially and psychologically. This can potentially help in exploring ways to assist young women socially and psychologically regarding early and unintended pregnancy.

3.6.6 Favorable risk-benefit ratio

A risk-benefit ratio refers to the identification of the possible risks or harm that might occur during study and minimizing them (Tsoka & Wassenaar, 2014). This also refers to the fair distribution of benefits and risks (Wassenaar & Mamotte, 2012). Attention is directed to two main issues when dealing with the risk-benefit ratio, that is the probability of the risks that may happen and the predicted seriousness it may cause (Wassenaar & Mamotte, 2012). Favorable risk-benefit ratio refers to the minimization of the potential risks and the maximization of the benefits. In the current study, the risk of exposing the participants' identity was minimized by using pseudonyms when reporting the study findings. One of the participants presented with distress which occurred as a psychological risk; however, she was referred to the Whizzkids United counsellor for support. I shared the findings with the organization as per agreement with the director, and this will benefit Whizzkids United together with the community at large. It is also important to note that there were no direct benefits for any of the participants.

Chapter 4: Findings

The aim of this study was to explore young women's exposure to sex and contraceptive education, prior to their early and unintended pregnancy. The study also aimed to explore their use of contraceptive methods, including access to contraceptives.

I will first provide an overview of each of the four participants' backgrounds. The names of the participants used here are pseudonyms.

Description of participants

Noxolo was a 20-year-old female, and her highest level of education was grade 11. She fell pregnant at the age of 14 years at her sexual debut. She had to drop out from school and work piece jobs to cater for her child's needs. She lives with her grandmother, uncle, her sister's child and her own child. Her mother passed away prior to her falling pregnant. Noxolo does not know her father as he and her mother broke up when she was a baby.

Nondumiso was a 20-year female with the highest level of education being grade 10. She has fallen pregnant twice by the same person. She miscarried her first pregnancy at the age of 14 and at the age of 15 she fell pregnant again. She did not tell anyone except for her baby's father about her first pregnancy, but she told her mother about it after she fell pregnant for the second time. Nondumiso had to drop out from school to look after her baby and her sick mother. Nondumiso also had to get a job to provide for her child and mother as her baby's father did not support the child in any way even though he is employed. She lived with her mother and her child.

Sbongile was a 19-year-old young woman who at the time of the interview was doing grade 11. Sbongile fell pregnant at the age of 17 and had to miss a year of school to look after her baby. Sbongile lived with her twin brother and her older brother. Sbongile did not have parents and her brothers were the only family she had. When Sbongile discovered that she was pregnant she did not immediately disclose to her brothers but disclosed when she was 6 months pregnant. She received support from her neighbour as her brothers were not talking to her after she disclosed the pregnancy to them. Her baby's father became a drug addict which resulted in them breaking up.

Asemahle was a 20-year-old young woman who at that time of the interview was studying to be an architect at a college. She fell pregnant at the age of 16 and when she disclosed to her

family members, they did not speak to her for about two weeks. Her father’s baby was very supportive throughout the pregnancy.

Thematic analysis was used to analyse the transcripts of the interviews and several themes were identified in the data. The first theme was the knowledge that the young women had about sexual intercourse prior to their pregnancy. This theme contained subthemes: contraceptive use and family planning, sources where they learned about sex, sexual consent, and coercive sexual intercourse. The second theme that was identified in the data was non-disclosure of pregnancy. The third theme that was identified in the data was support. This theme contained the subthemes of support from peers, neighbour, and father of the child. The fourth theme is the relationship with the baby’s father. The theme has three subthemes: the baby’s father’s response to the pregnancy and the ongoing relationship that he has with the young mother. The fifth theme is inequality in responsibilities. The sixth theme was the reasons for terminating the pregnancy. This theme has three subthemes that is: easier to terminate when not known, fear of disclosure and socioeconomic background. The last theme that was identified in the data was post birth experience. This theme refers to the experience of the young mother after giving birth. These experiences were broken down into subthemes that explain each young woman’s experience.

The themes and subthemes that came out from the data are represented on the table below.

Theme	Subthemes
Knowledge about sex and contraception use	<ul style="list-style-type: none"> - Lack of knowledge about reproduction - Contraceptive methods and family planning before pregnancy - Sources of knowledge - Lack of knowledge about sexual consent - Coercive sexual intercourse
Non-disclosure	<ul style="list-style-type: none"> - Confirming the pregnancy
Support	<ul style="list-style-type: none"> - Support from peers - Support from neighbour - Support father of the child

	<ul style="list-style-type: none"> - Response and support from own family - Response and support from partner's family
Relationship with the baby's father	<ul style="list-style-type: none"> - He gave me problems - He did not take it seriously - Ongoing relationship with the baby's father
Inequality in responsibility	
Reasons for the consideration of termination	<ul style="list-style-type: none"> - Easier to terminate when nobody else knows - Fear of disclosure - Lack of support - Socioeconomic circumstances
Post-birth experience	<ul style="list-style-type: none"> - Seeing the baby for the first time - Costs of caring for the child - Challenges faced by being a parent - Effects of being a parent - Contraceptive use post birth

In this chapter I have used extracts from the interviews to support the themes identified. In some of the extracts, I have used the letter "R" to refer to myself, and a pseudonym is used for each participant. Before each extract, I have written the participant's pseudonym and age, for example Noxolo, 20.

4.1 Knowledge about sex and contraception use

As already mentioned in chapter 2, many young people do have knowledge about reproduction and contraceptive use however, it is also evident that the many young people do not know how to put such information into practice. Young people are taught about sex and contraception but are not taught about the factors that lead to exposure to sexual intercourse such as that of being in a romantic relationship and the meaning of sexual consent. Knowledge about sex and

contraception use is the first theme identified from the data. The subthemes are presented below.

4.1.1 Lack of knowledge about reproduction

The participants seemed to have very little knowledge about reproduction, how one conceives a baby and when exactly it happens. It seems that the information that is given to young women does not address the process of conception, how it happens and the details about fertilisation. This can be seen in the extract below.

Extract 1

Noxolo, 20

80 Noxolo: ...but it did not occur to me that falling pregnant can

81 happen instantly after one sexual encounter

Noxolo said that she did not think that getting pregnant could happen after one sexual encounter. She believed that one must engage in sexual intercourse for a few times for fertilisation to happen.

When asked by the interviewer about how she learned about the consequences of having sex, she responded by saying:

Extract 2

Noxolo, 20

73 Noxolo: I would say that I learned about the outcome of having sexual

74 intercourse in a very non-pleasing way as I had fallen pregnant after having

75 sex and I did not know that falling pregnant only took one sexual encounter as

76 I had only had it once, I thought that falling pregnant was a process and not

77 that you fall pregnant the first time you get intimate with a male

In the above extract Noxolo comments about not knowing that falling pregnant took only one sexual engagement. Based on her belief, falling pregnant required more than one sexual encounter. Another participant, Sibongile, also commented that her first experience was not very pleasant because she fell pregnant when she first had sexual intercourse.

In the next extract Noxolo comments that she was not taught properly about sexual intercourse.

Extract 3

Noxolo, 20

*45 Noxolo: I did not necessarily learn about it, it is just that we used to get taught
46 about it at school and I wanted to know and experience being in love with a
47 person and how it feels to be loved. Honestly it was not my intention to fall
48 pregnant it was just a mistake (0.9) Huhh.Hhh I had never been taught
49 properly I had no knowledge and I think that is why I fell pregnant*

In this extract, Noxolo comments that she only just wanted to be loved (see line 47) and not to fall pregnant. Noxolo explains that she was taught about sexual intercourse and falling pregnant, but she was never “taught properly” (line 48-49).

In the next extract, Sbongile comments that talking to her friends and watching videos was the way she learned about having sex.

Extract 4

Sbongile, 19

*44 R: So when you were having sex, you had only learned about it through
45 watching videos and through friends only and you were not taught about it
46 at school?
47 Sbongile: No I was only taught by my friends and through the cell phone
48 videos*

Sbongile explained that she came to learn about sex through her friends and through media.

In the next extract, Asemahle comments that she learned about sex from school.

Extract 5

Asemahle, 20

27 R: ok. Uhhh so how did you learn about sexual intercourse?

28 Asemahle: I learned about sexual intercourse the time when I was doing LO

Asemahle was asked if she has ever received sex education and she said that she had received it at school during her Life Orientation (LO) class lesson.

In the extract below, Asemahle says that she was taught when she was in grade 10 about sex.

Extract 6

Asemahle, 20

29 R: Which grade were you in?

30 Asemahle: I was in grade (0.2) 10

Asemahle continued to say that she obtained the information when she was in grade 10 (see comment below on sources of knowledge), although her response indicates uncertainty, as shown in the number of seconds she took to recall the grade she was in at that time she received the education.

The amount of information that the young women had with regards to reproduction seemed related to the information they had about contraceptive methods and family planning. This is discussed in the next section.

4.1.2 Contraceptive methods and family planning before pregnancy

The participants indicated that they had been taught about or exposed to contraceptive use and family planning. However, some did not seem to use the information for prevention or for safe sex. In the first two extracts below, Noxolo responds that she did not receive any education about contraceptive methods.

Extract 7

Noxolo, 20

78 R: Did you receive any education about the use of contraceptive methods?

79 Noxolo: *No not at all (.)*

Noxolo states that she had never had any form of education regarding contraceptive use.

Although Noxolo had never received any education about contraceptive methods, at a later point in the interview she said that she knew that one must take protective measures when having sexual intercourse

Extract 8

Noxolo, 20

79 Noxolo: *... I often heard that people must use protection when*

80 *having sexual intercourse ...*

In the next extract Nondumiso indicated that she had knowledge about family planning and contraceptive use.

Extract 9

Nondumiso, 20

49 R: *Do you have any knowledge about contraceptive use?*

50 Nondumiso: *hhh I know that sometimes one has to do things such as family*

51 *planning*

52 R: *How?*

53 Nondumiso: *Pills, the injection or use protection in a form of a condom*

Although Nondumiso indicated being knowledgeable about contraceptive use and family planning, she was hesitant when responding to the question as illustrated by the aspirational sound (as indicated by *hhh* in line 50) she made before responding.

In the extract below Sbongile comments that when she fell pregnant, she did not know about family planning.

Extract 10

Sbongile, 19

102 R: Okay, so when you fell pregnant did you have any education about family

103 planning or was it something that you and your partner had previously

104 planned?

105 Sbongile: We were just trying to have fun

106 R: You were trying to have fun

107 Sbongile: I did not know there was something like family planning

When asked if she had received any education about family planning before falling pregnant Sbongile explained that she and her partner were just having fun and she did know about family planning. Family planning refers to the idea of planning ahead about becoming a parent and being able to take precautions when one is not ready to become a parent. According to Sbongile, she did not know about this.

The next extract is Asemahle's response to how she learned about the outcome of having sex.

Extract 11

Asemahle, 20

33 R: uhmmm how did you learn about the outcome of having sexual

34 intercourse?

35 Asemahle: I learned by. If you cannot protect yourself that will result in you

36 getting a baby

Asemahle said that she learned about the outcomes of having sexual intercourse at school (see comment below on sources). She commented that she learnt that if one does not use protection, you fall pregnant.

I continued to ask Asemahle if she had been taught or had received any education about the measures that one needs to take to prevent pregnancy. This was done to clarify whether when she fell pregnant, she had information. In the extract below Asemahle indicates that she did have information about the prevention of pregnancy.

Extract 12

Asemahle, 20

37 R: So, have you ever received any education about ways of having sexual

38 intercourse that do not result in one getting a baby?

39 Asemahle: Yes, I was taught

In the extract below Asemahle admits having had education about family planning and condom use.

Extract 13

Asemahle, 20

51 R: Ok at that time did you receive any education on family planning?

52 Asemahle: Yes I had received education about it

53 R: Did you know how to put and use a condom?

54 Asemahle: Yes I knew how to use it

When Asemahle was asked if she had received any education about family planning prior to her sexual debut and she said that she had received ‘education’ about it. Although Asemahle claimed to have knowledge about prevention practices, the fact that she became pregnant suggests that there are possibly problems with her knowledge, or problems with the situation in which sexual intercourse occurred and she fell pregnant.

4.1.3 Sources of knowledge

The analysis of the data shows that the information that the participants had attained about sex, prior to falling pregnant, came from different sources. In this section I discuss these different sources of knowledge. This subtheme is broken down into three categories. These categories indicate the three sources of knowledge that were identified in the data that is, learning from school, watching videos and peer influence.

4.1.3.1 Learning from school

Noxolo explained learning about sexual intercourse from school (see extract 3 from line 45 to 47). She also indicated that she had not intended to fall pregnant but rather wanted experience of having sex and of being loved.

Asemahle also explained that she learned about sexual intercourse during her Life Orientation period in grade 10 (see extract 5 and see, lines 28 and 30 respectively).

4.1.3.2 Watching pornographic videos, a learning platform about sex

In the extract below, S bongile describes how she came to learn about sexual intercourse.

Extract 14

S bongile, 19

29 R: Alright. S:o before you fell pregnant, how did you learn about sexual

30 intercourse?

31 S bongile: I learned through watching videos on cell phones

When asked about how she learned about sexual intercourse, Sibongile said she had learned through watching videos. In this context, these were videos that had sexual content. This was of significance as this was not a common factor with other participants.

4.1.3.3 Peer influence

In the extract below S bongile comments that her friends persuaded her into having sex.

Extract 15

S bongile, 19

33 S bongile: Yeah, and also through friends telling us stuff

34 R: Telling you how?

35 S bongile: They said sex is nice, that I should also try it out and when I did that's

36 when I fell pregnant

Sbongile further explained that her friends also taught her about sexual intercourse. Her friends persuaded her into having sexual intercourse as they had made it seem like it was something nice to do.

It seems that for the participants, information about sex, and prevention of pregnancy did not seem to address other issues about sexual interactions, for example, consent in sexual activity.

4.1.4 Lack of knowledge about sexual consent

In the extract below Nondumiso explains her first sexual encounter.

Extract 16

Nondumiso, 20

60 R: When you had your first sexual encounter, was it something that you had

61 given consent to and were in mutual agreement with the person you had it

62 with?

63 Nondumiso: Yaaaa we mutually agreed to it but honestly I did not have a clue

64 of what I was doing.

Nondumiso indicated that she did not know what she was doing when she had sex with her partner. Although Nondumiso admits to giving consent, she also says that she did not know about what she was doing. Nondumiso was unprepared; she was inexperienced. In some ways she did not know what she was agreeing to.

The findings in the above sections indicate that the participants did not have sufficient information about sexual intercourse before falling pregnant. Issues relating to consenting to having sex were one of the things that were identified. The following subtheme will look at the knowledge that the participants have regarding sexual consent.

4.1.5 Coercive sexual intercourse

Some of the participants indicated a lack of knowledge about consenting to sex and being in a relationship. Some said that being in a relationship is simultaneously agreeing to having sex.

When talking about her sexual debut, Noxolo revealed that when it happened, she did not understand what was going (see line 48 to 49 in extract 3). In the extract below she describes how fear made her continue with the idea of having sex although she was scared.

Extract 17

Noxolo, 20

92 Noxolo: When I tried to scream he told me that if I scream he will tell that we

93 are lovers (.) and I got scared that if my uncle heard then he will hit me

In extract 3 above, Noxolo explained how she did not know what she was doing when she had her sexual debut. During that process she reported screaming and being scared as indicated in this extract (Extract17). It is possible that Noxolo had a sense of regret about what had happened. At this point in the interview her tone changed, she sounded sad and her facial expression when she said the words in lines 92 and 93 indicated that she was feeling sad (as indicated by the micropauses and her facial expression during the interview). Considering her reporting that she was scared perhaps this was an indication of not being ready to consent to having sex but her partner instead threatened that if she screamed, he would tell her uncle that they are in a relationship (see line 92 to 93). In other words, the fear that she had about her uncle's response was used against her, as she was scared about what her uncle might do if he heard about the relationship. This was significant as the other participants did not share the same experience.

The disclosure of the pregnancy to their family was not easy for most of the participants. The next theme will look at the reasons why the participants did not immediately disclose the pregnancy.

4.2 Non-disclosure

The participants' responses indicate that having to disclose to their family members that they were pregnant was an experience that was difficult for them. One common reason that the participants had for not easily disclosing the pregnancy was having to confirm the pregnancy and the regret that they felt. Confirming the pregnancy and regret are subthemes of non-disclosure.

4.2.1 Confirming the pregnancy

In the extract below Noxolo explains her reason for not disclosing immediately.

Extract 18

Noxolo, 20

*52 Noxolo: Initially I did not disclose to anyone because (.) I went to the clinic to
53 confirm if I am really pregnant,*

Noxolo reported keeping her pregnancy a secret until she went to a clinic to confirm whether she really was pregnant.

In the extract below, Sbongile shares how she felt when she found out that she was pregnant.

Extract 19

Sbongile, 19

*41 Sbongile: I found myself falling pregnant which made me feel very bad
42 about what had happened...*

Sbongile was the only participant who indicated a feeling of regret about falling pregnant as this was something she had not prepared for.

The next theme will look at the support that the participants received after discovering that they were pregnant and throughout the pregnancy.

4.3 Support

There were similarities and differences about whether the participants received support from their family and also from their partner and his family. It is important to note that the support in this context, is used to refer to both emotional and financial support. This theme will be further broken down into subthemes of support from peers, from neighbour, from the father of the child and from the family.

4.3.1 Support from peers

In the extract below, Noxolo explains about initially getting support from her friend.

Extract 20

Noxolo, 20

53 Noxolo: ..., once I got confirmation I then told one of my

54 friends that I went to school with I was scared really scared of my uncle

55 because he used to ~hit me~...

Noxolo reported that her friend from school was the first person whom she told she was pregnant after the pregnancy had been confirmed. She further commented that she feared her uncle's response to the pregnancy. Noxolo was the only participant who reported disclosing to a peer.

4.3.2 Support from neighbour

In the next extract Sbongile explains getting support from her neighbour.

Extract 21

Sbongile, 19

65 R: So the time when you told them that you are pregnant, who supported

66 you?

67 Sbongile: ... the person who

68 helped me was our neighbour

Sbongile explained that her neighbour was the person who helped her, but she does not specify how this happened. This was different from the other participants as some received support from peers and their families.

4.3.3 Support from father of the child

In the extract below Sbongile comments that her partner was also supportive during the pregnancy.

Extract 22

Sbongile, 19

83 R: *When you were pregnant was he able to support you?*

84 Sbongile: *Yes, he supported me where he could*

85 R: *Maybe what kind of support was he giving?*

86 Sbongile: *He used to bring me food, fruits well that was because he was also*

87 *still in school*

Sbongile explained that her 'baby daddy' was very supportive during the pregnancy. The term 'baby daddy' was used here to mean the male parent or the father of the child. He brought her food and fruit which was all he could afford as he was also still in school.

Extract 23

Sbongile, 19

119 R: *Mmm okay, so. is the baby's father currently working?*

120 Sbongile: *He is not working as I had said before he got into using drugs and*

121 *became a phara*

Currently the father to Sbongile's child is unemployed as he became a *phara*. An *iphara* is an *isiZulu* slang word defining someone who is usually a drug addict and is also mischievous.

In the following extract, Asemahle comments that she received support from her baby's father.

Extract 24

Asemahle, 20

86 R: *uhmm was your partner able to support you when you were pregnant?*

87 Asemahle: *Yes he supported me with everything*

Asemahle reported getting support from her partner during her pregnancy. Which is a similar case to Sbongile's. Asemahle experienced no problems with her baby father's reaction to the pregnancy.

Extract 25

Asemahle, 20

106 R: *So when you were in the hospital for the whole month where was your baby's*

107 *father?*

108 *Asemahle: He was at his home but came during visiting hours*

Asemahle explained that her partner came to visit her and her baby when the baby was sick in hospital. This follows the baby having a urinary tract infection which required Asemahle to be in hospital with her baby for a month shortly after giving birth.

In the extract below, Nondumiso reported that her baby's father claimed that he was too young to become a father.

Extract 26

Nondumiso, 20

78 *Nondumiso: He said he could not be a father and that he is still young he is still*

79 *in school and he cannot be able to support a child and meet the child's needs.*

80 *He also said he does not know how he will be able to tell his parents that he is*

81 *going to have a child*

According to Nondumsio the baby's father claimed he could not support the child and meet the child's needs and he did not know if he was going to be able to tell his parents that he was going to have a child. His reaction to the pregnancy was that of someone who did not want to be associated with the responsibility of being a father. Noxolo also had a similar experience of not getting support from her baby's father. The other two participants, Sbongile and Asemahle reported getting support from their baby's father's during their pregnancy

The next subtheme will discuss the support that some of the participants received from their families.

4.3.4 Response and support from own family

Sbongile explained that when she finally disclosed to her brothers after she had hidden the pregnancy from them for six months, their reaction made her feel hurt.

Extract 27

Sbongile, 19

70 Sbongile: because my brothers were angry at me

71 R: They were angry at you, how did that make you feel?

72 Sbongile: It made me feel really hurt because we were not even talking to

73 each other in the house

Sbongile explains that her brothers got angry at her to the extent that they were not talking to her. This made her feel hurt (see line 72 to 73).

However, later in the interview Sbongile also explained that after the baby arrived her brothers did all they could to support her.

Extract 28

Sbongile, 19

130 Sbongile: ... when the baby arrived they did all they

131 could to support me as I could not support myself when I was pregnant and

132 when I had the baby

What Sbongile might have meant was that her relationship with her brothers improved after she gave birth and they gave her the support where they could.

Asemahle's family were able to give her support, as is shown in the extract below.

Extract 29

Asemahle, 20

88 R: What about your family?

89 Asemahle: They were also supportive

Nondumiso explained that her family did not take the news very well when she told them that she was pregnant.

Extract 30

Nondumiso, 20

*98 R: Okay, as you had mentioned earlier you hid your first pregnancy from your
99 family, when you told them about the second pregnancy how did they take
100 the news?*

*101 Nondumiso: It was very hard as they did not take the news very well (.) there
102 were a lot of problems as the baby's father did not indicate that he will be
103 able to support his child and give me support during the pregnancy and
104 after it*

Nondumiso commented that there were many problems because her partner did not indicate whether he would be able to support her and the baby.

Although Nondumiso received support from her mother she said that her other family members did not want anything to do with the matter, as is seen in the extract below.

Extract 31

Nondumiso, 20

*112 Nondumiso: Other members of the family wanted nothing to do with the
113 matter*

4.3.5 Response and support from partner's family

In the extract below Nondumiso explains her partner's family reaction to the pregnancy.

Extract 32

Nondumiso, 20

*117 R: Okay, was your partner's family able to support you as you were still in school
118 and how did they react to the news that were pregnant?*

119 Nondumiso: *His family seemed to be angry the time my family took me to their*
120 *house to talk about what had happened, they did not seem to have any care*
121 *in the world about what their son had done to such a point that they said it is*
122 *none of their business and that what he did he can deal with it on his own*

Nondumiso explained that her baby's paternal family were angry when her family took her to them to talk about the pregnancy. She further explained that during the meeting they seemed to not care about what their son had done, and they said that what he did was none of their concern.

In the next extract, Sbongile comments that her child no longer receives financial support from the child's paternal family.

Extract 33

Sbongile, 19

165 *R: Does your child get financial support from the paternal family?*

166 *Sbongile: They no longer support the child financially*

In the extract below, Sbongile comments that she communicates with the baby's paternal family.

Extract 34

Sbongile, 19

171 *R: Do you communicate with them maybe if the baby is not well?*

172 *Sbongile: Yes, if the baby needs something we do communicate*

Even though the child's paternal family does not support the child financially, Sbongile says that they do offer support if the child needs anything, she communicates with them, and they help.

Noxolo indicated that her child gets support from the child's paternal grandmother, as can be seen in the extract below.

Extract 35

Noxolo, 20

153 R: *Does your child's paternal family offer financial support for the child?*

154 Noxolo: *They sometimes do... the thing is my child's paternal grandmother is*

155 *not employed but whenever she gets anything she makes means to support*

156 *her grandchild*

Noxolo described support as only sometimes coming from the paternal grandmother of her child. She continued to explain that the child's grandmother is unemployed but whenever she gets anything, she tries to support the child.

An analysis of the data also suggests that an unplanned pregnancy can sometimes hinder the relationship between the young woman and the man which will be further analysed next.

4.4 Relationship with the baby's father

One of the issues discussed in the interview was what kind of relationship the participant had with the baby's father. One of the common findings was that there was conflict between the mother and the baby's father after the pregnancy had been confirmed. This theme contained three subthemes that is, the baby father's response to the pregnancy, how seriously he responded, and the participants' ongoing relationship with the baby's father.

4.4.1 He gave me problems

In the extract below Nondumiso explains the nature of the relationship she had with her baby's father during the pregnancy.

Extract 36

Nondumiso, 20

74 R: *So when you... told your partner that you are pregnant, how did he receive*

75 *the news?*

76 Nondumiso: *Ey he gave me problems*

Nondumiso comments that when she disclosed to her partner that she was pregnant ‘he gave her problems’. Using the words ‘he gave me problems’ (line 76) suggests that the disclosure of the pregnancy resulted in conflict in her relationship. In the next extract she elaborates on some of the problems.

Extract 37

Nondumiso, 20

86 Nondumiso: mmm even on the first pregnancy, the reason why I miscarried

87 was because we could not see eye to eye

88 R: How if I may ask?

89 Nondumiso: He did not like the fact that we were going to have a baby

Nondumiso said that she has fallen pregnant twice, however she miscarried the first pregnancy. She miscarried at the age of 14 and fell pregnant again at the age of 15, with the same person. Nondumiso blames the conflictual relationship she had with her partner for the first miscarriage. Nondumiso’s partner was not happy about the pregnancy.

In the next subtheme I will discuss Noxolo’s baby’s father’s response to the pregnancy.

4.4.2 He did not take it seriously

In the next extract Noxolo explains her partner’s reaction to the pregnancy.

Extract 38

Noxolo, 20

118 R: When you fell pregnant how did the person who made you pregnant take

119 it when you told him that you are pregnant?

120 Noxolo: He started out by laughing, and then he said he cannot be a father at

121 such a young age

According to Nondumiso, her partner did not take it seriously when she told him that she was pregnant. He reacted to the news by laughing before mentioning that he was too young to be a father.

4.4.3 Ongoing relationship with the baby's father

In the next extract Sbongile explains why her relationship with her baby's father had to end.

Extract 39

Sbongile, 19

96 R: Six months, if I may ask, what caused you and your baby's father to break

97 up, perhaps what led to that?

98 Sbongile: The cause of that, he abused substances a lot and he ended up

99 being a phara

Sbongile explained that her relationship with the father of her child ended as he was abusing substances and then became a drug addict

In the next extract, Noxolo reveals that during the pregnancy she was not getting along with her partner.

Extract 40

Noxolo, 20

140 Noxolo: We were not getting along

141 R: Even now you are still not getting along?

142 Noxolo: We greet each other when I take the child to his family house but we

143 are no longer together

Noxolo explains that she and her then partner did not get along during the pregnancy, although they remain civil with each other.

In the extract below, Nondumiso talks about the nature of the relationship she had with her baby's father.

Extract 41

Nondumiso, 20

90 R: When you were pregnant you both did not see eye to eye, you were often

91 in conflict, were the conflicts physical or verbal?

92 Nondumiso: It was a verbal thing

93 R: Do you think that is the reason why you miscarried your unborn baby?

94 Nondumiso: Yaaa I think so because I was always stressed all the time

95 R: On the second pregnancy you did not have any conflicts?

96 Nondumiso: During the pregnancy he was not around me as often as he used

97 to

Nondumiso explained that she and her baby's father got into verbal conflicts. This happened during the first pregnancy during which she was quite stressed and had a miscarriage. During Nondumiso's second pregnancy the baby's father was absent, suggesting that there was a distance between them.

How the pregnancy affects the relationship with the baby's father seemed to be related to whether he would take on equal responsibility for the child. This is discussed in the section below.

4.5 Inequality in responsibility

The participants indicated that they bore the main burden of having an early and unintended pregnancy. Although the nature of falling pregnant requires two parties, it was evident that the responsibilities and burden of the pregnancy and childcare fell on the young woman.

In the extract below, Noxolo comments that she had to take full responsibility for looking after and caring for the baby.

Extract 42

Noxolo, 20

164 Noxolo: Getting the baby clothes was a problem as the baby seemed to be

165 growing fast which led to me having to dropout from school so to buy the baby

166 clothes and the right food to eat, I do people's laundry as a way of making

167 money

Noxolo explained that she had to drop out from school to earn an income to provide for her baby. She washes people's clothes to earn an income.

In the extract below Nondumiso explains that her baby's father does not support their child.

Extract 43

Nondumiso, 20

176 R: Since you are now working, does the child's father support the child?

177 Nondumiso: No he does not

178 R: Is he also working?

179 Nondumiso: Yes he is working

180 R: but he does not support his child?

181 Nondumiso: Yes

Nondumiso explained that her baby's father does not support their child despite him having a job.

Sometimes the pressures of an unplanned pregnancy led the participants to consider terminating the pregnancy which is discussed in the next section.

4.6 Reasons for the consideration of termination

The participants indicated that the discovery of the pregnancy came with feelings of being overwhelmed and unprepared which led many of them to think about terminating the pregnancy. In this section I present some of the reasons they considered termination. The theme contains three subthemes: easier to terminate when others do not know, fear of disclosure, and socioeconomic background.

4.6.1 Easier to terminate when nobody else knows

In the below extract, Nondumiso comments that she considered terminating the pregnancy.

Extract 44

Nondumiso, 20

127 Nondumiso: I was really hurt to such a point that I even wished that there was

128 a way where I can terminate the pregnancy but I could not do anything

129 because my family had known that I was pregnant

130 R: mmmm

131 Nondumiso: I also did not have enough information about terminating a

132 pregnancy

Nondumiso had a conflictual relationship with her partner, especially for the first pregnancy. She kept the knowledge of the pregnancy to herself even after she had miscarried. After her miscarriage, she and her partner found a way to work through their conflict. She then fell pregnant again the following year and her partner shunned her completely. Nondumiso said that she did not terminate because her family already knew about the pregnancy (line 128-129). She also said that she did not have enough information about terminating a pregnancy, hence she did not terminate (line 131-132).

4.6.2 Fear of disclosure

Noxolo comments that she was scared to disclose the pregnancy.

Extract 45

Noxolo, 20

54 Noxolo: ... I was scared really scared of my uncle

55 because he used to ~hit me~ and my friend suggested that I tell my

56 grandmother, I was so scared of disclosing to such a point that I wanted to

57 °terminate the pregnancy°°

Noxolo's immediate environment as she explained, was not very supportive of her pregnancy. Even before she was pregnant her uncle was physically abusive towards her. This then resulted in her developing a fear about her uncle and when she found that she was pregnant, the thought of her uncle's reaction caused her to want to terminate (line 54-55).

4.6.3 Lack of support

In the extract below Sbongile comments on why she considered terminating the pregnancy.

Extract 46

Sbongile, 19

41 Sbongile: I found myself falling pregnant which made me feel very bad

42 about what had happened to such a point that I even wanted to terminate

43 the pregnancy as I had no one to support me

Sbongile explains how her feelings about falling pregnant made her want to consider terminating and how she also felt she had no support.

Socioeconomic realities also contributed to the participants' consideration of the termination of their pregnancy.

4.6.4 Socioeconomic circumstances

In the extract below, Sbongile comments that she had thoughts of terminating the pregnancy because of her socioeconomic circumstances.

Extract 47

Sbongile, 19

59 R: Perhaps what was the cause of that? What specifically made you have

60 those thoughts?

61 Sbongile: It was because I don't have parents, I only live with my brothers and

62 there's no one working

Sbongile explained that she did not have parents and that her only family is her two brothers, and that no one in the family was working.

Three out of the four participants revealed that they had considered the termination of pregnancy, however none of them went ahead with the termination. One out of the four participants reported that she could not terminate her pregnancy since her family had come to know that she was pregnant, although she did consider doing it. One participant reported that her fear of telling her family made her want to terminate. Another participant reported that she considered to terminate because of not having support and her socioeconomic circumstances also played a part in her consideration.

4.7 Post-birth experience

In this theme I discuss the experiences of the young mothers after giving birth. The participants indicated that after becoming mothers they felt overwhelmed. When seeing the baby for the first time, feelings of being unprepared, worry about the cost of living and the sudden transition to motherhood, were some of their initial concerns. The different sub-themes in this section are costs of caring for the child, reaction to the baby, worry about the baby, lack of readiness for motherhood, and contraceptive use post birth. The last subtheme was broken down into two categories: family planning, and forms of contraception injection, condoms, and the pill.

4.7.1 Seeing the baby for the first time

As the participants indicated becoming a mother at a very young age comes with a lot of emotional and financial problems. For most of the participants, their response to the baby was accompanied by worry about how to manage the child.

However, in some cases, the reaction to seeing the baby for the first time by the young mother might be filled with happiness instead of worry. In the extract below Noxolo explains how she felt when she saw the baby for the first time.

4.7.1.1 I was happy

Extract 48

Noxolo, 20

157 R: When the baby was born how did you feel when you saw your baby for the

158 first time?

159 Noxolo: I was happy

When Noxolo was asked about her emotional reaction towards meeting her baby for the first time she said that she was happy.

However, for some of the participants, this immediate response was also accompanied by concerns. In the extract below, Sbongile explains how she felt when she saw her baby for the first time.

Extract 49

Sbongile, 19

133 R: How did you feel when you saw your baby for the first time after giving

134 birth?

135 Sbongile: I was happy and shocked not knowing what I was supposed to do

136 as I have no parents, how will I go back to school I did not think that my

137 baby's paternal family were going to support my baby or not and I had no

138 one I was shocked

Sbongile said she was happy and shocked at the same time. She explained that this was due to her worry about how she would support the child as she also has no parents, and she was not sure whether the child's paternal family would support the child.

4.7.1.2 I was also worried

Nondumiso, 20

In extract number 55, Nondumiso commented that her reaction to her baby was that of being happy. In the same extract she also commented that the costs of looking after the child were a

worry to her. In her case, both happiness and worry were evident in her reaction. Another participant by the name Sbongile shared similar sentiments about, primarily her concerns were related to how she was going to support her baby.

4.7.1.3 I was scared

In the extract below, Asemahle comments on how she felt when she saw her baby for the first time.

Extract 50

Asemahle, 20

90 R: uhmm how did you feel when you saw your baby for the first time?

91 Asemahle: I was scared because I was not ready to be a mother and I knew

92 nothing about motherhood because I was still young at that time but as time

93 went by I got used to it

When Asemahle was asked about her reaction when she saw her baby for the first time, she indicated a feeling of being overwhelmed by the sudden transition from childhood to motherhood which she felt she knew nothing about.

4.7.2 Costs of caring for the child

The costs of caring for the child was one of the factors that was identified in the data analysis that some of the participants faced after giving birth. As stated in extract 44 (line 164 to 167), Noxolo had to find work to support her child as she did not have means to provide the baby with clothes and food.

In the extract below, Nondumiso talks about how she felt when the baby was brought to her for the first time.

Extract 51

Nondumio, 20

137 R: *When you delivered the baby and the baby was brought to you, how did*

138 *you feel when you saw your baby for the first time?*

139 Nondumiso: *I did not have that much of a problem, I was actually happy that*

140 *the baby had arrived but I was also worried about how was I going to raise the*

141 *child and what was going to happen but I was also happy*

....

148 Nondumiso: *There are a lot of financial costs there are always needs of which*

149 *some I cannot even afford*

Nondumiso indicated that she was happy that she became a mother, but she was worried about how she was going to raise the child. She continued to explain that having a child comes with financial costs.

4.7.3 Challenges faced by being a parent

In the extract below Nondumiso explains the challenges she had concerning looking after her baby and her sick mother.

Extract 52

Nondumiso, 20

160 Nondumiso: *I had a problem of not having someone to look after my child as*

161 *my mother often gets sick*

162 R: *mmmm*

163 Nondumiso: *She was often weak and when the child got sick I had to stop*

164 *going to school and take care of the child which became a problem*

Nondumiso's experience of becoming a mother came with the responsibility of looking after her sick mother and child. Nondumiso had to leave school and look after her child.

In the extract below Noxolo explains she had trouble with breast feeding her baby and she also could not afford to buy milk. It was difficult for her to ask her grandmother for help.

Extract 53

Noxolo, 20

170 R: You were trying to explain the story about breast milk, perhaps the

171 challenges you faced

172 Noxolo: After giving birth I could not breast feed, the milk would not come out

173 and I could not afford to buy milk from the store and I was scared to ask my

174 grandmother for help although she supported me but I just did not have it in

175 me to ask her

4.7.4 Effect of being a parent

In the below extract Sbongile explains some of the challenges she faced as she now has a baby.

Extract 54

Sbongile, 19

142 R: What challenges have you faced as you now have a baby?

143 Sbongile: Ey, I could not go back to school I went back the following year

144 and I had grown age wise I was behind in terms of school work and I could

145 not go back but now I have gotten back

Sbongile comments that after becoming a mother, she had to miss school and start again the following year. She explains that this was difficult as she had grown older and she was behind in the schoolwork.

Some of the challenges that these young women went through, affected how they reacted when they saw their child for the first time. The following subtheme will be look at contraceptive use by the participants.

The data analysis showed that most of the young women are currently using contraceptives. The contraceptive use post birth was another subtheme that emerged from the post-birth theme.

4.7.5 Contraceptive use post birth

In the extract below, Nondumiso explained her contraceptive use and method.

Extract 55

Nondumiso, 20

167 R: Currently do you use contraceptive methods?

168 Nondumiso: Yes

169 R: Which are those?

170 Nondumiso: Family planning and the injection

167 Umhloli: Njengamanje uyisebenzisa izinto zokuvikela ukukhulelwa?

168 Umhlolwa: Yebo

169 Umhloli: Mhlawumbe iziphi nje?

170 Umhlolwa: ukuhlela komndeni umjovo

Nondumiso said she was using contraception particularly ‘family planning and an injection’ (line 170). The term “family planning” was a direct translation of the words *ukuhlela komndeni*. In this context the participant meant that they now plan beforehand whether they will have a child or by using contraceptive methods.

Most of the participants said that they were managing the prevention of pregnancy. They did this using contraceptives. The contraceptives that they were using included: condoms, pills, and the injection.

Extract 56

Noxolo, 20

176 R: Do you use any form of contraception?

177 Noxolo: Yes I do

178 R: What forms of contraceptives are you using?

179 Noxolo: I use condoms and I am also on the pill

Noxolo commented that she uses more than one contraceptive method, that being condoms and the contraceptive pill. The data analysis shows that three participants use more than one contraceptive method.

In the extract below, Sbongile comments on the type of contraceptive methods she is currently using. For the purpose of validity for this extract in particular, the extract below is given in *isiZulu* and a translation is provided.

Extract 57

Sbongile, 19

147 Umhloli: Uyazisebezbisa izinto zokuzivikela mhlawumbe ikhondomu?

148 Sbongile: Yebo ngiyazivikela, ngoba ngiyaphriventa ngisebenzise nejazi

149 ngenzele ukuthi ngingeke ngisamitha

147 R: Do you use contraceptive methods such as condoms?

148 Sbongile: Yes I use protect myself, I prevent I use condoms

149 so that I won't get pregnant

The word “ngiyaphriventa” means to prevent, it is taken from the English vocabulary meaning to prevent.

In the above extract Sbongile comments that she uses both condoms and the injection to prevent herself from falling pregnant.

In the extract below Asemahle explains she only uses one contraceptive method and explains why.

Extract 58

Asemahle, 20

109 R: ok so do you use any contraceptive methods?

110 Asemahle: Yes, I do use them

111 R: uhhh perhaps which contraceptive methods are you using?

112 Asemahle: I usually get pills I go to the clinic and get them because the

113 injection was not treating me well [mmm] it made me bleed

Asemahle only uses the pill as a contraceptive method because the injection made her bleed.

4.8 Summary of findings

The findings represent the young mother's experiences of early and unintended pregnancy. The data collected indicated that the young women had similar and different experiences, as indicated by the themes that were identified. The themes include knowledge about sex and contraception use, non-disclosure, support, relationship with baby's father, inequality in responsibility, reasons for the consideration of termination, and also post-birth experiences. Extracts were also used as evidence for the themes.

The findings revealed that some participants (before conception) did not fully understand the biology and practicality of falling pregnant. The data indicated that some assumed that being in a relationship is an agreement to having sex, which is something that some of the participants seemed to have in common. Some of these participants were not even ready to, or well informed about what would happen when they were having sex with their partners and then ended up falling pregnant.

The findings note that numerous challenges were faced by the young women with regards to the disclosure of the pregnancy, particularly to their families. As indicated by the participants, a lot of these challenges were related to feelings of regret that they had as a result of falling pregnant. One participant even mentioned that she kept the pregnancy a secret for six months

as a result of these feelings. For some, the disclosure to family seemed hard and it seemed easier to disclose to peers while still finding the courage to disclose to the family.

The findings section noted support as a theme from the data. For some participants getting support from both family and partner became a problem after the disclosure. Some reported feeling resented by family and others by their partners and his family. Although some reported getting support from families and also from their partner during the pregnancy, the relationship with their partners was affected.

Most of the participants reported having no current relationship with their baby fathers. The father's reaction to the pregnancy was one of the factors that hindered the relationship with the baby's father. Some participants were shunned by their baby's father and the baby father's family. Most of the participants reported having no current relation with the father and those that did were no longer romantically involved with them.

The findings also indicated that the responsibilities that the two young parents shared were not equal. Many of the participants reported being the primary caregivers to their babies and having to take care of all the responsibilities as a single mother.

The findings show that soon after the participants discovered that they were pregnant, some of them wanted to terminate the pregnancy. Reasons that the participants reported were closely linked to being unprepared to be a mother and having no form of support to cater for the baby's needs. However, even though the majority of the participants revealed that they did consider it but none went through with it. Another interesting result was, that one participant did not terminate because of her parents. I interpret this as the older generation do not have acceptance towards termination maybe also because of cultural beliefs.

The immediate transitioning from being a teenager to becoming a mother brought a lot of changes to the participant's lives. The analysis indicated that some were concerned about how they would cater for the baby's needs, and some had to drop out from school so to meet those needs. The analysis also showed that all the participants reported being on contraceptives, some using both the pill or injection and condoms, while others reported only using the pill or the injection.

In the next chapter the findings will be discussed in relation to the literature.

Chapter 5: Discussion

The study explored young women's experiences of sex and contraceptive education in relation to early and unintended pregnancy. The study also explored the young women's experiences of becoming a mother and their journey during the pregnancy and after. The study used young women from semi-rural areas as part of the research sample.

Social disparity, unequal decision-making, and inadequate communication are common features in young people's sexual relationships, and peer pressure is a major factor in young people's sexual behaviour and reproductive health decisions (Mkhwanazi, 2010). Findings from the study indicate that young women face many challenges when they have fallen pregnant at an early age, and they also face challenges after giving birth. Seven themes were identified in the analysis of the data. These themes will now be discussed in relation to the study objectives and in relation to the literature. The themes will be presented as follows: knowledge about sex and contraceptive use, non-disclosure of the pregnancy; support; the relationship that the young mother had with the baby's father; inequality in responsibility; reasons for considering termination; and the post-birth experiences of the young mothers. These findings will be conceptualised using the Ecological systems theory.

5.1 Knowledge about sex and contraception use

Young women who experience early and unintended pregnancy have been found to have a lack of knowledge regarding sexual intercourse at the time of sexual debut. This involves the use of contraceptives, sexual consent, and the nature of romantic relations (Birungi et al., 2015). For this study it was expected that one of the themes would be related to education about sexual intercourse as has been reported in other studies (Koenig et al., 2004). The ecological psychological systems model has been often used as a contextual predictor to better understand phenomenon that affects youth and/ or the developing person (Neal & Neal, 2013). Indeed, the study found that half of the participants lacked knowledge about sex and contraceptive use prior to their sexual debut whereas the other half had been taught at school. One participant said that she had sex education in school for the first time in grade 10. This might be too late because the girls fall pregnant at an early age. It is also evident that the issue of education regarding sex in schools is not only a South African issue. In a study conducted by the UNESCO (2017) in ten East and Southern African countries, most life skills education curricula were found to not provide enough knowledge on contraceptive usage and

contraception, basic aspects of sexual health and sex, gender issues, and portrayed sex in negative and fear-based ways. This is an indication of the systems that govern communities having not put enough emphasis on the sex education. According to the ecological systems theory, laws, cultures, and beliefs play an important role in the development of the individual (Neal & Neal, 2013). Factors in this system may affect the individual, whether negatively or positively. A few curricula were found to focus on developing decision-making skills and life decisions, but others were lacking in providing unbiased knowledge about anatomy, condom usage and contraception, abortion, human growth fundamentals, and human reproduction (Berugi et al., 2015). Although half of the participants said that they were taught at school about sex, it was evident that they were not taught how to use the knowledge adequately. For instance, a participant revealed that when she got into a relationship with her boyfriend, she believed that it meant she was agreeing to having sex with her partner. A study by Sofika and van der Riet (2017) found that some young women believe that becoming someone's boyfriend means you ought to have sex with him. This then brings about the question of the accuracy of knowledge content that the Department of Education has on the Life Orientation subject in trying to prepare young people about sex. The curricular somehow does not address the practicality of having sex, such as the factors that may lead to sex for example, being in a relationship. One participant reported that she had sex because she wanted to feel what it is like to be in a relationship in and be loved. Perhaps the content is not enough or perhaps the teachers are not trained thoroughly to deliver such topics to learners. One participant indicated that when they were taught about sexual reproduction, they took it as a joke, which begs the question about the way children are taught. The data analysis found that most participants were not aware what sex was about and also did not know that pregnancy could happen in any sexual interaction.

The findings of this study were that one out of the four participants did not know what she was doing during her sexual debut. One participant experienced coercive sex, with her male partner threatening to reveal the relationship to a family member. This indicated that the participant did not know about consenting to having sex. Studies conducted in developing countries such South Africa, Tanzania and India reveal that there is an association between physical violence and coercive sex and the manifestation of EUP (Koenig et al, 2004). Perhaps in this case knowledge would have not been a preventative measure with regards to coercive sex but this indicates a need for women empowerment in societies. The need is for women to know about their right to refuse sex, and to be empowered to manage sexual relationships and interactions

with abusive partners. Being unable to consent to sexual intercourse is one of the key issues that young women face, and this is often due to the age difference between the young woman and her male partner (Manzini, 2001). The fact that young women are more likely to have sexual relations with older men makes it hard for them to communicate their unpreparedness for having sexual intercourse (Manzini, 2001). In this study another participant commented that she did not know about sex, but her older partner did. She trusted him, and they had sex, but she did not fully understand the consequences of unprotected sex. Perhaps teaching about sex ought to also address the factors that lead to having sex, such as being in a romantic relationship. It is not clear from the interviews what the age difference was between the participant and her partner, but it is evident that the young woman was less experienced which is an indication of power differences in sexual relationships. Sometimes these power differences are perpetuated by society. A study by Mkhwanazi (2010) in Nyanga East in the Western Cape province with young and old, male, and female inhabitants of the township, found that the mothers of the young women who became pregnant at a young age were perceived as being at fault. The teenage pregnancy implied that a mother had raised an unruly and disobedient daughter, traits that are not desirable in a young woman.

The study also found that the knowledge that young people have about the use of contraceptives is not sufficient. Young women do not always control the context in which condom use needs to happen. According to Manzini (2001) adolescents who start having sexual relations at a young age are less likely to use contraception. Often this happens because of not being prepared for the event. It might be that young women might know and understand how to put on and use a condom, but it does not necessarily prepare them to be assertive about it with a boyfriend who is against the idea of using a condom. Another significant finding in this study was that some participants said that they were taught about contraceptive use, but did not take it seriously, for example, participants commented that classmates joked about contraceptive use. This suggests that consideration needs to be given to how lessons, about sex and contraception, not only by teachers, but also counsellors and life skill trainers from independent organisations, take place.

For some participants learning about sex did not happen from the school context, but rather from peers or through using technology (cell phone videos). Peer influence has been found to play a significant role in young people's sexual debut. For instance, a study by Kyilleh, Tabong, and Konlaan (2018) found that for knowledge on reproductive health, adolescents rely on their peers and the mass media. Another study by Thobejane (2015), found that most teenagers have

sexually active friends, and that peer pressure can be seen as the most important factor influencing teenage pregnancy. However, peers and internet resources are not reliable and do not necessarily provide correct information about sex. This means that young people may then make choices based on inaccurate information which could negatively affect their lives. A study conducted by Mkhwanazi (2010) in the Nyanga East township of the Western Cape province found that, girls got most of their sex and contraceptive information from their peers. The information they were given encouraged them to believe certain things about sex and relationships. Most young people, for example, knew the difference between *ukujola* (to be in a casual relationship) and *ukuthandana* (to be in a serious relationship) (to love one another). The latter was regarded to be more serious than the former, and sexual intercourse was viewed as a sign of love, whilst not using condoms was viewed as a sign of loyalty in the latter. Perhaps similar feelings were shared by the participants in this study, as the findings suggest that some of them were taught about sexual intercourse by their peers.

5.2 Non-disclosure

In this study, once the young women discovered that they were pregnant, a common challenge seemed to be disclosing the pregnancy to their family. In this study, not knowing how the family would react to the news caused a lot of anxiety for the young pregnant woman. This study found that three out of the four participants did not disclose the pregnancy immediately, they kept the pregnancy a secret from family members. One out of the three kept it a secret from her family for six months. In the case of one participant, she was afraid of the response, but she also felt regret about becoming pregnant. In some cases, family members were very angry at hearing the news. Two of the young women in this study experienced discrimination in the form of family members shunning them after they disclosed the pregnancy. This indicates the social stigma and discrimination that young women face with unintended pregnancies (UNESCO, 2017). The fear of the negative reaction to the disclosure, and the fear of being rejected, or punished, made it very stressful for the young women in this study. A study conducted by Mkhwanazi (2010) in the Nyanga East township of the Western Cape found that people believe that a child is first and foremost a reflection of his or her family, and secondly, a reflection of the community in which he or she grew up. This notion and stereotype could be the link as to why it is not easy for some young women to disclose to their families, as proven by the findings of this study. Mkhwanazi (2010) further found that the many families in the Nyanga community used corporal punishment to discourage sexual intercourse. This was also

found in this study as one participant reported being ‘beaten’ by her uncle which perhaps could be attributed to the reinforcement of not to engage in sexual activities.

In some cases, the young women’s fears were confirmed, and their families did respond negatively. Besides having to manage this negative response, this also meant that they did not get support during the pregnancy or after the birth of the baby. This was particularly the case if the male partner was emotionally unavailable.

5.3 Support

Another theme that was identified in the analysis of the data was support. The most common reason that young women disclosed their pregnancy was to get support. This was also found in a study conducted by Manzini (2010) where most young women disclosed with the intention to get support from their mothers. This support might be financial, but also in terms of knowledge about the pregnancy and becoming a mother. In some cases, parents use distancing as a strategy to show the community that their family did not condone deviant behaviour (Chigona & Chetty, 2008 as cited by Naidoo, Muthukrishna & Nkabinde, 2019), this includes social and financial distancing. The participants in this study were young and all of them did not intend to fall pregnant. Having support, especially from people who were more experienced, made the experience of being pregnant less difficult. The participants of this study had different experiences of support from their families, partners, and their partner’s family. Support in this context refers to emotional and financial support. All four of the participants received emotional and financial support from their family members. Two of the four participants also received support from the baby’s father’s family (for example, in one case the baby’s grandmother). This included taking care of the baby’s needs financially. The other two participants reported receiving support from a peer and from a neighbour, which was in this case emotional support. Getting support from a peer was also found to be common in a study conducted by Mkhwanazi (2010) in the Nyanga community of the Western Cape.

A study by Watts, Liamputtong and McMichael (2015) with African Australian mothers in Melbourne Australia found that in unintended pregnancies of unmarried young women, the father was rarely involved in the child’s life. In this study for two of the participants, the father of the baby was not involved in the care and support of the child. A study conducted by UNESCO (2017) found that the reason why the partners do not get involved in the support of the baby is due to the belief that women are responsible for pregnancy prevention. Although

this is the case, in cases where women carry condoms, they still face a stigma as this is regarded as a sign of sexual activity (Bankole & Malarcher, 2010, as cited by UNESCO, 2017). In this study, although the other two participants did receive support from the father, only one reported the support being consistent until the baby was born. The other reported that the father of the child was a drug addict (*iphara*).

The analysis of the data found that in some instances young women also find support from their peers. For one participant, the peer was the first person she had disclosed the pregnancy to, as she felt comfortable talking about the matter at an early stage. According to Bunting and McAuley (2004), friends are the second most important source of support for pregnant teenagers. Another participant reported receiving support from her neighbour. This was partly because of her two brothers being the only family that she had. Some of the participants were too afraid of engaging with their families and first turned to their peers for support. What some of these young women might have needed was a mentor, and support, both before the unintended pregnancy and afterwards. The presence of social support buffers individuals during major life transitions or times of crisis (Orford, 1994, as cited by van Zyl, van der Merwe & Chigeza, 2015). Furthermore, research has demonstrated the importance of supportive relationships as a significant contributor to the well-being of pregnant adolescents (Manzini, 2010).

5.4 Relationship with the baby's father

Unintentionally becoming a parent at a young age seemed to negatively affect the couple's relationship. Two out of the four participants reported having problems with their partners after disclosing the pregnancy to them. One participant reported that after disclosing the pregnancy to her partner he said he was not ready to become a father. The other participant reported that her partner took the disclosure as a joke and their relationship came to an end soon after the disclosure of the pregnancy. A study by Mkhwanazi (2010) conducted in Nyanga in the Western Cape province, found that the disclosure of the pregnancy to the male partner often resulted in the denial of paternity which then resulted in the relationship coming to an end. Although for this study the denial of paternity was not raised in the interviews by the participants, it was evident that the disclosure of the pregnancy led to the relationship coming to an end.

In this study, the analysis of the data found that couples learn about the outcome of having sex after discovering the pregnancy, which brings about a sense of anxiety for the two partners.

This results in feeling overwhelmed by the idea of the responsibilities that one ought to meet during parenthood. In two of the cases this led to the young women being left by their partners. How the male partner reacts to the disclosure of the pregnancy determines the future of the relationship. The analysis also found that, feelings of unreadiness from the father often results in hindering the relationship with the baby's mother. In this study the participants reported that after disclosing to their partners about the pregnancy they experienced problems in their relationships. In one case, the participant thought that the stress of the relationship, and her partner's response to the unintended pregnancy, was the cause of her miscarriage. Although this was the case, the participant returned to the relationship and fell pregnant a second time. Relationships that are conflictual may cause a lot of distress to the pregnant woman, the pregnancy usually gets hindered by the mother's distress (Watts, Liamputtong & McMichael, 2015). One father became a drug addict. This could have been due to feelings of being overwhelmed and distressed with the father role, ending in drug abuse.

In this study most of the young women experienced relationship problems because of the pregnancy. These included the partner's negative reaction to the pregnancy, as well the impact of financial demands of becoming a father at a young age. For two of the participants, the relationship ended, and the male party did not play a role in the child's life. According to Mkhwanazi (2010), the young women is left to look after the child after giving birth and this is due to the denial of paternity by the baby's father. In this study, one participant reported that her male partner's family did not want to have anything to do with the child. In many relationships sex is initiated by the male partner. In this study, it was evident that despite initiating the sexual interaction, young men did not take responsibility for the consequences of unprotected sex. The data also revealed that it was not all the participants who had to break up with their partners after the disclosure of the pregnancy. One out of four participants said this happened after birth. This happened after her partner became a drug addict. It is not known what the cause of his drug addiction were, or whether the pressure of becoming a father at a young age played a role.

5.6 Reasons for the consideration of termination

In this study it was clear that experiencing early and unintended pregnancy caused distress for the young women. The young women in this study highlighted their concern about how the baby would be taken care of physically and financially. Three of the participants, considered

terminating the pregnancy. Gresh and Maharaj (2014) in their study with pregnancy termination amongst young women from Durban, found that young women who had no intention of falling pregnant considered termination of the pregnancy. In this study the fact that the young women were not ready to become a parent made them consider termination. Three of the participants in this study considered termination of the pregnancy because they felt overwhelmed after the discovery of the pregnancy. Values instilled in the individual's microsystem by family or teachers result in individuals feeling overwhelmed by the pregnancy discovery (Neal & Neal, 2013). These values are usually affiliated with cultural beliefs such as having sex before marriage being regarded as being a shame. These beliefs shape and determine what is considered acceptable by society as it is normed by these beliefs. Every person is affected by such beliefs as individuals would conform to them so to not be outliers of these beliefs which predict the societal norms. According to Bronfenbrenner, these beliefs affect all the layers of the ecological system especially the developing individual (Ryan, 2001). For instance, many African parents do not teach or discuss sex-related topics with their children because it is culturally unacceptable to do so with children (Ramathuba, et al., 2012). According to Macleod and Tracey (2010), teachers from rural areas prefer teaching about abstinence rather than safe ways of having sex, due to the cultural belief that discussing sexual content with youngsters is deemed as not acceptable. This then results in individuals learning about sex in inappropriate ways such as from peers, for instance like the one participant from this study. After discovering that the individual is pregnant, feelings associated with shame and guilt merge. Shame to face to family, teachers, and society at large due to the stigma that exists regarding the perceptions of teenage pregnancy (Ramathuba, et al., 2012) which then results in the individual wishing to terminate the pregnancy.

However, none of the participants in this study terminated their pregnancy. For one participant, their family members already knew about the pregnancy. Two participants did not have sufficient information about how to access a termination, where to go, and what was involved in the termination procedure. Although the three participants did consider terminating the pregnancy, none of them gave details about how they were going to go through with it. In other studies, it has been found that in some instances young women do undertake illegal and informal abortions (Denno, Hoopes & Chandra-Mouli 2014). One out the three participants reported having some sort of conflictual relationship with her uncle, although she did not attribute this as a factor to consider termination but the possibility that fear of being reprimanded might have made her consider it. A study by Watts et al. (2015) conducted

amongst African-Australian mothers also found that shame and guilt were attributed to women who have and wish to terminate their pregnancy.

4.7 Unintended pregnancy and its effect on education

According to Gage (1998) falling pregnant at an early age may result in the young mother having to drop out of school. This usually comes because of how the young mother is treated by her teachers and peers. In some cases, it comes because of the young mother not being able to juggle school with constantly going for medical check-ups more especially if there are complications with the pregnancy. In some instances, teachers are not equipped with the skills to deal with pregnant pupils (Mpanza & Nzima, 2010 as cited by UNESCO, 2017), this includes offering additional time for lessons missed. Others drop out soon after giving birth because of being unable to afford a living for the baby while being at school. Two of the participants in this study had their educational progress affected by becoming mothers. For the other two participants that did go back to school, certain delays were experienced, for instance, one participant reported having to drop out from school that particular year and resume with school the following year. According to UNESCO (2017), pupils who do go back to school after giving birth, are often reported as having poor academic performance due to the double responsibility of being a student and a parent. In this study the participant did not specifically mention having any difficulties when returning to school. This caused her distress as she reported that she felt left behind as she was concerned about her age and the grade that she was in, but she reported continuing with her education. Half of the participants from the study reported continuing with their education after having a baby. This was similar to what Manzini (2001) found in his study in a rural area of KwaZulu-Natal, that it is not always the case that bearing a child result in the end of one's schooling life, it was found that some young women do continue with school. One participant reported having to stay for about a month in hospital as her baby had a urinary tract infection. In this case there was possibly more stress and concern for this young mother because of the ongoing hospitalisation. A study by Maluli and Bali (2014 as cited by UNESCO, 2017) in Tanzania on secondary school students found that, after childbearing some young mothers would experience anxiety and depression due to them having to miss out on school activities as they had to look after the child. For this study, one can argue that being in hospital for the participant because of the child's urinary tract infection might have caused a lot of distress. Although this could have been the case, the participant did report that she is currently enrolled at a tertiary institution. For some individuals, although initially bearing a child could come with a lot of hindrances others turn them into factors that motivate

them to work hard on schoolwork (Maluli & Bali, 2014; Mayzel et al., 2010 as cited by UNESCO, 2017).

4.8 Post-birth experiences

Previous studies have found that the transition from childhood to motherhood brings about a lot of challenges for the young mother (Panday, Makiwane, Ranchod & Letsoalo, 2009; Watts, Liamputtong & McMichael, 2015). In many cases these challenges are linked to performing the duties of being a mother, which becomes very problematic if the individual has no support. These include providing for the baby and putting the needs of the baby before your own. The current study focused on the young mother's immediate reaction to the baby, after giving birth, and the experiences that came thereafter. None of the participants planned to have a baby. Some of the participants even considered terminating the pregnancy. Feelings of being unprepared were evident in almost all the participant's reaction to the baby. For some, although the excitement and happiness were there it was also overshadowed by the distress that followed when they thought about how they were to cater for the child's needs. Three out of the four participants in this study experienced this as they came from financially disadvantaged backgrounds. According to UNESCO (2017) relative socioeconomic status has been regarded as a determinant of early and unintended pregnancy. This is usually related to the type of education one receives and one's access to medical facilities. For the participants in this study, socio economic constraints issues were evident in their ability to provide for their baby. One participant had issues with breast feeding, which increased her financial stress as she had to find money to buy milk for the baby. Two out of the four participants had to drop out from school as the financial stress was a factor and they had to find an income so to make a living and be able to cater for the baby's needs.

Other than concerns regarding preparedness and reaction to the baby, the study also wanted to get insight about the use of contraceptives by the young women. In this study, all participants were using contraceptives. Two of the participants were using dual contraceptive methods. This is when one uses two contraceptive methods such as the pill and a condom at the same time and/ or the injection and the condom. Half of the participants reported using only a single method, the injection, or the pill. This was also the case with the study conducted by Manzini (2001), that 17.6% of the participants only used the pill and not the condom as a contraceptive method. 66.4 percent of the participants reported that they used dual protection which is the

pill or injection and condoms (Manzini, 2001). For this study, half of the participants reported using a dual method as well. Using two forms of contraception suggests that two of the four participants were concerned about getting both STI's and preventing pregnancy. This could be an indication that the other two participants are only concerned about preventing getting pregnant rather than getting STIs as well. Manzini (2001) found that there is a belief amongst women from rural KwaZulu-Natal that STIs can be prevented with non-barrier contraception. Perhaps this could be a possible case regarding the participants only using the non-barrier method in this study.

The analysis of the data found that the education about sexual reproduction in the curriculum is not sufficient. Although it is included in the syllabus, learners are not taught how to implement the knowledge. Because parents and teachers are hesitant to discuss sexual topics with their children, the media has influenced young people's views on sex (Brown, 2002). According to UNESCO (2017) there is an expectation from parents that their children be taught at school about sex education. This is due to the cultural taboos that exist in many African communities as it is seen as inappropriate for a parent to engage in such conversations with a child (Ramathuba et al, 2012). It was very clear from the data collected that the information is available but the nature of how this information is received by the learners does not cover all the important aspects. It was also identified in the data that half of the participants did not understand fully what it meant to consent to having sex, for some, being in a relationship meant consenting to having sex. This indicated a lack of understanding that the nature of romantic relationships. According to a study by Sofika and van der Riet (2017) in the Eastern Cape province, young women believe that being in a relationship with someone means giving consent to engaging in sexual intercourse with them.

The analysis also found that the disclosure of the pregnancy by the participants to their families was something that all of them had struggled with initially. Some even had to disclose to their peers first before family. The disclosure of the pregnancy for most of the participants resulted in the termination of their relationship with the baby's father. This was triggered by numerous reasons, but the most common one was being unprepared to become a father. This in turn resulted in only half of the participants receiving support from the baby's father and the remaining half only receiving it from their families. It was also noted in the data that half of the participants received support from the baby's paternal side, from the baby's grandmother to be specific.

The sudden transition to motherhood was something that all the participants were not prepared for. For some, this meant dropping out from school to provide for the baby' needs. Only half of the participants were able to continue with school but for the other half it was hard to go back due to their socioeconomic background. The analysis of the data also found that although the participants have had a good experience of becoming a mother, they learned to find ways to prevent it from happening again. However, as much as all the participants are taking contraceptives half reported using the injection and pill. The other half used the dual method which is the condom and the injection or the pill. This communicated a sense of negligence towards preventing sexually transmitted infections. What is of significance is that the WhizzKids United Health Academy does have programmes that are primarily about contraceptive use and the importance of abstaining from risky behaviour. Individuals who were interviewed were recruited from some of the support group which also addresses living a healthy lifestyle and the importance of abstaining.

Chapter 6: Conclusion

This research study sampled and interviewed four young women who have experienced early and unintended pregnancy. The aim of the study was to explore experiences of sex and contraception education amongst young women from semi-rural areas in Pietermaritzburg, in relation to early and unintended pregnancy. The sample was generated from Whizzkids United Health Academy situated in Edendale a semi-rural township on the outskirts of Pietermaritzburg in KwaZulu-Natal. The semi-rural township is home to people living under harsh conditions because of poverty. Poverty has been a dominating factor in early and unintended pregnancy.

The study had two objectives. The first objective was to explore young women's exposure to sex and contraceptive education, prior to their early and unintended pregnancy. The analysis of the data found that the participants had knowledge about sexual intercourse prior to falling pregnant, however the information that they had did not equip the participants with modalities of implementing it. It was evident from the analysis of the data that some participants did not have knowledge about the biology of getting pregnant. Other participants did not fully understand the nature of being in a relationship and lacked information regarding sexual consent in relationships. Prior to getting pregnant, the participants all reported knowing about the use of condoms.

The second objective was to explore young women's use of contraceptive methods, including access to contraceptives. The analysis of the data found that all the participants had access to contraceptives and all of them were taking contraceptives post getting pregnant. It was of great significance that two of the four participants used the dual method of contraceptives, that being the pill and the condom or the injection and the condom. The other half either used the pill only or the injection only.

The findings of the study showed that the participants struggled to disclose their pregnancy to their families, and some initially disclosed to peers before family. The participants reported considering terminating the pregnancy after discovering that they were pregnant. Feelings of being unprepared were reported by the participants prior to and after the delivery of the baby. Half of the participants reported getting support from their baby's father after disclosing to him, while the other half did not. The Ecological systems theory by Bronfenbrenner was also used to conceptualise the study. It was evident that most of the experiences that the participants had were mostly affected by the macrosystem part of the level of their development. How the

laws, beliefs and policies indirectly shaped their sexual experiences, for example the policies behind the content that is taught in school with regards to reproductive health. The beliefs and values instilled by caregivers also played a role in the young women's experiences especially when it came to disclosure of the pregnancy. The research study also indicated that most of the influences on young women about their sexual debt were from peers and significant others, which formed part of their microsystem.

6.1 Strengths and limitations

6.1.1 Credibility

The degree to which the research findings are consistent with reality is referred to as credibility (Silverman, 2010). The strength of the study is that I initially had to spend time at the WhizzKids United Health Academy so to build rapport with the participants before collecting the data. This helped in enhancing the credibility of the findings of this study as it was of a sensitive nature and the participants were potentially vulnerable and building rapport was done to maximise the findings being consistent with reality. The participants were assured that the information that they shared would be kept confidential and they were requested to use pseudonyms during the interviews so to protect their identity. The data was collected using individual interviews, which allowed each participant to feel free to respond to the questions. Working with a colleague who majored in *IsiZulu* who assisted in ensuring that the translation does not lose meaning and be taken out of context when transcribed to English. The transcribed data was further made meaningful using Jeffersonian transcription conventions (Appendix 8) which enhanced credibility. The transcription conventions and notations helped in understanding the participants' tone, sounds and acts that they had presented during the interviews.

6.1.2 Dependability

Dependability refers to the consistency of the data if this study is replicated by another researcher (Silverman, 2010). The collection of the data was through individual interviews. These interviews were conducted by me, a male and the participants were females. Rapport was formed between me and participants which in a way increased participant's participation during the interviews. Although rapport was established one needs to consider the fact that I

am a male and perhaps if the study was to be conducted by a woman the findings could be different, which could affect dependability. The participants might have felt at ease talking to another female considering the possibility of vulnerability that the participants might have had. The study was conducted in the semi-rural area of Edendale where I also resided, which helped a lot in terms of my familiarity with the language and jargon used, making it easier for me to translate the data. The study's dependability was enhanced by detailed descriptions of the study's context, participant demographics, location, as well as the sampling, data collection and data analysis processes. This ensures that other researchers who want to replicate the study will be able to do so easily using the data provided.

6.1.3 Confirmability

The ability to maintain objectivity in data analysis is referred to as confirmability (Silverman., 2000). I had volunteered for the Whizzkids organisation in the past, making me more aware of some of the challenges that young women face. Because I identified with what the participants are saying, this insider's perspective may have led to me becoming overly familiar with the participants' perspectives and sometimes overemphasising the participants' responses. Confirmability was achieved by not asking any leading questions during the interviews, and all responses were transcribed verbatim.

6.1.4 Transferability

The extent of the study's findings relatability to other settings and populations is referred to as transferability. Transferability of these findings specifically to similar participants in similar settings, was enhanced by giving a thorough contextual background of where the study was conducted and a precise description of the participants and their background. The study's transferability was enhanced by providing explicit details about the study's location, participant demographics, data collection procedures, and data analysis methodologies.

6.2 Recommendations

6.2.1 Policy and practice

This study recommends that the Department of Education enhances the curriculum on sexual and reproductive health as it was noted that although some participants learned some of this at school, the knowledge they had did not equip them with enough information. Teachers need to be trained holistically about the topic and be equipped with strategies of making it meaningful

to learners when teaching about such a topic. The curriculum also needs to cover the factors that lead to sexual reproduction, issues relating to engagement with romantic partners, and the nature of relationships together with their meaning. The matter of sexual consent also needs to be covered within the curriculum.

The study revealed that there is a need for parents to be taught about the importance of talking to their children about sex. Perhaps the Department of Education could run workshops where parents will be equipped with skills to talk to their children about such matters. It would also be of great importance that a support group be started by WhizzKids United Health Academy that will empower young mothers to tackle issues of the sudden transition from childhood to motherhood. The workshops should aim at offering psychosocial support to the young mothers. This will be informed by the study findings that showed that a lot of young women do not have the proper guidance and support with regards to sexual reproductive health pre and post falling pregnant.

The findings also suggest that there is a great need for educating young people about sexually transmitted infections (STIs) as some of the participants reported not using condoms when having sex. Programmes on the importance of protecting oneself from STIs also need to be implemented in schools to provide safer ways of having sex for those who wish to engage in such.

6.2.2 Research

More research studies need to be conducted in the same context of as study as there is very little research about young women's experiences to early and unintended pregnancy especially in semi-rural areas. A research study with a larger sample size needs to be conducted in the future to see if there are any discrepancies in the findings from a more diverse sample. Future research studies could explore the experiences of sex education amongst young fathers on early and unintended pregnancy. Perhaps the future research could also explore the experiences of young absent fathers and possibly look at the factors that contribute to it. This would help in better understanding the reasons why young men do not take responsibility for their children as it was identified in the study that some fathers were not supportive of their children. It would also be of value to understand how the fathers came to learn about sex to see if there are any differences compared to the experiences of young women, and to know if they became a father after their sexual debut. Another future research focus is with parents, and why they socially

stigmatize and conceal sexual topics. More open engagement with their teenage children, could prevent them from falling pregnant and relieve them from distress.

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Appendix 1: Gatekeeper's letter



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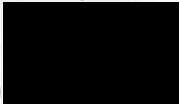
14 February 2019

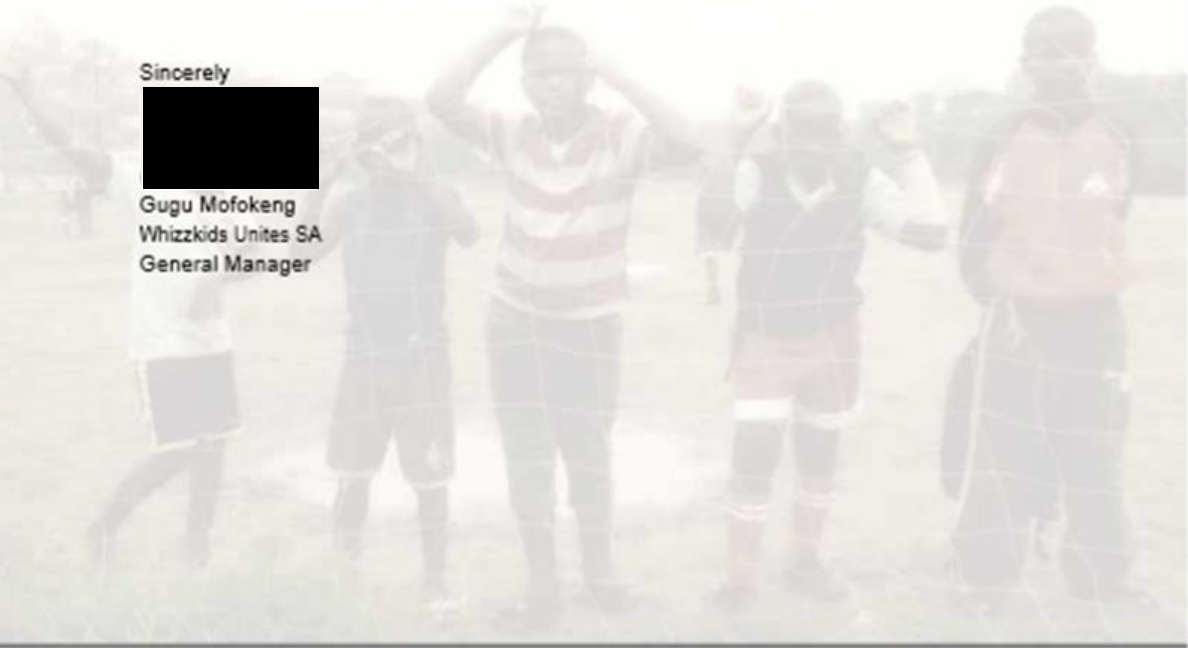
To Sandile Radebe
P.O. Machibisa
Edendale
3217

Dear Mr Radebe

Re: Permission to conduct research at WhizzKids United's Health Academy

This letter serves to confirm that permission to conduct research on *Experiences of sexuality & contraception in women from semi-rural areas in Pietermaritzburg in relation to unintended pregnancy* at WhizzKids United's Health Academy is granted provided there is ethical approval for the research.

Sincerely

Gugu Mofokeng
Whizzkids Unites SA
General Manager



The Africaid Trust
Reg. Trust in RSA (JT 153/2006) • UK Reg No 1045461
c/o Edendale Hospital, Lot 89, Selby Msimang Road, Edendale 3216, South Africa
Email: info@africaid.org.za • Phone: +27 33 395 4683 • Fax: +27 86 560 2482
www.whizzkidsunited.org

EARLY & UNINTENDED PREGNANCY



ARE YOU YOUNGER THAN 21?

HAVE YOU EVER FALLEN PREGNANT?

ARE YOU FROM EDENDALE OR SURROUNDING AREAS?

PLEASE COME AND SHARE YOUR EXPERIENCES!!!!

We are looking for 8 young women under the age of 21 who have experienced pregnancy while still in school. We are conducting a study where we would like to know more about their sex and contraception education.

Venue: Whizzkids United

For more information please contact Sandile Radebe on: Whatsapp: _____

Email: _____



Request for your ward/child's participation in a study: Experiences of sex and contraception education in young women from semi-rural areas in Pietermaritzburg, in relation to early and unintended pregnancy.

Dear Parent/Guardian,

My name is Sandile Radebe. I am Masters Student in the School of Psychology at the University of KwaZulu -atal and I am a research study on the experiences of sex and contraception education in young women from semi-rural areas in Pietermaritzburg, in relation to early and unintended pregnancy. I would like to request your daughter's participation in this study, which we hope will benefit us in understanding the topic in research.

If you allow your daughter to participate in this study, she will be involved in an interview. The interview will be held at Whizzkids United in Pietermaritzburg during the week of the 15th April 2019. She will be asked about her experiences of sex and contraception education. Specifically, she will be asked about factors that influenced her in her decision to have her first sexual encounter. She will not have to answer any questions that she does not wish to answer. With you and your daughter's permission interviews will be recorded using an audio voice recorder and later transcribed. When I analyse narratives, I will be looking for themes across our interviews to better understand the encounters that young women face about sex and the type of education they receive about it and the knowledge they have about contraception.

Your daughter's participation in this study is completely voluntary and she is not being forced to participate in this study. This means that the choice of whether you would like your ward/child to participate is yours and your daughter's alone. You or your ward/child can withdraw consent at any time and there will be no repercussions. Your daughter will also be able to withdraw from the interview once it is in progress. I encourage you to speak to your daughter about this study and discuss with your daughter whether she would like to participate in the study before you sign this form. Though it may be that you consent that your daughter takes part in the study but she has the right to make the final decision, whether to take part in the study or not.

If you choose to allow your daughter to participate in this study, it will be greatly appreciated but unfortunately, I cannot offer any direct benefits to you for allowing your daughter to participate. However, your daughter may enjoy the experience of being able to talk about her perceptions of her experiences. Your consent will be kept separate from the recorded data

- Confidentiality will be maintained by ensuring that signed informed consent forms are stored by myself and my supervisor and are not accessible to anyone else. All the information shared will be kept confidential however, confidentiality will be breached in cases of

suicide, homicide and the disclosure of rape. These consent forms will be kept in a secure location for a period of at least five years. If the material is no longer needed, it will be incinerated. If you agree to allow your daughter to participate in this study, a report of our findings will be made available to you through the staff at Whizzkids United. In the report confidentiality will be maintained using pseudonyms and there will be no identifying characteristics. Anyone who reads the data will not be able to link the transcription to your daughter's name. The transcriptions and recordings will also be kept in a secure location for at least five years and will also be incinerated if they are no longer needed. When the results of this research are published or discussed in conferences, no information will be included that would reveal your daughter's identity. Information from this study could be used for further research or published in journal articles in the future but as the data will not be linked to your daughter, the information will not be traced back to her. I do not think there are any risks to your participating in this study and there is no deception in this study. In cases where the participant feels they need support, they will be referred to one of the Whizzkids United counsellors.

Thank you for considering this request. Should your daughter/child feel the need for post interview counselling for any reason, I can make a referral to one of the Whizzkids United counsellors. If you have any questions about this study or if you would like to be made aware of the findings of this study, feel free to contact me by email at xxxx, cell: _____). My supervisor, Dr. Carol Mitchell of UKZN can be contacted at _____ (Tel: _____).

For any questions or concerns about the rights of a study participant you can contact the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Please sign and return the following by giving it to Xolile Ndlovu if you choose to allow your daughter/child to take part in this study:

PARENTAL/GAURDIAN CONSENT: I voluntarily agree to allow my daughter (print name) to participate in this study on experiences of sex and contraception education, in relation to early and unintended pregnancy. I understand that my daughter will not be forced to participate in this study, and my daughter can withdraw at any point should I, or my daughter, no longer wish to take part. I have been read the description of this study above and I understand what the study involves.

Additional consent to audio recording:

In addition to the foregoing, I hereby consent to the audio recording of my daughter's interviews for data collection reasons. I understand that no personally identifiable information or recordings of my daughter will be released in any form, and that my daughter's identity will be kept confidential in transcripts, reports, and any future publications, and that the identity of my daughter will not be traced back to me or my daughter..

Parent/Guardian's Signature

Date

Please Note that only a PARENT or LEGAL GUARDIAN may consent to allow their child to participate in this study.

Signature

Date

Isivumelwano somgadi wengane engaphansi kweminyaka eyi-18



Isicelo sokuthi ingane yakho ibeyingxenywe yocwaningo:

Mzali/Mnakeleli

Igama lami ngingu Sandile Radebe. Ngingumfundi we *Masters* esikoleni se *Psychology* enyuvesi yakwaZulu-Natal, eMgungundlovu. Ngenza ucwaningo ngolwazi ngezocansi nemfundiso yezokuvikela ukukhulelwa ezindaweni ezingaphandle kwedolobha lase Mgungundlovu

Uma uvuma ukuthi ingane ibeyingxenywe yocwaningo, ingane yakho izoba ingxenywe yenhloko mvo nemibuzo. Imibuzo izobe ise Whizzkids United eMgungundlovu ekuseni ngomgqibelo. Izingane zizobuzwa mayelana nolwazi ngezocansi nemfundiso yekozuvukela ukukhulelwa. Ngokukhethekile izingane zizobuzwa mayelana nezinto ebiziyimbangela yokuthi benze ucansi okokuqala, uma kungukuthi kwakuyinto ababezimisela ngayo. Izingane angeke ziyiphendule imibuzo uma zingathandi. Ngemvume yakho, imibuzo izoqoshwa kusetshenzishwa emshinini wokuthatha amazwi (voice recorder) ngemva kwalokho izobe isiyabhalwa. Uma sengihlola izinkulumo, ngizobe ngibheka izihloko izihlobene noma izikhuluma izinto ezifanayo ezinkulumeni.

Ukuzibandakanya kwengane yakho kuya ngokuthanda, akuphoqelekile. Lokhu kusho ukuthi ukukhetha kungokwakho kanti futhi kungokwengane yakho kuphela. Ingane yakho inelungelo lokuphuma ohlelweni noma ngasiphi isikhathi, kanti akukho okubi okuzokwehlela kanye nengane ngalesisenzo. Ingane yakho inelungelo lokuphuma ohlelweni noma ngabe uhlelo beselulaqalile. Ngiyakukhuthaza ukuthi ukhuluimisane nengane yakho nixoxe ukuthi iyathanda noma ayithandi ukuba yingxenywe yalocwaningo ngaphambi kokuthi isayine ifomu. Umakwenzwa unikeza imvume yokuba indodakazi yakho ibe ingxenywe yalolucwaningo, indodakazi yakho inelungelo lokunqaba yize noma uvumile njengomzali.

Uma ukhetha ukuthi ingane yakho ibeyingxenywe yocwaningo, ngingathokoza kakhulu. Ngokuxolisa angikwazi ukunikezela izinzuzo kuwe ngokuvuma ukuthi ingane ibeyingxenywe walocwaningo. Ngokunjalo, ingane yakho izokujabulela ukubakhona nokukhuluma ngolwazi abanalo.

Ukuvikwelwa kwemininingwane kuzoqinisekiswa ngokuthi amafomu esivumelwano lizobekwa yimina Kanye nomsizi wami wesikole, kanti awavumelekile kwabanye abantu. Lamafomu okuvuma azobekwa engaweni evikelekile isikhathi esingangeminyaka emihlanu, kanti izobekwa ihlukaniswe nezinkulumo eziqoshiwe.

- Kulombiko imininingwane ebalulayo angeke ibhalwe, kodwa kuzobhalwa amagama okudlala kanti angeke kubekhona amagama akhombisa imininingwane yenu. Umuntu ozo fundisa lombhalo angeke akazwi ukubona amagama engane noma awakho. Izinkulumbo iziqophiwe zizogcinwa endaweni evikelekile isikhathi esiminyaka emihlanu, nayo izocishwa uma ingasadingekile. Uma sekushicilelwe imiphumela yalocwaningo noma kukhulunywa ezinhlangothini, ayikho imininingwane ekhona ezoveza ingane noma wena. Ulwazi locwaningo lungasetshenziswa ekwenzeni ucwaningo esikhathini esizayo kanti lungashicilelwa izincwadini zemfundo, kanti ulwazi ngeke liveze imininingwane yengane, ulwazi angeke lufaniswe nengane yakho. Angicabangi ukuthi kukhona okubi okungavela ngokuba yingxenywe yalocwaningo, kanti akukho ukukhohlisa kulocwaningo. Umakwenzeka umhlolwa efikelwa imizwa yokuphatheka kabi nengcindezi, uyobe esedluliselwa kumeluleki waseWhizzkids United.

Ngiyabonga ngokuthi usibone lesicelo. **Uma kwenzeka ukuthi ingane yakho noma umkhandlu wakho ubenesidingo sokuba nengxoxo yezoluleko umva kwalolu cwano ngesizathu esithile, ungathinta uXolile Ndlovu waseWhizzkids United.**

Uma unemibuzo mayelana nalocwaningo, noma uthanda ukwaziswa mayelana nemiphumela, ungakhululeka ungithinte nge *email* ku _____ (Ucingo: _____). Umsizi wami, uCarol Mitchell wase UKZN (M.Soc.Sci) angathintwa nge email ku _____ (Ucingo: _____). Uma uthanda ukwazi mayelana nolocwaningo noma inini, ungathinta I UKZN's Social Sciences Ethics Committee (Ucingo: 031 260 3587).

Ngicela usayine uphinde ubuyisele ifomu kuXolile Ndlovu, uma ukhetha ukuthi ingane yakho ibeyingxenyeye yalocwaningo.

UMZALI/UMNAKEKELI UKUVUMA:

Ngiyavuma ukuthi ingane yami.....(bhala igama) ibeyinxenyeye yalocwaningo mayelana nokungabi nekhaya. Ngiyezwa ukuthi ingane yami ayipheqiwe ukuthi ibeyingxenyeye yalocwaning, nokuthi ingane yami ingaphuma noma ngasiphi isikhathi uma mina noma ingane ingasathandi ukuba yingxenyeye. Ngifundile incazelo yocwaningo ngaphezulu, nokuthi locwaningo lumayela nani.

Ukuvuma kokuqoshwa kolwazi:

Okuhlangene nokungaphezulu, ngiyavuma ukuthi izingxoxo ziqoshwe lapho ingane yami izibandakanya ngokwenzela ukuqoshwa kolwazi. Ngiyezwa ukuthi akukho okumayelana naye okuzoqoshwa ngengane yami kanti angeke kukhululwe noma kanjani. Izinkomba zengane yami zizogcinwa zifihliwe eminhaweni kanti angeke zikhombise okuveza mina noma ingane yami.

Sayina Umzali/Umnakekeli

Usuku

Yazi ukuthi UMZALI wengane noma UMNAKEKELI OGUNYAZIWE kuphela ongavuma ukuthi ingane ibeyingxenyeye yalocwaningo

Sayina

Usuku



Title of the Study: Experiences of sex and contraception education in young women from semi-rural areas in Pietermaritzburg, in relation to early and unintended pregnancy

My name is Sandile Radebe. I am Masters Student in the School of Psychology at the University of KwaZulu Natal and I am a research study on the experiences of sex and contraception education in young women from semi-rural areas in Pietermaritzburg, in relation to early and unintended pregnancy. If interested, I would like you to be part of the study. Even though your parents/guardian may have given consent for you to take part in the study, you need to understand that you are the one who has to make the final decision whether or not you wish to participate.

Project Tasks: If you decide you want to be in my research, we will continue with an interview. It will not be longer than 60 minutes. I am going to ask you to talk about your experiences of falling pregnant and your contraception knowledge and education. With your consent, I will be recording the interview so I can later write down what we talked about but only my supervisor and I will be able to access the recordings. I would like to ensure you that your name and identity will not be revealed.

Ongoing respect: Participation is voluntary. If you ever feel you are not comfortable in answering any of the interview questions, you have a right to choose not to answer the question. If by any means you feel you can no longer be part of the study, you have the right to pull out of the study at any time. Should you wish to talk to someone because you are feeling distressed about something that we discussed during our interview, I can refer you to one of the Whizzkids United counsellors.

- **Privacy:** Confidentiality will be maintained by ensuring that signed informed consent forms are stored by myself and my supervisor and are not accessible to anyone else. All the information shared will be kept confidential however, confidentiality will be breached in cases of suicide, homicide and the disclosure of rape. These consent forms will be kept in a secure location for a period of at least five years. If the material is no longer needed, it will be incinerated. Confidentiality will be maintained using pseudonyms and there will be no identifying characteristics. Anyone who reads the data will not be able to link the transcription to your name. The transcriptions and recordings will also be kept in a secure location for at least five years and will also be incinerated if they are no longer needed. When the results of this research are published or discussed in conferences, no information will be included that would reveal your identity. Information from this study could be used for further research or published in journal articles in the future but as the data will not be linked to your name, the

information will not be traced back to you. I do not think there are any risks to you participating in this study and there is no deception in this study.

If you have any questions about this study or if you would like to be made aware of the findings of this study, feel free to contact me by email at _____(cell: _____). My supervisor, Dr Carol Mitchell of UKZN can be contacted at xxxx. If you have any concerns about the nature of the study at any point, you may also contact UKZN's Human Social Sciences Ethics Committee (Tel: 031 260 3587).

Agreement: I have decided to be in the study even though I know that I don't have to do it. Sandile Radebe has answered all my questions and clarified everything.

Signature of Study Participant

Date

Signature of Researcher

Date

ADDITIONAL CONSENT TO AUDIO-RECORD MY INTERVIEW

I hereby provide consent to:

Audio-record my interview YES / NO

ISIVUMELWANO SOKUQOSHWA KWENKULUMO KWINHLOLOMVO

Nginikeza imvume yokububa:

Kuqoshwe inkulumo kwihlolomvo

YEBO / CHA

Sayina lapha (umhlolwa)

Usuku



Request for your participation in a study: Experiences of sex and contraception education in young women from semi-rural areas in Pietermaritzburg, in relation to early and unintended pregnancy.

To whom it may concern,

My name is Sandile Radebe. I am Masters Student in the School of Psychology at the University of KwaZulu - Natal and I am a research study on the experiences of sex and contraception education in young women from semi-rural areas in Pietermaritzburg, in relation to early and unintended pregnancy. I would like to request your daughter's participation in this study, which we hope will benefit us in understanding the topic in research.

If you agree to taking part in this study, you will be involved in an interview. The interview will be held at Whizzkids United in Pietermaritzburg during the week of the 15th April 2019. You will be asked about your experiences of sex and contraception education. Specifically, you will be asked about factors that influenced you in your decision to have her first sexual encounter. You will not have to answer any questions that you do not wish to answer. With your permission interviews will be recorded using an audio voice recorder and later transcribed. When I analyse narratives, I will be looking for themes across our interviews to better understand the encounters that young women face about sex and the type of education they receive about it and the knowledge they have about contraception.

Your participation in this study is completely voluntary and you will not be forced to participate in this study. This means that the choice of whether you would like to participate is yours alone. You can withdraw consent at any time and there will be no repercussions. You will also be able to withdraw from the interview once it is in progress.

If you choose to participate in this study, it will be greatly appreciated but unfortunately, I cannot offer any direct benefits to you for participating. However, you may enjoy the experience of being able to talk about your perceptions of your experiences. Your consent will be kept separate from the recorded data

- Confidentiality will be maintained by ensuring that signed informed consent forms are stored by myself and my supervisor and are not accessible to anyone else. All the information shared will be kept confidential however, confidentiality will be breached in cases of suicide, homicide and the disclosure of rape. These consent forms will be kept in a secure location for a period of at least five years. If the material is no longer needed, it will be incinerated. If you agree to participate in this study, a report of our findings will be made

available to you through the staff at Whizzkids United. In the report confidentiality will be maintained using pseudonyms and there will be no identifying characteristics. Anyone who reads the data will not be able to link the transcription to your daughter's name. The transcriptions and recordings will also be kept in a secure location for at least five years and will also be incinerated if they are no longer needed. When the results of this research are published or discussed in conferences, no information will be included that would reveal your daughter's identity. Information from this study could be used for further research or published in journal articles in the future but as the data will not be linked to you, the information will not be traced back to you. I do not think there are any risks to your participating in this study and there is no deception in this study. In cases where the participant feels they need support, they will be referred to one of the Whizzkids United counsellors.

Thank you for considering this request. Should you feel the need for post interview counselling for any reason, I can make a referral to one of the Whizzkids United counsellors. If you have any questions about this study or if you would like to be made aware of the findings of this study, feel free to contact me by email at _____@stu.ukzn.ac.za (cell: _____). My supervisor, Dr. Carol Mitchell of UKZN can be contacted at _____ (Tel: _____).

For any questions or concerns about the rights of a study participant you can contact the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

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4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Please sign and return the following by giving it to Xolile Ndlovu if you choose to take part in this study:

Participant: I (print name) voluntarily agree to participate in this study on experiences of sex and contraception education, in relation to early and unintended pregnancy. I understand that I will not be forced to participate in this study, and I can withdraw at any point should I no longer wish to take part. I have read the description of this study above and I understand what the study involves.

Additional consent to audio recording:

In addition to the above, I hereby agree to the audio recording of the interviews in which I will be participating for the purposes of data capture. I understand that no personally identifiable information or recording of me will be released in any form, and that the my identity will be kept confidential in transcripts, reports and any future publications and will not be traced back to me or my daughter.

Participant's Signature

Date

ADDITIONAL CONSENT TO AUDIO-RECORD MY INTERVIEW

I hereby provide consent to:

Audio-record my interview YES / NO



Isicelo sokuthi ingane yakho ibeyingxenye yocwaningo:

Kokuqondene naye

Igama lami ngingu Sandile Radebe. Ngingumfundi we *Masters* esikoleni se *Psychology* enyuvesi yakwaZulu-Natal, eMgungundlovu. Ngenza ucwaningo ngolwazi ngezocansi nemfundiso yezokuvikela ukukhulelwa ezindaweni ezingaphandle kwedolobha lase Mgungundlovu

Uma uvuma ukuthi ubeyingxenye yocwaningo, uzoba ingxenye yenhlolo mvo nemibuzo. Imibuzo izobe ise Whizzkids United eMgungundlovu ekuseni ngomgqibelo. Uzobuzwa mayelana nolwazi ngezocansi nemfundiso yekozuvukela ukukhulelwa. Ngokukhethekile uzobuzwa mayelana nezinto ebiziyimbangela yokuthi wenze ucansi okokuqala, uma kungukuthi kwakuyinto owawuzimisela ngayo. Angeke uyiphendule imibuzo uma ungathandi. Ngemvume yakho, imibuzo izoqoshwa kusetshenzishwa emshinini wokuthatha amazwi (voice recorder) ngemva kwalokho izobe isiyabhalwa. Uma sengihlola izinkulumo, ngizobe ngibheka izihloko izihlobene noma izikhuluma izinto ezifanayo ezinkulumeni.

Ukuzibandakanya kwakho kuya ngokuthanda, akuphoqelekile. Lokhu kusho ukuthi ukukhetha kungokwakho kuphela. Unelungelo lokuphuma ohlelweni noma ngasiphi isikhathi, kanti akukho okubi okuzokwehlela kanye ngalesisenzo. Unelungelo lokuphuma ohlelweni noma ngabe uhlelo beselulaqile.

Uma ukhetha ukuth ubeyingxenye yocwaningo, ngingathokoza kakhulu. Ngokuxolisa angikwazi ukunikezela izinzuzo kuwe ngokuvuma ukuthi ubeyingxenye yalocwaningo.

Ukuvikelwa kwemininingwane kuzoqinisekiswa ngokuthi amafomu esivumelwano lizobekwa yimina Kanye nomsizi wami wesikole, kanti awavumelekile kwabanye abantu. Lamafomu okuvuma azobekwa endaweni evikelekile isikhathi esingangeminyaka emihlanu, kanti izobekwa ihlukaniswe nezinkulumo eziqoshiwe.

- Kulombiko imininingwane ebalulayo angeke ibhalwe, kodwa kuzobhalwa amagama okudlala kanti angeke kubekhona amagama akhombisa imininingwane yenu. Umuntu ozofunda lombhalo angeke akazwi ukubona amagama engane noma awakho. Izinkulumo iziqophiwe zizogcinwa endaweni evikelekile isikhathi esiminyaka emihlanu, nayo izocishwa uma ingasadingekile. Uma sekushicilelwe imiphumela yalocwaningo noma kukhulunywa ezinhlanguweni, ayikho imininingwane ekhona ezoveza ingane noma wena. Ulwazi locwaningo lungasetshenziswa ekwenzeni ucwaningo esikhathini esizayo kanti lungashicilelwa izincwadini zemfundo, kanti

ulwazi ngeke liveze imininingwane yengane, ulwazi angeke lufaniswe nengane yakho. Angicabangi ukuthi kukhona okubi okungavela ngokuba yingxeny yalocwaningo, kanti akukho ukukhohlisa kulocwaningo. Umakwenzeka umhlolwa efikelwa imizwa yokuphatheka kabi nengcindezi, uyobe esedluliselwa kumeluleki waseWhizzkids United.

Ngiyabonga ngokuthi usibone lesicelo. **Uma kwenzeka ukuthi ubenesidingo sokuba nengxoxo yezoluleko umva kwalolu cwaningo ngesizathu esithile, ungathinta uXolile Ndlovu waseWhizzkids United.**

Uma unemibuzo mayelana nalocwaningo, noma uthanda ukwaziswa mayelana nemiphumela, ungakhululeka ungithinte nge *email* ku_____ (Ucingo:_____). Umsizi wami, uCarol Mitchell wase UKZN (M.Soc.Sci) angathintwa nge email ku _____ (Ucingo: _____). Uma uthanda ukwazi mayelana nolocwaningo noma inini, ungathinta I UKZN's Social Sciences Ethics Committee (Ucingo: 031 260 3587).

Ngicela usayine uphinde ubuyisele ifomu kuXolile Ndlovu, uma ukhetha ukuthi ubeyingxeny yalocwaningo.

UMZALI/UMNAKEKELI UKUVUMA:

Ngiyavuma ukuthi mina(bhala igama) ngibeyinxeny yalocwaningo mayelana nokungabi nekhaya. Ngiyezwa ukuthi angiphqiwe ukuthi ngibeyinxeny yalocwaning, nokuthi ngingaphuma noma ngasiphi isikhathi uma mina ngingasathandi ukuba yingxeny. Ngifundile incazelo yolocwaningo ngaphezulu, nokuthi lolocwaningo lumayela nani.

Ukuvuma kokuqoshwa kolwazi:

Okuhlangene nokungaphezulu, ngiyavuma ukuthi izingxoxo ziqoshwe lapho ingane yami izibandakanya ngokwenzela ukuqoshwa kolwazi. Ngiyezwa ukuthi akukho okumayelana naye okuzoqoshwa ngengane yami kanti angeke kukhululwe noma kanjani. Izinkomba zami zizogcinwa zifihliwe eminhalweni kanti angeke zikhombise okuveza mina.

Sayina Umhlolwa

Usuku

ISIVUMELWANO SOKUQOSHWA KWENKULUMO KWINHLOLOMVO

Nginikeza imvume yokububa:

Kuqoshwe inkulumo kwihlolomvo

YEBO / CHA

Sayina lapha (umhlolwa)

Usuku

Appendix 6: Semi-structured interview questions

Semi-structured interview questions

Personal questions

1. How old are you?
2. Are you still in school or are you working?
3. Who do you live with?
4. What is your highest level of education achieved?

Information about child/children

1. Have you ever been pregnant?
2. How many children do you have?
3. How old is your child or children?

Questions about experiences of sex and contraception

1. What and how did you receive education about sex?
2. Did you learn about the outcomes of having sex? Tell me more about them.
3. Did you ever receive any training or education about contraception options?
4. Was it something you had previously discussed with the person you had sex with and mutually agreed to it?
5. Did you receive any education on how to use a condom and the benefits of it? What about other contraceptive methods?
6. Did you receive any education with regards to family planning? When you fell pregnant was it something that you previously prepared for?
7. When you fell pregnant how did the person who got you pregnant take it when you told him that you are pregnant?
8. How did your family take it?
9. Did you get any form of support from the person who got you pregnant?
10. Did you get any form of support from your family?
11. How did the experience of becoming a mother make you feel?
12. What are some of the challenges that you faced?
13. Did you manage to return to school? What were the people at school like towards you when you were pregnant/had the baby?
14. Do you use any form of contraception?
15. What are your views on condom use?

Imibuzo ngengxoxo yocwaningo

Imininingwane ngomhlolwa

1. Uneminyaka emingaki?
2. Uyafunda noma uyasebenza?
3. Uhlala nobani?
4. Yiliphi izinga lemfundo onalo noma owagcina kulo?

Imininingwane ngomtwana/abantwana

1. Wake wakhulelwa?
2. Unabantwana abangaki?
3. Uneminyaka emingaki umntwana/abantwana bakho?

Imibuzao ngosudlule kukho ngezocansi

1. Wafunda kanjani ngocansi?
2. Wafunda kanjani ngemiphumela yokwenza ucansi? Ngazise kabanzi.
3. Yini oyaziyo ngezokuvikela ukukhulelwa?
4. Wawuneminyaka emingaki ngenkathi uqala ukwenza ucansi?
5. Kwakuyinto enanivumelene ngayo wena nomuntu owalwenza naye ?
6. Wawuke wakuthola ukufundiswa ngokuhlela umndeni? Wawukwazi ukusebenzisa ijazi lomkhwenyana?
7. Ngenkathi ukhulelwa, kwakuyinto owawusuyilungele futh nowawuke wathola ukufundiswa ngayo?
8. Wakuthatha kanjani umuntu owenza naye ucansi ngenkathi umazisa ukuthi ukhulelwe?
9. Umndeni wakini wakuthatha kanjani?
10. Wakuthola ukwesekwa kumuntu owakukhulelisa?
11. Wakuthola ukwesekwa kumndeni wakini?
12. Wazizwa uphatheke kanjani ngenkathi usuba umama?
13. Iziphi izingqinamba owabhekana nazo?
14. Uyazisebenzisa izinto zokuvikela ukukhulelwa?
15. Iyiphi imibono onayongokusetshenziswa kwejazi lomkhwenyana?

Appendix 7: Agreement to offer counselling



BRINGING FOOTBALL TO LIFE
South Africa • Ghana • United Kingdom

23 February 2019

To Sandile Radebe
P.O. Machibisa
Edendale
3217

Dear Mr Radebe

Re: Consent to conduct counselling sessions for distressed participants at WhizzKids United's Health Academy

I Nonhlanhla Xolile Ndlovu give consent to offer counselling to the participants who might feel need the need to distress about anything that will be stressful to them whilst being interviewed for the study *Experiences of sexuality & contraception in women from semi-rural areas in Pietermaritzburg in relation to unintended pregnancy* at WhizzKids United's Health Academy.

Sincerely

Nonhlanhla Xolile Ndlovu
Whizzkids Unites SA
Counsellor



The Africaid Trust

Reg. Trust in RSA (JT 153/2008) • UK Reg No 1045461
c/o Edendale Hospital, Lot 89, Selby Maimang Road, Edendale 3216, South Africa
Email: info@africaid.org.za • Phone: +27 33 395 4883 • Fax: +27 86 500 2482
www.whizzkidsunited.org

Appendix 8: Jefferson notations

The transcriptions of my data use the following conventions, which were created by Gail Jefferson (Jefferson, 2004) :

(0.5) Number in brackets indicates a time gap in tenths of a second.

(.) A dot enclosed in brackets indicates a pause in the talk of less than two-tenths of a second.

= ‘Equals’ sign indicates ‘latching’ between utterances.

[] Square brackets between adjacent lines of concurrent speech indicate the onset and end of a spate of overlapping talk.

(()) A description enclosed in a double bracket indicates a non-verbal activity.

- A dash indicates the sharp cut-off of the prior sound or word.

: Colons indicate that the speaker has stretched the preceding sound or letter.

(Inaudible) Indicates speech that is difficult to make out. Details may also be given with regards to the nature of this speech (eg. shouting).

. A full stop indicates a stopping fall in tone. It does not necessarily indicate the end of a sentence.

? A question mark indicates a rising inflection. It does not necessarily indicate a question.

↑↓ Pointed arrows indicate a marked falling or rising intentional shift. They are placed immediately before the onset of the shift.

Under Underlined fragments indicate speaker emphasis.

CAPITALS Words in capitals mark a section of speech noticeably louder than that surrounding it.

° ° Degree signs are used to indicate that the talk they encompass is spoken noticeably quieter than the surrounding talk.

< > ‘Less than’ and ‘More than’ signs indicate that the talk they encompass was produced noticeably slower than the surrounding talk

Appendix 9 – Ethical approval



13 November 2019

Mr Sandile Innocent Radebe (215022074)
School of Applied Human Sciences
Pietermaritzburg Campus

Dear Mr Radebe,

Protocol reference number: HSS/0280/019M

Project title: Experiences of sexuality and contraception education in young women from semi-rural areas in Pietermaritzburg, who have experienced early and unintended pregnancy

Approval Notification – Full Committee Reviewed Protocol

This letter serves to notify you that your response received on 26 June 2019 and 13 September 2019 to our letter of 20 May 2019 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**

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

This approval is valid for one year from 13 November 2019.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

Yours sincerely,



Professor Urmilla Bob
University Dean of Research

/ms

Cc Supervisors: Dr Carol Mitchell
Cc Academic Leader Research: Professor Ruth Teer-Tomaselli
Cc School Administrator: Ms Priya Konan

Humanities & Social Sciences Research Ethics Committee

Dr Rosemary Sibanda (Chair)

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Appendix 10 – Deviation approval



17 August 2020

Mr Sandile Innocent Radebe (215022074)
School of Applied Human Sciences
Pietermaritzburg Campus

Dear Mr Radebe,

Project title: Experiences of sexuality and contraception education in young women from semi-rural areas in Pietermaritzburg, who have experienced early and unintended pregnancy

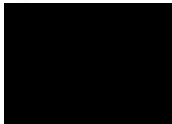
Approval Notification – Protocol Deviation

We wish to advise you that your correspondence received on 19 May 2020 reporting a DEVIATION from Ethics guidelines for data collection during lockdown for the above study has been **noted** by the Humanities and Social Sciences Research Ethics Committee.

All research conducted during the COVID-19 period must adhere to the national and UKZN guidelines.

HSSREC is registered with the South African National Research Ethics Council (REC-040414-040).

Yours sincerely



Professor Dipane J Hlalele (Chair)

/dd

Cc Supervisors: Dr Carol Mitchell
Cc Academic Leader Research: Professor Ruth Teer-Tomaselli
Cc School Administrator: Ms Priya Konan