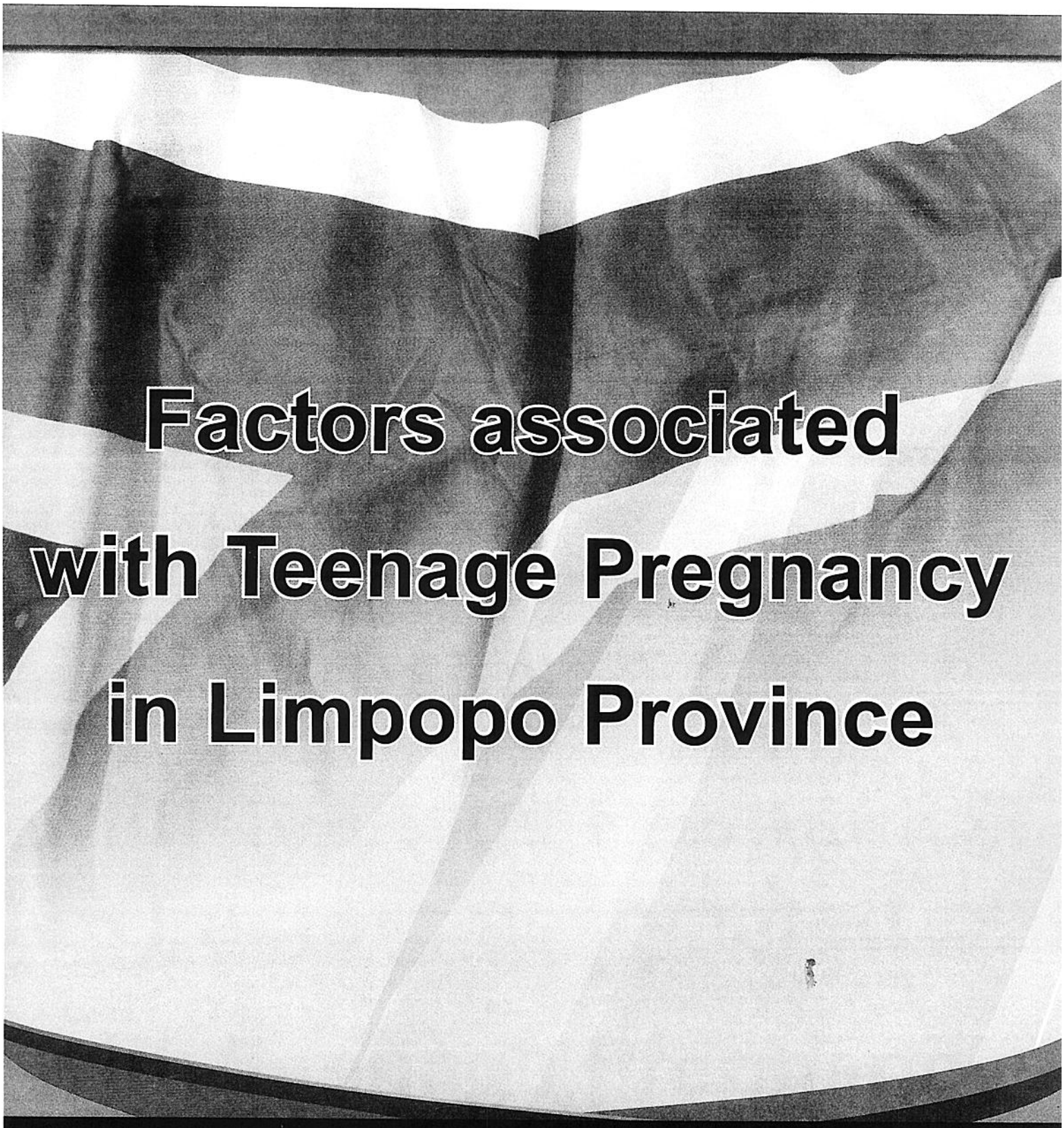
LIMPOPO

PROVINCIAL GOVERNMENT

REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF SOCIAL DEVELOPMENT



Factors associated with Teenage Pregnancy in Limpopo Province

Well cared for, socially empowered and self-reliant people of Limpopo

Acknowledgement

The Department of Social Development expresses its appreciation to all who participated in the study. Appreciation goes specifically to the Department of Education for granting approval to conduct and participate in the study at the schools.

The Department wishes to acknowledge the facilitative role by the National Department of Social Development (Chief Directorate: Population and Development) in securing the ethical clearance.

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Last but not least, the Department wishes to extend its thanks to the Department of Health for participating in the study by granting access to hospitals.

FOREWORD BY THE MEC

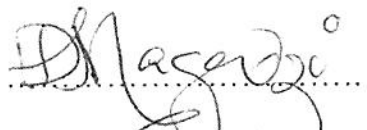
Teenage pregnancy has seriously curtailed the educational success of girls in South Africa. The experience in Limpopo Province is no exception. Adolescent sexuality and unplanned teenage pregnancies pose serious risks to teenage girls particularly during child bearing with subsequent increases in maternal mortality, incidence of sexually transmitted infections (STIs) and HIV and AIDS. This remains a reality in spite of the various interventions put in place to avoid premature deaths.

In 2010, Limpopo Department of Social Development; commissioned a Qualitative Study titled 'Factors Associated with Teenage Pregnancies in Limpopo Province'. The central objective of this study was to identify the causes of high rate of teenage pregnancy in certain areas of Limpopo Province.

Findings from this study show that teenage fertility in Limpopo province is still high. The study also shows that Teenage girls engage in sexual activities at a young age with a mean age of sexual debut of 16.3, in most cases the first sexual encounter is unconsensual. Alcohol abuse has also been identified as a serious problem leading teenagers into unprotected sex which results to undesired and unplanned births. Poverty and unemployment are revealed as contributory factors for intergenerational relationships and having multiple sexual partners.

The study recommends that to reduce teenage pregnancy there is a need to adopt a multi programme approach with key role players which include schools, hospitals and clinics, traditional leaders, NGO/CBO, family members and government. These strategies would need to primarily focus on; Law Enforcement, Improved Accessibility to Services, Increased Public Awareness, Teenage Mentoring, Community Development/ Economic Empowerment and Stakeholder Capacity Building.

I sincerely hope that this report will go a long way in paving the way towards achieving the set outcomes of the ruling party and the Millennium Development Goals. I therefore urge all stakeholders to make use of this report.



Mme Dikeledi Magadzi

Date: 2011/07/28

MEC DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

FOREWORD BY THE HOD

The research report on the "Factors Associated with Teenage Pregnancy in Limpopo Province" has been produced. The central objective of this study was to identify the causes of high rate of teenage pregnancy in certain areas of Limpopo Province.

The results of the study will assist in designing appropriate interventions aimed at reducing teenage pregnancy and the associated psycho-social and economic ramifications by responding to the study's recommendations.

Publication of this report provides an opportunity for government departments and other relevant stakeholders to review existing programmes which address teenage pregnancy.

I therefore urge all stakeholders within and outside government to make good use of the report.

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Dr A Morake

Date: 25/7/11

HEAD OF DEPARTMENT

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List of Acronyms

AIDS	-	Acquired Immuno-Deficiency Syndrome
CARe	-	Community AIDS Response
CBOs	-	Community Based Organisations
CSG	-	Child Support Grant
CHWs	-	Community Health Workers
CI	-	Confidence Interval
DHIS	-	District Health Information Systems data
DoBE	-	Department of Basic Education
DoH	-	Department of Health
DSD	-	Department of Social Development
FGD	-	Focus Group Discussion
GHS	-	General Household Survey
HIV	-	Human Immuno-deficiency Virus
HSRC	-	Human Sciences Research Council
ICPD	-	International Conference on Population and Development
KAPP	-	Knowledge, Attitudes, Perception and Practice
M2M	-	Mothers 2 Mothers
NGOs	-	Non-Governmental Organizations
NPU	-	National Population Unit
OR	-	Odds Ratio
PPASA	-	Planned Parenthood Association of South Africa
PIs	-	Principle Investigators
PPU	-	Provincial Population Unit
SADHS	-	South African Demographic and Health Survey
SGBs	-	School Governing Bodies
Stats SA	-	Statistics South Africa
STIs	-	Sexually Transmitted Infections
TOP	-	Termination of Pregnancy
WHO	-	World Health Organization

Executive Summary

Background and Rationale

Teenage pregnancy has seriously curtailed the educational success of girls in South Africa. Statistics show that four out of ten girls become pregnant at least once before age 20. Outlined as major population concerns in South Africa are the 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, and these deserve vigorous responsiveness by all concerned.

In order for policy makers and practitioners to fully implement proposed solutions, we firstly need to understand the current context within which these concerns are evident. Based on the research available in South Africa, various gaps in current literature have been identified. These include the paucity of information available regarding male adolescent sexuality, barriers to service provision - including the perceived attitudes and treatment received from healthcare staff members.

The purpose of this study was to contribute to an increased understanding of factors associated with the high rate of teenage pregnancies in South Africa. The results of the study will assist in designing appropriate interventions for teenage pregnancies to address the problem of teenage pregnancies.

The objectives of the study are to: understand the psycho-social, economic, cultural and household factors associated with teenage pregnancies; identify barriers to information and service delivery contributing to teenage pregnancies; identify programmes that are in place to prevent teenage pregnancy; propose possible areas of intervention (policies and/or services needed) to prevent teenage pregnancies.

The Ecological Systems Theory was identified as a suitable framework (in view of the project being a Knowledge, Attitudes, Perception and Practice (KAPP) study in order to deconstruct, organise and understand the factors associated with teenage pregnancies.

Methodology

The cross sectional study employed both quantitative and qualitative data collection methods. This methodology enabled the researchers to obtain a snapshot of factors associated with teenage pregnancy. For purposes of triangulation multiple research instruments were used. These included questionnaires and focus group interviews. These instruments enabled the researchers to gather information about individual and collective experiences around the issue of teenage pregnancy and community perceptions on teenage pregnancy. The schedule of questions covered a broad range of issues related to early childbearing, termination of pregnancy and barriers to information and service delivery.

The study – predominantly qualitative - focused on 14 hospitals. Teenage births data extracted from the District Health Information Systems (DHIS) database was used to establish the prevalence of teenage pregnancy. Teenage births data from 37 hospitals for the period January to December 2009 was considered to obtain the provincial average (210). Hospitals in Waterberg district were found to have below average teenage births. Schools adjacent to the 14 hospitals were purposively selected for inclusion in the study. For comparative purposes, a school in Waterberg district was included.

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 the target population in order to understand the factors associated with teenage pregnancy.

Results

All stakeholders who participated in the study viewed teenage pregnancy as a major population concern. The mean age of sexual debut and first sex were 16.3 and 17.3 years respectively, providing duration of one year between the two events. Rape was a significant factor in the process of exposing teenagers to sexual intercourse, with almost 70 % of teenage mothers reporting being raped at sexual debut. Rape in general was most significant in Waterberg, Vhembe and Sekhukhune. The study showed that more than a quarter of sexual debut was statutory rape and more than half was explicit rape. Statutory rape was significantly high in Waterberg and Mopani, while explicit rape was highest in Sekhukhune and Vhembe. The results show that Vhembe had the highest proportion (85.3 %) of teenagers with unwanted pregnancies. Waterberg, Sekhukhune and Mopani had moderately high proportions, 80.0, 71.4 and 70.3 % respectively. However, while there were a large proportion of teenagers raped at sexual debut, only a small proportion of teenage mothers perceived sexual abuse as contributing to teenage pregnancy. It was interesting to note that when the service providers were asked about the causes associated with teenage pregnancy, they did not allude to rape as a cause.

The study showed that psychological factors are important in determining pregnancy among teenagers. The planning of teenage pregnancy can have effects on teenagers if misinformed. Most unplanned pregnancies were found in districts where most pregnancies were also unwanted, that is in Vhembe and Waterberg. These are also the same districts where pregnancies due to peer pressure are relatively high. Marriage has also been identified as a contributory factor to teenagers wanting pregnancy and it was prominent in Vhembe, Mopani and Sekhukhune district. Alcohol abuse has also been identified as a serious problem leading teenagers into pregnancy, particularly in Waterberg, Vhembe and Capricorn district.

While it is tempting to assume that traditional practices are more likely to predispose teenagers to sexual activities that might result in pregnancy, the study showed that the norms held by teenagers have nothing to do with it. Instead, both the significant variables identified in this study, i.e., proving to have a baby and gaining respect might have secondary links to tradition in the sense that a woman can prove her womanhood through being fecund and fertile, by actually getting pregnant. Also, given the importance of fertility in Africa, a pregnant woman, it is believed, can conjure respect from their partners, relatives or family members, as a baby is believed to perpetuate the clan. Children are given a spiritual and social value, as they can be a gift from god or ancestral spirits, and hence a pregnancy respected. It is interesting to note that service providers did not ascribe these beliefs as contributing to teenage pregnancy.

Poverty seems to be rife and there are no significant differences in the circumstances in which teenagers find themselves. As such, teenagers believe that intergenerational relations and having multiple sexual partners will help them financially. This leads them into concurrent multiple sexual partners, and more than one lifetime sexual partners. While these practices are strategies by the teenagers to alleviate poverty, they also expose them to STIs and HIV. Contrary to the high perception among service provider (37 %) and parents that the child support grant is a pull factor for teenagers to fall pregnant, only a small proportion (15.5 %) of teenage mothers indicated that they fell pregnant to access the grant. It is evident from this study that the child support grant as a driver of teenage pregnancy is merely a perception.

On household factors, the study shows that the larger the household size, the more likely a teenager would want to have a pregnancy, this may be linked to limited supervision and care for teenagers. Results from the study also alluded to the fact that dual orphans were more than twice likely to experience a pregnancy before the age of 16 (18.8 %) compared to compared to paternal orphans and those teenagers with both parents alive (9.1 and 8.4 % respectively). It is also important to note that there was no maternal orphan who experienced a pregnancy before the age of 16. However, these differences of age at first pregnancy by parental survival status are not statistically different.

Lack of knowledge on sex and contraception can expose teenage girls to pregnancy Knowledge on sexual and reproductive issues in Limpopo Province is low. It is interesting to note that friends are the common source of information for teenagers at a community level.

Sekhukhune and Capricorn teenagers had the highest proportions using this source. While parents were also moderately used as a source, again especially in Sekhukhune and Capricorn, there were generally reservation from both parents and teenagers. Parents tend to look at teenagers as immature, and times use culture to find it immoral to discuss sex with them, yet on the obverse, teenage are afraid to reveal their interest for sex to parents as often they are met with reproach. TV as a source of information seems to be common in most districts except in Mopani district. It is interesting to note that whilst phones were almost ubiquitous, internet use was still low in Limpopo. Internet use as a source of information seems to have a negative effect on teenagers to want pregnancy.

Focus Group Discussions (FGD) conducted with teenagers indicated that the major barriers among families circled around parent-teenager communication where parents would be shy or felt it was culturally unacceptable, shameful and disrespectful to discuss sex related issues with their children. However, on the converse some parents felt their teenagers would be shy to discuss issues related to sex with them. In some instances, parents felt their children already knew about sex hence there was no need to discuss about it, as schools a viewed as the place where they are being taught on sex and sexuality.

In hospitals and clinics barriers to accessing services as perceived by the teenagers circled around poor service provision where nurses mistreated or mocked the teenagers. Like in clinics, the issue of confidentiality was also present in schools as teenagers were hesitant to approach their teachers because they thought that their personal issues would be spread to other people, exposing them of their intentions. It is of note that issues around confidentiality, misinformation and lack of communication exist in the places of worship and deter the teenagers from getting correct information from their leaders or pastors. The study reflects that it is viewed as un-cultural to discuss issues concerning sex. It is in such a background that there are difficulties to discuss issues related to sex with the traditional leaders.

However, in some communities teenagers acknowledged the presence of community programmes run by NGOs but they doubted their effectiveness towards curtailing teenage pregnancy as they are not tailored to address teenage pregnancy. Regardless of the fact that there are multiple service providers expected to address issues related to teenage pregnancy the still exist barriers such as lack of confidentiality, age differences and discussing these issues being viewed as culturally unacceptable, shameful, disrespectful. In some instances the services providers are also perceived as perpetrators or shy to discuss the issues.

Conclusion and Recommendations

Teenage pregnancy is seriously curtailing the educational success of girls in South Africa. All the stakeholders in the study acknowledge that teenage pregnancy is embedded in poverty. Over 70.0 % of teenage pregnancies in the study were reported to be unwanted. A total of 69.8 % of them were raped. The study highlights the factors that lead to teenage pregnancy particularly explicit and statutory rape.

Knowledge of sexual and reproductive health issues was low among teenage mothers. The sources used for information ranged from schools, clinics, libraries, the internet, TV, parents and friends. Teachers were found to be either not properly equipped or not comfortable talking to teenagers about sex. The results also show that teenagers have modest knowledge on their rights to Termination of Pregnancy (TOP). While there are multiple service providers expected to address issues related to teenage pregnancy, there are barriers such as lack of confidentiality, age differences. Discussing issues related to sexuality was viewed as culturally unacceptable.

The study therefore recommends that there should be intervention programmes inclusive of campaigns to address challenges related to teenage pregnancy, rape and sexual abuse. This should be complimented by enforcing the law, in particular the Sexual Offence and Related Matters Amendment Act (SORMA).

To reduce teenage pregnancy there is a need to adopt a multi-stakeholder approach inclusive of schools, hospitals and clinics, traditional leaders, NGO/CBO, government and members of the civil society. The approach requires a focus on; Law Enforcement, Improved Accessibility to Services, Increased Public Awareness, Teenage Mentoring, Community Development/ Economic Empowerment and Stakeholder Capacity Building.

CHAPTER ONE: INTRODUCTION

Background

Teenage Pregnancy in the context of South Africa

Teenage pregnancy is seriously curtailing the educational success of girls in South Africa. Statistics show that four out of ten girls become pregnant at least once before age 20. Education is important for these girls in order to break the poverty cycle that trap most of them. Despite being allowed to return to school after becoming mothers, the girls face many challenges in trying to balance motherhood and the demands of schooling.

Adolescent sexuality and the potential for unplanned teenage pregnancies are issues to be considered not only in terms of the pregnancies but also with a view to the world population, and concerns for the pregnant girls' welfare. Outlined as major population concerns in South Africa are the 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, and these deserve vigorous responsiveness by all concerned. In line with the Programme of Action agreed upon at the International Conference on Population and Development (ICPD) in Cairo in 1994; one of the major strategies of the South African Population Policy (1998:36) is the promotion of *"responsible and healthy reproductive and sexual behaviour among adolescents and the youth to reduce the incidence of high risk teenage pregnancies, abortion and sexually transmitted diseases, including HIV/AIDS, through the provision of life skills, sexuality and gender sensitivity education, user-friendly health services and opportunities for engaging in social and community life".* In order for policy makers and practitioners to fully implement proposed solutions, we firstly need to understand the current context within which these concerns are evident.

In 2003, 12% of teenage girls aged 15–19 years had ever been pregnant or were pregnant at the time of the South African Demographic and Health Survey (SADHS). This is lower than the reported teenage pregnancy rate of 16% in the 1998 SADHS. The proportion of teenagers who have been pregnant rises each year from the age of 15 (2%) to 19 (27%). Nearly a quarter (23%) of 19-year-olds included in the 2003 SADHS were mothers. Pregnancies among 15-16 year olds account for 7% of all teen pregnancy, while 17- 19 year olds account for 93% of teenage pregnancies. Results from 2003 SADHS show that more than a quarter (27.3%) of girls have experienced at least one pregnancy before they reach age 20, whilst 23% are already mothers by the time they reach age 20. Results from the 1st South African National Youth Risk Behaviour Survey in 2002 revealed that 19.1% of female high school learners who had ever had sex had been pregnant at least once. 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. This difference could be accounted for by the *"wide variation in the social conditions under which young people grow up, related to disruptions of family structure, inequitable access to education and health services, as well as the concentration of poverty and unemployment in Black and Coloured communities".*

Despite the differences observed between the population groups, international research has shown that even when factors such as varying social conditions, disruptions of family structure, poverty and unemployment are controlled, the differences between population groups are still observed. This points to the cultural differences associated with pregnancies. The 2000 *State of South Africa's Population Report* reflects that teenage pregnancies in the Black and Coloured communities are not perceived in the same negative light as they are among the White and Asian communities. In African communities fertility and pregnancy, even among unmarried and teenage girls, has a substantive positive value. Makiwane (1998) argued that premarital sexual activity is common in South Africa and has become accepted through its very prevalence. However, the study by Kaufman, De Wet and Stadler (2000) indicated that few girls regarded early motherhood as a way to prove their fertility or improve their marriage prospects. Instead, early motherhood was associated with censure from parents and abandonment by partners.

The objective of the study was to establish the cause of high teenage pregnancy rates in areas serviced by hospitals where teenage pregnancy has been established to be exceptionally high. A qualitative research approach was used to understand the social phenomena affecting teenage mothers as learners.

Rationale of the study

Based on the research available in South Africa, various gaps in current literature have been identified. These include the paucity of information available regarding male adolescent sexuality, barriers to service provision - including the perceived attitudes and treatment received from healthcare staff members. Scholars have identified a tendency for research to focus predominantly on adolescent sexuality in urban areas, as well as in provinces like Limpopo, Kwazulu Natal and Gauteng (Alexander & Uys, 2002 as in Lesch & Bremridge, 2006). This study though it focussed entirely on Limpopo, would form part of a future larger study to be conducted in six or more provinces in the country.

Secondly, studies might exclude details about teenagers' perceptions and attitudes concerning pregnancy. This could imply that most strategic interventions might be based on anecdotes. Studies seem to concentrate broadly on pregnancy without concentrating on pregnant teenagers. They focus on teenagers' sexual and reproductive health in general, with limited focuses on pregnancy as such (WHO, 2007). To date, qualitative studies tend to be micro (i.e. focusing on a locality or context, without being diverse) hence being difficult to generalize. This study acknowledges this limitation and hence employs multiple research paradigms that take into account varying localities, in different provinces, using both quantitative and qualitative methodologies. As a result, the study recognizes that teenagers are not a homogeneous group and their situation and needs vary greatly by socio-economic status, education, geographical location and setting (WHO, 2007). The study also acknowledges that the context of teenage pregnancy is impacted upon by the perceptions and attitudes of other social groupings in their communities (e.g. youths and adults). Therefore different age groups will be investigated as well.

Purpose of the study

The purpose of this study is to contribute to an increased understanding of factors associated with teenage pregnancy in the province. The results of the study will assist in designing appropriate intervention programmes.

Objectives of the study

The objectives of the study are to:

- Understand the psycho-social, economic, cultural and household factors associated with teenage pregnancies
- Identify barriers to information and service delivery contributing to teenage pregnancies
- Identify programmes that are in place to prevent teenage pregnancy
- Propose possible areas of intervention (policies and/or services needed) to prevent teenage pregnancies.

Scope of the study

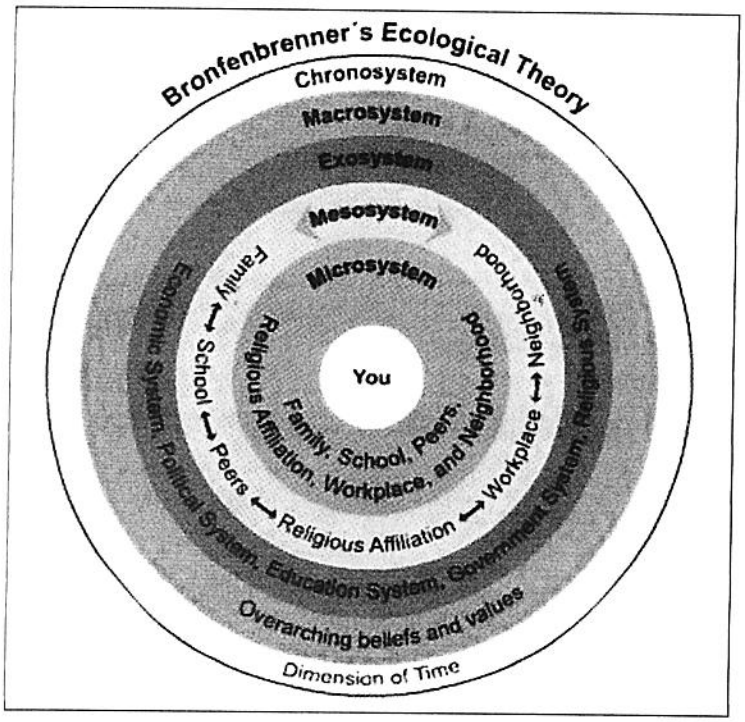
The study is intended to seek explanations on the basis of recorded statistics on teenage births. The Government hospitals of the Limpopo province recorded a total of 7754 live births which were borne by teenage mothers during the 2009 calendar year. This translates into an average of 210 teenage births per hospital in the reference period. However, the average might be misleading as a measure given that the range of 517 births for different hospitals. Malamulele hospital recorded the highest number of teenage births, namely 572 and the Van Velden Memorial Hospital reported only 55 for the same calendar year. These statistics provided a point of reference in terms for deciding on which hospitals and areas the study should focus on. The mean of 210 births was used as a cut off point for hospitals whose service areas – in terms of recorded teenage births – had to be involved in the study.

This implied that areas for which hospitals reported fewer than 210 teenage births during 2009 were excluded from the study. To this effect, hospitals in Waterberg district were excluded. Schools adjacent to the 14 hospitals were purposively selected for inclusion in the study. For comparative purposes, a school in Waterberg district was included.

Conceptual framework

To contextualise the factors associated with teenage pregnancy, the study made use of Bronfenbrenner's Ecological Systems Theory which is described hereafter.

Figure 1: Bronfenbrenner's Ecological Systems Theory



Bronfenbrenner's Ecological Systems Theory places emphasis on the quality and context of the child's environment. Bronfenbrenner (1979 cited in Berk, 2000) argues that as a child develops the interaction within these environments becomes more complex, especially as the child's physical and cognitive structures grow and mature (Berk, 2000). These interactions and their resulting experienced complexities are facilitated through various 'systems' that surround the child. These are: (1) microsystem; (2) mesosystem (3) exosystem (4) macrosystem and (5) chronosystem.

The *microsystem* looks at individual personal relationships, including friends, sexual relationships, familial issues and household factors. The *mesosystem* is more structural in nature and includes schools, workplaces, safety issues, neighbourhood service delivery and communal norms and beliefs and practices. The *exosystem* is broader and looks at the contextual issues, such as the public health, education and economic system. The *macrosystem* exposes national beliefs and values enshrined in the constitution, legislation, policies and programmes. The *chronosystem* is global in nature and is seen as an overarching structure over the systems that lie beneath it.

The Ecological Systems Theory has been identified as a suitable framework (in view of the project being a KAPP study) in order to deconstruct, organise and understand the factors associated with teenage pregnancy.

CHAPTER TWO: LITERATURE REVIEW

Teenage Pregnancy within the South African context

Adolescents, like all age groups in South Africa, are greatly affected by the HIV and AIDS pandemic. The National Strategic Plan on HIV & AIDS and Sexually Transmitted Infections identifies young people aged 15 – 24 years as a specific target group for all interventions. It is therefore important that safe sexual behaviour is encouraged and practised and that patterns of high risk sexual activity, of which teenage pregnancy is one consequence, are also understood within the context of the HIV pandemic.

In 2003, 12% of teenage girls aged 15 –19 years had been pregnant or were pregnant at the time of the South African Demographic and Health Survey (SADHS). This is lower than the reported teenage pregnancy rate of 16% in the 1998 SADHS. The proportion of teenagers who have been pregnant rises rapidly with each successive year as from the age of 15 years (2%) to 19 years (27%). From the 2003 SADHS study nearly a quarter (23%) of 19 year old women were mothers.

Although considerable attention has been paid to the prevalence of adolescent childbearing in the less developed world, limited information is available concerning the likelihood that a young woman will become pregnant while she is still enrolled in school. Where data are available, this usually pertains to births rather than to pregnancies. In sub-Saharan Africa, the combined effects of increasing levels of school enrolments, delayed school entries, grade repetitions, and periods of temporary withdrawals from school, lead many young women to remain enrolled at the primary or junior secondary level well past puberty and into their late teens, thus increasing their risk of pregnancy-related school disruptions.

Few studies examined the direct association between continued school enrolments and adolescent pregnancies. However, most of these studies used focus-group discussions and semi structured interviews to identify policy factors perceived to contribute to the risk of pregnancies among schoolgirls. Various studies have reflected that adolescents related the consequences of schoolgirls' pregnancies, identified the resources and strategies to which pregnant adolescents had access and identified some factors influencing whether or not a young woman could return to school following a pregnancy. Although these studies have contributed to the way that schoolgirls' pregnancies are conceptualized and have identified issues for policy interventions few quantitative studies exist to facilitate generalization of these results.

Even when studies focus on pregnancy-related school dropouts, they do not directly address the question of which pregnant schoolgirls are likely to drop out of school. In most settings, if a girl becomes visibly pregnant, she is required to stop attending school. If a young woman terminates her pregnancy before it is visible, school dropout could be avoided. Despite high rates of teenage pregnancies and the availability since 1996 of legal termination-of pregnancy services in South Africa many adolescents apparently remain unaware of such services' availability in public facilities. However, the availability of Termination of Pregnancies (TOP) services in the public health sector might be lacking in some parts of the Limpopo province. Statistics on the utilisation of abortion services among adolescents are not readily available. One hospital-based study in Soweto found the prevalence of legal abortions among pregnant teenagers to be 16 % in 2001.

Meekers and Ahmed (1999) examined the probability of prior school dropouts among pregnant schoolgirls. However they failed to report whether or not the girl had been enrolled in school at the time of her pregnancy. Eloundou-Enyégué (2004) examined the relative role of pregnancy and non-pregnancy-related school dropouts in shaping the gender gap in educational attainment. These authors did not report what happened to girls who became pregnant while enrolled in school but did not drop out at that time.

Causes of Teenage Pregnancy

In the 2003 SADHS, the median age of first intercourse is reported consistently across all age groups to be around 18 years. Nationally representative survey reported the average age of girls' sexual debuts to be about 17 years. Simbayi, Chauveau and Shisana's (2004) nationally representative survey reported a slightly different age of 16.5 years. In the 1998 SADHS survey 46% of women reported that their first sexual encounter occurred before the age of 18. This %age dropped to 42% in the 2003 SADHS survey, indicating a possible general trend in delaying first intercourse. Despite this, early sexual debuts remain a reality for some teenagers. A survey, conducted by the Planned Parenthood association of South Arica (PPASA) in six provinces of South Africa, found that 20% of teenage females reported forced sexual debuts, encounters or assaults. Violent and coercive sexual relations are addressed in the review by Macleod (1999b), indicating the relationship to early sexual debuts and early pregnancies. For example, Dunkle et al. (2004) found that the median age of first intercourse amongst their participants was 17 years. However, 97% of women who reported first intercourse before 13, and 26.7% of those reporting sexual debuts at the ages of 13-14, also reported non-consent to coitus. Information confirming forced or coerced sexual debuts are provided by Rutenberg et al. (2001) and Jewkes and Abrahams (2002). Jewkes et al. (2001) found that the partners of pregnant young women in their sample were more likely to be older, not to be in school and to have had multiple girlfriends, compared to the partners of non-pregnant young women. The pregnant women experienced significantly more violence in their relationships and were more likely to have been forced to have sex for the first time.

The threat to economic security, together with the humanitarian concern for the teenager's personal well-being, provides the impetus for the regulation of reproductive teenagers and potentially reproductive teenagers through increased education. The production of the economic self is advocated through education to avoid pregnancy as well as through further education of pregnant and mothering teenagers. The popular concern, as raised in the South African media, that young women are deliberately conceiving in order to access the childcare social grant (CSG) is supported, to a certain extent, by the PPASA (2003) survey. PPASA found that 12.1% of pregnant teenagers who had deliberately conceived to receive CSGs. However, other research (Department of Social Development, 2006; Makiwane & Udjo, 2006) concluded that there was no evidence that the CSG led to 'perverse incentives' to conceive among teenagers. These authors based their conclusions on the following: (1) early fertility decreased after the introduction of the CSG; (2) only 20% of teenage mothers were beneficiaries of these grants; (3) older female relatives who took over the child's care were often the beneficiaries, rather than the teenagers themselves; (4) fewer teenage mothers received CSGs than mothers in older age groups; and (5) during the period in which the CSG had been offered, rates of termination of pregnancies have increased.

Some research has pointed to the fact that a minority of young women planned their pregnancies. In the surveys conducted by Manzini (2001), Garenne, Tollman, Kahn, Collins & Ngwenya (2001), the PPASA (2003), and Pettifor et al. (2005), 29%, 24.6%, 9.2% and 33% respectively of respondents planned their pregnancies. For the rest, pregnancies were unintended. Psychological factors influencing teenage pregnancies ranged from maladjustment to the desire to have a child, although many studies indicated that most teenage girls did not intentionally attempt to become pregnant (Furstenberg 1992). Some teenagers who did not have close mother-child relationship during their own childhood years, tried to compensate for this lack by having a child in the hopes of developing a close bond with the infant. Reportedly girls might have felt that they could win their boyfriends' affection by having a child since a pregnancy confirms the boyfriend's manhood. Other psychological factors included: becoming independent; trying to be equal to their mothers, to be like other pregnant friends, and to signal for help (Kandell 1979; Musick 1993).

Discussing sexuality issues is difficult, especially between parents and children. Sexuality might be seen as something that cannot be talked about in public but should rather be discussed with peers. Research conducted in Kenya describes society in parts of Sub-Saharan Africa as having similar cultural barriers deterring members of one age group (parents) from discussing sexual matters with members of another age group (children or immediate juniors) or people of the opposite sex. The same study mentioned that this practice also existed in modern, educated families who had been knowledgeable about HIV and AIDS.

European christian values reportedly also influenced sex education. This was the case because some mothers in the study believed that a good christian should use clean language in explaining sexual matters and therefore used metaphors which they hoped their children would understand (Mbugua 2006:1088). Many factors are associated with early intercourse. For example, early dating and an absence of rules in a teenager's home governing dating behaviour, are correlated with early intercourse (Miller and Moore 1990; Thornton 1990). The peer group is also noted as a factor influencing a teenager's decision to engage in sexual activities, although these results indicate that this influence is secondary to that of the teenager's family.

The home remains a major source for learning about sexuality. Parents should ensure that children grow up capable of making informed decisions about their sexuality. Parents should not only act as role models, but also communicate freely on sexuality, development and sexual behavioural patterns. Communication is essential for increasing responsible sexual behaviour among adolescents. Learning about sexual health emerged as a theme from the data and reflected that teenagers acquired knowledge of sexual health from different sources. It was also noted, with concern, that parents were not mentioned as the main source of information about sexual health.

During interviews, the media was cited as the main source of information on sexual health, especially during the new era of democracy in South Africa, since 1994, where there is freedom of expression and easy access to television, magazines and even pornographic films or videos. The participants reported learning about sexual health from the media in, (1) television and films and (2) magazines and pornographic pictures. Television and radio programmes have great potential for disseminating sexual information. Television is not the only source of sexual information available to adolescents, but is an accessible and compelling one. Television can portray human sexuality in a socially responsible manner or as degrading and high-risk. Television can also make irresponsible sex behaviours appear glamorous or without negative consequences for the parents, teenagers and/or teenagers' children.

Barriers to Information and Services

Young women might encounter barriers to access urine testing for pregnancy within the public health sector. These barriers include ignorance of protocols on the part of service providers and negative attitudes maintaining that providing urine tests to determine pregnancies could encourage teenagers to be sexually active. Garenne et al's "s (2001) research in the Agincourt sub district of the Limpopo province shows that contraceptive usage increased significantly amongst young women after their first children's births. Data from the SADHS (2008) show that youth are currently more willing to use contraceptives prior to first birth than previous cohorts of young women. The decision to use contraceptives is not an easy one to make for a teenager, yet, not using contraception implies a risk of pregnancy for all sexually active women (Stark 1986, Shapiro 1994, Jones 1986). Teenagers are reportedly not good contraceptive users, because they might not admit to being sexually active (Kandell 1979; Furstenberg 1971); encountering difficulties in making long range plans; youthfulness and their immaturity and irresponsibility (Zabin, Wong, Weinick, and Emerson 1992); and fears of contraceptives' side effects such as weight gain and upset stomachs. Teenagers might not use contraceptives because of ignorance about contraceptive technology and/or about gaining access to this service.

The reasons why many adolescent women do not practise contraception include their ignorance about their pregnancy risks, their attitudes and their lack of knowledge about the available contraceptive methods, as well as problems in accessing the healthcare system. In a study on adolescent sex and contraceptive experiences and teenagers' perspectives on clinic nurses , adolescents stated that "nurses ask them funny questions such as why they have sex so young" and if they did not reply to the questions (Wood et al 1997:27), they were scolded and not given contraceptives. Kunene (1995:49) as well as Stanback and Twun-Baach (2001:38) reported that some health workers refused to give adolescents contraceptives fearing that this could encourage premarital sexual relationships.

Programmes Addressing Teenage Pregnancy

A consistent theme was that families were exercising insufficient supervision over their children, or providing inadequate love and affection. In some cases, particularly in urban districts, parents were characterized as being poor role models of appropriate behaviour, but most characterizations were of parents being "too busy" to provide sufficient care or supervision. Almost all educators noted that "dysfunctional families" played a very large role in tacitly encouraging teenage sexual activities either by their distance or discomfort in talking about sex and sexuality with their children. Many educators noted the relative absence of "family activities" in the lives of pregnant teenager.

Life skills-based education is a good method that deals with HIV prevention. Educators agree that life skills-based education enhances the practice of positive values, attitudes, behaviours and these could be extended to other people, in the community. These skills are needed for behaviour change. Educators' positive attitudes enhance success in the behaviour changes and in the negative attitudes fostering failures and disasters.

The main objective of the life skills-based education programme is to empower and develop the life skills of educators and learners through curriculum and other school-based activities which involve learners in participatory ways; to impart knowledge about HIV and AIDS and to live safe, balanced and meaningful lives enabling HIV-affected and HIV-infected learners and educators to cope with and live with the impact of the HIV pandemic. This life skills programme has been divided into six topics that are taught independently or are integrated into regular classes. The topics are: self esteem, understanding sexuality, preventing unwanted pregnancies, negotiation within relationships, preventing Human Immunodeficieny Virus and Sexually Transmitted Infections.

Life skills are the skills for successful living and learning. They are coping skills that can enhance the quality of life and prevent dysfunctional behaviours. They are skills which enable a person to interact meaningfully and successfully with the environment and with other people. They are the competencies needed for effective living and participation in communities. The greater the range of skills one possesses, the more alternatives and opportunities are available to one, improving one's potential for meaningful and successful interactions.

Dialogues with teenagers about sexual health are global concerns. This absence of sexual dialogues might be influenced by cultural values, beliefs and norms of teenagers. Culture might significantly influence which and how sexual health issues could be discussed between teenagers and adults.

Strategies to Reduce Teenage Pregnancies

Parent- School based approaches

The first prevention strategy aims to reduce the risks of conception by propagating the wide spread use of contraception. This group of prevention programs is guided by the belief that children today are likely to engage in sexual activities at young ages regardless of what social pressures schools and parents might exercise. The other group of prevention programs is guided by the belief that teenagers can be taught to delay initiating sexual intercourse until adulthood. This strategy is indicative of the broader "just say no" approach to solving adolescent problems, summarized in the words of the (ex) US Secretary of Education, William J. Bennett (cited in Olsen et. al 1992: 371)

Parents might, and often do, object to having sex education offered in the schools. However, this is usually because parents want to feel that they have been involved in their child's sex education training. One way to overcome parents' resistance is to incorporate them in the school-based programs. Evidence indicates that parent-child communication is critical in developing a child's orientation toward contraceptive use, exposure to intercourse, and pregnancy resolution (Flick 1986; Males 1993). Other reasons for involving parents have been outlined by Kirby et al (1982:105-6) included: parents indicating desires to upgrade their own sexual knowledge;

eliminating fears that sexual programs will subvert parental values; increasing program support; improving parent-child communication; and diminishing the 'values in the classroom' dilemma.

School-Clinic based approaches

The school and the community should cooperate as a unit to provide sexuality and contraceptive education to learners within its boundaries. Especially in the rural areas of the Limpopo province, almost all clinics are integrated, using a supermarket approach. All services are rendered to clients every day by healthcare providers, mostly nurses. In some clinics there are insufficient numbers of healthcare workers, necessitating extended waiting periods to be attended to. In the USA, Belfield (1998:30) found that the average waiting time for an initial visit was about an hour due to staff shortages, late arrivals of staff, extended tea and lunch breaks, socialising, inflexible routines, inefficient filing systems, poor client bookings and failures to attend to clients in the proper sequence. Jones (1996:32) found that adolescents hated waiting for long periods for contraceptive service providers. Thus long waiting periods at clinics might be experienced as a barrier to accessing contraceptives by some adolescents.

"Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy. It encompasses sexuality development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles. Sexuality education addresses the biological, socio-cultural, psychological and spiritual dimensions of sexuality from the cognitive, affective and behavioural domain, including the skills to communicate effectively and make responsible decisions". Sexuality education in this context aims to provide accurate information about sexual health, and assist the youth in acquiring skills that will help them make decisions. Furthermore sexuality education develops the interpersonal skills of the youth and helps them to exercise responsibility regarding sexual relationships.

CHAPTER 3 : RESEARCH METHODOLOGY

The study employed data triangulation. This methodology enhances the understanding of experiences of the participants. For purposes of triangulation multiple research instruments were used. These included questionnaires and focus group interviews. These instruments enabled the study to gather information about individual and collective experiences around the issue of teenage pregnancy and community perceptions on teenage pregnancy. The schedule of questions covered a broad range of issues related to early childbearing, termination of pregnancy and barriers to information and service delivery.

Target Population

The focus of the study was on:

- Pregnant and teenage mothers (referred to as teenage mothers in the study)
- Teenage learners (neither pregnant nor mothers)
- Parents
- Service providers (teachers, nurses and social workers); as a research population in order to understand factors associated with teenage pregnancy

Sampling Strategy

The study – predominantly qualitative - focused on 14 hospitals. Teenage births data extracted from the District Health Information Systems (DHIS) database was used to establish the prevalence of teenage pregnancy. Teenage births data from 37 hospitals for the period January to December 2009 was considered to obtain the provincial average (210). Hospitals in Waterberg district were found to have below average teenage births. Schools adjacent to the 14 hospitals were purposively selected for inclusion in the study. For comparative purposes, a school in Waterberg district was included.

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 the target population in order to understand the factors associated with teenage pregnancy.
The 14 hospitals (out of 37 government hospitals) which had recorded teen births above the average of 210 teenage births during 2009, selected were. The selected hospitals are as follows

1. Letaba Hospital
2. Kgapane Hospitals
3. Dilokong Hospital
4. St Rita's Hospital
5. Siloam Hospital
6. Seshego Hospital
7. Tshilidzini Hospital
8. Elim Hospital
9. Donald Fraser Hospital
10. Mankweng Hospital
11. Nkhensani Hospital
12. Jane Furse Hospital
13. Malamulele Hospital
14. Philadelphia Hospital

Recruitment of Respondents

Respondents were chosen because which enabled detailed exploration of the research objectives. Individual interviews were used to collect information from the service providers and teenage mothers. Focus Group Discussions (FGDs) were conducted with youth and parents at schools in the selected study sites. Parents in the surrounding communities in the study sites were selected with the help of the parent teacher association bodies.

The aim of the Focus Group Discussions (FGDs) were to gather in-depth information on young teenagers' and parents' opinions and views concerning attitudes and practices related to teenage pregnancies. Each FGD had about 10 participants who were asked to provide verbal and written consent to participate and permission to record the discussions by audio-taping them.

Two research instruments were used. These included

- Individual interviews with the use of structured interview schedules with teenage mothers and service providers
- Focus Group Discussions (FGDs) with teenage learners, teenage mothers and parents.

Both research instruments enabled the study to gather information about teenage boys' and girls' individual and collective experiences around the issues of teenage pregnancy as well as the perceptions of parents regarding teenage pregnancy. The schedule of questions covered a broad range of issues related to early childbearing, sexual experiences, knowledge of reproductive health services, termination of pregnancy and barriers to information.

A total of twenty-two Focus Group Discussions were conducted. The breakdown of the Focus Group Discussions were as follows:

- Capricorn: 6 FGDs (3 FGDs with teenage learners; 2 FGDs with teenage; 1 FGD with parents;
- Vhembe: 6 FGDs (3 FGDs with teenage learners; 2 FGDs with teenage mothers; 1 FGD with parents);
- Mopani: 5 FGDs (3 FGDs with teenage learners; 1 FGD with teenage mothers; 1 FGD with parents);
- Sekhukhune: 4 FGDs (2 FGDs with teenage learners; 1 FGD with teenage mothers; 1 FGD with parents);
- Waterberg: 2 FGDs (2 FGDs with teenage learners);

Data Collection

Quantitative data was collected using the structured questionnaire. Qualitative data was collected by using discussion guides. The Focus Group Discussions - conducted in the local languages - covered the following aspects:

- The causes of teenage pregnancy in the area
- The possible reasons why the measures put in place were not yielding the desired outcome of reducing teenage pregnancies
- The interventions – besides existing interventions that might help in lowering the level of teenage pregnancy.
- The recommendation of participating parents on the specific role players in the implementations of the suggested interventions

Data Analysis

Quantitative data collected using the TouchPoll electronic data collection and basic analysis system was exported and analysed using the Statistical Package for Social Sciences (SPSS).

Qualitative data from Focus Group Discussions was tape recorded and transcribed. The transcribed data was analysed into various themes as revealed in the results.

Pilot Study

A pilot study was conducted in two schools and one hospital in the Capricorn District. The pilot study highlighted areas that required improvement prior to the commencement of field work.

Research Ethics

Ethical approval was obtained from the HSRC Research Ethics Committee before commencing the study. The study dealt with minors, which required adherence to the guidelines of the National Health Act and the Children's Act 42 of 2005.

Informed Consent

Informed consent was obtained from research participants before the commencement of the interviews or FGDs. Either written or verbal informed consent was obtained from every participant. Verbal consent, (where the participant was illiterate) was obtained in the presence of a literate witness who verified in writing and duly signed that informed verbal consent had been obtained.

Privacy and Confidentiality

All participants verbally consented to the audio recording of their responses and were guaranteed anonymity and confidentiality of their responses. An informed consent statement was read out to the participants, approved and countersigned.

Limitations of the Study

The constraints associated with the study were mainly methodological. A qualitative approach was resorted to due to the nature of the issue at hand. This restricts the possibility of generalising the results for inferential purposes. Caution therefore needs to be taken in interpreting the results due to the unrepresentativity of the samples from the districts. The other limitation relates to the nature of the data which is secondary. The data is not disaggregated by age of mother thus restricting in-depth analysis.

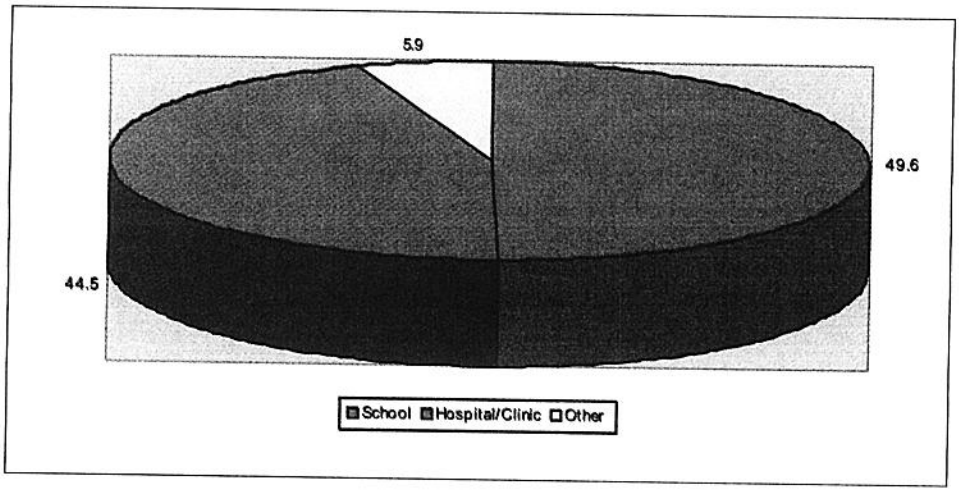
Given that the study dealt with pregnancy issues, it was anticipated that the teenage mothers who had utilised. Termination of pregnancy services would be difficult to identify because of the sensitivity of the issue. However, the use of the TouchPoll electronic data collection and analysis system increased confidentiality.

CHAPTER FOUR: FINDINGS

Characteristics of the Sample

The study collected information from 131 individual interviews with teenage mothers, 119 individual interviews with service providers, 18 Focus Group Discussions with teenage boys and girls, and 4 Focus Group Discussions with parents. Figure 2 below shows the range of service providers who participated in the study, with 50 % of the stakeholders from education, 45 % from health, and the rest were NGOs/CBOs, a private company or other. The results also show that most of the teenagers were under the care of parent(s) (64.9 %), while 24.4 % and 10.7 % were under the care of other relatives or a partner respectively. The teenage mothers come from a mean household size of about 5, and 32.8 % of them have access to piped water in their households while 62.6 % have access to electricity in their households.

Figure 2 : Service Providers by Sector



Selected background characteristics of teenage mothers are shown in Table 1 below. The characteristics show that more than a quarter (26 %) of teenagers engage in sex before the age of 16, and less than a tenth (9.2 %) experience their first pregnancy before the age of 16. More than half (56.5 %) of the sampled teenagers reported that they were raped at sexual debut. Only a small proportion (9.9 %) of the teenage mothers was ever married, while the majority (90.1 %) were never married. The majority of the sample was from the district of Mopani, constituting 29.0 %, with Vhembe and Capricorn constituting 26.7 and 20.6 % respectively. Sekhukhune and Waterberg districts contributed 16.0 and 7.6 % to the sample. About 63 % of the teenage mothers had both their biological parents still alive, while paternal orphans were more than double the maternal orphans, 16.8 and 7.6 % respectively. The dual orphans were 12.2 % in the sample. The median household size of the teenage mothers is 5.0 and 38.2 % have access to piped water in their households while 62.6 % have access to electricity.

Table 1: Background Characteristics of the Respondents

Characteristics	Percentage
Age at Sexual Debut	
16 years and above	74.0
Below 16 years	26.0
Age at First Pregnancy	
16 years and above	90.8
Below 16 years	9.2
Population group	
Other (White and Coloured)	4.7
African	95.3
Nature of Pregnancy	
Unwanted	71.0
Wanted	29.0
District	
Capricorn	20.6
Mopani	29.0
Sekhukhune	16.0
Vhembe	26.7
Waterberg	7.6
Marital Status	
Never married	90.1
Ever married	9.9
Parents Survival Status	
Parents alive	63.4
Paternal orphan	16.8
Maternal orphan	7.6
Dual orphan	12.2
Caregiver	
Parents	64.9
Other relative	24.4
Partner	10.7
Household size	
Mean	4.87
Median	5.00
Water	
No	61.8
Yes	38.2
Electricity	
No	37.4
Yes	62.6

N-129

Causes of Teenage Pregnancy

The factors associated with teenage pregnancy in Limpopo are discussed in five themes; exposure to sex; psycho-social, economic, cultural, household factors and sources of information. Since the study was about pregnancy, termination of pregnancy was also considered. The implications of teenage behaviours on HIV and AIDS were also explored. The knowledge, attitudes, practices and perceptions (KAPP) of the teenagers, parents, community leaders and service providers were collated from the study to harness evidence on the causes of teenage pregnancy. The study triangulated qualitative Focus Group Discussions (FGDs) and quantitative individual interviews undertaken in all the five districts of the Limpopo province in order gain a deeper understanding of the phenomenon on teenage pregnancy.

The study confirms that teenage pregnancy is a problem. Most of the various service providers (96.7 %) who participated in the study perceived teenage pregnancy to be a problem. This view was corroborated by the Focus Group Discussions with teenagers. A teenage mother in Vhembe was able to point to this sad state of affairs in the words:

"...Here at our school, we have many pregnant teenagers... more than 50, even in grade 8 you can imagine..."

Teenage mother, FGD: Vhembe.

In spite of the tragic nature of responses from these adolescents, one was left with the view that even if these teenagers may not connect cause to effect; they were saddened to live within the consequences of such eventualities.

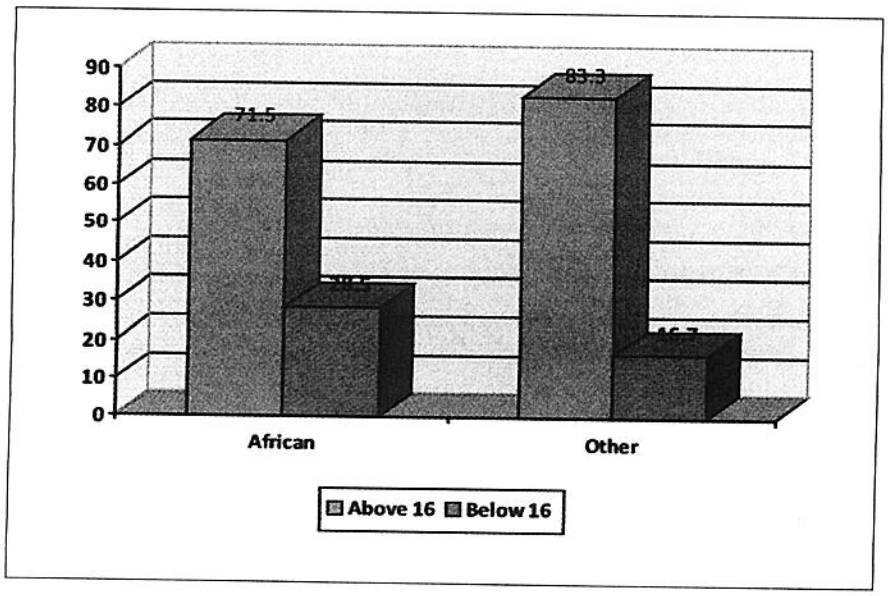
Exposure to Sex

a) Age at Sexual Debut

The proximate determinants approach is based on identifying factors which bear on the various stages of the reproductive process: exposure to sexual intercourse; the probability that coitus will lead to conception; the chance that coitus will result in conception; and that pregnancy will culminate into a live birth. (Bongaarts *et al.*, 1984; Bongaarts and Potter, 1983). As such, understanding the initiation of sex among adolescents is important in a context where teenage pregnancy is high. For this reason, this section looks at how sex is initiated among teenagers , and how this progresses to first pregnancy. The rationale is that exposure to sexual intercourse normally culminates into a pregnancy. Age at sexual debut has implications for exposure to pregnancy and HIV and AIDS. If sexual debut is delayed, it is expected that pregnancy and fertility will be delayed, resulting in a decline in fertility and providing more opportunities to children to pursue their education and future prospects of having a career, while on the obverse, early sexual debut does not only violate children's sexual rights, but can also permanently hinder the education, especially of the girl child. Pregnancy at early age poses a health threat contributing to maternal mortality.

The mean and median ages at sexual debut were 16.3 and 16.0 years respectively. There was no significant difference of mean age at sexual debut among the African and other population groups, which was 16.2 and 16.7 years respectively (p=.84). While apparently the study shows that the mean age at sexual debut among African teenage mothers is above the provincial average and that of other population groups in the same as the provincial average, all population groups initiate sex early. Figure 3 below also shows that there were 28.5 % of African teenage mothers who initiated sex below the age of 16 while there were 16.7 % of other population groups (p=.53). In addition, the study showed that there was no significant difference in proportions of teenagers initiating sex below the age of 16 by population group.

Figure 3 : Age at Sexual Debut by Population Group



The distribution of age at sexual debut among the districts of the Limpopo province is provided in Table 4 below. The results show that the mean age at sexual debut was more than the provincial average in Capricorn (16.7 years), while Mopani and Vhembe were on provincial average, 16.2 years respectively. Sekhukhune was just below the average (16.1 years, while Waterberg had the lowest age at sexual debut, at 14.9 years (p=.04). While 27.9 % of teenagers had engaged in sex before the age of 16, the results show that most (60 %) of the teenagers in Waterberg initiated sex before the age of 16. There were 32.4 and 29.4 % of teenagers in Mopani and Vhembe who initiated sex before the age of 16 and this is above the provincial average. Only Sekhukhune and Capricorn were below average, with 23.8 and 11.1 % respectively initiating sex before the age of 16 (p=.05).

Table 2: Age at Sexual Debut by District

Characteristics	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Sig.
Age at Sexual Debut						
Mean	16.7	16.2	16.1	16.2	14.9	.04
Age at Sexual Debut						
Above 16 years	88.9	67.6	76.2	70.6	40.0	.05
Below 16 years	11.1	32.4	23.8	29.4	60.0	

N=129

Unaware of the risks of initiating sex at an early age, let alone the criminality of a significant number of sexual debuts , the adolescents in Focus Group Discussions in Vhembe were able to freely discuss not only how old they were when they initiated sex but when they thought it best to start having sex. One of the female learners responding to a question on when best to start having sex, responded with:

"...As soon as you start your menstrual cycle..."
Teenage mother, FGD: Vhembe

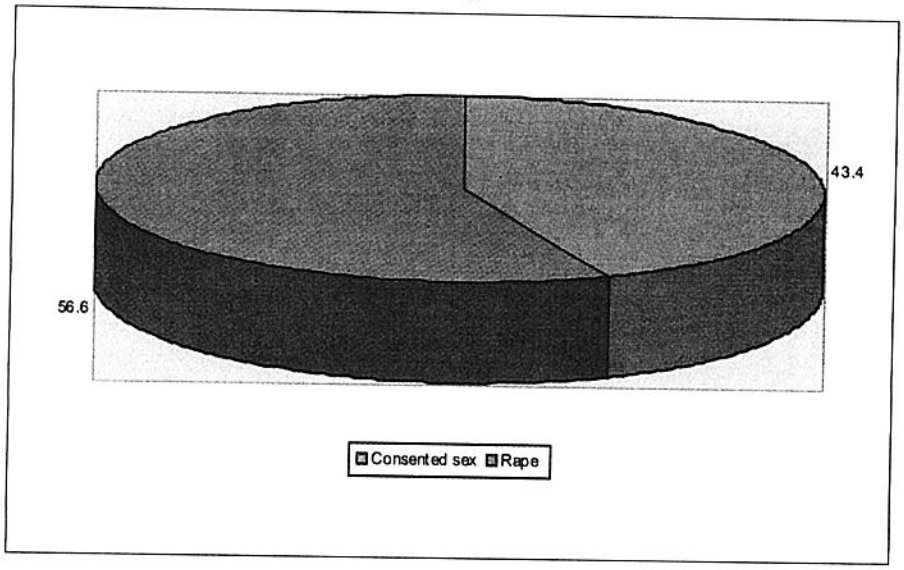
Another teenager countered that by saying:

"...A good age to have sex is 14 – 21..."
Teenage mother, FGD: Vhembe

b) Rape at Sexual Debut

In South Africa, a high degree of violence and coercion has been identified as integral to the environment in which expectations of and meanings attached to sex are formed. The normative violent matrix in which sexuality is embedded has implications for the increased sexual risk behaviour among the adolescents in South Africa (Zambuko and Mturi, 2005; Jewkes, 2001; Varga, 1997). Violence against women in South Africa is generally rife, and this is evidenced by the proportion of teenagers who experience coercion at sexual debut. Figure 4 below shows the self-reported incidents of rape by teenagers. This was constructed from the question of whether they were willing or not to engage in sex at sexual debut. As long as the girls reported that they were unwilling, then the sexual encounter was considered a rape and 43.4 % was consented sex, irrespective of age.

Figure 4: Reported Rape by Teenage Mothers



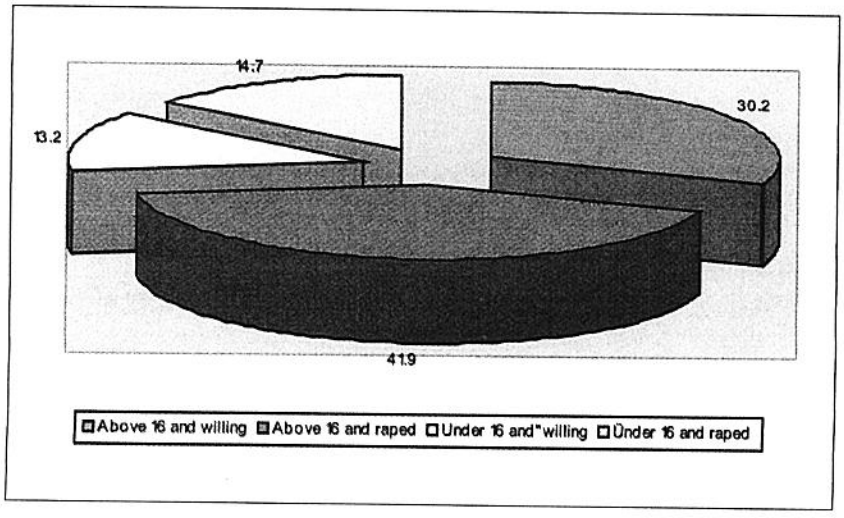
When statutory is considered, Figure 5 below indicates that there were four categories of teenagers engaging in sexual intercourse. The four categories are as follows:

- above 16 years of age and were raped (explicit rape);
- under 16 years of age (statutory rape);
    - o under 16 years of age and were raped (explicit rape), and
    - o under 16 years of age and were willing

These categories do not only raise the socio-economic and health issues, but also have legal connotations. They are by South African Law, criminal offenses. Those above and under 16 years of age and were raped constitute explicit rape under South African Law,. Those under 16 years of age and willing are also by the same law protected under statutory rape.

Statutory rape is sex below the age of consent (i.e. if a man has sex with a girl younger than sixteen years old). If a man has sex with a girl below the age of consent, he can be charged with statutory rape regardless of whether the girl agreed to have sex with him or not.

Figure 5: Rape among Teenage Mothers



The results show that only about a third (30.2 %) of the teenage sample consented to sex. These were teenage mothers above the age of 16 and were willing to engage in sex. A total of 56.6 % of the teenage mothers were explicitly raped. Of this group, 41.9 % were above the age of 16 and 14.7 % were below the age of 16. Statutory rape was also common among teenage mother as 27.9 % had experienced sex willingly or unwillingly before the age of 16. Of this group, a total of 14.7 % were raped while 13.2 % had been willing to engage in sexual activities at sexual debut. When the category of explicit rape is combined with that of statutory rape, the proportion of the sample of teenage mothers who were raped at sexual debut rises to an alarming 69.8 %

When nature of sexual debut is compared by population group (Figure 6 below), all the teenage mothers of the other population group said they were raped, with 16.7 % experiencing statutory rape and 83.3 % experiencing explicit rape among those above 16 years of age. On the obverse, a third of the African teenagers had consented to sex. There were 13.0 % of the African teenage mothers who experienced statutory rape. While 55.2 % of the African teenage mothers experienced explicit rape, 15.4 % was among those below 16 years of age and 39.8 % among those above 16 years of age. The results show that rape is highest among other race groups compared to the African group (p=.14).

Teenage mothers in focus groups discussions were able to point to sexual abuse or rape in describing their experiences, validating the above finding. In Vhembe and Capricorn respectively, teenage mothers relayed their ordeal as follows:

> *"...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.

Figure 6: Nature of Sexual Debut by Population Group

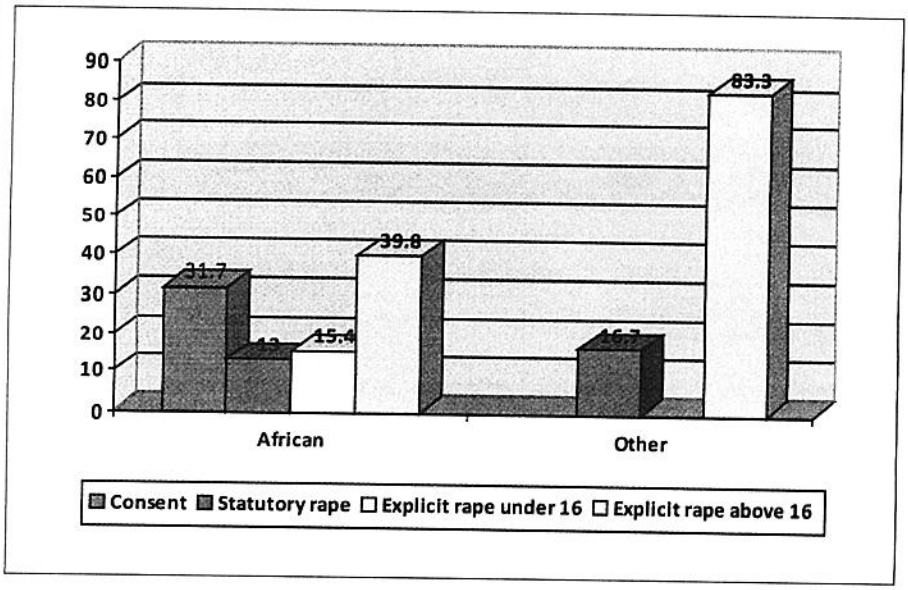


Table 5 below shows the proportion of those who were above 16 years of age and willing to engage in sex (consented). In Capricorn there were 44.4 %. There were about 29.7 % of teenagers consenting to sex in Mopani, with Vhembe and Sekhukhune having 26.5 and 23.8 % respectively, while only 20 % consented in Waterberg (p=.18). Statutory rape was highest (40.0 %) in Waterberg. It was moderately low in Mopani and Capricorn (13.5. and 11.1 % respectively); and lowest in Sekhukhune and Vhembe, 9.5 and 8.8 respectively.

Explicit rape among the under 16 was in highest (20 %) in Waterberg and Vhembe respectively. In Mopani it was 18.9 % while Sekhukhune and Capricorn had 14.3 and 10.5 % respectively. Explicit rape among those above 16 years of age was highest (52.4 %); it was moderately high in Vhembe and Mopani with 44.1 and 37.8 %, low in Waterberg (20.0 %), and lowest in Capricorn (3.7 %).

Table 3: Nature of Sex by District

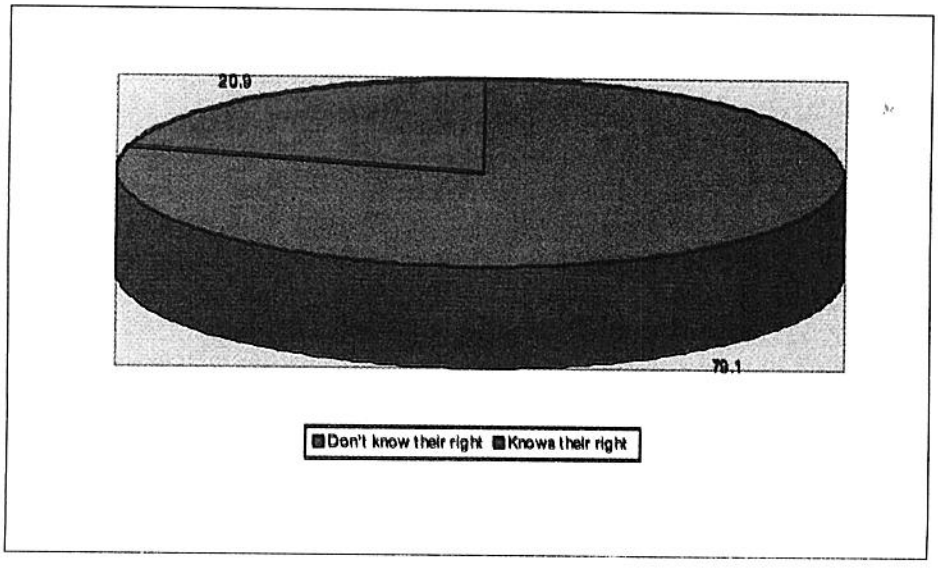
Characteristics	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Sig.
Nature of Sex						.18
Consented	44.4	29.7	23.8	26.5	20.0	
Statutory Rape	11.1	13.5	9.5	8.8	40.0	
Explicit rape <16	10.5	18.9	14.3	20.6	20.0	
Explicit rape >16	3.7	37.8	52.4	44.1	20.0	

However, although there is every indication that sexual violence is high among teenagers , only 3.8 % of teenage mothers reported sexual abuse as a direct cause of pregnancy, while the service providers did not even opt to mention rape or sexual abuse as a perceived cause of teenage pregnancy. However, given the high proportions of rape among the teenagers, it is questionable whether they understand the definition of rape. This is further discussed under knowledge of sexual rights below.

c) Sexual Rights

Despite the fact that the government of South Africa has enacted a law, the Criminal Law (Sexual Offenses and Other Related Matters Act) 42 of 2007, to protect children under the age of 16 of being sexually violated, there seemed to be apathy among the teenagers about this law. Figure 7 below shows that only 20.9 % of the teenage mothers knew that it was a crime for a girl below the age of 16 to engage in sex.

Figure 7 : Knowledge of Sexual Crime before the Age of 16



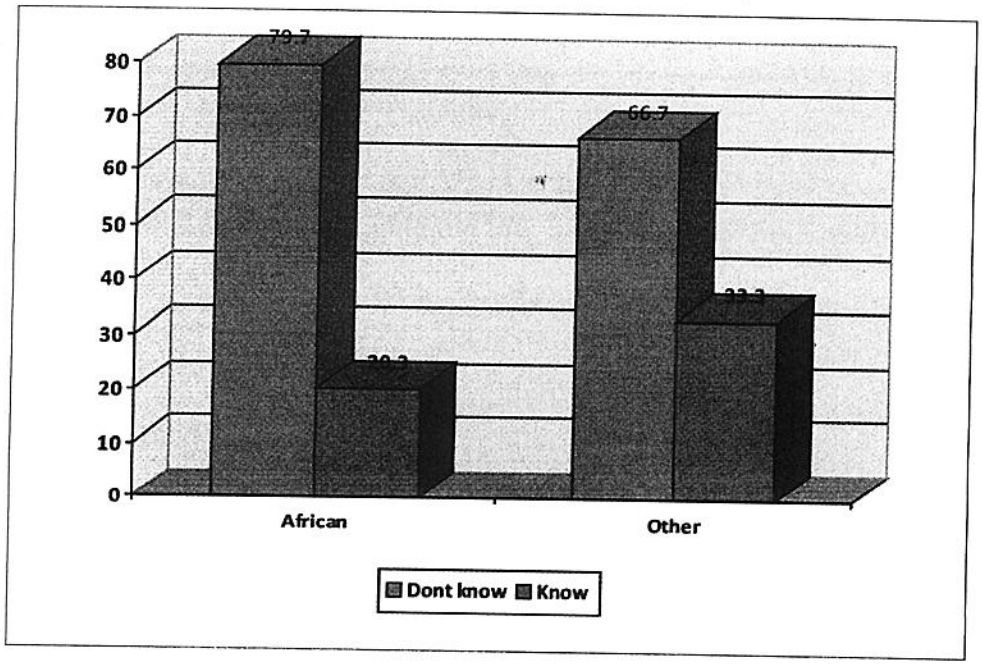
When knowledge of sexual rights is examined by district , the results indicate that 'the more teenage mothers in Waterberg (50 %) knew that it was a crime for a girl before the age of 16 to have sex as shown in Table 4 below. While there were almost a quarter of the teenagers in Capricorn (25.9 %) and Vhembe (23.5 %), it was 19.0 % in Sekhukhune. However, knowledge was lowest (8.1 %) in Mopani.

Table 4: Knowledge of Sexual Crime by District

Characteristics	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Sig.
Knowledge of sexual crime						
– –	74.1	91.9	81.0	76.5	50.0	.05
–	25.9	8.1	19.0	23.5	50.0	

Figure 8 below examines knowledge by population group. The results show that in all population groups, knowledge of sexual rights is very low and there was no significant difference between the African and teenagers of other population groups (p=.44). Among African and other population groups there were 79.7 and 66.7 % respectively of teenage mothers who did not know that it was criminal for a girl below the age of 16. Only 20.3 % and 33.3 % of African and other population groups respectively knew that it was a crime.

Figure 8: Knowledge of Sexual Crime by Population Group



Most teenagers were grossly ignorant or out-rightly unwilling to accept that having sex with someone below the age of 16 is rape. 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, a teenage mother vivaciously responded with:

"...Love has no age..."

Teenage mother, FGD: Vhembe.

Other learners in the same area were of the opinion that since they had never heard of or seen enforcement around these laws, the laws were not serious. One learner was quoted as saying:

"...*There is no law enforcement about sex under the age of 16...*"

Teenage mother, FGD: Vhembe.

Another learner also added:

"...*If some can be arrested they* (the learners) *will see that it is a criminal offence....*"

Teenage mother, FGD: Vhembe.

Another possible confusion when it comes to the law and culture is that communities are not sure whether it is right to report a close relative such as a cousin, brother, a step father, father or father in law. There seemed to be a view that on sex related matters, you only report to police someone outside the family circle.

This view was verbalised by a teenager as follows:

"...A sexual abuse by fathers or step fathers, you can not report the case..."
Teenage mother, FGD: Vhembe.

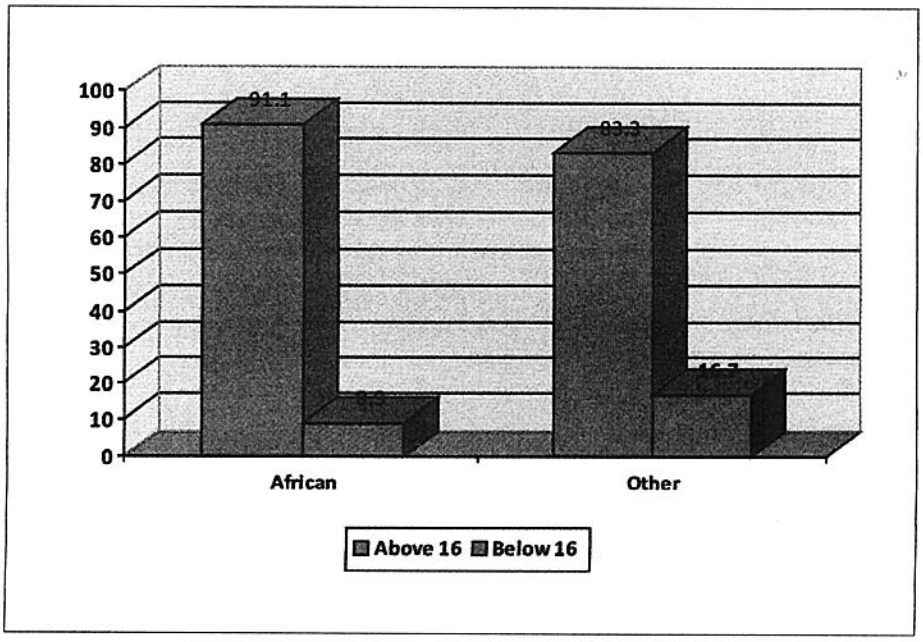
While these teenagers were able to recall what happened, what they thought about issues, it is the reasons behind those answers and thoughts that are worrying. A lot will still need to be done to counteract the societal norms, be they cultural, religious, traditional or otherwise. It must be understood that having laws on statute books is no guarantee that they are well understood or even accepted by those whom they seek to protect. Therefore, laws enacted must be enforced and justice should be seen as such by all when and where the laws are broken, otherwise a country risks bringing up a generation that does not take the laws of the land seriously. In addition, laws in place must take into cognizance the cultural norms in society and remedy the gaps that may exist by raising awareness in communities.

d) Age at First Pregnancy

The mean age at first pregnancy among teenage mothers is 17.3 years. The results from the study show that Mopani (17.5 years) and Vhembe (17.4 years) have mean ages at first pregnancy above the provincial average as shown in Table 7. The mean age at first pregnancy was below average in Capricorn and Sekhukhune with 17.1 years respectively. It was lowest in Waterberg at 16.4 years (p=.19). The study shows that the proportion of teenagers who engaged in sex before the age of 16 (26.0 %) falls to 9.3 % at the age at first pregnancy. Table 7 below shows the variation in proportions of teenagers experiencing a first pregnancy before the age of 16 by district . Waterberg had the highest proportion (20.0 %) of teenagers having a pregnancy before the age 16. Vhembe, Sekhukhune and Mopani had moderately low proportions (11.4, 9.5 and 8.1 % respectively). Capricorn had the lowest proportion (3.7 %) of teenagers becoming pregnant before the age of 16 (p=.81).

While the proportion of teenage mothers who had their first pregnancy below the age of 16 was 9.3 %, it is interesting to note that there were 16.7 % of teenage mothers among other groups who experienced a pregnancy before the age of 16 compared to 8.9 % among the African teenage mothers.

Figure 9 : Age at First Pregnancy by Population Group



The study also shows that unwanted pregnancy among the teenagers is high, with 69.8 % of the teenage mothers reporting that their first pregnancy was unwanted. The results show that Vhembe had the highest proportion (85.3 %) of teenagers with unwanted pregnancies. Waterberg, Sekhukhune and Mopani had moderately high proportions, 80.0, 71.4 and 70.3 % respectively, while Capricorn had the lowest proportion (44.4 %) of teenage mothers who had unwanted pregnancies (p=.01). The inverse holds for teenage mothers who had wanted pregnancies.

Table 5: Age and Nature of First Pregnancy by District

Characteristics	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Sig.
	17.1	17.5	17.1	17.4	16.4	.19
Age at First Pregnancy						
16 years +	96.3	91.9	90.5	88.2	80.0	.62
Below 16	3.7	8.1	9.5	11.8	20.0	
Nature of Pregnancy						
Unwanted	44.4	70.3	71.4	85.3	80.0	.01
Wanted	55.6	29.7	28.6	14.7	20.0	

e) Nature of First Pregnancy

Table 6 below shows the characteristics of exposure to sexual intercourse compared to whether the teenage mothers had a wanted or unwanted pregnancy. Results show that there was a significant difference (p=.04) among teenage mothers who had unwanted and wanted pregnancies who had sexual debut before the age of 16 (33.7 and 15.4 % respectively). The study also demonstrated that 73.3 % of rapes were experienced among teenage mothers with unwanted pregnancies compared to 61.5 % among teenage mothers with wanted pregnancies. Consent to first sex was higher among those who wanted a pregnancy (38.5 %) compared to 26.7 % among those with an unwanted pregnancy. Statutory rape was similar among teenage mothers with wanted and unwanted pregnancies, 13.0 %. However, there was a significant difference in explicit rape among the under 16 between teenage mothers with unwanted pregnancy (20.0 %) and wanted pregnancy (2.6 %). However, there was a high proportion of explicit rape among the teenage mothers with a wanted pregnancy above 16 years (46.2 %) compared to 40.0 % among those with unwanted pregnancies.

Table 6: Characteristics of Exposure to Sexual Intercourse by Nature of First Pregnancy

Characteristics	Unwanted	Wanted	Sign.
Age at Sexual Debut			
16 years +	66.7	84.6	.04
Below 16	33.7	15.4	
Age at First Pregnancy			
16 years +	88.9	94.9	.28
Below 16	11.1	5.1	
Nature of Sex			
Consented	26.7	38.5	.07
Statutory rape	13.3	12.8	
Explicit Rape <16	20.0	2.6	
Explicit Rape >16	40.0	46.2	

N=129

f) Place of Sexual Debut

Table 7 below reveals that the majority of the teenagers who end up pregnant have their sexual debut at their boyfriend's home (68.2 %). About a quarter of first sexual encounters take place at the girls home (23.3 %), and the rest are either in the bush, at school, at a friend's home, a relative's home or a motel (8.5 %). Those first sexual encounters that take place at home or at a relative's home are more likely to be sexual encounters of incest, though it is possible that the boyfriends could be involved. Although the results are not shown, the study shows that about 12 % or more of the first sexual encounters are incestuous. More than half of incestuous cases took place at the boyfriend's home (56.6 %), 18.8 % at home or at school and 6.3 % were in the bush.

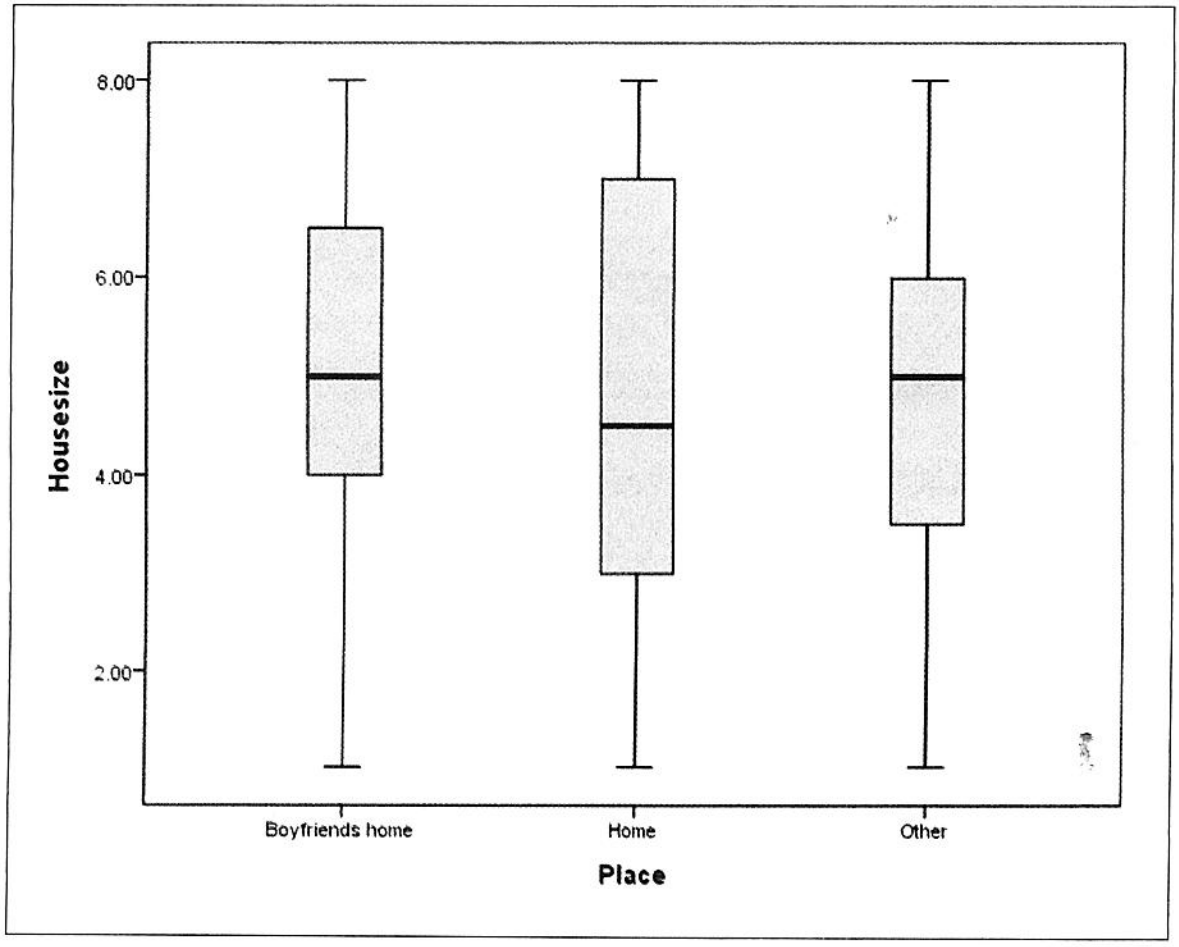
Table 7: Location of Sexual Debut

Location	%
Home	68.2
Boyfriend's place	23.3
Other	8.5

N=129

The mean household size of the families in which teenage mothers in the sample reside in was 5.1. When size of household was compared to location of sexual debut, Figure 10 below shows that the mean household size for those who had their sexual debut at a boyfriends' home had the highest household size of 5.2, above the average household size of the province. Those who had their sexual debut at other places had a mean household size of 4.9. The smallest household size was among those who had their sexual debut at their homes, with a mean household size of 4.6 (p=.29).

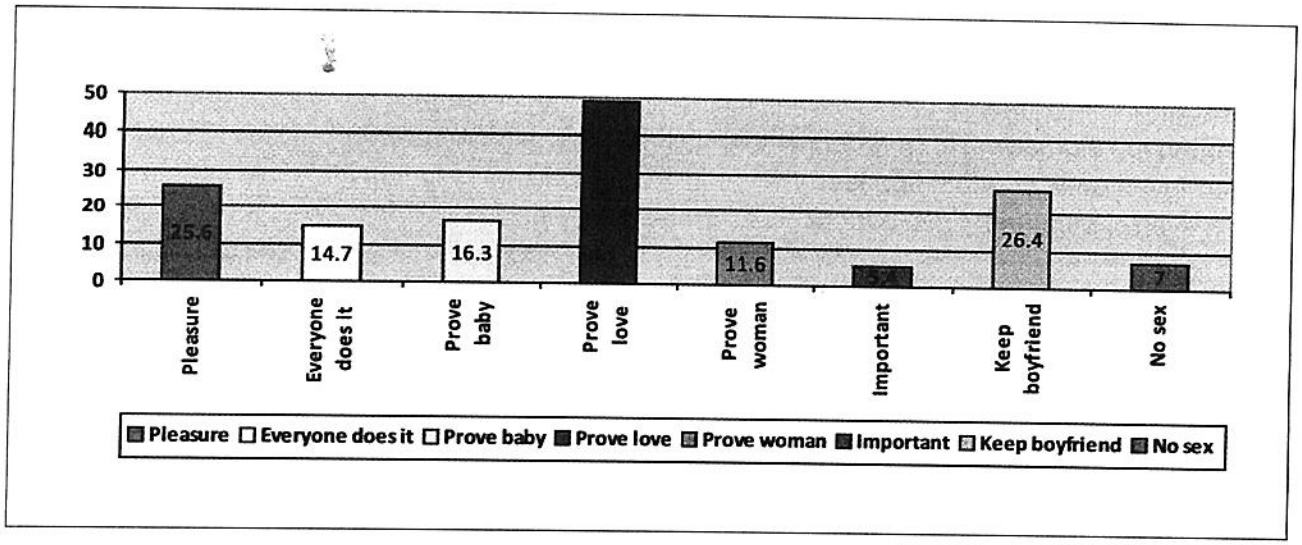
Figure 10 : Location of Sexual Debut by Household Size



g) Reasons for Engaging in Sex

Figure 11 below shows the reasons why teenage mothers engage in sex.

Figure 11: Reasons for Engaging in Sex



The most common reason offered by the teenagers for engaging in sex is that they want to prove love to their partners (48.8 %). The teenage mothers had this to say:

> *"We don't want to be rejected by our boyfriends so what can we do than to please them by giving them what they want, sex we don't want to lose them."*
>
> *Teenage mother, FGD: Vhembe.*

> *"...Also girls put pressure on their boyfriends that if they are not sleeping with them, they are seeing someone and we are forced to have sex..."*
>
> *Teenage mother, FGD: Vhembe.*

> *"...Peer pressure – boys force us to have sex to show that we love them..."*
>
> Teenage mother, FGD: Vhembe.

Almost a quarter cited engaging in sex for the mere reason of pleasure. As observed in one of the FGDs:

> *"...Once you taste sex you will never turn back..."*
>
> Teenage mother, FGD: Capricorn.

> *"...You can use condom first 3 times, after that I am telling you, you won't like it sex is good without condom..."*
>
> Teenage mother, FGD: Vhembe.

> *"...We do talk to them but they don't listen. They want to taste why we say it's not good for them to have sex while they are still young..."*
>
> Parent, FGD: Capricorn.

A total of 5.3 % of teenagers perceived having sex as an important symbol, and 11.4 % felt that it was a means of proving one's womanhood. There seems to be confusion among teenagers as to what the proof of womanhood and manhood would be. To many teenage girls in various discussion groups, it seemed they were prepared to go to great lengths to prove to boys that they had experience in sex and that they were fertile. More particularly, the Vhembe groups believed that girls had

> *"...To prove that we are not virgins..."*
>
> Teenage mother, FGD: Vhembe.

and

"...Prove that we can reproduce..."
Teenage mother, FGD: Vhembe.

For boys from the same area, impregnating a girl was the proof that they were indeed fertile.

A total of 16 % of teenagers said they had to engage in sex to prove that they can have a baby and 26 % engaged in sex to keep their boyfriend from dating other women. All these behaviours showed some form of entrapment of partners or boyfriends into a relationship, hence a rational for teenagers to engage in sex.

"...We girls want to keep our boyfriends by having sex with them...
Teenage learner, FGD: Mopani.""

"...We think that those people who are teaching us want to take our boyfriends then feel ""it's better to make babies to keep them with us and love us more..."
Teenage mother, FGD: Sekhukhune.

Others engaged in sex with the idea that everyone was doing it (15.3 %), and so they had to. Only a small proportion (4.6 %) of these teenage mothers believed that it was wrong for girls to engage in sex, of which 68 % of them were raped at first sex.

h) Progression from Sexual Debut to First Pregnancy

While almost a third of teenagers initiate sex before the age of 16, it is notable that most (90.7 %) fall pregnant after the age of 16. The results from the study show that the mean age at sexual debut and first pregnancy is 16.2 and 17.2 years respectively, therefore it takes approximately one year to progress between sexual debut and first pregnancy. The study examined the duration of progression from sexual debut to pregnancy by selected characteristics as shown in Figure 12 below. When the duration between sexual debut and district was compared, the durations between them were significant (p= .06). The results show that the duration was shortest in Capricorn, with the duration of 0.8 years. Sekhukhune had the duration of 1.1 years, while Mopani and Vhembe had the duration of 1.4 and 1.5 years respectively. The longest duration of progression from sexual debut to first pregnancy was found in Waterberg, with the duration of 2 years. The duration from sexual debut to pregnancy was also found to be shorter among teenage mothers of other population groups (0.8 years) compared to 1.3 years among African teenage mothers (p=.05).

When nature of sexual debut is compared by progression period from sexual debut to pregnancy, the results show that the shortest duration is among teenage mothers who consented to sex at sexual debut (1.0 year). Those teenage mothers who experienced explicit rape had duration of 1.1 years, while those who experienced statutory rape had duration of 1.6 years. The longest duration was found among those who experienced explicit rape before the age of 16 with a duration of 2.8 years (p=.00). Also age at sexual debut was examined by progression to first pregnancy. The study indicates that those teenagers who initiate sex after the age of 16 have a shorter duration to pregnancy of 1.0 year, while those who initiate sex early before the age of 16 have a duration of 2.0 years (p=.00). Duration by nature of pregnancy shows that those teenage mothers who wanted the pregnancy had a shorter duration of 1.1 years compared to a duration of 1.4 years among teenage mothers with unwanted pregnancies (p=.09). Place of sexual debut also shows that those who had their sexual debut at other places have the shortest duration to pregnancy (0.8 years), and those who have it at home (1.3 years), while those who had it at a boyfriends place take longer with a duration of 1.4 years (p=.98).

Figure 12: Progression from Sexual Debut to Pregnancy

i) Factors Associated with Exposure to Sex

To determine the exposure to sex factors associated with teenage pregnancy, a logistic regression model was fitted and the results are shown in Table 8 below. The Omnibus Tests of Model Coefficients indicate that the 'goodness of fit' tests of .26, and the pseudo R square statistics indicate that between 14.0 and 20.0 % of the variability is explained by the set of variables in the model. The only significant variables in the sample are the nature of sex at sexual debut; place of sexual debut; and those who thought girls should not engage in sex as a reason for engaging in sex. Teenage mothers who thought that girls should not engage in sex as a reason of engaging in sex with men, were 61 % less likely to have wanted to a pregnancy compared to those who thought otherwise (OR = 0.21, C.I.. 0.07 – 1.13, p=.07). Also, teenage mothers who initiated sex from home or their places were 79.0 and 86.0 % less likely to have wanted a pregnancy compared to those who initiated sex from a boyfriends' home (OR = 0.21, C.I. 0.05 – 1.01, p=.05) and (OR = 0.14, C.I. 0.03 – 0.80, p=.03) respectively. Those teenage mothers who reported to have been coerced into sex at sexual debut were twice more likely to want a pregnancy compared to those who consented at sexual debut (OR = 2.11, C.I. 0.86 – 5.17).

Table 8: The Logistic Regression Model for Exposure to Sex Among Teenage Mothers

Characteristics	OR	C.I. (95%)	Sign.
Age at Sexual Debut			
Below 16	1.66	(0.26 – 10.43)	.59
16 years + (ref)	1.00		
Age at First Pregnancy			
Below 16	0.70	(0.07 -6.77)	.76
16 years + (ref)	1.00		
No sex for girls			
Yes	0.21	(0.04 – 1.13)	.07
No (ref)	1.00	21.1	.
Knowledge of Sexual Rights			
Knows	0.92	(0.33 – 2.59)	.87
Dont know (ref)	1.00		
Place of Sexual Debut			.08
Home	0.21	(0.05 – 1.01)	.05
Other	0.14	(0.03 – 0.80)	.03
Boyfriend's home	1.00		
Nature of Sexual Debut			
Raped	2.11	(0.86 – 5.17)	.10
Consent (ref)	1.00		

+Controlling for age and reasons for engaging in sex; duration from sexual debut to pregnancy:
(Omnibus tests of Model Coefficients = .26; Pseudo R^2 =14- 20%)

j) Discussion

The results show that more than 60 % of pregnancies were unwanted, and the majority of the unwanted pregnancies were in Vhembe and Waterberg. Rape is a significant factor in the process of exposing teenagers to sexual intercourse, with almost 70 % of teenage mothers reporting to have been raped. Rape in general is most significant in Waterberg, Vhembe and Sekhukhune. The study shows that more than a tenth of sexual debut was statutory rape, and more than half was explicit rape. Statutory rape was significantly high in Waterberg and Mopani, and explicit rape was highest in Sekhukhune and Vhembe. Unwanted pregnancy was also high among teenage mothers. Vhembe and Waterberg seemed to have the highest problem of unwanted pregnancies. The majority of the teenage mothers have had their sexual debut at the boyfriend's place and a considerable proportion at the girl's home. Those who have their sexual debut away from home are those who come from large household sizes. However, while there were a large proportion of teenagers raped at sexual debut, only a small proportion of teenage mothers perceived sexual abuse as contributing to teenage pregnancy. It is interesting to note that when the service providers were asked of causes associated with teenage pregnancy, they did not allude to rape as a cause.

Cultural factors

In the Limpopo Province, which is predominantly Venda, boys and girls are prepared for marriage at the initiation schools. Girls attend several initiations, *Musevhetho, vhusha and domba*. In the *Musevhetho* initiation, the girls are taught good manners and how to respect elders etc. When they are teenagers, they then attend *vhusha*, where virginity testing is practiced. A virgin would bring pride to a family as they are assured of a higher bride price (*mamalo*). In communities where this initiation is practiced, it is believed teenage pregnancy is low (Quote). The pinnacle of girls initiations culminate in *domba*, where they are prepared for marriage. This is where the girls' sexual roles and responsibilities are clearly defined, and Lumadi (1998) asserts that *domba* is a joint initiation school which marks the beginning of premarital unions between girls and men. Studies show that these days teenage sexual intercourse is rampant as compared to the olden days when initiation schools were still part of the social fabric of the Vhavenda and were an effective means of social control. The vacuum left by the erosion of these social institutions has brought social ills that come with teenage sex such as teenage pregnancy and the general disintegration of the family institution. No institution has taken over the role of the initiation schools which offered sex education.

a) Traditional practices

This study examined acceptable existing traditional or religious norms that influence and shape ways of behaving among adolescents, encouraging and further exposing them to sexual relationships. The results show the proportion of teenagers and service providers who were aware of any form of religious, cultural, or modern practice existing in the areas they reside or operate from. There were only a third (32.6 %) of teenagers who knew of a traditional practice in the area they reside in. Table 9 below shows the distribution on knowledge of a traditional practice by teenage mothers in the areas they reside. There were about 40.0 % teenage mothers in Capricorn and Waterberg respectively who knew of a traditional practice, while 35.2 % were in Mopani. There were 29.4 and 19.0 % in Vhembe and Sekhukhune respectively who knew of a traditional practice existing in the area they reside. However, these variations of knowledge of a traditional practice are not statistically different (p=.54) by district.

Table 9: Cultural Practice Known by Teenage Mothers by District

Characteristics	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Sig.
Traditional practice						
No	59.3	64.9	81.0	70.6	60.0	.54
Yes	40.7	35.1	19.0	29.4	40.0	
N=129						

While only 32.6 % of the teenage mothers were aware of one such traditional practice, there were 56.3 % of the service providers who were aware. The service providers seem to be aware of more cultural or religious practices in the areas they operate from compared to teenage mothers. The identified cultural practices by the service providers are shown in Table 10 below. *Seantlo* (23.5 %), a practice which involves a girl having a sexual relationship with the sister's partner is also common in Limpopo. Among other causes are *timiti*, a practice involving swapping of partners, *mhlangeni*, a traditional practice of reed dance, and *chobediso*, a practice of abducting girls (12.6, 6.7 and 4.2 % respectively). Initiation schools mentioned were *vhukhusha* and *domba* (12.6 %). Only 1.6 % of the service providers were not aware of any traditional practice existing in the area they operate from.

Table 10: List of Traditional Practices Exposing Girls to Sexual Practices by Service Providers

Cultural Practice	%age
Senyantlo	23.5
Timiti	12.6
Mhlangeni	6.7
Chobediso	4.2
Initiation schools	12.6
None	1.6

Table 11 shows that *Seantlo* is known in Waterberg (33.3 %), Vhembe and Sekhukhune about 28 % respectively, 26.1 % in Capricorn and low (9.1 %) in Mopani (p=.46). While *timiti* is moderately known in Capricorn and Vhembe, approximately 17 % respectively, it is also known in Sekhukhune (13.8 %) and low in Mopani (4.6 %). However, it is not known in Waterberg (p=.46). *Mhlangeni* is only known in three districts, Waterberg (22.2 %), Capricorn (13.0 %), and Sekhukhune (10.3 %). It is not known in Vhembe and Mopani (p=.05). *Chobediso* is not known in Capricorn, Mopani and Vhembe. It is only known in Sekhukhune (13.8 %) and Waterberg (11.1 %) (p=.02). Service providers do not know of an initiation school in Sekhukhune. About a third (33.3 %) of service providers know an initiation school in Waterberg and 21, 7 % in Capricorn. Initiation schools are also known in Vhembe (16.7 %), and low in Mopani (4.5 %) (p=.02).

Table 11: Traditional Practices Known by Service Providers by District

Characteristics	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Sig.
Seantlo						
No	73.9	90.9	72.4	72.2	66.7	.46
Yes	26.1	9.1	27.6	27.8	33.3	
Timiti						
No	82.6	95.5	86.2	83.3	100	.46
Yes	17.4	4.5	13.8	16.7	0.0	
Mhlangeni						
No	87.0	100.0	89.7	100.0	77.8	.05
Yes	13.0	0.0	10.3	0.0	22.2	
Chobediso						
No	100.0	100.0	86.2	100.0	88.9	.02
Yes	0.0	0.0	13.8	0.0	11.1	
Initiation school						
No	78.3	95.5	100.0	83.3	66.7	.02
Yes	21.7	4.5	0.0	16.7	33.3	

N=119

While Service Providers were of the opinion that *Senyantlo* and initiation schools were the most known practices, teenage learners in various districts were sighting initiation schools as a source of cultural practices that directly cause teenage pregnancy. In Vhembe district, some of the statements from learners read as follows:

> *"...When we are at the initiation, they tell us that we are now grown and we can start having sex. When you go there they expect you to be a virgin otherwise you will be beaten by others who are with you there. They use all kinds of words and also say you can sleep with any man. After some 2 -3 months you will see teenagers coming from there becoming pregnant..."*
>
> Teenage learner, FGD: Vhembe.

> *"...When we came from initiation school they tell us that we are women now, we can have sex or get married..."*
>
> Teenage learner, FGD:Vhembe

> *"...At 'madlala' (initiation school) they give you something that will invigorate you to want sex after one or two weeks from there..."*
>
> Teenage learner, FGD: Vhembe

b) Modern Practices

The study also explored the 'acceptable' modern norms that allow teenagers to have sexual relationships. When knowledge of modern norms that influence girls to have sexual relationships are considered, the proportion increases from 32.0 % of those who know of a traditional practice to 82.2 % among teenage mothers who know either a traditional or modern practice. Some of the modern practices known to teenagers and service providers in the areas they reside or operate from are listed in Table 12 below.

Table 12: List of Modern Practices that Expose Girls to Sexual Practices

Modern Practice	Teenage mother	Service Provider
School functions	38.0	
Spin the bottle	4.7	29.2
Substance abuse	26.4	5.9
Parties	8.5	
Sleeping with a virgin		26.9

Of the identified modern practices by the teenage mothers that are known to predispose girls into sexual relationships, 38.0 % are school based functions and 26.4 % are related to substance abuse. While service providers did not identify school functions as exposing girls to sexual activities, just 5.9 % identified substance abuse as a problem. Another interesting discrepancy between teenage mothers and service providers is that 4.7 % of teenage mothers found spin the bottle to contribute to teenage pregnancy, 29.2 % of the service providers found it a problem. Teenage mothers also identified parties (8.5 %) while service providers did not. While service providers identified the practice of sleeping with a girl to cure HIV and AIDS (26.9 %), teenage mothers themselves did not. There seem to be discrepancies between service providers and teenagers in identifying the causes of teenage pregnancy.

The study shows that there are significant differences among teenage mothers by population groups (Table 13 below) in identifying modern practices existing in the areas they reside. Spin the bottle seems to be a practice common among other population groups (16.7 %) compared to only 4.1 % among the African teenagers (p=.15). Also, substance abuse (33.3 %) and parties (16.7 %) are highly identified in other population groups than African teenagers. Among African groups, substance abuse (26.0 %) and parties (8.1 %) were also identified. The most common practice among the African teenage mothers was school functions (39.0 %) compared to other population groups (16.7 %).

Table 13: Modern Practices Known by Teenage Mothers by Population Group

Characteristics	Other	African	Sig.
Spin the bottle			
No	83.3	95.9	.15
Yes	16.7	4.1	
Substance abuse			
No	66.7	74.0	.69
Yes	33.3	26.0	
Parties			
No	83.3	91.9	.47
Yes	16.7	8.1	
School functions			
No	83.3	61.0	.27
Yes	16.7	39.0	

N=129

Table 14 below shows the modern practices known by the teenage mothers to influence teenage pregnancy. While spin the bottle, substance abuse and parties are modern practice commonly known among the other population groups, the results show that spin the bottle was not known in Capricorn, and Waterberg. It is only known in Mopani (5.4 %), Vhembe (2.9 %) and Sekhukhune (2.3 %). Substance abuse is a known factor in all districts, with Sekhukhune registering the highest (38.9 %) among teenage mothers who think it attributes to teenage pregnancy. Waterberg (30.0 %) and Vhembe (29.4) also show moderately high proportions of teenage mothers ascribing substance abuse as contributing to teenage pregnancy. While substance abuse as a factor to teenage pregnancy was low (22.2 %) in Capricorn, it was lowest in Mopani with 18.9 % (p=.55). Parties were not identified in Sekhukhune, and were highest in Waterberg (20.0 %). Parties were moderately high in Mopani (10.8 %), and low in Vhembe and Capricorn, with 8.8 and 7.4 % respectively (p=.41). Also, school functions were not identified in Sekhukhune, but were highest in Waterberg (20.0 %). School functions were moderately high in Mopani (10.8 %) and Vhembe (8.8 %), although lowest in Capricorn (7.4 %). The results show that spin the bottle was most common in Mopani and substance abuse in Sekhukhune. Parties and school functions were most common in Waterberg respectively.

Table 14: Modern Practices Known by Service Providers by District

Characteristics	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Sig.
Spin the bottle						
No	100.0	94.6	85.7	97.1	100.0	.16
Yes	0.0	5.4	2.3	2.9	0.0	
Substance abuse						
No	77.8	81.1	61.9	70.6	70.0	.55
Yes	22.2	18.9	38.9	29.4	30.0	
Parties						
No	92.6	89.2	100.0	91.2	80.0	.41
Yes	7.4	10.8	0.0	8.8	20.0	
School functions						
No	92.6	89.2	100.0	91.2	80.0	.35
Yes	7.4	10.8	0.0	8.8	20.0	

Focus Group Discussions with parents, service providers and some of the learners were unanimous in identifying alcohol as one of the major causes of teenage pregnancy. A few were quoted as follows:

> *"...When we are at shebeen drinking and dancing and find someone there we have sex without condom and realise it late when we are pregnant..."*
>
> Teenage learner, FGD: Vhembe.

> *"...Teenagers turn to think that they are civilized and party animals, drinking alcohol and end up engaging in sexual activities without condom..."*
>
> Teenage learner, FGD: Waterberg.

> *"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

It is also noteworthy that some of the teenage mothers themselves brought out the subject of alcohol as the single most direct cause of teenage pregnancy, corroborating it with teenage mothers and service provider perceptions in table 14 above with the following statements:

> *"...When we are drunk, we don't even think of using condoms. We regret after sex and find out that we are pregnant..."*
>
> Teenage mother, FGD: Vhembe

While the words of a learner in Sekhukhune were
:

"...We don't know much about cultural things we are very modernised,..."
Teenage learner, FGD: Sekhukhune.

This sentiment might be true as parents in Capricorn and Vhembe pointed to modern culture and modern dress, particularly miniskirts, as the root causes of teenage pregnancy. In her own words, one parent lamented:

"...These days the world has changed, you will see them coming from school, holding each other and kissing each other, there is no longer a child today..."
Parent, FGD: Capricorn.

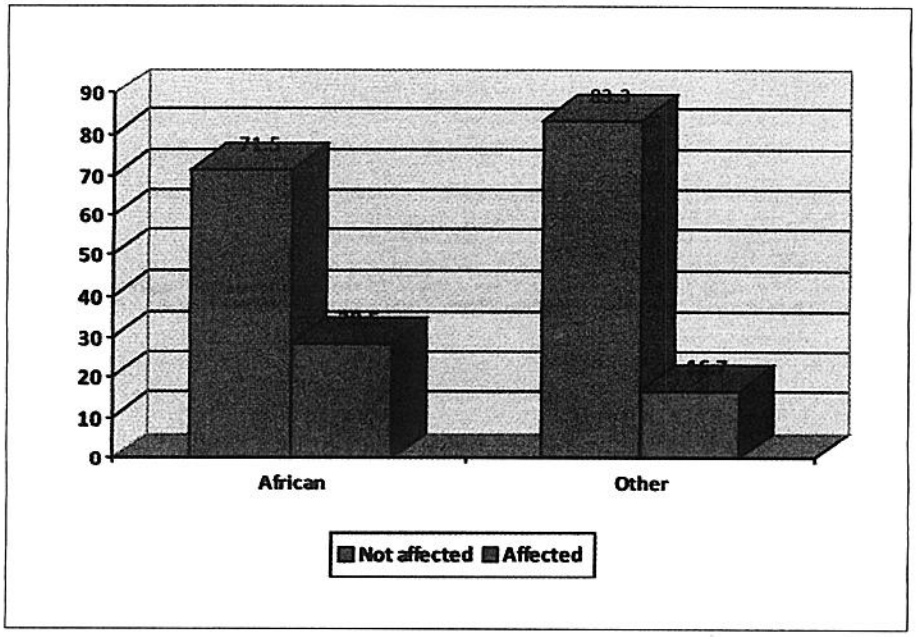
Another parent also observed:

"...The way our teen girls wear their clothes is very unacceptable for them to wear, that's what make these boys become attracted, and they should stop wearing these miniskirts...."
Parent, FGD: Vhembe.

Obviously, there is a tension between the old and modern culture. How can communities cross over to the new culture or should they? These are areas where there is need for assistance. Should this be left to be the battle for survival of the fittest culture? Should the battle between the old and the new culture be left to take a natural course or should there be intervention? Who should intervene? All the over the world, old traditions and cultures are battling for survival. The picture seems to be that the new is swallowing the old. How to retain old values in modern times is globally a challenge.

The study shows that there were more than a quarter (27.9 %) teenage mothers affected by either a traditional or modern practice. Figure 13 shows that 28.5 of African teenagers were affected by one of such practice yet only 16.7 % teenagers of other population groups were affected (p=.53).

Figure 13: Effect of Culture on Population Group



The effect of culture is examined in the districts of the Limpopo province. The results in Table 15 show that culture affects more teenagers in Waterberg (40.0 %) and Mopani (37.8 %). In Capricorn, 25.9 % of teenagers were affected, while in Vhembe and Sekhukhune there were 20.6 and 19.0 % teenagers affected respectively (p=.37).

Table 15: Effect of Culture Among Teenage Mothers by District

Characteristics	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Sig.
Affected by Culture						
No	74.1	62.2	81.0	79.4	60.0	.37
Yes	25.9	37.8	19.0	20.6	40.0	

c) Norms influencing Pregnancy

Table 16 below shows the distribution of teenagers in the sample by their practices and perceptions of cultural issues that have an influence on pregnancy. Results show that most teenagers believe that it is the role of a man to take care of a woman (68.2 %). This is corroborated by the fact that about 19.4 % of teenagers perceived that if a boyfriend asked for a baby, it was important to give him one. In practice, the study shows that almost a quarter of teenage pregnancy (23.3 %) in the sample was a result of a partner demanding for a baby in a relationship. This perception can have a negative effect on the power relations in sexual encounters, giving the male partner more powers to decide in a relationship. This could be worsened by the social contexts in which young people often find themselves.

Table 16: Knowledge, Perceptions, Attitude and Practice of Traditional, Religious and Modern Norms

Characteristics	Percentage
Prove I can have a baby	
No	82.2
Yes	17.8
To gain respect	
No	87.6
Yes	12.4
Partner wanted a baby	
No	76.7
Yes	23.3
Substance abuse	
No	73,6
Yes	26.4
Spin the bottle	
No	95.3
Yes	4.7
Party	
No	91.5
Yes	8.5
School Functions	
No	62.0
Yes	38.0
Cultural or Religious Practice	
No	17.8
Yes	82.2
Boyfriend asked for a baby	
No	80.6
Yes	18.4
It is the role of a man to look after a woman	
No	32.1
Yes	67.9
Parents taught me about sex	
No	79.1
Yes	20.9
Culturally affected	
No	72.1
Yes	27.9
No Sex	
No	93.0
Yes	7.0

N=129

Substance abuse (26.4 %) and parties (8.5 %) were also said to contribute to teenage pregnancy. The situations in which adolescents socialise, was more often uncontrolled by parents or elders, in particular parties or the private spaces where teenagers find themselves drinking alcohol and using drugs. Some practices, like *spin the bottle* (4.7 %), are modern practices that adolescents engage in as they socialise or play, and these were said to expose girls into sexual practices that can contribute to teenage pregnancy. The teenagers also attribute their pregnancies to failure of their parents to teach them about sex (20.9 %), because parents find it immoral to talk about sex with their children. School functions (38.0 %) were cited as situations in which sexual encounters can occur contributing to teenage pregnancy. Other attitudes that could be either cultural or social were those of proving oneself as worth a woman (17.4 %) and gaining the respect of either a boyfriend, family, peers, warding off girls who are contenders to a boyfriend; are those of proving that a girl can be fertile (17.8 %) or having a pregnancy in order to gain respect of others (12.4 %). A teenager in one of the focus groups graphically presented this:

> *"...They tell us that you can't buy a car and not drive or test it, we do it to see whether we can reproduce..."*
>
> Teenage learner, FGD: Vhembe

Both parent and teenage Focus Group Discussions from all districts confirmed the fact that sex is not a topic easily discussed between adolescents and adults. Most importantly, parents point to schools as places where teenagers should be taught about sex. In practice however, this could explain why others send their teenagers to initiation schools for this kind of education. Sex is too private, too personal and not for children in the eyes of many. This is why teenagers were able to say:

> *"...Our parents don't really want to talk about sex with us, they will say we will disrespect them and after all we are taught these things at school..."*
>
> Teenage learner, FGD: Mopani

> *"...We as parents feel like if we talk to them about sex we are saying to them indirectly that's the right time for them to have sex or we are* sending them to do it..."
>
> Parent, FGD: Mopani

Table 17 below provides cultural practices associated with the nature of pregnancy. Spin the bottle, school trips, parents never taught me about sex and boyfriend asking for a baby was not significant in explaining variation in teenage pregnancy. However, the norm of proving to have a baby, the perception that substance abuse causes teenage pregnancy, and partner wanting a baby were significantly different among the teenage mothers with an unwanted and wanted pregnancy. There were 35.9 % teenage mothers among those who wanted a pregnancy who wanted to prove they can have a baby compared to only 10.0 % among teenage mothers with unwanted pregnancies (p=.00). There was no teenage mother with a partner wanting a baby among those who wanted a pregnancy compared to 33.3 % of teenage mothers who did not want a pregnancy but their partners wanted a baby (p=.00). The view that substance abuse contributes to teenage pregnancy was held by 35.9 % of the teenage mothers who wanted a pregnancy, while this view was held by 22.2 % of the teenage mothers with an unwanted pregnancy (p=.10).

Table 17: Traditional, Religious and Modern Norms by Nature of Pregnancy

Characteristics	Unwanted	Wanted	Significance
Prove I can have a baby			
No	90.0	64.1	.00
Yes	10.0	35.9	
To gain respect			
No	90.0	82.1	.21
Yes	10.0	17.9	
Partner wanted a baby			
No	66.7	100.0	.00
Yes	33.3	0.0	
Substance abuse			
No	77.8	64.1	.10
Yes	22.2	35.9	
Spin the bottle			
No	95.6	94.9	.87
Yes	4.4	5.1	
Party			
No	91.4	92.3	.82
Yes	8.9	7.7	
School Functions			
No	58.9	69.2	.27
Yes	41.1	30.8	
Cultural or Religious Practice			
No	20.0	12.8	.33
Yes	80.0	87.2	
Boyfriend asked for a baby			
No	83.3	74.4	.23
Yes	16.7	25.6	
It is the role of a man to look after a woman			
No	33.3	28.2	.56
Yes	66.7	71.8	
Parents taught me about sex			
No	80.0	76.9	.69
Yes	20.0	23.1	
Culturally affected			
No	75.6	64.1	.18
Yes	24.4	35.9	

c) Traditional and Modern Norms by Population Group

Getting pregnant because the teenage mother wanted to prove that they can have a baby is a practice non-existent among teenage mothers of other population groups, yet it was 18.7 % among the African teenage mothers (p=.24) as shown in Table 18 below. There were also almost a quarter of teenage mothers who had a partner wanting a baby compared to 16.7 % of teenagers of other population groups (p=.70). The view that substance abuse contributes to teenage pregnancy was high among teenage mothers of other population groups (33.3 %), while it was 26.0 % among African teenage mothers.

Table 18: Traditional and Modern Norms by Population Group

Characteristics	Other	African	Significance
Prove I can have a baby			
No	100.0	81.3	.24
Yes	0.0	18.7	
Partner wanted a baby			
No	83.3	76.4	.70
Yes	16.7	23.6	
Substance abuse			
No	66.7	74.0	.69
Yes	33.3	26.0	

d) Traditional and Modern Norms by District

Table 19 below shows that the practice of getting pregnant in order to prove that one can have a baby is non-existent in Waterberg, yet high in Capricorn and Mopani with almost 22.0 % respectively practicing the norm. It was 17.6 % in Vhembe and lowest (14.3 %) in Sekhukhune (p=.55). About a third (32.4 %) of teenage mothers in Vhembe had a partner who wanted a baby. In Sekhukhune, Capricorn and Mopani, there were 23.8, 22.2 and 21.6 % respectively of teenage mothers who had partners who wanted a baby from them. This practice was non-existent in Waterberg (p=.55). The view that substance abuse causes pregnancy was most common in Sekhukhune (38.1 %), and in Waterberg and Vhembe it was about 30.0 %. In Capricorn it was 22.2 %, and lowest (18.9 %) in Mopani (p=.55).

Table 19 : Traditional and Modern Norms by District

Characteristics	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Sig.
Prove I can have a baby						
No	77.8	78.4	85.7	82.4	100.0	.55
Yes	22.2	21.6	14.3	17.6	0.0	
Partner wanted a baby						
No	77.8	78.4	76.2	67.6	100.0	.55
Yes	22.2	21.6	23.8	32.4	0.0	
Substance abuse						
No	77.8	81.1	61.9	70.6	70.0	.55
Yes	22.2	18.9	38.1	29.4	30.0	

e) Cultural Factors Associated with Teenage Pregnancy

To determine the cultural factors influencing teenage pregnancy, a logistic regression model was fit and the results are shown in Table 20 below. The Omnibus Tests of Model Coefficients indicate that the 'goodness of fit' test is highly significant (p=.00), and the pseudo R square statistics indicate that between 31 and 44 % of the variability is explained by the set of variables in the model. The only significant variable in the sample is proving that one can have a baby. Teenage mothers who believed that a pregnancy is proof that one can have a baby were 85 % less likely to want a pregnant compared to those who did not have the attitude (OR = 0.15, C.I. 0.04 – 0.51, p=.00).

Table 20: The Logistic Regression Model on Cultural Factors for Teenage Mothers with Wanted Vs Unwanted Pregnancies

Characteristic	OR	C.I. (95%)	Significance
Prove I can have a baby			
Yes	0.15	(0.04 – 0.51)	.00
No (ref)	1.00		
To gain respect			
Yes	0.32	(0.07 – 1.56)	.16
No (ref)	1.00		
Boyfriend asked for a baby			
Yes	0.48	(0.12 – 1.88)	.30
No	1.00		
Substance abuse			
Yes	1.07	(0.14 – 7.98)	.95
No (ref)	1.00		
Spin the bottle			
No	0.00	(0.00 – 0.00)	1.00
Yes	1.00		
Party			
Yes	1.47	(0.13 – 16.10)	.75
No (ref)	1.00		
School Functions			
Yes	2.64	(0.36 – 19.26)	.33
No (ref)	1.00		
Cultural or Religious Practice			
Yes			
No (ref)	0.45	(0.05 – 4.08)	.48
	1.00		
It is the role of a man to look after a woman			
Yes	0.79	(0.28 – 2.11)	.61
No (ref)	1.00		
Parents taught me about sex			
Yes	1.36	(0.41 – 4.47)	.61
No (ref)	1.00		
Culturally affected			
Yes	0.71	(0.23 – 2.12)	.53
No (ref)	1.00		
Partner wanted a baby			
Yes	2.49	(0.00 – 0.00)	1.00
No (ref)	1.00		

(Omnibus tests of Model Coefficients = .00; Pseudo R^2 = 31-44%)

f) Discussion

While it is tempting to assume that traditional practices are more likely to predispose teenagers to sexual activities that might result in pregnancy, the study shows that the norms held by teenagers have nothing to do with it. Instead, both the significant variables identified in this study, i.e., proving to have a baby and gaining respect might have secondary links to tradition in the sense that a woman can prove her womanhood through being fecund and fertile, by actually getting pregnant. Also, given the importance of fertility in Africa, it is believed that a pregnant woman can conjure respect from their partners, relatives or family members, as a baby is believed to perpetuate the clan. Children are given a spiritual and social value, as they can be a gift from god or ancestral spirits, and hence a pregnancy is respected. It is interesting to note that service providers did not ascribe these beliefs as contributing to teenage pregnancy.

Psycho-social factors

Fertility decisions are at times rational choices made out of a woman's psycho-social circumstances. The study explores some of the psycho-social issues that could have influenced teenagers into pregnancy. Table 21 shows a list of psycho-social factors that are envisaged to be associated with teenage pregnancy. Almost 40 % (38.8 %) of the teenage mothers said that they planned their first pregnancy, showing willingness to be pregnant. Only a small proportion of the sample (7.0 %) say that they were pressured by friends into a pregnancy, while 3.9 % ascribed their first pregnancy to sexual abuse. More than half of the sample (52.7 %) also acknowledged that they became pregnant because they were seeking love. More than a quarter (27.9 %) of the sample got pregnant as a result of experimental sex. An overwhelming majority (90.7 %) of these teenage mothers were never married, while only 9.9 % were ever married. Only 16.3 % of the teenage mothers ascribed family pressure to have a baby, and 11.6 % said that their pregnancy was the result of incest.

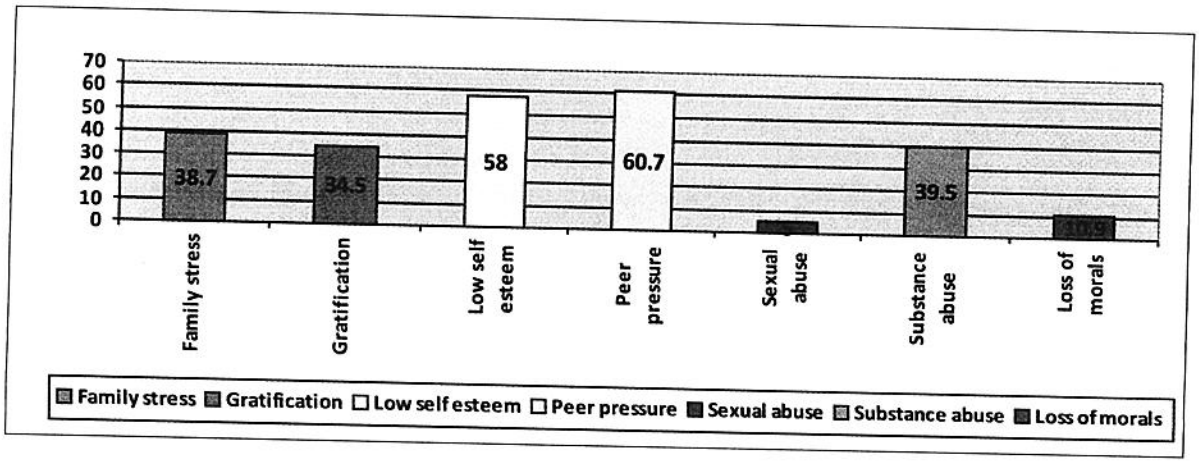
Table 21: Psycho-social Factors associated with First Pregnancy

Characteristics	Percentage
Family wanted a baby	
No	83.7
Yes	16.3
Incest	
No	88.4
Yes	11.6
Peer pressure	
No	93.0
Yes	7.0
Sexual abuse	
No	96.1
Yes	3.9
Seeking for love	
No	47.3
Yes	52.7
Experimental sex	
No	72.1
Yes	27.9
Marital status	
Never married	90.1
Ever married	9.9
Planned pregnancy	
No	61.2
Yes	38.8

N=129

Figure 14 below shows that the service providers ascribed high rates of teenage pregnancy to the four psycho-social factors, which are: family stress (38.7 %), self-gratification (34.7 %), self-esteem (58.0 %) and peer pressure (64.7 %). While sexual abuse (1.7 %), as a cause of teenage pregnancy was less significant, substance abuse (39.5 %) was referred to as a contributory factor. Loss of morals (10.9 %) was also identified as a contributory factor to the increase in teenage pregnancy, maybe corroborating the view that, with the eroding of traditional initiation schools, adolescents are practising sex randomly hence resulting in pregnancies.

Figure 14: Causes of Teenage Pregnancy as perceived by Service Providers



To corroborate service provider's perceptions of teenage pregnancy, teenage mothers and other teenagers in Vhembe and Waterberg were able to admit that they did have their own views about the benefits of having a baby. For gratification, teenagers saw the arrival of a baby in the home as a moment for peace building, consolidation of that blissful love, taking away boredom and helping the young mother to settle down by getting out of the rat race of seeking love. How long this would last or whether it indeed becomes a reality or a nightmare is another matter. Some of the statements gleaned from them are as follows:

> *"...If you are bored and have a baby you just play with them..."*
>
> Teenage learner, FGD: Vhembe

> *"...A baby can make you settle down, you won't be running around with boys because you will be having other things to do for your baby, you won't have time for boyfriends, you will be busy nursing your baby..."*
>
> Teenage learner, FGD: Vhembe

Parents Focus Group Discussions emphasise the loss of morals by teenagers. Most parents have reiterated the lack of respect, stubbornness and indifference among teenagers as some of the reasons contributing to teenage pregnancy. The following are observations from parents:

> *""...Our granddaughters don't listen when we tell them not to walk at night, when you talk to them they say we are living in a 21st century, we don't know and we don't have to look after them, they are not cows they can handle their lives without 'bomagriza (Local slang for grandparents)..."*
>
> Parent, FGD: Capricorn

> *"...When we tell them about sex they will ask you, what do you feel when you are doing it with dad, leave me alone..."*
>
> Parent, FGD: Capricorn

> *"...To families it will never happen that we prevent it, you won't tell them because they have rights. If you try to show them they report you at the police station that you are abusing them..."*
>
> Parent, FGD: Mopani.

Table 22 shows psycho-social factors at first pregnancy by nature of pregnancy. Among the identified psycho-social factors, the results showed that peer pressure, planned pregnancy, seeking for love, experimental sex, and marital status as the only significant variables. While family pressure was not significant, a number of focus group discussion in various districts with teenagers demonstrated that parents, grannies and other relatives do play a role in teenage pregnancy though often in subtle ways. Teenage mothers claimed they perceived direct permission or approval to get pregnant from parents, elders or grannies:

"...Our parents also push us to become pregnant, they say they don't want to die without seeing our babies, by so doing they give us permission to have sex..."

Teenage mother, FGD: Vhembe.

"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.

"Elders say that if you don't have a baby early, you will have a difficulty at a later stage."

Teenage mother, FGD: Vhembe.

Table 22: Psycho-social Factors by Nature of First Pregnancy

Characteristics	Unwanted	Wanted	Significance
Family wanted a baby			
No	84.4	82.1	.73
Yes	15.6	17.9	
Incest			
No	88.9	87.2	.78
Yes	11.1	12.8	
Peer Pressure			
No	95.6	87.2	.09
Yes	4.4	12.8	
Sexual abuse			
No	96.7	94.9	.63
Yes	3.3	5.1	
Leave home			
No	94.4	92.3	.64
Yes	5.6	7.7	
Responsibility			
Parent	60.0	69.2	.46
Other relative	22.2	23.1	
Partner	7.8	5.1	
Self	10.0	2.6	
Seeking for love			
No	42.2	59.0	.08
Yes	57.8	41.0	
Experimental sex			
No	76.7	61.5	.08
Yes	23.3	38.5	
Marital status			
Never married	87.8	97.4	.08
Ever married	12.2	2.6	
Age at First Pregnancy			
Above 16	88.9	94.9	.28
Below 16	11.1	5.1	
Planned pregnancy			
No	71.1	38.5	.00
Yes	28.9	61.5	
Population group			
Other	5.6	2.6	.46
African	94.4	97.4	
Alcohol			
No	97.8	84.6	.00
Yea	2.2	15.4	

N=129

There were 11.1 % of teenage mothers with unwanted pregnancy who said their pregnancy was the result of incest, while among the teenage mothers who wanted a pregnancy, 12.8 % of them experienced incest before (p=.78). Only 3.3 % of teenage mothers with unwanted pregnancy reported their pregnancy as a result of sexual abuse compared to 5.1 % of teenage mothers with a wanted pregnancy. Although issues of reported abuse are low among teenagers, it is observed from the discussions below that they are recognised to be prevalent among teenagers as quoted:

> *"...If their mothers are staying with stepfathers, these stepfathers abuse them sexually and tell them that they will do everything for them..."*
>
> Parent, FGD: Capricorn

> *"...Most of learners are being abused at home, mentally and physically then we ask them they tell us what happened, and only to find out they are being abused.."*
>
> Teacher, Individual interview:. Capricorn

There were 12.8 % of 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 (p=.09).. While 61.5 % of teenage mothers who wanted a pregnancy said they planned their pregnancy, only 28.9 % planned their pregnancy among the teenage mothers with unwanted pregnancy (p=00). There were also12.2 % of ever married teenage mothers with unwanted pregnancy compared to 5.1 % among teenage mothers with a wanted pregnancy (p=.08). Also, there were 38,5 % of teenage mothers who wanted a pregnancy and fell pregnant through experimental sex, while there were only 23.3 % among teenage mothers with unwanted pregnancy who fell pregnant through experimental sex (p=08). There was no significant difference between population groups, age at first pregnancy, responsibility for the teenager, and wanting to leave home, for teenagers with unwanted and wanted pregnancies. Teenage pregnancy as a result of alcohol was high (15.4 %) among teenage mothers with wanted pregnancy compared to 2.2 % among teenage mothers with unwanted pregnancy (p=.00)

However, the majority of teenagers said that they fell pregnant because they were seeking for love. 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. A focus group learner discussant in Waterberg summed it up by saying that:

> *"...Sometimes parents don't give their teens adequate love that is why many of them become pregnant and their parents say nothing about it, it's like they wanted them to fall pregnant."*
>
> Teenage learner, FGD: Waterberg.

In Mopani, another teenage mother said the major problem was:

> *"...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.

The teenagers seem to be lacking love from their immediate families hence seeking for love in the wrong places, where they end up pregnant.

a) *Planned pregnancy*

As shown in Table 23 below, more than a third (38.8 %) of teenage mothers reported to have planned their first pregnancy. More than half (51.4 %) of the teenage mothers in Mopani said they had planned their first pregnancy, whilst there were more than 40 % in Capricorn and Sekhukhune. Relatively low proportions of teenage mothers reporting to have planned their first pregnancy are observed in Vhembe and Waterberg (23.5 and 20.0 % respectively).

Table 23: Psycho-social Factors by Teenage Mothers by District

Characteristics	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Sig.
Peer Pressure						
No	88.9	94.6	100.0	91.2	90.0	.60
Yes	11.1	5.4	0.0	8.8	10.0	
Planned pregnancy						
No	55.6	48.6	57.1	76.5	80.0	.10
Yes	44.4	51.4	42.9	23.5	20.0	
Alcohol						
No	92.6	97.3	95.2	91.2	90.0	.81
Yes	7.4	2.7	4.8	8.8	10.0	
Marital status						
Never married	96.3	89.2	90.5	85.3	100.0	.51
Ever married	3.7	10.8	9.5	14.7	0.0	

N=129

b) Marital Status

Although marriage among teenagers sampled was generally low, the study results show that the proportion of ever married teenage mothers was relatively high (14.7 %) in Vhembe, Mopani (10.8 %) and Sekhukhune (9.5 %). While the ever married were low in Capricorn (3.7 %), it was non-existent in Waterberg (p=.51)

c) Alcohol

Alcohol as a direct cause of teenage pregnancy was high in Waterberg (10.0 %), Vhembe (8.8 %) and Capricorn (7.4 %). It was low in Sekhukhune and Mopani with 4.8 and 2.7 % respectively of teenage mothers directly affected by alcohol at their first pregnancy (p=.81). Alcohol was identified as a problem from statements such as:

> "...*When we are at Shebeen drinking and dancing and find someone there, we have sex without condom and realise it late when we are pregnant...*"
>
> Teenage learner, FGD: Vhembe.

> "...T*eenagers turn to think that they are civilized and party animals, drinking alcohol and end up engaging in sexual activities without condom...*"
>
> Teenage learner, FGD: Waterberg.

Also parents echoed the same sentiments as the teenagers in observing that abuse of alcohol has contributed to teenage pregnancy, as one parent put it:

> "...*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.

d) Peer pressure

Studies in South Africa have shown that peer pressure has a major influence, both negative and positive, on teenage sexuality. Peer pressure is a factor that influences teenagers to engage in sexual relations or sexual intercourse. Being sexually experienced allows teenagers to be recognised as members of the 'in' (socially acceptable) group, and those not experienced are ostracized from the group as they cannot share meaningfully (Wood *et al.* 1998, Maluleke, 2007). As such, teenagers engage in sex or fall pregnant because they wanted to gain the approval of their peers. However, the province of Limpopo had a few teenage mothers (7.0 %) in the sample who reported to have been influenced by peer pressure to become pregnant. Table 23 above shows that Capricorn district had the highest proportion of teenage mothers (11.1 %) who said they were influenced by peer

pressure to become pregnant. Waterberg, Vhembe and Mopani had 10.0, 8.8 and 5.4 % respectively. Sekhukhune had no teenagers that were influenced by peer pressure (p=.60).

Sex and sexuality to youngsters was a golden shuttle to acceptability and a ticket to belonging to a special group of the wise as opposed to the stupid. Among Vhembe learners, engaging in sex was adjudged:

> *"...To be just cool and acceptable in the environment...t"*,
> Teenage learner, FGD: Vhembe.

While a learner from Waterberg pointed to wisdom of listening to friends and the enjoyableness of sex and was quoted as saying:

> *"...Friends influencing them to have sex, they say if you don't have sex you are stupid, after all sex is for fun*. Besides, everyone was doing it..."
> Teenage learner, FGD: Waterberg.

A combo statement was provided by a teenage learner from Mopani:

> *"...Peer pressure our friends push us in having sex with our boyfriends, if we don't we might lose them for others and we can afford to lose our boyfriends then we do sex because of that pressure. Having unprotected sex is showing that we love and trust them...."*
> Teenage learner, FGD: Mopani.

e) Psycho-social Factors Associated with Teenage Pregnancy

To determine the psycho-social factors influencing teenage pregnancy, a logistic regression model was fit and the results are shown in Table 24 below. The Omnibus Tests of Model Coefficients indicate that the 'goodness of fit' tests is highly significant (p=.00), and the pseudo R square statistics indicate that between 26 and 36 % of the variability is explained by the set of variables in the model. The results show that planned pregnancy, alcohol and marital status were the only significant variables in explaining first pregnancy among the psycho-social factors. Teenage mothers who attributed alcohol abuse as contributing to their pregnancy were 94.0 % less likely to want the pregnancy compared to those teenage mothers who were not affected by alcohol abuse .(OR = 0.06, C.I. 0.01 – 0.52, p=.00). For the teenage mothers who were ever married were 18.0 times more likely to want a pregnancy compared to teenage mothers who were never married .(OR = 18.15, C.I. 1.25 – 263.35, p=.03). Also, teenagers who reported to have planned their pregnancy were 81.0 % less likely to have wanted a pregnancy compared to those teenage mothers who reported not to have planned their pregnancy.(OR = 0.19, C.I. 0.07 – 0.49, p=.00).

Table 24: The Logistic Regression Model on Psycho-social factors Among Teenage Mothers Wanted Vs Unwanted Pregnancy

Characteristic	OR	C.I. (95%)	Significance
Family wanted a baby			
Yes	1.05	(0.29 – 3.85)	.94
No (ref)	1.00		
Incest			
Yes	1.39	(0.23 – 8.64)	.72
No (ref)	1.00		
Peer pressure			
Yes	0.36	(0.06 – 12.18)	.26
No (ref)	1.00		
Sexual abuse			
Yes	0.23	(0.02 – 2.52)	.23
No (ref)	1.00		
Seeking for love			
Yes	1.38	(0.46 – 4.15)	.57
No (ref)	1.00		
Experimental sex			
Yes	0.40	(0.13 – 1.28)	.12
No (ref)	1.00		
Marital status			
Ever married	18.15	(1.25 – 263.35)	.03
Never married	1.00		
Leave home			
Yes	0.33	(0.05 – 2.24)	.26
No (ref)	1.00		
Planned pregnancy			
Yes	0.19	(0.07 – 0.49)	.00
No (ref)	1.00		
Age at First Pregnancy			
Below 16	2.59	(0.33 – 20.42)	.37
Above 16			
Responsibility			.80
Other relative	2.71	(0.25 – 29.88)	.42
Partner	2.50	(0.20 – 30.67)	.47
Self	4.40	(0.23 – 83.30)	.32
Parent	1.00		
Population group			
African	0.45	(0.03 – 6.06)	.55
Other	1.00		
Alcohol			
Yes	0.06	(0.01 – 0.52)	.01
No (ref)	1.00		

(Omnibus tests of Model Coefficients = .00; Pseudo R^2 = 26 - 36%)

f) Discussion

The results showed that psychological factors are important in determining pregnancy among teenagers. The planning of teenage pregnancy can have effects on teenagers if misinformed. However, most unplanned pregnancies were located in the districts of Vhembe and Waterberg where most pregnancies were also unwanted. These were also the same districts where pregnancies due to peer pressure were also relatively high. Marriage also contributed to teenagers wanting pregnancy and it has been identified to be a problem in Vhembe, Mopani and Sekhukhune. Alcohol abuse was also identified as a serious problem in leading teenagers into pregnancy, and was identified as a problem in Waterberg, Vhembe and Capricorn.

Economic factors

The Limpopo province is mainly rural and poor, and hence it is assumed that teenagers may try to adopt several strategies in their relationships to complement their poor living standards. Table 25 below shows some of the perceptions and practices that teenage mothers engage in that have economic implications and that might have contributed to their pregnancy. The results however show that there were just a few (4.7 %) teenagers who became pregnant because they were in need of money. It is however interesting to note that there were almost 15.5 % of teenage mothers who said that they fell pregnant because they wanted to access the child support grant. Through a proxy to poverty or self-aggrandizement in order to gratify their other needs, the perceptions that having multiple partners and intergenerational relationships as a safety net to cushion poverty were significantly high , with 24.8 % of the teenage mothers who thought that having multiple partners was beneficial and 20.2 % thought that intergenerational relationships were helpful. In practice, it is apparent that by the time the teenagers proceed to have their pregnancy, the %age of those involved in intergenerational relationship increases from 7.0 % at sexual debut to 17.1 % at first pregnancy. Also, the results show that at pregnancy they were 32.6 % of them who were involved in a concurrent multiple sexual partner relationship and 51.9 % of them were involved in more than one sexual partner in their lifetime.

Table 25: Economic Factors Associated with Teenage Pregnancy

Characteristics	Percentage
Money	
No	95.3
Yes	4.7
(P) Multiple sexual partners helpful	
No	75.2
Yes	24.8
(P) Intergenerational partner helpful	
No	79.8
Yes	20.2
Intergenerational partner at first pregnancy	
No	82.9
Yes	17.1
Concurrent multiple sexual partner at first pregnancy	
No	67.4
Yes	32.6
Child Support Grant	
No	84.5
Yes	15.5
Lifetime sexual partners	
One	48.1
More than one	51.9

N=129 (P) = Perception

Service providers operating in Limpopo Province identified three economic factors associated with teenage pregnancy, namely, wanting to access the child support grant, poverty and intergenerational relationships. Figure 15 below shows that poverty (61.3 %) is perceived by the service providers to be the major contributor to teenage pregnancy, and the perverse incentive of the child support grant (37 %) leads teenagers into pregnancy. However, the service providers place less emphasis on intergenerational relationships' (11.8 %) contribution to teenage pregnancy. They did not mention the issue of multiple sexual partners as a cause of teenage pregnancy.

Figure 15: Economic Factors Causing Teenage Pregnancy by Service Providers

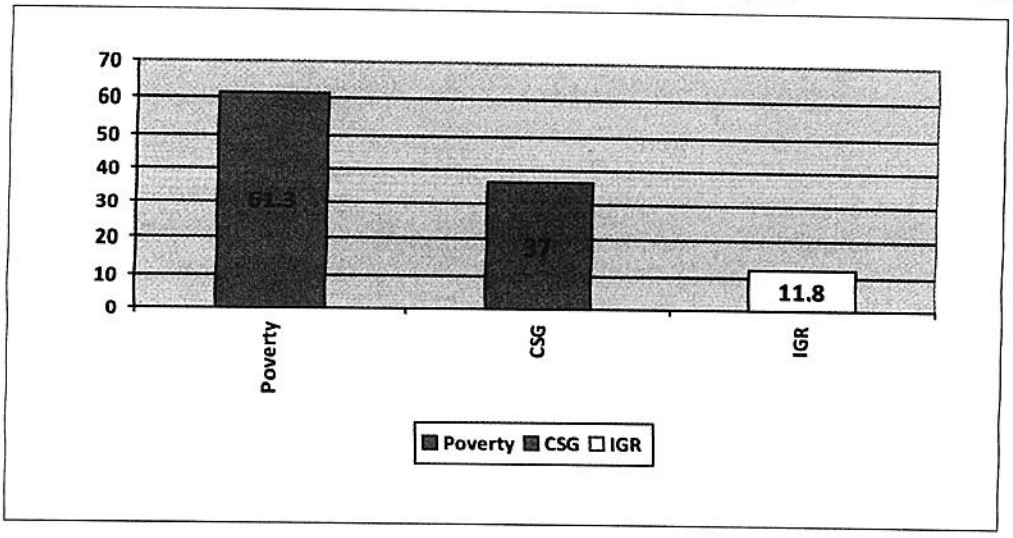


Table 26 below shows the results of economic characteristics when compared to the nature of pregnancy among the teenage mothers. The study showed that there was a significant difference (p=.05) among teenagers who wanted a pregnancy (10.3 %) compared to those with unwanted pregnancy (2.2 %). There was also a significant difference (p=.01) in the perception that multiple sexual relationships are beneficial among teenage mothers with an unwanted pregnancy (17.8 %) and those with a wanted pregnancy (41.0 %). This is also true for teenage mothers who had more than one lifetime sexual partner, with 69.2 % teenage mothers with wanted pregnancy and 44.4 % of teenage mothers with unwanted pregnancy (p=.01). There was no significant difference (p=.31) in the perception that intergenerational partners were helpful among teenage mothers with unwanted pregnancy (17.8 %) and teenage mothers with wanted pregnancy (25.6 %). Although concurrent multiple sexual partners were high among teenagers in Limpopo, there were 31.1 and 35.9 % of teenage mothers with unwanted and wanted pregnancy in concurrent relationships at first pregnancy (p=.59). There were also 14.4 and 17.9 % of teenage mothers with unwanted and wanted pregnancies respectively who reported getting pregnant to access the child support grant.

Table 26: Economic Factors associated with First Pregnancy by Nature of Pregnancy

Characteristics	Unwanted	Wanted	Significance
Money			
No	97.8	89.7	.05
Yes	2.2	10.3	
(P)Multiple sexual partners helpful			
No	82.2	59.0	..01
Yes	17.8	41.0	
Intergenerational partner helpful			
No	82.2	74.4	.31
Yes	17.8	25.6	
Intergenerational partner at first pregnancy			
No	84.4	79.5	.49
Yes	15.6	20.5	
Concurrent multiple sexual partners at first pregnancy			
No	68.9	64.1	.59
Yes	31.1	35.9	
Child Support Grant			
No	85.6	82.1	.61
Yes	14.4	17.9	
Lifetime sexual partners			
One	55.6	30.8	.01
More than one	44.4	69.2	

N=129

a) Money

Focus Group Discussions by both parents and teenage mothers from the sample seem to concur with some of the service providers' observations that poverty and gratification are some factors that drive teenagers into sexual relationships that result in pregnancy. Parent Focus Group Discussions were also clear on the point. One parent was able to attest that it was an intergenerational relationship that got her pregnant:
:

> *"...Poverty does influence teenagers to fall pregnant; I fell pregnant at the age of 16 with a 32 years man. At home there was nothing then and this guy was working in Johannesburg. You know people coming home once or twice a year you fall in love with them because they have money. I only slept with him once, it was Christmas time and he went back to Johannesburg I was pregnant, I needed money to buy food at home and clothes from him as he promised to buy me..."*
>
> Parent, FGD: Mopani.

Another parent also attested:

> *"...Teenagers fall pregnant because they want money to survive, if they don't have parents they go out and find means to survive and not knowing that they are just destroying themselves..."*
>
> Parent, FGD: Capricorn.

Confirming the service providers and parents, teenagers had this to say:

> *"You find that at home you are many kids and your parents don't work or can't provide and meet all your needs, as a young girl you become stressed and confused as to why were you born into that family you go and fall pregnant for someone whom their parents are well off and financially grounded so that they give you money."*
>
> Teenage learner, FGD: Mopani

> *"...We come from different background you may find that this one can afford a loaf of bread for tea every morning and that one can get cornflakes and I can't even get one of these, what I do. I find a way of getting them, which is to fall pregnant for someone who has money to support me, the baby and my family since my parents don't work or has no parents...."*
>
> Teenage learner, FGD: Mopani

> *"...Sometimes you find that you don't get pocket money at home, then decide to fall in love with someone who can give you money..."*
>
> Teenage mother, FGD: Vhembe

Also, issues of self-gratification were evident in some Focus Group Discussions held with the teenage learners. Some teenagers claim that poverty reduces their self-esteem and hence they find means to uplift it by engaging in relationships, as exemplified by one teenage mother:

> *"...When you don't have fancy clothes and your parents cannot afford them, like when you see your friends wearing Cavella, you start looking down upon yourself and look for a way of getting such clothing..."*
>
> Teenage mother, FGD: Capricorn

Figure 16 below indicates that there were more teenagers (16.7) among other race groups who fell pregnant because they needed money than only 4.1 teenagers among African teenage mothers who fell pregnant for the money.

Figure 16: Money by Population Group

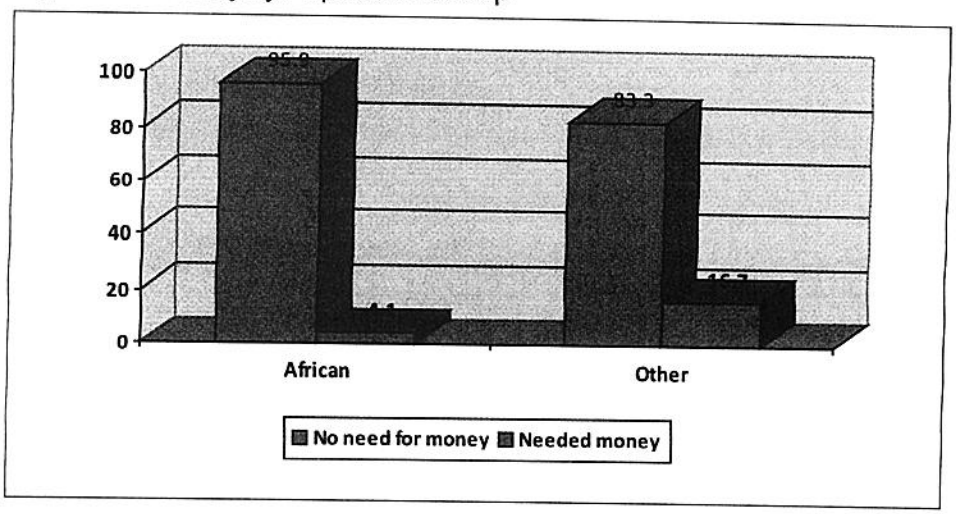


Table 27 below shows the need for money among the teenage mothers. The results show that the highest proportion of teenagers in need of money was in Mopani (62.2 %), followed by Capricorn (55.6 %). There were half of teenagers in Vhembe in need of money, and Sekhukhune and Waterberg had 42.9 and 30.0 % of their teenagers fall pregnant because they were in need of money (p=.36).

Table 27: Money by District

Characteristics	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Sig.
Money						.89
No	96.3	97.3	95.2	94.1	90.0	
Yes	3.7	2.7	4.8	5.9	10.0	
Child Support Grant						
No	88.9	81.1	76.2	85.3	100.0	.45
Yes	11.1	18.9	23.8	14.7	0.0	

a) Child Support Grant

In South Africa there is a popular myth that teenagers become pregnant for the perverse incentive of accessing the child support grant. This myth seemed to be shared by the service providers with more than a third (37 %) of the service providers citing the child support grant as a cause of teenage pregnancy. Results from teenage mothers show that 15.5 % got pregnant because they wanted to access the child support grant. There was an observed paradox among the teenage mothers' responses to the question on whether they fell pregnant in order to access the child support grant. The proportion of those who affirmed this behaviour was low (15.5 %), while in the Focus Group Discussions some of the teenage mothers indicated otherwise.

The Service Provider ascribed poverty as the main reason for the rise in teenage pregnancy, and did not flinch from citing the Child Support Grant as a key ingredient fuelling teenage pregnancy. This view was confirmed in the teenage mother Focus Group Discussions. Various teenage mothers acknowledged not only the importance but also the role that the Child Support Grant plays in their lives. Despite the fact that it is difficult to link the child support grant in a direct cause and effect relationship, for some people, it is obvious from this study that while it helps in alleviating poverty in many poor communities in South Africa, access to this grant is a major temptation to teenagers steeped in perennial poverty. The mixed messages from the teenage mothers comments on this issue are here recorded:

> *"They [Nurses] think we get pregnant in order to get social grant.."*
> Teenage mother, FGD:. Capricorn.

> *"...We fall pregnant knowing, we want the money from the government..."*
> Teenage mother, FGD: Vhembe.

"...When parents don't work and no income at the end of the month, so grant keeps us moving..."
Teenage mother, FGD: Vhembe

"...Others don't have parents and they decide to go out and find boyfriends, or someone who can take care of them and give them money and fall pregnant, and when they get the social grant and feel it can sustain them and babies..."
Teenage mother, FGD: Capricorn

For those who are of the view that the child support grant is being misused by these teenage mothers, the study brought some insights as what it is used by one of the teenage mothers in this statement:

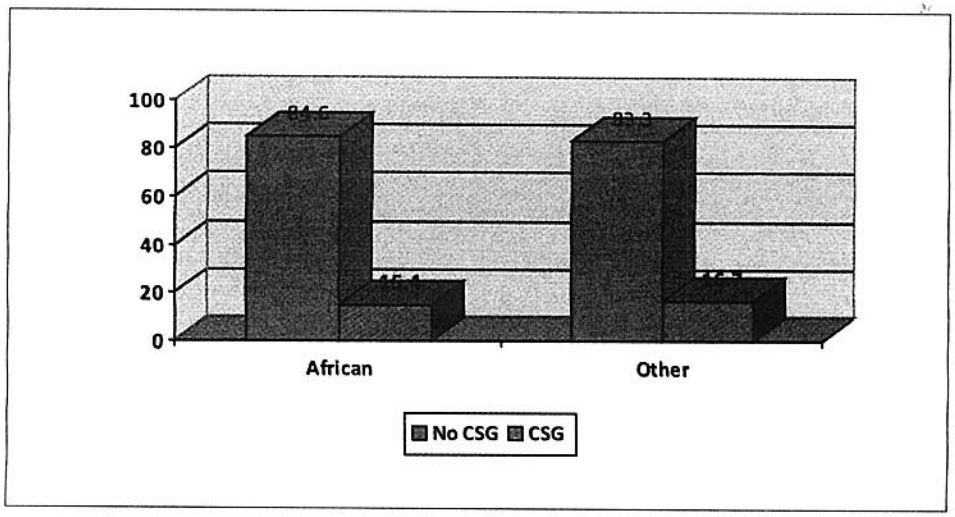
"...Many people think that we misuse the social support grant buying ourselves fancy clothes, we have kids who go to crèche, they use transport and we have to pay that transport every month and we expect increment sometimes soon.."
Teenage mother, FGD: Vhembe.

Parent Focus Group Discussions also supported the view that the child support grant is key to teenagers falling pregnant. Because teenage pregnancy is rising in the province, parents were clearly upset about this grant though they were not shy to also acknowledge that it is helping them against poverty which is rife in the province. Here are some of their statements:

"...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.

Table 27 above shows that almost a quarter (23.8 %) of the teenage mothers in Sekhukhune fall pregnant in order to access the child support grant. In Mopani (18.9 %), Vhembe (14.7 %) and Capricorn (11.1 %), while in Waterberg the practice is nonexistent (p=.45). When the teenage mothers who got pregnant because they wanted to access the child support grant were examined by population group, the results are shown in Figure 17 below. The results show that 16.7 % of teenage mothers in the other race group got pregnant because they wanted to access the child support grant compared to 15.4 % of the teenagers among the African population group (p=.94)

Figure 17: Child Support Grant by Population Group



b) Beneficial Relationships

An intergenerational relationship is considered as a relationship involving a partner who is ten years older. To discuss intergenerational sex in this study, the theory of social exchange in relationships is employed. The theory predicts that time and cost of childbearing places greater burden on females who tend to be choosy and hence seek males that are older than them, have resources and are able to look after them and their offspring (Waynforth & Dunbar, 1993). On the obverse, in the context of HIV and AIDS, older men tend to seek young females who are considered to have a lower risk of HIV infection. Several studies have revealed that age-disparate relationships are meaningful and perceived as beneficial at a number of levels, including social, physical, psychological, economic and symbolic. In the context of growing economic inequalities and cultural expectations for men to give and women to receive a compensation for sex, relationships with older men are a common and readily available way through which young women gain materially, affirm self-worth, achieve social goals, increase longer-term life chances, or otherwise add value and enjoyment to life.

Table 28 below shows that the perception of having multiple sexual partners was common in Sekhukhune (47.6 %), Vhembe (38.2 %) and Capricorn (33.3 %). It was moderate in Mopani (24.3 %) and low in Waterberg (10.0 %). Also, noting that those with more than one lifetime sexual partner were only among the African teenage mothers, It was high in Mopani(62.2 %), Capricorn (56.6 %) and Vhembe (50.0 %). It was moderately high in Sekhukhune (42.9 %) and low in Waterberg at 30.0 % (p=.36).

Table 28: Multiple Sexual Partners by District

Characteristics	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Sig.
Multiple sexual partners helpful						
No	66.7	75.7	52.4	61.8	90.0	.19
Yes	33.3	24.3	47.6	38.2	10.0	
Lifetime sexual partners						
One	44.4	37.8	57.1	50.0	70.0	P=.36
More than one	56.6	62.2	42.9	50.0	30.0	

Perceptions towards intergenerational relationships and multiple sexual partners were found to be relatively low, with 20.2 and 24.8 % respectively among teenage mothers. However, the practice of intergenerational partners increases from 7.0 % at first sex to 17.1 % at first pregnancy. The most worrying behaviour is having multiple sexual partners. The study shows that at first pregnancy, there were 32.6 % of the teenage mothers in concurrent multiple sexual relationships and 51.9 % had more than one lifetime sexual partner at first pregnancy. The perception that multiple sexual partners were found to be relatively high (33.3 %) among the teenage mothers of the other population group, while it was 24.4 % among the African teenage mothers as shown in Figure 18 below. It is also interesting to note that there were 33.3 % of teenage mothers of other population groups who were in concurrent sexual relationships at their first pregnancy, which is similar to the proportion of those who hold the perception that having multiple sexual partners is helpful among teenagers of other race groups. On the obverse, while the perception that having multiple sexual partners is helpful was held by 24.4 % of the African teenagers, the proportion increased to 32.5 % for those who were in concurrent sexual relationships among the teenage mothers of the African population group (p=.07). While all the teenage mothers of other population groups had the same sexual partner from sexual debut to first pregnancy, the results from the study show that there were 54.5 % of teenage mothers who had more than one lifetime sexual partner (p=.01).

Figure 18: Multiple Sexual Partners Helpful by Population Group

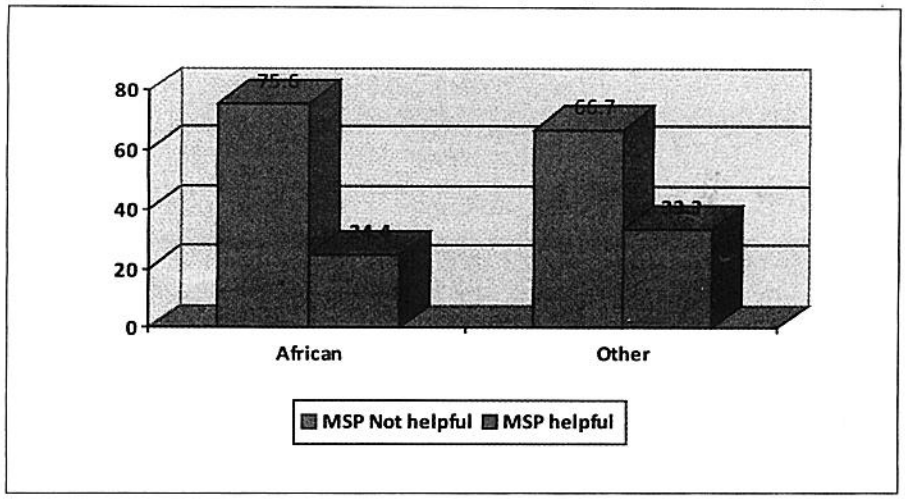


Figure 19: Concurrent Multiple Sexual Partners by Population Group

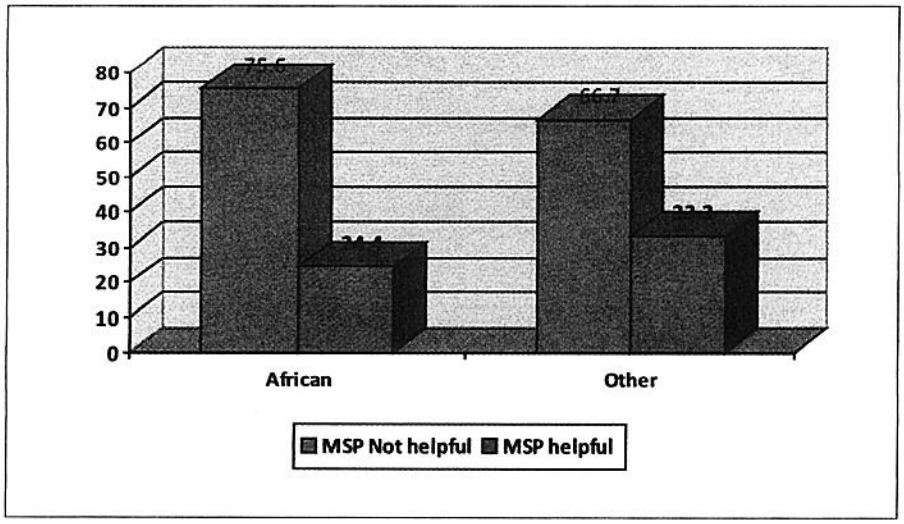
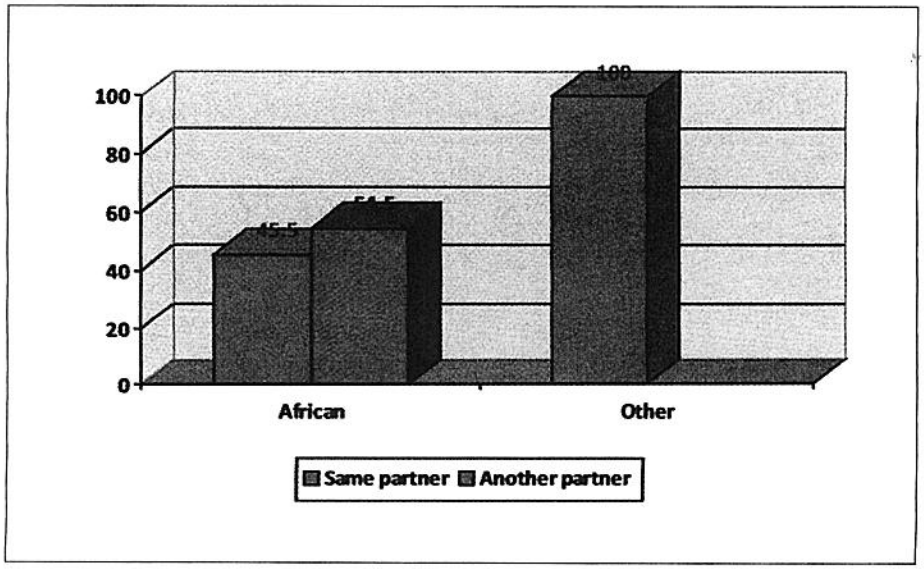


Figure 20: Lifetime sexual partners by Population Group



Teenage mothers in Focus Group Discussions were not equivocal in stating that need for money drives them into intergenerational relationships, thus indirectly confirming transactional sex and perhaps some form of entrapment. Other teenagers from various districts were also clear in affirming that teenagers were usually driven into intergenerational relationships for money. Some of the verbatim statements from teenagers and teenage mothers were:

> *"...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.

> *"...Dating older people than you are, they can force you into sleeping with them without a condom, obviously you can expect them to give you money, one way or the other sex is the result.."*
> Teenage learner, FGD: Mopani

> *"...In most cases you find that parents pass away and there is no food at home, then you are forced to have sex with any man in order to get money, that's where we fall pregnant young.."*
> Teenage mother, FGD: Vhembe.

Also parents in their Focus Group Discussions noted that the teenagers were driven into intergenerational and multiple sexual relationships by mainly poverty and at times gratification. One parent observed:

> *"...They want to get a man who work, but don't know whether that person has wife and kids to look after, once they fall pregnant that man run away and leave them with a baby and they suffer..."*
> Parent, FGD: Capricorn.

c) Economic Factors Associated with Teenage Pregnancy

To determine the psycho-social factors influencing teenage pregnancy, a logistic regression model was fit and the results are shown in Table 29 below. The Omnibus Tests of Model Coefficients indicate that the 'goodness of fit' tests is highly significant (p=.03), and the pseudo R square statistics indicate that between 11.0 and 16.0 % of the variability is explained by the set of variables in the model. The results show that the perception that multiple sexual partners are helpful and having more than one lifetime sexual partner were the only significant variables in explaining wanted pregnancy among the economic factors. Teenage mothers who perceived multiple sexual partners as helpful were 65.0 % less likely to want to be pregnant compared to teenage mothers who had the perception.(OR = 0.35, C.I. 0.14 – 0.89, p=.03). The results also show that teenage mothers who were having more than one lifetime sexual partner were 59.0 % less likely to want a pregnancy compared to teenage mothers who had the same lifetime sexual partner (OR = 0.41, C.I. 0.17 – 0.94, p=.04).

Table 29: The Logistic Regression Model on Economic factors Among Teenage Mothers with Wanted Vs Unwanted Pregnancies

Characteristic	OR	C.I. (95%)	Significance
Money			
Yes	0.23	(0.04 – 1.51)	.13
No (ref)	1.00		
Multiple sexual partners helpful			
Yes	0.35	(0.14 – 0.89)	.03
No (ref)	1.00		
Intergenerational relationship helpful			
Yes	0.85	(030 – 2.40)	.77
No (ref)	1.00		
Intergenerational relationship at first pregnancy			
Yes	0.84	(0.28 – 2.48)	.75
No (ref)	1.00		
Concurrent multiple sexual partners			
Yes	0.95	(0.38 – 2.30)	.90
No (ref)	1.00		
Child Support Grant			
Yes	1.60	(0.46 – 5.52)	.46
No (ref)	1.00		
Lifetime multiple sexual partners			
Same	0.41	(0.18 – 0.94)	.04
Not the same (ref)	1.00		

(Omnibus tests of Model Coefficients = .03; Pseudo R^2 = 11-16%)

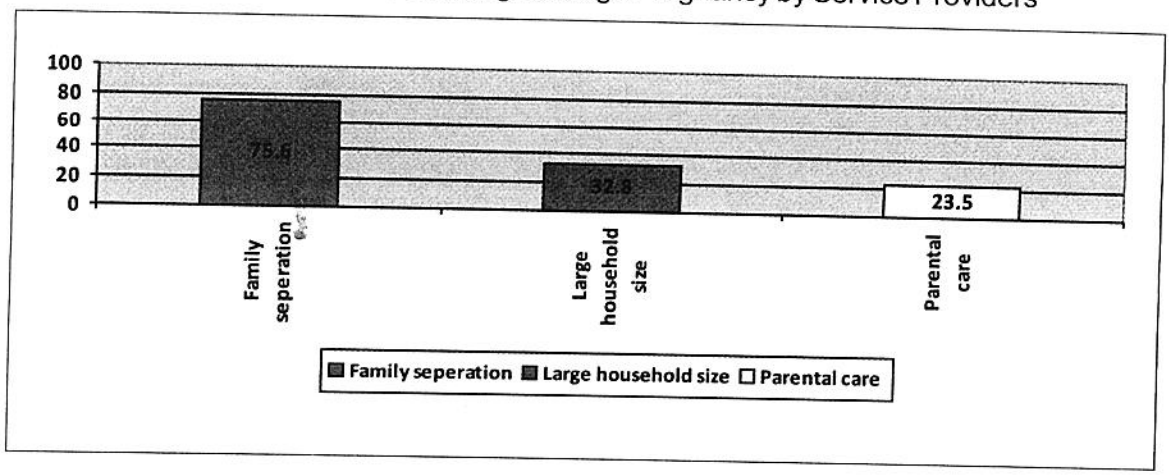
d) Discussion

Poverty seems to be rife and there are no differences in the circumstances in which teenagers find themselves. As such, teenagers find themselves holding negatives perceptions that intergenerational relations and having multiple sexual partners will help them. This leads them into concurrent multiple sexual partners, and also results in them having more than one lifetime sexual partner. While these practices were strategies by the youth to alleviate poverty, they however further expose themselves to STIs, in particular, HIV and AIDS. Also, the issue of the child support grant is insignificant in this study. While there is the assumption that teenager's fall pregnant because they want to access the child support grant, the results show that the proportion of teenagers who practice this was low.

Household factors

Service providers in the study identified three household factors associated with teenage pregnancy . Figure 21 below shows that the most commonly cited household problem was that of family separation (75.6 %). Household separation is a result of mortality, largely due to HIV and AIDS; migration, and in South Africa, the legacy of labour migration is still strong; marital dissolutions like divorce or separation; and economic factors whereby families are forced to separate because economically they are not viable and resort to sending children to stay with other relatives. Another household factor identified was household size. About a third of service providers indicated that large household size contributes to teenage pregnancy (32.8 %). This could be largely to the fact that in large families there is little privacy and these teenagers are exposed to adult sexual encounters. As such, lack of parental care has also been identified as a factor (23.5 %) as a considerable proportion of children have caregivers who are not biological parents.

Figure 21: Household Factors Causing Teenage Pregnancy by Service Providers



The household characteristics of the pregnant and teenage mothers are examined in Table 30 below. The results show that the mean household size where teenagers we are residing is 5.0, indicating that a lot of pregnant and teenage mothers came from large families. There were almost 62.0 % of these teenagers who did not have access to piped water in their homes of residence, indicating that the Limpopo province is largely rural. However, the reverse was true for electricity, where almost 62.0 % have access to electricity. The results also show that Mopani and Vhembe constituted the majority of the sample (28.7 and 26.4 % respectively), and Capricorn had 20.9 %. Sekhukhune and Waterberg comprised 16.3 and 7.8 % of the sample. More than a third of pregnant and teenage mothers were orphaned. Of the orphans, paternal, maternal and dual orphans constituted 17.1, 7.0 and 11.6 % of the sample. On the obverse, 34.9 % of these teenagers in the sample were under the care of someone not a parent(s). Those under the care of another relative comprised 22.5 % of the sample, and those who reside with partners were 10.9. There were 1.6 % of teenage mothers who took care of themselves. The study shows that 77.5 % resided in formal dwellings, and 7.0 and 9.3 % in informal and traditional dwellings. There were however 6.2 % of the teenage mothers who resided in other forms of dwellings. With regards to their communities, only 12.4 % of the teenagers reported that their communities allowed girls to have sex before the age of 16.

Table 30 : Household Factors associated with First Pregnancy

Characteristics	Percentage
Household size	
Mean	5.1
Water	
No	62.0
Yes	38.0
Electricity	
No	38.0
Yes	62.0
District	
Waterberg	7.8
Mopani	28.7
Sekhukhune	16.3
Vhembe	26.4
Capricorn	20.9
Parent Survival Status	
Both Parents Alive	63.4
Paternal Orphan	17.1
Maternal Orphan	7.0
Dual Orphan	11.6
Caregiver	
Parent(s)	65.1
Other Relatives	22.5
Partner	10.9
Self	1.6
Housing Category	
Formal dwelling	77.5
Informal dwelling	7.0
Traditional dwelling	9.3
Other dwelling	6.2
Community allows sex	
No	87.6
Yes	12.4

N=129

The messages that came through from the Focus Group Discussions pertained to parental supervision and orphan hood. Most teenagers thought that there was lack of supervision by parents either because parents are separated, are working far away from home, or are deceased. The following are comments from teenagers in the Focus Group Discussions.

> *"...This happens when you are staying with your mum only. She can't control us..."*
> Teenage learner, FGD: Vhembe.

> *"...Death of parents there won't be anyone controlling them so they fall pregnant wait for social support grant..."*
> Teenage learner, FGD: Vhembe.

> *"...If a girl is an orphan and she is left with young brothers or sisters but she is still a teenager, she can fall pregnant to support her brothers and sisters by taking the responsibility of her parents, in this case she has no choice..."*
> Teenage learner, FGD: Waterberg.

"...When teenagers don't stay with their parents resulting to teen pregnancy because they feel they have all power over themselves and that they have grown up..."
Teenage mother, FGD: Vhembe.

"...Lack of parental supervision because we tend to go out at night, at parties or bashes and parents don't take full responsibility over their teens..."
Teenage mother, FGD: Vhembe

When the household characteristics are then compared to the nature of pregnancy, the results are shown in Table 31 below. The mean household size of teenage mothers with unwanted pregnancy is 4.8 compared to 5.7 for teenage mothers with wanted pregnancy (p=.04). There were 43.6 % of teenage mothers with wanted pregnancy accessing piped water compared to 35.6 % teenage mothers with unwanted pregnancy (p=.39). There were also 61.1 and 64.1 % teenage mothers with unwanted and wanted pregnancy respectively accessing electricity (p=.75). Most unwanted pregnancies were in Vhembe (32.2 %), Mopani (28.9 %) and Sekhukhune (16.7 %). Unwanted pregnancies were low in Capricorn (13.3 %) and Waterberg (8.9 %). Wanted pregnancies were mostly in Capricorn (38.5 %), Mopani (28.2 %), moderate in Sekhukhune (15.4 %), Vhembe (12.6 %) and low in Waterberg at 5.1 % (p=.01). Most teenagers, whether with wanted or unwanted pregnancy had both their parents alive, 69.2 and 63.3 % respectively. Paternal orphan hood was high for teenagers with wanted and unwanted pregnancies, 15.4 and 17.8 % respectively. Maternal orphan hood was 10.3 and 5.6 % for teenage mothers with wanted and unwanted pregnancies respectively. Dual orphanhood was higher among teenage mothers with unwanted pregnancy (13.3 %), while among teenage mothers with wanted pregnancy it was 7.7 %. However, there were no significant differences among teenage mothers with wanted and unwanted pregnancies by the survival status of their parents (p=.63).

Table 31: Household Factors associated with First Pregnancy by Nature of Pregnancy

Characteristics	Unwanted	Wanted	Sig
Household size			
Mean	4.8	5.7	0.04
Water			
No	64.4	56.4	.39
Yes	35.6	43.6	
Electricity			
No	38.9	35.9	.75
Yes	61.1	64.1	
District			
Waterberg	8.9	5.1	.01
Mopani	28.9	28.2	
Sekhukhune	16.7	15.4	
Vhembe	32.2	12.6	
Capricorn	13.3	38.5	
Parent Survival Status			
Both Parents Alive	63.3	66.7	.63
Paternal Orphan	17.8	15.4	
Maternal Orphan	5.6	10.3	
Dual Orphan	13.3	7.7	
Caregiver			
Parent(s)	63.3	69.2	.77
Other Relatives	23.3	20.5	
Partner	11.1	10.3	
Self	2.2	0.0	
Housing Category			
Formal dwelling	75.6	82.1	.64
Informal dwelling	7.8	5.1	
Traditional dwelling	8.9	10.3	
Other dwelling	7.8	2.6	
Community allows sex			
No	88.9	84.6	.50
Yes	11.1	15.4	

N=129

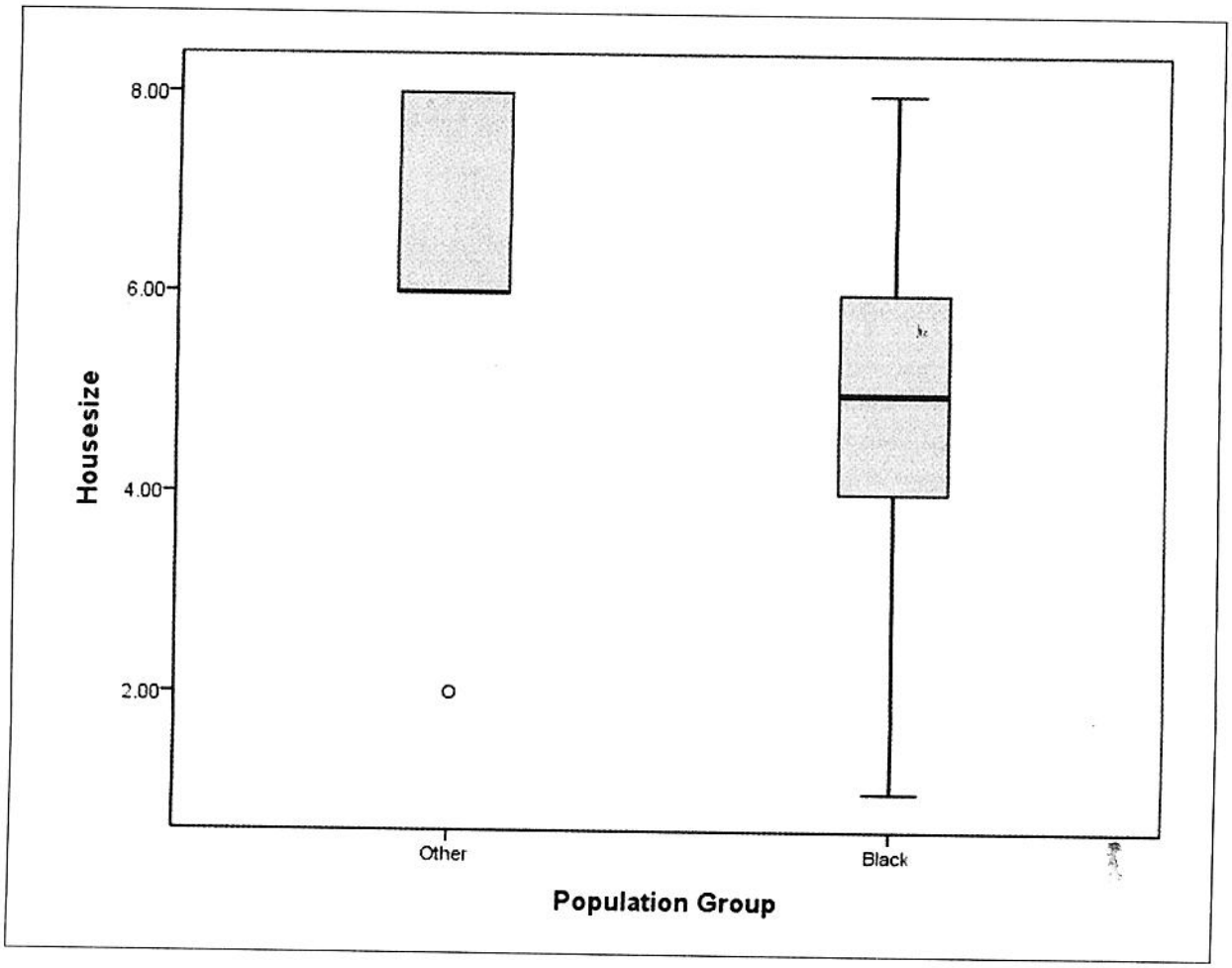
The results also show that majority of teenagers were still under the care of their parents (p=.77), with 63.3 and 69.1 % of teenage mothers with unwanted and wanted pregnancies respectively. There were 23.3 % of teenage mothers with unwanted pregnancy staying with another relative, and 20.5 % of teenage mothers with wanted pregnancy. Also, 11.1 and 10.3 % of teenage mothers with unwanted and wanted pregnancies respectively stayed with a partner. While no teenage mother with a wanted pregnancy was staying alone, there were 2.2 teenage mothers with unwanted pregnancy staying alone.

The study also shows that the majority of teenage mothers with wanted and unwanted pregnancies reside in formal dwellings (p=.64). There were 75.6 and 82.1 % of teenage mothers with unwanted and wanted pregnancies respectively, who resided in formal dwellings. There were 7.8 and 5.1 % of teenage mothers with unwanted and wanted pregnancies respectively, who resided in informal dwellings. However, 16.3 % of teenage mothers with wanted pregnancy resided in traditional dwellings, while there were 8.9 % of teenage mothers with unwanted pregnancy. Also, 7.8 % of teenage mothers with unwanted pregnancy resided in other dwellings, while there were only 2.6 % among teenage mothers with wanted pregnancy. There were also 15.4 and 11.1 % of teenage mothers with wanted and unwanted pregnancies respectively, who reported that they reside in communities where sex below the age of 16 is allowed or condoned (p=.50).

a) Household size

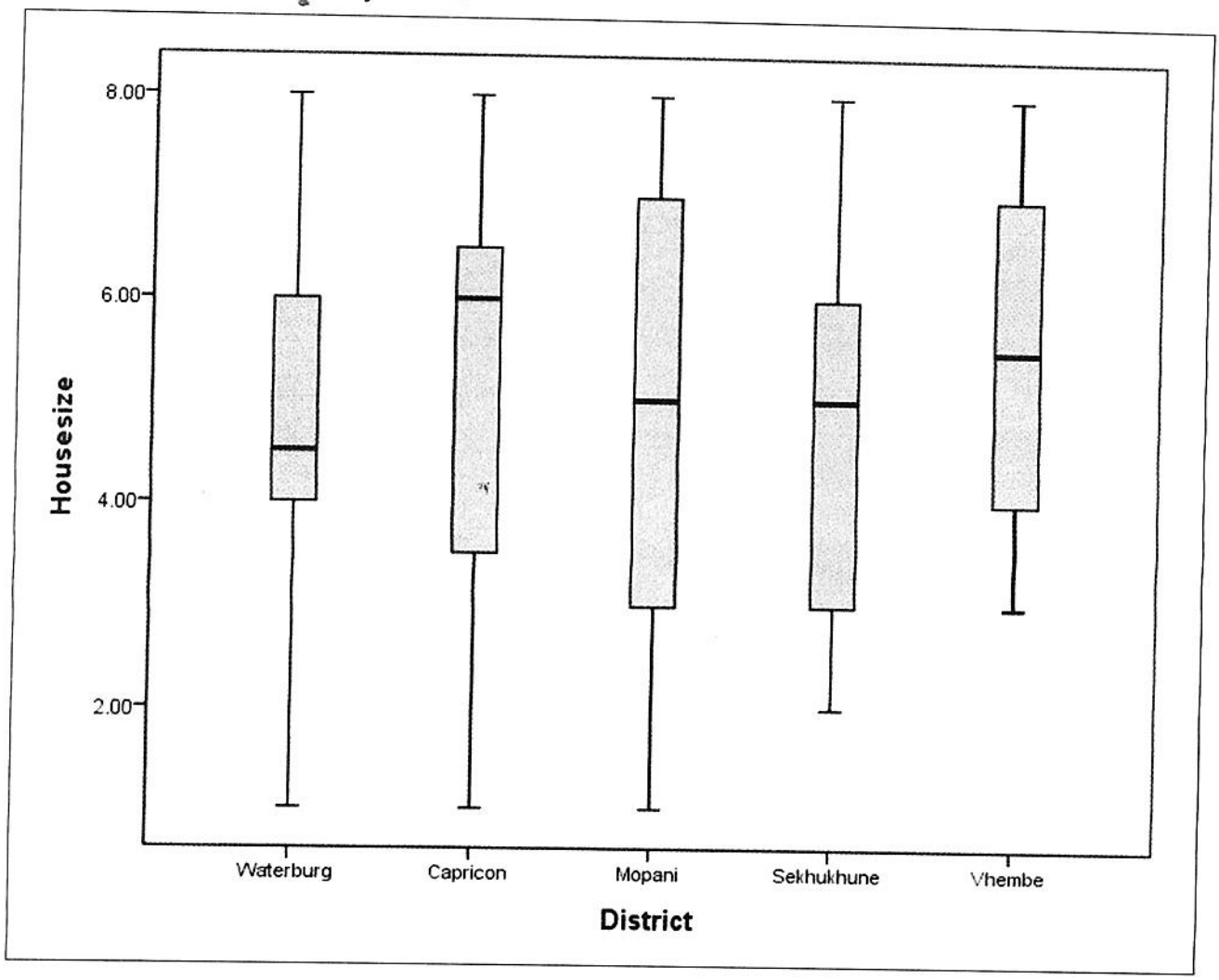
Figure 22 below shows the variation in household size by population groups (p=.65). The results show that teenage mothers from other population groups have a mean household size of 6.0 compared to 5.0 among African teenage mothers.

Figure 22: Household Size by Population Group



23 below shows the mean household size of teenage mothers families by district (p=.45). The results show that the highest mean household sizes of teenage mothers 'families are in Vhembe (5.5) and Capricorn (5.2), which are above the provincial mean household size (5.1). Waterberg and Mopani have a mean household size of 4.8 respectively, while Sekhukhune had the lowest household size of 4.7.

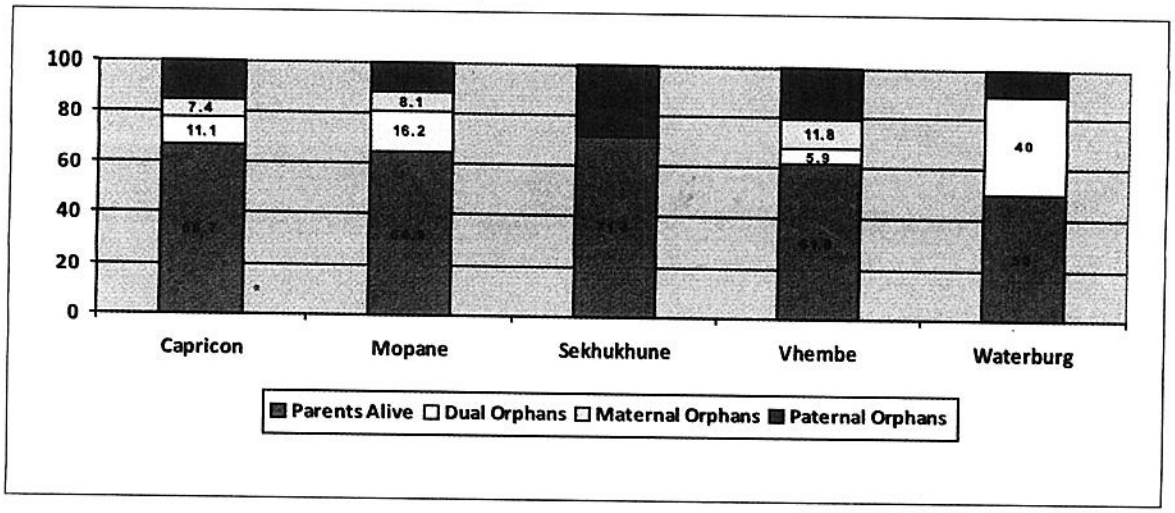
Figure 23: Household Size by District



b) Orphanhood:

As observed above, 35.7 % of the teenage mothers were orphans, with 11.6, 7.0 and 17.1 % dual, maternal and paternal orphans respectively. The majority (64.3 %) had both parents alive. Figure 24 below shows parental survival status by Districts . While Capricorn and Sekhukhune show that most teenagers had both their parents alive (66.7 and 71.4 % respectively), Mopani, Vhembe and Waterberg have 64.9, 61.8 and 50.0 % respectively. Waterberg was the worst affected by orphan hood (50 %), 40.0 % dual orphans and 10.0 % paternal orphans. In Vhembe, the pattern of orphan hood is different, with the highest maternal orphans (11.8 %) and a substantially majority being paternal orphans (20.6 %) and 5.9 % were dual orphans. Sekhukhune had the highest paternal orphans (28.6 %). Capricorn had moderate amounts of dual, maternal and paternal orphans (11.1, 7.4 and 14.8 respectively. Results from the study reveal that dual orphans were more than twice likely to experience a pregnancy before the age of 16 (18.8 %) compared to compared to paternal orphans and those teenagers with both parents alive (9.1 and 8.4 % respectively). It is also important to note that there was not a maternal orphan who experienced a pregnancy before the age of 16. However, these differences of age at first pregnancy by parental survival status are not statistically different.

Figure 24: Parents Survival Status by District



c) Household Factors Associated with Teenage Pregnancy

To determine the psycho-social factors influencing teenage pregnancy, a logistic regression model was fit and the results are shown in Table 32 below. The Omnibus Tests of Model Coefficients indicate that the 'goodness of fit' tests is highly significant (p=.05), and the pseudo R square statistics indicate that between 19.0 and 27.0 % of the variability is explained by the set of variables in the model. The results show that household size and district were the only significant variables in explaining wanted pregnancy among the household factors. For every unit increase in household size, teenage mothers are 38.0 % more likely to want a pregnancy (OR = 1.38, C.I. 1.07 – 1.77, p=.01). The results also show that teenage mothers in Capricorn are not significantly different in wanting to have a pregnancy compared to those in Waterberg (OR = 2.81, C.I. 0.35 – 22.69, p=.33). However, teenage mothers in Mopani are more than eleven times more likely to want a pregnancy compared to those in Waterberg (OR = 11.41, C.I. 2.90 – 44.97, p=.00), while those in Vhembe are more than five times more likely to want a pregnancy compared to those in Waterberg (OR = 5.14, C.I. 1.06 – 24.84, p=.04). results also showed that teenage mothers in Sekhukhune were more than four times likely to want to have a pregnancy compared to teenagers in Waterberg (OR = 4.14, C.I. 1.04 – 16.58, p=.04).

Table 32: The Logistic Regression Model on Household factors Among Teenage Mothers with Wanted Vs Unwanted Pregnancies

Characteristic	OR	C.I. (95%)	Significance
Household size	1.38	(1.07 – 1.77)	.01
Water			
Yes	0.75	(0.28 -1.98)	.56
No (ref)	1.00		
Electricity			
Yes	1.01	(0.39 – 2.59)	.98
No (ref)	1.00		
District			
Capricorn	2.81	(0.35 – 22.69)	.01
Mopani	11.41	(2.90 – 44.97)	.33
Sekhukhune	4.14	(1.04 – 16.58)	.00
Vhembe	5.14	(1.06 – 24.84)	.04
Waterberg (ref)	1.00		.04
Parent Survival Status			
Paternal Orphan	0.78	(0.10 – 6.04)	.45
Maternal Orphan	0.78	(0.09 – 6.73)	.81
Dual Orphan	3.22	(0.27 – 37.84)	.82
Both Parents Alive (ref)	1.00		.35
Caregiver			
Other Relatives	4.59	(0.00 – 0.00)	1.00
Partner	4.28	(0.00 – 0.00)	1.00
Self	4.34	(0.00 – 0.00)	1.00
Parent(s) (ref)	1.00		
Housing Category			
Informal dwelling	4.06	(0.39 – 41.47)	.47
Traditional dwelling	1,72	(0.07 – 41.44)	.24
Other dwelling	7.47	(0.47 – 117.42)	.74
Formal dwelling (ref)	1.00		.15
Community allows sex			
Yes	0.39	(0.10 – 1.55)	.18
No (ref)	1.00		

(Omnibus tests of Model Coefficients = .05; Pseudo R^2 = 19-27%)

Discussion

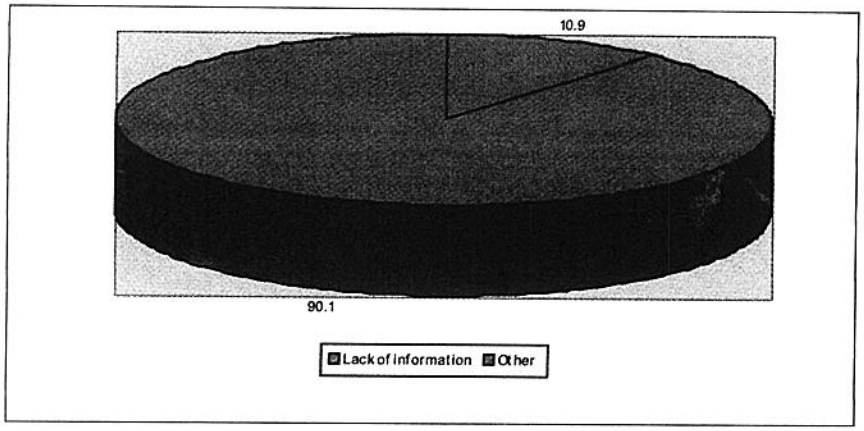
The study shows that teenage mothers in Mopani are more likely to want a pregnancy compared to other districts. This means that whatever the intervention, it should be prioritised for Mopani. Also, the study shows that the higher the household size, the more likely a teenager would want to have a pregnancy. This could be an effect of supervision and care.

Information barriers

I. Knowledge on sex and contraception

Lack of sex and contraception knowledge can contribute to adolescent girls becoming pregnant. Thus, misinformed perceptions, attitudes and knowledge can serve as barriers to prevention of unsafe sex and pregnancy. Approximately 11 % of service providers indicated that teenage pregnancy is a result of lack of proper information on sexual and reproductive health issues among the teenagers as shown in Figure 25 below.

Figure 25: Knowledge on sex and contraception



The teenage mothers in the sample were asked a battery of questions to test their knowledge on pregnancy. Table 33 below provides the list of questions and responses from the teenage mothers. Knowledge regarding questions were scored on a scale of 0 to 7, with 0 indicating most knowledge, and 7 indicating no knowledge; the mean of 3.5 was obtained. The study shows that the mean score of teenage mothers was 4.1, indicating that they were above average and hence likely to have little knowledge on pregnancy and contraception issues. The results show that no one among the sample got all the questions right, and 35.7 % knew four of the questions. It was also interesting to note that 3.1 % did not know any of the questions. Teenage mothers knew most (79.1 %) that using condoms every time one has sex can prevent a pregnancy. Other fairly known questions were that emergency contraception prevents pregnancy (56.6 %) and that that one can fall pregnant at sexual debut (54.3 %). Only 34.1 % of teenage mothers knew that contraception does not cause problems of fertility at old age and 33.3 % knew that they had a right to terminate a pregnancy. The most unknown response was that girls can also use contraception. Only 10.9 % knew that girls can use contraception, and the rest thought that it made girls fat, gives girls pimples and that it can cause complications when they decide to become pregnant.

Table 33 : Knowledge of Pregnancy and Contraception Issues by Teenage Mothers

Characteristics	Percentage
Score of knowledge	
Mean	4.1
Girls can use contraception pills	
Know	10.9
Don't know	89.1
Can fall pregnant at sexual debut	
Know	54.3
Don't know	46.7
Can prevent pregnancy by using condoms every time having sex	
Know	79.1
Don't know	20.9
Can fall pregnant having sex standing	
Know	19.4
Don't know	80.6
Have a right to TOP	
Know	33.3
Don't know	66.7
Contraceptives cause fertility problems at older ages	
Know	34.1
Don't know	65.9
Can use emergency contraception to prevent pregnancy	
Know	56.6
Don't know	43.4

N=129

Table 34 below compares knowledge on pregnancy and contraception issues by nature of pregnancy. The results show that the mean score on knowledge for teenage mothers with unwanted pregnancy was 4.8 (the average score is 3.5), and that of teenage mothers with wanted pregnancy was 3.8, just above the average. This indicates that teenage mothers with unwanted pregnancies had less knowledge on pregnancy and contraception issues than teenage mothers with wanted pregnancies. There were only 10.0 and 12.8 % of teenage mothers with unwanted and wanted pregnancies respectively who did not know that girls could use contraception (p-.64). There were also 54.4 and 53.8 % of teenage mothers with unwanted and wanted pregnancies respectively who knew that a girl can fall pregnant at sexual debut (p=.95). The knowledge that condoms can prevent pregnancy when used every time a person has sex was high, with 78.9 and 79.5 % among teenage mothers with unwanted and wanted pregnancies respectively (p=.94). In terms of whether a girl can fall pregnant when having sex standing, there were only 14.4 % teenage mothers with unwanted pregnancy who knew, while it was 30.8 % among teenage mothers with wanted pregnancies (p=.03). Also, only 28.9 % of teenage mothers with unwanted pregnancies who knew that they had a right to terminate a pregnancy, while there were 43.6 % of teenage mothers with wanted pregnancies who knew this (p=.10). Almost a third of teenagers with unwanted and wanted pregnancies, 33.3 and 35.9 % respectively, knew that contraception does not cause problems of fertility at old age (p=.78). Also, 53.3 and 64.1 % of teenage mothers with unwanted and wanted pregnancies respectively knew that there was emergency contraception that can be used to prevent pregnancy (p=.26).

Table 34: Knowledge of Pregnancy and Contraception by Nature of Pregnancy

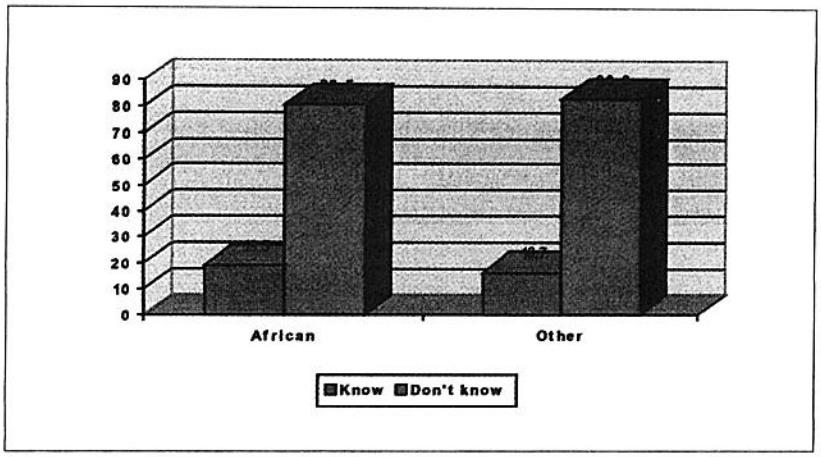
Characteristics	Unwanted	Wanted	Sig.
Score of knowledge			
Mean	4.8	3.8	.43
Girls can use contraception pills			
Know	10.0	12.8	.64
Don't know	90.0	87.2	
Can fall pregnant at sexual debut			
Know	54.4	53.8	.95
Don't know	45.6	46.2	
Can prevent pregnancy by using condoms every time having sex			
Know	78.9	79.5	.94
Don't know	21.1	20.5	
Can fall pregnant having sex standing			
Know	14.4	30.8	.03
Don't know	85.6	20.9	
Have a right to TOP			
Know	28.9	43.6	.10
Don't know	71.1	56.4	
Contraceptives cause fertility problems at older ages			
Know	33.3	35.9	
Don't know	66.7	64.1	.78
Can use emergency contraception to prevent pregnancy			
Know	53.3	64.1	
Don't know	46.7	35.9	.26

N=129

a) Sex Standing and Pregnancy

It is interesting to note that a high proportion of teenage mothers thought that one cannot get pregnant when having sex standing. Figure 26 below shows that the knowledge was low among both African teenage mothers (19.5 %) and teenage mothers of other population groups at 16.7 % (p=.86). Table 37 below examines knowledge of teenage mothers in terms of their right to terminate a pregnancy and whether a girl can fall pregnant by having sex standing (by district). Knowledge on whether a girl can fall pregnant was low in Vhembe (8.8 %) and Sekhukhune (19.0 %). It was moderate in Capricorn (22.2 %) and Mopani (24.3 %) and relatively high in Waterberg at 30.0 % (p=.42).

Figure 26: Sex Standing and Pregnancy by Population Group



b) Right to Termination of Pregnancy

Knowledge that teenage mothers had a right to pregnancy was moderately high as shown in Table 37 below. The highest proportion of teenage mothers who knew that they had a right to terminate a pregnancy was from Capricorn (40.7 %). There were 38.1, 32.4 and 30.0 % teenage mothers from Sekhukhune, Vhembe and Waterberg respectively who knew that they had a right to terminate a pregnancy. This knowledge was lowest in Mopani at 27.0 % (p=.81).

Table 35: Multiple Sexual Partners by District

Characteristics	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Sig.
Can fall pregnant having sex standing						
Know	22.2	24.3	19.0	8.8	30.0	.42
Don't know	77.8	75.7	81.0	91.2	70.0	
Have a right to TOP						
Know	40.7	27.0	38.1	32.4	30.0	.81
Don't know	59.3	73.0	61.8	67.6	70.0	

c) Scoring Knowledge on Pregnancy and Pregnancy Issues

Knowledge on pregnancy and contraception issues among teenage mothers was rated from 0 to 7, with 0 indicating most knowledge, and 7 indicating no knowledge. Figure 27 below shows that knowledge was low among teenage mothers of other population groups with a mean of 5.5 compared to a mean of 4.1 among teenage mothers of the African population group (p=.24). Figure 28 shows that knowledge of pregnancy and contraception was low in Sekhukhune and Waterberg with a mean score of 4.3 respectively, and Vhembe with a mean score of 4.2. These scores were below the provincial average of 4.1. Mopani had a mean score of 4.1, and Capricorn had the highest score of 3.8. In general, the results indicate that knowledge on pregnancy and contraception among teenagers was poor.

Figure 27: Knowledge of Pregnancy and Contraception by Population Group

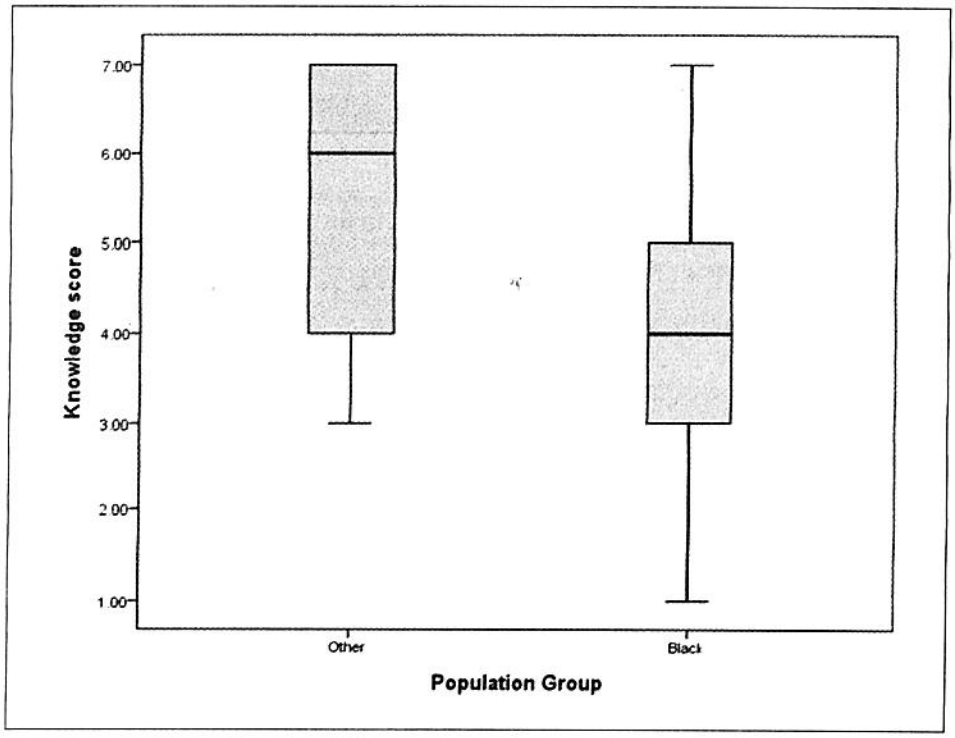
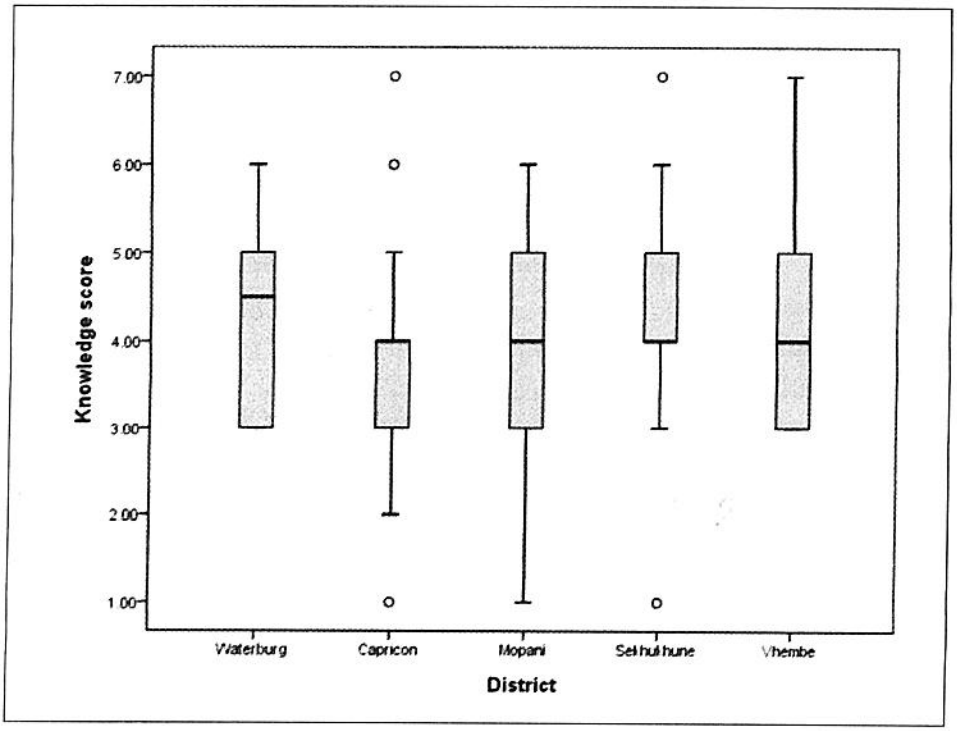
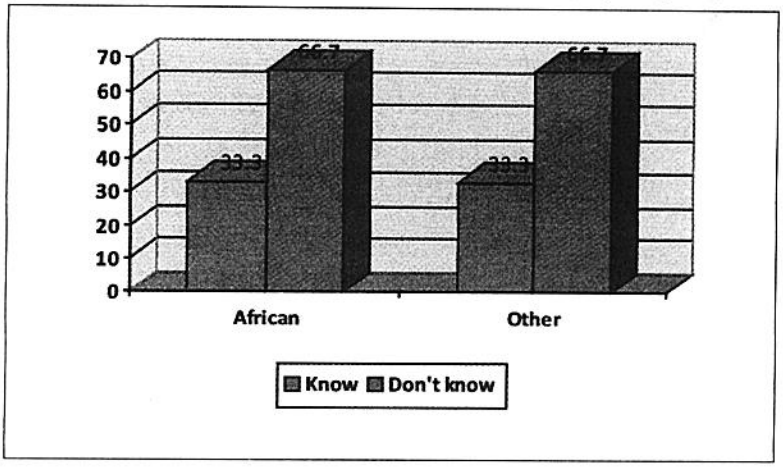


Figure 28: Knowledge of Pregnancy and Contraception by District



Knowledge on the right to terminate a pregnancy was also examined among the teenage mothers with unwanted and wanted pregnancies. Figure 29 below indicates that 33.3 % of African teenage mothers and teenage mothers of other population groups respectively knew that they had a right to terminate a pregnancy (p=.24).

Figure 29: Right to Termination of Pregnancy by Population Group



d) Contraception

Teenage mothers had their own reasons why they were not using contraception. The statements below capture some of the general sentiments among the teenagers with regard to contraception:

"...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 don't use them because you can fall pregnant using these things..."
Teenage mother, FGD: Vhembe

"...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.

"...It's the same; they prick the condom with a needle so that the sperm go into the vagina.
Teenage mother, FGD: Capricorn.

e) Knowledge on Pregnancy and Contraception Associated with Teenage Pregnancy

To determine the knowledge factors influencing teenage pregnancy, a logistic regression model was fit and the results are shown in Table 36 below. The Omnibus Tests of Model Coefficients indicate that the 'goodness of fit' tests is not significant (p=.32), and the pseudo R square statistics indicate that between 6.0 and 9.0 % of the variability is explained by the set of variables in the model. The results show that knowledge on the issue that a girl cannot fall pregnant when having sex standing was the only significant variable explaining wanted pregnancy among the knowledge factors. Results show that teenagers who did not know that a girl can fall pregnant when having sex standing were twice more likely to want a pregnancy compared to those teenagers who knew that having sex in a standing position can make a girl pregnant (OR = 2.47, C.I. 0.96 – 6.31, p=.06).

Table 36: The Logistic Regression Model on Knowledge of Pregnancy and Contraception among Teenage Mothers with Wanted Vs Unwanted Pregnancy

Characteristic	OR	C.I. (95%)	Sig
Girls can use contraception pills			
Don't know	1.52	(0.44 – 5.29)	.50
Know (ref)	1.00		
Can fall pregnant at sexual debut			
Don't know	0.99	(0.45 – 2.22)	.99
Know (ref)	1.00		
Can prevent pregnancy by using condoms every time having sex			
Don't know	0.85	(0.31 – 2.27)	.74
Know (ref)	1.00		
Can fall pregnant having sex standing			
Don't know	2.47	(0.96 – 6.31)	.06
Know (ref)	1.00		
Have a right to TOP			
Don't know	1.94	(0.86 – 4.37)	.11
Know (ref)	1.00		
Contraceptives cause fertility problems at older ages			
Don't know	1.13	(0.49 – 2.63)	.78
Know (ref)	1.00		
Can use emergency contraception to prevent pregnancy			
Don't know	1.50	(0.67 – 3.37)	.50
Know (ref)	1.00		

(Omnibus tests of Model Coefficients = .32; Pseudo R^2 = 6 - 9%)

f) Discussion

Knowledge on sexual and reproductive issues is low. The results show that information was low among teenage mothers of other population groups, and it was low in Sekhukhune and Waterberg districts. There is a lot of misinformation on sexual and reproductive issues that affected teenagers.

I. Sources of Information

Sources of information for teenagers are categorised into three groups; community support, media and technology, and amenities.

i. Community Support

Figure 30 below provides a list of sources of information for sexual and reproductive health from communities in which they resided. The study shows that the majority of teenagers obtained their information from friends (46.5 %) and parents (32.6 %). There were 16.3 % of teenagers who reported to obtain information from family members, 13.2 % from community members, while a small proportion, 6.2 % obtained information from religious leaders.

Figure 30 : Community Support as a Source of Information on Pregnancy among Teenage Mothers

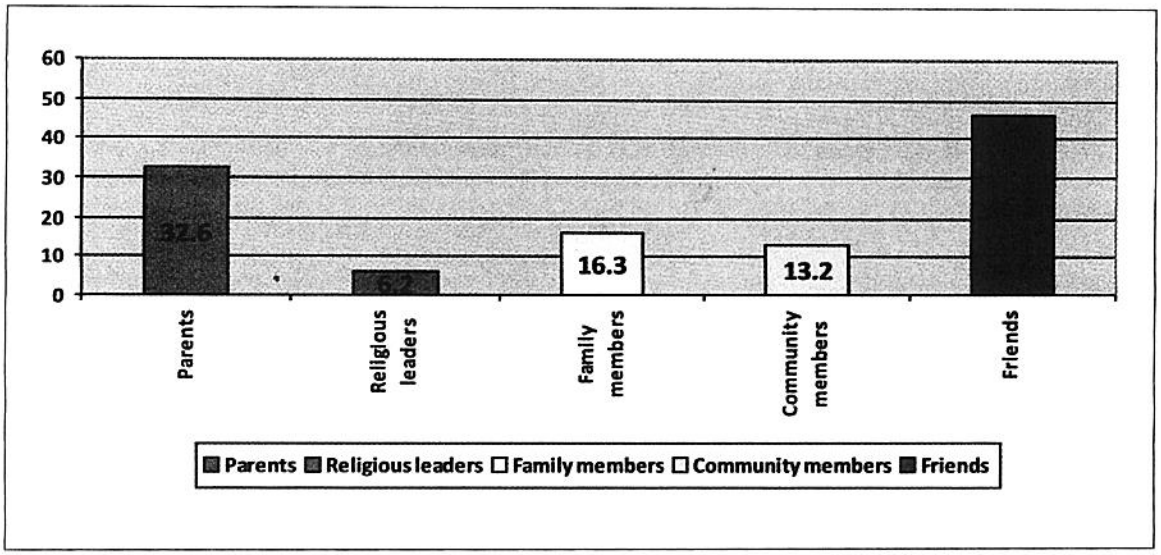


Table 37 below shows the source of information by teenage mothers in the communities they live by nature of their first pregnancy. The results show that there were 30.0 and 38.5 % of teenage mothers with unwanted and wanted pregnancies respectively who obtained their information on sexual and reproductive health issues from their parents (p=.35). Only a small proportion of teenage mothers with unwanted and wanted pregnancies obtained information from family members (16.7 and 15.4 % respectively). This was the same for information obtained from community members (p=.52), with only 14.4 and 10.3 % of teenage mothers with unwanted and wanted pregnancies respectively. Religious leaders were sourced the least, with only 5.6 and 7.7 % of teenage mothers with unwanted and wanted pregnancies respectively obtaining information from them (p=.64). The most popular source of information was friends, with 51.1 % of teenage mothers with unwanted pregnancies and 35.9 % of teenage mothers with wanted pregnancies obtaining information from them (p=.10).

Table 37: Community Support by Nature of Pregnancy

Characteristics	Unwanted	Wanted	Significance
Parents			
No	70.0	61.5	.35
Yes	30.0	38.5	
Family members			
No	83.3	84.6	.86
Yes	16.7	15.4	
Community members			
No	85.6	89.7	.52
Yes	14.4	10.3	
Friends			
No	48.9	64.1	.10
Yes	51.1	35.9	
Religious leaders			
No	94.4	92.3	.64
Yes	5.6	7.7	

N=129

a) Friends

Friends who have an enormous influence in shaping the behaviour of teenagers into pregnancy were also a common source of information. The distribution of this source by population group and district is shown below. Figure 31 below shows that teenage mothers of other population groups rely more on friends (66.7 %) than African teenage mothers (52.6).

Figure 31: Friends as Source of Information by Population Group

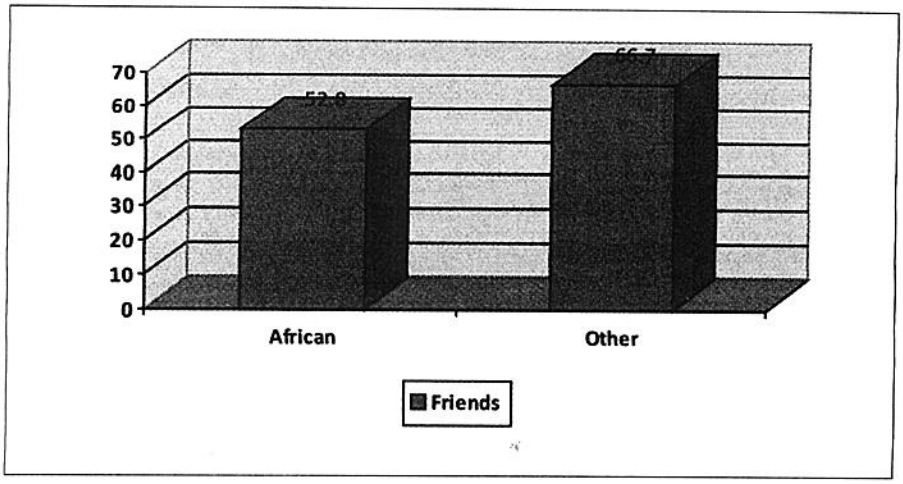


Table 38 below shows that friends as a source of information for sexual and reproductive health issues was high in Sekhukhune (66.7 %) and Waterberg (60.0 %). It was also moderately high in Capricorn (48.1 %). It was 38.2 and 37.8 % in Vhembe and Mopani respectively (p=.18).

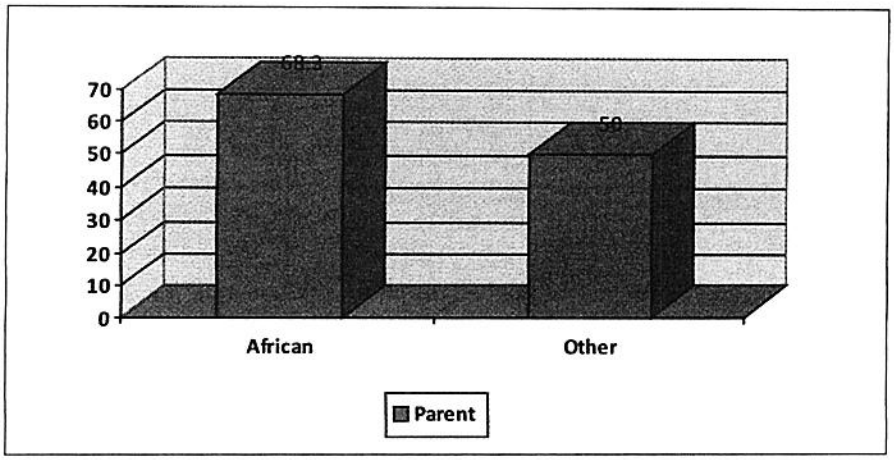
Table 38: Community Support by District

Characteristics	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Sig.
Friends						
No	51.9	62.2	33.3	61.8	40.0	.18
Yes	48.1	37.8	66.7	38.2	60.0	
Parents						
No	51.9	86.5	47.6	73.5	60.0	.01
Yes	48.1	13.5	52.4	26.5	40.0	

b) Parents

Figure 32 below shows parents as a source of information for teenagers. The results indicate that there were more African teenage mothers (68.3 %) who obtained their information from parents compared to 50.0 % teenage mothers among other population groups (p=.35). However, when the distribution of parents as a source is examined by district, the results show that it was common in Sekhukhune (52.4 %), Capricorn (48.1 %) and Waterberg (40.0 %). It was low in Vhembe (26.5 %) and Mopani with 13.5 % (p=.01).

Figure 32: Parents as Source of Information by Population Group



Sex seems to be a moral issue surrounded by cultural connotations. Teenagers and parents however expressed the difficulty of communicating on sexual issues:

> *"...They say it's shameful to talk about sex as they were brought up not being told anything about sex..."*
>
> Teenage learner, FGD: Vhembe.

Parents confirmed that talking about sex was out the question by saying:

> *"...They can't talk direct to their parents about sex, they will be very much ashamed...."*
>
> Parent, FGD: Capricorn

c) Community Support Associated with Teenage Pregnancy

To determine the knowledge factors influencing teenage pregnancy, a logistic regression model was fit and the results are shown in Table 39 below. The Omnibus Tests of Model Coefficients indicate that the 'goodness of fit' tests is not significant (p=.38), and the pseudo R square statistics indicate that between 4.0 and 6.0 % of the variability is explained by the set of variables in the model. The results show that friends were the only significant variable that explained wanted pregnancy among the community support factors. Results show that teenagers who obtained information from friends are twice more likely to want a pregnancy compared to those teenagers who did not get information from friends (OR = 2.07, C.I. 0.89 – 4.78, p=.09).

Table 39: The Logistic Regression Model on Community Support among Teenage Mothers with Wanted Vs Unwanted Pregnancy

Characteristic	OR	C.I. (95%)	Significance
Parents			
Yes	0.55	(0.24 – 1.29)	.18
No (ref)	1.00		
Family members			
Yes	1.09	(0.35 – 3.42)	.88
No (ref)	1.00		
Community members			
Yes	1.53	(0.37 – 6.34)	.55
No (ref)	1.00		
Friends			
Yes	2.07	(0.89 – 4.78)	.09
No (ref)	1.00		
Religious leaders			
Yes	0.48	(0.09 – 2.56)	.39
No (ref)	1.00		

(Omnibus tests of Model Coefficients = .38; Pseudo R^2 = 4 - 6%)

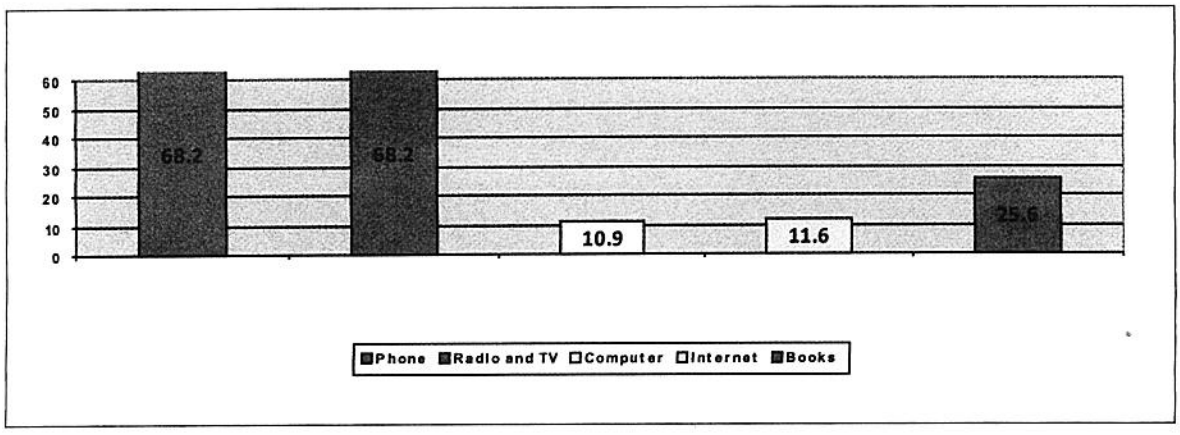
d) Discussion

It is interesting to note that friends were the common source of information for teenagers at a community level. Sekhukhune and Capricorn teenagers had the highest proportions using this source. While parents were also moderately used as a source, again especially in Sekhukhune and Capricorn, there were generally reservation from both parents and teenagers. Parents tend to look at teenagers as immature, and times use culture to find it immoral to discuss sex with them, yet on the obverse, teenagers are afraid to reveal their interest for sex to parents as they were often met with reproach.

ii. Media and Technology

Figure 33 below shows the list of media and technology sources of information among the teenage mothers. The results show that the most popular sources of media and technology were phones, radio and television. Sixty-eight % of teenagers use these sources to obtain information on sexual and reproductive issues. Books (25.6 %) were also used. Computers (10.9 %) and internet (11.6 %) were least used.

Figure 33: Media and Technology as a Source of Information among Teenage Mothers



The various sources of media and technology were examined by nature of pregnancy and the results in Table 40 below show that only 10.0 and 12.8 of the teenage mothers with unwanted and wanted pregnancies respectively obtained their information on sexual and reproductive health issues via the computer (p=.64). Radio and TV were the most common source of information, with 71.1 and 61.5 % of the teenage mothers with unwanted and wanted pregnancies respectively, obtaining their information from the source (p=.28). Phones were also a popular source of information, with 66.7 and 71.8 % of the teenage mothers with unwanted and wanted pregnancies respectively, obtaining their information from this source (p=.57). The internet was among the least accessed source of information, with 8.9 and 17.9 % of the teenage mothers with unwanted and wanted pregnancies respectively, who obtained their information from this source (p=.14). Books were also not popular, but there were 28.9 and 17.9 % of teenage mothers with unwanted and wanted pregnancies respectively, who obtained their information from this source (p=.19).

Table 40: Media and Technology by Nature of Pregnancy

Characteristics	Unwanted	Wanted	Significance
Computer			
No	90.0	87.2	.64
Yes	10.0	12.8	
Radio & TV			
No	28.9	38.5	.28
Yes	71.1	61.5	
Internet			
No	91.1	82.1	.14
Yes	8.9	17.9	
Phone			
No	33.3	28.2	.57
Yes	66.7	71.8	
Books			
No	71.1	82.1	.19
Yes	28.9	17.9	

N=129

a) Radio and Television

The results from the study show that African teenage mothers obtained more of their information on sexual and reproductive issues from the radio and television (69.4 %). Only half of the teenage mothers obtained their information from the radio and television (p=.32), as shown in Figure 34 below.

Figure 34: Radio and Television as Source of Information by Population Group

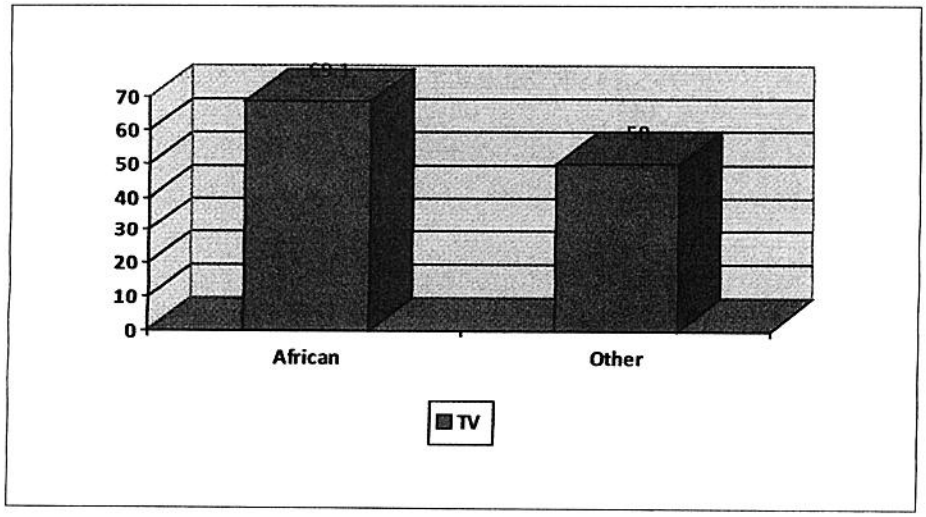


Table 41 below shows the distribution of radio and television, and the use of the internet by the districts. Results indicate that radio and TV were very popular in Capricorn (81.5 %). It was also highly used in Vhembe (76.5 %), Sekhukhune (71.4 %) and Waterberg (70.0 %). However, its use was relatively low in Mopani, with only 48.6 % using it (p=.04).

Table 41: Media and Technology by District

Characteristics	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Sig.
Radio & TV						
No	18.5	51.4	28.6	23.5	30.0	.04
Yes	81.5	48.6	71.4	76.5	70.0	
Internet						
No	70.4	94.6	95.2	94.1	80.0	.01
Yes	29.6	5.4	4.8	5.9	20.0	

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

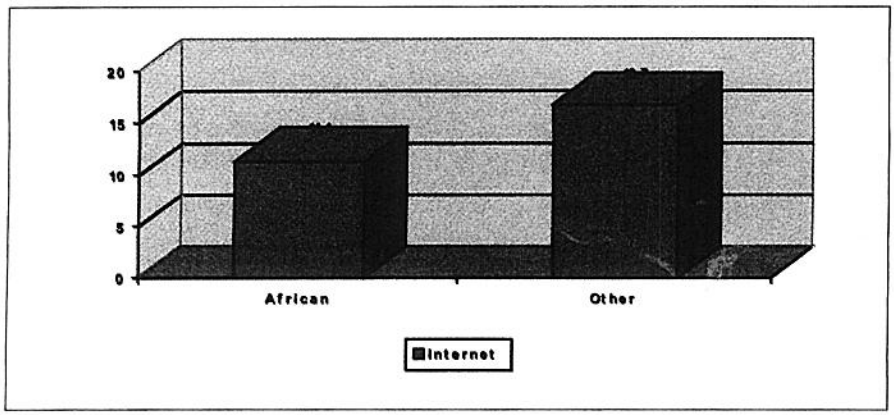
> *"...I thought it was painful when people scream during sex on pornography, then I tried and fell pregnant, those people were feeling good and enjoying sex.."*
> Teenage mother, FGD: Capricorn

> *"...in television they show porn movies at night.."*
> Teenage learner, FGD: Vhembe.

b) Internet

Figure 35 below shows that teenage mothers of other population groups were obtaining their information from the internet (16.7 %), more than African teenage mothers (11.4 %). However, when the distribution of internet use was examined at a district level, the results in Table 41 above show that internet as a source was relatively popular in Capricorn (29.6 %) and Waterberg (20.0 %). It was lowly used in Vhembe and Mopani, with 5.9 and 5.4 % respectively of teenagers using the source. In Sekhukhune there were only 4.8 % of teenagers using the source (p=.01)

Figure 35: Internet as Source of Information by Population Group



c) Community Support Associated with Teenage Pregnancy

To determine the knowledge factors influencing teenage pregnancy, a logistic regression model was fit and the results are shown in Table 42 below. The Omnibus Tests of Model Coefficients indicate that the 'goodness of fit' tests is not significant (p=.20), and the pseudo R square statistics indicate that between 6.0 and 8.0 % of the variability is explained by the set of variables in the model. The results show that the internet was the only significant variable explaining wanted pregnancy among the media and technology sources of information. Results show that teenagers who obtained information from the internet were 71.0 % less likely to want a pregnancy compared to those teenagers who did not obtain information from this source (OR = 0.29, C.I. 0.08 – 1.06, p=.06).

Table 42: The Logistic Regression Model on Media and Technology among Teenage Mothers with Wanted Vs Unwanted Pregnancy

Characteristic	OR	C.I. (95%)	Significance
Phones			
Yes	0.66	(0.28 – 1.59)	.36
No (ref)	1.00		
Computer			
Yes	1.09	(0.28 – 4.25)	.90
No (ref)	1.00		
Radio and TV			
Yes	1.71	(0.73 – 4.03)	.22
No (ref)	1.00		
Internet			
Yes	0.29	(0.08 – 1.06)	.06
No (ref)	1.00		
Books			
Yes	2.33	(0.82 – 8.60)	.11
No (ref)	1.00		

(Omnibus tests of Model Coefficients = .20; Pseudo R^2 = 6 - 8%)

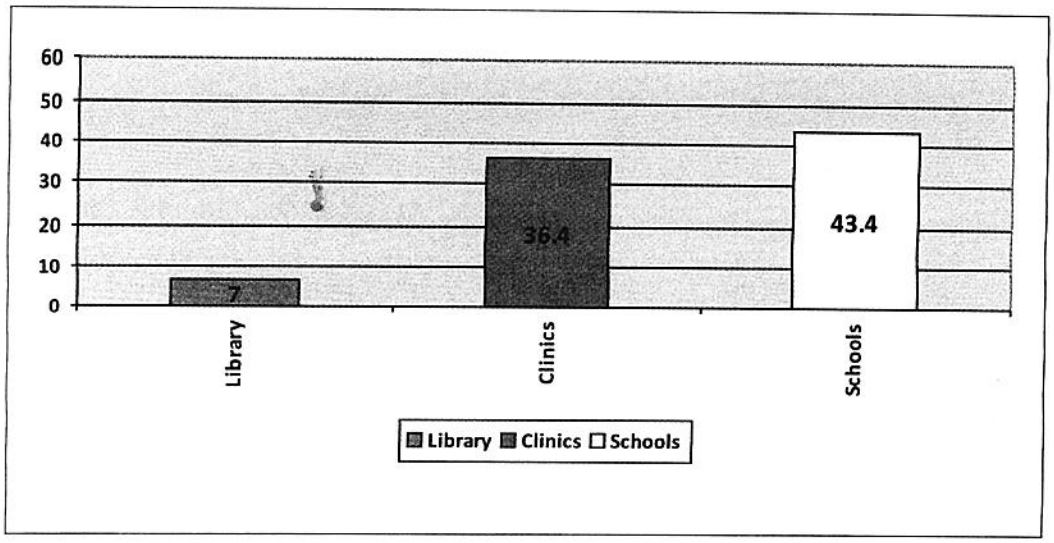
e) Discussion

TV as a source of information seemed to be common in most districts except in Mopani district. It is interesting to note that whilst phones were almost ubiquitous, internet use was still low . Internet use as a source of information seemed to have a negative effect on teenagers to want pregnancy.

iii. Amenities

Teenage mothers in the study also referred to amenities such as schools, clinics and libraries as sources of information on sexual and reproductive health issues. Figure 36 below shows that there were 7.0 % of the teenagers who obtained their information from the libraries, 36.4 % obtained information from the clinics, and the common source of information was in schools with 43.4 % of the teenagers reporting it as a source.

Figure 36: Amenities as a Source of Information among Teenage Mothers



When the sources from amenities were examined by the nature of first pregnancy, Table 43 below shows that there were only 3.3 % of teenage mothers with unwanted pregnancy who had access to a library, while there were 15.7 % of teenage mothers with a wanted pregnancy (p.01). There were also 42.2 % of teenage mothers with unwanted pregnancy who reported to have accessed information on sexual and reproductive health issues from schools, while there were about 46.2 % among teenage mothers with wanted pregnancy (p=.75). While access to clinics was moderate, the results show that there were 35.8 % of teenage mothers with unwanted pregnancy while there were 38.5 % among teenage mothers with wanted (p=.75).

Table 43: Amenities by Nature of Pregnancy

Characteristics	Unwanted	Wanted	Significance
Library			
No	96.7	84.6	.01
Yes	3.3	15.4	
Clinics			
No	64.4	61.5	.75
Yes	35.6	38.5	
Schools			
No	57.8	53.8	.68
Yes	42.2	46.2	

N=129

a) Amenities by District

The results from the study show that libraries are not used as a source of information in Vhembe, and in Mopani and Sekhukhune there were only 2.7 and 4.8 % of teenage mothers who reported to have used a library. Though low, it was 10.0 % in Waterberg, and the highest was Capricorn with 22.2 % (p=.01). The use of clinics as a source of information was common in Waterberg (60.0 %), and was moderately used in Capricorn, Sekhukhune and Vhembe with 48.1, 47.6 and 44.1 % respectively, (p=.50). Mopani recorded the lowest use of clinics . Schools were also used as a source of information mainly in Capricorn (51.9 %). They were moderately used in Waterberg (40.0 %) and Mopani (37.8 %). Use of schools was low in Vhembe and Sekhukhune, with 29.4 and 23.8 % respectively (p=.29).

Table 44: Media and Technology by District

Characteristics	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Sig.
Library						
No	77.8	97.3	95.2	100.0	90.9	.01
Yes	22.2	2.7	4.8	0.0	10.0	
Clinics						
No	51.9	67.6	52.4	55.9	40.0	.50
Yes	48.1	32.4	47.6	44.1	60.0	
Schools						
No	48.1	62.2	76.2	70.6	60.0	.29
Yes	51.9	37.8	23.8	29.4	40.0	

b) Amenities Associated with Teenage Pregnancy

To determine the knowledge factors influencing teenage pregnancy, a logistic regression model was fit and the results are shown in Table 45 below. The Omnibus Tests of Model Coefficients indicate that the 'goodness of fit' tests is not significant (p=.14), and the pseudo R square statistics indicate that between 4.0 and 6.0 % of the variability is explained by the set of variables in the model. The results in Table 42 show that the internet was the only significant variable explaining wanted pregnancy. Teenagers who obtain information from the library were 81.0 % less likely to want a pregnancy compared to those teenagers who did not obtain information from other source as shown in Table 45 below (OR = 0.19, C.I. 0.04 – 0.82, p=.03).

Table 45: The Logistic Regression Model on Amenities Among Teenage Mothers with Wanted Vs Unwanted Pregnancy

Characteristic	OR	C.I. (95%)	Significance
Library			
No	0.19	(0.04 – 0.82)	.03
Yes	1.00		
Clinics			
No	0.99	(0.44 – 2.23)	.98
Yes	1.00		
Schools			
No	0.90	(0.41 – 1.98)	.80
Yes	1.00		

(Omnibus tests of Model Coefficients = .14; Pseudo R^2 = 4-6%)

Determinants of Teenage Pregnancy

To determine the significant factors influencing teenage pregnancy , a logistic regression model was fit and the results are shown in Table 46 below. The Omnibus Tests of Model Coefficients indicate that the 'goodness of fit' tests is significant (p=.00), and the pseudo R square statistics indicate that between 40.0 and 57.0 % of the variability is explained by the set of variables in the model. The results show that the only significant variables explaining wanted pregnancies were cultural, psycho-social, economic, and household and knowledge based factors. It is interesting to note that there were no significant factors related to exposure to sex in the complete model.

Cultural factors

Among the cultural factors, the practice of proving one's ability to have a baby is significant in explaining teenage pregnancy . The results show that the teenage mothers who fell pregnant because they wanted to prove that they could have a baby were 76.0 % less likely to want to have a pregnancy compared to teenagers who fell pregnant without wanting to prove that they could have a baby (OR = 0.24, C.I. 0.05–1.14, p=.07).

Psycho-social factors

Among the psycho-social factors, the study shows that alcohol, marital status and planned pregnancy were significant in explaining why teenagers would want to get pregnant.

Table 46: The Logistic Regression Model for Determining Factors Associating Teenage Pregnancy Among Teenage Mothers with Wanted Vs Unwanted Pregnancies

Characteristic	OR	C.I. (95%)	Sig.
Exposure to Sexual Intercourse			
Nature of Sex			
Rape	1.03	(0.29 – 3.66)	.96
Consented (ref)	1.00		
No sex for girls			
Yes	2.69	(0.07 – 105.00)	.60
No (ref)	1.00		
Place of Sexual Debut			.97
Home	1.19	(0.15 – 9.17)	.87
Other	1.03	(0.09 – 11.95)	.98
Boyfriend's home (ref)	1.00		
Cultural Factors			
Prove I can have a baby			
Yes	0.24	(0.05 – 1.14)	.07
No (ref)	1.00		
Psycho-Social Factors			
Alcohol			
Yes	0.04	(0.00 – 0.61)	.02
No (ref)	1.00		
Marital status			
Ever married	8.47	(0.74 – 97.07)	.09
Never married(ref)	1.00		
Planned Pregnancy			
Yes	0.19	(0.06 – 0.66)	.01
No (ref)	1.00		
Economic Factors			
Multiple sexual partners helpful			
Yes	0.40	(0.10 – 1.60)	.19
No (ref)	1.00		
Lifetime multiple sexual partners			
Not the same	0.33	(0.10 – 1.12)	.08
Same (ref)	1.00		
Household Factors			
Household size	1.63	(1.17 – 2.28)	.00
District			.10
Capricorn	0.93	(0.06 – 14.14)	.96
Mopani	8.10	(1.30 – 50.28)	.03
Sekhukhune	2.31	(0.42 – 12.76)	.34
Vhembe	6.02	(0.83 – 43.53)	.08
Waterberg (ref)	1.00		
Source of Information			
Sex standing			
Don't know	2.60	(0.57 – 11.94)	.22
Know (ref)	1.00		
Friends			
Yes	0.55	(0.55 – 7.65)	.52
No(ref)	1.00		
Library			
Yes	0.21	(0.09 – 3.48))	.10
No (ref)	1.00		
Internet			
Yes	0.54	(0.11 - 2.04)	.52
No (ref)	1.00		

(Omnibus tests of Model Coefficients = .00; Pseudo R^2 = 47-57%)

The results show that teenage mothers who reported that their pregnancy was a direct result of alcohol abuse were 96 % less likely to have wanted the pregnancy compared non-alcohol related pregnancies (OR = 0.04, C.I. 0.00 –0.61, p=.02). For teenage mothers who were ever married, they were more than 8 times more likely to have wanted a pregnancy compared to teenage mothers who were never married (OR = 8.47, C.I. 0.74 –97.07, p=.09).Those teenage mothers who reported to have planned their pregnancy were also 89 % less likely to want to be pregnant compared to teenage mothers who did not plan to be pregnant (OR = 0.19, C.I. 0.06 –0.66, p=.01)

Economic factors

Among the economic factors, only lifetime partner(s) was significant in explaining teenage pregnancy. The results show that those teenage mothers who had more than one lifetime sexual partner from birth to first pregnancy were 67 % less likely to want to have a pregnancy compared to those teenage mothers who had one sexual partner from sexual debut to first pregnancy (OR = 0.33, C.I. 0.10 –1.12, p=.08).

Household factors partners

Household size and district were the only significant household factors associated with wanted teenage pregnancy. Every unit increase in household size increased the likelihood that a teenage mother would want to be pregnant by 63 % (OR = 1.63, C.I. 1.17 – 2.28, p=.00). It the household size was bigger, the more likely that a teenage mother would want to be pregnant. The study also shows that among districts, Mopani and Vhembe districts were significantly different from Waterberg. Teenagers from Mopani were 8 times more likely to have a wanted pregnancy compared to teenagers in Waterberg (OR = 8.10, C.I. 1.30 – 50.28, p=.03), while teenagers in Vhembe were 6 times more likely to have a wanted pregnancy compared to teenagers in Waterberg (OR = 6.02, C.I. 0.42 –12.76, p=.08). Whilst the results show that teenage mothers in Capricorn were 7 % less likely to have a wanted pregnancy compared to teenagers in Waterberg. In Sekhukhune teenage mothers were twice likely to have a wanted pregnancy than those in Waterberg. These differences were not significant for the two districts respectively.

Sources of Information

Under sources of information, access to libraries as a source of information on sexual and reproductive health issues was a significant factor associated with teenage pregnancy. Teenage mothers who had access to libraries were 79 % less likely to have a wanted pregnancy compared to those who had no access to libraries. Problematic Characteristics by District

The table 47 below is a summary of the problematic characteristics by district. The table indicates that the priority districts for teenage pregnancy interventions are Mopani, Sekhukhune and Vhembe.

Table 47: Problematic Characteristics by District

Causes	Characteristics	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
Exposure to sex	Nature of Pregnancy (wanted/unwanted)					
	Age at Sexual Debut					
	Nature of Sex (rape/ consented)					
Cultural	To prove I can have a baby					
Psycho-social	Peer pressure					
	Planned pregnancy					
	Alcohol					
	Marital status					
Economic	Child Support Grant					
	Multiple sexual partners helpful					
	Lifetime sexual partners					
TOP	Practice of TOP					
	Knowledge on right to TOP					
Sources of information	Friends					
	Parents					
	Internet					
	Library					
	Clinics					
	Schools					
	Legend:					
	High		Moderate		Low	

Barriers to Information and Services

Despite numerous measures put in place by families, hospitals and clinics, schools, places of worship, NGOs and CBOs, traditional leaders and government, the desired outcome of reducing teenage pregnancy has not been achieved. This section delves to identify the barriers that exacerbate the scourge of teenage pregnancy. Barriers have been categorised according to the service providers who are role players in reducing teenage pregnancy.

Family Related Barriers

Parents play a pivotal role in the growth and development of the teenagers. However, teenagers have indicated that their parents serve as "stumbling blocks" or barriers to them accessing information on contraception and sex. The teenagers affirmed the fact that their parents are unapproachable making communication on issues pertaining to sex difficult, like disclosure on their use of these contraceptives. Some of the teenagers were cited saying;

> *"...If you have a bully parent and unapproachable you won't even start the topic about sex and teen pregnancy..."*
>
> Teenage learner, FGD: Mopani.

> *"...Our parents can also be a stumbling block for us getting contraceptives, you can't ask your parents about where you can get condoms, they will beat you..."*
>
> Teenage learner, FGD: Vhembe.

> *"...It is not easy that they give us that information as parents, they just don't teach you at school..."*
>
> Teenage learner, FGD: Sekhukhune

> *"...We are forced to hide those contraceptives so that our parents don't see them and forget to use them at the date we were told to use them..."*
>
> Teenage learner, FGD: Mopani.

In some instances parents were said to view discussing sex issues with their teenagers as being disrespectful as learners in Mopani and Vhembe were quoted saying that:

> *"...Our parents don't really want to talk about sex with us, they will say we will disrespect them and after all we are taught these things (at school)...."*
>
> Teenage learner, FGD: Vhembe.

Teenagers stated that discussing sex and contraception is considered to be shameful. The parents were also viewed as not being in a position to discuss these issues as they will be shy, one of the learners from Mopani was cited saying:

> *"...Imagine your mom teaching you how to use condom, where is she going to start. She will be shy and you too, you won't even stand it..."*
>
> Teenage learner, FGD: Mopani.

In some Focus Group Discussions teenagers stated that their parents have indicated that to discuss issues related to sex with their teenagers was culturally unacceptable and shameful, one of the learners from Vhembe pointed out that;:

> *"...They say (parents) it's shameful to talk about sex as they were not brought up not being told anything about sex..."*
>
> Teenage learner, FGD: Vhembe.

On the contrary parents have also indicated that their children were the ones that were shy to discuss issues related to sex:

> *"...They can't talk direct to their parents about sex, they will be very much ashamed...*
>
> Parent, FGD: Capricorn.

In Vhembe learners have also avowed that their parents don't teach them about sex as they are viewed as young, and when they ask, the parents tend to suspect that they are already indulging in sexual activities. Some of the teenagers were cited saying:

> "...Our parents say that they will teach us at a later stage, we are still young for sex then we go sleep around and get pregnant..."
>
> Teenage learner, FGD: Mopani.

Another learner also added:

> *"...They might suspect that we have started doing it, so we feel that we can't talk to them about sex, plus traditionally you are not allowed to talk sex with elders..."*
>
> Teenage learner, FGD: Sekhukhune.

Parental supervision was also viewed by some teenagers as a driver of teenagers indulging in unprotected sex. One of the learners in Vhembe mentioned that:

> *"...Parents also play a pivotal role in the pregnancy of their teens, by supervising them and make sure they don't walk out at night; because they don't get a chance to be with friends after school they will say they are stealing and because of that moment of urgency they do it without a condom and fall pregnant, and teens blame their parents that it wasn't supervision this could have not happened..."*
>
> Teenage learner, FGD: Vhembe.

FGD conducted with teenagers indicated that the major barriers among families centred around parent-teenager communication where parents would be shy or felt it was culturally unacceptable, shameful and disrespectful to discuss sex related issues with their children. However, on the converse some parents felt their teenagers would be shy to discuss issues related to sex with them. In some instances, parents felt their children already knew about sex hence there was no need to discuss it and schools were viewed as the place where they were being taught on sex and sexuality.

Hospital and Clinic Related Barriers

Hospitals and clinics were the main primary health care facilities where teenagers present when they fall pregnant. Teenagers were expected to visit these clinics to seek information on health related issues from nurses, counsellors and doctors. However, there were still some rooted challenges to accessing these services

During Focus Group Discussions, teenagers highlighted that in clinics, nurses in particular either said that teenagers were still young to be asking about sex or they were old enough to know everything. The teenagers were quoted saying:

> *"...At the clinic, they don't want to tell us, they say we are too old to be told about sex..."*
>
> Teenage mother, FGD: Capricorn.

> *"...If I go to clinic and enquire about sex related issues, I find a nurse instead of giving me the relevant information they laugh at me and say 'a boy of your age don't know about these issues..."*
>
> Teenage learner, FGD: Vhembe.

In another incident a learner indicated that they had been assigned at school to look for information on sex and contraception but the clinic asked them to bring a letter from the school. The learner indicated that:

> *"...Two weeks back I was doing a research on sex and contraceptives. I went to the clinic to get some information. They said I have to look for it on the brochures or go to the internet, they said they can't give me that information unless I bring a letter from school that I am doing it for school. They even told me that I am too young for the information that I am looking for..."*
>
> Teenage learner, FGD: Mopani.

Teenagers also alluded to the fact that they were ill-treated in hospitals and clinics making it difficult to access health facilities for the services. Teenagers illustrated that:

> *"...If you go to clinic they swear at you and start insulting me and you can't go to the doctors or hospital without letter from clinic and they will say they are on lunch..."*
>
> Teenage mother, FGD: Sekhukhune.

> *"...Nurses ill treat us that's why we don't want to use their facility..."*
>
> Teenage learner, FGD: Vhembe.

> *"...Sometimes we go to clinic to enquire whether am pregnant or not but the nurses' wont treat us well so we feel going there won't save any purpose; it is better to keep the pregnancy than being bullied by people who don't want to do their job or they say no prevention pills."*
>
> Teenage mother, FGD: Sekhukhune.

In this regard, teenagers felt clinics and hospitals, were meant to provide information on sex, but instead they were barriers as they were maltreated by nurses who present barriers to services such as termination of pregnancy..

The clinics and hospitals are meant to be walk in centres where teenagers can easily access information and services related to sex and teenage pregnancy. However, teenagers indicated that;

> *"...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.

> *"...Sometimes when we go to the health facilities, they will tell us they are at lunch, its break time we may come after 1 hour..."*
>
> Teenage learner, FGD: Vhembe.

The close proximity of health facilities to teenagers homes proved to be a challenge in accessing services as the probability that nurses will know them were high and confidentiality will not be maintained. One of the learners in Waterberg pointed out that:

> *"...You find that at the nearest clinic they know you and you won't go there and look for information..."*
>
> Teenage learner, FGD: Waterberg.

Clinics and hospitals provide a facility for termination of pregnancy in instances where teenagers may decide to terminate their pregnancy. Information collected from teenagers with regards to termination of pregnancy reflected that they were facing challenges in accessing the service. In some instances the teenagers felt they could not access the services as their parents might get the information that they are either planning an abortion or family planning. One of the teenage mothers from Vhembe avowed that:

> *"...We are afraid to go to a clinic when someone you know or knows your parents we think they might tell our parents that we did abortion or we are doing family planning and we are forced to keep the pregnancy..."*
>
> Teenage mother, FGD: Vhembe.

The processes involved in undertaking an abortion also serve as a deterrent to some of the teenagers seeking to terminate their pregnancy. Some of the mothers indicated that;

> *"...They send us to hospital and to police station to sign some forms and our parents are working; pregnancy reaches a point where to do abortion is not easy..."*
>
> Teenage mother, FGD: Capricorn.

"...If I found that I am pregnant in advance when I go to clinic, they will say I have to wait 3 weeks and at that time the pregnancy is visible and can't terminate as the community will be talking about me and at school I will be a lunch bar..."

Teenage learner, FGD: Vhembe.

In hospitals and clinics barriers to accessing services as perceived by the teenagers centred around poor service provision where nurses mistreated or mocked the teenagers. To note was the fear of being seen by nurses who come from the same area.

School Related Barriers

Most of the teenagers who participated in the study were still at school. The study reflected that teenage mothers get their information from friends (46.5 %) and school (43.4 %). However, despite these sources of information on sex being relatively high compared to other sources, barriers to accessing information and services in schools still existed.

Life orientation in schools is targeted at sensitizing teenagers on life matters, despite this initiative by the Department of Education there existed further challenges in transitioning the information as one teacher was cited saying:

"...During Life Orientation period they are being taught about sex and pregnancy, but still they fall pregnant, actually they just want to test what is it that they say we don't have to do and what other people feel..."

Teacher, FGD: Mopani.

A teenage mother in Sekhukhune attested that:

"...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.

In Mopani one of the learners indicated that:

"...Life orientation plays a role in the teenagers falling pregnant and the way it's being taught is not good for teenagers they want to experiment after being taught. Sex education is misleading us..."

Teenage learner, FGD: Mopani.

The varying perceptions from the teachers and teenagers reflected that the manner in which the subject is presented does not curtail teenage pregnancy despite the efforts to relay the message using Life Orientation classes; however, it encouraged them to indulge and experiment with sex. This was linked to the fact that among teenage mothers interviewed 27.4 % of them indicated that experimenting with sex was a cause of their pregnancy.

Educators were also viewed by teenagers as shy to discuss issues that pertain to sex as one of the teenage mother from Vhembe said:

"...At school, our educators are shy and religious, they don't want to talk about it, but it is happening..."

Teenage mother, FGD: Vhembe.

Age difference between the teachers and the teenagers serves as a barrier as teenagers preferred to be taught by other youth or teenagers about sex and teenage pregnancy to promote open communication. This was raised by a teenage mother from Sekhukhune who adamantly articulated that:

> *"...The issue of sex needs people like you guys to teach us than teachers because it is not easy to ask an older person. We don't want older people to talk to us about sex since we will be just listening to them and not ask questions..."*
>
> Teenage mother, FGD: Sekhukhune.

Teenagers were obstinate that some teachers were perpetrators of teenage pregnancy, thus thwarting them from seeking information from their educators. Learners mentioned that:

> *"...There are some who are pregnant from teachers, how are you going to sit down and listen to such victimisers of teenage pregnancy and won't tell us anything..."*
>
> Teenage mother, FGD: Sekhukhune.

> *"...Teachers, they will want to fall in love with you or say come at my place."*
>
> Teenage mother, FGD: Mopani.

> *"...Some of the teachers are impregnating learners, so it won't be easy to get that information..."*
>
> Teenage learner, FGD: Vhembe.

A learner in Vhembe indicated that some teachers when asked about sex-related issues they felt that teenagers were being disrespectful and they need to ask their Life Orientation teacher:

> *"...Other school teachers say that we are disrespecting them, what do you know about sex don't you learn from Life orientation class..."*
>
> Teenage learner, FGD: *Sekhukhune.*

Like in clinics, the issue of confidentiality was also present in schools as teenagers were hesitant to approach their teachers because they thought that their personal issues would be spread to other people, exposing their intentions.

> *"...We think teachers will talk about us to other staff. A better way is do your research secretively..."*
>
> *Teenage learner, FGD: Vhembe.*

Place of worship Related Barriers

Places of worship are expected to cultivate good moral and culture among teenagers. The teenagers stated that;

> *"...At church it is difficult to talk about sex with young people as becoming pregnant as a teenager is forbidden..."*
>
> Teenage mother, FGD: Vhembe.

> *"...When you are at church, the pastor preaches about you because you are pregnant..."*
>
> Teenage mother, FGD: Capricorn.

> *"...At church they will tell you that sex before marriage is a sin and if you happen to fall pregnant you no longer participate in all church activities and stop coming to church..."*
>
> Teenage mother, FGD: Sekhukhune.

> *"...In places of worship you can't go to a pastor and ask about sex, it's weird, you will be mad. If you ask that to a pastor we all know that pastors will refer us to the scriptures, we can't do that..."*
>
> Teenage learner, FGD: Vhembe.

It is of note that issues around confidentiality, misinformation and lack of communication exist at places of worship and deter teenagers from obtaining correct information from their leaders or pastors.

Traditional Leader Related Barriers

When teenagers were asked about the barriers to accessing services from traditional leaders they indicated that;

> *"...You can't go to king/ traditional leader and ask issues on sex, you will be persecuted and your family can be banished from the village. They are not approachable and it is forbidden to talk about sex with elders in our culture. They will assume you don't want information you want to know the truth and go to explore..."*
>
> Teenage learner, FGD: Mopani Learners
>
> *"...Our chief don't talk to us, like if you meet him on the street you have to bow and worship him so you can't go to that kind of a person to ask sensitive issues like sex..."*
>
> Teenage learner, FGD: Waterberg.

The study reflects that it was viewed as un-cultural to discuss issues concerning sex. This background made it difficult to discuss issues related to sex with the traditional leaders.

NGO and CBO Related Barriers

The presence of NGOs and CBO was cited by teenagers as "invisible" and "ineffective". This was noted from information collected from the Focus Group Discussions where there were quotes such as:

> *"...Available NGO's around here don't seem to be visible and working in this community..."*
>
> Teenage learner, FGD: Waterberg.
>
> *"...Existing NGOs– none. In our community we don't have programmes but we see them on TVs..."-.*
>
> *Teenage learner, FGD: Mopani.*

However, in some communities teenagers acknowledged the presence of community programmes run by NGOs but they doubted their effectiveness towards curtailing teenage pregnancy as they were not tailored to address teenage pregnancy. One of the teenage mothers in Vhembe cited that:

> *"...No youth programmes against teenage pregnancy, but Youth against crime, I don't remember any programmes here dealing with teenage pregnancy..."*
>
> Teenage mother, FGD: Vhembe.

Discussion

Regardless of the fact that there were multiple service providers expected to address issues related to teenage pregnancy, barriers such as lack of confidentiality, age differences and discussing these issues being viewed as culturally unacceptable, shameful, disrespectful still existed. In some instances the services providers were also perceived as perpetrators or shy to discuss the issues.

Programmes addressing Teenage Pregnancy

Current Programmes Addressing Teenage Pregnancy

Table 48: Current services provided to address teenage pregnancy.

Service Provider	Programmes/ Services/ Activities
Family	Sex education by parents
Clinics and Hospitals	Health Talks Contraception education Counselling HIV/TB/STI Information Condom Distribution
Schools	Life Orientation Life Sciences Health Talks Peer education Games/Plays/Drama Debate and Dialogues Poetry and Music Youth Conference/camps Traditional entertainment/dance
Places of worship	Sex education for Youth Night Prayers Sunday School
Traditional Leaders	Initiation schools Home Based Abortion
NGOs and CBOs	Health Talks Peer education Pamphlets

Proposed interventions to address teenage pregnancy

The interventions that were being provided did not effectively curtail teenage pregnancy. It is necessary to buttress them as outlined in Table 49 Below. The proposed intervention will involve multi-stakeholders and will demand a holistic and targeted approach to ensure reduction in teenage pregnancy. In view of teenage pregnancy, parents surfaced as key stakeholders to resolving teenage pregnancy as they instil the formative values. Hence, the need for them to work jointly with schools, clinics, NGO/CBOs and government is emphasised.

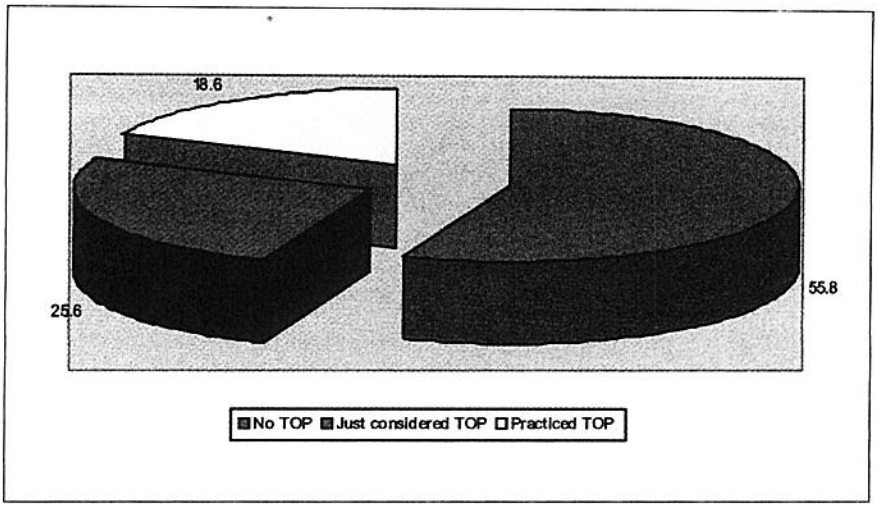
Table 49: Interventions by Service Provider

	Activities	Family	Clinics and Hosp	Schools	Initiation school	Places of worship	Traditional Leaders	NGOs and CBOs	Government
Create Awareness	Films on experience of teen mothers		X	X	X	X		X	
	Reproductive health talks	X	X	X	X	X	X	X	
	Adult child communication	X	X	X	X	X	X	X	
	Human rights		X					X	X
	Rape and Substance Abuse education	X	X	X	X	X	X	X	X
	Sex and sexuality Information kiosks		X	X				X	
	Service provider-parent partnerships	X	X	X	X	X	X	X	X
	Radio and TV discussions on pregnancy and child caring	X	X	X	X	X	X	X	X
	Campaigns	X	X	X	X	X	X	X	X
	Peer education/ counselling			X		X		X	
	Posters and banners							X	X
	School visits	X	X			X			
	Drama, music, dialogue and debate			X				X	
	Traditional/ modern culture education	X	X	X	X	X	X	X	
	Reality Doll		X	X	X	X		X	
Accessibility of Services	Contraception distribution		X	X	X	X		X	
	Messaging in local languages	X	X	X	X			X	X
	TOP		X						
	Family planning	X	X	X	X	X		X	
	Recreational facilities			X				X	
	Increase staffing		X						
	Consider funding				X				
Rules/ Law Enforcement	Report rape	X	X	X	X	X	X	X	
	Arrest perpetrators								X
	Support rape victims	X	X	X		X	X	X	
	Curfews for teenagers	X							
	Monitoring	X							
	Curtail Porn Distribution			X		X			X
Capacity Building	Parenting skills	X						X	
	Human rights education	X	X	X	X	X	X	X	X
	Sex and sexuality education	X	X	X	X	X	X	X	
	Parent support groups	X	X			X		X	
	Life Orientation			X					
Community Development/ Economic Empowerment	Targeted poverty alleviation projects								X
	Public Private Partnerships								X
	Community Projects								X
Mentoring Teenagers	Role Modelling	X		X	X	X	X	X	
	Career Guidance	X		X	X	X	X	X	

Termination of Pregnancy

Results from the study indicate that 44.2 % of the teenage mothers considered having an abortion .Figure 37 below shows that 25.6 % of the teenagers in the sample considered abortion, and only 18.6 % finally did the abortion. This means that approximately one in every five pregnant teenagers terminate a pregnancy.

Figure 37 : Termination of Pregnancy Among Teenage Mothers



a) Termination of Pregnancy

The study shows that only 33.3 % of the teenage mothers were aware that they had a legal right to terminate a pregnancy. The distribution of teenage mothers who were aware of their right to terminate a pregnancy is shown in Table 50 below. The largest proportions of teenage mothers aware of their right to terminate a pregnancy were from Capricorn (40.7 %) and Sekhukhune (38.1 %). Knowledge of this right was moderately high in Vhembe and Waterberg, 32.4 and 30.0 % respectively. It was lowest in Mopani at 27.0 % (p=.81). When the practice of termination of pregnancy was examined, the results show that it was mostly considered in the two districts of Waterberg and Sekhukhune (60.0 and 57.2 % respectively). In Mopani and Vhembe the consideration of termination of pregnancy is moderate with 48.6 and 41.2 % respectively. It is interesting to note that consideration of termination of pregnancy is lowest in Capricorn, with only 25.9 %. However, the proportion of pregnant teenagers who proceeded to terminate a pregnancy was highest in Sekhukhune (28.6 %) and lowest in Waterberg (10.0 %), a district with the highest considerations. Although the proportion of teenage mothers who considered a termination of pregnancy was lowest in Capricorn (25.9 %), those who proceeded to terminate a pregnancy were relatively higher (18.5 %) than in Vhembe and Waterberg. Results also show that teenage mothers in Mopani were more than average to proceed to terminate a pregnancy (21.1 %).

Table 50: Knowledge and Practice of Termination of Pregnancy by District

Characteristics	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Sig.
Right to TOP						
Know	40.7	27.0	38.1	32.4	30.0	.81
Don't know	59.3	73.0	61.9	67.6	60.0	
TOP						
No TOP	74.1	51.4	42.9	58.8	40.0	.17
Consider TOP	7.4	27.0	28.6	29.4	50.0	
Practiced TOP	18.5	21.6	28.6	11.8	10.0	

N=129

Table 51 below shows that while there were more teenage mothers with unwanted pregnancies who considered terminating a pregnancy (44.5 %) compared to pregnant teenagers who wanted a pregnancy (43.6 %), it is interesting to note that there were less pregnant teenagers with unwanted pregnancy (17.8 %) who proceeded to terminate a pregnancy compared to 20.5 % among pregnant teenagers who wanted a pregnancy. This implies that those who want a pregnancy are more likely to have terminated a pregnancy in their lives.

Table 51: Termination of Pregnancy by Nature of Pregnancy

Characteristics	Unwanted	Wanted	Significance
TOP			
No TOP	55.6	56.4	.88
Consider TOP	26.7	23.1	
Practiced TOP	17.8	20.5	

N=129

Teenagers in the Focus Group Discussions expressed their reasons why they opted for termination of pregnancy. One teenager said:

> *"...We fall pregnant knowing that we can go for abortion and we discover late that we are pregnant and be afraid to terminate since sex is not nice using condom.."*
> Teenage mother, FGD: Vhembe.

b) Reasons for not Terminating Pregnancy

There were several reasons that were provided by teenage mothers for not aborting their pregnancy. One of the popular reasons was that by the time they decided to terminate the pregnancy, it was too late in their gestation period and hence risky to terminate:

> *"...The doctor said I may die too, so it was better to keep the baby..."*
> *Teenage mother, Individual Interview, Waterberg*

While pregnant teenagers consider terminating the pregnancy, it seems there is a lot of pressure from family or partner that they keep the pregnancy.

> *"...my parents and boyfriend stopped me..."*
> Teenage mother, individual interview, Waterberg

Also, the study shows that a lot of pregnant teenagers approached termination of a pregnancy with fear:

> *"...I did not know if the child was the last one or not...."*
> Teenage mother, individual interview, Capricorn.

> *"...Ï was afraid of dying and also its a sin to abort..."*
> Teenage mother, individual interview, Capricorn

Termination of pregnancy is also a moral issue as a significant proportion of teenage mothers considered it wrong to abort: One teenage mother commented:

> *"...my culture doesn't allow me to do so..."*
> Teenage mother, individual interview, Capricorn.

Another one on the same issue said:

> *"...I knew I would feel bad about it and its another sin in God's eyes..."*
> Teenage mother, individual interview, Sekhukhune.

Discussion

The results show that in the absence of fear, pressure from parents or partners, and plea for assistance late in their gestation, termination of pregnancy would have been higher among teenagers.

Implications for HIV and AIDS

The perceptions and practices of the teenagers have various implications for STIs, in particular HIV and AIDS. The high prevalence of rape, concurrent multiple sexual partners and multiple lifetime partners mean that the teenagers are exposed to HIV infection. The barriers they encounter at schools and clinics, coupled with unreliable sources of information like friends, TV and internet, which were said to excite teenagers with their pornographic materials, could further worsen the situation. There were several comments that were raised by teenagers that are of concern in the era of HIV and AIDS:

> *"...In our culture no use of condom irrespective of whether you are married or not as long as you having sex..."*
>
> Teenage learner, FGD: Vhembe

> *"...No I don't use condoms because it hurts me during sex.."*
>
> Teenage mother, FGD: Capricorn.

> *"...The condom is very oily and smell bad..."*
>
> Teenage mother, FGD: Capricorn.

> *"...I don't enjoy sex when using condom like when we are doing it meat to meat..."*
>
> Teenage mother, FGD: Capricorn.

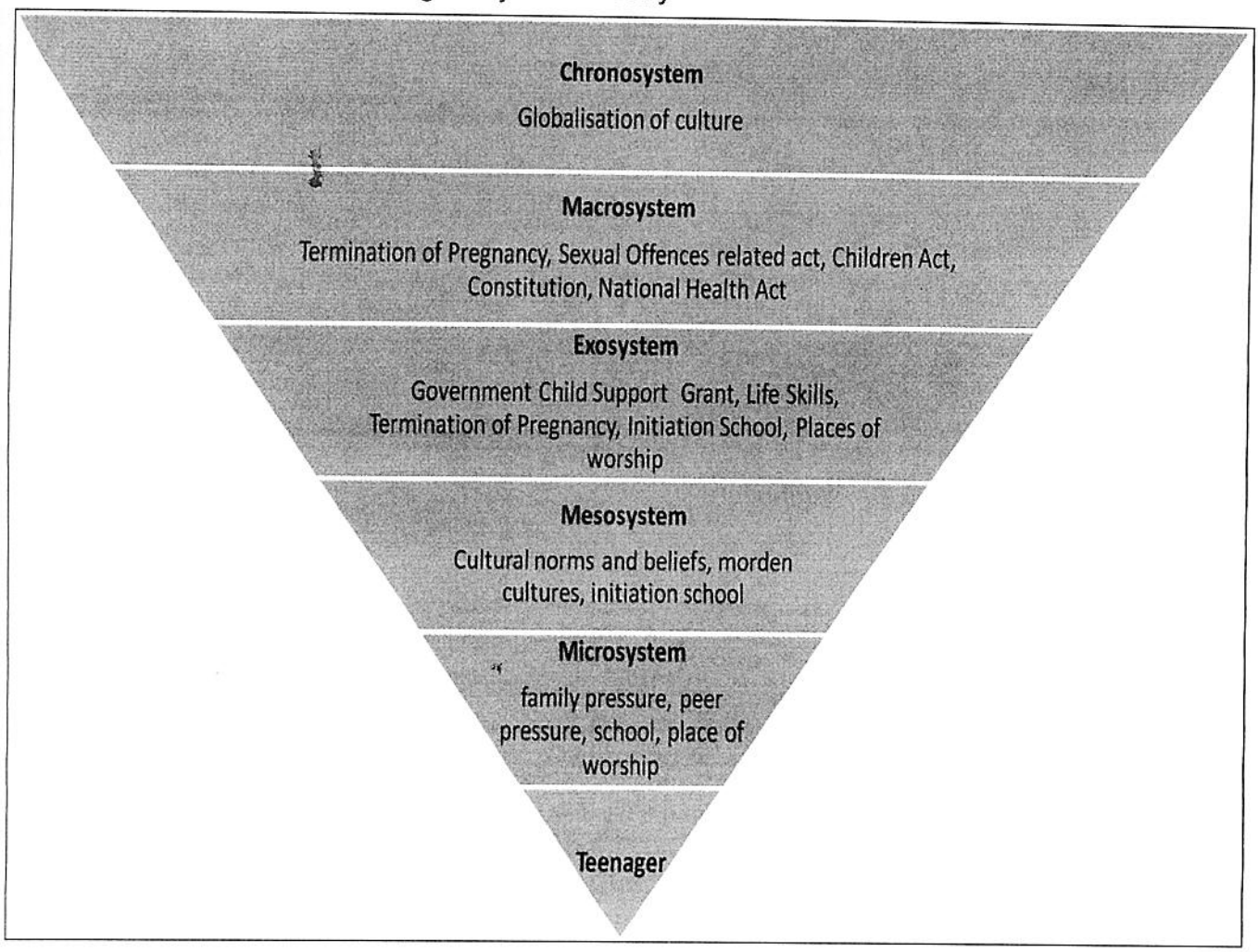
> *"...I want to feel everything when having sex and also impress my boyfriend..."*
>
> Teenage mother, FGD: Capricorn.

Teenage Pregnancy Conceptual Framework

Bronfenbrenner's Ecological Systems Theory was used to further aid the understanding of the factors associated with teenage pregnancy. It outlines proximal and distal factors associated with teenage pregnancy. The inextricable linkages between the factors cited in Figure 38 below are crucial for understanding teenage pregnancy within the Ecological Systems Theory particularly. The model placed emphasis on the quality and context of the teenager's environment.

The study on factors associated with teenage pregnancy mirrored against the Bronfenbrenner's Ecological Systems Theory under the microsystem, brought out issues of individual personal relationships, comprised of family pressure, peer pressure, school and places of worship. Under the mesosystem, which is more structural in nature came out issues of cultural norms and beliefs, modern cultures and initiation schools. The exosystem, which is broader and looks at the contextual issues, subjects such as government, child support grant, life skills and life orientation teaching in schools, termination of pregnancy, initiation schools and places of worship came out prominently. The macrosystem depicted national beliefs and values enshrined in the rules around termination of pregnancy, the Sexual Offences Related Matters Amendment Act (SORMA), the Children Act and the National Health Act. The chronosystem, global in nature and is seen as an overarching structure over the systems that lie beneath it reflected that globalisation of culture was the main imperative in this section. Thus, in this study, the Ecological Systems Theory proved to be a useful framework to deconstruct, organise and understand the factors associated with teenage pregnancies .

Figure 38: Bronfenbrenner's Ecological Systems Theory



CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

Conclusion

Overall, the central objective of this study was to improve the understanding of factors associated with teenage pregnancy in the province. The study findings reflected that teenage pregnancy is still a problem in Limpopo province despite the interventions that are in place. The Bronfenbrenner's Ecological Systems Theory has been crucial in determining the teenagers' behaviours, choices and thinking around teenage sexuality. The framework has shown that the teenagers' behaviour is affected by various aspects of the Ecological Systems Theory.
It was found that most of the pregnancies amongst teenagers were unwanted and unconsented to. This could tantamount to rape. The study also reflected that among the psycho-social factors, alcohol, marital status and planned pregnancy were significant in explaining why teenagers would want to get pregnant.

With regards to economic factors it was found that the poverty plays substantial role in influencing teenage pregnancy. This is reflected by teenager's perceptions that having intergenerational and multiple sexual partners is helpful economically.

Mixed results emanated with regard to the issue of the Child support grant. Teenagers from relatively "well off" family background were completely against the notion of the child support grant being an economic benefit. This view is diametrically opposed by teenagers from deeply poverty entrenched family background where child support grant was seen as helpful in improving the livelihood.

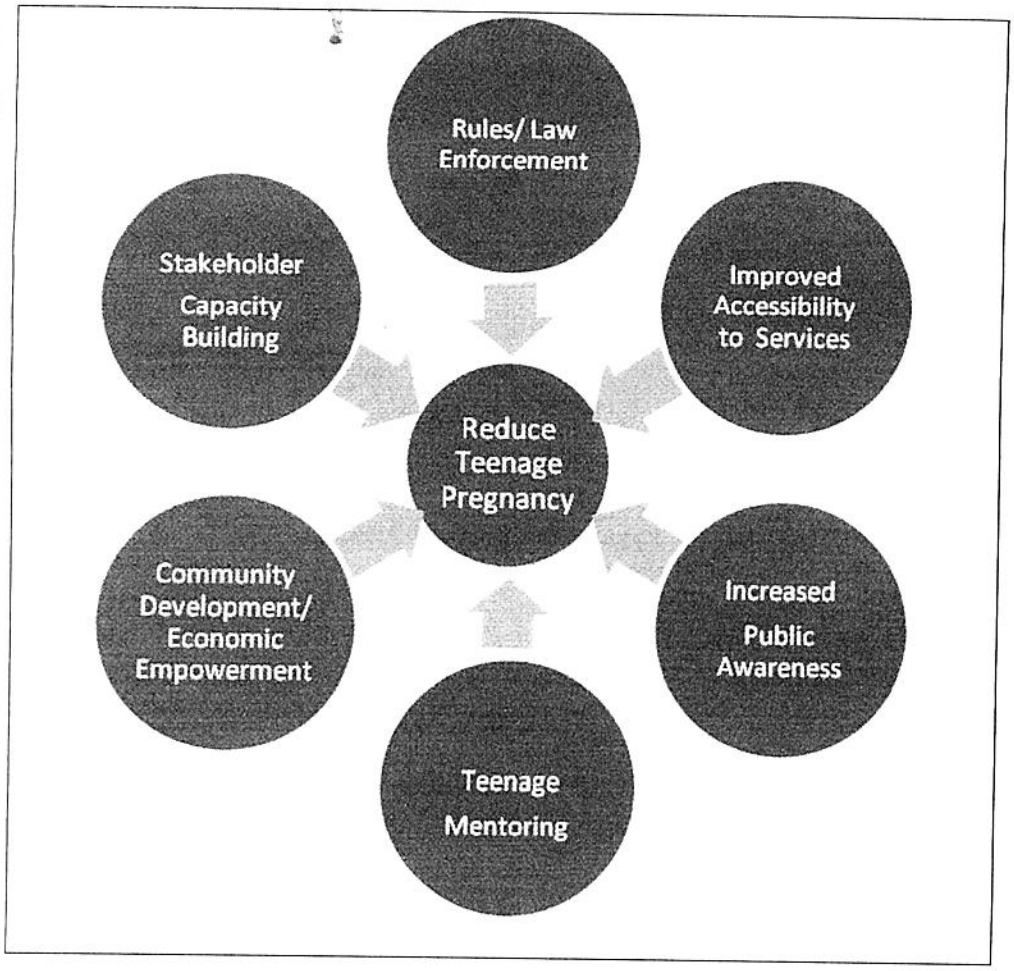
The study found that knowledge of sexual and reproductive health issues was low among teenage mothers. Information is acquired from various sources including the media, peers and intervention programmes rendered government and non-governmental organisations (NGOs). Teenage pregnancy continues to prevail in spite of the awareness and existing programmes. Teachers were found to be either not properly equipped or not comfortable talking to teenagers about sex. It was also found that teenagers have modest knowledge on their rights to Termination of Pregnancy (TOP). While there are multiple service providers expected to address issues related to teenage pregnancy, there are barriers such as lack of confidentiality, age differences. Discussing issues related to sexuality was viewed as culturally unacceptable.

The study recommends that there ought to be intervention programmes inclusive of campaigns to address challenges related to teenage pregnancy, rape and sexual abuse. This should be complimented by enforcing the law, in particular the Sexual Offence and Related Matters Amendment Act (SORMA).

To reduce teenage pregnancy there is a need to adopt a multi-stakeholder approach inclusive of schools, hospitals and clinics, traditional leaders, NGO/CBO, government and members of the civil society. The approach requires a focus on; Law Enforcement, Improved Accessibility to Services, Increased Public Awareness, Teenage Mentoring, Community Development/ Economic Empowerment and Stakeholder Capacity Building.

Below is a description of the proposed approach to curtailing teenage pregnancy.

Figure 39: Schematic Diagram Illustrating a Proposed Comprehensive Approach to Curtailing Teenage Pregnancy



To reduce teenage pregnancy there is a need to adopt a multi-stakeholder approach which will include schools, hospitals, clinics, traditional leaders, NGO/CBO, family members and government. The approach should include the following strategies amongst others:

- **Law Enforcement:** There is a need to enforce the Child Sexual Rights so as to reduce the prevalence of rape and tightening law enforcement on perpetrators. This will require strengthening the victim empowerment programs. Families need to ensure that teenagers are closely monitored with regard to access to TV and print media. Measures need to be put in place to regulate exposure to pornographic materials on cell phones,

- **Improved Accessibility to Services:** Service providers need to strengthen community outreach programs dealing with teenage pregnancy to increase service accessibility.

- **Increased Public Awareness:** There is a need for awareness campaign to promote teenage sexual rights and to change traditional, religious and modern norms that violate their rights with specific emphasis on rape. Multiple methods need to be used to educate, inform and empower communities on issues that relate to teenage pregnancy.

- **Teenage Mentoring:** Teenagers require mentors and role models so as to have some motivation and inspiration. This will deter indulgence in premature sexual practices while simultaneously promoting a focus on schooling.

- **Community Development/ Economic Empowerment:** There is a need to strengthen partnership between Government and the private sector to reduce poverty in communities which perpetuates intergenerational and transactional sex.
- **Stakeholder Capacity Building:** There is a need to capacitate civil society on teenage sexuality in the context of the modern world

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