FACTORS ASSOCIATED WITH TEENAGE PREGNANCY IN LIMPOPO PROVINCE

PROVINCIAL HEALTH RESEARCH DAY 2012

POPULATION AND DEVELOPMENT DIRECTORATE
Outline of the Presentation

- Introduction
- Study Objectives
- Conceptual Framework
- Methodology
- Study Findings
- Recommendations
- Conclusion
Introduction

• The teenage pregnancy report was produced during the 2011/12 financial year – fully commissioned project

• Launched on the 29 September 2011

• Dissemination workshops were conducted to the five districts of Limpopo Province

• Report also presented at the PASA (Population Association of Southern Africa) Conference at the University of Venda
Introduction

• Teenage pregnancy has seriously curtailed the educational success of girls in South Africa.

• Education is important for teenage girls to break the cycle of poverty that traps most of them. Although they are allowed to return to school after becoming mothers, girls face many challenges in trying to balance motherhood and the demands of schooling.
Major population concerns in South Africa include high incidence of unplanned and unwanted pregnancies, increased risk of child bearing and maternal mortality, incidence of sexually transmitted infections (STIs) and HIV and AIDS.

Results from the 1st South African National Youth Risk Behaviour Survey revealed that 19.1% of female high school learners who had ever had sex had been pregnant at least once.

12% of teenage girls aged 15–19 years had ever been pregnant or were pregnant at the time of the 2003 SADHS
Introduction

• Teen pregnancy proportions rise from 2% at 15 years to 27% at 19 years

• Provinces with the highest rates of teenage fertility are Limpopo, Northern Cape and the Free State, while the lowest rates of teenage pregnancies occur in KwaZulu-Natal, Gauteng and Mpumalanga.

• Significantly higher rates of pregnancies were observed among Black and Coloured adolescents. Fertility among the White and Indian adolescents mirrored that of developed countries.
Purpose of study

These were two-fold:

• To contribute to increased understanding of factors associated with high rate of teenage pregnancy in South Africa (Study to fit into the national study currently being conducted in other provinces).

• To use the results of the study in designing appropriate interventions for teenage pregnancy with the view of curbing the problem of teenage pregnancy in Limpopo.
Objectives of the study

• To identify and understand the psycho-social, economic, cultural and household factors associated with teenage pregnancies.

• To identify barriers to information and service delivery contributing to teenage pregnancies.
Bronfenbrenner’s Ecological Systems

- **Microsystem** looks at individual personal relationships which among others include friends, sexual relationships, familial issues and household factors.
- **Mesosystem** is more structural in nature and includes schools, workplace, safety, neighbourhood service delivery and communal norms and beliefs and practices.
- **Exosystem** is broader and looks at the contextual issues, for e.g. the public health, education and economic system.
- ** Macrosystem** expulses national beliefs and values enshrined in the Constitution, Legislation, Policies and Programmes.
- **Chronosystem** is global in nature and is seen as an overarching structure over the systems that lie beneath it.
Methodology

• The study was cross-sectional and used both qualitative and quantitative data collection.

• For purpose of triangulation: Questionnaires and focus group interviews were used.

• The questionnaire covered issues related to early child bearing, termination of pregnancy, barriers to information and service delivery.

• The study - predominantly qualitative - focused on 14 hospitals. Teenage births data from the DHIS (District Health Information Systems) database was used to establish the prevalence of teenage pregnancy.
Methodology

- Teenage births data from 37 Hospitals for the period January to December 2009 was considered to obtain the provincial average (210). The Hospitals in Waterberg district were found to have below average teenage births.

- Purposive sampling was used to select the schools adjacent to the 14 hospitals.

- For comparability purpose, a school in Waterberg district was also included to establish why Waterberg had low teenage births prevalence.
Study Population

The focus of the study was on

- Pregnant and teenagers mothers (referred as teenager mothers in the study)
- Teenage learners (not pregnant nor mothers)
- Parents
- Service providers (teachers, nurses and social workers); as a research population in order to understand factors associated with teenage pregnancy
Sample size

- The study collected information from 131 individual interviews with teenage mothers.
- 119 individual interviews with service providers.
- 22 focus group discussions held in the five districts of the Limpopo province.
Ethical Clearance

- Ethical Clearance was obtained from the HSRC Ethics Committee before commencing the study as the study dealt with minors.

- The National Population Unit facilitated the process.

- Department of Education granted Approval to conduct this study in the sampled schools.
Data Analysis

• Quantitative data was collected using the Touchpoll electronic data systems – this increased confidentiality

• Data was then exported and analysed using SPSS – Statistical Package for Social Sciences.

• Qualitative data from focus group Discussions was Tape recorded and transcribed in to various themes
FINDINGS
Study Findings

The results are presented in 3 sections as follows:

1. Nature of pregnancies in Limpopo province
2. Factors associated with teenage pregnancy:
   - Exposure to sex
   - Psycho-social
   - Economic
   - Cultural
   - Household.
3. Sources of information, Barriers to information and service delivery contributing to teenage pregnancies.
# Background Characteristics of the Respondents

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Attributes</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at Sexual Debut</td>
<td>16 years and above</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>Below 16 years</td>
<td>24</td>
</tr>
<tr>
<td>Age at First Pregnancy</td>
<td>16 years and above</td>
<td>90.8</td>
</tr>
<tr>
<td></td>
<td>Below 16 years</td>
<td>9.2</td>
</tr>
<tr>
<td>Population group</td>
<td>Other</td>
<td>4.7</td>
</tr>
<tr>
<td></td>
<td>African</td>
<td>95.3</td>
</tr>
<tr>
<td>District</td>
<td>Capricorn</td>
<td>20.6</td>
</tr>
<tr>
<td></td>
<td>Mopani</td>
<td>29.0</td>
</tr>
<tr>
<td></td>
<td>Sekhukhune</td>
<td>16.0</td>
</tr>
<tr>
<td></td>
<td>Vhembe</td>
<td>26.7</td>
</tr>
<tr>
<td></td>
<td>Waterberg</td>
<td>7.6</td>
</tr>
</tbody>
</table>
## Background Characteristics of respondents

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Attributes</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Marital Status</strong></td>
<td>Never married</td>
<td>90.1</td>
</tr>
<tr>
<td></td>
<td>Ever married</td>
<td>9.9</td>
</tr>
<tr>
<td><strong>Parents Survival Status</strong></td>
<td>Parents alive</td>
<td>63.4</td>
</tr>
<tr>
<td></td>
<td>Paternal orphan</td>
<td>16.8</td>
</tr>
<tr>
<td></td>
<td>Maternal orphan</td>
<td>7.6</td>
</tr>
<tr>
<td></td>
<td>Dual orphan</td>
<td>12.2</td>
</tr>
<tr>
<td><strong>Caregiver</strong></td>
<td>Parents</td>
<td>64.9</td>
</tr>
<tr>
<td></td>
<td>Other relative</td>
<td>24.4</td>
</tr>
<tr>
<td></td>
<td>Partner</td>
<td>10.7</td>
</tr>
<tr>
<td><strong>Household size</strong></td>
<td>Mean</td>
<td>4.87</td>
</tr>
<tr>
<td></td>
<td>Median</td>
<td>5.00</td>
</tr>
<tr>
<td><strong>Water &amp; Electricity availability</strong></td>
<td></td>
<td>61.8 &amp; 62.6 respectively</td>
</tr>
</tbody>
</table>
### Nature of Pregnancies

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unwanted</td>
<td>71</td>
</tr>
<tr>
<td>Wanted</td>
<td>29</td>
</tr>
</tbody>
</table>
Exposure to sex

- Girls in Limpopo get exposed to sex at an early age
- The mean age at sexual debut is 16.3 years
Exposure to sex

• Girls get exposed to sex at an early age. The mean age at sexual debut and first pregnancy is 16.2 and 17.2 years respective.
• The progress from sexual debut and first pregnancy is one year.

<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>CAPRICORN</th>
<th>MOPANI</th>
<th>SEKHUKHUNE</th>
<th>VHEMBE</th>
<th>WATERBERG</th>
<th>SIG.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age at Sexual Debut</td>
<td>16.7</td>
<td>16.2</td>
<td>16.1</td>
<td>16.2</td>
<td>14.9</td>
<td>.04</td>
</tr>
<tr>
<td>Age at Sexual Debut</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above 16 years</td>
<td>88.9</td>
<td>67.6</td>
<td>76.2</td>
<td>70.6</td>
<td>40.0</td>
<td>.05</td>
</tr>
<tr>
<td>Below 16 years</td>
<td>11.1</td>
<td>32.4</td>
<td>23.8</td>
<td>29.4</td>
<td>60.0</td>
<td></td>
</tr>
</tbody>
</table>
Nature of sex

- Explicit rape under 16, 14.7
- Statutory rape, 13.2
- Explicit rape above 16, 41.9
- Consented, 30.2

The heartland of southern Africa - development is about people
Nature of sex

Teenage mothers in focus group discussions were able to point to sexual abuse or rape in describing their experiences,

“...I was personally sexually abused by my step father two years back and got pregnant, he used to give me whatever I needed and I could not report him since he was the bread winner but died last year...”

Teenage mother, FGD: Vhembe.

“...We all love sex, but I was raped then I fell pregnant and didn’t have an abortion because it is against the word of God...”

Teenage mother, FGD: Capricorn.
Exposure to sex

• 20.9% of the teenage mothers knew that it was a crime for a girl below the age of 16 to engage in sex.

• While probing the issue of whether teenagers were aware of the legal consequences of engaging in sex if they were below the age of 16, teenage mothers responded as follows:

  “...Love has no age...”
  Teenage mother, FGD: Vhembe.

  “...There is no law enforcement about sex under the age of 16...”
  Teenage mother, FGD: Vhembe.
Reasons for Engaging in Sex

![Bar chart showing reasons for engaging in sex.](chart)

- **Pleasure**: 25.6%
- **Everyone does it**: 14.7%
- **Prove baby**: 16.3%
- **Prove love**: 48.8%
- **Prove woman**: 11.6%
- **Important**: 26.4%
- **Keep boyfriend**: 5.4%
- **No sex**: 7%

*The heartland of southern Africa - development is about people*
Cultural factors identified as a factor

- Domba
- Vhusha
- Musevhetho
- Senyantlo

- Chobediso
- Initiation schools
- Timiti
- Mhlangeni
## Cultural factors - Modern Culture

<table>
<thead>
<tr>
<th>Modern Practice</th>
<th>Teenage mother</th>
<th>Service Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>School functions</td>
<td>38.0</td>
<td></td>
</tr>
<tr>
<td>Spin the bottle</td>
<td>4.7</td>
<td>29.2</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>26.4</td>
<td>5.9</td>
</tr>
<tr>
<td>Parties</td>
<td>8.5</td>
<td></td>
</tr>
<tr>
<td>Sleeping with a virgin</td>
<td></td>
<td>26.9</td>
</tr>
</tbody>
</table>
Psycho-social factors: Peer pressure

- Peer pressure has a major influence on teenage sexuality:
- There were 12.8% teenage mothers wanting to be pregnant who felt they got pregnant because of peer pressure, compared to 4.4% among the teenage mothers with unwanted pregnancy who felt they were pushed by peer pressure to become pregnant

“To be just cool and acceptable in the environment...”, Teenage learner, FGD: Vhembe.
Psycho-social factors: Family pressure

- 16.3% of teenage mothers experienced family pressure.
- 15.6% and 17.9% had an unwanted and wanted pregnancies respectively.

"If you stay with grannies they will tell you that they want nephews before they die and you go and have sex and fall pregnant."

Teenage learner, FGD: Waterberg.
There were 57.8% of teenage mothers with unwanted pregnancy who were pregnant because they were seeking for love compared to 41.0% among teenage mothers with wanted pregnancy who fell pregnant because they were seeking for love:

“...Not getting support from our mothers...If our mothers don’t tell us they love us someone will do their task and we get convinced…”

Teenage mother, FGD: Mopani.
Psycho-social factors: Alcohol

Alcohol is identified as a problem by teenagers, parents and service providers:

“...These days taverns are right in the centre of the village, you will find that a teenager stay next to the tavern and parents do supervise them and make sure they are always at home, they become attracted and go at night while parents are asleep...” Parent, FGD: Capricorn.
Psycho-social factors: Incest

There were 11.1% teenage mothers with unwanted pregnancy who said their pregnancy had experienced an incestuous relationship, while among the teenage mothers who wanted a pregnancy, 12.8 percent of them had experienced an incestuous relationship before (p=.78).

“...If their mothers are staying with stepfathers, these stepfathers abuse them sexually and tell them that they will do everything for them...”
Economic factors

- The results show that there were:
  - needed for money (4.7%)
  - wanted to access the child support grant (15.5%)
  - having multiple partners was beneficial (24.8%)
  - intergenerational relationships were helpful (20.2%)

- Concurrent multiple sexual partners at pregnancy time (32.6%)
- Involved in more than one sexual partner in their lifetime. (51.9%)
“...You know this child grant disgust me, you will see them on pay day they are more than us..”  Parent, FGD: Capricorn

“...Social grant is increasing and also influence teenage pregnancy but at the same time we survive with this money...”

Parent, FGD: Mopani.
“...Older people will tell us to have sex with them so that we can get the money we want. You might find that at that moment there are no condoms and that’s how we fall pregnant...”

Teenage learner, FGD: Vhembe.
Perceptions on economic issues

- Service providers identified **three** economic factors:
  - **Poverty** (61.3%)
  - **Child support grant** (37.0%)
  - **Intergenerational relationships** (11.8%)
- Most did not mention the issue of multiple sexual partners as a factor associated to teenage pregnancy.
Household factors: Results

- Teenage mothers in Mopani are more likely to want a pregnancy more than any other district in Limpopo. This means that whatever intervention, they should be prioritised for Mopani in Limpopo.

- Also, the study shows that the higher the household size, the more likely a teenager would want to have a pregnancy.
“...Injection will ruin you, if you use it for a period of 5 years, you have to wait again 5 years without getting pregnant...”
Teenage mother, FGD: Vhembe

“...Female condoms are very rare to be found that is why men take advantage of us and end up impregnating us. We don’t even know how to use female condoms..”
Teenage mother, FGD: Capricorn

“...I have been using injection and I became fat and stopped using it and see what can I use, they are not good...”
Teenage mother, FGD: Vhembe.
Source of information: Media and technology

The heartland of southern Africa - development is about people
The popularity of the radio and TV were vividly captured in the focus group discussions by the teenagers:

“...because we love sex, we wait till 12midnight and watch pornographic movies copying the styles and screaming like they do. We do the way we see on TV and they don’t use condoms, they show how you take out the sperm from inside the vagina...” Teenage mother, FGD: Sekhukhune

“...I thought it was painful when people scream during sex on pornography, then I tried and fell pregnant, those people were feeling good and enjoying sex..” Teenage mother, FGD: Capricorn
“...Sometimes they tell us to come back the following day or next week, so we end up quitting to go back to get services in clinic...” Teenage mother, FGD: Vhembe.
Source of information: Schools

• “...Life Orientation has nothing to do with teenage pregnancy; it’s about healthy living and positive lifestyle and HIV. We go to the playground and do exercises...”

Teenage mother, FGD: Sekhukhune.
Recommendations

• There is a need for Law Enforcement - Child Sexual Rights
• Parental monitoring around pornographic material on cell phones, TV or print media.
• Improved Accessibility to sexual and reproductive health Services
• Teenage Mentoring - a need for role models in communities
• Community Development/ Economic Empowerment – to address poverty and reduce incidences of intergenerational and transactional sex
• Stakeholder Capacity Building – to address parenting in the modern world
Contact Details

• Population and Development Directorate
• Telephone number: 015 293 6149/ 6169
• Itani.ntsieni@dhsd.limpopo.gov.za

Report is available on www.dhsd.limpopo.gov.za