

**Experiences of teenage mothers subsequent to having their first child: a case of females attending school in Jozini, KwaZulu-Natal**

By

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## DECLARATION

I, Nomfundo Philile Nxumalo, declare that

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**(Nomfundo Philile Nxumalo)**

## **Dedication**

This dissertation is dedicated to my mom and dad, Gladys Fikile Nxumalo and Muziwakhe Nxumalo, who taught me valuable life lessons. They are my pillar of strength and confidence. SOTHONDOSE!

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To the Almighty God for without Him I would not be where I am today. Lord I am thankful and grateful for without you this would not be possible.

My supervisor Nompumelelo Nzimande for all the help she offered, for her guidance and everything she taught me.

I would like to dedicate this study to the special people in my life: my parents (mom and dad) for all the support, encouragement and all the emotional and financial support. You guys are the best and I love you always.

To my two brothers Siyabonga (Mqaphi) and Nhlanhla (Nhlecs) for your motivation and support. Thank you for believing in me and allowing me to further my education.

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To my son Fezokuhle Mokgwamme, my smile keeper I love you so much thank you for allowing me to steal our bonding time just so that I could finish my research.

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## **ACCRONYMS**

**AIDS Acquired Immune Deficiency Syndrome**

**DOH Department of Health**

**HIV Human Immunodeficiency Virus**

**HSRC Human Sciences Research Council**

**SADHS South African Demographic Health Survey**

**SRH Sexual and Reproductive Health**

**SRHS Sexual and Reproductive Health Services**

**Stats SA Statistics South Africa**

**STI Sexually Transmitted Infections**

**TOP Termination of pregnancy**

**UN United Nations**

**UNAIDS Joint United Nations Programme on HIV/AIDS**

**UNFPA United Nations Fund for Population Activities**

**WHO World Health Organization**

# **Experiences of teenage mothers subsequent to having their first child: a case study of females attending school in Jozini, KwaZulu-Natal**

## **ABSTRACT**

The study seeks to describe the experiences of teenage mothers subsequent to having their first child among females attending school in Jozini, a rural area in KwaZulu-Natal. The study adopted a qualitative research approach using in-depth interviews with teen mothers between the ages of 16-18 years, head masters of the two secondary schools, life orientation teachers two from each school and health workers of the two local clinics. A semi-structured interview schedule was developed and sixty-six (66) participants were interviewed individually and in focus groups.

The major findings of this study are that the reproductive health knowledge of teenagers is very low as well as their knowledge on health resources available to them. Through the study, the experience that teenage mothers face while they are trying to complete their schooling having had a baby is revealed. Some have dropped-out of school and returned immediately after the baby's birth and some are deprived of the chance to continue with their schooling. They associate pregnancy with negative consequences, as they have nothing tangible to do for the reason that they are not confident about the future, because of low education together with low economic status. The financial burden place on them is massive as the babies' fathers do not stick around after the pregnancy hence no support is received from the baby daddies. Furthermore their parents' or guardians' educational and economic status was also discovered to be low.

In light of these findings, it is important to allow them to return to school after the baby is born so that the educational attainment of teenagers may be increased. They also need support from the community, parents, teachers and health workers so that they can curb the high rates of school drop-outs and escalating teenage pregnancy rates.

## **KEY TERMS**

Teenage pregnancy, sexuality and contraceptives

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## CHAPTER ONE

### 1.1 Introduction

Teenage pregnancy is common in South Africa (Jewkes et al, 2001). It is viewed as a major problem by education, welfare, health and public expression of the broader community (Preston-Whyte, Zondi, Mavundla and Gumede, 1990). In a study conducted in three major townships of South Africa, i.e Soweto; Khayelitsha and Umlazi, Richter (1996) found that the mean age of sexual initiation was 16.4 years. Furthermore studies have revealed that over a third of girls below the ages of 19 years who had experienced an early pregnancy were attending school in 1993 (Kaufman, Maharaj and Richter, 2000). A similar trend was also evident in KwaZulu-Natal in the year 2001 (Hallman and Grant, 2003). By early 1970s teenage pregnancies were recognised as a worldwide problem (Richter et al., 2006).

The South African history of racial classification accompanied by inequalities in access to education, health services and economic opportunities is replicated in the high rates of teenage fertility, particularly amongst Africans. Teenage fertility rates in South Africa mirror that of developed countries where, 14 per 1000 white girls fall pregnant during their teenage years, 22 per 1000 for Indians and higher rates are observed for Africans and Coloureds at 71 per 1000 and 60 per 1000 respectively (Moultrie and Mc Grath, 2007). Fertility levels amongst Africans historically have been higher and remain so, compared to that of other racial groups. The high teenage pregnancy rates can be explained by many social factors such as, sexual coercion and violence, poverty and low socio-economic status, lack of education, gender power imbalances and poor access to health services. The same is observed in developed countries that have large income disparities, such as the United States of America, where higher teenage fertility is almost similar to that of the middle income countries (Makiwane et al., 2008).

Childbearing among teenagers under the age of 20 have negative consequences, such as socio-cultural, demographic and socio-cultural negative effects. In South Africa teenage pregnancy is associated with a high rate of school drop-out among girls. “Teenage pregnancy is an important indicator of the situation of teenage girls, especially in regard to its effects on schooling” (Lehohla, 2005:21).

A high rate of teenage pregnancy entails a huge problem for the country’s youth’s sexual and reproductive health, which includes exposure to sexually transmitted diseases. It is estimated



that two thirds of all sexual transmitted infections (STIs) occur in teenagers and young adults for example, a study in Hlabisa suggest that 10% of young people reported that they have had STIs and that re-occurrence is persistent (Brady, 2003). Other studies worldwide and in South Africa have also shown that young people, especially young women, are more susceptible to STIs. Consequently, many studies have been conducted to ascertain young people's knowledge of STIs and their potential consequences. Several studies indicate that young people are generally aware of STIs, how they are transmitted and prevented, however there is discrepancy between young people's knowledge and their sexual behaviour (James, Reddy, Taylor and Jinabhai, 2004; Lagerberg, 2004).

Since condoms remain the most effective and efficient method to prevent the transmission of STIs and since some research findings suggest that young people's' urgent desire is to prevent pregnancy rather than to prevent the transmission of STIs even though there is greater awareness that the consequences of these infections are severe, there is an increase in condom use (although mostly inconsistent) (Brady, 2003). In addition to that, the fact condom use is more consistent when used as a contraceptive, suggests that there is a greater chance that young people may accept and use condoms more consistently if they are promoted as a contraceptive that can also prevent STIs and unwanted pregnancies (Brady, 2003; Maharaj and Cleland, 2006).

The argument here is that power in sexual relationships is usually is very unbalanced, hence it places men in a position of power compared to women. Gender inequalities have an influence on a partner's ability to acquire information that is relevant to their reproductive health and the ability to make informed decisions related to health is usually challenged. Hence many women avoid discussing family planning topics with their partners. In many settings women are not supposed to be knowledgeable about sexual matters and are expected to be passive in such matters, and may be less comfortable than their male counterparts in discussing sexual matters (Gupta, 2000). "Gender based power inequities generally incorporate the belief that men should control women's sexuality and their child bearing capacity" (Blanc, 2001: 196).

The social construction of sexuality is inevitably linked with what society defined as gender roles, what femininity and masculinity are in the cultural context. The gender based socialisation of girls and boys continues to fuel power dynamics in sexual relationships, thus putting women in a disadvantaged position in a society (Blanc, 2001), and this can have an

impact on teenage sexuality and pregnancy rates. Girls and women have little control of what happens to them sexually, that is men have access to their bodies under which sexual encounters takes place (Dixon-Muller, 1993). “The high rate of births to adolescents in KwaZulu-Natal translates into a high rate of births outside marriage” (Preston-Whyte, 1999: 148).

Teenagers in many countries are often misinformed or uninformed about contraception and hence they are underserved in health and family planning programmes (Dixon-Muller, 1993). The effective use of contraceptives enables young women to control their fertility permitting them to make independent sexual and marital choices and also attain education (Fathalla, 1997: 64). Therefore it is not enough to get them to use contraceptives. There is an important need to provide adequate information and correct usage of contraception amongst teenage mothers. Some teenagers get pregnant because of incorrect use of family planning methods and lack of information on such matters. A high level of sexual knowledge amongst teenage girls does translate directly to high risk behaviours.

South Africa compared to other sub-Saharan countries has the lowest fertility rates and its transition began earlier than most other African countries. Swartz (2002) contends “while poverty, racial and gender inequality and fragmentation of society persist, we cannot pride ourselves as South Africans on our excellent gains in fertility decline. As long as South African women do not enjoy freedom to control their own bodies within supportive relationships with husbands or partners....” (Swartz, 2002: 548).

Engaging in sexual activities at an early age has negative effects such as teenage pregnancies, sexually transmitted diseases including HIV/AIDS, anaemia and unsafe abortions (Swartz, 2002). Given the above effects teenage girls need information on their body and biological changes, issues related to sexuality and youth-friendly reproductive health services. They also need directions from their parents; teachers and health providers who should be able to give guidance so that teenage girls can be able to attain their full potential (Sadock and Sadock, 2003). Williams and Mavundla (1999) acknowledge that in Africa adolescents are low priority at a national level for both policies and programmes.

## **1.2 Background of the study**

By early 1970s teenage pregnancies were recognised as a worldwide problem (Richter *et al.*, 2006). Recent concerns about teenage pregnancies have centred on the disruption that early

childbearing has on the educational and occupational trajectories of young women, resulting in early childbearing potentially exacerbating poverty. Triggles (2009) analysis of data from the Office for National Statistics in South Africa which showed that there were 41.9 conceptions per 1 000 attributed to 15 to 17 year olds in 2007 - up from 40.9 compared to the year before, and it is regarded as the first increase since 2002. Sub-Saharan Africa has the highest level of teenage pregnancies compared to other regions. The number of births to adolescents in sub-Saharan Africa is predicted to increase over the next few decades. A recent world population projections suggests that there will be a total of 4.8 million births to girls of ages 15-19 years over the period of 1995-2020 (Kaufman *et al.*, 2000), and that in the world, Africa would contribute the highest rate of teenage pregnancy estimated at 143 births per 1 000 girls aged 15–19 years (Kaufman *et al.*, 2000).

In South Africa reports show that there is an escalating increase of pregnancy among school going teenagers (Kaufman *et al.*, 2000). The Department of Health in 1990 estimated the rate of teenage pregnancies to be 330 per 1000 females under the ages of 19 years compared to 52 per 1 000 in the USA. Richter *et al.* (2006) document that the proportion of births resulting from teenage pregnancies among blacks is reported to have risen from 12.4% in 1984 to 15.5% in 1991. In 1994, the rate in KwaZulu-Natal was estimated at 15.3% (Richter *et al.*, 2006: 56). A South African Demographic and Health Survey in 1998 revealed that approximately 2.4% of teenage girls surveyed had a child by the age of 15 with 35% reporting a pregnancy by the age of 19 (Richter *et al.*, 2006). It is observed that adolescents of ages 17-19 account for the majority of teenage fertility in South Africa. Kaufman *et al.* (2000) conducted another comparative study and concluded that the rates are much higher among the African community with (71 per 1 000) compared with coloureds (60 per 1 000), whites at (14 per 1 000) and Indians (22 per 1 000). Although South Africa's total fertility rate is calculated to be the lowest in sub-Saharan Africa, with less than 3.0 births per woman, teenage pregnancy is increasing.

In the Jozini area, located in the province of KwaZulu-Natal of the Republic of South Africa, teenage pregnancy is very high. This makes it a relevant location for researching teenage pregnancy. In the past few years there were several media reports indicating that teenage pregnancy was on the rise in many provinces of South Africa. For example, a study that was conducted in a KwaZulu-Natal 12 school revealed that 727 school-going children fell

pregnant in the year 2005 compared to 632 in the year 2004 in the same schools (Govender, 2006).

Many teenage mothers in Jozini area have returned to school after having their first child. There are lot of contributing factors to teenage pregnancy in this area such as demographic factors, which play a vital role in shaping sexual behaviour that leads to teenage pregnancy for many teenage girls who are still at school. According to Wellings “through the interplay between demographic and structural factors, social norms and public policies, special differences can be properly understood” (Wellings, 2006: 11). For this reason these differences have expressed themselves in the way that young people behave sexually. Cassidy, O’Connor and Dorrer (2006: 2) affirm this notion by saying that “differences of gender, class and ethnicity provide young people with dramatic different resources and opportunities with which they must invent their adult identities”. A study of nine countries in Latin America found that 40 to 60 percent of young women who grew up in rural areas have had a child before the age of 20 compared to 26-35 percent of their urban counterparts (Wulf and Sigh, 1991). The study of transition to adulthood in KwaZulu-Natal found a similar trend (Manzini, 2001).

Using in-depth interviews, this study seeks to ascertain the experiences and challenges of being a mother and at the same time having to attend school, as well as if being a mother causes a change in the sexual behaviour of the young women in question to postpone the second birth, and contraceptive use. The focus on sexual behaviour in this study is justified by the fact that these behaviours are the leading factors to teenage pregnancies.

### **I.3 Problem statement**

The research reveals that in South Africa sexual activities often occur at an early stage. Sams (1996) asserts that there is usually no negotiation or little discussion before the girls’ first sexual encounter, but at times it is usually coerced. Sams (1996) states that teenage pregnancies have become a concern for their observed negative effects such as long term morbidity, high prevalence of poverty, low level of education, and single marital status among teenage mothers. Makiwane *et al.*, (2006) strengthen this observation indicating that teenage pregnancy has also been associated with physiological harm to the teenage mother and that of the child. Teen mothers may face obstetrics and thus high mortality rate among children born of teenagers compared to those born of adult women (Bhana *et al.*, 2010).

Kaufman (2001) indicates that even though teenage mothers are allowed to go back to school, the majority of mothers do not do so because of child care demands and the fact that other families believe that having a baby is the beginning of adulthood and responsibilities should be taken. “Teenage mothers as a group tend to be less well educated, do not have adequate vocational skills, and are not financially equipped to provide for their child” (Simkins 1984:1).

#### **1.4 Purpose of the study**

Schools are under pressure in relation to the kinds of programmes to be provided for those who are sexually active or pregnant teens to postpone childbearing (Burdell, 1998). Young people are seen as a key element of our society, now and for the future. They are nevertheless exposed to more risk than the previous generations, and also receive minimal support as traditional structures of protection are being battered (WHO:, 2002). “Today’s generation of adolescents is the largest in history” (Bearinger *et al.*, 2007: 1220). Commonly, sexuality presents the foremost challenge to healthy adolescent growth. Often unplanned, and sometimes pressured, adolescent sexual relations occur before young people have adequate knowledge of contraception, sexually transmitted diseases (STDs) or health services available to them.

Over the years it had been observed that young mothers at school have a high rate of late coming, less likely to complete tasks given to them, non-compliance to home-works, high absenteeism rate, sleeping during lesson times and lack of confidence (Chigona and Chetty, 2007). Young mothers at school usually find themselves unaccepted by their fellow students and some of their teachers because of the factors aforementioned. This dissertation will try and shed insight on the experiences of teenage mothers and challenges that comes with becoming mothers while still schooling. There is however an important need to recognise that there are constraints associated with decisions that teenagers make as they progress through life (Preston-Whyte, 1999). “Exposure to the risk of childbearing begins in the teenage years for the majority of women in sub-Saharan Africa.” (Blanc and Way, 1998:106). Therefore this study aims at documenting how teenage mothers cope with school challenges from the perspective of young teenage mothers at school in Jozini.

It is a challenge to teenage mothers to raise a child while still at school and trying to maintain academic excellence especially if no assistance is given to them (Zondo, 2006).

Therefore the information gathered from this research would be useful to teachers who often find themselves having to deal with teenage mothers in schools. For the reason that they will be able to understand better the experiences that teenage mothers go through while trying to complete their schooling, hence teachers will be able to offer support to teenage mothers and assist them to cope with their added responsibilities of being mothers.

### **1.5 Objectives**

To explore social experiences of Jozini teen mothers aged 16-19 after childbearing.

To examine teachers' perceptions on teen mothers' school performance.

To look into teenage access to family planning and their perceptions about family planning methods.

### **1.6 Research questions**

What are the challenges faced by the school-going teenage mothers in Jozini?

What are prior school experiences subsequent to a pregnancy? Does having a child mark the end of schooling for girls in Jozini?

How young mothers cope with schooling challenges and parenting?

What is the level of awareness among the adolescents in Jozini about the sexual and reproductive health services available to them?

### **1.7 Study area and study population**

The study was conducted at the two targeted schools under UBombo districts in Jozini (KwaZulu-Natal). Gugulesizwe High School and Vukani Bantwana High School, and a community clinic to assess contraceptive use among teens, and school teachers to give one an insight into the teen mothers' class performance. These are public schools which was advantageous to the researcher to gain access to the participants matter during the study. The schools have a mixture of male and female learners. The selection of the two schools was based on convenience to the researcher, as they were easily accessible based in a rural area and have sufficient learners in terms of sampling. Therefore teen mothers and teachers were the target population in the project, for example girls that have babies before completing their secondary school and return to school after the birth of their babies, that is, if they dropped

out of school temporarily due to pregnancy. This in turn broadened one's understanding of the challenges that these young women face in trying to balance motherhood and schooling at the same time.

This study adopted a qualitative method, which is defined as “an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducted in a natural setting” (Cresswell, 1994:1). In a qualitative research the researcher interacts with the informants over a long-standing period of time (Cresswell, 1994). Hence the researcher reports his/her values and biases and also the nature of the information gathered in the field (Cresswell, 1994). McRoy articulates that “a qualitative research paradigm in its broadest sense refers to research that elicits participant accounts of meaning, experience or perception” (1995: 79). In addition “...the rules and procedures are not fixed, but rather open and emerging” (Cresswell, 1994: 10). It is holistic in nature and aims to understand social context and the meaning that people attach to everyday activities. Hence Cresswell (1994) states that qualitative methods provide “rich ‘context-bound’ information leading to patterns or theories that help explain a phenomenon” (Cresswell, 1994: 7). This study thus focuses on the IsiZulu speaking teenage mothers. The methodology used in this study for data collection was in-depth one-on-one interviews, to gather information/evidence. Therefore one greatly relied on suitable inquiring to get hold of explanation and amplification of interesting points (Gaskell, 2000: 45). The researcher was interested in the participants' personal accounts of their experiences. As the study implements a qualitative approach, the research produced explanatory data in the participants' own words. The full description of methodology is covered in chapter three of this study.

### **1.8 Analytical framework**

The aim of this research is to understand and document the experiences of teenage mothers and challenges that they face when pursuing their schooling in public schools in Jozini. In order to understand this occurrence, it is necessary to pose questions about how these challenges experienced by teenage mothers at school came about and how they impacted on their the education. In order to understand the issues raised by teenage mothers and find answers to the research questions, the analytical framework will be taken from three scholars to form the theoretical framework supporting this research. The reason for choosing the three scholars is the researcher recognised that any attempt to explain the teenage mothers'

experiences and schooling rates after they had their first child would require an explanation of how these challenges came about. As the researcher proceeded, it became clear that the following needed to be considered:

- Why are teenage mothers treated differently from their counterparts?
- Why is it that they are still stigmatized and marginalized at school even though the education policy guarantees the pregnant/ teenage mothers the right to schooling?
- To what extent does their schooling get interrupted by the new events in their lives?

The consolidated scholars' theories offered one the insight to understand the issues raised and narrated by the teenage mothers. All three scholars make a valued contribution to this research study by offering to examine the challenges faced by school-going teenage mothers and how schools and teachers perceive teenage pregnancy and how they respond to the needs of the teenage mothers' phenomenon.

Pillow (2004) offers an insight into how the educational policy is affected by values, beliefs and attitudes situated in communication, which in turn impacts on how schools respond to the issue of teenage pregnancy, hence creating difficulties or limiting educational options of learners. This enlightened the researcher as to how teenage motherhood/ pregnancy is constructed and how this can suppress the opportunities for schooling teenage mothers.

The study by Mac an Ghail (1998) on the black sisters offers an insight into examining concerns around black women schooling. His study illustrates how young black women face schooling challenges due to social divisions such as race, gender and class. Mac an Ghail focuses on young women's approach of institutional survival that manifests in response to the social divisions that encompass their schooling and that of their social lives (Mac an Ghail, 1988). Therefore it grants an appropriate design which can be used to one's advantage when looking into challenges teenage mothers experience while trying to finish their schooling.

### **1.9 Theories on explaining challenges faced by teenage mothers on schooling**

Erickson's theory (Cognitive Theory) helps us to identify the important influences that shape behaviour in the development stages of the individuals. Many influences shape young people's behaviour such as teenage pregnancy and school dropout. The Social Cognitive Theory studies the development of academic interest, careers, performance outcomes and



career choices (Albert and Luzzo, 1999). Thus this theory designates several personal variables and their interaction with other aspects of the environment and individual to form their career development path (Lent *et al.*, 2000). According to Erickson there are many social influences that shape the young people's behaviour such as teenage pregnancy and dropping out of school. Thus teenage mothers may either create their identities and maturation or suffer the identity dissemination. Physical maturation has social and personal responsibilities for each individual and it also involves developing new skills and the ability to meet society's increasing demands at each point of development (Miller, 2002). Henry and Milstein (2004: 262) state "disruptive and stressful challenges, learning coping skills, and becoming more effective in dealing with life events in a way that promotes healthy well-being for everyone".

Erickson identified various levels of maturation such as schools, social organisations, parental care and occupations. As the person's maturation level increases, their capability to adapt to the environment and establish their identity also increases. Success at these levels leads to maturation even though the identity diffusion may form when individuals struggle with their moral decisions (Erickson, 1994). Teenage mothers maybe the result of the identity diffusion as most of their pregnancies maybe both unplanned and accidental. Their pregnancies may have stemmed from the poor choices in relation to drugs and alcohol usage, lack of sexual education and also the influence from peers who are socially engaged in sexual activities. Bundura (1986), who studied the period of adolescence and their life span into adulthood concerning behaviour replica, agrees by saying that young people do not inherit tendencies but learn and imitate the behaviour of others. Individuals learn by observing others.

This research documents the challenges that teenage mothers face in trying to balance school and motherhood, using Mac an Ghaill's (1988) approach study investigates the academic success of various Asians and Afro Caribbean origin. The girls in his study viewed schooling as providing them with opportunities which allowed them to succeed in life and access well-paying, good jobs. Mac an Ghaill's study discovered that teenage mothers faced challenges based on gender, race and class stereotypes. These stereotypes impacted on the education process of these teenage girls in a number of ways, for example, the teachers' sexist and racist discriminatory responses to teenage mothers lead to the black sisters' placement in low status subjects and streams even if they qualified for other streams and higher subjects.

Therefore this low status placement resulted in low status examinations and pass rates, which in turn are seen as preparing teenage mothers for the lower sectors of the labour markets. Nonetheless teenage mothers or the girls in the study were hoping to avoid the teachers' discriminatory responses and racist perceptions that result in these girls being labeled as slow learners and being troublesome (Mac and Ghail 1998:16). In the study, teenage mothers also revealed that they were being othered at school and this led to marginalization. Nevertheless the black sisters in Mac and Ghail's study had acceptance and kindness at home and their communities at large did not discriminate them. Thus they were able to share their experiences from school with the grown-ups at home or their parents. This is therefore different from the teenage mothers' narratives in this research, for the reason that most teenage mothers lacked acceptance and support at home due to their status as young mothers, and the community at large judged them as having poor morals. Consequently they do not share their negative experiences from school and in the community with their parents and grown-ups at home.

Pillow (2004) presents an important analysis on how education policy addresses and defines teenage pregnancy. Her study is similar to that of a USA policy that provides detailed provision and language governing the provision of education to teenage mothers of school-going age. Therefore her study reveals what is said about teenage pregnancy/motherhood and how the society perceives them. Hence she outlined what these perceptions meant for the development and the implementation of the educational policy affecting school-going teenage mothers. Even though she gave a framework on how to critically analyse and look at the extent to which the policy had assisted in removing the disruptions of schooling caused by teenage pregnancy/motherhood, her approach did not provide understanding on how the policy for teenage mothers could affect the other learners at school. For example managing a learner pregnancy policy gives the right to pregnant teenage girls to continue attending school while pregnant. On the other hand, the policy does not state how other learners can be protected in case a pregnant teenage girl gives birth prematurely at school. The evidence from this study reveals that in one school at least such an incident has occurred in an exam room. Witnessing the process of giving birth by other learners can be traumatizing.

The otherness that leads to marginalization of teenage mothers in this study is different from that of Mac and Ghail's black sisters as they were 'othered' on the basis of their gender, class and race at school, and this led to marginalization. The basis of othering in this research is

their status as teenage mothers. Hence it is vital to explain what being othered means and implications of being 'othered'. Many people have experienced otherness at one point or another that is, being in a situation where you are perceived as different or strange. However this process of othering has a specific connotation when it is used to marginalize certain powerless individuals. De Beauvoir (1989) describes 'othered' as being the minority and the least favoured individuals which turn people off the norm. Cahoon (1996) argues that some phenomena are represented as 'other' or foreign through an active process of opposition, hierarchy and exclusion which favours the privilege while the 'other' is devalued in some way or the other.

Teenage mothers in this study experience the otherness which impacts on their efforts to finish school. The 'otherness' is intensified by discourses that surround teenage pregnancy/motherhood. Pillow (2004) presents a few of these discourses in our societies that make teenage mothers the 'other'. The marginalization of school-going teenage mothers is due to the discourses that surround teenage pregnancy/motherhood which operate against them within their communities, learning institutions and the society at large. Therefore it can be argued that the social barrier leads to young women being located at the bottom of the power structure within the school as it was observed in the black sisters' study (Mac an Ghaill, 1988). These include the following:

- Teenage mothers being identified as children having children while they are still young and are viewed as promiscuous and irresponsible.
- They are also described as welfare mothers who are dependent on the state for the Child Support Grant (CSG).
- Teenage pregnancy is associated with the recurring cycle of poverty.
- Teenage pregnancy is marked as an epidemic (Pillow, 2004).

Through the process of 'othering', these individuals (teen mothers) experience disempowerment, low self-esteem and are also denied the right to be accepted in their own homes as other legitimate children are, due to the dilemma they find themselves in when they fall pregnant at a young age. Hence in most cases obtaining education for teenage mothers in the society at large is no longer perceived as a right, but something that girls owe to the society for the reason that education prevents them from falling pregnant at an early age and become a

burden to the state's tax payers and their families, and become welfare dependent (Pillow, 2004). On the other hand education will assist teenage mothers to make informed choices in the future and also assist with knowledge that is required by the labour markets, thus empowering these young women economically and socially.

While one embraces most of the study of Mac an Ghaill on the black sisters, there are differences and similarities between his study and this project. Mac an Ghaill's study focuses much on race relations in explaining the teenage mothers' positions in the education system. He also places more emphasis on the fact that the major challenge in the schooling of the young black people is not their culture but the phenomenon of racism which structures these young black individuals' social world. According to his study, racism is mediated through the process of racial mechanism of racial stereotyping, which in the end is gender specific. The study reveals that the girls were aware of how discriminatory practices operated against them within their schools and among their peers (Mac an Ghaill, 1988: 26). Similar to Mac an Ghaill's study, this research is concerned with girls, particularly teenage mothers, that are still schooling.

This research focuses on the challenges that these teenage mothers experience while they are trying to complete their schooling. These challenges are due to stigma that is attached to early motherhood and teenage pregnancy and motherhood itself which can be a source of the manifestation of discriminatory practices operated against them in the schooling environment and at home and in the community at large. Consequently, without the support of the aforementioned, teenage mothers can hardly succeed academically. According to Bruner (1966), the social interaction is vital for the learning purposes. Bruner (1996) further argues that the teacher in the learning environment is a facilitator who encourages learners to develop and discover principles for themselves and build knowledge in collaboration with other learners. Thus it would be interesting to investigate how teenage mothers collaborate with the teachers and their fellow peers even though they are placed at the bottom of the power structure within the schools due to discourses around teenage pregnancy/motherhood and balancing schooling.

### **1.10 Definition of terms**

For the purpose of this study the following terms are used as defined below:

#### **➤ Pregnancy**

De la Rey *et al.*, (1997) define this as a biological process which comprises of the period from the time the women conceive until they give birth to the baby. This is the process where the woman carries a sperm-fertilised egg in her body and this develops into a foetus; most of the time pregnancy lasts up to 40 weeks, which is divided into three trimesters, with each trimester consisting of three months (Medical-dictionary). In this research it refers to pregnancies that occurred during teenage years. <http://medical-dictionary.thefreedictionary.com/pregnancy> accessed 17/04/2011

#### **➤ Teenage pregnancy**

Pregnancy that occurs below the age of 19 years (Swanson-Jacobs, 2008). This refers to young females who have conceived during their adolescence or teenage years. In most cases these individuals are not emotionally ready to deal with the challenges and responsibilities that come with the pregnancy and being a mother, and the confusion that comes because of this may lead to premature actions that are often not wise (Gillis, 1990). These are young people between the ages of 13 and 19, who have not reached legal adulthood and are still financially dependent on their parents and have not yet finished their core education, which is secondary school.

#### **➤ Teenager**

This refers to the people between the ages of 13 and 19.

#### **➤ Termination of pregnancy (TOP)**

Dickson-Tetteh (1999:20) refers to TOP as the act that one does to bring a pregnancy to an end, and preventing the live birth of a baby. Any interruption before the 28<sup>th</sup> week is an abortion (Medical-dictionary). This can occur spontaneously due to complications experienced by the mother.

#### **➤ Contraception**

The intentional use of artificial methods while having intercourse to prevent pregnancy from occurring. This is a prevention of pregnancy by a woman or man by using agents such as

condoms, intrauterine devices, and natural methods such as withdrawal or oral contraception (Brooker, 2006).

#### ➤ Access to health services

In this research, access to health services refers to factors that influence entry or use of the health care system. This then implies that health services are competent of being used by the public is easily accessible and give access to those who wished to have those services.

### 1.11 Outline of the study

**Chapter 1** discusses the background of the study, the problem statement, the purpose, objectives and significance of the study, the research design and methodology, theoretical framework, determinants of child-bearing and definition of key terms used in the study and a brief outline of the study.

**Chapter 2** is the review of literature on factors contributing to high teenage pregnancy rates and the experiences that teenage mothers face when they return to school after the birth of their first baby.

**Chapter 3** describes in detail the research design and methodology, including the population and sample, data collection and the instruments used to gather data.

**Chapter 4** deals with data analysis and data interpretation.

**Chapter 5** outlines the perceptions of key informants and teenage boys on teenage pregnancy and motherhood.

**Chapter 6** discusses the findings and limitations and makes recommendations to improve the factors contributing to high teenage pregnancy and their experiences when they return to complete schooling in Jozini and future research. And lastly it makes a conclusion.

### 1.12 Conclusion

In this chapter the researcher has stated her motivation and justified the need for documenting the experiences of school-going teenage mothers from their own perspective. It focuses on the various challenges that teenage mothers go through, which in turn have a negative effect of their schooling and educational attainment

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

The study aims to understand factors that influence teenagers to fall pregnant while they are still at school and what experiences they face subsequent to having their first child, the effects of teenage pregnancy on the lives of schools girls in educational attainment. Thirty-five percent of African girls in South Africa who have given birth before the age of 19 and younger are attending school (Kaufman, Maharaj and Richter, 1998). South Africa lacks vital statistics when it comes to fertility, abortion and pregnancy (HSRC, 2009). This chapter provides an appraisal of existing literature on teenage pregnancy and education. Previous research findings and the literature on the topic will be considered and documented accordingly. In many parts of the world this is a common problem, and it is associated with adverse outcomes for the mother and the child and the society at large. Teen mothers or pregnant teens are less likely to complete school and attend higher education compared to those who avoid falling pregnant. Babies born of teen mothers are likely to be born prematurely and their mothers struggle financially due to financially limited career options (Wellings and Kane, 1999).

The South African Demographic and Health Survey (1998) disclosed that just about 2.4% of the teenage girls surveyed had fallen pregnant by the age of 15, with approximately 35% of the sample reporting a pregnancy by 19 years of age. And again the LoveLife survey that was conducted by the Reproductive Health Research Unit (2003) revealed that the rates of teenage pregnancies in South Africa, despite initiatives to improve reproductive health services remain high. These initiatives included access to condoms, communication campaigns, national campaigns to challenge the domination of men over women's sexuality and sexual coercive sexual relationships, access to contraceptives, termination of pregnancy from the ages of 12 without the parental consent through public health services, and last but not least, the introduction of sexuality education in the life skills school's curriculum. "Exposure to the risk of childbearing begins in the teenage years for the majority of women in sub-Saharan Africa..." (Blanc and Way, 1998: 106).

Girls who achieve poor marks at school are more likely to experience untimely fertility and drop out of school and they are also less likely to return to school following a pregnancy (HSRC, 2009). Nonetheless it is only about a third of teen mothers who return to school after giving birth (HSRC, 2009). This might be related to a lot of aspects such as poor academic performance prior to pregnancy, few alternatives for child caring at home, un-supporting family members, the school environment and peers, and stigma that are attached to being a teenage mother. The South African data confirms that the probability of teen mothers returning to school decreases once childcare and support is not available in the household, and this happens every year that teen mothers remain out of the education system (HSRC, 2009). These are some of the factors that will be explored as key drivers and consequences of early childbearing.

## **2.2 Levels and trends of teenage childbearing**

The highest levels of teenage pregnancies are recorded in sub-Saharan Africa and Asia (WHO, 2008). It has been reported by the world population report on adolescent fertility that the number of births to teenage girls (ages 15-19) in sub-Saharan Africa is estimated to increase over the next few decades beyond 4.8 million births over the period of 1995 to 2020. This is attributed to growth in size of the cohort of teenagers and the high levels of teenage fertility in this region compared to other parts of developing world (Mcdevitt, 1996). In sub-Saharan countries the demographic and health survey indicates that the percentage of teenage girls having children has slightly declined, but the level of early births remains high at 68% in Uganda, 49% in Kenya and 58% in Zimbabwe. Furthermore the age at marriage is rising; hence the number of premarital pregnancies is increasing (Bledsoe and Cohen, 1993). These statistics are markers of reproductive behaviour that indicate the occurrence of early births.

Trends in early teenage pregnancies are changing, and whether the rates in general are declining remains to be seen. A study conducted by Meier (1994) revealed that teenage pregnancies in South Africa are soaring and that sexual activities among these teenagers have tripled to 90%; and Makhethhe (1996) similarly reports that five out of ten teenage girls become pregnant before they reach age 20. Teenage pregnancies have reached a threatening level as it was reported by the health statistics (2007) that each year teenage girls become pregnant before they reach age 20. In South Africa teenage girls are becoming sexually active and pregnant at a very young age while the country is battling to overcome the HIV/AIDS pandemic. It has been reported that 13 million children worldwide are born annually by



women under the age of 20 (Save the Children, 2000). A greater proportion of more than 90% of these recorded birth are taking place in developing countries. From the Save the Children report analysis it is shown that teenage pregnancy is not only occurring in South Africa but it is taking place around the globe.

### **2.2.1 Global levels**

The prevalence of teenage pregnancy is increasing and it has become a worldwide concern among the developed countries, that include the USA, which has about 850 000 teenagers who fall pregnant each year. Although USA is are making progress in lowering their high rates of teenage pregnancy by putting in place relevant strategies to combat this they still have a long way to go (Realini, 2004). In the year 2000 the United Kingdom (UK) had the highest level of teenage pregnancy among developed countries with a level of about 38 690 pregnant girls under the age of 18. About 44% of these pregnancies resulted in abortion, 7617 pregnancies were under the ages of 16 where 54.5% of these conceptions ended up in abortion which is legal in the U.K. This in turn endangers the life of a girl which dictates developmental strategies to reduce the high incident rates of this phenomenon (Linda, 2003). More than 20% of girls between the ages of 15 and 19 have given birth to a child in many African countries.

The overall fertility rates have declined substantively in the Caribbean and Latin America as well as South Eastern Asia over the past two decades, but little has been done in declining teenage pregnancies in these two regions (United Nations, 2008). This relative decline in teenage pregnancy is attributed to increased awareness among teenagers as well as the more effective pregnancy prevention technologies (Klein, 2005). England and Wales have struggled to reduce their levels of teen pregnancies which are almost exactly the same as that of Scotland. Teenage pregnancy rates among under 16s is higher in the North East of England followed by the Humber and Yorkshire; their rates are said to be 10 per 1000 girls aged 13 to 15 compared to 6 per 1000 in the East of England which has the lowest rate of teenage pregnancy in the region (Gustavsson and Segal, 1994). In Western Europe, the UK has the highest teenage pregnancy rates (UNICEF, 2001). Over the years the under 18 and 16 conceptions has decreased by 6% between 1998 and 2000.

Almost 750 000 women aged between 15 and 19 become pregnant each year in the United State of America (USA) and two thirds of those pregnancies occur among the 18 to 19 year

olds. There was overall 72 pregnancies that occurred per 1000 women aged 15 to 19 overall in 2006 which was 70 per 1000 women in the previous year thus representing an increase (Kost et al., 2010). Even though over the years there has been some decline in teen pregnancy, the rate of teen pregnancy in the USA continues to be the highest in developed countries, which is more than twice as high compared to 28 per 1000 women aged 15 to 19 in 2006 for Canada, and Sweden at 31 per 1000 (McKay et al., 2006). The data for 2008 and 2009 reveals that the USA is experiencing a challenge in curbing teenage pregnancies, for the reason that the USA rates of teenage pregnancy, abortion and STDs are substantially higher than those of the other Western developed nations (Singh and Darroch, 2000).

Makiwane and Udjo (2006: 8) contend that “within developed countries, those that have large income disparities, such as United States of America, generally have higher teenage fertility, almost equal to that of middle income countries”. However despite the narrowing gap of fertility between the more and less developed countries, the adolescent fertility gap remains high (Makiwane and Udjo, 2006). In 2009 a total of 409 840 children were born to 15 to 19 year olds in the U.S.A alone (Perper et al., 2010). In the year 2005 New Mexico had the highest teenage pregnancy rate at 93 per 1000 followed by Arizona, Mississippi, Nevada and Texas. The lowest rates were found in Minnesota, Vermont, North Dakota and New Hampshire at 33 per 1000 (Kost et al., 2010). The majority of teen pregnancies ended in live births. For example, 59% of pregnancies in 2006 compared to 27% which ended in abortion (Kost et al., 2010).

In Malaysia and Indonesia the rate of pregnancy has decreased sharply although it remains relatively unchanged in the former. Industrialised Asian nations such as Singapore and South Korea have lower teenage pregnancy rates compared to the world (Mehta et al., 1998). Some western European countries have lower rates of teenage pregnancies. This is attributed varyingly to good sex education and also high levels of contraceptive utilization in the case of Scandinavian and Netherlands, and also social stigmatization and traditional values in the case of Italy, Spain and Switzerland (UNICEF, 2001). Conversely Africa, Asia and the Caribbean have a different historical background and overall fertility that includes teenage pregnancy rates which are higher compared to that of developed countries.

### **2.2.2 Sub-Saharan Africa**

In sub-Saharan African countries females are most likely to have had a child by the age of 20. In some African countries about 30 to 40% of all females experience motherhood before the age of 20 (Senanayake and Ladjali, 1994). The Ethiopian birth rate is 68 per 1000 females aged 15 to 19, which reveals that most of the highest teenage pregnancy occurs in sub-Saharan Africa. In most developing countries complications of pregnancy and child birth are the leading causes for the high rates of mortality among young women between the ages of 15 and 19 years (Mayor, 2004). The highest rate of teenage pregnancy in sub-Saharan Africa is due to the fact that women in these areas tend to marry young (Treffers, 2003). In support of this, according to Locoh (2000), in Niger of the 87% of women that were surveyed, 53% had given birth to a child before the age of 18 and they were also married, compared to South Africa where most teenage pregnancies occur outside marriages (Mayor, 2004).

The high levels of teenage fertility in sub-Saharan Africa can be attributed to unique practical practices and beliefs (Caldwell, 1987). In some societies it can then be pointed out that traditional gender roles and early marriage are important factors that contributed to the high rates of teenage pregnancies. For example in sub-Saharan African countries an early pregnancy is proof of women's fertility and it is also viewed as a blessing (Locoh, 2000). In areas and societies where teenage marriages are uncommon, lack of contraceptive use and young age at first sexual intercourse may be factors that contribute to teenage pregnancy (UNICEF, 2001), for example South Africa where teenage marriages are not that prevalent.

### **2.2.3 South Africa**

South Africa has the lowest Total Fertility Rate (TFR) comparable to middle income countries in the developed countries (Moultrie and Timeaus, 2003). For South Africa fertility was high and stable between 1950 and 1970 where the average children per woman were estimated to be 6 to 7 children. During the period of 1980 and 1995 the average children per women dropped to 4 to 5 children (United Nations, 1995). At the current moment the total fertility rate of South Africa is estimated to have declined to 2.9 children per woman (SADHS, 1999). In most traditional societies in sub-Saharan Africa early marriage is universal and it is generally connected with the onset of reproductive life, hence teen fertility occurs in the context of early marriage and married women generally have more children compared to unmarried women of the same age. However this is not the case in South Africa where if marriage does occur it is usually delayed. South Africa has the lowest teenage

pregnancy rates compared to other sub-Saharan countries; although it is lower it happens mostly outside marriage compared to other sub-Saharan countries (Makiwane and Udjo, 2006).

In South Africa traditionally in most societies births of unmarried women were not accepted, hence women used to bear children after marriage and continued throughout their reproductive lives as long as they were still married (Chimere-Dan, 1999). Therefore marriage used to be universal and marital fertility was high compared to non-marital fertility. The average age at marriage in South Africa is estimated at 29 years of age with about half of all women in their reproductive ages not marrying (Kalule-Sabiti, Palamuleni, Makiwane and Amoateng, 2007). In South Africa marriage seems to have lost its value as a determinant of fertility. This can be observed from the small difference between non-marital fertility and marital fertility especially among African women. In 1996 the average TFR for African women who were never married or cohabiting was 3.9 compared to 4.9 of those who were married (Chimere-Dan, 1999). Furthermore as the age at marriage increases, an observable fact particularly evident in urban settings the number of premarital pregnancies is increasing (Bledsoe and Cohen, 1993).

Despite the fact that early marriage is infrequent, this does not stop childbearing among adolescents. Over time teenage fertility in South Africa declined, although at a slower pace than the overall fertility, indicating that the decline is often interrupted from time to time. Evidence indicates that it is often subject to uncommon fluctuations. A study that was conducted in the Eastern Cape by the Department of Welfare and Pension 'Fertility and family size preferences in the Eastern Cape: A study of the Transkei sub-region' illustrates this point. The study shows a decline in fertility except for women in their teen years. In spite of an enormous overall decline in fertility of never married women, teenage women who never married increased from 22-24 and 39 births per 1000 women (HSRC, 2009). South Africa has the lowest fertility is sub-Saharan Africa, with less than 3.0 per women and declining (Were, 2007). But even though these rates are decreasing at the same time the rate of adolescents' childbearing does not appear to be changing. Over 35% of 19 year olds in South Africa have given birth at least once (South African DHS, 1999). Although there is a general decline in fertility, teenage pregnancies are still a concern in South Africa for the communities, government and schools. Teenage pregnancy in South Africa is more widespread among African and Coloured girls, and teenage pregnancies among Africans and

Coloureds seem not to be perceived in the same negative light as compared to Asians and Whites, because the teenage girls of African and Coloureds descent do not even marry the father of their first child most of the time. African men and women highly value fertility in their communities, therefore it not surprising that even unmarried young women and teenage girl have a positive value on pregnancy which is generally not experienced in White communities (Preston-White, 1990).

Research indicates that there was a decline in teenage fertility throughout the eighties that was followed by a spike in the nineties, attributed to the political transition that was taking place in the country at the time (Moultrie and McGrath, 2007). According to Moultrie and McGrath, there was a 10% decrease in teenage fertility between 1996 at 78 per 1000 and 65 per 1000 in 2001. In the 2007 community survey that was conducted by Statistics South Africa (2008) a further decline in teenage fertility at 54 per 1000 was indicated. These findings are in relational to an increase in sexual activity with age. Statistics indicate 10.1% of teenagers aged 15 are sexually active and 60.6% are sexually active by 19 years of age (Shisana et al., 2005). Harrison (2008) affirms this by indicating that the chance of falling pregnant increases with age. Thus by the age of 15 the ratio of the number of teenage girls reporting sexual activity to the number of teenage girls who fall pregnant is 13.1%. This declined to 7.1 at the age of 16 years and 3.1 from the age of 17 years upwards. This can thus be attributed to the increased level of unprotected sex at the older ages and lower levels of abortion also contribute to the higher rates of teenage pregnancy (Darroch et al., 2001). Gauteng, Free State and North West provinces had lower teenage pregnancies compared to Eastern Cape, Mpumalanga, KwaZulu Natal, Limpopo and Northern Cape that reported high levels of early teenage fertility (Dryburgh, 2003).

As Gauteng is an industrial province and has the highest percentage of population, it had the lowest percentage of teenage pregnancy at 9.5% compared to Mpumalanga province which had the highest percentage of 25.2% collectively African and Coloured population groups and encompasses more than one third of recorded teenage pregnancies at a national level (Clarke, 2005). The incidence of teenage pregnancy is higher among the rural African teenage girls amounting to 21.1% compared to their counterparts who reside in urban settings at 13.7% (DHS, 2006). According to the Gauteng department of education (2007) there are alarming figures released by the South African provincial education department that indicate

that pregnant teenage girls that are still at school have doubled in the past despite spending a decade on sex education and HIV/AIDS awareness.

The 2003 SADHS reported that in 1998 pregnancy among 15 to 19 year olds dropped from 16.4% to 12% in 2003 (MRC, DOH and OrcMacro, 2007). Nonetheless it is said that there were problems with field work in 2003, hence the quality and the reliability of the data is limited. The Department of Health (2004) argues that the 2003 survey overestimated the level of the decline in fertility nationally. But the comparable data from following DHS shows that there has been a noticeable downward trend in the age specific fertility rate among the 15 to 19 year olds over the last two decades. It was estimated that there were 124 births per 1000 women in the period of 1987 and 1989; 81 in 1998 and 54 in 2003. The fertility rate among teenage girls in rural settings in 1998 SADHS reported to be 99 per 1000 compared to those who reside in urban settings at 56 per 1000. The KZN transition to adulthood study also reported higher rates of teenage pregnancy in rural settings than in urban areas (Manzini, 2001). Between 1996 and 2001 in all population groups, teenage fertility among 15 to 19 year olds declined. The major decline was recorded among the White population at 29.8% followed by the Africans at 16.8%, Coloureds at 12.7% and Indians at 7.8% (Moultrie and Dorrington, 2004).

It has been argued that there has been little research among Indians and Whites on teenage pregnancy in South Africa because teenage pregnancy is not considered a problem for them. For the reason that sex and extra marital pregnancy to some extent, is usually very much less acceptable in their families, sex and teenage pregnancy is highly stigmatised among these population groups, hence responses have inclined towards having the pregnancy terminated or expecting marriage. Both the man and woman in the case of marriage take responsibility for the pregnancy, financially and socially, and evidently there are limited substantial implications for their lives and that of the baby. Hence teenage pregnancies are more likely to be avoided through the use of contraceptives or termination of pregnancy (Jewkes, et al., 2008). The Department of Health (1999) affirms this by saying that Indian and White women are more likely to use modern contraceptives methods compared to other racial population groups. Because there is an element to empowerment to use contraceptives is seen in parental involvement at first use. The 1998 DHS indicates that White teenage girls were more likely to have parental assistance in first use of contraceptive compared to other racial groups with 40% using them before 19 years of age. This shows that there is a gap in understanding why

teenage pregnancy is not such a problem in the aforementioned population groups, hence the dynamics among Coloured and African teenagers where teenage pregnancy is normative have to be understood.

Early child bearing in South Africa for many decades has become a norm and it has started to produce an acceptance of teenage child bearing (Jewkes et al., 2001). Nevertheless the recent evidence shows that this norm is changing as the fertility among young people has declined by 35% between 1980 and the late 1990s (Preston-Whyte, 1990). In South Africa having the lowest fertility in the African region the prevalence of teenage childbearing has changed a little over the second half of the 20th century. Conversely, shifting opportunities especially for girls during this time, have had a prominent effect on fertility after the first birth. Opportunities for education even beyond secondary school provide girls with the incentive to delay the second birth. For this reason women with more education are most likely to make informed choices and delay childbearing.

## **2.3 Determinants of teen childbearing**

### **2.3.1 Abortion**

The survey data on termination of pregnancy among young women shows that there is only 3% that make use of these services even though two thirds of pregnancies are unwanted (Pettifor et al., 2005). This is in contrast to data from the Department of Health that shows 30% of abortions conducted in 2003 were among the 15 to 19 year olds (Makiwane, 2009). Research shows that abortion is very common among school girls and university students even though legal termination of pregnancy is rarely considered (Kaufman et al., 2001). Abortion promotes reproductive rights and extends freedom of choice to women to choose whether to carry the pregnancy to term or have a safe legal abortion according to her beliefs. The availability of safe abortion reduces unintended pregnancies and pregnancy related morbidity and mortality. The restrictive policies and laws pertaining to abortion more especially in developing countries, has resulted in many unwanted pregnancies and escalating obstetric complications and maternal deaths due to unsafe procedures (WHO, 2004).

Jewkes and Rees (2005) reported that there has been a 91% reduction in deaths from unsafe abortions. DOH (2006) reports that the Confidential Enquiries into Maternal Deaths also showed a decline in abortion-related deaths, where previously abortion accounted for 5.7% of maternal deaths in 1998 and dropped to 3.5% around the years 2002 to 2004. The direct

threat to young women's health is posed by unsafe abortion. Available hospital data suggests that many young women are more likely to undertake unsafe abortions compared to older women (DOH, 2006), which is possibly because of the limited access to reproductive health services. Adolescents experience more abortion-related mortality and morbidity than in child bearing years of ages 18 to 35 (RCHS, 2004a; NCCDPHP, 1999).

South Africa is one of the few countries in Africa that offers legal abortion. Mozambique, Tunisia and Ethiopia also offer legal abortion although with restrictions, this service in these countries is offered if the mother's life is at risk due to pregnancy (IPAS, 2009). Each year there are about 204 million unsafe abortions that are undertaken by adolescents in less developed countries (UNFPA, 2007), whereas abortion is legally available on request in some parts of the USA and UK but they still have a high number of teenage pregnancies. Restrictive laws in other countries that do not offer abortion services and prevent women from having an abortion have resulted in many untimed and unwanted pregnancies among young people and have also escalated health complications and maternal deaths due to unsafe procedures. In most Black communities in South Africa prior 1996, unsafe abortions were the order of the day and very common, (Marroni et al., 2006). Rees et al. (1997) contends that in the 1994 study it shows that approximately 44 868 women attending public health facilities with incomplete abortions was due to unsafe 'backstreet' abortion procedures. Despite the Termination of Pregnancy Legislation Act (TOP) of 1997 that the minors can terminate pregnancy without their parents' consent, there are still factors that hinder them from using SRHS and the fear of being judged to be too young to make informed choices on their own.

The Department of Education in 2004 registered 51 pregnancies for every 1000 teenage girls in schools. The study report during this period indicates a steady increase in the percentage of learners who had become pregnant (DOH, 2008a). It is argued that it was not clear whether it represented an improvement in reposting processes or an increase in teenage fertility, since some surveys reported a decline in fertility around this period (East et al., 2006). During this period it is argued that termination of pregnancy by all South African women also increased. Even though abortion was legalized in 1996 it is still difficult to get abortion statistics in South Africa. Three years after the legislating of the act of termination of pregnancy the health institutions each year have provided 40 000 legal pregnant terminations (Varga, 2002). The Department of Health records estimated that over 70 000 terminations of pregnancies in public health facilities were reported in the year 2003 thus showing an increase since 1997



(Makiwane, 2009). The termination of pregnancies that occurred around this period 30% were among 15 to 19 year old women. Thus it is possible that the decline in teenage pregnancies might be accounted for by an increase in young teenage women terminating their pregnancies rather than the decline in teenage fertility (Makiwane, 2009).

IPAS (2009) affirms this by saying since the legalization of the TOP Act about 529 410 women in South Africa have had safe abortions in health facilities. Whereas in the apartheid South Africa it was only 800-1000 legal and safe abortions conducted per annum and they were only granted to white women (Anon, 1991). In 1999 only 292 public health facilities were selected to make available the services to abortion which was less than 3% (Dickson et al., 2003). This increased in the year 2007 and 2008 where 70% of hospitals in South Africa were permitted to provide termination of pregnancies and adhered to providing abortion services to the public (DOH, 2008a).

#### **2.3.1.1 Challenges to accessing Termination of Pregnancy Services**

Although abortion has been legalized, there are still moral and religious barriers in some sectors of society that prevent women from practicing this right and also most people in South Africa justify abortion by applying morality to it (Varga, 2002). The greatest need for access to legal abortion services still exists among disadvantaged young women. There is a lot of stigma attached to it, for example if anyone such as a peer or a family member were to find out about the abortion young people fear being outcasts in the community. Teenagers in the rural areas are not knowledgeable about the cost and the legality of abortion services. Since 1998 the level of knowledge about the termination of pregnancy act has generally improved among women in South Africa; however a third of women were not aware of the legislation (Morroni et al., 2006). The SADHS 1998 indicated that knowledge about the TOP Act was very low among women who are uneducated compared to those with some form of schooling and also women living in the urban areas (DOH, MRC and Measure DHS, 2002). To many women abortion is a double stigma the fact that they are young and pregnant, and termination serves as a prevention of seeking legal abortion at a hospital or clinic (Varga, 2002). This can also be attributed to the negative attitude of health personnel towards early pregnancy and also termination (Jewkes et al., 2005).

Additionally, of those who were or had some information about the TOP Act were not aware of the restrictions of legal termination of pregnancy, due to lack of information and support

about the legislation, hence many women seek termination of pregnancy when it is already late, at more than 20 weeks (NRC and IOM, 2005), therefore propelling them to opt for illegal means of ending a pregnancy. In the latter case illegal abortion becomes an option (Jewkes and Rees, 2005). Studies have reported the TOP Act has had a positive impact on abortion-related deaths and morbidity in South Africa. There is still a need to make the abortion services acceptable and available to young teenagers (Jewkes, et al., 2005).

In Limpopo adolescents mentioned harsh treatment they received in hospitals when they were pregnant, the lack of confidentiality by the health staff in local hospitals and clinics, and also reported the lack of knowledge about the termination of pregnancy (Ratlabala et al., 2007). Termination of pregnancy is hardly ever an individual choice. Mothers of teenagers or siblings in the family have a role to play in deciding whether the pregnancy should be carried to term or not which is motivated by the need to protect the family's good name (Varga, 2002). Boyfriends and partners can also play a significant role in influencing the decision based on their selfish concerns for school disruption and financial status. And also one other factor that determines if the pregnancy will be carried to term or aborted in mostly Black community is the rejection or acceptance of paternity (Varga, 2002). Acceptance of paternity in such communities means paying the damages, financially supporting the baby and social and cultural connection for the child with his/her ancestors. On the other hand rejection means the moral standing of the pregnant girl and that of her family is compromised in the community and society at large. Afterwards in the case of rejection abortion becomes an actual option, albeit illegal.

### **2.3.2 Contraceptive use**

Contraception is the main proximate determinant that is responsible for fertility reduction and is mainly intended for reducing childbearing and spacing of births (Palamuleni et al., 2007). The estimate in South Africa indicates, with a few teenagers using contraceptives or protection to prevent pregnancies, in one year more than 17 000 babies were born to mothers under the age of 16 and younger (Health System Trust, 2000). The accumulated evidence indicates that the use of contraceptives is relatively low among adolescent women (Chimere-Dan, 1999). The high level of adolescent fertility and the length of birth intervals indicate that the majority of women do not use contraception before their first birth, while contraceptive usage after the first birth is high (Zwane, 2000). The societal emphasis on innocence prevents young women from seeking information about sex or services relating to their sexual health.

Teenage contraceptive use in South Africa is often constrained by attitudes toward sexual involvement before marriage. Social changes have led to an increase in age at first marriage in South Africa, which has been accompanied by a rise in premarital sexual activity and premarital pregnancy. Teenagers who begin sexual activities at an early age are less likely to be using contraceptives (Manzini, 2001).

### **2.3.2.1 Factors affecting contraceptive use among teenagers**

There are many reasons that influence teenagers from not using contraceptives which include fear of parents finding out that they are having sex. Many teenagers do not want to admit that they are sexually active and that is the reason why they do not use contraceptives (Maharaj, 2006). In South Africa in most households there is a lack or poor communication with parents about sexual and reproductive health matters. Parents often refuse to talk to their children about sex or if they do they only give little information which is vague most of the time or they may even get a punished for raising such an issue or topic for discussion. Studies have reported incidents of parents and adults not willing to share information on sex and contraception because it is considered as culturally unethical (Hayes, 1987). As a result, the teenagers turn to friends or peers who in most cases give them inappropriate and/or inaccurate advice (Hayes, 1987). When there is poor communication about sex in the family, supervision or lack of this from parents may contribute to unsafe sexual behaviours (Eaton et al., 2001). When parents prohibit their children in an endeavour to minimize or control their sexual activities, the fear of discovery of such practices and parental anger leads to lower use of contraceptives and condoms (Wood et al., 1997). The high pregnancy risks accompanied by low supervision and parental guidance are a result of low contraceptive use or lack thereof among adolescents in most of the communities (Kelly and Parker, 2000).

There are myths among many young women (and men) regarding contraceptive use due to lack of information. The myths about contraceptives play a vital role in whether adolescents will use them. Such myths usually raise a lot of false beliefs about contraceptives (Maharaj, 2006). Teenagers think that they will never fall pregnant from having sex once thus they are unlikely to use contraceptives the first time they engage in sexual intercourse. “The majority of teens were exposed to the risk of pregnancy the first time they had sex” (Blanc and Way, 1998: 114). Ignorance about physiological aspects of conception led the teenagers to believe that first time sex or irregular sex could not cause pregnancy (Vundule et al., 2000). Contraceptive use among young people in South Africa is usually guarded by attitudes

towards having sex before marriage, fear of being stigmatized and also fear of the side effects (such as weight gain or irregular bleeding etc.). “This ignorance and misinformation gives rise to intimidation and to fears based on religious beliefs, politics, culture and social habits” (Roux, 1995: 94). In the US a lot of teenagers who have never used contraceptives have experienced premarital pregnancy (Lanchance, 1997).

Most young people worry about what their partners think of them and they worry that if they ask their partner to use protection during intercourse it implies that they are diseased. Hence condom free intercourse can be described as a sign of trust. The belief by rural girls of teenage age in particular to them using a condom results from her being rejected by her boyfriend or her faithfulness being questioned (Lovelif, 2002). According to the study that was done in KwaZulu-Natal by Maharaj it was found that “13% of young people felt that it was embarrassing to buy or ask for a condom the proportion was lower among men than among women at 11% vs. 15%” (Maharaj, 2006:30). Williams and Mavundla (1999) found that 42 teenage mothers only below 2.4% use condoms, although they are knowledgeable about using them; however fear of being rejected by a boyfriend deters them from pressuring their partners to use condoms. In South Africa and Uganda carrying a condom can be interpreted as a sign of carrying disease (Marston and King, 2006). Condoms are made of poor quality; they are associated with a lack of trust between two parties (Maharaj, 2006). “Young people could also be reluctant to discuss condom use in case it is seen as equivalent to proposing or agreeing to sex” (Marston and King, 2006: 1583). Many young males have a tendency of believing that condoms waste sperm and contraceptives have a long term effect on fertility. “A further perceived disadvantage of abstinence is that it prevents people from demonstrating their fertility by conceiving babies” (Eaton et al., 2001: 158). The desire of young Black men who are traditionally minded in South Africa is to prove their virility by fathering children but “the pressure is felt by the girls to prove their love and fertility by conceiving” (Eaton et al., 2001: 158). This leads to young girls becoming mothers at an early age even though it was not their aspiration.

Teenage pregnancy is often a result of lack of knowledge about contraceptives (Richter and Mlambo, 2005; Were, 2007). However, teenagers often lack knowledge of, or access to, conventional methods of preventing pregnancy, as they may be too embarrassed or frightened to seek such information (Palamuleni et al., 2007). Sometimes teenagers lack knowledge about the sexual and reproductive health services, and many misconceptions about

contraceptives exist with most of the adolescents. In sub-Saharan Africa women who are using contraceptives aged 15 to 19 ranges from 2% in Niger, Senegal and Rwanda, with 23% for Cameroon (Blanc and Way, 1998). In countries like Latin America and the Caribbean the rate of adolescents who are using contraceptives was relatively low exceeding 10 in Colombia (Blanc and Way, 1998). This reflects that there are barriers that influence this pattern of non-utilization of contraceptives by teenagers such as lack of information. Disapproval from the boyfriend and shyness prevent young girls from going to the clinic for more information. Young people do little to prevent pregnancies, even though in South Africa most of the pregnancies are unwanted. The failure of using contraceptives correctly can be identified as the main reason for pregnancy. "While adolescents have high levels of knowledge about contraceptive methods, gaps exist in the accuracy of their knowledge or skill regarding correct use of contraception" (HSRC, 2008: 31). If condoms are used incorrectly they can tear and missed birth control pills or using them only if a partner visits and using half of the prescribed doses to reduce weight gain decreases the effectiveness of the method used and also increases the chances of getting pregnant. The Kaiser/SABC study, reported a failure to use or inconsistent use of contraceptives as the main reason for teenage pregnancy in over 66% of young women who were reported pregnant in 2006.

In South Africa contraceptive use has significantly improved and represents progress in declining teenage fertility. The survey by the RHRU in 2003 reported that half of women who are sexually active aged 15 to 19 years were using contraceptives at 52 %. A total of 66.6% reported using hormonal contraceptives only, where 26.5% reported condom use only and 6.8% using dual methods (hormonal and condoms). Contraceptive use has increased, especially condom use, since 1998 South African Democratic Health Survey. The study that followed reported 28.5% of contraceptive use among 15 to 19 year olds and 57.2% among 20 to 24 year olds, who were using the pill, 0.4% used IUD, injection at 42.5%, and condoms at 3.5% (MRC and Measure DHS, 2002). While there are reports on condom use increase for both males and females in 2006 which was 62% from the Kaiser/SABC survey, the rates of female condom use is still 20% lower than that of males. In 2002 the rates of young men using condoms increased to 72.8% from 57.1% (Richter et al., 2005). Harrison (2008b) indicated that condom use peaks at a young age especially for women and later declines compared to that of men which is usually regularly high until 21 years of age where it later declines. Although condom use has increased dramatically over time, it is usually low and

inconsistent at sexual debut for young males and females which then increases the chances of contracting HIV and unplanned early pregnancy.

#### **2.3.2.2 Providers' attitude**

Health services are rarely designed specifically to meet their needs, and health workers only occasionally receive special training in issues applicable to adolescent sexual health. Health workers have been accused of turning teenage girls away from family planning services accusing them of being too young to be having sex (Kunene, 1995). At the clinic they are often offered little or no choices regarding contraceptive methods and also said to be given little information and poor explanations in terms of side effects, which contributes to little or no uptake of contraception by young girls despite it being free (Wood et al., 2006). Health workers can play a significant role in young people's lives. The sexual and reproductive health services are supposed to provide services such as free condoms and also general sexual health services. But they sometimes mock or scold teenagers when they go for condoms (MacPhail and Campbell, Richer, 1996, Wood et al., 1997). They are also perceived to lack confidentiality and privacy (Abdool and Preston-Whyte, 1992b).

Providers and health personnel in sexual and reproductive health institutes are usually unsupportive of teens refusing to provide them with contraceptives and scolding them for sexual activities (Klugman 1998; Mfono, 1998). Despite the fact that the country has established widespread family planning services, the services for teens have been long associated with unfriendliness and judgment. These constraints include long hours of waiting, lack of transportation and also the violation of confidentiality. Sometimes providers' are not comfortable with the moral and legal responsibility of providing services to adolescents, now that the twelve year olds are allowed to do abortions and seek sexual and reproductive health services without their parents' consent. Bearinger et al. argues that "they may also avoid seeking health care for fear of being chastised, stigmatised, or punished for sexual involvement" (Bearinger et al., 2007: 1226). Even though they may be friendly and providing efficiently at times they may show surprise and disappointment when young people come to collect condoms or feel embarrassed to offer advice to young people about such matters (Abdool et al., 1992b). Thus young people feel deterred from using health and reproductive health services available to them.

Providers may withhold information from clients especially those that are young and unmarried. According to Blanc and Way (1998), “lack of information about methods, difficulties in obtaining services from providers influenced by cultural mores prohibiting use among young women ...and inability to negotiate with partners” (Blanc and Way, 1998:111), are reasons the utilisation of such services is so low in other places. Disapproval by providers can hinder contraceptive use. “Providers may have little knowledge of sexual functioning and may feel uncomfortable when clients ask for information and advice” (Dixon-Mueller, 1993:278). Unfriendly health workers can contribute to teenagers not utilising sexual and reproductive health services. This reflects that there are barriers that influence this pattern of non-utilization of contraceptives by teenagers such as lack of information.

### **2.3.2.3 Cultural factors**

The society’s emphasis on innocence prevents young women from seeking information about sex or services relating to their sexual health. Teenage contraceptive use in South Africa is often constrained by attitudes toward sexual involvement before marriage. Social changes have led to an increase in age at first marriage in South Africa, which has been accompanied by a rise in premarital sexual activity and premarital pregnancy. The unequal imbalances of power between men and women created by society and the different ways that society constructs us, can lead to a disadvantageous influence on both men and women’s sexual health.

Practices of virgin testing have been in the past used to determine bride worth and girls had to remain virgins until they wed as pure brides. But recently the same ritual has been attempted to be used as a method of abstinence from sexual intercourse and as a means of preventing girls from pregnancy and STIs. Some argued that while it is used for the good cause to pass valuable reproductive health information to young women, it is said to be a gendered cultural institution that stigmatises women (Maluleke, 2003). Simbayi, Chauyeau and Shisana (2004) agree by saying that this procedure is de-meaning to those women who are tested and it is also a violation of their privacy and dignity. This is said to increase the incidence of older men seeking young women because of their virginity as they have low HIV status. The cultural value that is attached to fertility indicates that women of all ages in South African societies experience pressure to bear children (Preston-Whyte, 1999). This then contrasts the good intentions behind virginity testing. The importance of reproduction and fertility by some of the families is such that if young women do not conceive they are labelled as barren. Some

families consider pregnancy as an essence of womanhood and childbirth is regarded as a rite of passage, and hence young women's status is improved. "Pregnancy is valued by young African women for the meaning it imparts to relationships" (McLeod, 1999b). In the case of multiple relations where men have multiple partners an acknowledgement of pregnancy is seen as strengthening the bond between partners. Research has found that teenage women often report their partners forbidding them from using contraception and begging them to get pregnant to 'prove love' (Wood and Jewkes 2006).

### **2.3.3 Age at sexual debut**

The earlier the sexual encounter the earlier the biological possibility of conceiving if contraception is not used. In some countries age is an important factor determining the age at which the first pregnancy happens. Marriage in a number of countries occurs earlier in the developing than in the developed regions. For 50% of girls, the median age at first marriage ranges from 16 in South Asia, 18 in Western Asia, 17 in sub-Saharan Africa, 19 in North Africa and above 20 in Latin America (Fathalla, 1994). Thus marriage translates to early childbearing. In India 26% of girls marry at the age of 15, and this increases by age 18 to 54%, which continues to be a norm (WHO, 2004). And most of the reproduction occurs within marriage in India; hence this links low age at marriage to an early onset of sexual activity and in this manner fertility (Gupta, 2000).

The data from the 2003 Status of the Youth Survey (Richter et al., 2005) demonstrated that the median age of sexual debut is between the ages of 16 and 17. By the time they reach age 20 half of the young people have had a child or given birth. Hence the relationship connecting fertility and marriage is unsubstantiated, while fertility in South Africa occurs outside marriage, non-marriage commonly leads to higher fertility. Makiwane (1998) contends that this is mirrored by the incidents of unplanned and early births to unmarried women, which is later followed by a more controlled childbearing trajectory.

The study that was done in Tanzania, Dar-es-Salaam in (2003) reveals that age at first sexual encounter was between the age of 15 and was associated with a heightened risk of sexual activities which put a lot of teenage girls at risk of falling pregnant unintentionally and contracting STIs (Nasoro, 2003). Dlamini and colleagues found that in Swaziland the average age at first sexual encounter is 11 years of age and first sexual intercourse occurs between 11 and 14 years of age (Dlamini et al., 2003). Due to lack of sexual education, advice and



support, young girls practice unsafe sex without knowing that they could fall pregnant or get HIV/AIDS. “Early sexual debut remains an area of intractability in adolescent sexual behaviour in SA” (HSRC, 2009: 30). Earlier sexual initiation places teenagers at a heightened risk of early pregnancy and contracting STIs (Kirby, 2007). Teenagers are at a risk of becoming pregnant and contracting STIs and HIV/AIDS when they have sex with older partners while not using contraceptives (Kirby, 2007). Teenagers who are underachievers at school are likely to fall pregnant (Hudson and Ineichen, 1991).

#### **2.3.4 Socio-economic status and poverty**

Evidence indicates that socio-economic status and poverty are one of the largely consistent risk factors for early pregnancy. Studies conducted in developing and developed countries shows that adolescent mothers are more likely to be brought up in poor families, less disadvantaged social environments and their experiences of poorer economic state of affairs results from poor economic status (Hallman, 2006; Branch, 2006; Hobcraft and Kiernan, 2001; Russell, 2002). This marks the beginning of a lifelong trajectory of poverty for the teenage mother and that of their children through abridged educational prospects and poor job scenarios, thus the cycle of poverty repeats itself from generation to generation passed down by their teenage mothers (Aldaz-Carrol and Moran, 2001). A study in South Africa confirms the relationship between lower socio-economic status and risky sexual behaviour is linked to teenage pregnancy. From the Household data collected in 2001, Hallman (2004), in analysing the data, found that socio-economic difficulty notably escalated the probability of various unsafe experiences and sexual behaviours among females. This includes lower levels of condom use at most of their sexual encounters, multiple sexual partners, early sexual debut which can lead to early pregnancy and contraction of STIs. Kelly and Parker (2000) and Dinkelman et al. (2008) reported similar results.

Poverty also increases young women’s chances of experiencing forced or coerced sex at sexual debut and for the duration of their lifetime and also engaging in transactional sex. Socio-economic status of women reduces their likelihood of communicating with their partners about safe sexual practices (Hallman, 2004). Poor young women have limited access to family planning information and are at a significantly higher risk of having early pregnancy (Hallman, 2004). According to Kearney and Levine (2007), disadvantages of socio-economic status leads to early childbearing in many ways. A lack thereof impacts the urgent need of pregnancy impediments, greater access to information, contraceptive services,

better education and child care facilities (Jewkes and Christofides, 2008). Many adolescents that come from disadvantageous backgrounds may lack the information about the different options that are available to them, and hence limit their ability to make the most valuable choices. The KZN data revealed that in 1999 and 2001, learners who were attending schools which were low-resourced were less likely to be given sex education and life skills compared to the high resourced schools (Magnani et al., 2003).

The motivation of avoiding early motherhood diminishes when growing-up in disadvantaged circumstances (Kearney and Levine, 2007). If raised in poverty-stricken households adolescents' may be subjected to poor education quality, dysfunctional schools and may lack the motivation to prevent early childbearing perceiving that they have little positive options and choices (Jewkes and Christofides, 2008; Grant et al., 2002). The employment opportunities are usually poor in these communities and it further deters teenagers from preventing pregnancy and staying at school for that matter (Kearney and Levine, 2007). They also have low expectations about their success and future prospects; hence fewer actions are taken to avoid pregnancy (Jewkes and Christofides, 2008).

Certainties about the future play a significant role in condom use among young men (Hendriksen et al., 2007). The Status Youth Report in 2003 demonstrated that 34% of young people aged 18 to 35 were poor and 16% were even poorer. The connection between poverty and socio-economic disadvantage and adolescent motherhood means that communication skills of young women and access to health services may not be enough to decrease the rates of teenage pregnancy, HIV/AIDS and other STIs (Hallman, 2005). Women's economic dependence on men may prevent them from escaping oppressive relationships and having better control over their lives and reproduction. Additionally, they are less likely to negotiate for safer sex and to leave relationships that they perceive to be risky (Blanc, 2001; Gupta, 2000; Mathews, 2005).

Economic reasons such as unemployment and poverty are seen as playing a major role in teenage pregnancy. Money is exchanged for sex (Kunene, 1995; and Were, 2007). Many girls are involved with older men in exchange for sex, gifts and money. Studies conducted in South Africa reveal that women often receive gifts from their partners in exchange for sex (MacPhail and Campbell, 2001; Maharaj and Munthre, 2007). Another study indicates that 71.1% of young women are involved with older men who provide resources in exchange for

sex (Hargreaves et al., 2008). Hence these women become economically dependent on their partners thus limiting their ability to negotiate for safer sex (Hargreaves et al., 2007). “Gift giving under conditions of economic hardships and fierce social pressure has the potential to greatly influence decision-making regarding sexual activities” (Maharaj and Munthre, 2007: 239). For the reason that poverty denies people the basic essentials of life, such as shelter and food, hence they respond in ways that are harmful to obtain these necessities.

According to (Sams, 1996) teen pregnancies affect the children involved for the reason that, children of teenage parents are more likely to have problems and eventually become teenage parents themselves, thus perpetuating the cycle of poverty. According to Ojeda (2002), teenage birth rates are high where there is poverty and unemployment. Where there are no opportunities having a child at an early age is no cost to parenthood (Edwards, 2002). “Decline in the US teen pregnancy rates over the last decade was a byproduct of economic expansion” (Edwards, 2002: 556). Many girls in South Africa give birth during their adolescent years, while they are economically poor and not ready emotionally to do parental duties and household tasks. In some of the richest countries like the UK and Germany, teenage mothers are seen to be twice as likely to be living in poverty (Chigona and Chetty, 2007). A lack of schooling, recreational facilities and employment may result in increased sexual activity among teenagers (Kelly and Parker, 2000). Studies conducted in USA and in Sweden show that low socio-economic status correlates with early pregnancy (Edgardh, 2000).

Moore et al. (2007: 45) stated: “having sex for money or gifts has been found to be a common occurrence in sub-Saharan Africa”. This has been perceived as women’s poverty. Poverty is said to be one of the important factors that increases teenage pregnancy, those who live in poor households have a teenage pregnancy rate which is five times more than the average of those that are not living in poverty (Sawhill and Harmeling, 2000). Poverty may cause teenage pregnancy. It has been estimated by the Department of Social Development (2006), that about 3 million children between the ages of 15 and 18 years live in poverty in South Africa without any assistance. As a result a large proportion of many teenage girls who have given birth “receive insufficient support [physically and emotionally] and the consequence is that many quit school or do not succeed with their schooling” (Chigona and Chetty, 2007: 1).

Economic barriers can play a vital role in school drop-out in the context of invasive poverty. This is mostly concentrated on the Coloured and African population (HSRC, 2009: 22). It is evident that pregnancies exact a lot of disruptions on the educational attainment and occupational outcomes of young mothers and aggravates poverty. The situation of poverty cannot necessarily be influenced by early childbearing but it surely worsens the situation (Cassell, 2002). A study by De Walque (2002) indicates that low risk of sexual behaviours correlates with high levels of education. Hence education fosters a constructive value system that prepares individuals for making informed choices about their health and thus enhancing their ability to act responsibly sexually. Educated young people are most likely to use protective measures when engaging in sexual intercourse. High levels of condom use at last sex are found in more educated. A study conducted by McGrath et al. (2009) reveals that being in school is associated with a later age of sexual debut. School attendance improves confidence, self-efficacy and safer sexual practices among young women and men (Hargreaves et al., 2008). A study done in America shows that among young people who are attending a poor inner city clinic, the average age of sexual onset is 14 years among young people of ages 12 to 19, this indicates that young people from poor communities are having sexual intercourse at a younger age (Bachanas et al., 2002).

Poverty can also increase the rates of teenage pregnancy. McLeod (2001) contends that from 1980s and 1990s the rates of teen pregnancy increased more in socially deprived areas than the more affluent areas. Coory (2000) agrees by saying that in Australia (Queensland) pregnancy rates for adolescents who are in disadvantaged areas is two to four times higher than the rates of all of Queensland, hence it is ten to twenty times higher than the rates in the most affluent areas. Poor people have few opportunities available to them to delay or avoid childbearing and thus they see simply no reason not to get pregnant (Furstenberg, 1998; Mawer, 1999). In the US adolescent childbearing is more likely among women with low levels of income compared to their better-off peers (Singh et al., 2001). Family poverty also results in a negative relationship between a parent and a child, such as parent-child distant relationships. In such cases, research indicates adolescents from poor households are likely to have deviant friends. Therefore both parent-child relationship and having deviant friends is identified as a risk factor (Brook et al., 2006).

In most of the households this is a result of a breakdown of parental guidance and authority and these thus further impacts on the sexual behaviour of young adults (Mathews, 2005). In

the US this was mostly found among low income Black families compared to their counterparts. This indicates that a low level of income in their households leads to low parental supervision which can be a risk factor to increase risky sexual behaviour. A study conducted by Brook et al. (2006) reveals that among girls family poverty situation was positively associated with risky sexual behaviors' and vulnerability. The same study found that young people from rural communities are more likely to engage in risky sexual behaviors' for the reason that the education level is low so factors such as knowledge, condoms and empowerment are hindered by high levels of poverty (Brook et al., 2006). Fifteen to 19 year olds in South Africa from poor backgrounds are twice as likely to have had sexual intercourse at an early age compared to those from affluent households (Kelly and Parker, 2000). Transactional sex to such people is motivated by basic survival (Hunter, 2002).

#### **2.4 Consequences associated with teenage pregnancy**

Early childbearing affects the girls in many ways, such as their educational opportunities and socio-economic status, and it also hampers the necessary skills that are needed by young people in order to succeed in life and work. Early childbearing also reduces their joy and quality of life as young people and it also exposes them to STIs. The community at large considers them outcasts, for the reason that young women who become pregnant before the age of 20 are seen as the agents that promote social disorder in the society at large (Mcdermott and Graham, 2005). Many societies do not approve of teenage mothers and teenage pregnancy since they are viewed as a cause of many disturbances of order that have to be preserved in society. Moreover being a mother or a teenage mother is associated with being an adult, as a consequence teenage mothers are seen as a group of people that lack skills of taking care of their own children and a group that do not fit in with society (Schofield,1994). Having a baby is a very difficult process according to Parker (1997), which brings a number of changes in one's life. These changes come with a lot of consequences for young women who are still at school. Mkhwanazi (2010) argues that becoming a teenage mother does not only delay the teenage mother's social success, on the other hand it can also bring physical strain to the mother and the child and a lot of financial strains because the mother is still at school.

### **2.4.1 Interruption of schooling**

The most important social consequences of teenage pregnancy are interrupted education or school drop-out, child neglect and abandonment, school adjustment difficulties for their children, vulnerability, rape, abuse, poverty and repeat of pregnancy before the age of 20. The impact of teenage pregnancies on economic progress and educational achievement later in life remains negative. Teenage mothers tend to have fewer years of education compared to those who have their first child after the age of 20 (Fergusson and Woodard, 2000; Cohen, 2003). They face many challenges trying to balance motherhood and the demands of schooling (Chigona and Chetty, 2007).

Teenage mothers may face more challenges than an adult with an unplanned pregnancy. Though they maybe physiologically developed, adolescents are often not emotionally mature (Prata, 2005). The disruption that pregnancies impose on the occupational and the educational outcome of young mothers both exacerbates and maintains poverty. Research conducted in the US indicates that more than a quarter of teenage mothers live in poverty compared to seven percent of their peers who delayed childbearing (Darroch and Singh, 1999). Hallman and Grant (2004) show that the teenage the high pregnancy rates are mostly concentrated among poor young women thus indicating somewhat that poverty plays a role in inhibiting schooling for girls both directly and indirectly.

#### **2.4.1.1 School drop-out**

Early childbearing may not automatically lead to poverty but at times it can certainly worsen the economic situation of young females (Chevalier and Viitanen, 2001). Manzini (2001) demonstrates that in South Africa pregnancy accounts for more than 50 percent of school drop-outs. The findings also provide evidence to demonstrate a strong relationship between early childbearing and education under achievement. Kaufman et al. (2001) strengthens this claim in South Africa where they report the same trend of high school drop-out among school girls after pregnancy. Adding to that, Shultz affirms that “too often, pregnancy during high school is a signal for school personnel and families to abandon young women, designating them as school failures” (Shultz, 2002). Teenage motherhood reduces opportunities of schooling and educational attainment by 12% to 24% (Chevalier and Viitanen, 2001). It also increases the long term consequence on career development of the young mothers and thus poverty traps from generation to generation (Chevalier and Viitanen, 2001).

There are pregnancy policies that serve to guide the education systems to reduce the level of teenage pregnancy in many sub-Saharan African countries (Chilisa, 2002). This is in contrast to what happens in Nigeria, Mozambique, Liberia and Mali, where pregnant teenage girls are denied a right to attend school (Chilisa, 2002), while the African charter on the rights of the children overtly emphasize the right to education of a pregnant girl (UNESCO, 2003: 4). Section 29 of the Bill of Rights and the Constitution of the Republic of South Africa (RSA), Act 108 of 1996 asserts that everybody has a right to basic education. Therefore this implies that it is very unconstitutional to expel pregnant girls from school in South Africa. The Kenyan Ministry of Education encourages schools not to expel but to allow pregnant and teenage mothers to come back to school to carry on with their schooling after childbirth (Nyambura, 2000).

Shaningwa (2007) affirms this by reporting the Kenyan Government has indeed a policy in place for schools to allow re-entry to teenage mothers after giving birth. According to Shaningwa (2007), this policy aims to increase girls' enrolment and participation in schooling. In contrast to conditions in many developing countries where this is not possible and where pregnant girls are expelled from schools and are not allowed to return to school after they give birth, in South Africa (Government of South Africa, 1996) the Schools Act forbids the expulsion of girls from school when they fall pregnant (Kaufman, de Wet and Stadler, 2001). Therefore this policy authorises pregnant teenagers to remain in school and also permits re-entry to teenage mothers after they have given birth (Bhana, Morrell, Shefer and Ngabaza, 2010). In this way this policy gives young teenage mothers a second chance not to be defined by the mistakes that they have made becoming mothers at an early age but a chance in life to complete their schooling which will in future enable them to get better jobs. In Namibia, the policy also states that a pregnant teenage school girl is allowed to stay at school until she is about to deliver. According to the Namibian policy stipulated in their Ministry of Basic Education, Sports and Culture (MBESC, 2001c), provided that the social worker is pleased that the baby will be taken care of by an adult responsible after the girl's delivery, the new teenage mother then has a right to return to the same school and be readmitted.

Conversely, even though there are such progressive policies and rights that are put in place, these do not guarantee that teenage mothers and pregnant teenagers will experience as little disruption to their schooling as possible or remain in schools (Bhana et al., 2010). There are a

lot of other contributing factors for young teenage mothers which make schooling and parenting unmanageable at the same time. Based on the report by Parliamentary Monitoring Group (2009), there are concerns from young teenage mothers that there are schools that deviate from the stipulated policies on teenage pregnancy that are in place and deny pregnant teenage girls and teenage mothers' access to education by not allowing them to attend classes because they are pregnant or they are mothers. Therefore it is of paramount importance to understand how teenage mothers negotiate schooling and parenting at the same time, and what challenges are faces by these teenage mothers in balancing school and parenting. Additionally, this study will shed some light on how teenage mothers' experiences are socially constructed and also bound by social context from which they emerge (Jewnarain, 2008). Thus it is impossible to view the issues related to having a child at an early age in isolation without reflecting on what happens in the society as a whole.

#### **2.4.1.2 Grade repetition**

Of those girls who leave school due to pregnancy, few of them return to school to resume their classes after delivery. Having lost a few months or a year of schooling contributes to deterioration of their performance at school and decreases class participation because of shame which can increase higher chances for class repetition. This might be because of the additional responsibility that comes with caring for the baby. Thus some drop-out of school if the baby pressure increases and gets too much for them to handle being mothers at home and going to class, if there is no support from family members. This leads to less chance of being employed in a proper job and thus they suffer economically which continues dependency on their families and this burdens the family at large (Dlamini and van der Merwe, 2002).

Many teenage mothers in schools experience fear and do not participate in class activities and discussions, especially when the topics that are under discussion at that time touch on teenage pregnancy or sex, for the reason that this makes them feel uncomfortable as they are expected to know the answers as they have been there themselves, and they do not participate as they fear that people will be prying into their private lives and know their situations (Chigona and Chetty, 2007). Bhana et al. (2010) argues that schools are meant to be free spaces where issues relating to sexuality are not discussed and that many teachers find it challenging to deal with a policy that schools should be sexually free environments. Therefore the stereotypes and beliefs of teachers may bring about a negative effect on teenage mothers. In



countries like the US teenage mothers are offered an opportunity to attend separate schools, and in these schools they are offered proper counselling services, nonetheless there are teenage mothers that attend and share their classes with other peers after childbirth and this has been said to cause strain on teenage mothers in relating to their peers and the way peers treat them (Pillow, 2004).

#### **2.4.1.3 Parenting and gender inequalities**

The effects of cultural, gender and social power are intricately correlated to the experiences of pregnancy and that of parenting (Bhana et al., 2010). Most of the time a pregnancy and a child is usually a girl's responsibility and that of her family, while the boy who impregnated her escapes a lot of stigma and responsibility. It is usually women who bear the responsibility of taking care of the children (Jewkes, Morrell and Christofides, 2009). The father is free of the situation and may at times not offer financial care or emotional support. Schofield (1994) argues that having a child while still young and at school is usually viewed as letting go of the opportunities that a teenage mother might have had before assuming the responsibilities that come with being a mother. McDermott et al., (2005) also affirm that it is the society that defines what a good mother is and in most cases in many societies teenage motherhood is not within the perimeters of what a good mother should be. They are viewed by the society as the group of young girls who have not reached the stage of maturity and who are still depending on their parents for survival and thus cannot be good enough to raise their own children (Yardley, 2008).

We live in a very gendered society where lot of things are socially constructed such as dictating that it is the mother's or women's responsibility to nurture and raise a child, which places great pressure and a lot of expectations on the women, and even teenage mothers are no exception to this. Chilisa (2002) reports that from the ideology of motherhood an ideal mother is the one that is always available for the child, caring and nurturing. He further states that pregnancy irrespective of time involved restricts the movement of teenage mothers and can hinder their life chances. It is then suggested by Zondo (2006) that every teenage mother is expected to know some basics about being a good mother. Bhana et al. (2010) argues that giving support to teenage mothers and pregnant teens can effectively promote gender quality and parenting, because people (especially men) will then understand the current burden of taking care of the children which is unfairly distributed between men and women.

### **2.4.2 Experiences during school**

Teenage pregnancy that occurs in marriage does not involve social stigma compared to those outside marriage which carries social stigma. And they also experience discrimination, judgement and stigma. This has a deep effect on teenage mothers or pregnant teenage girls, impacting their confidence, mothering identities and self-esteem (Payne, 2005; Morehead and Soriano, 2005). Hence they may feel that they are not capable or good mothers (Theron and Dunn, 2006; Macleod, 2003). Thus teenage mothers may not fully participate in the classroom because of the fear of being stigmatised and being called names. Hence they tend to have low self-confidence and self-esteem. This situation can at time overwhelm the teenage mother and eventually she stops attending school as she fails to deal with the situation (Chigona and Chetty, 2007). As teen mothers are alienated by their fellow peers and teachers it makes them feel out of place, resulting in school drop-outs and poor school performance. As teen mothers they are expected to balance both motherhood and student life simultaneously. For a teenage girl who is still developing psychologically this is a big responsibility (Theron and Dunn, 2006). Pearton (1999) affirms that teenagers are mostly too young and emotionally not ready to deal with such experiences when they first fall pregnant.

In most societies teenage motherhood and teenage pregnancy is associated with morally-related problems that are connected with being young, and sexualities of an individual. For many teenage mothers, teenage motherhood is an extremely undesirable path of life which is heavily embedded in stigma (Yardley, 2008). The stigmatisation and alienation that is experienced by these teenage mothers in schools is not only from their peers at school but also their teachers. Kelly (1997) argues that stigmatisation and alienation also comes from society. Pregnant and teenage mothers may feel excluded wherever they are because this stigmatisation and alienation is also filtered in society and schools. Zondo (2006) rightfully argues that teenage mothers or pregnant teenage girls learning is loaded with challenges that impact on the relations formed by teenage mothers with themselves, teachers, friends and peers. Some teenage mothers are greatly exposed to assault and violence. McCauley-Brown (2005) affirms this by reporting that there was an instance where a teenage mother was assaulted at school and she resorted to stay out of school for a year because she was fearing for her life as teachers did not protect her, and when she was at home she suffered depression in that year when she was out of school. This illustrates how teenage mothers and those that are pregnant are vulnerable in school grounds and that the schools are not supportive enough,

hence teenage mothers are vulnerable and at risk of not completing their education and schooling because of the aforementioned. This might be one of the contributing factors that lead to teenage mothers losing interest in their school work or completing school. Hostility impacts negatively on teenage mothers schooling. This is affirmed by Chigona et al. (2008) who report that the effects of hostility towards teenage mothers leads them to have low self-esteem and feeling out of place, and not fitting into any group in society. Without intervention through suitable therapy this can lead to teenage mothers prematurely dropping out of school.

Bhana et al. (2010) argue that without proper support arrangements in and out of school teenage mothers are left with limited resources to balance the world of motherhood, parenting and learning, because schools are supposed to be the institutions of support. The difficulties teenage mothers and pregnant teenagers face when trying to balance school, transition to motherhood and parenting are complex. Not only do they find themselves compromising their education because they are expected to assume the responsibilities that come with being a mother, teenage mothers find themselves alienated, confused and are also subject to prejudice. Confusion may be experienced as a result of the new tasks of motherhood and also having to deal with school at the same time (McCauley-Brown, 2005). Teenage mothers are also human beings and it has to be acknowledged that they also have dreams that they wish to fulfil as individuals. Nevertheless many teenage mothers have to let go of their dreams as they encounter unfavourable situations that are not conducive for them to complete schooling.

#### **2.4.3 Support from school system**

Teachers associate teenage pregnancy as the reason behind school disruption. Therefore their objection to this phenomenon ranges from their inability to cope with academic demands to their disruptive influences on the learning environment in class (Bhana et al., 2010). Pillow (2004) argues that teenage mothers are perceived and also treated as incapable students. This prejudice is highly rooted upon social view of teenage pregnancy and motherhood which is mostly frowned upon and which is associated with name calling and at times assault. In countries like Botswana it is reported that girls who fall pregnant before marriage are labelled as a motsetse, which means the one who is 'unclean' and has given birth and is also subjected to punishment (Chilisa, 2002). Some teenage mothers report that teachers do not show interest in them upon their return from giving birth, and they do not care about their feelings

and are expected to perform like their peers who have been present in class the whole time while they were away giving birth (Chigona and Chetty, 2008). In the same study by Chigona and Chetty (2008), it is reported that if teenage mothers have failed to achieve according to the expected standards, they feel embarrassed to be in the company of their peers. Hence they felt that fellow learners and teachers put them under a lot of pressure without an understanding of what teenage mothers are going through.

Having a child and being a teenage mother has implications such as not having enough time to do homework and at the same time they have to do house chores at home when they return from school. The only time to do homework is at night when they are tired and thus they do not give their school-work the attention needed. Some come from a family with limited space where family members are too many and the room too small, for example in informal settlements the single room can have five people living in it. Therefore this makes it hard for the teenage mother to do home-work at night while other family are sleeping, while keeping the light on to do school work (Chigona and Chetty, 2007: 10). Childrearing takes time and energy from other activities hence curtailing teenage mother's education (Hofferth et al., 2001), and most of the schools do not offer extra hours or extra lessons to teenage mothers upon their return to school, and therefore they lag behind their peers.

Because of the stereotypes that come with being pregnant and being a teenage mother many of the school-going teenage mothers are not even welcomed in class. Bhana et al. (2010) argues that some teachers regard the presence of teen mothers and pregnant teens in their classrooms as a threat to the overall academic performance of the class at the end of the year because they question the ability of teenage mothers and those that are pregnant, as they do not think they are capable of making it and coping with the school demands, since pregnancy and motherhood have their own effects. The study conducted by Chigona and Chetty (2008) reports that teachers are not willing to go through the lessons which the teenage mothers have missed due to pregnancy or childbirth. Teachers state that it is not their responsibility to do such but the responsibility of the teenage mother to consult her classmates and friends about the lessons they did when she was absent from school. It also reports that teachers do not have compassion towards teenage mothers when they miss classes due to the baby.

Nonetheless according to the findings reported by Bhana et al. (2010), some teachers in the study reported the willingness to care by offering understanding of the circumstances under

which teenage girls become pregnant. As the teenage mothers negotiate schooling and parenting, these teachers in the above study are mentioned to be sympathetic to teenage mothers. Motherhood is very challenging especially to those teenagers that are still at school as they sometimes cannot juggle between the responsibilities of being a mother and also school tasks. Mkhize (1995) affirms the above by reporting that many teenage mothers find motherhood and parenting difficult because they have no parenting skills to perform the tasks that come with parenting and hence they have to rely on adult norms of childcare and parenting which makes it even more difficult to adapt to motherhood. Not all countries are like the USA because they are able to provide counselling services to teen mothers to enable them to adapt to their new roles as parents (Pillow, 2004).

In South Africa teachers are expected to interact closely with their learners and to deal with everyday social issues at school, such as offering guidance and support on matters that include gender, sexuality and pregnancy and also address inequalities (Bhana et al., 2010). Sometimes teachers judge teenage mothers based on moral and religious judgements and teenage mothers experience prejudice from teachers as well. Thus teenage pregnancy and motherhood are framed as moral problems, and schools are expected to be spaces of sexual innocence. The study done by Bhana et al. (2010) shows that many teachers are unhappy with the challenge of dealing with a policy that has allowed pregnant teenagers to be at school. They feel that they also encourage other teenagers to think that falling pregnant has no shame, thus the whole point of schools being sexually innocent is defied. Therefore sexuality and inequality between girls and boys is produced and also silenced in schools (Epstein and Johnson, 1998).

#### **2.2.4 Support from family**

Many women often feel lonely subsequent to giving birth (Hudson et al., 2000), and the demands of motherhood leaves them with little time and energy for other relationships. Hence a teenage mother may feel isolated from her peers and family. A parenting or pregnant teenager may also experience lack of emotional closeness and lack of communication in the household from their family and friends (Rodriquez and Moore, 1995). Social support has been recognised as one of the aspects during the transition to parenthood for teenagers (Passino et al., 1993). Falling pregnant and carrying to term while still at school may disrupt the girl's studies, and may lead to isolation by her family and peer group hence her social support is reduced (Bezuidenhout, 1998). Lack of family support and the isolation during

pregnancy can negatively affect mental health. This then can be identified as one of the factors that lead to depression among teenage mothers (Clemmens, 2002). Hence a sense of abandonment can deepen depression. The psychological difficulties of rearing a child in an environment that lacks social support, stability, information and financial backing may add to a younger mother having a poor self-esteem, leading to high risk of depression and at times mental problems (Leishman, 2004). Rowling et al. (2002:172) contends that “adolescent depression is a strong predictor of depression later in adult life”.

The lack of support from family members increases the level of stress among teenage mothers which in turn leads them to drop out of school to assume responsibility for their young ones. Many teenage girls feel lonely after the child’s birth (Hudson et al., 2000), and also the demands that come with being a mother leaves little time or energy for other relationships. That is why the teenage mother may feel isolated by her peers and family members. The parenting or pregnant teenage girls may also experience emotional closeness, support from their parents and also a lack of communication (Cronin, 2003). The lack of support from the parents, friends and family and isolation during and after the pregnancy is likely to impact negatively on mental health of the teenage mother. This can then be identified as a factor that can lead to depression, and depression is deepened because teenage girls feel abandoned and socially excluded (Clemmens, 2002).

Many societies view teenage mothers as a risk group to society at large (Mitchell and Green, 2002). Many parents do not approve of their daughters being around those teenage girls who are pregnant or have babies as they have a strong belief that they may influence their innocent daughters to follow suit and fall pregnant because their friends have. Thus they become discriminated against (Mitchell and Green, 2002). According to Pillow (2004) this discrimination is from the perception that teenage mothers are setting bad examples and lack moral values compared to other learners at school and they may contaminate or influence innocent teenage girls. This has been argued by Macambi (2007) that at times teenage mothers and pregnant teenagers intentionally avoid spending time with their peers and friends because of the fear of being judged and hence on their return from giving birth they find it difficult to return to the same groups of friends they belonged to before they had a baby or got pregnant. They may feel shame and that is why they opt to stay away from their friends, because they think they do not fit in anymore since they have a baby.

The socio-economic status of the teenage mothers plays a vital role in the schooling experiences of teenage mothers (Chigona and Chetty, 2008). The study that was conducted by Chigona and Chetty reports that if a teenager is coming from a financially challenged family, they may not be able to assist the teenage mother by employing a baby sitter who will take care of the baby or by sending the child to crèche while the teenage mother continues with her schooling. This means that the responsibility of the baby is left entirely on the teenage mother and her family because they will take turns with her in taking care of the child. The family looks after the baby when the teen mother is at school and when she comes back she has to take over. This impacts negatively on her schooling because she might not be able to cope properly with her school work. Bhana et al. (2010) affirms this by saying that many teachers believe that financial issues, child related sicknesses and child care are considerable obstacles to school attendance for teenage mothers, especially in poor schools.

## **2.5 Conclusion**

In this chapter the researcher has looked at various relevant literatures supporting the topic. This chapter has discussed the factors that contribute to teenage pregnancy, how they come about, effects and experiences of teenage pregnancy and reproductive health issues. Teenage pregnancy is a major sexual and reproductive concern in Africa, South Africa particularly, and elsewhere. For the reason that teenage mothers are likely to drop-out of school due to pregnancy and are more prone to endure severe complications during the whole term of pregnancy and delivery thus resulting to higher mortality and morbidity for both the baby and the mother. This chapter also looks at the South African policy that is in place to promote education and protect teenage mothers that are still in school. Nevertheless teenage mothers are still experiencing difficulties in trying to balance their day to day activities of parenting and attending school.

## **CHAPTER THREE**

### **RESERACH METHODOLOGY**

#### **3.1 Introduction**

This chapter discusses the research design and methodology used in this study, which includes the study population, sampling and data collection, processes of data collection, research analysis and lastly the limitations of the study. It comprises of the aims of the study, research questions and the study design. The research data collection procedures and the research instrument, as well as the methods used to analyse the data is then presented and lastly ethical issues presented on the study. The study is qualitative in nature and uses in-depth interviews and focus group discussions as methods of data collection. Interviews were conducted among teenage mothers who were still at school and those who had never returned to school between the ages of 16 and 19.

##### **3.1.1 Study area**

Jozini is on the North coast of KwaZulu-Natal in the UMkhanyakude district. Based on the 2001 census, the demographic profile of Jozini municipal area, has a total population of 184 090. The highest population densities are in the northern parts of the municipality (ward 13) and ward 2. UBombo and Jozini have relatively high population densities (IDP, 2009). Within the municipality there are 33 547 households with the average household size estimated to be 5.49 persons, however approximately 43.24% of households in this area comprise six persons or more. Of the total labour force of 23 495 persons, about (12.76%) 9 361 were employed and 14 134 were unemployed and 70 566 people were economically inactive. In this municipal area 98.87% of people (182 016) have an income of less than R3 200 per month, with the majority of these state that they had no income at all (158 328) people (Stats SA, 2001).

It can then be deduced from the above figures that the majority of people in this municipal area experience high levels of poverty. A total of 97% of households within Jozini have an annual income of R38 400 per annum or less and 49% recorded no income at all. This highlights the high poverty levels within the municipal area. Education institutions are attended by 5 to 24 year olds made up by 98 074 people, of which 69 727 are attending school, 91 attending college, 39 technickon, 72 university and 119 attending ABET (adult education). Of concern is the high number of people (25 918) who are not attending any



education institution (IDP, 2009). The majority of people (77 434) travel by foot to work and school. The place is mainly rural, only about 15% of the land in this area is estimated to be urban with mainly isiZulu speaking people. It is known for being a tourist destination because of its welcoming environment with game reserves, subtropical forests, conserved nature and cultivated land.

### **3.2 Purpose of the study**

The purpose of the study was to understand and document the teenage mothers' experiences subsequent to having their first child during school-going years. The area under study is in Jozini which is a rural place in the northern KwaZulu-Natal.

This study adopts a qualitative method, which is defined as "an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducted in a natural setting" (Cresswell, 1994:1). In qualitative research, the researcher interacts with the informants over a period of time (Cresswell, 1994). It is holistic in nature and aims to understand social context and the meaning that people attach to everyday activities. This study thus focuses on the isiZulu speaking teenage mothers.

### **3.3 Research design**

#### **3.3.1 Exploratory descriptive design**

Exploratory research provides insight into the comprehension of a situation or an issue. This is a type of research which is conducted because it assists a researcher with a more in-depth understanding of the issue at hand. It also means that at the beginning of the projects one starts with gathering as much information about the subject as possible to get a better picture about the subject matter and what is necessary. Exploratory research helps the researcher to determine the best research design, selection of subjects and the collection method (Babbie, Earl, 1989).

Exploratory research also examines the relevant factors in detail to arrive at an appropriate description of the existing situation (Brink, 2006). The researcher deemed this approach suitable for gaining a better understanding of teenage pregnancy and the girls' experiences of motherhood while they are still at school and their level of knowledge about contraceptives and SRH services in Jozini. Although results of exploratory studies cannot be necessarily

generalised to a larger population they do provide a better understanding of the sample that is being examined.

As noted by Brink (2006), an exploratory descriptive research has the following characteristics:

- It is a flexible research design which presents a prospect to scrutinize all characteristics of the problem being studied.
- It is typically a field of study in a setting that is natural.

### **3.3.2 Study population**

Population is defined as “the totality of all subjects that conform to a set of specifications, comprising the entire group of persons that is of interest to the researcher and to whom the research results can be generalised” (Polit and Beck, 2004:50). A sample is defined as “a portion or a sub-set of the research population selected to participate in a study, representing the research population” (Harber, 2002:242).

The study population comprised teenage mothers between the ages of 15 and 19 from Grade 8 to 12 in two high schools in Jozini.

The criteria of eligibility specify that “the characteristics that people in the population must possess in order to be included in the study” (Polit and Beck, 2004:290). To be part of the study, the participants had to:

- Be teenage mothers between the ages of 16 and 19 years old
- Be at school after child birth
- Be attending school when they fell pregnant
- Reside in the two selected community wards, namely Mkhonjeni area [ward 5] and Welcome area [ward 7]
- Boys attending school for focus groups
- Mothers who never returned to school after giving birth
- Be willing to participate in the study (voluntarily)

This therefore means that participants that were selected met the requirements identified for meeting the purpose of this study; they were teenage mothers and belonged to the two communities aforementioned. The selection of the study population which is representative with respect to certain known characteristics of the population and it also made it possible for drawing enough evidence to respond to the research questions.

### **3.3.3 Sample**

Often qualitative research uses purposive sampling which entails that subjects are selected for the reason that they have some characteristics of the sample which one already has in mind (Patton, 1990). Purposive sampling design was used for this study in choosing the schools. Descombe (1998) asserts that with purposive sampling, the sample is handpicked for the research. The two schools were chosen for the reason that there are alarming rates of teenage pregnancy among female pupils, hence a driving force for the researcher to investigate this particular phenomenon. The incidence of teenage child bearing in this area is high as indicated by the ward manager from the Department of Education under UBombo district, and also by the headmasters of the above schools.

Snowball sampling was used to select the participants, who were interviewed in this study. For the reason that “snowballing is an effective technique for building up a reasonable-sized sample, especially when used as part of a small-scale project [and also that] the accumulation of numbers is quite quick, using the multiplier effect of one person nominating two or more others” (Descombe, 1998: 16). Other authors support the above indicating that it can easily happen that the chain becomes broken, and the researcher should preferably ask each respondent to give five names instead of only one (de Vos et al., 2002: 208). The total sample consisted of young mothers between ages 16 and 19 who had one or more children, and who were enrolled in Grades 8 to 12. A total of 40 in-depth interviews were conducted with respondents. Key informants included life skills (life orientation subject) teachers, two teachers from each school and the school principals.

In addition four health workers were also interviewed to find out if teenagers were using the services that are provided from the Makhathini Clinic next to IGugulesizwe High School and Madonela Clinic next to Vukani Bantwana High School. Four teenage mothers that never went back to school to find out the hindrances that made them not return to school after having their first child. There was also a focus group comprising only of boys to establish

how they viewed teenage pregnancies in their schools. Boys play a big role in early childbearing and are often left out in studies. At times they can exert a strong influence on females' intentions to conceive as well as views regarding termination of pregnancy. Boys and girls need to get involved in issues that concern them and work together, and that is why they were included in the study.

The two schools in Jozini on the north coast of KwaZulu-Natal were approached. The two secondary schools were randomly selected out of the 17 existing high schools in Jozini. The nature of the study and its purpose was explained to them. Having consulted the ward manager from the Department of Education a meeting was then arranged with the two principals of the schools and the researcher. The life orientation teachers from each school were asked to assist with identifying teenage girls that met the criteria aforementioned. Teenage mothers and focus group members were then requested to volunteer and some were approached by the researcher herself individually.

#### **3.3.4 Sample size**

The sample consisted of:

- Twenty IsiZulu speaking teenage mothers, 10 from each school.
- Four life orientation teachers, two from each school.
- Two health workers from the local clinic, one from each community clinic.
- Four teenage mothers that never went back to school after the birth of their first child, two from each community.
- Four focus groups, two in each school (one group consisted of 10-11 members where the first group were teenage girls who have never been pregnant and the other, teenage boys who have/have not impregnated a girl).
- The school principals of the two schools.

Therefore the sample had 66 participants in total. The participants were drawn from two communities in different geographical areas. The teenage girls were attending school when they fell pregnant and at the time of the birth of their first babies. The chosen focus group was comparatively homogenous in order to get the most out of the flow of expression within

the group. Hence non-random, purposive sampling was employed (Miles and Huberman, 1994).

### **3.3.5 Choice of methodology**

The study employs a qualitative approach in understanding the experiences of teenage mothers. Qualitative research embarks on discovery rather than on verifications, therefore it is likely to stimulate new leads compared to quantitative research (Bryman, 1984). The data from the qualitative research is rich, detailed and extensive. McRoy articulates that “a qualitative research paradigm in its broadest sense refers to research that elicits participant accounts of meaning, experience or perception” (1995: 79). In addition “...the rules and procedures are not fixed, but rather open and emerging” (Cresswell, 1994: 10). Qualitative research produces descriptive data generally in the form of the participants’ own words, what they consider meaningful or important to them rather than being constrained to fixed categories. It recognises the values and beliefs of the participants in the study (Maxwell, 1992). It is a scientific way of understanding the world from the point of view of the subject, to give details of people’s experiences and to unearth their lived world (Kvale, 1996). For this reason, it is holistic in nature and aims to understand social context and the meaning that people attach to everyday activities. Qualitative research is concerned with the meaning and personal experience of groups, cultures and individuals (Strydom, 2002). Qualitative methods are useful especially in the generation of categories for understanding human phenomena and the examination of the meaning and interpretation that people give to the events they experience (Plikinghome, 1991).

The relationship of the researcher and the participants plays an important role in creating trustworthiness of the findings in a qualitative study (Miles and Huberman, 1994). Findings tend to focus on the interpretation of social meaning throughout the social world of study participants (Ritchie and Lewis, 2003), [and] therefore providing in-depth information and a deeper understanding of social phenomena than quantitative data (Campell, 2005; Silverman, 2003). Furthermore interviewers have the flexibility to use their own expertise, knowledge and interpersonal skills to discover unexpected interesting themes or ideas that are raised by the participants (Sewell, 2008). The advantages of using qualitative research was to get more in-depth responses about the challenges that are faced by school-going teenage mothers and their sources of knowledge about family planning and reproductive health services that are available to them. Teenage pregnancy remains a challenge in South Africa and has also

become a cause of concern as a result of its contribution to high school drop-outs. More studies done on the topic focuses on quantifying the levels and trends of teenage pregnancy and less on experiences encountered after having a child, and still being at school. Furthermore, much effort has been put on increasing sex education in schools and promotion of safer sex programmes to prevent teenage pregnancies; however the effectiveness of such programmes is not yet understood. Hence this study adds value by understanding the experiences of teenage mothers in Jozini.

### **3.4 Data collection instrument**

The two schools in Jozini were approached and were selected from the existing high schools in Jozini because they met the profile of the study. The nature of the study and its purpose was explained to the relevant stakeholders (the ward manager, principals and the Department of Education in the uBombo district). Following this, the meeting was held. The life orientation teachers from each school assisted the researcher with identifying teenage girls that met the criteria aforementioned. In this research teachers that helped with the selection of the respondents, selected them according to the research selection criteria and to the research problem of teenage mothers. Teenage mothers and focus group members were then requested to participate in the study. The interviews took place in the boardroom on the school premises during school hours.

The research was explained to the participants, benefits of the study was also explained and the referral system for counselling teenage mothers and pregnant teen girls was explained and contact details for that system were given to the participants informing psychological interventions. Individual in-depth interviews and focus group discussions were the main means of data collection. Through the use of these techniques challenges that are experienced by teenage mothers at school and in the community at large were identified.

#### **3.4.1 In-depth interviews**

According to Boyce (2006:1) in-depth interviewing is defined as “a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, programme, or situation”. This is an important tool when collecting data on personal experiences of individuals. In-depth interviews use open-ended questions which in turn make it easier for the researcher to make broad investigation on the topic of choice. Interviewing participants is the main mode of

information or data collection in qualitative research (De Vos, 2001). This formalizes and extends conversation and gives a researcher room and flexibility in probing questions when certain issues arise in the research interviews. It also allows the researcher and the participants to explore issues in more detail (De Vos, 2001). It helps respondents to tell their story. Therefore this technique was very useful because it also enabled the participants to be relaxed since the interviews were not formal. The interviews gave the researcher the opportunity to obtain a greater understanding of teenage mothers' experiences that they face while still at school and being mothers at home.

The interviews were conducted in a natural setting where there was no manipulation of the environment, no changes were made in the nature of the study and community area, and the participants (respondents) were not given special treatment which may have affected the results. The data was collected during normal school hours for four weeks, from Monday to Friday. Therefore the participants remained in the natural surroundings' of the school boardroom which is familiar to them. Each respondent was interviewed separately with the doors closed during the interviews (data collection) to ensure privacy.

The interview guide was used to collect the qualitative data. The discussion questions included words such as 'what', 'why', 'how', and 'under', and the questions used were open-ended giving the interviewees the opportunity to express their views. The interview guide questions were divided into different categories and subcategories with themes relating to teenage pregnancy, experiences and contraceptive use. The interview included questions on age of sexual encounter/age of pregnancy, time management, parenting, school achievements and challenges of doing both school and parenting at home, knowledge and attitudes of using contraception, sexual and reproductive health institutions functions, sexuality and reproduction, and sources of this information.

The interviews took place in a quiet and isolated room (school boardroom) provided by the school teachers from both schools who also assisted the researcher in identifying the participants. Interviews lasted for about 45 to 60 minutes. Each interview was tape recorded, after acquiring consent from all respondents. The researcher acted as a facilitator and used the interview guide questions to facilitate and moderate the discussions. Each participant was given a chance to respond to the questions and express her views and opinions. The questions provided were very simple and concise and if clarity was required it was explained further.

### **3.4.2 Focus group discussions**

A focus group, as defined by Brink and Wood (1994), is a group that consists of five to fifteen participants that are carefully selected with whom a researcher conducts a guided conversation. Experiences and opinions of each participant can be captured. Therefore the researcher facilitates the discussion using the discussion guide that consists of questions. In this research the focus issues for the group was centred on participants' experiences of being teenage mothers within their school and communities. The discussion guide had been worked beforehand and approved by the supervisor and based on the pilot study conducted (Brink and Wood, 1994). Focus groups thus served to authenticate the common challenges that were obtained during the one-on-one interviews. They were also constructive for gathering emotions, feelings and observed information about this matter of teenage pregnancy in their schools.

Focus groups are often essential to allow participants to share their thoughts with each other. Hence the researcher felt that it was important to establish an understanding with the respondents. Under such conditions establishing rapport is important in promoting trust, which translates to participants feeling free to express their opinions, without a feeling of being judged in any way (Brink and Wood, 1994). This was thus important, given the sensitive nature of this study content.

The same guide of questions was used for the discussions in the focus group meetings. In these meetings the respondents were free to raise their apprehensions, which are not included in the agenda. Although this was the case, the researcher carefully made sure to keep the discussion focused on the study questions. A tape recorder was used for both focus group and individual interviews, preceding consent of each individual participant. Participants were informed that they could request the tape recorder be stopped at any time. The use of a tape recorder was to facilitate the capturing of data information so that nothing was missed and to be able to have reliable information for the analysis. A tape recorder frees the researcher to concentrate on the interview dynamics (Kvale, 1996).

There are different factors that affected the participants' engagement in the study. The researcher herself was a member of the community and some of the participants were known to her as she grew up in the same area. Some members were familiar with each other being in the same school and same classes. But it is plausible to report that such might have made



communication possible between the researcher and her participants and between participants, but it is also possible that such relations hindered the participation as well. It is more likely that some participants identified through snowballing might have felt discouraged from being part of the study and from expressing their views and opinions for fear of their families coming to know of their problems.

Therefore to minimise these factors and fears norms were set-up and discussed. Those norms included respect and freedom of speech, expression and confidentiality. The ground rules set were that the participants were not allowed to talk about the research process at all outside the interview context, to their friends, parents and teachers. In both schools the boys' focus groups were the most active compared to their counterparts. Girls were shy to talk about sex and pregnancy, which in turn shows that boys enjoy talking about sex and sexuality compared to girls. They also had a lot to say about the issues that were being discussed and also had more questions at the end of the group discussion compared to the girls' groups. But the focus groups also promoted a dialogue between the participants if they did not agree on certain opinions and that enabled the researcher to probe for more clarity and reach a consensus where necessary. On average the focus group discussions lasted up to 90 minutes.

The advantages of using this method are that focus groups capitulates a huge amount of information over a short period of time. They are also efficient for accessing a range of broad views on a specific topic, compared to achieving group consensus (Mack et al., 2005). The disadvantages of using such a method is that focus groups are not the best in capturing and acquiring information on high personal or socially sensitive topics, hence one-on-one interviews are better suited for such topics (Mack et al., 2005).

### **3.5 Data analysis**

The participants' interview discussions and responses were tape recorded. In qualitative research data analysing is an ongoing process, and this section describes the methods used to analyse data collected (Silverman, 2001). The researcher familiarised herself with the data as early as she could in order to observe emerging themes and if necessary make follow ups shortly after the interviews. Therefore the researcher's process of data analysis began during the interviews, as she listened carefully to identify connected responses and created themes out of those responses. For instance the use of a tape recorder made it possible and easier for the researcher to concentrate on the use of words by the participants, tones and pauses during

the interviews. The tape recording presents a de-contextualised version of the interview (Kvale, 1996). It does not include the visual aspect of the positions such as non-verbal expressions, body language and facial expressions of participants, but these were closely observed by the researcher and notes were taken where required.

After transcribing and translating the data from the tape recorder a method of data comparison method was employed to analyse data (Dyer et al., 2000). Because the participants were using IsiZulu this had to be translated to English to make it easier for the researcher to analyse data. After all the interviews had been transcribed the researcher read it over and over again in order to familiarise herself with the data. The researcher then developed a classification system according to the participants' responses to different questions. Then the researcher formulated themes based on the categories of the responses of the participants. All topics under relevant themes were then sorted and recorded on paper and analysed using the respondents' abstracts to substantiate the themes. This method has many similarities with other methods to thematic coding which was described by Braun and Clarke (2006). It has been said that in thematic analysis the researcher moves back and forth between the emerging categories and data in order to identify patterns (Dyer et al., 2000). Therefore the comparison method used in this research comprised of the process of interview breakdown into data bits which were compared, along with modification of those data bits and categorisation.

### **3.6 Ethical considerations**

According to De Vos (2000: 63), "ethics is a set of moral principles that are suggested by an individual or group, are subsequently widely accepted, and offer rules and behavioural expectations about the most correct conduct towards experimental subjects". Any individual involved or taking part in research needs to be aware of the agreement about what is proper or not in scientific research (Babbie, 2001). For this study the researcher made sure that the respondents knew about the purpose of the study and also the amount of time that would be required from them during the interviews. The interviews lasted for about 45 to 60 minutes each. They were also given the assurance that the information shared would remain confidential.

The fundamental ethical issues are for a researcher to be able to distinguish between what is right or wrong. McNabb (2004: 55-56) has identified four ethical principles that must be

respected by a researcher, objectivity, truthfulness, thoroughness and relevance. Therefore this research has tried to remain loyal to these principles.

The objectivity principle refers to the need for the researcher to stay intent and unbiased during all aspects of the research (McNabb, 2004). This means that the researcher ought to certainly not allow his/her personal feelings and biases interfere with the design of the research, the selection of participants, asking questions or interpreting the findings.

Truthfulness standard means that it is not ethical for the researchers to decisively lie, mislead or in any way use deception as this can intentionally misrepresent the purpose of the research, not informing the participants about possible negative effects of their participation in the study, as this fails the truthfulness principle in research (McNabb, 2004).

The thoroughness principle means that a researcher should be methodologically thorough by following all the steps in the research. Additionally he/she must remain methodologically thorough that all the findings and results are reported, the good and the bad (Mitchell, 1998). Lastly the principle of relevance refers to the significance of the study. This means that the research should never be done because the researcher needs to harm or punish the people or the participants involved in the subject matter (McNabb, 2004).

Each school was sent a letter of request to do the study since the study might have disrupted their class timetables. The teenage moms and their life orientation teachers were told the importance of the study and asked if they were willing to participate. At the beginning of each interview they were assured confidentiality and told that the responses they provide would only be used for the purpose of study and if they wanted to see a copy of the study it would be arranged. They were also further told that they were free to withdraw at anytime and that they were free to refuse to answer any questions that make them feel uncomfortable. Lastly the participants were asked to fill in a consent form to show that their agreement and willingness to participate in the study after they had read and understood what it meant. Once all the questions from the respondents were answered to their satisfaction and the consent form was filled the discussion started.

### **3.6.1 Informed consent**

First the researcher asked for a written letter of permission to conduct a study in the two schools (to the ward manager). To avoid research biases the teachers assisted with organising

the respondents. Informed consent was taken from each respondent. Obtaining informed consent entails all adequate or possible information about the investigation, and the procedure that would be followed during the research, the possible disadvantages and advantages and dangers to which respondents maybe exposed as well as the credibility of the researcher (Williams et al., 1995). Adding to De Vos “participants must be legally and psychologically competent to give consent and they must be aware that they would be at liberty to withdraw from the investigation at any time” (2000: 65).

At the beginning the respondents were briefed about the study and its objective to allow them to ask questions until they understood. This then enabled respondents to make a decision about whether to take part because participation was voluntary, and they had a right not to answer questions that they did not feel comfortable to answer. They were also informed about their rights to withdraw at any time during the study if they felt uncomfortable and without sustaining depressing consequences. Those who required further counselling because of the issues that came from the interview discussion, were referred to counselling at the nearby clinic which the researcher was familiar with in Jozini (the Makhathini Clinic). An arrangement was made before the commencement of the study in case such issues arose.

Therefore the researcher tried to reduce the possibility of negative effects by building trust and a relationship with the participants. Additionally all participants were informed and assured at the beginning of the study about the confidentiality and confidential nature of the information discussed in the interviews. They were also told about the norms established and the importance of respecting those norms. Brink (2006) argues that researchers need to take into account the rights of individuals and institutions are protected. Therefore in this study the researcher took into account the ethical principles of respect for human dignity, fair treatment, self-respect, beneficence, protection of human rights and benefit and honesty in data processing.

### **3.6.2 Confidentiality**

All respondents were informed of the methods and risks to ensure that participation was voluntary (Emmanuel et al., 2000). They were also told that participation can be withdrawn at any stage during the course of the research, without any negative consequences. With the interviews being recorded they were also assured of confidentiality as stated in the consent

form. Assuring participants' confidentiality is vital for earning their trust and also for eliciting good data for analysis (Emmanuel et al., 2000).

Maintaining confidentiality means that particular individuals are ensured that they can never be linked to the data provided (Patton, 1990). This meant that identifying information such as names and addresses of participants were not going to be recorded for confidentiality purposes. McRoy articulates that protecting participants' confidentiality requires that researchers do not disclose personal descriptions that could allow other people to guess the identities of people who took part and played a role in the research (McRoy, 1995). Sieber (1982:67) confirms that "confidentiality is a continuation of privacy, which refers to agreements between persons that limit other's access to private information". This is again supported by De Vos (2000) who adds that confidentiality designates the confidential manner of handling information. Therefore in this study participants' or individuals' privacy is protected and also respected during the final representation of the data for this research and in any printed publications underway.

### **3.7 Limitations**

The stigma attached to teenage motherhood led to some of the respondents being reluctant to openly discuss their experiences and to participate in the study. However, after the researcher outlined the objectives of the study many were willing to participate because such things are never discussed. Even though some participants felt that some information was too personal and embarrassing to reveal to a stranger such as age at first sexual debut, they were reluctant to reveal the age when they first had sex. Another limitation is that of using a tape recorder even though the researcher had asked for permission, but they were always sceptical about their confidentiality. Identifying respondents was very difficult and teenage mothers were reluctant to speak to a person they did not know especially when that person would also be discussing their sexuality. In-depth interviews and focus groups were also exceptionally time-consuming. Due to high sensitivity of the topic, at the beginning of the interview respondents' were not comfortable.

### **3.8 Conclusion**

The chapter discussed the methods used to collect data and data analysis. The study employed a qualitative method. It also described the methods used in this study, piloting and sampling procedures were discussed as the processes by which the data was interpreted and

analysed. Ethical issues and validity reflections were also discussed. The focus study was on teenage girls who had children between 2010 and 2011. The qualitative method involved interviews comprising ten teenage moms in each school, four teenage mothers that are out of school, four focus groups, two principals and life orientation teachers from both school. The findings are presented in the next chapter.

## **CHAPTER FOUR**

### **RESULTS AND DISCUSSIONS**

#### **4.1 Introduction**

The results of the study are discussed and presented in this chapter. This chapter deals with the information that was gathered through the face-to-face interviews with teenage mothers in schools and those that are out of school, principals, teachers and health workers around the UBombo district and focus group discussions. Hence this chapter presents the results of data that was obtained from the respondents. The respondents were from the iGugulesizwe High School and Vukani Bantwana High School. The chapter documents experiences of teenage mothers in Jozini, forms of social support available to them within the school and communities as well as possible interventions to address the plight of teenage mothers. For the sake of confidentiality the names of the participants have been withheld. In this chapter the experiences of teenage mothers while they are still trying to finish school and being parents at home are discussed and analysed, and the exact translated quotations given by the participants will be given for clarification.

#### **4.2 Experiences at school**

##### **4.2.1 Teachers' attitudes**

Teenage pregnancy and motherhood are usually portrayed as moral problems playing on the broad anxieties around youth and sexualities (Bhana et al., 2010). During the interviews some participants stated that they were afraid of the reaction from their teachers towards them after they found out they were pregnant and were going to be mothers. The feeling was that teachers would not empathise with them. Some teenage mothers felt that even if the teachers did not say anything, actions speak louder than words. Teachers also failed to understand that they could not be at school immediately after the delivery of the baby and they expected them to participate in class as if they had not missed any lessons. At times they were put on the spot in front of their classmates by their teachers. Teenage pregnancy and motherhood can be a lonely journey for many teenage mothers in schools. Teenage mothers develop a sudden lack of belonging which originates from their new roles as mothers, as most teachers distance themselves from teenage mothers.

*My teacher asked me where I was in the past few weeks and before I answered the class answered for me. The teacher kept asking me difficult questions that I couldn't answer*

*because I missed three weeks of lessons and he said if I was not pregnant and rushing for adult things I would know the answer (IDI# 19 year old teenage mother at school).*

*When you get pregnant teachers never say anything they stop talking to you as if you don't exist and pretend that nothing happened (IDI#16).*

*In class they don't even look in your direction, hiding their disappointment is difficult, it makes you not want to come back to school, you actually think twice about it because it's like you are deleted from the system and their mind (IDI#16).*

#### **4.2.2 Fellow students' attitudes**

Most teenage mothers after having a baby realised the importance of education to improve their lives and that of their children. Nonetheless they foresee challenges in achieving this, while they had an extra burden of caring for their babies; they were no longer accepted by their fellow students in the classrooms. Sometimes classmates picked on them but this never gets reported because of fear that teachers will side with the perpetrators. If there is sex education they want teenage mothers to participate more because they have been there this picking can lead to teenage mothers hating school and having to face that everyday even though it blows over after a while. The fact still remains that they are the easy target. Some teenage mothers are interrogated by their fellow students in front of the teachers and they are not protected by their teachers.

*I felt like the world was closing in on me when I came back to school after two weeks, this other boy in class said to the teacher he wants to ask something and then mentioned my name saying I must tell them how it feels to give birth and how long my labour pains were and if I'd like to do it again. It's painful and the teacher just laughed and said I must answer I looked down and never said a thing. They are in your face like that prying on your private life but what can you say? Nothing, because you'll end up looking like a fool (IDI# 18year old teenage mother at school).*

*People just want to know your business and bother you just for fun maybe it helps so that you never do it again (IDI# 17year old teenage mother at school).*

However, some teenage mothers revealed that other learners treated them well and associated with them and have been able to make new friends and their ideas in group discussions were welcomed.

#### **4.2.3 Lack of support from the teachers**

In the study by Bhana et al. (2010) one teacher indicated that pregnant teenage girls should not be allowed in schools because they were a bad example to others. The study suggests that many teachers' associate teenage pregnancy and teenage motherhood as social problems such as immorality, sexuality and disruption of educational attainment. When teenage mothers were asked what support they received from teachers while pregnant and after pregnancy,



they said teachers also picked on teenage mothers making them feel less about themselves because of having fallen pregnant or being a teenage mother.

It was commonly viewed by the majority of participants that they did not receive any support from the teachers, because teachers tended to show that they were less interested in a girl who has fallen pregnant while still at school. They feel that they are treated like they are not human beings and they do not exist and are like flies on the classroom walls. They are not offered support that the teenagers think they need in order to be able to catch up on their school work. Because of this teenage mothers take a while to catch up on the lessons that were done while they were away to give birth.

*Teachers don't even look in your direction in class (IDI# 19 year old teenage mother at school).*

*They pretend like we don't exist even if I know the answer I cannot even raise my hand because they'll pretend like they don't see me (FGD# 16 year old teenage mother at school).*

*They want us to feel the pain as if we have not suffered enough by being looked down upon by our classmates and the community (IDI# 17 year old teenage mother at school).*

#### **4.2.4. Lack of time to study and to do school work**

Pregnancy leads to time loss for a teenage mother, for the reason that a pregnant teenager has to be absent from school so that she can be able to attend antenatal clinics, which takes place once a week. A pregnant individual can experience morning sickness which may lead to a pregnant teenage girl to be in class physically but mentally absent. Once the baby is born this becomes worse because the parenting responsibility of motherhood has to be carried out at night as well, which leave less time for study and homework. A young mother has to get used to minimal time to sleep, therefore the teen mother is likely to fail to concentrate in class because of exhaustion and drowsiness, which leads to poor performance at the end of the year and can also result in failure.

Teenage mothers find it difficult to continue with schooling without any hindrances. Teenage mothers interviewed articulated that they do not get enough time to study and do school work at home. When they return to school their parents, grandmothers and relatives who take care of the babies while they are at school have to rest and they have to take over and also do some of the house chores at home. This gives them less time to study or do homework. And because of the limited space in some household, teenage mothers have to share the little space

with their younger siblings. It makes it difficult to study at night because having the light on will wake up others in the same room. The following extracts tell the story:

*Your mind is always all over the place you lose focus and the only thing you think about is the baby this and the baby that, what if she/he is sick, what is the baby going to eat tonight, a lot of stuff clouds your mind, maybe that's why I failed this term (IDI# 16 year old teenage mother at school).*

*I don't come and go as I please because I can't expect my mother to take care of the baby. When I'm at home I have to help and I sleep with the baby so I have no time to do school work because sometimes she cries all night and doesn't want to go to sleep (IDI# 17 year old teenage girl at school).*

*Having two babies.... I don't have time for school work I didn't do well this term, I failed. I'll try and pull up my socks in the next term, I just don't know how, ngizozama [I'll try] (IDI# 18 year old teenage mother at school).*

#### **4.2.5 Lack of balance between motherhood and school attending**

School going teenage mothers are usually faced with a lot of challenging conditions in their daily school-going lives. These teenage mothers usually face discourses about teenage motherhood and pregnancy which have developed in our societies and hence they are marginalised. Teenage mothers fail to balance school and motherhood, and they may be disadvantaged at school because they do not know how to handle their situation when they are at school. This is what they had to say regarding this:

*I stayed at home for three months and when I came back the principal told me to stay at home because I won't pass because there are lot of things that I missed when I was away, I went home and came back this year I was angry at him but he helped me because I wouldn't have made it. My baby doesn't want anyone except me (IDI# 17 year old teenage mother at school).*

*It is very difficult because at times you feel sleepy in class especially if you were awake the whole night because of the baby and you end up not going to school (IDI# 18 year old teenage mother at school).*

*If the baby is sick there is no way you can go to school, because you have to take her to the clinic and stay at home until he/she is better, so that is three to four days of being absent from school (16 year old teenage mother at school).*

From the above extracts it is clear that teenage mothers view motherhood as an unpleasant journey and they also reveal that they were not happy with their circumstances and did not want to repeat the same mistake ever again. They experienced humiliation and despair, some family members and friends ignored and disowned them, and having to balance school and being a mother at home is not easy.

#### 4.2.6 Irregular class attendance/missing classes due to motherhood

Due to the devastating demands that come with being a parent and the logistics that are associated with it, many teenage mothers are often absent from school which in turn makes it difficult for them to catch up on their school work that they have missed when they took a leave of absence. In the study most of the teenage mothers interviewed cited that they do not attend classes on a regular basis especially when the baby is still young. They grade themselves and their school performance as below what they used to score before having a baby, therefore resulting in failure to succeed to the next grade. Being a mother is thus cited as disruptive for attending school. The following extracts support this:

*You don't come to school when the baby is still young because he/she needs a check-up now and then from the clinic (FGD# 16 year old teenage mother at school).*

*After the baby they [grades] changed a lot because the baby used to be sick all the time and I had to be absent and stay in hospital with him, my mind was affected as well (IDI# 17 year old teenage mother at school).*

All participants in the study agreed that their pregnancy had affected their school life. Learning was disrupted to the extent that they had to temporarily drop out of school and others dropped out permanently. It is therefore important to note that the participants in this study had dropped out of school temporarily. Those who dropped out of school for a short period of time experienced challenges of having to work harder to catch up and they could not attend afternoon classes because they had to rush home and take over from their mothers and grandmothers who were looking after their babies, hence their performance dropped. It also became very difficult for the teenage mothers to be able to take part in extra-mural activities such as sports because they usually take place after school hours and on weekends.

*But now that the baby is here in the last term I didn't do well and I failed most of my subjects. I feel that now that I have given birth I don't come to school some days especially when my mother is going somewhere. I have to stay with the baby at home. (IDI# 16 year old teenage mother at school).*

Therefore it can be observed that teenage pregnancies and subsequent child nurturing responsibilities disadvantaged the teenage mothers' education. Incidences were reported of late coming and being very tired in class because they did not get enough sleep, and doing their home-work was almost impossible. The poor attendance has a profound negative effect on the teenage mothers' general performance in school. It is apparent from the above extracts

that teenage pregnancy and motherhood affects learning, school attendance and participation in extra-curricular activities.

#### **4.2.7 School drop-out**

Early childbearing led to young teenage girls in Jozini who would not have left or dropped out of school to do so, hence limiting their educational attainment. Therefore it is possible for them to drop out of school because they are failing to cope with an overwhelming situation of pregnancy and having to attend school. This can then lead to low academic performance at school. The participants in the study stated that childrearing needs energy and demands a lot of time, hence other activities are hindered in the process. They also stated that because they are young and immature, therefore the demands of the baby and school are usually more challenging than they would be for an adult. Because they are not yet prepared to be mothers, it is likely that they might not finish high school at the same time as their peers who are childless. Furthermore going to college or a higher institution to further their studies is almost impossible for most teenage mothers even though they would love to further their studies.

*When I first had the first child I continued with school and passed to the next grade but when I had to go back to school the following year I fell pregnant again and I never returned to school. I had to stay at home and raise the two of them and for the third one I was at home never thinking I will come back to school again but eventually I did return in 2009 and went to the grade that I was supposed to go to when I left school (IDI# 19 year old teenage mother at school).*

*No I wouldn't have dropped out or quit, I was going to stay, it wasn't my intention I was forced...I could have continued and I would be doing Grade 10 this year. I was going to make it I'm sure (IDI# 16 year old teenage mother out of school).*

*I was not doing well and I had to drop out and I had to repeat that class this year (IDI# 17 year old teenage mother at school).*

*I stayed at home for 2 years when I came back because I was out of school for too long they told me to go to grade 10 not 11 (IDI# 19 year old teenage mother at school).*

Most of the participants indicated that after they realised that they were pregnant they felt depressed, embarrassed, guilty, stigmatised and angry at themselves. Therefore staying out of school was the option to them, a form of hiding from all the negativity that they received from teachers and fellow classmates. Most of the participants had one child at the time of the study, only one had two babies and one had three because she was living with her boyfriend because her father had chased her away from home after finding out that she was pregnant. That is why she had to stay out of school for two years.

Some participants cited that parents were very disappointed about the pregnancy and this led to negatively affecting the relationship between the teenage mother and their mothers. Some parents stopped teenage mothers from continuing with school, and they also said that when seeing a young teenage girl pregnant they felt sorry for that particular person because they had been there and they knew what it was like to juggle school and parenting.

*My mother told me to stay at home because if I wanted to be in school I wouldn't have fallen pregnant. She took my school uniform so I had no choice but to stay at home (FGD# 16 year old teenage mother at school).*

*It's painful because I have seen how difficult it is to look after the baby especially when you have to come back to school. I think its better when you are old and you miss school, when you come back you are with young people in your class and if you don't have someone to look after the baby for you, you don't return to school for good (FGD# 18 year old teenage mother at school).*

### **4.3 Social pressure and emotional experiences**

#### **4.3.1 Societal challenges**

Teenage mothers also experienced societal challenges which contributed to the feelings of alienation. They were never regarded as teenagers or adults, but people who did not know where they belong, although some indicated that they were recognised as adults after having a baby. Because they did not know where they belonged they had to mix with older members of the community because many parents felt that they would poison their innocent daughters if they befriended them. This also contributed to the feeling that they had accelerated to adulthood before their time and suddenly they were adults while their peers were still regarded as children.

They did not fit into any group in the community and had no interest in older women and their peers also ridiculed them for no longer taking part in umhlanga (the reed dance ceremony) where only virgins take part. Furthermore they have lost hope that one day they would find a good husband as a lot of Zulu men prefer marrying a virgin or someone with no child because their families' can deter them from marrying someone who has a child that does not belong to their family 'ivezandlebe' (a child born out of wed-lock) . The young teenage mother is often called names as well by her disappointed family and community such as 'umjendevu' (the one who will never get married and who is loose). These are said to be warnings to other girls in the household to never follow in the footsteps of their sisters, the

unfortunate young girls who has failed to conform to the socially constructed norms. Below are their expressions:

*I had to grow up and learn to think as an adult and take responsibility for my actions (IDI# 19 year old teenage mother).*

*I feel old at church, I sit with mothers, like old women and grandmothers because I'm not allowed to sit with the youth or people of my age because of the baby, it's so funny because I'll be so tiny between them [laughs] (IDI# 16 year old teenage mother).*

*I can never do the reed ceremony ever and be proud to be a virgin, because I'm now out of the group (IDI# 18 year old teenage mother).*

#### **4.3.2 Stigma attached to teenage pregnancy and motherhood**

Teenage mothers face a lot of stigmatisation because of becoming pregnant while they are still at school. And without having had professional counselling they find it hard to deal with the stigma that is attached to pregnancy. Teenage mothers are alienated and stigmatised by their peers and teachers for the reason that they signify impurity and the fact that schools expect them to be children not mothers as schools are viewed as environments of innocence and sexual purity.

The society that we live in still believes that teenage motherhood and teenage pregnancy is an unforgivable sin that is caused by poor morals and needs to be fought from all directions, and that teenagers who become mothers before their time deserve to be stigmatised and ridiculed. Old friends do not want to be associated with teenage mothers because of the stigma that is attached to teenage pregnancy and motherhood.

*...In the community when your baby is not taken care of by the person who impregnated you they laugh at you and think maybe it's because you were having a lot of boyfriends that's why he is also running away... (IDI# 18 year old teenage mother at school).*

*I had to break-up with my friend because her mother felt I would poison her and it's difficult to even go out in the public eye because people will be judging you saying 'look at her' (IDI# 16 year old teenage mother at school).*

*There's no parent that wants their girls to be associated with you (IDI# 16 year old teenage mother at school).*

#### **4.3.3 Depression/anxiety**

Being a young teenage mother is most of the time associated with depression. Teenage mothers often feel lonely, sad and regret having a baby. Most teenage mothers reported that most of the time they got depressed because of tiredness caused by sleepless nights and

confusion of the pregnancy. This can also be due to instability of the relationship between the teenage girl and the baby's father, their separation, being a single parent, poverty and disruption of education. The foundations of the feelings of depression are embedded in lack of support from the parents and the babies' fathers.

*I was scared thinking what if I'm HIV positive and my life would have been different. I would lie to myself and say I'm going to be okay but my future would be very difficult to live (IDI# 19 year old teenage mother at school).*

*I stopped going to school because it's too far and I had to walk every day, the thought of going to school was too depressing.... (IDI# 18 year old teenage mother at school)*

*To be called a mother at this stage sounds so awful and wrong, your name changes from being \*Simphiwe (not her real name) to so and so's mother, and I thought about what if I don't come out of the delivery room alive or what if the baby dies... (IDI# 19 year old teenage mother at school).*

*I was scared of giving birth because people told me it was painful but it wasn't that bad, but yes, it was painful IDI# 16 year old teenage mother at school).*

The participants also feel frustrated and disappointed about the pregnancy and thus lose self-esteem. The feeling of guilt and betrayal by the boyfriends' failure to take responsibility for their actions and pregnancy is also noted. It can also be noted that the teenage mothers felt damaged, unworthy and spoiled after discovering that they were pregnant and also the feelings of guilt associated with fear of having to tell and face their parents and the community at large, because teenage pregnancy does not only damage the teenage mothers' relationship with their parents it also leads to stigmatisation and social exclusion.

*They [parents] were surprised to find that I was pregnant there is no parent who wants that for their children because people look and blame them for not raising you right and they take their frustration out on you; they keep picking on you because you have disappointed them (IDI# 17 year old teenage mother at school).*

*They [parents] told me to drop out of school and stay at home because I don't know what I want in life. Until I learn to be responsible I have to leave school and stay at home so that I will also feel bad that my peers are going to school, and they took my uniform and gave it to my younger sister (IDI# 17 year old teenage mother).*

As the experiences of emotional distress are mentioned above, participants reported that their pregnancies were not planned and they used to spend more time alone after the discovery of a pregnancy which increased depression and anger. They also reported that for the first few months they were shocked and devastated because they did not think that they were pregnant and it was difficult to accept the fact that they were. All teenage mothers who participated in

the study viewed their pregnancies as unplanned and at first unwelcomed. This is confirmed by the following extracts:

*No it was not planned I didn't want the baby then but now that the baby is here I love her. It was a mistake that I'm trying to correct because I want to finish school first (IDI 17 year old teenage mother at school).*

*No I didn't plan for it, it just happened (IDI# 16 year old teenage mother out of school).*

*My life will never be the same again after the pregnancy, I lost my friends and in the community they look at me and feel shame and pity for me so I don't interact with anyone, I just stay in the house after school (IDI# 16 year old teenage mother at school).*

They also felt anger towards themselves and the fathers of their babies. In this research only five teenage mothers mentioned the fathers as part of their babies' lives and who were supportive, the rest did not. Young fathers often lack interest in what happens to the teenage mother and the child, and this reflects a new culture that allows young fathers' not to participate in their children's lives. Because of this, teenage mothers feel embarrassed, depressed and scared of facing the world especially their close family members who have high expectations of them. When friends and family members reject them they feel hurt and alone, and this can lead to increased risk of depression as they often spend time alone crying. Once people knew of their condition that is when rejection begins and hence more feelings of loneliness and depression.

*No they don't stick around because they think you are nothing because you now have a baby, and they look for those who don't have babies (IDI# 19 year old teenage mother at school).*

*...They run away because they are scared of being fathers (IDI# 16 year old teenage mother at school).*

*No they don't stick around; they are disgraced if you fall pregnant and don't want to be associated with you even if it's their child too. I don't know how they think, they don't care about anyone but themselves, after getting what they want they don't care who gets hurt in the process (IDI# 18 year old teenage mother at school).*

#### **4.3.4 Fear of losing friendships**

Teenage mothers after finding out they are pregnant, feared that their friends would abandon them and hence they do not tell them about the pregnancy, they let the friends find out on their own. When coming back from their leave of absence they fear the teachers. As some would be gone for two weeks to a month, they found the friends they had already made new friends at school while they were gone. And in some cases teenage mothers alienate themselves because they find it difficult to fit in and be part of the group again after they have



given birth or when they have fallen pregnant. Most of them feel uncomfortable participating in class because they think they will be ridiculed by fellow students. Most peers do not want to associate with a teen mother therefore this is difficult on the teenage mother catching up on the lesson that she missed when she went to give birth if they do not have anyone to talk to and help them to catch up on the lessons they have missed. Also, making friends on their return is often difficult for teenage mothers.

*I didn't tell them I just kept quiet and they saw that something was up and when they asked me I didn't deny it (IDI# 18 year old teenage mother at school).*

*I told them I had a small problem and I can't come to school and after a while I guess they knew I was pregnant (FGD# 18 year old teenage mother at school).*

*People say nasty things about you behind your back and if your friend happens to hear such things she won't stick with you because it feels as if she's taking your blame; so some stay some don't. Mine didn't because I stayed at home for the whole year and she is in another grade and I'm behind and she has new friends. I don't blame her, and if you have a baby it's difficult to make new friends unless they have a baby too (IDI# 17 year old teenage mother).*

#### **4.3.5 Denial of paternity**

The involvement and the emotional support from the babies' fathers and their families alleviate some of the stress experienced by teenage mothers, thus leading to positive feelings, especially if the babies' fathers acknowledge the pregnancy and their families pay inhlawulo (damages) to the teenage mothers' families. But in most cases for school-going teenage mothers paternity is usually denied by the babies' fathers for fear of their parents because they are still children themselves and at school.

Many participants in the study testify that they only got tested after their first trimester, because they denied the possibility of them being pregnant and they waited for their menstruation periods hoping that in the next month they would come and when they do not it is usually late. Therefore it is for this reason that their partners deny paternity. The boyfriends of the teenage mothers do not usually acknowledge that they could have fathered a child. There are a number of factors that lead to boys denying paternity; the most cited by all the participants is financial provision. The participants in the study cited that the boyfriends' failure to acknowledge the pregnancy and assume responsibility by supporting the teenage mother is emotionally and financially traumatizing.

*Most of the time they run away because they impregnate a girl when they are still young themselves and they don't know how they are going to support the baby after the baby is*

*born. They are scared of their parents too and that is why a lot of guys deny because they think about what their parents will think forgetting that we all have scary parents who don't want us to disappoint them (IDI# 18 year old teenage mother at school).*

*They run away because they've got what they wanted and now they want to get it somewhere else...boys are thieves and schemers that's all I can say; they make you believe they will be there for you and the baby and you open your eyes they are gone and you hear that they have done the same thing somewhere else and they are the same...and they deny because they don't love us but pretend to be in love with us (IDI# 17 year old teenage mother out of school).*

*When my boyfriend denied the pregnancy I was the talk of the community. I don't want to see him again ever, after what he has done to me. If I had a way of running away I would have; it's degrading after all to be denied by the person who is responsible for your pregnancy, you hate yourself for meeting a dog (FGD# 18 year old teenage girl at school).*

Situations like this regularly worsened by the failure of the babies' fathers to admit having impregnated the teenage girls and assume responsibility for the pregnancy and the baby. Young fathers that are still at school themselves are afraid to assume financial responsibility for their children because they are still under the supervision and are dependent financially on their parents as well, hence they cannot afford to support the girl they have impregnated or the child after she gives birth. Most participants regretted having a baby and felt not worthy because of the pregnancy and having a baby. The fear of facing the parents made most of them guilty of disappointing their parents and the community at large.

*He doesn't help with raising the child and he has impregnated three girls after me; so do you think that person has a future with anyone, I don't think so, because he is denying some of his babies with other women. I don't want him back it's enough what has happened and I won't repeat it (IDI# 18 year old teenage mother at school).*

After the girl had reported the pregnancy and had told her parents, many families asked for inhlawulo [damages]. Therefore if this is not done it can create a lot of dispute between the families especially if the boy denies the pregnancy because it is humiliating to the girls' family in the community and society at large.

*Yes people used to talk and say 'you see her child was denied by the father' but they were lying, the whole community. I was scared even to go out to fetch water, but after the damages were paid it got better (IDI# 17 year old teenage mother out of school).*

*After my grandmother found out I told my boyfriend and he didn't believe me, but he accepted it, and after a while he went on telling people that he was not responsible for my pregnancy and his family then did not pay the damages and now our families are not talking because my grandmother is still angry (IDI# 17 year old teenage mother at school).*

#### 4.3.6 Lack of professional help (counselling)

The lack of professional help and support for teenage mothers aggravates the challenges faced by teenage mothers. This perceived lack of professional help left feelings of fear, humiliation and unhappiness. None of the interviewed teenage mothers mentioned any support from a professional institution or people who could counsel them. After they have confirmed their pregnancy at the clinic, the teenage mothers said none of them had received counselling and most of them did not know what it meant to be pregnant. Hence they go to school without having been told by someone professional how they can prepare themselves to deal with parenting, stigma and also the issues of balancing motherhood demands and school, be it at school or at the clinic. Some drop out of school because they fail to cope with the over-whelming fact of pregnancy and because they are scared of the teachers or their fellow classmates, although most of them continued with school while pregnant. The teen mothers who participated in this study cited that no one offered them help on how to face the situation they found themselves in. The change in their physical appearance and attracting negative attention from peers, community and society filled them with shame and fear of how they were going to get past that phase in their lives. This was revealed in the following:

*Our school does not have anybody who helps us deal with the challenges of life. When I found out that I was pregnant I knew my life was going to change but I didn't know how. I wish I had someone to speak to and help me deal with the load I had (IDI# 18 year old teenage mother at school).*

*I used to stay in my room and I didn't want to talk to anyone at home after I confirmed my pregnancy and at night I used to cry. That's how my grandmother found out that I was pregnant, they were difficult months and she forced me to go to school... (IDI# 17 year old teenage mother at school).*

*I don't know about counselling, I accepted my pregnancy that's what everybody does, you die alone inside but you pretend to be okay while you know that you are scared. You don't even know what to do and how you are going to raise the baby, where you are going to get the money to feed him/her, what if the baby dies, you blame yourself without telling anybody (IDI# 19 year old teenage mother at school).*

*I didn't know I needed counselling I just kept quiet because I had nobody to talk to, even at home my mother pretended not to care, I think she was punishing me for what I had done... (IDI# 17 year old teenage mother out of school).*

According to the principals of the schools and the teachers they confirmed that they had no programmes that provide professional counselling to teenage mothers prior to or after the delivery of the baby.

The conclusions that can be drawn from the above abstracts are that most participants felt that talking to someone can help them offload. And this would allow them to have a picture of what is ahead of them and help them make good decisions and have all the questions that they have answered. Some did not know if they needed to talk to someone because they had never seen anyone undergoing counselling in their communities and they were not even sure what it meant to undergo counselling.

*I would like to have programmes where we talk about issues that affect us and be advised on how to take care of ourselves and avoid pregnancy (IDI# 18 year old teenage mother at school).*

*They must bring us more trained doctors and nurses and stop being judgmental, calm down and not shout. They must treat us equal just like they treat the adults (IDI# 19 year old teenage mother at school).*

*After the damage is done I see no point of talking; isn't that supposed to happen before you do something wrong, you have to be warned before, how do you warn someone after she is already burnt (IDI# 19 year old teenage mother at school).*

*We don't talk 'ufa wedwa' [you die alone] because you don't want to bother people with your problems, because I don't think they actually care. They'll be saying 'blah blah blah you were alone making the baby so what's the problem now' and judge you at the same time. No I don't think it's wise to talk to someone and bother them even if they are hired by the school 'bazokhathala nabo' [they will also get tired] (IDI# 17 year old teenage mother out of school).*

Some of the participants in the study point out that they thought that it would be helpful if they are taught coping strategies of how to balance school and motherhood, hence the experience of being a mother and having to attend school would be less stressful. For that reason it can be concluded that teenage mothers need someone to talk to, be it a teacher or a professional, regarding access to information about motherhood, contraceptives and available resources so that they can learn to cope with their daily activities.

*It's difficult because if you are young you don't even know how to take care of your own self imagine having to take care of the baby that you know nothing about, it's difficult. At least we would have people telling us how to do it (FDG# 17 year old teenage mother at school).*

*I would like to have programmes where we talk about issues that affect us and be advised on how to take care of ourselves and babies instead of being on your own. When you come back from your leave of absence teachers continue like nothing happened if you are left behind that's your problem, it's not easy without their help (FGD# 18 year old teenage mother at school).*

*We would like to have girls' talks and we can learn from each other, that way but it has to be facilitated by someone from the clinic maybe (FGD# 18 year old teenage mother at school).*

## 4.4 Household circumstances and support

### 4.4.1 Fear of parents' response

Fear from young teenage mothers in this study was in relation to adults (parents, teachers and community members). From the perspective of teenage mothers in this study they reported fear when they found out that they were pregnant and hence they were afraid of what their parents would say or think of them. They also reported fear in relation to the babies' fathers because they did not know if the baby daddy would stick around after the baby is born. Most teenage mothers interviewed after they were suspecting that they were pregnant said they opted to keep that knowledge to themselves as long as they could and also tried to hide the pregnancy, keeping it a secret because of not knowing how their parents would respond.

Traditional Zulu households and communities view fathers as head of households and symbols of authority, discipline and keeping order and stability in their homes, as they are often called in their culture '*inhloko yekhaya*' (head of the homestead) and the social construction is that they are the providers of support in their household. Therefore *inhloko yekhaya* status is associated with being respected in their household and the community at large. According to this, teenage pregnancy undermines *inhloko* because the societies associate it with poor morals and poor parenting by the parents of the teenage mother, as young teenage girls are not expected to be sexually active compared to boys. The participants' responses in this study show that teenage mothers feared the response of their parents to the news of their condition. They felt they had put a lot of financial burden on their parents to take care of them and their babies as well and that they have stained their families' name.

*I was scared of my mother because I didn't know how I would tell her that I'm pregnant. I was scared of the shock she would get and the disappointment on her face (IDI# 16 year old teenage mother).*

*I feared my family because I'm still at school and I don't have parents I didn't know what I would give the baby once it's here (IDI# 17 year old teenage mother at school).*

*I was scared of my parents especially my dad thinking that they will beat me or chase me away if they found out that I was pregnant (IDI# 17 year old teenage mother at school).*

From the above responses it is clear that teenage mothers fear how they are going to be treated when their parents find out the news of their daughters pregnancies. This is mainly because they realise that they have given a great financial responsibility to their parents

because they are still dependent on their parents for survival and now the baby has to be taken care of financially by their parents. They also fear that their parents will know that they are sexually active, hence the pregnancy.

In most families girls are taken as the pride of the family and that is why in most communities in the Jozini area girls practice virginity testing and attend the ‘umhlanga’ (reed dance) because they also see themselves as the pride of the nation. Some girls in the community are often coerced into undergoing regular virginity testing by their parents, to try and make sure that they do not start having sex and become young mothers before their time. A lot of fathers are possessive with their daughters and place high price of bride worth on them. On the contrary if a girl is viewed in this way and becomes pregnant at a young age without even having been paid lobola, it brings disappointment and anger to the parents especially the fathers, and many communities still believe that teenage pregnancy is an unforgivable sin, hence they deserve any form of punishment and mockery.

*I was scared that my parents would chase me away or stop me from schooling for good (IDI# 17 year old teenage mother at school).*

*...Scared of my father (IDI# 19 year old teenage mother at school).*

*I was scared what my father will say and think if they hear something like that (IDI# 17 year old teenage mother at school).*

From the above extracts it can be noted that teenage mothers knew at the back of their minds that teenage pregnancy brings about a lot of negative effects on their parents as they were shocked to learn about their girls’ pregnancy, felt betrayed by their daughters whom they thought were pure, innocent and beautiful and used to attend umhlanga. Parents can also have feelings of shame in the community because they may be judged based on their children’s actions.

#### **4.4.2 Lack of family support**

The lack of support from teenage mothers’ families, communities, friends and churches aggravated challenges encountered by the teenage mothers who repeatedly emphasized the lack of support during their individual interviews. This apparent lack of support made them feel less about themselves, devastated, lonely, unhappy, angry, humiliated and terrified. None of the respondents ever mentioned receiving any professional help from a person who could counsel them, and they also never received any advice from parents either after they had

learned that their daughters were pregnant. Most girls received minimal support or no support from their parents and at times followed with no communication. This poor communication between parents and teenage mothers can be attributed to the disturbed relationship caused by her pregnancy.

However teenage mothers that were from single parent families or were raised by their grandmothers had received support even though they had disappointed them by getting pregnant at a young age. They also took care of their daughters and their babies when they arrived. It was observed from the interviews that single mothers were tolerant and understood the situation better and were thus supportive. Young mothers who went through teenage pregnancy themselves tended to be supportive towards their daughters' predicament. This is contrary to those teenage mothers that have both parents, and receive harsh treatment and no support. These teenage mothers experience rejection and received no support especially from their fathers, and their mothers sided with their husbands and sometimes even brothers and sisters, for the reason that teenage pregnancy causes tension in the girls' families. It is therefore interesting to note that even though parents rejected them, it is often short-lived because later the parents would provide support and welcome the baby as part of the family. However to some girls this is not usually the case as they are chased away from home by their fathers and brothers.

*You lean on yourself and you do not to ask them anything because you won't get it since you have chosen to be pregnant so you don't belong anymore (IDI# 18 year old teenage mother at school).*

*My father never spoke to me until I had the baby, as he was so angry and disappointed and didn't want anything to do with me. If he came home I would go to my grandmother's place because I was scared of him (IDI# 17 year old teenage mother at school).*

*My family was there for me but I could see that they don't approve of what I have done (IDI# 16 year old teenage mother at school).*

From the above extracts it can be concluded that with support from families teenage mothers who have gone through the trying times of pregnancy can regain self-esteem and confidence which can lead to better educational attainment and successes in future. However some teenage mothers revealed that the only support they are getting from their parents especially mothers is looking after the baby while they are at school, but when they return from school they have to take over.

#### 4.4.3 Lack of financial support/poverty

Parents of teenage mothers and boys are recognised as the source of financial support, but in most cases due to poverty and financial constraints, teenage mothers and their families cannot afford to pay for crèche or day care for the baby. Most of the time the baby is taken care of by the family member because they cannot afford to pay for a babysitter, thus they do not get the time to do their school work because they have to take over from the family member after school. Taking on financial responsibility is often beyond the reach of teenage mothers because of unemployment and incomplete education, and the teenage mothers that were part of the study were generally from poor households and their new roles as mothers aggravated their families' financial problems. Most participants mentioned that their biggest challenge was finances and that if more money could be provided it might take care of all their financial problems.

Some mentioned that the financial support they were receiving from the government and from the babies' fathers' family was not enough, thus it can be concluded that the teenage mothers are not coping with the income they are receiving and that having a baby at an early age when you do not have the means has a negative economic influence. For teenage mothers to be able to complete their schooling they indicated that they needed cheaper child care facilities, so that they could be able to finish school while there was someone looking after the child. The teenage mothers also cited that they could not rely on financial support from the babies' fathers. Even though some said that they had received some form of support from their boyfriends' families, it is said to be minimal and some did not receive such especially when their pregnancies were denied. Even though they cited that they never thought of committing suicide, except only one, and this is how they felt:

*The child support grant is not enough for me to pay a babysitter, it's only R250. That's nothing, babysitters are expensive and because I'm at school I rely on my parents. I cannot put another strain on them asking for a babysitter I take over after school and on weekends (IDI# 17 year old teenage mother at school).*

*My younger sisters complains about me trying to study at night and wasting a candle because at home we are given one candle for the week and if it's finished they blame me and say things like 'hamb' ofuni ikhandlela kubo kwengane umosha imali yababa' [go fetch a candle from the baby's father you're wasting our father's money]. It's really difficult to have a baby and be at school because you hardly do school work and you fail the tests (IDI# 18 year old teenage mother at school).*



*Going to the clinic every month you have to save the money that you get because milk is expensive and babies get sick all the time and you need money to take them to the clinic (IDI# 16 year old teenage mother at school).*

Their parents, mostly their mothers, because many of them did not have a father and were either from single parents household or were raised by grandmothers, had to carry the financial burden of caring for babies born by their daughters. They are the only support that the teenage mother usually has because of the lack of assistance from the babies' fathers.

*My grandmother had to help me with finances and to buy the baby formula. I felt that I had placed a lot of burden on her and wished my mother was here (IDI# 17 year old teenage mother at school).*

*He does not contribute financially. I doubt he even knows he has a child; everything is on me and my family (IDI# 19 year old teenage mother at school).*

## CHAPTER FIVE

### PERCEPTIONS OF KEY INFORMANTS AND TEENAGE BOYS

#### 5.1 Introduction

The purpose of this chapter is to present and discuss results from the focus group discussions with boys, teachers and health workers based on their own perceptions about teenage pregnancy in this area and schools. For this reason the high proportion of teenage pregnancies in this area remains a concern for schools and the health sector; one pregnant teenage girl is one too many. Teenage mothers face a lot of challenges while trying to finish school. This chapter concurs with the cited teenage mothers' experiences mentioned in the previous chapter. It also notes that teachers and health personnel are facing a challenge in curbing teenage pregnancy and preventing teenage girls from falling pregnant.

**Table 1:** Schools' statistics on teenage pregnancy

SCHOOLS	NUMBER OF TEENAGE MOTHERS	NUMBER OF PREGNANT TEENAGE GIRLS
SCHOOL-1	40%-55%	Estimated to be two or more per class
SCHOOL-2	50%-65%	Estimate to be three or more per class

From the two schools where interviews and focus groups took place, it was discovered that the prevalence of teenage pregnancy varies from school to school. The following are the statistics that were given by the principals of the schools, which give us a picture of teenage mothers and pregnant girls in the schools at the time of the research. The average female population in each school is just about plus or minus 700 per school compared to that of males. This shows that there has indeed been an increase in female enrolment compared to the past.

The statistics provided above demonstrate that teenage pregnancy marks a societal pattern, and based on this research it is common that being a teenage mother is more prevalent in rural areas. In this day and age boys are allowed to go out and experiment and what gives them more room to do this is because in many rural areas boys have their own rooms outside that of their parents in many households. They then see this as a sign that their parents are not

strict with them, and in other words they tolerate unintentionally that boys bring girls home and they are never asked about sexual matters and who they are having sex with. As a result many girls fall pregnant while they are still at school because boys have freedom in their households to do whatever they want without their parents knowing. Therefore schools need to take radical steps to try and curb the problem of teenage pregnancy. The information collected from the school principals reveals that the schools are not doing enough in trying to curb the problem of teenage pregnancy while the children are still at school.

As a result it is eminent that even though the problem of teenage pregnancy is very high in this place, the statistics provided above may not be the true reflection of the predicament of teenage pregnancies in schools because they are what the school principals estimated. Both are the principals' reports on the number of pregnancies that were reported in their schools, thus those that hide their pregnancies are not captured in the above statistics. Nonetheless in the researcher's own viewpoint she was once a high school learner, hence she came to witness that most pregnancies were not reported to the principals unless the parents of a teenage girl decided to do so and the principals then got the information from the class teachers. They are the ones that are in contact with the learners most of the time and they ask the class if they do not see one of their learners in class for a long time, and that is how they come to know about the pregnancy.

On the other hand principals cannot rely on the teachers for this information for the reason that when they fall pregnant many teenage girls are able to hide their pregnancies throughout the whole term of pregnancy as they tend to wear big jackets and jerseys to hide their growing tummies and some have small tummies when pregnant so they can easily be hidden underneath the school uniform, and this they do very well. Hence they may never find out that the teenage girl was ever pregnant and they can only get this information about her pregnancy or her having a child at home if she speaks about it, which in most cases teenage mothers prefer not to do. Based on the statistics presented above it is shocking to learn that one school can have plus or minus 40-50 teenage mothers in a school.

Therefore this demonstrates that sex education provided in these schools is not winning at curbing the problem of teenage girls getting pregnant while they are still at school. It is then noted that it is beyond reservation that our communities and schools have a very large and important role to play in attending to this dilemma of teenage girls becoming pregnant while

they are still at school. It is noted that the alarming figures of teenage pregnancy based on the findings of this research is not the problem on its own, or lack of morale from the teenage girls, but it is embedded in various other problems such as early sexual onset, sexual coercion and abuse, lack of information and sexual and reproductive health services that are youth friendly. Therefore this societal problem needs the attention of the Department of Education, government and the communities at large.

## **5.2 Teachers' perceptions about teenage pregnancy in their schools**

The teachers cited that teenage pregnancy is a huge problem in this area and that teenage girls are getting pregnant more than they used to a long time ago. The high schools in this study both acknowledge that they do not have a school policy on teenage pregnancy. Teachers frame teenage pregnancy as disruptive to teenage girls' education and that it brings a lot of anxiety to young people. Many teachers are not happy about dealing with this challenge in their school, because the government allows a pregnant teenage girl to continue with her schooling.

*I see them everywhere when I am in town. The majority of people that are pregnant that I usually see are young girls carrying babies left and right and are getting pregnant at a high rate (IDI# LO female teacher 3).*

*In this school especially we have that problem and in this area it's a very big problem because teenagers are getting pregnant in my class. Right at this moment I've got four of them in my class and maybe some have left school waiting to deliver so the rate is very high (IDI# LO male teacher 1).*

*The government said no girl child should be chased away because of falling pregnant; it is their right to remain at school, so what can we do (IDI# LO female teacher 2).*

### **5.2.1 The disruption of schooling**

Teachers indicated that having a pregnant teenage girl in their classrooms disrupt their fellow classmates. Teachers felt that teenage mothers cannot cope with the demands of pregnancy and motherhood because most of the time they are absent from school and missing lessons, and this changes their performance after the baby is born as they drop dramatically in their academic life. Therefore this can result in poor performance at the end of the term and some drop out because they cannot cope with parenting and schooling at the same time. When babies are still young they demand a lot of attention from the mother which can be a barrier to a teenage mother to attend school.

*If a person used to come to school for five days a week it drops to two days or may be three sometimes because when the baby is young he/she needs a lot of care and visits to the clinic and if they are breastfeeding it's even harder to come to school. So it doesn't help to say they must come back after the baby is born because it's like they are not even registered because they come as they please; we only hear about them when their neighbours tell us what's going on if we start asking questions (IDI# LO female teacher 2).*

*Some attend or leave for a short while and come back full force and some become on and off after the baby is born. They absent themselves from school most of the time and when they come back they all give one excuse 'ingane ibigula' [the baby was sick (IDI# LO female teacher 1).*

### **5.2.2 Lack of assistance from the teachers**

In most the cases teachers acknowledged that they did not offer assistance to the teenage mothers after the delivery in the form of special classes, because they had missed a lot of lessons in the curriculum. They expected them to hit the ground running because it was not their fault they were pregnant in the first place. They were only fulfilling the right to education by allowing them to go back to school. Although there were some teachers that believe that our society has become lenient and tolerant of their children's behaviour, some teachers interviewed believed that pregnant teens and teen mothers do require support and some did want to help but teenagers were not letting them.

*I would like the department of education to introduce a regulation that when they are pregnant learners are to stay at home (LO female teacher 2)*

*Unfortunately it becomes a problem for us to help them because even to know that someone is pregnant becomes difficult because they hide it and like sometimes they just tighten themselves with belts so that we cannot see but we can see we are adults here you can't hide a pregnancy. They are scared and parents lie on their behalf because if we see something suspicious and we call them aside they will deny and the parent will also come here and deny that her child is pregnant and ask us how did we know, and if we did a pregnancy test on them. No, so it's a very difficult issue because the parents are not willing to work with us (IDI# principal 2).*

*No we don't have any programme in place that focuses on teenage pregnancy and mothers, there is nothing but we do accept them back when they come back to school. They should be supported but I'm not saying design different classes for them, but if they have been away to give birth we as teachers should try and help that learner to catch-up provided they seek help too because when they come back they hide and avoid being asked any questions related to their absence (IDI# principal 1).*

### **5.2.3 Lack of resources available in the schools to help teenage mothers**

While teenage mothers or pregnant teenage girls are allowed to come back to school after delivery, the teachers find it hard to deal with the difficulties and their concerns, and

addressing their needs is usually a challenge. There is no specific someone in the school who is given a specific task to ensure the well-being of a teenage mother after delivery or prior to having a baby. All except one teacher Interviewed cited that they did not have a problem in teaching in a class with a pregnant learner. The one felt that they had to stay at home until they give birth because their presence is disruptive in class. Therefore teachers acknowledge that teenage mothers' education is without a doubt disadvantaged, and also believe that if there were opportunities available from the Department of Education to make up for the lost time it could have a positive impact on the teenage mothers' educational attainment.

*No we don't have and you can see there is a gap and if we had such things it wouldn't be the same and the work that we find on our shoulders is more. We wouldn't be in this situation or if we had a person to help us with counselling I think that is where we are lacking right now. If the department can provide us with someone we would be glad (IDI# LO male teacher 2).*

*No I have never seen such [counselling] in this school, but most of the time life orientation teachers liaise with the clinic and help them with whatever questions they have (IDI# LO female teacher1).*

The schools have tried some means to curb the problem of teenage pregnancy, but they seem to have lost interest because it seems as if the problem still persists while teenagers have been provided with all the information that they require. Both male and female teachers have a negative attitude towards teenage pregnancy, for the reason that it has negative outcomes on their learners. The highest rates of drop-outs are caused by teenage pregnancy and this has an effect on the schools' matric pass rates at the end of the year. This is what they had to say:

*They [teenagers] are ignorant because they have information but they don't seem to listen...we can only keep on educating them and maybe one day they will listen and change the way they do things.... because you do find teenage girls very young in Grade 12 pregnant at the end of the year. You find the learner who was supposed may be to get higher marks getting lower marks and then you can see that the pregnancy has affected her in a negative way (IDI# principal 1).*

*We try to advise them about the situation and the outcomes of it, the negative effects that the pregnancy has on their future. Some never respond to the advice that we give them (IDI# LO male teacher 1).*

#### **5.2.4 Pregnancy as a personal problem**

Most teachers view teenage pregnancy as a personal problem rather than societal. The pregnancy is usually the problem of the parent and the pregnant teen, because they were never trained to be midwives and they do not want to get involved and be held accountable if anything happens to the pregnant teenage girl. If anything were to happen they would be charged for negligence by the Department of Education even though they have never been trained for emergencies if a pregnant teenage girl goes into labour or has a miscarriage. That

is why teachers do not want highly pregnant girls at school because anything can happen although they are infringing on the teenage girls' democratic right of attending school while they are pregnant.

*I was never trained in helping someone to give birth; parents have to communicate with us so that we know if their child is pregnant in case of an emergency and she must be on stand-by because parents leave everything to us, and as you know this is a rural area, and ambulances take their sweet time to come. Anything can happen in-between and they will be busy asking 'where were the teachers?' as if we are midwives here, no! It's not right, period (IDI # Principal 1).*

*Yes we had a case in 2001 and it was difficult for all of us and that girl never returned to school because of fear everyone was going to laugh at her. But when the ambulance came it was too late, we don't know if the baby survived or what and we never saw that girl, we don't know what happened to her as well. And in 2009 another girl had a miscarriage in an exam room, it was embarrassing for all of us especially the male teachers and the boys in that exam (IDI# LO female teachers 1).*

### **5.2.5 Child support grant perception**

All the teachers agreed that in this particular rural area teenage pregnancy is a problem and that in some way or the other the child support grant has an influence on teenage girls falling pregnant. And again they also cited that the environment and poverty increases the risk of young teenage girls falling pregnant and leaving school. This is what they had to say:

*If I were in government or had power I don't think I would give the CSG to young teenage mothers, because it's like you are just promoting them to keep on having babies and they don't even use the money to support kids, they simple use it for their own benefit, doing their hair and buying clothes. It's not a good thing for these young girls as it influences them to fall pregnant because they want to have access to this money (IDI# principal 1).*

*This child support grant thing caused us a lot of havoc in our country and its busy creating a dependent nation always waiting for hand-outs, at the same time perpetuating teenage pregnancy (IDI# LO male teacher 1).*

*I think in the area where we are it is a problem, and you see that everybody wants to get a child so that they can receive the CSG (IDI# principal 2).*

*You may find that there are more learners from poor backgrounds because when they fall in love they go for those guys who have money to help them out whenever they can; you see then they end up having sex with those guys because they feel like they own them for what they are giving them so they are giving back in sexual favours, which leads them not to even think of condoms and then they fall pregnant (IDI# principal 1).*

### **5.3 Factors that contribute to teenage child bearing in Jozini: teenagers' perspectives**

#### **5.3.1 Early sexual debut**

Teenage mothers who have been pregnant while still at school cited early sexual debut and lack of awareness as the reason why they felt pregnant at a young age. Many teenage mothers fell pregnant while they were not yet ready and prepared to have a baby. The age at first sex for most of the teenage mothers interviewed was reported to be between the ages of 14 and 17 years of age and there was a four year age gap between the teenage girl and that of the partner.

*I started having sex at the age of 15 years and my partner was 20 years older than me. I didn't know what I was doing (IDI# 18 year old teen mother at school).*

*I started having sex at 14 years of age...no I didn't want to have sex but I don't know what happened that day I was caught in a moment of passion (IDI# 16 year old teenage mother).*

*I started having sex at 15 years of age, and we were both in high school I could have waited but I was so in love and to me sex was part of the whole relationship thing I guess (IDI# 18 year old teen mother at school).*

#### **5.3.2 Contraceptive use practices**

##### **5.3.2.1 Failure to use contraceptives**

The research results indicate that the failure or inconsistent use of contraceptives, peer pressure and lack of power in the relationship are considerable factors that contribute to teenage pregnancy. Many teenage girls felt that the lack of knowledge about pregnancy and contraceptives was not a concern to them but they were scared they would lose their partners if they asked them to use a condom when having sex and they were also too shy to raise the issue of condoms or contraceptives so this never got discussed in the relationships. The following extracts give a picture of the views of different participants in a focus group discussion and face-to-face interviews,

*"We use a condom only if he wants to use it. I don't know what happened when I fell pregnant we didn't use it that day maybe" (IDI# 16 year old teenage mother at school).*

*Another thing at home you cannot have the pills as what if your mother or older sister finds them and you will be in trouble. It's ok for our parents not to know that we are having sex because if they find the pills they will definitely know you have a boyfriend and are sleeping with him 'ai! Ngeke kulunge' [it will not be right] you will be in trouble and get a beating (FGD# 16 year old teen girl).*

*Sometimes you know a girl might be too shy to ask the boyfriend to use a condom or to start using contraceptives because she is scared he might leave her for someone who is not fussy*



*and who does not want these kinds of things and then she can get pregnant (FGD# 17 year old teenage boy).*

*I stopped because I gained a lot of weight and it was difficult to shed and my friends were telling me to try and lose weight so I had to stop (IDI# 17 year old teenage mother at school).*

Another problem is that teenagers are also not eager to approach health care workers about the concerns that they may have such as sexual and reproductive matters and birth control for the reason that they fear being turned away or judged and also there are lot of myths surrounding the idea of using contraceptives. Many respondents fell pregnant because they did not use contraceptives when they started having sex for fear of being caught at home or being seen by a community member attending a family planning clinic.

*.... Don't use it because I was scared of going to the clinic because of the health workers. What if they know my parents they will tell on me and say I'm too young to be using contraceptives (IDI# 16 year old teenage mother).*

*I heard the nurses don't allow young people to do such things and at times they will require a letter from your school or if they do give you an injection you won't be able to sit for the whole week because of the pain (FGD# 16 year old teenage girl).*

Another barrier mentioned was that contraceptives are only accessed on certain days of the week; if it is Thursday it means they have to skip school so that they do not miss a day on their routine injection, or they leave the school early only if their teachers allow them to do so. They forged the dates on their clinic cards because they were scared of the health workers being mad at them for missing the dates that they were supposed to come on. Even though they are available all days of the week it was usually not feasible for them to go to the clinics on weekends because that is when they take over taking care of the baby because they are at school the whole week.

*Teachers don't want us going around in school uniform going to the clinic making the school look bad that the children just roam around uncontrolled while they should be at school so it is difficult going to the clinic for the injection...I am using the three month injection and I have to miss school just a day after three months it's not bad (IDI# 19 year old teenage mother at school).*

*It was going to be okay if we had a mobile clinic inside the school premises because it's difficult to go out on pension day to go for our grants; imagine if you want to go to the clinic for the injection and if you lie and say you are sick they give you medication because they have in the first aid kit so that is why I stopped and on Saturday I have to take over from my mother and look after the baby and let her rest and go and do her things (FGD# 17 year old teenage mother at school).*

### 5.3.2.2 Knowledge and attitudes about contraceptives

Many teenagers avoid the public health facilities because of the perceived hostility and the attitude of health workers towards young people, and the lack of confidentiality in health facilities. As a result rather than seeking preventative measures young people may have no contact with the health service centre or clinics until they develop symptoms of pregnancy, or test if they have done something that puts them at risk of contracting HIV/AIDS. Many teenage mothers cited that their pregnancies were not planned and they did little to prevent these pregnancies. The failure of using contraceptives and lack of knowledge thereof was identified as the main reason for pregnancies among teenage girls.

Even though some knew about the contraceptive methods from their life orientation lessons, there were still gaps in the accuracy of the knowledge. The inconsistent use or incorrect use of condoms and other forms of contraception lead to a lot of pregnancies among teenage girls, and emergency contraceptives were something new to them because they did not know there was such a thing and that it could reduce the chances of one getting pregnant. There are a lot of myths, fears of side effects and lots of false beliefs surrounding contraceptives which play a role in whether teenage girls will use the contraceptives or not, and this can lead to lot of teenage girls getting pregnant. Most teenage girls never thought they might fall pregnant in the first sexual encounter or after having sex just a few times.

*I doubt the nurses will care to explain the different methods of contraceptives; who are you to go around asking about such, it's difficult (FGD# 18 year old teenage girl).*

*As I was not having sex every day I used to go to my boyfriend's place once a month, I never thought I would get pregnant just like that, I thought this thing takes time 'yazi' [you know] (IDI# 17 year old teenage mother out of school).*

*The experience was so devastating because I fell pregnant with my first sexual encounter and that was the last day I saw my boyfriend. I was young I didn't even understand what I was doing and boom 'ingane esiswini' [baby in the stomach] (IDI# 17 year old teenage mother at school).*

*They must not use contraceptives why would you kill my babies before they are even born ai no (FGD# 18 year old teenage boy)*

*They must not use it makes them wet so I hear (FGD# 15 year old teenage boy).*

The personal perceptions of teenage mothers that have hindered the use of contraceptives are that condoms are not difficult to find because even at the tuck-shops one can find them. However they are unpleasant to use and it depends on whether the boyfriend wants to use the

condom or not, because they cannot insist as they have no power to do that, and if one insists on condom use that creates mistrust between the two parties. When it comes to contraceptive use what emerged in this study was that some teenage girls feared their parents finding out because they would know that they were sexually active and some were ashamed and distrusted contraceptives' effectiveness and had no clue if they would be able to have children in the future if they started using the contraceptives now at this age.

*Because our relationship was a secret and I didn't want my friends to look at me as a bad potato I didn't use the contraceptives because I thought, what if I don't get a baby in the future, and the doctors will tell me it's because I was using all these things and I got pregnant without knowing (IDI# 18 year old teenage mother at school).*

*I don't know as a man I hardly go to the clinic and I prefer buying my condoms than using the 'choice condom' that thing can't be trusted. I'm telling you it's for the public and it's free there must really be something wrong with it (FGD# 18 year old teenage boy).*

Health workers confirmed that contraceptives are accessed free of charge from the health facility but many teenage mothers did not know about contraceptives prior to their pregnancy. Those that had more than one child knew about contraceptives as they were told after the birth of the baby but they did not use them. This was because boyfriends did not like the idea of contraceptives because of the myths and stigma attached to them, or they did not use them correctly or they stopped because they had broken up with the boyfriends after denying the pregnancy and they claimed not to be dating at the time.

*Contraceptives are free from any government health facility, and their [teenagers] common reason for coming here for those who have babies is to prevent pregnancy and get their injections and for others is to test, for morning after pills and testing for pregnancy. Some do take the condoms, even girls, though I can't be sure if they take them to use them or just have fun of carrying them around pretending to be having sex (IDI# Health worker 2).*

### **5.3.2.3 Personal beliefs**

The research results also reveal that some of the participants were aware of the alternatives such as termination of pregnancy but they did not want to terminate the pregnancy due to their religious viewpoints. And those religious beliefs prohibited such options:

*Abortion is a sin, it is better to suffer with the baby, maybe things will get better one day (FGD# 14 year old teen girl).*

*What if the baby is going to be a president one day, it is not an option (FGD# 15 year old teenage girl).*

*No that's not my choice to make because if you abort my child and I know about it I will kill you, period. Why would you do something like that or if you choose to do that fine we should rather break-up because you are a murderer (FGD# 18 year old teenage father).*

#### **5.3.2.4 Providers' attitudes**

Health workers who participated in this study cited that they do occasionally scold teenage girl clients and they cited that factors that contributes to them behaving in this way or being harsh to teenage girls is frustration. This is because most of the time they tend to lie and play games with them such as forging the dates on their clinic cards and trying to come to the clinic for prevention when it is too late, or if they suspect that they are pregnant they hope that the injection will automatically lead to abortion. That leads to them shouting or being harsh towards the girls and hence it is a challenge trying to provide services to young people. Sometimes it is not their intention to sound harsh but it is that they feel concerned that because they are mothers and fathers themselves teenagers should know that they are too young to be having sex because it seems as if they are more concerned about the pregnancy than HIV/AIDS.

*Our big problem is when they miss the days that they were supposed to come here for their injections and pills they forge the nurses' signatures pretending that they came on those days and you find that what is written there doesn't make sense and they think we won't notice. At that time you might inject that person only to find that she is already pregnant thinking the injection will serve as an abortion medicine of some sort (IDI# female health worker3).*

*I know they don't come here because they think we will know their business and what they get up to without their parents knowing and think we may tell on them. Sometimes they come here scared but after seeing that you are not an enemy but a friend then they start being free and talk to you. I love my work so I try so hard not to judge anyone or shout or make decisions that I know will affect my clients. I have a daughter too so I have to be a friend to these girls because I try even at home to be that friend (IDI# female health worker 1).*

Many teenage girls felt that their privacy in health facilities was not respected because health workers try so hard to embarrass them in front of everyone to try to stop them going to the clinic for their injections or looking for emergency contraceptives. They make them feel bad about going to the clinic which may in turn hinder them from going because of the fear that everybody will know why they are there.

*The nurses will never allow a young person in a school uniform without a baby to take contraceptives. I'm telling you and the people at a waiting room they will just look at you as a bad child because the nurses will just shout and tell everyone why you are there (IDI# 17 year old teenage mother at school).*

*I don't use it I'm scared of going to the clinic because of the health workers...imagine the look they'll be giving me (FGD# 16 year old teenage girl).*

While health workers had a different opinion on the point of privacy:

*Yes we treat them with respect and in the consultation room even if she is young you have to accept that she is pregnant and needs your help and they are usually more open about it once it happens (IDI# female health worker 2).*

*We hardly ever get them because they are shy to look or ask for information and when they come here they come to test for HIV and then you have to ask the reason why they want to have a test or if they have done something that might lead them to getting HIV. Then they start talking to you and asking questions, other than that, no, they don't want to come here or they are scared, we don't know (IDI# female health worker 4).*

#### **5.4 Peer pressure**

Acquiescence to peers is one of the most cited factors for teenage pregnancy and these young women in this study sample are no different. Girls are usually pressured by their friends in order to be accepted in a circle of friendship to have multiple partners. If they show sexual inexperience they are usually excluded from a group and regarded as children. Most of the time teenagers rely on their peers and the media for information about sexual matters more than any other source. Peer pressure plays a role in sexual activity commencement usually with no appropriate information on how to prevent pregnancy and diseases that are associated with sexual intercourse. For boys the pressure always has to do with manliness, and having many sexual partners wins them man status and admiration and they have negative attitudes towards condom use. Both girls and boys experience some form of peer pressure to be sexually active. The following extracts illustrate the aforementioned happening:

*My friends used to tell me how nice it was to see their babies smile at them and I usually felt isolated because I didn't have anything to contribute...I'm not saying it's okay to have a child while you are still young but it felt like a good thing to happen to me because my friends were happy for me and now that the baby is here I love him (IDI# 19 year old teen mother at school).*

*No I don't like the topic and I don't sit with those who talk about boys and stuff; what if they influence me one day to have sex or find me a boyfriend ai 'ngeke' [it's not on]. You look cheap if you involve yourself with such people (FGD# 15 year old teenage girl).*

*It does happen; this thing is the same as smoking. Boys do it just because a friend is doing it; having unprotected sex and getting pregnant (IDI# 17 year old teenage girl).*

*With friends it depends what kind of friends you have. At times you get good and bad friends and as boys they pressure you to do things you never thought you would do just because you want to prove to them that you can do it. And they tell you how to have sex they show off and*

*you end up doing it so that you will have something to say tomorrow (FGD# 17 year old teen boy).*

The above extracts show that school-going teenagers who participated in this research are not unaffected by the developmental challenges of the teenage stage. They also have a desire to protect their social relationships with their friends for the reason that if one is not sexually active or having a baby they felt excluded in shared conversation with their peers who have already gone through the stages of having sex and having a baby. Hence the desire to be part of such discussions is one of the contributing factors to teenage pregnancy and boys are also affected by such pressures from their friends. Those who are not sexually active are usually isolated in these conversations when friends are talking about their sexual experiences and motherhood.

*If you talk about those things here, no it's wrong we have to show respect... and plus we grew up here and things like that are things that you don't talk about. Even if you are not at home you feel like your mother is just there watching you and listening but if you don't have anything to say they chase you because they will be scared that you will make their secrets known. I am never a part of those discussions (FGD# 15 year old teen girl).*

*I've tried joining them this one time and they just kept quiet and said some of the things I don't need to hear because I've never had sex but 'nami ngifuna ukwazi kuqhubekani' [I also want to know what's going on] (FGD# 16 year old teenage girl).*

## **5.5 Social construction**

### **5.5.1 Lack of communication between teenagers and parents**

Many participants in the study felt that parents are very shy when it comes to discussing sexual matters for the reason that they only speak to them when there is a problem or when it is already too late. Most of the times they pretend like their children [teenagers] are innocent and too young to be discussing matters related to sex and sexuality. Many participants revealed that they shy away from the topic at home and they only feel at ease to discuss it with their friends at school instead, because at home it is a difficult topic to bring up. Many participants felt that sex was still a taboo subject between them and their parents. Teenagers in the study believed that sex education was important and that they would like their parents to be more open to them about it like white people do with their children.

*Sometimes I look at my mother and see that she is old and I would never say the word sex at home or in a conversation with her, where would I begin? (FGD# 17 year old teenage girl).*

*Sex is 'inhlamba' [an insult] and most of the time we treat and take it like that so it is not something that is easy to talk about especially with our parents even though it is important*

*for us to know. I choose not to know and not to ask my parents about it because I am scared, and it would be weird. Imagine going to my mother and saying 'mom I had sex with my boyfriend and I actually enjoyed it'. How was it like in your time? Did you ever enjoy sex? You see it's not on 'akulula' [it's not easy] (FGD#14 year old teenage girl).*

*My mother only started to talk to me when it was already too late. I think she was just suspecting I'm not sleeping at home sometimes but she had no proof because I used to cover my tracks very well. But I was not clever enough not to get pregnant (IDI# 17 year old teenage mother out of school).*

*Parents are not paying enough attention. You find that a girl does not know what's wrong or right and they don't even bother telling them that if you start your periods and then you sleep with a boy you will fall pregnant. You find that they do not have that information and end up falling pregnant without knowing (FGD # 16 year old teenage boy).*

Many participants felt the need for their parents to start talking to them about sexual matters and contraceptives before it is too late. Participants expressed that they were scared of talking to their parents and hence they resort to friends for information which is usually unverified with adults. Most of them know the importance of communicating with older people because they will never let them down or lie to them, but in most cases because they are scared of starting the sexual conversation with their parents as they are intimidated and shy, parents may think that by talking to them it will encourage teenagers to engage in sexual behaviour at an early age. Therefore teenagers feel very much at ease if they discuss this with their friends rather than their parents. Communication with parents may lead to postponement of early sexual activities by teenagers.

*We talk about girls and sex and we hardly ever talk about homework or school work with my friends but I can't speak to my father about such things...I will get beaten (FGD# 15 year old teenage boy).*

*In this time and age it should be easy but I don't know where the problem is with our parents 'abangeneke' [unapproachable] (FGD# 17 year old teenage girl).*

*We must move away from being shy and start being open with each other because at times you have a parent but you don't know what to say to her because you are scared of what she must say or maybe if we start it won't be so bad; it's just that we don't want to be the ones starting and maybe they can give us good advice (FGD# 15 year old teenage girl).*

Some participants cite that mothers do advise them not to become pregnant or sexually active. Some acknowledge that some people have good parents and they listen and some parents do not advise their children and push them to turn to their peers for advice on life and advice from friends is usually incorrect.

*They do talk to us in passing it's just that we are too busy to care. We only care about our friends and taverns not about what our parents are saying (FGD# 15 year old teenage girl).*

*If I had listened to my mother I wouldn't have had a baby right...because parents are never wrong if they say stay away from boys they know what they are talking about 'kodwa thina siya khona ngeshodi' [but we go there full force] (IDI#19 year old teenage mother at school)*

Evidence suggests that it is traditionally difficult for parents and elders to discuss sexual matters with their children (Mkhwanazi, 2012; Macleod and Tracey, 2009; Preston-Whyte, et al., 1991). In the South African context, while premarital pregnancy is not uncommon, adolescent sexuality remains a very sensitive issue. A study conducted by Mkhwanazi (2010) in a Black African township found that pregnant teenagers and teen mothers from Black African communities received very limited or no information regarding menstruation or sex at home which leave them with incomplete understanding of such matters therefore vulnerable to unintended conception. Elders fear that talking about sex will encourage early sexual debut among young people, highlighting that sex remain a taboo and sensitive issue within the African families (Mkhwanazi, 2010). As a result, media, educators through Life Orientation Programmes in schools peers remain the main sources of information on sexual and reproductive health matters for many young people in South Africa.

### **5.5.2 Childhood environment**

Many participants felt that they were given too much freedom to go out and experiment by their parents even though it is not their intention to do so, but in this area teenagers hardly sleep in the same house with their parents. They stay out until the late hours and parents never notice, and thus young people get to have sex at an early age because they are too free, which leads to early pregnancies. Before young people were not allowed to stay out late by their parents. Therefore parents' negligence inhibits their guidance towards their children especially boys because they roam around at night and never get questioned about it. In rural areas most households live in multi-room houses hence more opportunity for privacy and teenage girls and boys have more social contact and free time.

*My parents never notice if I'm in the house or if I have brought a girl in because they go to sleep early and my house is next to the gate (FGD# 18 year old teenage boy).*

*My mother drinks traditional beer so if I'm gone at night she doesn't notice as long I have put away her food to eat when she comes back there is no problem. I sleep with my younger sisters so if she shouts at the door they cover for me and pretend to be asleep but now that I have a baby I can't because my sisters won't look after my baby and they have boyfriends too*



*now and I'm scared they will also fall pregnant...I don't know how to speak to them they will think I'm jealous 'angazi' [I don't know] (IDI# 17 year old teen mother out of school).*

*Parents from this area don't have time for their kids even if you ask them several times to come here. So you talk to them but they will always have something more important to do like attending 'amasimu abo' [their farms] (IDI# LO male teacher 2).*

The above extracts reveal that a number of participants referred to lack of parents' supervision and needing more guidance from their parents. Participants felt that parents were no longer strict with their boys' and girls' movements as they heard this was not the case in the olden days. Now girls are allowed to go to night prayers and social gatherings which are used as their scape-goats to go to their boyfriends.

### **5.5.3 Keeping a boyfriend for marriage**

Some teenage mother participants blamed their parents for their pregnancy for the reason that some parents and elders in the family encourage them to marry young especially after falling pregnant. This is traditionally and morally acceptable to parents and relatives but wrong according to the teenage mothers. Some accused their grandparents and parents of not loving them as much as they love the boys and thus they renounce responsibility for economic support and hence hand them over to the boyfriends' family. They want bride wealth from them and for that to be paid a proof of fertility must be provided such as falling pregnant.

*My grandmother saw me carrying my friend's baby and she asked me when I am getting my own because time is running out ontanga bazele [peers have babies] (IDI# 18 year old teenage mother at school).*

*My boyfriend told me if I could give him a son he would marry me (IDI# 17 year old teen mother out of school).*

*I didn't want to lose my boyfriend; he asked me to have a baby by him and he would marry me after I finish school (IDI# 17 year old teen mother).*

*If you have many girlfriends, let's say three, if the first girlfriend finds out she will want all the attention and will fall pregnant intentionally so that I will focus on her and leave the others because they won't be having my child and my family will like her because of the baby especially if it's a baby boy that will carry the surname. Sometimes I may be forced to marry her because if I don't the baby will traditionally have her surname but if I marry her, the baby takes my surname (FGD# 19 year old teenage boy).*

### **5.5.4 Seeking love**

Some teenage girls cited that they resorted to early sexual activities because they were escaping some difficulties at home and felt that they were not receiving enough love from

their parents. This harshness was mentioned in a case where teenagers were living with step-mothers or fathers. Some stated that step-mothers are usually harsh and most of the time loaded them with hard household chores. This made them run away and resort to men because at least they would be told that they are loved. And at times these men are usually old and married. Teenagers stated parents' harshness as the reason for sexual activity and pregnancy. Pregnancy was seen as meeting an emotional need for love. For some participants it was to preserve the relationship with the baby's father and securing a marriage which in the end is often the opposite of what happens. Thus seeking love and attention leads to early sexual onset and pregnancy. Having a baby can provide a teenage girl who is seeking love a sense of belonging and being loved by someone in return which in this case is a baby.

Some teenage mothers said while looking for love you ended up making the wrong choices and bad decisions in life. They think that they are ready to have a baby but in reality when the baby comes that is where they usually see that they were not at all prepared to have a baby for the reason that it is difficult to be a mother while having to attend school. So the desire to have a baby is unrealistic because sometimes girls are forced to stay at home for a few weeks and some do not even return to school if they do not have anyone to help them look after the baby. The following extracts reveal that the above is true:

*One day I came home late and my uncle's wife told me to return to where I was coming from. I went to a friend's place for two days and I came back home and she sent me packing saying I must go to that friend, and I ended up staying with a married man who was working in road construction. He is gone and left me with the baby and after falling pregnant I came here to stay with my grandmother (IDI# 19 year old teenage mother at school).*

*He was older than me, he was like a brother I never had. We could talk about almost anything. He helped me with lot of things such as taking care of me because after my mother died I was hurting; my dad never cared about us giving money to his girlfriends in sheebens. The problem is when I fell pregnant that's when I found out he was married. My baby is my everything and I love him. Anyone can wrong me and at times I feel like the world is closing in on me but the moment I see him smile all is forgotten. I may not have money to give him a better life but I love him. I hope he grows up and understand that (IDI #18 year old teenage mother at school)*

The above extracts show that teenage girls have made a lot of wrong choices in the name of love and being loved in return if they cannot receive that at home. The death of parents or living with an extended family member deprived teenage girls' of parental guidance and love, and hence they opt for early marriages for shelter and clothes, and hence engage in early

sexual activities that are often risky and may lead to pregnancy and contracting HIV in the hope for a better life that could not be.

## **5.6 Poverty**

The study established that most of the girls engage in sexual activity at an early age compared to teenagers ten years ago, and the boys that they engage in sexual activities with are usually several years older than themselves. Thus the age difference can inhibit the ability to negotiate the conditions in which how and with whom to have sex. The focus group participants and some teenage mothers mentioned that most of the time the teenage girls who usually fall pregnant are those from poor backgrounds. Hence it is indicated that teenage mothers are likely to have been brought up in poor families and less disadvantageous households. Many teenage mother participants mentioned that they live with parents with low educational status and thus have no value in education and educational excursions thus leading to teenage girls being vulnerable to old men who promise to pay for them and give them pocket money. Therefore these teenage girls are more likely to negatively experience disadvantages that result from poor economic situations. The following extracts illustrate the point that many teenage girls engage in sexual activities for an economic gain and at an earlier age compared to ten years ago.

*Poverty can be one factor if you are from a poor home and you get somebody who buys your family groceries every month and wants to have a baby with you, you can't say no, you don't have the power to refuse (FGD# 16 year old teenage boy).*

*I fell pregnant in December and he was working and providing for me if I needed to buy things like cosmetics and attend school trips because my parents didn't pay for me...they used to tell me they don't have money to waste on useless things...at least now I receive SCG and I use it for myself. I don't have to ask my parents for money (IDI# 17 year old teenage mother at school).*

*Some do it let's say the parents are not working at home and they are really struggling they end up having sex and falling pregnant so that they can have something to eat at home and for cosmetics because the parents can't afford this (FGD# 15 year old teenage girl).*

Almost all the teenage mothers denied that they fell pregnant in order to get some sort of independence of having money from the government social assistance, which is (the child support grant). Teenage girls in focus groups without babies mentioned that teenage pregnancy is a problem and many teenage pregnancies happen because teenage girls are coerced by their boyfriends to have sex with them or force them, but they will never report it as rape because they do not know how to define rape in a relationship as sex is part of that

relationship. They also pointed out that some teenage girls prefer to date older men so with their friends they think they look cool because they are not dating school boys with no money.

*No it's not the support grant that makes teenage girls fall pregnant because what can you do with R250? That's nothing and I don't even receive that grant because I don't have an ID, but yes it can help, but you cannot rely on it or your child will starve (19 year old teenage mother at school).*

*It's not for the grant; they are dating older guys for status and to show off here at school with their sugar daddies" (FGD# 15 year old teenage girl).*

*The grants influence a lot of teenagers to have kids (FGD# 16 year old teenage boy).*

*They do, may be that is why we have a lot of them pregnant at school they want the money, who does not? (FGD# 18 year old teenage girl).*

### **5.7 Gender/power relations and relationship violence**

Power dynamics and violence in relationships play a vital role in teenage pregnancies, and this is not surprising for the reason that in this research some teenage mothers reported violence in their relationships be it physical or sexual, whereby they were coerced into having sex even if they were not ready to do so. Some teenage girls mentioned that they never reported violence incidences with their boyfriends because they were scared their parents would find out that they had started dating. At that time they take advice from their friends to keep quiet about any form of violence against them by their boyfriends. This can lead to teenage pregnancy because teenage girls will be scared to say no to sex or ask their partners to use protection, hence limited options and no autonomy over their bodies.

They often feel betrayed by their partners and in most cases are not even supported by their families, which leads to confusion about the situation they are in and the options that exist and are open to them. If it happens that a teenage girl is beaten very badly by her boyfriend the two families, hers and the boyfriend's parents, sit down and reach consensus and maybe the boyfriend's family will pay with a goat or give the girl's family money so that the case is not reported to the police. The subsequent extracts support the relation between power, gender violence and teenage pregnancies. Teenage pregnancy occurs in a context of legitimate love, business in which gender rules are powerful influences on those who unintentionally fall pregnant.

*I didn't want to have sex but because we were dating and he said if I didn't sleep with him it's because I didn't love him, I had to prove to him that I loved him by agreeing to sleep with him (IDI# 17 year old teenage mother at school).*

*He told me if I don't sleep with him he will leave me for others that will agree to sleep with him as he was my first boyfriend and all I agreed to do it (IDI #17 year old teenage mother).*

*Older boyfriends, sugar daddies, beat them.....me yes sometimes but I only hit her if she is trying to betray me or showing no respect for me and speaks to me anyhow. It's not abuse my sister, it is love, and you are fixing what is yours (FGD # 18 year old teenage boy).*

*No my sister I don't force my girl but I just make her agree even if she told herself she won't do it. I make sure at the end of the day I win without having to force her (FGD# 17 year old teenage boy).*

*I decide I cannot let her make that decision I have to learn to be a man at an early age so that I earn my respect as a man I make the decision and if she doesn't like what I'm doing we fight and you might end up forcing her. Why would she come to my house and leave her home if she doesn't want sex I don't ask her if we are dating we have to go all the way (FGD# 19 year old teenage boy).*

The extracts quoted above give somebody the credence to the observation that in teenage relationships power dynamics play a vital role in teenage girls getting pregnant. Miss \*Zandile (not her real name) was forced by her boyfriend to have sex with him because if she did not sleep with him he would have not take her home. So then Miss \*Zandile did not have a choice but to do as she was told so that she could sleep at home. In the first extract the participant could not refuse her boyfriend because she needed to prove to him that she loved him and she was not sleeping with someone else. With the girl participants, if they have had sex before their power to abstain and keep relationships were extensively compromised. It could be further argued that the boyfriend could say that “*you have had sex before why then not with me?*” Hence the extracts above point to a number of power dynamics that reduces girls' ability to negotiate safer sex or to abstain, and the boys have proven that they have coercive methods that they use to sleep with their girlfriends without using violence.

Flanagan et al. (2013) reported that teenage girls who reported their sexual debut as coerced are significantly more likely to get pregnant, report the pregnancy as unwanted and experience sexual transmitted infections. In the study conducted by the Department of Social Development in Limpopo province for instance, nearly 70 percent of teenage mothers reported their first sexual experience as rape (DSD, 2011). Teenage girls report being pressured or even coerced into sexual intercourse to ‘prove their love’ to their male partners

(Preston-Whyte, et al., 1991; Pettifor et al., 2009; DSD; 2013; DSD, 2011). Unplanned teenage pregnancy remains a major socio-economic and health matter.

### **5.8 Boredom/lack of recreational facilities, alcohol and drugs**

Because of the lack of recreational facilities in the area, teenage girls and boys spend their time loitering around because they are bored and have nothing to do. Some take having sex as playing and have sex frequently because there are no other activities of interest. Young girls in the area have no activities to keep them busy after doing the house chores, there is nothing left for them to do. They do not think about the after effects of having sex because being with boys is pleasant. Some spend time at home doing house chores and others cited that they visited friends in their spare time. Weekends and holidays are usually the worst and most of the time some resorted to alcohol to keep them busy or to pass the time. Many participants cited the availability of alcohol and drugs as the common reason that lead to early sexual initiation and which lead to teenage pregnancy.

*I spend most of my spare time with my friends especially on weekends or holidays because you can stay out late without worrying about school and stuff (FGD# 16 year old teenage girl).*

*Drugs and alcohol lead to a lack of judgement and people paying for you at parties and after you have taken those things you have to pay back in sexual favours. Yes sometimes others when drunk get that feeling of wanting to have sex (FGD# 17 year old teenage girl).*

*For me alcohol helps me because I'm shy. If I get tipsy I can do anything and approach even the girls that I'm scared of (FGD# 18 year old teenage boy).*

*Alcohol is good and bad because it makes you happy and sometimes it makes you do things that you don't even remember the next day; you don't even know who you slept with, you don't even know if you used a condom or not, if you are HIV positive or what, it gives you power that you don't have (FGD# 15 year old teenage boy).*

### **5.9 Media**

Participants perceived that sexual engagement and encounter was taking place at a much younger age compared to their mother and fathers' generation and this was blamed on television, and cited that if people are fighting in a certain way on TV or having sex they also want to go out and experiment what they have seen on TV and read in magazines. When asked why teenagers become sexually active at an early age, media was given as a perpetuator of such behaviours of young girls and boys. Teenagers are more at risk where communication with parents is poor and they are exposed to a sexual environment through mass media.

*Too much movie watching and wanting to do those things they see on TV (FGD# 15 year old teenage girl).*

*TV has an influence on us. I never thought that having sex with someone was that easy; you just pull the stunts you saw in a movie one day and bingo you win the lottery and practice makes perfect. It encourages us and we keep watching because we want to improve our own skills (FGD# 19 year old teenage boy).*

*TV especially has a lot of influence compared to in the past because now you can find a porn video anywhere even on your cell-phone; so a lot of things are not as hidden as before so it is easy to get hooked on wanting to practice what you see on TV because you are taking tips and you get encouraged (FGD# 17 year old teenage boy).*

## **5.10 Conclusion**

In this chapter the results, which came about as a result of the individual interviews and focus group discussions had with the participants were discussed. In the aforementioned interviews several themes emerged such as fear of parents' reactions, denial of paternity, teachers' responses and their lack of support, lack of contraceptive use, stigma and being rejected and ridiculed by their peers, school drop-out and decline in academic performance and participation in school activities and also social challenges.

After having a baby, teenage girls see the benefits of using contraceptives as it grants them the power to have control over their own fertility and space their children the way they want to, having another baby when they are ready, older and therefore having finished school. Considering the fact that most teenage mothers never use any form of contraceptives to delay pregnancy until they complete high school, a few did but a lot of them did not. Although there might be a lot of dynamics that prevent teenage girls' decisions about using contraceptives or not, the fact still remains they need to be equipped with knowledge, skills and information about accessing the contraceptives and utilising them effectively for their own benefits and that of communities at large.

In the study the participants cited that the fear comes from the thought of not knowing how their parents were going to react to the news of their pregnancies, because they also acknowledged that it was going to bring about a lot of financial burden because they were also still dependent on their parents for survival and also feared that they had brought their families' name to shame by falling pregnant while young, still at school and unmarried. Another element of fear emanated from not knowing how the babies' fathers were going to react and also feared their teachers' and peers' response to their pregnancy and motherhood now that they were parents and at school at the same time.

Participants also mentioned that their friends and peers ridiculed them and stopped associating with them, and apart from being mocked by peers they also received the same treatment from teachers as they did not offer any kind of assistance and support but treated them as non-existent. Life orientation teachers also agreed that they had no resources and did not offer any assistance to teenage mothers on their return to school after the delivery and some cited that when they are pregnant there are some activities that they could not do. They needed to be given special attention which is not easy as most of them hide their pregnancies. Due to the demands of motherhood and schooling most teenage mothers agreed their academic performance declined after the confirmation of pregnancy and birth of their baby and teachers agreed to this stating that teenage mothers did not cope with school work and their new roles as mothers.

Another key element that surfaced from this research throughout the analysis of information from the focus groups and individual interviews was a lack of communication between parents' and their teenagers and also breaking stereotypes in societies that promote gendered societies and stigmatization of pregnant or teenage mothers in schools and those that are out of school. This gives a conclusion that if teenage mothers do not get enough support from home and school, it puts them at risk and hence they are unlikely to successfully finish school. Therefore the responsibility lies with every stakeholder such as the Department of Education, parents, teachers and the Department of Health to educate teenage girls and also involve other learners to work together with these stakeholders in trying to make teenage mothers' schooling free of disturbances and also curb the increasing rates of teenage girls while they are still at school. The next chapter will present the conclusion from this research and also give an overview of the whole study and provide recommendations for the schools and the Department of Education on how they can provide successful interventions that will benefit their schools and learners, both boys and girls.



## **CHAPTER SIX**

### **CONCLUSION AND RECOMMENDATIONS**

#### **6.1 Introduction**

The study explored the multiple experiences faced by teenage mothers in trying to complete their schooling and having a baby. The study draws on in-depth interviews and focus groups conducted with teenage mothers at school, teenage mothers out of school, non-teenage mothers and teenage boys aged 15 to 19 years in Jozini, KwaZulu-Natal.

#### **6.2 Discussion**

In rural areas, particularly the two communities visited, young people have less access to information and resources. There are no specific health services that are designed to meet the needs of the youth and teenagers and they fear not being given friendly services in health facilities because most health personnel are old and they have never received training that is meant specifically to deal with teenagers and youth. Seeking information when you are young and live in these two particular communities is not viable because of the way the societies have gendered their children that a women should not seek information about sex or talk about sex for that matter. This is the attitude that has lead to many teenagers in the area not utilising contraceptives because it reveals that one is having sex before marriage while they are supposed to preserve themselves for marriage. The unequal power between men and women and how our societies have constructed us lead to negative influences on both women and men. For men this can lead to contracting HIV/AIDS because by virtue of being men they are allowed to go out and experience and have as many girlfriends as they want and that places women at risk of getting HIV and falling pregnant while the society emphasises innocence of women.

The teenage mothers that are still attending school and that are out of school revealed the traumatic experience because of the lack of preparedness, the stressful and huge burden on their academic life, school dropout, lack of support from the teachers and betrayal by the boyfriends. They also reported that they felt guilty, stigmatised, discriminated against at school and worthless and feared their parents being disappointed in them and also being deported from home. The purpose of this research was to describe and explore the experiences and challenges faced by teenage mothers and reported by the teenage mothers so

that this information can then form the basis for recommendations to enhance the quality of teenage mothers' life in Jozini while they are still at school.

The findings in the study established that the change to motherhood while still young and having not finished school is accompanied by a number of psychological penalties that places young teenage mothers at risk in terms of possibilities of dropping out of school and later life adjustments. For the reason that all the participants after having confirmed the pregnancy were met with a mixture of feelings such as disappointment and disbelief implies that they were still far from being emotionally and socially prepared for motherhood. This could be attributed to the sexual education in traditional Zulu customs and practices that used to take place. For the African Zulu it used to be customary to explain the facts of life to teenage girls. This was usually done by the elder women in the community through initiation schools (Preston-Whyte and Zondi, 1992). In all the group discussions among the girls and the boys it was established that those traditional practices have narrowed over time and their importance has narrowed. Friends and mass media are now regarded as the primary source of sexual information. In most cases the information and knowledge gained through the aforementioned sources were often incorrect and/or twisted and not proficient in promoting informed decisions and attitudes to the issues of reproductive health and sexuality.

The study found that the participants articulated the aspiration of having more children in later life after school completion. Research has shown that a delay in childbearing is a major predictor of greater accomplishment in a later life for an adolescent mother (Seitz and Apfel, 1993). Therefore based on these findings; it gives the impression that there is an urgent demand in South African rural areas for postnatal programmes that are long term regarding future childbearing. This will help teenage mothers with coping mechanisms, educational and occupational advancement as well as the development of their children.

The respondents' metaphors of the reactions and support shown by their families and relatives provided an insight into the existing hypothesis about support networks for teenage mothers. The research shows that practical attitudes displayed by caregivers in an African society assist in part by negotiated cultural settlements of damages and accountability had an affirmative effect on teenage girls' adjustment to motherhood (Preston-Whyte and Zondi, 1992). In this study it was found that the attitude of caregivers in terms of support did not effectively reduce the teenage mothers' intensity of emotional distress and the feelings of

guilt and personal blame. Instead, it obliges teenage mothers to take the character of a submissive daughter who is obedient and compliant in response to the goodwill extended by the family members and relatives. Not all the support received from parents and relatives was always positive for the reason that at times the parents and relatives may take over the mothers' role especially when the teenage mother is still young herself. This taking over of the responsibilities of the teenage mother was identified as one of the major sources of family and individual conflict that is common in teenage parenthood which can in turn lead to emotional distress (Richardson, Barbour and Bubenzer, 1991).

In the aforementioned cases, teenage mothers may have to fight for the rights over the child in particular when negotiating the differences between grandparents' child caring practices and the current methods. Nonetheless the fact that many families are willing to play a supportive role in making it possible for the teenage mother to return to school is comforting, since education has been found to play a vital role in persuading the well being of teenage mothers. For instance Black teenage mothers with at least a high school diploma on average had fewer emotional distress signs, higher self-esteem and fewer signs of depression compared to their counterparts, those with fewer years of schooling (Thomson and Peebles-Wilkins, 1992). Therefore the effects of education remain a strong and persistent measure taking into consideration social support.

The two communities where interviews took place in the Jozini area have high levels of poverty and unemployment, thus education is the only hope to improving the situation in many households. One has found that the majority of the older people in these communities are unemployed and further to that they have minimal skills and no formal education. Consequently, it is possible that for these families their hope for a better life lies in the hands of their children's learning. Because a person who is well-educated and has good results in matric has a chance or is likely to be employed and thus improves the financial well-being of the household. This is the reason why many parents and relatives are prepared to make sacrifices and undergo a lot of hardships to support the teenage mother in her hard work to complete high school at least.

According to the findings of the research, allowing teenage mothers back to school does not mean that they will succeed in completing high school. They find it hard to balance motherhood and school, which may lead to grade repetition and lack of motivation to

continue with school. Therefore it is necessary that they undergo support networks to prepare them for motherhood and school before they return to school, because they are expected to hit the ground running after having a child and returning to school and being a learner and a mother has to be done concurrently. Thus, there is a big responsibility placed on teenage mothers who are still undergoing development psychologically (Theron and Dunn, 2006). Adolescents are too young and usually emotionally not mature when they fall pregnant for the first time (Pearton, 1999). Therefore, for the teenage mothers to succeed with completing their schooling they need adequate support from the teachers and the parents and the society at large.

In most cases in this area teenage mothers cannot afford child care facilities because they do not have any source of income except the child support grant which is usually not enough to meet all the needs of the teenage mother and that of her child. As a result they do not get the time to do their school work or study when they get home because they have to take over from their babies' care giver (e.g. mother, grandmother and aunts). This then leads to teenage mothers missing school if there is no one to look after the baby or if the baby is sick. Teachers lack the skills of dealing with such situations and they offer no means of helping the teenage mother who was absent to catch up on the missed lessons. In most cases after their leave of absence for delivery they lag behind and may lack motivation to continue with schooling if they have to repeat the grade and that can also lead to repeating pregnancy and these results in failure to succeed in completing their high school education. The schools offer no counselling to teenage mothers as indicated by the teachers and principals, and this tends to be problematic to teenage mothers because they lack the 'know-how' in terms of balancing motherhood and school. At school they often feel lonely and stigmatized by their fellow students, because they have become mothers, and the society also judges them as teenage girls with no morals. Therefore providing them with counselling can help them to deal with the stigma that is attached to teenage pregnancy and provide coping strategies on their situation, in mothering and schooling.

At school the research has established that teenage mothers are usually alienated by friends, teachers and fellow classmates, and this has a negative effect on them because they feel out of place. This leads to disliking school altogether and at the end of the year they do not perform well. Through programmes of counselling they can be capable of overcoming the reaction from their friends, teachers and fellow classmates without being wounded. The

research also found that teachers face the dilemma that they do not have the skills to handle teenage mothers at school because they are usually over sensitive. Apart from encouraging them not to drop out of school the unfortunate part is that they do not treat them as learners with special needs but like any other student; this lack of support has a negative effect on teenage mothers at school. Some do not want to get involved because they view pregnancy as a personal matter, so they are less concerned about what happens to the teenage mother because that is between her and her parents. Teachers need training in terms of dealing with teenage mothers so that they can motivate and give them support academically.

Teenage mothers need support, for them to successfully complete their schooling and the research results prove that this is true. Teenagers need to be provided with life skills that will enable them to handle challenges and problems and this should be provided by the parents and teachers (Oliver, 2000). This has been emphasized by Bloom (2000) that teachers need to be well-informed about the challenges that teenagers face, and this includes teenage parenting. The research also found that parents make decisions on behalf of teenage mothers and do not send them to counselling because that is not known in the area, and some teenage girls feel that it is not necessary because it is like ‘crying over spilt milk’ and they do not want to publicize their situation to a stranger.

In summary of the findings, most teenagers in this study believed that teenage pregnancy is wrong, and after having a baby there are lot of challenges that teenage girls face in trying to complete school. The factors that contribute to teenage pregnancy from their own perspective were lack or failure to use contraceptives, peer pressure and lack of power in relationships. Apart from the tension between parents and teenage mothers, parents and relatives remained the common source of support financially and materially as most teenage mothers did not have a source of income, hence they were unable to provide for and support their babies after having been abandoned by their boyfriends. The study indicates that cultural dynamics such as receiving support from the parents, relatives, extended family and payments of damages lessen the experience of hardship for teenage mothers. However, how teachers practice letting pregnant teenage girls attend school and teenage mothers to be at school after the delivery of the baby varies between the schools. One school allows them because it is their right to be at school and the other school chases them when they are highly pregnant which infringes the teenage girls’ rights to be at school, pregnant or not.

## **6.3 RECOMMENDATIONS**

- The study recommends that it should be emphasized to delay sexual activity among young teenagers and also the correct information and resources of such information must be given to teenagers. Teenagers need to be educated about their bodies and also channels of communication between teenagers and parents must be opened. In the absence of such channels friends remain the only sources of information (Jewkes et al., 2001).
- Adults within and outside of the school system need to work together to share a common vision about education, make the most out of limited educational resources, and seek information about programs that have strong evidence of effectiveness
- They also need to be encouraged to ask for help, looking for services and they should be given knowledge about contraceptives and sexual and reproductive health services at clinics.
- It is also recommended that the nurses and all the health personnel who are usually consulted by the teenagers seize an opportunity for counselling about sexuality and reproductive health in every encounter with teenagers. As indicated in the study teenagers need information about contraceptives and sexuality.

### **6.3.1 Recommendations aimed at the teachers**

According to the current study the following recommendations are focused on teachers and could be implemented and practiced to try and help teenage mothers succeed in their school completion.

- Prior to returning to school teenage mothers need to be provided with professional counselling.
- Teachers need to be provided with proper training in terms of dealing with emergencies and how to support teenage mothers in their schools.
- Teachers must work together with their principals in terms of making time available which is also convenient for the teenage mother for extra lessons and they must be treated as learners with special needs.

- Schools may consider providing sexual and reproductive health facilities for teenagers at school.

### **6.3.2 Recommendations aimed at the Department of Education**

- Schools need to limit the impact that pregnancy has on young teenagers thus an enabling environment must be provided. This enabling environment will inevitably entail the provision of support to teenage mothers with motherhood, parenting skills, balancing school and motherhood, access to extra classes and programmes, sexuality and sex education in schools and last but not least mobile health services within the schools.
- Schools can implement comprehensive programs that include support, education, tutoring, and recreation, also known to reduce high-risk behaviours before teen pregnancy.
- Sex education classes and programmes should be carefully implemented not to promote high risk taking among teenagers because we live in an era of high levels of HIV/AIDS among young people in Southern Africa.

### **6.4 Limitations of the study**

The current study has a number of limitations. Like any qualitative study, its generalisability is limited due to having few participants who were sampled in only two schools in Jozini. Further to that, all participants were Africans, hence the study did not cover a wide range of teenage mothers' experiences in different areas, nor did it consider the experiences of teenage mothers of different races.

Another limitation, given the qualitative nature of the study, was the study did not take into account ages of children of the participants and if the participant had two children, the age gap and spacing was also not taken into account at the time of the interview. Therefore the time that had elapsed since the baby's birth was not taken into consideration. Hence it is possible that the issues that were discussed by the participants (teenage mothers) would be viewed differently depending on the amount of time they have had to process them. Furthermore the socio-economic status of the participants was not measured. Hence it is assumed that all teenage mothers did not differ much because they were from the same place but different communities. It is then possible that the scope of supportive resources available

to teenage mothers is different. This will then entail an investigation which is quantitative in nature in which socio-economic status can be assessed.

The study also focused on life orientation teachers and principals of the two schools and health workers of the two clinics in the two communities of research only, nonetheless their point of view added value to the researcher's understands of a selected group of teachers in South Africa who are faced with the teenage pregnancy dilemma. Their views were found to be contradictory and uneven from hostility, caring and being supportive.

## **6.5 Conclusion**

This research is comparable to that of Mac an Ghaill (1998) for the reason that the teenage girls in his study faced more or less similar challenges and stereotypes related in their schooling processes. Although the study of Mac an Ghaill's black sisters faced challenges due to race and gender, teenage mothers in this research faced schooling and societal problems arising from the stigma attached to teenage motherhood/pregnancy along with the issues of gender and power.

The high levels of early sexual activity and low or lack of contraceptive use among teenage girls puts them at a higher risk of getting pregnant and being infected with STIs. Being pregnant and giving birth to a baby are major transitions and a challenge for any individual, let alone being a teenage mother and still at school, facing motherhood and school. The study investigated the experiences of teenage mothers who are still at school in two communities in Jozini, the iGugu Lesizwe High School and Vukani Bantwana High School in particular. It was found that teenage pregnancy is usually a stigmatized circumstance which is made worse by cultural practices which condemn pregnancies that are out of marriage, especially if the partner of that particular teenage mother does not pay for damages. It is evident that teenage girls are having sex at an early age and get pregnant while they are still at school and out of wedlock. The study thus concludes with recommendations for further research on the topic and this includes the implementation of sex education at school from primary school, and also open communication between teenagers and their parents about issues of sexuality and reproductive health.



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## Informed Consent Form

*(To be read out by researcher before the beginning of the interview. one copy of the form to be left with the respondent; one copy to be signed by the respondent and kept by the researcher.)* My name is Nomfundo Philile Nxumalo (student number 205517827). I am doing research on a project entitled: *Experiences of teenage mothers subsequent to having their first child: a case study of female attending school in Jozini (KZN)*. This project is being supervised by Ms Nompumelelo Nzimande at the School of Development Studies, University of KwaZulu-Natal. I am managing the project and should you have any questions my contact details are:

School of Development Studies, University of KwaZulu-Natal, Durban

Cell: 083 732 3387

Tel: N/A

Email: [205517827@ukzn.ac.za](mailto:205517827@ukzn.ac.za) or [nomfundonxumalo@gmail.com](mailto:nomfundonxumalo@gmail.com)

Thank you for agreeing to take part in the project. Before we start I would like to emphasize that:

- your participation is entirely voluntary;
- you are free to refuse to answer any question;
- you are free to withdraw at any time
- your name will not be used in the study without your permission

The interview will be kept strictly confidential and will be available only to the research team. Extracts from the interview may be made part of the final research report. Do you give your consent for: *(please tick one of the options below?)*

Your name, position and organisation, or	
Your position and organisation, or	
Your organisation or type of organisation <i>(please specify)</i> , or	
None of the above	

To be used in the report

Please sign this form to show that I have read the contents to you.

----- (Signed) ----- (date)

----- (participant no)

Write your address below if you wish to receive a copy of the research report: