

MASTER'S RESEARCH

REPORT

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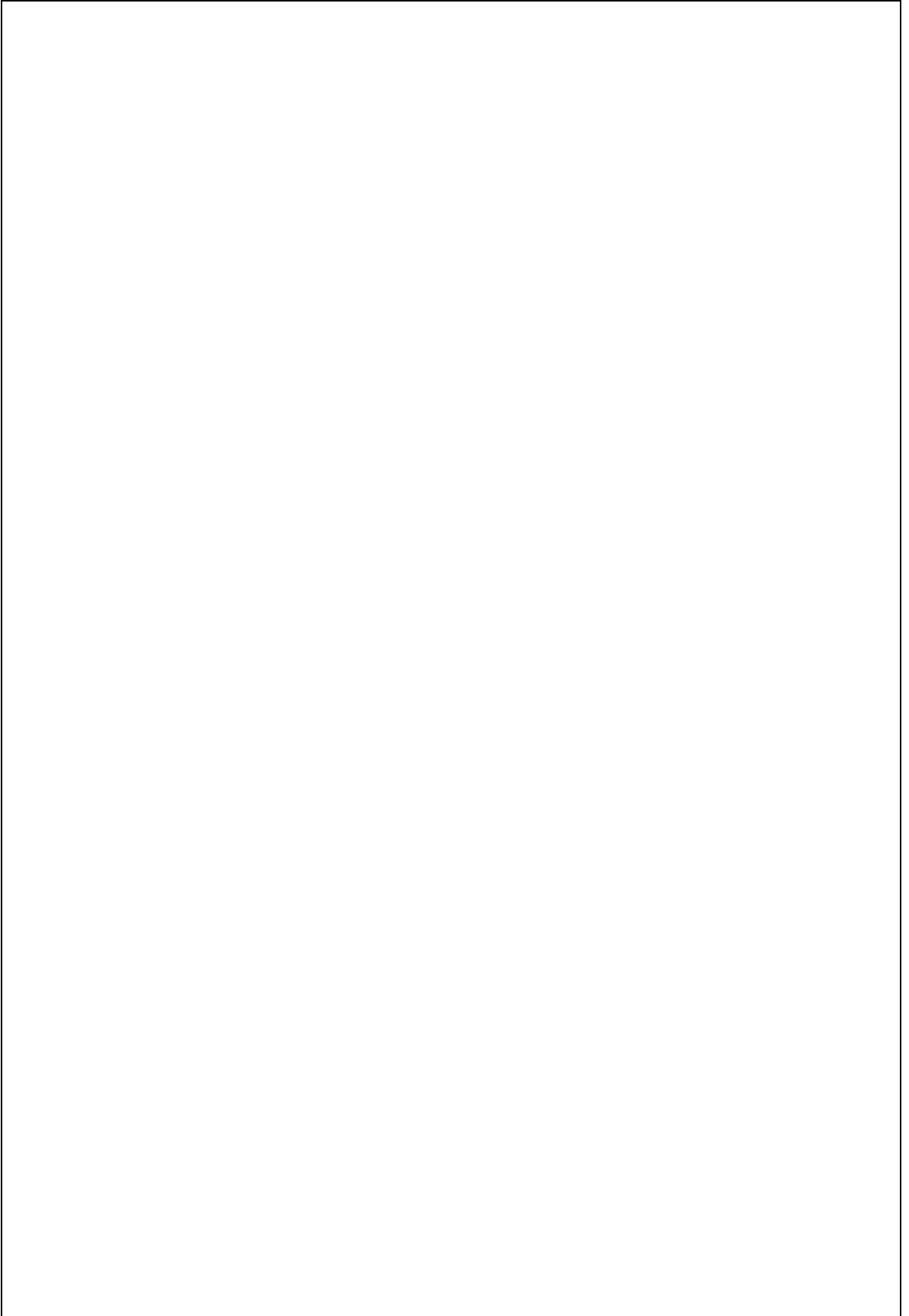
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DISCIPLINE: HEALTH SOCIOLOGY

“I’m just a child having a child”: an exploration of the experiences of pregnant teenagers and young mothers in a low socio-economic urban area.

A research report submitted to the Department of Sociology- School of Social Sciences, the Faculty of Humanities at the University of the Witwatersrand, Johannesburg, South Africa.

In partial fulfillment of the requirements for the degree Master of Arts by Coursework and Research Report in Health Sociology.



DECLARATION

I, Linda Margaret Sowden, student number 0516685X, hereby declare that this report, “‘I’m just a child having a child’: an exploration of the experiences of pregnant teenagers and young mothers in a low socio-economic urban area”, is my own unaided work except where it has been acknowledged and fully cited by means of complete references. It is to be submitted as part of the requirements for the degree Master of Arts in Health Sociology by Coursework and Research Report at the University of the Witwatersrand, Johannesburg, South Africa.

It has not been submitted for any other degree or for examination purposes at any other University.

Signed:

Date: 3rd July, 2013

L. M. Sowden (Mrs.)

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ABSTRACT

This research project looks at the experiences of a group of pregnant teenagers in a low socio-economic area. Teenage sexuality and pregnancy has been the subject of substantial research in South Africa and the rest of the world as it is a global issue. The challenge that pregnant teenagers face are to manage schooling, pregnancy and mothering rather than dropping out of school.

This study was conducted using a qualitative research method through semi-structured interviews. The participants consisted of fourteen teenagers ranging from fifteen to eighteen years of age. The teenagers were either pregnant or had delivered their babies. They attended the local high school with the exception of one participant who had dropped out of school. I interviewed one Life Orientation educator from the local high school and one ante natal nursing sister from the local municipal clinic.

Teenage pregnancy produced gender inequalities as the female adolescent is unable to attend school whilst recuperating from the birth of the child; the male continues attending school regardless of fathering the child. Culturally it was inappropriate to receive sex education at home so information was gained within the formal setting of Life Orientation classes, peers or social media. Due to varying degrees of familial support, the teenagers were able to return to school after the birth of their babies. The level of family support ranged from taking over full responsibility of the child so the adolescent continued with her former life to the teenager having to care for the child when returning from school and only being able to complete homework tasks once the baby was asleep.

Agency was most apparent in the decision of abortion. The teenagers would not be forced into the procedure if it was not the option of their choice despite pressure from boyfriends and family. Teenagers also showed agency in ending relationships with their partners if the partner was dating other girls concurrently. However, they did not use agency in the negotiation of condom use despite stating that they were in equal relationships with their boyfriends. This indicates how structures may constrain agency, specifically structures that are located in gendered inequalities. The teenagers were knowledgeable about the

facts of condom use as protection against pregnancy and disease but these facts were not put into practice. Discourses suggest female teenagers' fear of being rejected by their partner through the insistence of condom use and male domination over the female.

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CHAPTER ONE

INTRODUCTION

In this research, I studied teenage pregnancy in a low socio-economic area. Teenage sexuality and pregnancy has been the subject of substantial research in South Africa. Adolescent childbirth has become institutionalised and is a reasonably typical phase in the domestic lifecycle of families (Jewkes et al., 2001). It should be noted that within literature the terms teenager and adolescent are used interchangeably. The Demographic and Health Surveys of South Africa in 2003 indicate that one in three girls has an adolescent pregnancy in South Africa (www.measuredhs.com). In the Gauteng province the number of pregnant school girls rose from 1169 in 2005 to 2336 in 2006. Research conducted by the Human Science Research Council (HSRC) on behalf of the Department of Education in 2009 states that sexual activity rises from 6% at sixteen years of age, 23% at eighteen years of age and at age nineteen years 60.6% are sexually active (HSRC, 2009). Data indicates that pregnancy increases drastically among seventeen and eighteen year olds (33.3%) outside of the schooling system (HSRC, 2009). School dropout increases significantly after Grade 9 onwards, particularly amongst Coloured and Black learners (Department of Education, 2007). Each year that school admission was delayed it was discovered that there was a 48% greater risk of dropping out of school and a 65% greater risk of becoming pregnant (Grant & Hallmark, 2006).

For many young people, sexual activity begins in their mid-teens, frequently following the commencement of menstruation. Sexuality researchers argue that successful reproductive health interventions require localized understandings of sexuality because sexuality and sexual behaviour have different meanings for adolescents in different communities (Shefer, Strebel & Foster, 2000; Taylor et al., 2002 cited in Lesch & Brembridge, 2006).

Adolescent pregnancy is still considered as an especially demanding and difficult problem by many working in the health sector (Wood & Jewkes, 2006). Features of development that characterise adolescence, sexual behaviour and risk differ depending on

gender, race, ethnicity and socioeconomic status, as well as concerning traditions and values defined by the community (Bearinger et al., 2007). Teenage pregnancy exhibits clear social patterning. Being a teenage mother was much more prevalent in rural areas, amongst young women with lower education achievement and amongst Black and Coloured women (Jewkes, Morrell & Christofedes, 2009). Furthermore, in a study conducted by Marteleto, Lam and Ranchod (2008) in the Cape, South Africa, it was determined that pregnancy rates for Coloured teenagers were discovered to be higher than pregnancy rates for their Black counterparts, notwithstanding the fact that considerably higher divisions of Black women report having had sex at every age.

In my findings, Annisville mirrors the greater Gauteng province and has also experienced an increase in the number of teenage pregnancies. The municipal clinic recorded eighteen new teenage pregnancies in the age group less than eighteen years of age between August and October of 2012. There are other factors associated with adolescent pregnancy that have a number of undesirable consequences such as Sexually Transmitted Infections (STIs), unplanned teenage pregnancies often leading to school drop out, pregnancy complications and higher rates of child mortality as argued by Mturi & Hennick (2005) and Macleod & Tracey (2010). The challenge for pregnant teenagers is to manage schooling, pregnancy and mothering. In view of these reasons, there is significance for my study.

1.1 Annisville: A case study

I chose Annisville as it has particularly high teenage pregnancy rates. To understand why Annisville was ideal for my research, one should have an understanding of the area. Annisville is located south of Johannesburg and is a predominately coloured township that experiences high rates of unemployment resulting in up to 57% of its population living in poverty (HSRC, 2009). This area developed as a consequence of the Group Areas Act during the apartheid era when different races were disenfranchised into specific locations. The houses in the formal settlement have running water and electricity. However since the end of the apartheid era and the development of the Reconstruction and Development Programme (RDP) housing, Annisville has extended its boundaries

considerably. These new housing settlements do not have electricity and many connections are made illegally. Some of the newer areas do not have running water. The residents have access to water from tankards and chemical toilets are placed in the area for their use. At the moment there are severe legal battles being fought as many of the RDP houses have been inhabited illegally. Evictions from these homes are constantly threatened by the local authorities. On the periphery of the area there are many informal settlements which fall under the local authorities of Annisville.

The township has three primary schools which feed into one secondary school. The secondary school accommodates approximately 1400 learners; however when the school was originally built it was not designed for this number of learners resulting in insufficient desks and chairs. Learners have to sit on the floor and share desks. There is one municipal clinic attached to the municipal offices and one police station. The clinic provides an ante natal clinic, family planning, a baby clinic for immunisation and a general health care clinic.

Importantly, considerable research has been conducted on Black teenagers but rather less has been studied with regards to Coloured teenagers. It is for this reason that I was interested in exploring the experiences of teenage pregnancy in Annisville as this area meets both criteria of being an urban area and a Coloured township.

1.2 AIMS, OBJECTIVES AND RATIONALE

In view of the high pregnancy rate amongst teenagers, this study focuses on the experiences of teenagers during their pregnancies as a way to understand important aspects of this phenomenon in the area of Annisville. The question and sub- questions guiding this study are:

- What are the experiences of pregnant teenagers and young mothers in a low socio-economic area called Annisville?
- How much agency do pregnant teenagers have to choose their actions?
- What is the gendered nature of sexuality and parenthood?

- How does pregnancy affect the continuation or dropping out of school?
- What extent of family support does the teenager receive during her pregnancy and after the birth of the child?
- Was abortion ever considered as an option?

Teenage pregnancy, it is argued in literature, leads to disruption in education; poor obstetric outcomes due to the body's physical immaturity; and inadequate mothering, together with neglect, maltreatment and abuse on account of the teenager's emotional immaturity (Macleod, 2003).

Conclusion

It is evident from the statistics that teenage pregnancy is a problem in South Africa, particularly amongst Coloured teenagers. The Department of Education states that sexual activity increases from the age of sixteen years. Furthermore, teenage pregnancy displays social patterning. The circumstances are mirrored in Annisville where teenage pregnancy numbers appeared to be high.

The next chapter focuses on the literature and theoretical framework relevant to teenage pregnancy.

CHAPTER TWO

This chapter reviews the literature and the theoretical framework that guides my study.

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

The proposed research question overlaps with a variety of sub-disciplines in sociology including the sociology of education, the sociology of health and health promotion, social inequalities and gender studies. Each sub-discipline has approached the topic of pregnancy from a different angle.

In my literature review I focus on:

- Adolescence
- Gender and sexuality
- Gender inequalities
- Schools of thought on teenage pregnancy
- School drop out
- Sexual and reproductive health and sexuality
- Abortion
- Poverty
- Motherhood
- Social Grants

In order to further analyse pregnancy, I shall locate these within the structure - agency debate. One must ask the question: to what extent do structures constrain and influence teenagers and how do teenagers exert agency in matters relating to pregnancy?

2.1 Adolescence and the structure and agency debate

In this section I begin by defining adolescence. As adolescence is a developmental period where the body goes through physical transformation, transition, identity creation and the development of independence, it is during this phase that adolescents are susceptible to peer-pressure. It is a time of restlessness, ‘undecidability’, experimentation, searching, testing the boundaries of existence and turmoil (Macleod, 2003). The teenager is neither

adult nor child. Furthermore, the influence of family cannot be ignored. Parsons stressed the significance of families as the ‘factories’ which produce human personalities (cited in Jones, 2009:13). Parsons also stated that the adolescent peer group formed its own social structure through which young people could rise above the status attributed through the socio-economic position of their family. In this way they can achieve an independent position within their own status system and according to their own personal goals and values and norms. Culture, religion and socio-economic status may have an impact on their decision making, sexual activity and use of contraception (Gage, 1998). In modern society it is hard enough to be a teenager without all these external pressures. Scott (2004) highlights the contradictions of sexuality in late modernity. She argues that despite claiming to be a more open and liberal society where erotic imagery is common place in the media there is a lack of communication with children about sexuality. This, she argues, is because children and sex are thought to be opposing each other which create a large divide which adolescents need to cross between innocence and adulthood. Therefore learning about sexuality is not a process but a jump.

For Jones (2009), adolescence is a crucial and difficult period of identity construction during which young people separate from their families of origin and develop a sense of self in their contacts with new social relationships. Macleod states that there are four issues that dominate “adolescence as a transitional stage” (2003:421). The first already mentioned is not yet being an adult. Secondly, is that the construction of adolescence is gendered. Thirdly, adolescence relies on a specific type of gendered adulthood as the ultimate endpoint and lastly, the construction of adolescence as a transitional stage, has outcomes in terms of power relations between experts, parents and adolescents (Macleod, 2003).

This transitional stage is further heightened by the adolescent consumer industry which, according to Bucholtz (2002), places adolescents as self –aware potential consumers. This change in thinking about adolescence has been marked by cultural transformation in most societies. Bucholtz (2002) argues that difficulties are endemic to this period as adolescents move towards adult roles however; the rapid cultural change that many

adolescents are now facing gives rise to additional tensions between ‘tradition and innovation’. As such, adolescents are stuck between a desire and promise of their own agency but the reality of structural constraints. Therefore, it can be seen that adolescents are able to be sexually active and make decisions with regards to sexual behaviour; however, at the same time they are constrained by their age, relationship with adults, education and freedom. Furthermore, adolescents are often further “controlled” or influenced by their own sub-culture and values and norms. Thus, there is a dynamic tension between adult and child roles with neither fitting comfortably. Bourdieu (cited in Calhoun et al, 2002) argued that adolescents were socially constructed in the conflict between the young and the old. Consequently, present negative media portrayal of young people and moral fears over them represent influence by older and more powerful age groups (Jones, 2009). The large part of the structure versus agency debate is about the degree to which adolescents have free choice and act independently.

With the end of apartheid in 1994, South Africa underwent considerable cultural change and a reorganization of values and norms. With the inherent struggle in adolescence to develop an identity, in modernity it is even more difficult. Quicke argues that late modernity has given rise to a self that is “open, differentiated, self reflective and individuated” (1996:365). This combined with a capitalist ethos argued for rational, neutral agents that act free of power dynamics, gender roles or other constraining forces. Or if these are acknowledged, the manner in which they influence behaviour is prescribed by a global system of ideas that assumes each context is the same, that there is some type of global village (Nagel, 2006). However, this is not the reality and adolescents struggle with how to match ideology and practice.

Women negotiate their sexuality under conditions of patriarchal inequality but are not merely passive, according to Jewkes and Morrell (2012). The restrictions that South African females experience or the risks that they encounter should not be underestimated. Whilst there are varied messages positioning girls sexually, there are strong cultural roots to messages that girls receive, teaching them to be passive, innocent and that they will be held responsible for how they are treated by men. Women appeared to

have significant agency in choosing partners, although once the choice was made their power was greatly restricted (Jewkes & Morrell, 2012). Furthermore, Bhana, Morrell, Hearn and Moletsane (2007) argue that understanding women as active and not merely as victims supported the process to reconsider women's sexuality.

This is particularly significant in relation to my research question as adolescence is about the extent to which young people are free to choose and act as autonomous individuals and the degree to which they are constrained by societal power structures and institutions. For Bourdieu, "individuals are always structurally located in a multidimensional social place defined broadly in terms of social class position" (Bourdieu, cited in Seidman, 2004: 148). When referring to class position, Bourdieu is also alluding to age, gender and educational attainment. He describes individual action (agency) as "intuitive, strategizing and inventive" (Bourdieu, 2004:148). He believes that individuals make choices – not free will – but within a definite structure.

Giddens establishes the concept of the "duality of structure" to understand the double aspect of social practice (Seidman, 2004). Social structures are said to be both the means of action or make action practical. The idea of duality of structure allows Giddens to argue that the structural make up of human action are not purely restricting but make possible social behaviours too (Seidman, 2004). Social practices are modeled into social systems and institutions. These social patterns can be studied in terms of certain rules and the organisation of resources and power dynamics that form the main structural features of all social systems. Giddens emphasizes that the notion of social practice has an "'agentic' and 'structural' aspect" (Seidman, 2004: 144).

Hays (1994) argues that there are different levels of structures, they are more or less open to intentional or unintentional change through human actions. While this argument is similar to Bourdieu's conceptualisation of structure, she continues to differentiate structures into two types: systems of meaning and systems of social relations. Systems of meaning are "what often is known as culture, including and not only the beliefs and values of a social group but also their language, forms of knowledge and common sense

as well as material production, interactional practices, rituals and ways of life established by these.” (Hays, 1994:10). While systems of social relations consist of “patterns of roles, relationships and forms of domination according to which one might place any given person at a point on a complex grid that specifies a set of categories running from class, gender, race, education and religion..” (Hays, 1994:10). She argues that agency exists on a continuum, in so far as, people frequently reproduce the existing pattern of social life but if reflexive, and make self conscious choices depending on the period in history, they can either impact structures or simply have an unimportant effect on structures. Furthermore, choices are conscious or unconscious and can have unintended or intended consequences, are always socially shaped and regularly collective choices, patterned and comprehensible when context or structure is looked at.

2.2 Gender and Sexuality

Gendered identities are fluid, multiple and changing, often adapting and responding to the environment in which individuals find themselves (Mkhwanazi, 2012). Gender, akin to race, is socially constructed with rights, obtaining resources, power and involvement in public life and is understood through culture. Under the racially separated apartheid system, there were considerable economic and health inequalities between white and black populations and a feminisation of poverty (Mantell et al., 2008). Insecurity, violence, and social costs have been high particularly where family support deteriorates, resulting in male-female conflict and domestic violence. High levels of unemployment, particularly amongst men have been linked to gender-based violence (Mantell et al, 2008). The gender roles in South Africa are complex and diverse; however there has been a hard battle fought for gender equity. In 1996, The Constitution formally protected the reproductive health rights of women guaranteeing gender equality and access to reproductive health services. Reproductive rights were to include education, counseling and confidentiality (Macleod & Tracey, 2009); although patriarchy still exists in South Africa as social inequalities do not keep pace with legislation.

Young women seeking a desire for mutual respect in relationships involved not the removing of the established gender order, but a careful blending of traditional and

modernist ideas on gender in a way that that gave them noticeably more power in their daily dealings with intimate relationships (Jewkes & Morrell, 2012).

In South Africa the achievement of adulthood is distinguished along gender lines; parenthood is equated with the achievement of female adulthood (Macleod, 2003). Teenagers may see becoming a mother as a means to the desired status of maturity. The bearing of a child indicates achievement of 'womanhood'. The type of adulthood achieved by women is different from that achieved by men. It is strongly gendered around the notion of bearing children (Macleod, 2003). The second aspect is the connection of marriage with adulthood. If marriage is delayed, then adulthood is gained through childbearing. Adulthood is therefore portrayed through a relationship with either a man or a child (Macleod, 2003).

By its very nature, motherhood is gendered, as women bear and usually care for children. Teenage mothers particularly from low socio-economic backgrounds have to depend on their mothers, grandmothers or other females to assist them in child care whilst attending school. It is difficult for them unless the teenager resides in a home with an adult woman (Macleod & Tracey, 2009). Furthermore it is the female adolescent that is unable to attend school whilst recuperating from the birth of the child; the male continues attending school regardless of fathering the child. Many learners who return to school after childbirth find it is difficult to balance motherhood and education (Chigona & Chetty, 2008).

Sexuality, like gender, is socially constructed. Sexuality has been defined by Peltzer (2006) as not only sexual practices but also what people know and believe about sex, what is natural, appropriate and desirable. Sexuality also includes peoples' sexual identities in both their cultural and historical diversity. This assumes that sexuality cannot be separated from the body. This definition ties in with the World Health Organisation's (WHO) definition:

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and

reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships.

Additionally, events such as sexual violence and also more commonly the construction of women as sexually passive, creates serious limitations to the sexual health of women. However, Vance (1984 cited in Bhana & Pattman 2011) argues that sexuality is not only an area of danger but also of exploration, agency, feelings and connections.

Having a partner is a woman's expression of "desirability, attractiveness and critical for assessments of feminine 'success'" (Jewkes & Morrell, 2012: 1732). Women's creations of 'desirable' men were a perceptive personification of what made them feel feminine. Females wanted romance and this was often associated with modernity and a sense of style (Jewkes & Morrell, 2012)

In South Africa, ideas of 'culture' are repeatedly used to classify what is 'normal' or acceptable behaviour, including sexuality (Bhana et al, 2007). These ideas are informed by the explicit as well as the implicit meanings from families and communities which in turn are entrenched in hierarchical relations between men and women and boys and girls according to Lewis (2003 cited in Bhana et al. 2007). Cultural customs are frequently used to control women's sexuality and to confine their roles to marriage and motherhood (McFadden cited in Bhana et al, 2007). Sexualities take on different positions, overlap with cultural and material conditions and come together with profound historical inequalities (Bhana and Pattman, 2011).

2.3 Gender inequalities

This section argues that gender inequalities are affected by structural conditions which may undermine women's agency, although agency is never totally negated. Research findings extensively reveal how gender inequality may impact negatively on the vulnerability of women (Van Staden & Badenhorst, 2009). Furthermore, gender inequalities restrict young women's sexual choices and in many cases pregnancy is the result of coercive sex, with young women being unable to negotiate condom use and being defenseless to male pressure (Jewkes, Morrell & Christofedes, 2009). Sexuality and

its practices are powerfully affected by structural conditions such as poverty and class. Gendered poverty and continual unemployment are fundamental to the experience of multiple partners and rape (Bhana et al., 2009). There is a strong link between teenage pregnancy, multiple partners, sexual violence and poverty which interlock to construct vulnerabilities for young women.

It is assumed that females are on the receiving end of patriarchal power and almost unprotected when negotiating heterosexual relationships (Campbell et al., 2008 cited in Jewkes & Morrell, 2012). However, research studies show young women as being actively situated with condom use, both in assisting and opposing, and with respect to contraception and the quest of motherhood. In modern society within urban areas in South Africa, Jewkes and Morrell (2012) have discovered that young women present themselves as in control of their lives. This was positioned as a 'modern' femininity (Barlow et al., 2005 cited in Jewkes & Morrell, 2012) that was part reality and part fantasy. Whilst existing in a society characterised by patriarchy, poverty and limited family support, when initiating dating, young women exercise agency. Their choice in partner comes from their ideas of appropriate gender relations. This idea challenges the notion of the authority of male superiority which accepts the male domination (Jewkes and Morrell, 2012).

The inequality of power between female and male partners in heterosexual relationships significantly reduces the ability of young women to negotiate or refuse the use of condoms. Research among learners from a white cultural background discovered that both male and female learners perceive contraception as the responsibility of the female (Marcus, 2002 cited in Van Staden & Badenhorst, 2009). Additionally, female learners from a Black background frequently believe that the lack of condom use will improve their social status with their male counterparts. They may even be expected to prove their fertility prior to marriage by bearing children (Preston-Whyte & Zondi, in LeClerc-Madlala cited in Van Staden & Badenhorst, 2009).

Bhana, Morrell, Shefer and Ngabaza (2010) point out that an adolescent through bearing a child out of wedlock becomes the responsibility of her family. Often the father of the baby does not support the child financially or pay maintenance. The girl's family takes full responsibility for the child. The gendering of pregnancy and parenting is situated within the precise social, cultural and economic circumstance and where women's insubordination is reproduced (Bhana et al., 2010), an example of how powerful structures can be.

Salo (2002) argues that township Coloured males' past and present politically and economically marginalized position could make them more likely to prove their masculinity in ways, such as violence and performing heterosexual intercourse (cited in Lesch & Brembridge, 2006). Bhana, Morrell, Hearn and Moletsane (2007) argue that new definitions of masculinity that emphasise responsibility, moderation and healthy bodies have materialised due to high levels of morbidity and mortality. These definitions exhibit the conditional and fluid nature of masculinity.

2.4 Schools of thought surrounding teenage pregnancy

This section discusses the three schools of thought that explain teenage pregnancy – the official, the revisionist and the feminist. According to Mkhwanazi (2006) the official school takes the stance particularly within the United States, England and South Africa that teenage pregnancy has a negative effect on the physical, emotional and social aspects of the adolescent. Hence, this school focused on causes and consequences of teenage pregnancy in order to point at 'risk' groups (Mkhwanazi, 2006). The consequences have been perceived as disruption of schooling, socio-economic shortcomings, inadequate mothering, relationship difficulties and the neglect and abuse of the baby.

The concepts of 'inadequate motherhood' and of 'appropriate education' which cause the negative image of teenage pregnancy in the official school are class based. It is argued, that conditions of poverty and early childbearing are likely to lead to "educational and subsequent vocational failure, child maltreatment, family and other forms of violence, economic dependence and repeated cycles of pathology" (Musick, 1993: 9 cited in

Mkhwanazi, 2006). A criticism of this school of thought has been that it portrays the teenager as being 'naïve; ignoring concepts of agency in controlling her reproductive health. Other criticisms have been that the official school research presupposed homogeneity in the sample studied. Social, political, economic and cultural aspects were ignored in the incidence and management of teenage pregnancy. In addition, this school, held a gender bias by focusing on females only. This bias meant that preventative measures for teenage pregnancy should only be aimed at girls (Mkhwanazi, 2006).

The revisionist school of thought was based on three concepts. The perception that teenage pregnancy was of huge proportions was a consequence of a combination of social, demographic and political aspects. Secondly, teenage pregnancy was not as harmful as the official studies suggested. The third was that it was a choice made by a group of disadvantaged adolescents who saw no reason to delay pregnancy (Luker, 1996 cited in Mkhwanazi, 2006). This school of thought provided the adolescents with agency, describing the pregnant teenager as a "conscious and rational decision-maker" (Mkhwanazi, 2006:100).

The revisionist school argument has been significant in establishing the notion that teenage pregnancy results from an interaction of socio-economic conditions with norms and values. However, Furstenberg (1991), one of the few researchers to criticize the revisionist school, questioned the idea that teenage pregnancy occurred as an adaptive strategy by arguing that numerous teenagers did not intentionally choose to become pregnant (Furstenberg, 1991 cited in Mkhwanazi, 2006).

The feminist school as discussed further is generally linked to the field of women's reproductive health and focused on barriers to women's practice of safer sex, specifically domestic and gender- based violence (Jewkes et al., 2001 cited in Mkhwanazi, 2006). However, within the realm of teenage pregnancy research, this school is particular to South Africa. This school of thought argued that both women and girls did not practice safer sex, even though they were aware of the consequences of not doing so because of a fear of gender based violence. Females using or trying to negotiate the use of

contraceptives signaled promiscuity and therefore showed negatively on a male's sense of masculinity. The feminist approach places teenagers within an intricate socio-economic and political setting (Mkhwanazi, 2006). It focused on external influences such as the behaviour and values of males. However, the situation was incorrectly perceived as powerless women opposite aggressive and forceful men. It ignored the understated ways in which power can be exercised from various subject-positions (Mkhwanazi, 2006). Resistance and compliance are viewed as ways of exercising power and agency. A criticism of the feminist approach is that it envisages a single discussion on gender. Imagining several, competing and hierarchically positioned discourses enables a view of an agent as one who assumes different subject positions (Mkhwanazi, 2006).

When considering the three schools of thought and bearing in mind the area in which this study is being conducted, the feminist school would be the most adaptable to Annisville and the some of the circumstances surrounding teenage pregnancy.

In addition to these schools of thought it is important to look at a number of other issues.

2.5 School drop out

There are two conflicting issues around school dropout and teenage pregnancy. On the one hand, teenagers become pregnant and then dropout of school; whilst on the other, teenagers have dropped out of school first and then became pregnant (Imamura et al, 2007 cited in Panday et al., HSRC, 2009). The Department of Education reported that the South African schooling system is characterised by both high enrolment and high rates of repetition, dropout, late entry and re-entry. As a result the system has had to adjust to high rates of teenage fertility. Poverty and poor school achievements are the most common markers for school drop out.

In South Africa, schoolgirls who become pregnant are not expelled and are permitted to return to school after the birth of their child (Kaufman et al, 2001). This is in terms of the Schools Act presented by the Department of Education in 1996 (Bhana et al, 2010) According to Bhana, Morrell, Shefer and Ngabaza (2010), teachers support for pregnant

teenagers and teenage mothers can encourage gender equality and reconcile the negative consequences attributed to early pregnancy. Grant & Hallman (2006) state that of the 29% of fourteen to nineteen year olds that dropout of school due to pregnancy, return to school by the age of twenty. Of this figure only 34% complete their final year of schooling. Pregnancy disturbs the ideal education path and its ensuing gains. Without support structures both in and out of school, teenage mothers are left with limited resources to navigate the world of learning and parenting (Bhana et al., 2010: 870). Understanding the gendered and sexual dynamics of teenage pregnancy is necessary.

2.5.1 The Life Orientation Programme

Educators and planners motivate that the only hope of reaching children at risk lies in a holistic support system which addresses topics such as knowledge, values and attitudes about the self and emotional awareness through the development of Life Orientation Programmes (Department of Education, 2007). Ideally, this programme enables the learner to make informed decisions and choices, and to take appropriate actions to enable them to live significantly and successfully in a rapidly-changing society. Many children in South Africa are at risk because of inadequate opportunities for harmonious socialisation in their communities (Richter et al, 2004, cited in Prinsloo, 2007). Learners are not sufficiently aware of positive self-concept formation or the realisation of their potential. Consequently, they grow towards irresponsible and unfulfilled adulthood where they may never experience fulfilled relationships with their fellowmen (Prinsloo, 2007). They have little respect for their own dignity, suffer from negative self-concepts, refuse to accept authority and show little respect for the value of others or for own their lives and possessions. Fragmented families, single parenthood and child-headed households cause great stress and greater poverty (Prinsloo, 2007). The area of personal well being in the Life Orientation curriculum deals with issues related to the prevention of substance abuse, diseases of lifestyle, sexuality, teenage pregnancy and sexually-transmitted infections including HIV and AIDS. However Prinsloo (2007) argues that it is difficult to teach the learners responsible sexual behaviour as many of them are already subjected to explicit sexual activities.

In South Africa Macleod (2003) has argued that in sex education modules, adolescents are informed about sex, but at the same time warned of its dangers. Powell, (2007 cited in Beasley, 2008) believes that most sexual health education programmes continue to be limited to basic factual biomedical information but give little information about the interactive programmes including pleasurable aspects of the sexual activity. Furthermore, there is a constant use of fear and risk of disease to encourage adolescents to practice 'safer' sex. However, Vance (1984 cited in Bhana & Pattman, 2011) informs us that sexuality is not just an area of danger but also of exploration, agency, sensations and associations. The authorized (formal) discourse of sex education does not relate to the reality of teenagers lives (Philpott et al 2006 cited in Beasley, 2008). This is a major gap in the Life Orientation curriculum.

Jewkes & Morrell (2012) believe that in South Africa, schools are a crucial setting for gender interventions. The Life Orientation programme focuses on gender and violence. It is important to expose young women and men to an assortment of ways of being women, and raising consciousness on the dynamics and functions of gendered power as well as drawing attention to women's right to live without violence. In addition, the authors believe that through teaching communication skills and facilitating class discussion on sexuality and intimacy, it is possible to encourage the idea that regardless of the context of the relationships, and whether or not women are able or wish to challenge the dominance of men in society more broadly, there is capacity for negotiating the terms of intimacy within relationships (Jewkes & Morrell, 2012).

2.6 Sexual and reproductive health

Avoiding pregnancy is not necessarily the same as practicing female contraception (Varga, 2003). It could be relying on the male partner using a condom, being monogamous or merely being lucky. Girls who propose using male condoms are considered to be behaving inappropriately and revealing loose morals. Therefore, teenage girls are in a no-win situation as they are required to prevent pregnancy but at the same time they are required to maintain their respectability (Varga, 2003).

Due to the increasing concern of adolescent pregnancy in South Africa, there has been an increased call for health care providers to focus on promoting a dual method of contraception (McPhail et al., 2007). In South Africa it is estimated that 57% of all women aged 15 to 49 years of age have used injectable contraceptives. It appears that condom use is associated with disease prevention rather than a barrier method of contraception. Condom use is highest amongst Black males; generally, condoms are used amongst most groups with the notable exception of Coloured females (Marteleto et al., 2008). In a research study conducted by McPhail, Pettifor, Pascoe and Rees (2007) using data from a nationally representative sample of women in South Africa, it was discovered that 66.6% of eighteen year olds stated that hormonal contraception, was the most commonly used, 26.5% condom use and 6.8% dual method use. Oral contraceptives are not generally promoted to adolescents as they are viewed by nurses as considerably 'forgettable' (Wood et al., 1997, Mathai, 1997 cited in Jewkes et al., 2001). Injectable contraceptives are regularly preferred as they require only attending the clinic for bi- or tri-monthly injections and can be kept secret. However, this form of contraception can cause amenorrhea which is problematic in a cultural framework where menstruation is recognized as necessary for bodily cleanliness (Jewkes & Wood, 1999 cited in Jewkes et al., 2001). Consequently, sexually active teenagers regularly take 'contraception breaks' in order to re-commence menstruation. It is during these 'breaks' that they may become pregnant.

However, despite contraceptive use, research points to a number of barriers to effective use (Woods and Jewkes, 2006). As previously mentioned, teenagers had been using contraception although not continuously, thus resulting in unwanted and unplanned pregnancy. Another barrier to effective contraception was inadequate and inaccurate knowledge of reproductive anatomy and physiology (Wood and Jewkes, 2006: 115). In addition, Wood and Jewkes (2006) argue that the scolding and stigma attitude of the nurses was a further barrier to contraceptive use amongst the adolescents. This attitude would result in the teenagers avoiding using the services of the clinics.

Jewkes, Morrell and Christofedes (2009) argue that information for adolescents is an important factor in understanding about sexuality and reproduction and accessing services for pregnancy prevention. Focus has mainly been on HIV prevention, whereas discussion about avoiding pregnancy has been silent. These topics are only taught in depth in the final grades of high school which is a stage that many learners never achieve or only reach some years after becoming sexually active (Jewkes et al, 2009).

2.7 Education outside of school

This section addresses sexual education which is learnt from parents, family members, peers, within the formal setting of school and the media. Although parents are assumed to be the primary communicators of sexual information, studies have found that many adolescent males state that they receive little or no parental communication about sex (Epstein & Ward, 2006). Adolescent girls are often targeted for study by researchers as they are thought to bear the consequences of poor communication, especially in connection with unwanted pregnancy and sexual coercion. Teenagers allege learning more about sexual matters outside home, and commonly mention same- sex peers and the media as their source of information (Ballard & Morris, 1998; Ford & Norris, 1991 cited in Epstein & Ward, 2006). Young girls require protective information before they become sexually active to decrease the risks associated with unsafe sexual practices. According to a study conducted by Onyeonoro et al (2011) in Nigeria, it was discovered that adolescent girls admitted that sex information received from peers and through the media increased their inclination to become sexually active. Peers and media were the most common reasons as the influence for initial sexual intercourse (Onyeonoro et al, 2011). In a traditional black household, adults regard discussing sex with a teenager as unmentionable; most of them feel uncomfortable discussing sexuality with adolescents.

Parental sex education is important in comparison to that received in a school setting. Cosby et al, (2009) argue that adolescents that engage in communication with their parents experience protective benefits about pregnancy, STIs and methods of birth control, whereas those that do not are at greater risk. The talking channels opened between parents and adolescents may set the arena as a place for ongoing

communication/education about sexuality matters rather than a single conversation between parents and adolescent (Cosby et al.2009).

2.8 Abortion

For teenagers who do not want to continue with their pregnancy abortion is an option. Since 1997 termination of pregnancy has been available on demand within the first trimester in South Africa. However, a survey conducted in 1998 by the South African Demographic and Health Surveys showed that only 53% of women were aware of this aspect (Department of Health, 1999).

Adolescent birth rates have been shown to be intertwined with the rates of spontaneous and induced abortions. Economic, legal, moral and religious circumstances have different effects on decisions regarding abortions (Bearinger et al., 2007). Throughout the world estimates that 46 million pregnancies are voluntarily terminated every year; 27 million legally and 19 million through back street abortions. Illegal abortions cause more than 30% of maternal deaths and vary significantly across regions; 15-19 year olds account for 25% of all unsafe/illegal abortions in Africa (Bearinger et al., 2007).

Varga (2002) states that despite increasing citations regarding the prevalence of abortion amongst **Black** adolescents, considerably less is known about the reasons to choose to terminate their pregnancy. Among urban Zulu schoolchildren in South Africa, 46% of the girls surveyed described abortion as an acceptable method of handling an unplanned pregnancy (Craig and Richter-Strydom 1983, cited in Varga, 2002). In contrast, pregnant Zulu teenagers in another study generally disapproved of pregnancy termination as an illegal, sinful or immoral act. Mothers' or grandmothers' active involvement in girls' decisions to undergo abortion and their assistance in obtaining backstreet procedures have been observed in South Africa. A variety of factors lead pregnant adolescents to consider abortion. These include poverty, the social stigma surrounding or fear of parents' reaction to pre- marital pregnancy, educational disruption, fear of a broken engagement or abandonment, or boyfriends' refusal of paternity (Varga, 2002), making abortion an attractive option.

My study examined the alternative of abortion rather than the experience of pregnancy with the teenagers in Annisville. If abortion is an option, did the teenager make the decision by herself and did she undertake the legal procedure or the back street option?

2.9 Poverty

The cycle of poverty is a primary factor in teenage pregnancy; it is a distinct predictor of adolescent parenthood (Fahy, 1995). Young women in low socio-economic percentage groups are four times more likely to become pregnant teenagers than girls in the highest socio-economic group. Furthermore, being an adolescent daughter of a female headed household is associated both with poverty and teenage pregnancy. In many western societies, teenage pregnancy is often both a cause and a consequence of social exclusion (Whitehead, 2009), where exclusion, is more than poverty, includes low self-esteem, poor school achievement, and possible sexual abuse.

In a background of poverty and high female unemployment, many teenagers lack other opportunities through which to feel needed and fulfilled. Pregnancy is often perceived as advancing social status and may secure a relationship with a man who may be a potential husband (Jewkes et al, 2009). It may secure financial payments in situations of acute poverty and need as well as proof of sexual desirability.

2.10 Motherhood

Research on motherhood in South Africa has inclined to focus on those who are created as a 'problem' - single mothers, working mothers, mentally ill mothers etc (Kruger, 2006 cited in Morrell, Bhana & Shefer, 2012). Along with those expected to be categorized as 'bad' mothers are teen mothers. Adolescent childbearing is frequently associated with an end to schooling particularly for girls. This is sometimes stated by policy, sometimes by social norms or material circumstances (Kaufman et al, 2001). Within the South African context, although teenage childbearing is not socially embraced, it is accepted; the girls having received a stern reprimand for becoming pregnant. Once the decision to continue with the pregnancy has been made, establishing the social and economic resources that

will be accessible for the child is essential (Kaufman et al, 2001). Education is highly revered in urban and rural locations so leaving school before completing secondary school is a hardship. However, returning to school after the birth of the child can not be taken for granted. Girls are principally responsible for childcare and families are not always willing or able to adapt to the timetable of a young mother attending school. The young girls consider staying out of school as a punishment (Kaufman et al, 2001). Varga (2003) argues that while motherhood at some stage of life was dominant, in the context of adolescence it was regarded as a major obstruction and related to school disruption, economic strain, poor employment opportunities and social stigma. Adolescent mothers are said to have lower educational achievement and are more likely to be unemployed and to be living in poverty (Coleey & Chase-Lansdale, 1998; Corcoran, 1998 cited in Breheny & Stephens, 2007). Broadly, this suggests that adolescent motherhood causes considerable disadvantage for both mother and child.

Macleod (2001) states that the majority of literature on teenage pregnancy highlights teenagers' poor mothering as an area of concern. The emerging developmental status of the adolescent caregiver is seen as increasing the possibility of a maladaptive relationship between the mother and child (Ketterlinus et al, 1991 cited in Macleod, 2001). An association has been made between adolescent parenthood and child abuse because the alleged patterns of adolescent parenting are similar to those described amongst abusive mothers (Miller & Moore, 1990 cited in Macleod, 2001). South African teenagers have been described as lacking mothering skills as well as knowledge regarding the emotional needs of their child (Macleod, 2001).

Macleod (2001) further notes that mothering is viewed as biological and natural but is marginalised within teenage pregnancy literature. She argues that in the skill discourse it means that a lacking state exists in which the relevant person does not possess the necessary skills. An unspoken focus on teenagers' developmental status allows for the portrayal of teenage mothers as finding mothering difficult and deficient in skills.

2.11 Social Grants

The Child Support Grant follows on from the State Maintenance Grant. The State Maintenance Grant was initially designed for whites but later extended to other racial groups. Eligibility for the Child Support Grant is determined on the basis of specific demographic and socioeconomic conditions (Makiwane, 2010). There is a commonly held myth that teenagers become pregnant in order to receive the child grant, thereby increasing the number of pregnancies (Lund, 2001). The Minister of Social Development stated that the evidence advocates that South Africa already had a relatively high teenage pregnancy rate before the introduction of the Child Support Grant (www.dsd.gov.za). Some surveys indicate that there was an increase in teenage births between 1995 and 2005, whilst other evidence suggests that pre-teen and early teen pregnancy remained constant. Evidence suggests that teenagers claiming the Child Support Grant are significantly lower than the number of pregnancies recorded. Reasons include that caregivers encounter problems in gaining the required documentation and do not always have the essential knowledge about the Child Support Grant (www.dsd.gov.za). In the report provided by Finmark Trust (2012), it was discovered that the average age of women drawing the child support grant was in fact 34 years of age which contradicts the idea of teenagers becoming pregnant in order to receive the grant. The fraction of teenage mothers who actually receive the grant is lower than the estimated percentage of all teenage mothers (Makiwane, 2010).

Jewkes et al, (2009) argue that many intended beneficiaries do not access the social grant. One reason for this is that an identity document is required and many of the young mothers do not have one. Another explanation given is that the grandmothers (the de facto care givers) claim the grants on behalf of the children while the birth mothers continue with their lives by returning to school.

Conclusion

Through literature we learn that adolescence is a transition period when a teenager is neither adult nor child. Teenage pregnancy, it is argued in literature, leads to disruption in education, school drop out and poor mothering skills due to immaturity. Due to gender

inequalities childcare becomes the duty of the girls or their families. Contraception is the females' duty too. Abortion is an option that is available to teenagers in terms of the law but is one that is not always used or spoken about.

In the following chapter I discuss the methodological process followed in my study.

CHAPTER THREE

METHODS:

In this chapter I focus on the methods used in my study, ethics and access to the research site and my sample group.

Greenstein (2003) notes that a “[R]esearch design is a plan that outlines the elements of the research, and how they are related to each other” (2003:14) which must be done before data collection and analysis. DeVaus (2001) suggests that “[T]he function of a research design is to ensure that the evidence obtained enables us to answer the initial question as unambiguously as possible” (2001:9) in order to ensure internal validity (2001:28).

3.1 Qualitative Research

The research was performed within the framework of a qualitative approach as the information that I accessed was that of subjective experiences, practices and values of pregnant teenagers in my sample. Qualitative research, according to Strauss & Corbin (1990) endeavours to reveal the nature of a persons’ experiences. Furthermore, this method can give the complex details that are difficult to put across in a quantitative approach. Strauss and Corbin (1990) state that qualitative research “can refer to research about persons’ lives, stories, behaviour, but also about organizational functioning, social movements, or interactional relationships” (1990:17). This research aimed to access rich data by reporting the “spontaneous and meaningful ways that views were actually expressed” (Strauss & Corbin, 1990: 21). In addition, a qualitative researcher looks to describe or explain what is happening within a smaller group of people for in-depth analysis (Neuman, 2000; Dawson, 2002).

The usefulness of this is that research into the experiences of teenage pregnancy may prove useful in determining and thus assisting in further research of teenage pregnancy in Annisville.

3.2 Ethics

Each participant was given an information sheet which gave details of my research project. There was a contact number for a counselling centre such as Life Line in the event that they felt that they required support after the interview. I explained that their participation was voluntary and that they may withdraw from the project at any time without any prejudice to them. I also gave details about confidentiality and anonymity in the reporting of the findings in my report. I requested signed consent from the participants stating that they understood the criteria of their participation. If acceptance had been obtained to utilize a tape recorder, consent would also be obtained from them. In the event of a translator being required during the interview, the translator was aware of the confidentiality aspect of the information divulged and that the learner was to remain anonymous at all times. As English was the participants' second language, I had engaged the assistance of a translator in the event of a participant wishing to converse in her mother tongue, Afrikaans. The translator was made aware of the code of conduct with regards to confidentiality.

Due to the age group of the participants, under eighteen years of age, and the nature of the study, teenage pregnancy, it was vital to seek permission from the Department of Family Health at the relevant Municipality as I wished to interview nursing staff at the Annisville clinic. This was the information specified at the clinic. As permission was not forth coming, I approached the senior school Principal to seek his approval to have access to his learners that were either pregnant or had been pregnant and still attending school. He was in agreement on the understanding that the area and the school's identity remained anonymous. I assured him that pseudonyms would be used for the area and the learners. Confidentiality and anonymity would be kept at all times in the writing of my report.

One of the more complex concerns was gaining access to the teenagers through the school educators. This worry was overcome by having a meeting on my own with the identified adolescents where the research topic was explained to them. I also enlightened

them that their participation was voluntary and would have no bearing on their record at school. I emphasized that any details that we discussed would not be repeated to school staff, parents, guardians, partners or friends.

Prior to my commencement of my field work, permission was granted by The Department of Family Health for me to interview staff at the Annisville clinic. Therefore, I had permission to conduct my research in both sites.

3.3 Access

Access to the Secondary school was granted to me in writing by the Principal. It is the only secondary school in the area. I was also granted permission to interview one of the Life Orientation educators to understand the educator's perspective of teaching sexual behaviour, risk and personal well-being. It was an additional means of identifying the challenges with which the educators are faced. The Deputy Principal and the Life Orientation Educator indicated a willingness to participate as the issues surrounding teenage pregnancy concern them deeply. I was also granted permission by The Department of Family Health in the municipality in which the Annisville clinic falls under to interview the Ante Natal nursing sister.

3.4 Sampling

The type of sampling used was purposive, snowballing and voluntary participation. The participants consisted of fourteen teenagers of between fifteen and nineteen years of age that were either pregnant or had been pregnant. Purposive, snowballing and voluntary participation was utilized with this group. The Deputy Principal gave me names and details of teenagers who were willing to participate in this study. The participants fell into three groups: (i) left the school to have the baby but have now returned to complete their education; (ii) attending the school and pregnant; or (iii) had dropped out of school to have the baby and have not returned to complete their education. I also asked the teenagers that I interviewed if they knew of anyone else that would be prepared to be part of the research project that I may be able to approach – snowballing. As some teenagers might have terminated their pregnancies, this too was an area that required investigation.

I utilized snowballing for this group by asking the teenagers that I interviewed if they might know of anyone who has had an abortion and would be willing to share their experience with me. There were no participants in this group; either they were not willing to share names or they did not know of anyone who had had an abortion. The Deputy Principal of the school obtained the parental and/or Guardian's permission on my behalf for the interviews of the participating learners in the age group fifteen to seventeen years of age to be conducted.

3.5 Data Collection instruments

The instrument for data collection was through in-depth semi-formal interviews. Qualitative data is collected in words according to Punch, (2000). Furthermore, through an interview, a researcher can learn how events, such as teenage pregnancy, shaped the participants feelings and thoughts (Weiss, 1995). The reason for choosing this method was because it provided a developed description of the experiences of the pregnant teenagers as well as how the events occurred. It also develops a holistic description of how people and behaviours interconnect. Furthermore, the qualitative method assists in discovering how events are understood by participants (Weiss, 1995:10). The interviews with the educators were conducted in the offices at the school. The interviews with the pregnant teenagers were conducted in a place where they felt comfortable but in a place where their confidentiality remained. An interview schedule was used as a guideline for the interviews (schedules attached). The interviews with the adolescent girls were conducted in English. Even though it was their second language, they were comfortable talking in this medium. I explained that we could use a translator who was conversant with the ethos of confidentiality. Permission was requested to record the interview which was then transcribed. Notes were taken at the same time during the interview which were transferred into a fuller description after the interview if permission was not granted to use the audio recorder.

During the interviews with the teenage participants I was very aware of being an older white woman and was no doubt seen in the same position as an educator or a mother or even grandmother due to my age. This was evident at times when the participants

referred to me as ‘Mam’, although on each occasion when meeting them I introduced myself as Linda. Initially their body language was closed with their arms folded across them and they lent back in the chair trying to create as large a space as possible between us. At the beginning of the interviews it was difficult to get the girls to talk and engage in a conversation. It was only once they realised that I was not judgmental in any way that they became more comfortable and felt freer to tell their story.

I was astounded that at no time during the various interviews with the teenagers was there any mention of joy that the children had brought to their lives or any softening in their voice when speaking about their child. I was left with the belief that the pregnancy and resultant child brought only hardship to both home and school life. A further interesting observation was that these young women spoke about their partners/boyfriends and their mothers but never mentioned their fathers as being part of their lives other than informing me in the interview that she lived at home with her parents.

There were limitations to this study in as far as the sample group was small so did not represent the population of Annisville. Furthermore, being in the field for a short period of time did not enable me to build a close rapport with the participants. I would have liked to interview some of the teenagers again to discuss some comments made in the interview in more depth but time restrictions did not permit this.

The following chapter focuses on the findings and the discussion together with the profiles of the participants.

CHAPTER FOUR

This chapter firstly outlines each participant that volunteered to take part in the study. It then continues to discuss the findings

FINDINGS AND DISCUSSION

4.1 Profiles of Participants

i) Susan:

Susan is presently living with her Aunt and was 17 years of age when she gave birth to her daughter who is now one year old. Susan is no longer in a relationship with the father of her daughter. On hearing that she was pregnant he denied parentage but four months after the birth of the baby he accepted being the father. Susan receives the child grant to assist her Aunt in caring for the child. Motherhood and being a scholar are difficult for Susan but she has her Aunt to assist her and she can also turn to her mother during school holidays for further support. She intends finishing her school education.

ii) Nellie

Nellie lives with her parents and is now 18 years of age with a daughter of 17 months old. She is still in a relationship with the father of the baby and both he and his parents acknowledge and support her. He is 20 years of age and is working. They have known each other for the last five years as they both live in the same street. The next door neighbour cares for her child whilst Nellie is at school as she is also looking after her grandchild. Nellie too receives the social grant and feels it is important to finish school. She is presently in Grade 11 after failing Grade 10 once.

iii) Nancy

Nancy has a 7 month old son and lives with her mother. She does not have any contact with the father of the baby since requesting his assistance in supplying milk and disposable nappies when her mother encountered financial difficulties. He said that he would bring them but has never called to her home with the supplies. He is 18 and dropped out of school because he failed and he is not working. His parents do not give any financial assistance for their grandchild. Nancy's mother helps her care for the child. She receives the social grant for the baby as her mother is unemployed so these funds

assist in purchasing the baby's requirements. She plans to study further through a bursary after leaving school enabling her to obtain better employment.

iv) Dawn

Dawn is the youngest participant, who at age 15 has a son of 3 months. She lives with her mother and is still in a relationship with the 15 year old father of the baby. They are both in Grade 9. She wanted to have an abortion when she discovered that she was pregnant but she was past the legal time period in her pregnancy. Her mother and the boyfriend's parents support the baby. Dawn's mother is unemployed so is able to care for the child for Dawn enabling her to study and complete her homework.

v) Carol

Carol after telling her 23 year old boyfriend that she was pregnant with his child, told her that he wanted nothing to do with the baby. However when she was six months pregnant he changed his mind and started to visit her again and bought things for his unborn child. She is still living with her parents. Carol's granny helps care for her son during the day and her parents together with her boyfriend financially support the child. As she had complications during her delivery, it resulted in an emergency Caesarian section necessitating her to remain in hospital for four days.

vi) Patsy

Patsy is a mother to a 16 month old daughter, lives with her parents and is still in a relationship with the 24 year old father of her baby. He works and financially supports his daughter and was excited upon hearing that he was going to be a father. The domestic help at home takes care of the child until Patsy returns from school in the afternoon. Patsy does not receive the social grant as both her parents are working and her boyfriend provides for the child. Patsy does not regret having her daughter but feels that she should have waited at least until she had finished school. It is difficult for her being a mother and a scholar.

vii) Minnie

Minnie lives with her parents and was 16 years old when she discovered she was pregnant. The father is 23 years of age. She is now 17 and has a 3month old son who is financially supported by her parents and her boyfriend. Her mother wanted her to have an abortion but Minnie refused; consequently her mother did not speak to her for five

months. She eventually accepted it and now cares for the baby when Minnie is at school. She wishes to study Travel and Tourism after completing her Matric.

viii) Mandy

Mandy, a black teenager who lives outside Annisville but attends the high school, is 18 and she and her 8 month old son live with her mother. Her 21 year old boyfriend went with her to the clinic so was with her when she was told the news that she was pregnant. As he is working he financially supports the child together with her mother. Mandy says it is her mother's greatest wish for her to complete her school education and to go on to obtain a tertiary education. She would like to study law at the University of Cape Town ensuring a better life for herself and her son.

ix) Daisy

Daisy is a 17 year old adolescent living with her parents and her one month old daughter. She continues the relationship with the father of the baby which has lasted for one year and seven months. He is turning 23 years of age and is able to financially support the child as he is working. He is the dominant partner in the relationship because if Daisy does not listen they argue and do not speak to each other for a couple of weeks until they repair the relationship. She possibly sees a future for herself in this relationship. Daisy wishes to study to be a Social Worker after school by applying for a bursary at a tertiary institute. She does not receive the social child grant for her daughter.

x) Rose

Rose, although now 18 years of age was 15 years old when she gave birth to her daughter. The two of them live at home with her two sisters and her mother. Rose is still in a relationship with the father of her daughter. He is 19 years old, a scholar at the same school and lives with his father. The two mothers (his and hers) care for the toddler. Rose feels that she is very lucky in this respect because she is not restricted in any way even though she has a child as there is always someone to do the child-minding. During her pregnancy she cried a great deal as she was considered her mother's baby and now she was having her own baby. She receives the social grant as well as financial support from his side of the family

xi) Charlie

Charlie, an 18 year old mother of a 3 month old son, living with her parents is no longer in a relationship with the father of her baby as he had another girlfriend when she was pregnant. He is 25 years old, working and wanted her to have an abortion but Charlie refused. They had a fun relationship until it became sexual and she became pregnant; he then left her. She turned to her mother for emotional support during the pregnancy. It has only been since the birth of her son that his parents have acknowledged and accepted the baby due to the child resembling the paternal family. Apparently they will now financially maintain the child. Charlie still regards herself as a child now having to look after another child. She plans to join the army after completing her Matric. She wants to become a pilot with the assistance of the army. To achieve these plans, Charlie will have to convince her grandmother to care for her child whilst attending the five years training in the army.

xii) Maisie

Maisie was 15 years old when she had her daughter. As an adolescent of 16 years she is a mother to a 13 month old daughter. Her grandmother with whom she lives assists her with caring for the child. When Maisie informed her boyfriend that she was pregnant he would not accept the fact that he had fathered the child. His sister was also rude to her and questioned Maisie's fidelity to her brother. The ex-boyfriend's parents would only acknowledge and accept the child after her birth once they could confirm that the baby carried family features. Maisie intends studying to become a Social Worker after completing school.

xiii) Lucy

Lucy who is 17 years of age is 6 months pregnant with her due date end of January early February 2013. Her boyfriend and father of the baby is also a scholar at the same school. Whilst she lives with her grandmother, he lives with his mother. On discovering that she was pregnant her reaction was very different to her boyfriend's; hers was one of shock and his being excitement. Lucy's grandmother and the boyfriend's mother were very disappointed at the news of the pregnancy as they felt that the teenagers were both so young to be having a child and both of them needed to complete their schooling. Both of them wish to study after school. Lucy wishes to enter the IT industry and her boyfriend

envisages joining the Police force or Metro Police force. They realize the importance of education to ensure a better future

iv) Sally

Sally is a 15 year old mother of a 2 month old daughter. She lives with her two brothers after receiving a telephone call from the father of her child enquiring after them both. She came to Annisville but has had no contact with him since the telephone call, only his family. He is 19 years of age and according to his mother is working but Sally cannot confirm that information. He had nothing to do with her from the time that she informed him that she was pregnant with his child. This had been her fear so she did not enlighten him of the pregnancy until she was 6 months. Her Aunt de-registered her from school as she believed that pregnant teenagers should not attend school. Sally is hoping to return to Grade 8 next year in Annisville. The father's mother has agreed to look after the child whilst Sally is attending school. If she completes her schooling she would like to become a teacher. She receives the child social grant. Her grandmother with whom she used to stay also receives a grant and the father's family support the baby financially.

4.2 Sex Education at school

In this section I shall discuss the theme of sex education. MacLeod (2003) states that sex education within the Personal Well-Being modules informs the learners about sexual behaviour and at the same time adolescents are warned of its dangers and outcomes due to their behaviour. Trina, the Life Orientation educator at the Senior School in Annisville corroborated Macleod's statement when stating that this section of the curriculum is covered in depth in Grade 10. She also believes that sex education falls mainly on the school as very little sex education is conducted within the learners' homes.

Trina: We really go in depth in Grade 10 because that's where they start having affairs, ah relationships let me say, so we try and structure the lessons in such a way that sex doesn't mean love.....

Trina: I don't think they get anything from home. It falls mainly on the education system. The parents don't really talk to them about it.

Tami, the Ante Natal clinic nursing sister agreed with Trina by stating

Parents are not telling their kids about things and encouraging them to learn. They used to say that if they are talking to your kids about sex you are encouraging them to do it so for this reason they are saying nothing.

When asked the same question about receiving sex education at home, the majority of the learners responded that they obtained nothing at home but all of them said the place to learn about sex was at school through Life Orientation classes. According to Mkhwanazi (2010), traditionally within the black culture, it was not regarded as acceptable for parents to talk to teenagers about sex. This was the duty of an aunt or older female relative. Wood & Jewkes (2006) discovered in their study of adolescents that the teenagers interviewed said that they had been given unclear information about menstruation or sexual matters by mothers, other relatives or teachers.

This appears to be true of the Coloured teenagers too as a very small number of them reported receiving sex education from home. The reasons given for not receiving any home education varied depending on their home situations. Susan told me when I asked her what the response would be if she asked her Aunt or her parents questions on sexual matters, “*So you think you are big, why are you talking stuff like this with me?*” She followed it up by saying that the educators at school are open and informative. The responses were generally “*No*” but qualified by the fact that sex education was learnt at school in Life Orientation classes. When talking to Maisie she stated that as either a mother or a grandmother is older than the teenager it would not be acceptable to speak to them about sex.

Maisie: No[I didn't] because I live with my Granny

Interviewer: Does that make a difference?

Maisie: Oh yes, she's old.

Interviewer: So if you lived with your mother would you speak to her about sexual matters?

Maisie: [Laughs] No, she's also too old to talk about those things. It's not right.

As much as the parents do not speak to the adolescents some of the teenagers are uncomfortable having their mothers speak to them about sex as in the case of Rose. The age is still a concern but from the daughter's point of view as described below in the dialogue

Rose: My mother spoke to me about it but I don't want to speak to her about it

Interviewer: Why is that?

Rose: I feel uncomfortable. I would rather speak to my sisters or my cousins 'cos my Mum is too big already. I don't want to talk to her

Interviewer: So rather your sisters or you cousins?

Rose: Or my friends.

Epstein & Ward (2008) state that it is often assumed that parents are the principal communicators of sexual information but adolescents report the primary source of information is through peers, media and a formal setting (school). As confirmed above, Rose said she would seek information from her sister, cousins or her friends which are her peers. Minnie was another teenager who stated that if she needed to ask a question she “*would rather go to a friend because she is closer to me*”. Some of the teenagers rely solely on the formal setting of the Life Orientation lessons and other peers in the classroom asking questions enabling others to learn as described by Lucy and Dawn.

Lucy: Some of them do ask questions but I am listening. I am too shy to speak. I learn from the other learners.

Dawn: We ask the teachers so we can learn.

The authors state that the media was the most dominant form of gaining information on HIV/AIDS, STIs and condoms. Fifty one percent of the study's sample group reported acquiring knowledge from peers, partners or family (Epstein & Ward, 2008: 113). When enquiring from the teenagers if they would discuss sex with their partners, Lucy implied that they should know all these things as it was their body so therefore it would indicate ignorance on her part.

Several studies have found strong links between parent/adolescent sex communication and adolescents' protective behaviour (Cosby et al, 2008). Adolescents not receiving sex education from parents were normally at greater risk with regards to the number of sexual partners, the negotiation of condom use and prevention of HIV before sexual intercourse. Those receiving on-going sexual communication from parents may be representative of a much broader range of conversation that adolescents and their parents engage in, in relation to sex and sexuality (Cosby et al, 2008). The protective benefits were far higher than a single conversation between parents and adolescent as described in the research conducted by Cosby et al (2008). Mandy's story is a good example of the Cosby and colleagues study. Her mother did not talk about sex until she began her menstrual cycle. Her mother believed the time was now right to 'warn' Mandy but she did not give her any protective benefits of having had continual communication on sexual topics.

My mother and I did not normally talk about sex but when I had my first period she told me that if I slept with a guy I'm going to get pregnant - this she told me the first time I'm having my periods. Then she told me when you see teenage pregnancy on TV or in newspapers you see you must learn from other people's mistakes and learn from their mistakes.

There was no real education for Mandy to gain knowledge. There was no message given about preventing pregnancy through the use of condoms or other forms of contraception as sex is presented as offensive. In line with Mkwana (2010), Mandy's mother reacted within the norm of Black culture because when a girl reached menarche she was merely told by her mother or another female relative 'not to sleep with boys'. Sex was dangerous. This maxim actually meant 'do not become pregnant'. Although some young women are informed of an association between menstruation and pregnancy, their understanding of the nature of the relationship remains vague. Most often young women are cautioned to stay away from boys, meaning that abstinence rather than contraception is stressed (Macleod (2010).

4.3 School Education

Teenage pregnancy has been associated with disruption in schooling. This section examines the findings on school education and how the experience of pregnancy affected

the participants' education. School registration is generally viewed as protective, providing a structured situation in which children receive support and develop their potential and knowledge (Grant & Hallmark, 2006). The authors state that some evidence from less developed countries indicate that adolescents who are enrolled at school are less likely to be sexually active, more likely to use contraception and thus less likely to become pregnant. Pregnancy and childbearing are considered as frequently the most serious causes of school disruption, particularly in high school and create risks for academic success amongst female learners. The participants aged between 15 to 18 years of age were all registered at the Annisville high school with one exception; Sally had dropped out of school due to being pregnant but that was owing to her aunt de-registering her from school. The remaining girls were attending classes from Grades 9 to 11. Their education had been disrupted in as far as they took a maximum of a month off school for their confinement but returned to school to continue with their schooling. Lucy was still to have time off school to give birth to her child.

When discussing the idea of disruption to their education due to their pregnancy, the teenagers remaining in school had varying amounts of time away from school but at no time ever considered dropping out of school. Susan told me *"I never stopped. I gave birth in the school holidays in the January"*. She continued attending school to the end of the school year. Minnie stated that she only had a month away from school. She further declared that *"nothing changed. I went to school. I never went to clubs before"* in response to being asked if anything changed in her lifestyle once she became pregnant. Daisy was another learner too who had a month away from school at the end of her pregnancy and during her childbearing. During the interview I asked her why she did not take a full term off which would be the equivalent of maternity leave in the workplace. Her response to this was *"No that's missing too much school. I can't"*. Rose was a further learner who was fortunate enough not to loose any schooling during her pregnancy

No I wasn't off school. I came every day. School closed in June and that month I got the baby. It was the time of the Soccer World Cup so when school opened I was back again

Madhavan and Thomas (2005) enlighten us that there is a broadly held belief that education is the means to success in post apartheid South Africa. For these participants education is important for their future lives enabling them to find fulfilling and stable employment. Nancy pointed out to me during our talk *“you must stay at school. If you think about it, you must think about your future. If you leave school how are you going to get a job to look after the baby?”* Mandy is determined to study law at the University of Cape Town after passing her Matric examinations next year so that when she is qualified she can provide a better life for both her mother and son. She also explained that young women *“must put their education first because if they don’t have an education they are going to end up on the streets selling fruits and veggies and stuff like that”*. Mandy wants to establish a career rather than eking out an existence due to lack of education. Several of the teenagers anticipate studying at university; others at college or through National Defence Force colleges.

In the HSRC report of 2009, it was reported that pregnancy followed after dropping out of school. School attendance deteriorated through poor achievement and repetition of grades (Panday et al, 2009). This was not evident in my study. One of the participants did drop out of school but not through her choice. Sally who dropped out of school when six months pregnant described the circumstances to me in the following conversation

Interviewer: Were you still at school when you were pregnant or had you dropped out before then?

Sally: I was at school

Interviewer: Why did you leave school?

Sally: My aunt said that it was not right for a teenager that was pregnant to be at school. So the next day when I went to school the teacher told me that I was not part of the class any more. They did take me off the list.

Interviewer: Do you see yourself going back to school?

Sally: Yes

Interviewer: When will that be?

Sally: Next year for Grade 8.

Sally, like the other participants, visualises completing her schooling and then studying through a tertiary institution to become a teacher. To achieve her goals she will apply for a bursary so already has thought of the future even though she has had a disrupted education. Nellie repeated Grade 10 twice but did not drop out of school through poor performance as the literature often indicates. She became pregnant but continued with her school education progressing into Grade 11.

4.4 Contraception

In my exploration of contraception use amongst the sample group, the first discovery was the disparity in the meaning of contraception. Firstly, the word contraception was not understood

Nancy: What is contraception?

Interviewer: Like the injection or the pill

Nancy: Oh prevention. Yes the injection - 3 months.

During the interviews if I enquired if the participants used any form of contraception when becoming sexually active I was told “No”. However, it was evident from the language used that the word linked to condoms was protection rather than prevention. A few of the participants were using condoms prior to becoming pregnant but were not using any form of hormonal contraception. Tami, the Ante Natal Clinic nursing sister used Family Planning when speaking about contraception or prevention of pregnancy.

Wood & Jewkes (2006) inform us that research shows that many young South Africans engage in sexual risk-taking, as well as early sexual activity, unprotected sex and low levels of condom and contraceptive use. During the interviews it was evident from their stories that their pregnancies were unplanned as described by Carol due to lack of condom use or contraception.

Interviewer: Before you became pregnant were you using any form of prevention?

Dawn: No

Interviewer: Was there any reason for that?

Dawn: No

Interviewer: Condoms?

Dawn: I really didn't think that I was going to fall so easily. It was my 18th birthday and I really didn't think that I was going to get pregnant.

Interviewer: Are you using any prevention now?

Dawn: Yes I am. The 3 months.

Later on in the conversation I discovered that Dawn and her partner had been sexually active for a year without using condoms before she conceived, resonating with the findings of MacPhail, Pascoe and Rees (2007) who state that contraceptive use was coupled with having been pregnant beforehand. Furthermore, teenagers were more likely to state using hormonal methods such as the injection rather than condoms compared to those adolescents who had never been pregnant (MacPhail et al, 2007). All the participants were using either the two month or three month injection with the exception of Lucy who was six months pregnant. However, it was her intention to use some form of contraception after delivering her child.

The lack of use of condoms was concerning considering the increased risk of HIV/AIDS as well as resulting in pregnancy. In addition, the study conducted by Marteleto, Lam and Ranchod (2008) in South Africa, Coloured females reported the lowest users of contraception; particularly condom use. This is corroborated by the participants in this study. Furthermore, the question of trust becomes a significant aspect in the lack of condom use in longer term relationships (MacPhail et al., 2007). Lucy fits into this description as indicated by this insert

Interviewer: Did you become pregnant the first time you had sexual intercourse?

Lucy: No. I had been sexually active for awhile before I got pregnant

Interviewer: Were you using any protection?

Lucy: No

Interviewer: Was there any reason why you didn't use anything?

Lucy: Because I did trust him

Interviewer: And he didn't want to use anything either?

Lucy: Yah

Interviewer: Do you think that you use condoms as prevention against disease only or also pregnancy?

Lucy: *Just for disease*

Interviewer: *Didn't you want to prevent becoming infected with a disease during intercourse with your boyfriend?*

Lucy: *He told me he was Ok*

Interviewer: *So you weren't worried?*

Lucy: *As I said before, I trusted him*

Trust was the key issue for Susan too. She did not use any condoms or contraception before becoming pregnant “*I asked him once [laughs] and he told me he wasn't a player so I trusted him and then I fell pregnant*”.

Salo (2002) argues that if adolescent sexuality is viewed through the lens of personhood, perceptions emerge about why youths' sexual practices contradict their knowledge about safe sex. Personhood is defined as being a socially recognised agent-in-society (Fortes, 1987 cited in Salo, 2002:404). More significantly, birth control sounded a warning about core values within the community regarding the importance of biological and social reproduction (Salo, 2007).

Another argument relating to the lack of use of hormonal contraception or condoms put forward by Wood & Jewkes (2006) is that of the attitude of the nursing sisters at the clinics. In a study carried out, the adolescents stated that the nurses would not supply contraception until the young women had answered “funny questions” regarding if they had a boyfriend, why they were sexually active at such a young age and if they had informed their mothers. The teenagers who refused to answer the questions were reprimanded and made to feel ashamed and guilty (Wood & Jewkes, 2006). Stigmatising adolescent sexual activity was an obstruction to availing contraceptive services at the clinics. However, the nurses did not classify their actions as causing the reinforcement of the stigma. Requesting contraception was equivalent to public admission of sexual activity.

Contrary to the findings described by Jewkes and Woods (2006) the participants in my research found the nursing staff at the Annisville clinic to be most helpful both during

their pregnancies and when attending the family planning clinic after childbearing. The question that I asked the participants was

Did you find the nurses friendly when you went to the clinic?

The other question that I put to them was

What was the attitude of the nursing staff when you went to them about prevention?

Nellie told me that they were friendly and would tell her where the baby was lying pointing out to her where the feet were and where the head was. When I asked her if they were cross because she was young and pregnant she said

Ah uh - no. But only the other ladies because you mustn't wear jean pants with a snap.

Minnie informed me that the sister at Annisville clinic treated her well and was very helpful - *"They were telling me what was happening to the baby, how we're doing"*.

After Mandy had delivered her son and she returned to the clinic for advice on contraception she said that the sister explained everything to her without scolding her in any way. Mandy said

They asked me which one did I prefer; drinking the pills, the injection or didn't I want to prevent at all. Then they gave me the information like the injection is for 3 months. I come again on the third month. The pill they told me that if you take it each day at 7 o'clock. I told them no I'm gonna forget so the injection is the one I'm going to take.

During my conversation with Tami, the ante natal sister, she emphasised the fact that the sisters want to be helpful and give the information to the teenagers *"to make sure they don't make a mistake again"*. She explains that there are different forms of contraception and that if one type is not suitable and has side effects, the adolescent can change to another one. However she was most insistent that the teenagers still needed to use condoms but in her experience this was not happening.

The only story of a 'scolding' nurse was from Carol during her private hospital stay. She was admitted to a private hospital where she had an emergency caesarean section. She told me

I could hear them gossiping - “Yah she is only 19 years but she is having a baby at this private hospital. Her mummy should not allow her to get a baby at a private hospital. She should be at a government hospital”. I told my mother and she said to them it was her money not theirs that she was spending.

The visits to the Annisville clinic sisters for her monthly check-ups were unproblematic; so too were the visits to the family planning clinic for hormonal contraception after the birth of her son.

4.5 Relationships and becoming sexually active

This section discusses the type of relationship in which the teenager was involved and the reason for becoming sexually active. Peer- pressure has been put forward as a key factor in early adolescent sexual debut and risky sexual behaviour. Lesch and Brembridge (2006) note that the desire to have sexual intercourse was described as an occasion that tied in with their need to fit in with their friends. Recently, however, this assumption has been challenged according to Nahom et al. (2001, cited in Lesc & Brembridge, 2006). It is consequently uncertain if, how and to what extent peer group pressure currently influences risky sexual behaviour. Susan, one of the participants in my study told me that she had become sexually active because *“I wanted to be accepted by my group of friends”*. Maisie was another teenager who disclosed becoming sexually active due to peer pressure. In that way she would be accepted amongst her group of friends. Although both teenagers alluded to peer- pressure as the reason for becoming sexually active, they made a conscious decision of their own to engage in sexual intercourse.

Trina, the Life Orientation educator, stated that during the lessons with the Grade 10 learners she goes into depth about sexual behaviour. She believes that it is at this stage of their schooling that they are having serious relationships

We really go in depth in Grade 10 because that’s where they start having affairs, ah, relationships let me say so we try and structure lessons in such a way that sex doesn’t mean love. Some of them are just looking for love because they don’t have parents. They feel neglected and they end up with older people and the older people take advantage of them.

This explanation by Trina correlates with the findings of the study conducted by Van Staden and Badenhorst (2009) amongst South African university students. They noted that in a number of cases male students will use false 'expressions of love' in order to procure unprotected sex with female students. During my interview with Charlie we were discussing becoming sexually active and it was evident that she had merged the meaning of sex and love as described in the following excerpt

Charlie: The reason[for becoming sexually active] was my mother and father were having problems at home and it was when they were fighting, I was in the middle of them. So that's why I became sexually active.

Charlie: [I wanted} somebody who wouldn't be shouting

Charlie:[But} he found another girl

Charlie: [I felt] Um used and ...

Sally, too, said that she had become sexually active due to problems at home but was unwilling to add any further detail to the family situation.

Jewkes, Vundile, Mofarah and Jordaan (2001) noted that when discovering that their boyfriends had been unfaithful, the most common response among their respondents was that they had done nothing. However, Charlie, a participant in my research was in a relationship with a young man of twenty five years of age. She confronted him about the other girlfriend when she was pregnant. When he insisted on terminating the pregnancy Charlie ended the relationship and continued the pregnancy without his support. She used her agency to make a stand as she believed that abortion morally wrong.

The participants told me during their interviews that they had not been coerced into sexual intercourse by their boyfriends. Van Staden and Badenhorst (2009) inform us that many women, particularly younger females, are unable to refuse unwanted sex or negotiate protection from pregnancy or STIs because they fear retribution. Nancy had been in a relationship with her boyfriend for fifteen months before engaging in sexual activity. She informed me that the reason was not due to peer- pressure or that her boyfriend had forced her. It was "*because of the relationship they were in*". When I probed into the type of relationship that they had, it was evident that he was domineering.

If she requested him to use a condom his reply would be “*Ah man, I don’t want to use them*” but no reason would be given. Nancy was unable to make any decisions in the relationship which made her feel “*very, very sad. It feels like you want to talk but then its better to keep quiet. I don’t like fighting*”. It appears as if this could have been coercive sex as Nancy’s partner would refuse to use a condom but would continue with sexual activity. Van Staden and Badenhorst (2009) refer to young women like Nancy as being unable to refuse unwanted sex. The relation ended when she asked for supplies for the baby after the birth of her son as her mother was unemployed. He never arrived at the house and she has not seen him since the telephone conversation.

Many of the participants expressed that when they became sexually active “*it just happened. I don’t know why*” (Patsy). Mandy said the same thing and Daisy added on “*I don’t really know what happened*”. Minnie’s disclosure was slightly different in that

Minnie: *None of my friends were sexually active. We were in a relationship for quite some time, about a year and a half so initially I thought it was the right thing to do. I was the only one that was sexually active with him - no-one else*

Lesch and Brembridge (2006) argue that the planning only goes as far as creating the situation for sexual intercourse to occur. No mention was made of planning for a safe sexual encounter. Most of the participants during the interviews stated that they did not use condoms and did not insist that their partner use one if they wanted to have sexual intercourse. This is in line with the findings of the study conducted by Marteleo, Lam and Ranchod (2008) as discussed in Section 4.4. Nellie told me that they used condoms in the beginning but “*sometimes, you see when you go to the clubs, then we don’t use them*”. Carol had been in a long standing relationship with her boyfriend and had been sexually active with him for “*only 12 months*” without the use of condoms. Her reasoning was that “*I really didn’t think that I was really going to fall so easily*”. Patsy revealed that she become pregnant on sexual debut and no form of protection or prevention was put in place even though she had been in a permanent relationship.

Daisy was another participant that had been in a relationship for nineteen months and had not planned for their first sexual encounter. The conversation went as follows:

Daisy: *It just happened. I don't know what happened really?*

Interviewer: *Were you using any form of protection, contraception, condoms?*

Daisy: *No, nothing*

Interviewer: *Weren't you worried about being infected with one of the STIs?*

Daisy: *Mm, I guess so*

Interviewer: *If you asked your boyfriend to use a condom would he use one or not?*

Daisy: *Yes he would use one*

Interviewer: *Did you ever ask him?*

Daisy: *No I didn't*

Interviewer: *What was the reason for that?*

Daisy: *No reason.*

Trina, the Life Orientation educator, did not say anything about the adolescents not planning for a safe sexual encounter but rather that the teenage girls know that they should be using condoms but do not insist on them for fear of losing their partner to someone else.

From what is said in class they know they should use it but they feel like if he doesn't want to use it they shouldn't because he is going to leave them and find someone else. They feel that no they can ask but they are not going to chase the issue in case he leaves.

Tami, the ante natal nursing sister confirmed this notion. Van Staden and Badenhorst (2009) confirm that fear of rejection may cause learners to engage in unsafe sexual practices. In addition, they said that learners felt uncomfortable discussing issues related to sex or HIV risk with their partners. This was evident in Lucy's conversation when talking about sex education

Interviewer: *Do you ask questions and talk about the topics?*

Lucy: *Some of them do ask questions but I am listening. I am shy to speak. I learn from the other learners.*

Interviewer: *Would you ask your boyfriend about it?*

Lucy: *Mm, maybe; I'm not sure*

Interviewer: *Why wouldn't you?*

Lucy: He might be thinking why am I asking?

Interviewer: I am just trying to understand why you can't ask him

Lucy: Ag, it's my body so I should know.

4.6 Disclosure of pregnancy

In each interview with the participants I was interested to ascertain the circumstances surrounding the disclosure of their pregnancy and the different reaction depending to whom was being told. Mkhwanazi (2010) states that when a black South African teenage girl suspects that she may be pregnant, she keeps silent about the fact for as long as possible. The public knowledge of the pregnancy often began when a family member accused her of being pregnant. The teenager would deny it and only when the adolescent tried to challenge the accusation that the pregnancy was exposed. Often the family only found out about the pregnancy in the second trimester. The disclosure of Mandy's pregnancy follows this example when her mother and brothers found out.

Mandy: At first I was too scared to tell her. I only told my Mum when I was 6 months pregnant but I denied it but she could see it. It was on a Sunday when my brother came back from work. She told my brother that I was pregnant. My brother is a paramedic and said that I must open up there and then he told my mother "yah, she is pregnant".

Mandy: Yah it was very[scary] but I felt when they found out that I was pregnant that I got relief that finally now they know and I must face the consequences if they are going to be angry. My mother was the one that supported me mostly and my other brother. My first brother was very angry. It took him 2 months before he would speak to me.

Mandy: It was very hard. It meant that I wrote him letters, I sent him SMSs just saying "please forgive me" but at the end he did even though he was disappointed in me.

Mandy was on the receiving end of patriarchal power that Campbell and colleagues (2008 cited in Jewkes and Morrell, 2012) refer to when she was asking her eldest brother for forgiveness. The consequences that she speaks about would be the social stigma of a teenage pregnancy and the shame the pregnancy brings to the family.

The other consequence that Mandy speaks about is the day that she had to face the congregation at the church that she had been attending with her mother. Pre-marital sex was deemed to be a sin so therefore “sex was danger” as described by Beasley (2008:154; Vance, 1984 cited in Bhana & Pattman, 2011). Her mother came home crying and angry as the church members had challenged her mother about keeping Mandy’s pregnancy a secret. As a result Mandy had to go back to church

Normally at church you have to confess in front of everybody and tell them that you have sinned and stuff like that. I went and told the church that I had sinned and had a child before I got married and please could they forgive me and have peace. It doesn’t mean that if I have a child now that I’m a grown up, I’m still a child. If they gonna shout at me and give me advice they can. Everything went well

Mkhwanazi (2010) also noted that when a teenage pregnancy transpired the mother was often blamed as the pregnancy signified that the mother had not succeeded in teaching her daughter how to behave appropriately. In Mandy’s case “*they were judging my mother. I told the church my mother did tell me*”.

Family reactions differ and many teenage girls fear the response of families to their pregnancy; some are punished for it and also experience stigma in the community (Varga, 2003 cited in Jewkes et al, 2009). This was evident in the conversations with the participants. One of the common threads was one of “*disappointment*” amongst the families. Lucy was punished as well by her family. She had told me during the interview that both her grandmother and her boyfriend’s mother were disappointed at the news of the pregnancy as they were both “*so young to be having a child*”. Lucy’s boyfriend was also still attending school. On hearing of Lucy’s pregnancy, the grandmother stopped talking to her which made Lucy’s “*heart sore*”. However, Lucy continued talking to her grandmother and “*then one day she was just talking like normal*”. Carol’s mother was also angry and refused to speak to her for a month.

Minnie’s parents were so angry on hearing of her pregnancy that her mother insisted on her undergoing an abortion. This was the response

Minnie: *They were very angry about it. She told me that I was supposed to have an abortion. I had never planned on doing it so I told them no so they didn't speak to me for 5 months.*

Interviewer: *Both your parents?*

Minnie: *Yah*

Interviewer: *That must have been very hard for you living in the same house with them not talking to you*

Minnie: *Yah it was*

Interviewer: *How did his parent's react?*

Minnie: *They were angry at first before they accepted it. They said I was still at school. It was not right but it was not something that we had planned, it just happened.*

For some teenage girls, the fear of disclosing the pregnancy to their partner was as frightening as was the response of their parents. When Maisie was two months pregnant she informed her boyfriend of her pregnancy. His reaction was “*How do I know that it's my baby?*” It did not make a difference to him when she reminded him that “*you're the only guy that I'm dating at the moment*”.

Mkhwanazi (2010) has noted that within African culture, once the pregnancy was confirmed the girl was instructed to name the father and an attempt was made to claim *inhlawulo* (damages payment). During my interviews with the participants in Annisville, no reference to *inhlawulo* was ever made although denial of paternity occurred on several occasions. The father's family of Maisie's baby said that they would wait until the birth of the baby before accepting that it was their son's child. They needed to see if a resemblance was established as described by Mkhwanazi (2010)

Maisie: *Everyone was fine but the father of the baby, his sister, she was rude to me. She said “how do I know 'cos I'm a Coloured and Coloureds have a lot of boyfriends so how do I know that it's her brother's baby”?*

Interviewer: *What was his parents' reaction?*

Maisie: *They didn't say anything. They said they will come when the baby is born. I must let them know and then we'll see if the baby is theirs or not. They did come.*

Interviewer: *Have they accepted the baby?*

Maisie: *Yes they have. They say it looks like him*

Despite acknowledgement of the baby, Maisie receives no financial support from the father or his family. Charlie tells a similar story where her boyfriend denied paternity but once his parents saw the baby aged three months they turned to him and said “*can you see how the child looks, just like us. There is nothing you can do about this*”. They have agreed to financially assist Charlie but she has her doubts. No agreement of a damages payment was discussed.

Sally's fear was more towards telling her boyfriend rather than her family as she was concerned that he would deny paternity; she therefore, waited until she was in her last trimester of her pregnancy. When she did disclose the pregnancy he initially told her he would assist her. At the time of the interview, Sally's daughter was two months old and she still has had no contact with the baby's father although he has never denied paternity. His mother financially supports Sally wherever possible by purchasing disposable nappies and offering to care for the child.

Carol was luckier than Minnie, Maisie and Sally because her boyfriend would not accept paternity initially when she disclosed that she was pregnant. He told her that “*he wanted nothing to do with the child*”. However, when Carol was six months pregnant he commenced visiting her again and purchasing objects for the baby and his attitude changed

When she requested her partner to use a condom his response was “*why must I use it with you?*” If she pursued the matter he would not answer her; ultimately they had unprotected sexual intercourse resulting in her becoming pregnant. He left her on disclosure of the pregnancy

4.7 Abortion

Varga (2002) cites Schapera (1940), Longmore (1959), Barker and Rich (1992) and Maforah, Wood and Jewkes (1997) as stating that there is an assortment of reasons which lead to pregnant teenagers contemplating abortion. These include poverty, social stigma surrounding the pregnancy, fear of parents' reaction to pre-marital pregnancy as well as abandonment or refusal of paternity by the partner. Since 1997 termination of pregnancy has been available on demand within the first trimester in South Africa. During the interviews the question of abortion was addressed as an option rather than continuing with the pregnancy. The act of obtaining an abortion carries the double stigma of two socially intolerable acts-the girl's becoming pregnant and her choosing to have an abortion in response to the pregnancy (Varga, 2002). Trina, the Life Orientation educator corroborates the social stigma attached to abortion as discussed by Varga (2002). In Annisville, abortion is looked upon as disgraceful so consequently the person is ostracised if it becomes known that she has had an abortion. According to Trina, adolescents will consider the option but will never speak about the action if it is one that they have taken.

Trina: Ah, the thing that comes out in this community is that girls are very shameful of it and it is a big, big thing. It is a shameful thing to do. If people find out that someone has had an abortion that person is out; you should rather have the child so the girls are not very open about that. It seems like the parents don't encourage it.....

Many girls are going for abortions but it is never spoken of. There are those that consider it and those that do it but NEVER spoken of. It is done in secret. Some of them still go to these unsafe abortion places - back street places. So they don't come to school with a doctor's note or anything. They are not open.....

[However] If they come to us or me for advice I will definitely give them advice because like we do in class, we discuss all the options.

For some of the participants in my study the response was an out right "No"; abortion was not something that was even considered. Their partners sometimes were part of the decision. For others, the option had been considered but from a moral grounding, the teenagers could not go through with it as they believed that they were 'taking an innocent

life'. Patsy had considered obtaining an abortion but could not go through with the procedure

Interviewer: When you discovered that you were pregnant did you ever consider having an abortion?

Patsy: Yes I did

Interviewer: What made you change your mind?

Patsy: I went with my cousin to the abortion clinic and right there I decided I couldn't do it. I couldn't kill the baby [Nervous laugh]

Interviewer: Was it something you discussed with your boyfriend?

Patsy: Yes I did

Interviewer: What was his feeling?

Patsy: He didn't want to but he thought about my education and everything

Interviewer: Was it something you discussed with your parents?

Patsy: No. I hadn't told them

Daisy also said that she "couldn't kill an innocent child". Charlie believed that "I should be jailed for murder because it is taking a life". Her circumstances were different because she had not considered the abortion; it was her boyfriend who had insisted on the procedure.

Yah. I told him at the first time and he told me I must make an abortion and he gave me R400. I told one of my friends. I told her all the stuff because she was my closest friend and we ated the money.

She ended the relationship over the issue of the abortion and on discovering that he had other girlfriends. She also used agency in this situation as she did not allow her boyfriend to force her to terminate the pregnancy and because he was 'involved' with other women.

Tami, the ante natal nursing sister, informed me that municipal clinics do not conduct abortions but they refer the teenagers to a government hospital for the procedure to be completed at no cost. When questioned about a payment involved for the procedure, Tami confirmed that it would not be at a government facility. Carol told me during our conversation that she had considered an abortion but when she went to the clinic the charge was R350-00. She could not afford the cost; her boyfriend would not finance the

procedure so she did not go through with having the abortion. Her not having the abortion was on financial grounds rather than on moral issues as with the other adolescents. The procedure is completed surreptitiously in unsafe 'back street' abortion clinics. Bearinger, Sieving, Ferguson and Sharma (2007) confirm that 15-19 year olds comprise 25% of all unsafe abortions in Africa.

Maisie was fifteen years of age when she confirmed her pregnancy. She informed her boyfriend of the pregnancy who then questioned the notion of being the father. Maisie explained to me during the interview that abortion "*was the first thing I thought about*" but she changed her mind because she "*felt like no I shouldn't*". It was never discussed but the relationship with her boyfriend did not continue and he denied paternity. His family only accepted the child after she was born and they could see that she resembled her father. The circumstances fit into those described by Varga (2002) for considering an abortion.

Minnie was in a different position to the other teenagers regarding an abortion. She did not consider an abortion when she discovered that she had conceived. When she disclosed her pregnancy to her parents, it was her mother who insisted that she should have an abortion as her parents were very angry about the pregnancy

No I didn't [consider an abortion] but my Mum was the one who did consider it. She told me that I was supposed to have an abortion. They were very angry about it (the pregnancy). I had never planned on doing it so I told them 'no' so they didn't speak to me for 5 months.

It was interesting to learn from the adolescents how they used their agency when considering the option of an abortion. Although none of the participants went through with the process they did not allow anyone to force them to have an abortion. Minnie endured the silence of her parents rather than undergo the procedure; Patsy went as far as going to the abortion clinic but changed her mind herself. Her boyfriend did not wish for her to go through with the abortion. Charlie knowingly accepted the money from her partner without the intention of procuring an abortion even though he insisted.

4.8 Motherhood

This section examines motherhood and the difficulties attached to motherhood for learners. It has been argued that teenage motherhood is related to an array of negative health outcomes resulting in higher rates of obstetric complications, neo-natal mortality and low birth weight babies (Treffers et al, 2001; Gilbert et al, 2004; Chen et al, 2007 cited in Brehehny & Stephens, 2010). Tami, the ante natal nursing sister at the municipal clinic in Annisville confirmed this by stating

Most of them do have complications. Their bodies are small and they have this big baby. Most of them will bleed after. After the delivery they will bleed a lot, get infections and other complications, severe loss of blood is the main thing.

However, this was not evident within the sample group in my research study. Most of the teenagers were admitted to the Maternity clinic in the area or the Government hospital servicing the area where they delivered their babies and were discharged within a matter of hours - certainly within twenty four hours. There were only two participants who reported different experiences. Carol had an emergency caesarean section and was only discharged after four days of hospitalisation in a private hospital as her parents were members of a medical aid scheme. Minnie's experience was as described by Tami

Actually I collapsed after I gave birth from loosing too much blood.

Mkhwanazi (2010) noted in the township being a young mother can be difficult and shameful. This thread of thought ran through the participants' interviews. Nancy told me *"It is very tough having had the baby. You can't study, you can't sleep at night"*. Patsy's mother helps her with the baby if she cannot control the baby.

It is difficult. I don't have time for myself. If ever I want to lie and relax, I can't do that. And like coming home from school I have to look after her and do my homework which is stressful.

Daisy said that it was not easy being a mother and she would tell others

It is not a nice way to go through because if you fall pregnant most of the guys just leave you like that. You wouldn't be able to grow the child up. And the pain if you gat a baby, it's not some play thing to get a baby.....It's not easy and it's not east to grow a baby up.

The contradiction in terms of adolescent sexuality is apparent where teenagers are represented at the same time as sexual (an adult role) and ignorant (as a child) (Macleod, 2003). Dawn told me during her interview that being a mother so young was “a *bad thing as I’m not ready to be a mother. I’m too young*”. Charlie, too, saw motherhood as being difficult because she still viewed herself as a child even though she had produced a child. She divulged during the interview that she still “plays” at home and at school - not the behaviour one would expect of a mother. Through her experience of pregnancy and motherhood, Charlie would advise other adolescents

Don’t go for being pregnant. It’s really not worth it. You may stress. You get your stresses. My child doesn’t have this and my child doesn’t have that. What must I do now at the moment?

Maisie, like Charlie, had similar notions on motherhood which she spoke about in her interview. She told me that she was sad when she discovered that she was pregnant because

I’m still young and now I’m going to have a baby. Like I’m a child but I have to be an adult, how can this be?

Owing to their experience of pregnancy and young motherhood, the participants were each asked during their interviews what message they would give to other learners in their school. The general theme was not to engage in sexual intercourse until the learners had completed their education because it was difficult to be a mother and to study at the same time. Mandy stated that

Yooh, it is hard having a child and studying because sometimes if you are studying he will reach up and you have to give him your full attention. Then by the time he sleeps you are also tired and want to sleep and you don’t want to study. This is where the problem starts. They must learn from our mistakes. They must put their education first because if you don’t have an education they are going to end up on the streets selling fruit and veggies and stuff like that. Don’t repeat the mistakes that we did.

Minnie’s advice was similar,

They shouldn't be hasty about wanting to have sex. It all comes about in due time. They must finish school first and see what life has for them. Maybe when you have a baby you are limited and won't go far as finding a career because of responsibility so they should use this time of their lives.

Another difficulty for the young mothers appeared to be keeping up with their scholastic requirements at the same time as the responsibility of motherhood. Nancy reflected that “it is very tough. I’m studying at night but in the afternoon I’m looking after the baby so my mother can have a rest”. Minnie stated that with her school work she tried to work as efficiently as possible but at times she had to stay up late to complete all her tasks.

Then at home when I do homework and I do it because sometimes my Mum goes on at me having to work after 9. So I do just what I have to do in that time so I can be done. I do manage to get it done but sometimes I do have to stay up late to get it done.

Her difficulty was coping with the lack of sleep with her three month old daughter.

4.9 Childcare

Parenting learners face the difficult choice of prioritising their childcare or their studies unless they have familial support (Grant and Hallman, 2006). The authors note that data from South Africa implies that the availability of support in caring for a child and policies that allow a young mother to return to school following childbearing assist continued school attendance. The participants in my study had familial support in varying degrees in the caring of their child with the exception of Sally and Charlie.

According to Mkhwanazi (2010), some mothers within the black communities punish their daughters by refusing to assist them with childcare, ensuring that teenagers experienced the difficulties of being a young, single mother. However, this was not evident amongst the participants. Mandy, declared that her mother takes care of the baby continually. The reason for this was

Normally what my Mum expects from me [pause]. Actually, it's her biggest dream is for me to finish school. Even though people who say they are disappointed in me at least they're gonna say at least she finished school even if she has a child but at least she has achieved. My mother says I must study and get a good pass so I can have a better life and give my son a better future also

During the interview with Nancy the question was put to her about being punished in any way for being pregnant and therefore not having any help with childcare as stated in literature. Her response was that she received a great deal of assistance from her mother in caring for her son. Dawn was another teenager who was 'lucky' in having little responsibility for caring for her baby. Her mother took full charge and the only time that Dawn was involved was when her mother went out and did not take the child with her.

Rose, whose child is now three years of age, confirmed during the interview that motherhood has not been difficult as both her mother and her boyfriend's mother constantly cared for her toddler

It's not like other mothers; they saying "it's not my child, it's your child". They look after her. It's like for me it's not my child, it's their child. It's like for other girls they want to go out and the mothers say "No look after your child. It's your fault you have a baby. It's not our child". With my mother and his mother it's not like that - it's their baby. My mother she pays for the crèche, she buys the Christmas clothes. Everything I want, I get it. Every month she goes out and buys me clothes and stuff. It's a normal life.

Tami, the ante natal nursing sister, is concerned that if the full responsibility of childcare remains with the mother or the grandmother, the teenage mother will not "learn a lesson from their mistake and she can make another mistake".

Although some of the participants were not being chastised by their families for being pregnant, they had to care for their child when returning home from school. Minnie's mother cared for the baby during school hours.

Minnie: She looks after him only when I am at school. I have to take him straight away when I'm home from school. I need to take care of him

Interviewer: And what happens when you need to do homework?

Minnie: Maybe if he's asleep I can or else if he's not sleeping I have to wait for the father to come and then he can care for him

Interviewer: And if he cries at night? Do you get up to him or your Mum?

Minnie: No I do

Interviewer: Over exam time, does your Mum help?

Minnie: Yes she does

Daisy, like Minnie, has to take full responsibility of her daughter when returning home in the afternoon from school. She too has to get up to her during the night and can only do her homework when the baby is sleeping. Maisie, also has to care for her own child after school. However, when she has homework to complete her Granny continues to care for her daughter until she has finished studying. On completion of her work, she resumes her responsibilities of childcare.

Charlie's circumstances were exceptional as she had no support from home in caring for her child. Whilst she was attending classes at school, her friend living next door minded the baby. The reason for this was due to her mother grieving the death of her own two and a half year old son. Charlie admitted that that her mother wants nothing to do with Charlie's baby. She is no longer in a relationship with the baby's father so does not have any assistance from his mother either. Charlie looked after her child when returning home from school in the afternoon. Sally had dropped out of school when learning that she was pregnant and had not returned to continue her studies after bearing the child. She was cohabiting with her two older brothers in Annisville having left her home where she was living with her step-sister's grandmother after returning home from the hospital after the birth of the baby.

4.10 Social Grant - Child Support Grant

In the report prepared by FinMark Trust in 2012(<http://www.finmarktrust.org.za>), it was reported that the average age of a recipient of the R280-00 child support grant was thirty four years old. Females made up 99% of the recipients and under half (45%) were below the age of thirty years. When interviewing the participants, it was discovered that five

child support grants were being received but not all of them were in the name of the teenager as they were not the primary care giver. Susan receives the grant for her one year old daughter but gives it to her aunt who cares for the baby on Susan's behalf. Nellie too receives the child support grant for her daughter and claims it in her name. When Nancy was asked about receiving the grant, this was her response

I do because my mother is not working so it helps although it is small. It doesn't help much. Still have to buy nappies and milk. There's no money for clothes.

Rose's mother receives the child support grant as she has taken full responsibility of the baby and is the primary care giver. As Rose commented

It's like for me it's not my child. My mother she pays for the crèche, she buys the Christmas clothes

Jewkes, Morrell and Christofedes (2009) point out that an identity book is required to obtain the grant and many young mothers do not possess one. For this reason, Sally's granny was receiving the child support grant for the baby. However, when I conducted the interview, Sally was in Annisville living with her two brothers in their home nowhere near the granny so was not benefiting in any way from the grant. Maisie was another participant who did not have an identity document as she had only recently turned sixteen years of age. Her grandmother who cared for her daughter received an old age pension and was not receiving the child support grant for Maisie's baby. Maisie said that she would apply for the child support grant

When I get the chance and I have an ID book.

Minnie has not applied for the grant but intends to once she completes her schooling. She is of the assumption that the process is time consuming; time that she does not have whilst attending classes at high school.

The child support grant was something that Charlie would not consider applying for her son

My mother is working and his parents are supposed to be supporting the child so it wouldn't be right 'cos there is money coming in. My Granny also gets a grant.

Daisy shared a similar sentiment with regards to applying for the grant

Interviewer: Are you going to apply for the grant?

Daisy: No, 'cos the father pays for the baby.

When Patsy was asked if she intended to apply for the child support grant her response was

Well I'm not supporting her. My mother and the father are supporting her. I was thinking of it but I think there's others that need it more than I do.

She did not take it for granted that as a young unmarried mother that she would automatically apply for social assistance. I concluded from these statements of Charlie, Daisy, and Patsy that the child grant was to be applied for by people that did not have financial support, unlike them whose families and partners were supporting the babies.

4.11 Peer education

Through global studies, peers appeared as the major source of communication on most subjects including sexual intercourse, contraception and dating norms and expectations (Epstein & Ward, 2008). In addition, peers also engaged in a reasonable amount of sharing of their individual experiences, as well as setting and checking norms.

In view of their experience of pregnancy and attending school as young mothers or soon-to-be young mothers, each teenager was asked during their interview

What would your message be to other learners in the school if the Deputy

Principal requested you to act as an educator?

The two main themes that were evident in the responses were firstly, finishing their school education was important for going into tertiary education which in turn would lead them to finding a worthwhile career. Secondly, sexual intercourse should be put off for as long as possible for several reasons. However, if a young girl was to become sexually active it was imperative that they used contraception ensuring that they did not become pregnant. Rose said

They must pay more attention to their school work and leave the boyfriends alone. If they have to have a boyfriend, do not give everything to them. Wait until they have finished school and school work before they start with the boyfriends. Do not take it seriously as they leave the girls pregnant. If they are at school they cannot

concentrate. At the end of the year he will pass and you will fail. So if they want to 'jol' they shouldn't be too serious.

Rose still had this to say even though she did not have to be the primary care giver for her child. Furthermore, she was still in a relationship with the baby's father and had considerable support from both her mother and the baby's father's mother. Daisy also wanted to tell the learners that if girls became pregnant it was not easy being a single mother as she believed that the young men would leave the girls and not accept responsibility

It is not a nice way to go through because if you fall pregnant most of the guys just leave you like that. You wouldn't be able to grow the child up. And the pain if you get a baby, it's not some play thing to get a baby. So thy must be careful with getting babies.

Patsy's message to other learners at school would be to "abstain. That way you stay safe". Maisie, like Patsy, was

Actually to abstain. Not to sleep with any guys up until you are 18. However, if they are sleeping with guys use condoms to be safe.

For two of the participants, their message would be not to become sexually active which could result in an unwanted and unplanned pregnancy which leads to regrets.

Lucy who was six months pregnant at the time of the interview disclosed

Lucy: *I would give them advice not to be sexually active now 'cos they would end up like me having a baby and regret it also*

Interviewer: *Can I assume from that, you regret having this baby?*

Lucy: *Yah I do. I was not planning this to happen so early in my life*

Interviewer: *You tell me the baby is unplanned Is it also unwanted?*

Lucy: *What can I do? It is not if I want or not want. I must have it and feel the consequences.*

Charlie was adamant that teenagers should not become sexually active

My experience, I will tell them don't go for being pregnant. It's really not worth it. You may stress. You get your stresses. My child doesn't have this and my child doesn't have that and what must I do now at the moment?

Kidger (2005) noted that the young women acting as peer sex educators considered the other learners as still children and positioning teenage sexuality as dangerous. The participants in my study also referred to the learners that they would speak to as ‘children’ or ‘boys’ rather than men. Carol said

Children at school should not be having sex. They should not let men fool them and open their legs when they tell them they love her because when they get pregnant it is very hard. It is not going to be easy even though your mother will help. It is your job and responsibility.

Sally’s message was not as harsh but her advice was “*not to be sleeping with boys if you’re not ready*”. She admitted that motherhood was difficult when you are young. She had dropped out of school because of her pregnancy.

4.12 Educator’s response

Bhana, Morrell, Shefer and Ngabaza (2010) inform us that educators in South Africa are assumed to offer support, address social inequalities and provide direction on issues such as gender, sexuality and pregnancy. Furthermore, many educators consider the presence of pregnant teenagers and young mothers as a threat to the combined academic achievement of the class and class accord. Trina, one of the Life Orientation educators at the Annisville high school believes that as a ‘support body’ the learners could turn to them for assistance.

Interviewer: *With being the Life Orientation teacher, would the teenagers turn to you as a teacher or in a personal capacity about pregnancy?*

Trina: *Yes. The Life Orientation teacher and the class teacher that they feel comfortable with. Sometimes it isn’t even their own teacher. Often we know long before the parents. They know we won’t judge them like parents do.*

Trina also said that if an adolescent was to seek advice about an abortion she would assist her in this matter too

If they come to us or me for advice I will definitely give them advice because like we do in class we discuss all the options. We teach them that you cannot make an

informed decision without having all the information so we discuss them. I have never had anyone come to me.

It was a concern of Trina's that the boys at the school are "*equally sexually active*" but do not have to suffer any of the consequences of their actions

It is just unfortunate it is the girl that falls pregnant and everyone can see. I think last year they did a study and they asked the boys how many of them had children. There were quite a few that were fathers but as they don't fall pregnant you can't see and they don't miss out on school.

This is verified by Jewkes, Morrell & Christofides (2009) (cited in Bhana et al.2010) who argue that gender and the effects of social and cultural power are complexly linked to the experience of pregnancy and parenting.

Mandy stated in her interview that she was anxious about returning to school at the commencement of the New Year as she was uncertain of the reaction by the educators to her pregnancy

Mandy: *On the Sunday I told my Mum that I don't think I'm going to school tomorrow and so she asked me why? Then I told her "what are the people going to say; what are the teachers going to say and there are going to be new teachers". They're going to tell me No I'm bringing bad luck to the class because I'm the first to be pregnant and stuff like that but I came to school. It took awhile 'cos when anyone walked up I put my bag in front of me so no-one can see.*

With regards to educators' support, Mandy relayed the following

Mandy: *It depends when the teacher knows that you have respect and stuff like that but if they know you don't have respect then they say words. Normally they don't say in front of you but you know some teachers you see the children during the day time and maybe they talk about somebody. Then the teachers say "Wow that one, yah, I know that she wanted to be pregnant" and stuff like that. Some of them will tell you that they are very disappointed in you.*

Nancy also said that the educators "*in the beginning were a bit funny*". She assumed that was because they were "*disappointed*" in her; after some time the situation with the educators returned to normal. Carol was of the opinion that the educators did not treat the

pregnant teenagers or young mothers any differently to the other learners in the classrooms. If the educators did say anything it was amongst themselves.

Carol: The teachers don't really talk about it. The others I think gossip about it [the pregnancy] with the teachers but not when the learners are there

Carol: No [in the classroom] they treat you the same as the other children

Charlie found the Life Orientation educator to be caring and understanding as described by Bhana et al (2010), showing sympathy and support.

Charlie: My LO teacher said I must just have a normal childhood and after that I can [did not finish sentence]

Trina's concern was that as much as the Life Orientation educators together with other staff members offer support and direction for the learners, the fact that many of the learners do not have positive role models in their lives could have an impact on risky sexual behaviour as well as the use of drugs and alcohol

They have role models but then these role models that they have are not, ah, you and I would not pick them as positive role models because they are not doing good things that you and I would feel is good. They have role models but their role models are other girls that fall pregnant and they are living the life they feel is living life. They are getting money; they don't have to listen to parents anymore so they can't wait for this. That's the type of role model that they have. Very few of them follow positive role models. The ones that actually finish school, go onto study are very, very few. They would actually tell me in class when we are discussing careers; they said we want to be drug dealers and drug mules because those people go places.

4.13 Gender inequalities

In modern society within urban areas in South Africa, Jewkes and Morrell (2012) noticed that young women present themselves as in control of their lives. This was positioned as a 'modern' femininity that was part reality and part fantasy. However, gender inequalities restrict young women's sexual choices and in many cases pregnancy is the result with young women being unable to negotiate condom use. During the interviews with the

participants the subject of condom negotiation was raised. The teenagers assured me that they were in equal relationships with their boyfriends so they could discuss the issue. However when probing a little deeper the participants were unable to insist that their partner would use a condom. Daisy said that she could request her boyfriend to use a condom during sexual intercourse. When asked did she ever ask him her response was

Daisy: No, I didn't

Interviewer: What was the reason for that?

Daisy: No reason

Sally told me that if she asked her partner “*he would refuse to use them*” without giving a reason. Maisie said she never spoke to her boyfriend about condom use during the time she was in a relationship with her boyfriend.

The girl's family takes responsibility for the child. The gendering of pregnancy and parenting is situated within the precise social, cultural and economic circumstance and where women's insubordination is reproduced (Bhana et al., 2010), an example of how powerful structures can be. The young men continued their schooling or remained at work whilst the participants had to disrupt their schooling to give birth to the child. When enquiring if the participants had any assistance from the fathers' of the babies I was informed that it was financial support, never childcare.

Conclusion

The findings reveal that the participants had familial support ranging from family taking full responsibility of the baby to the child only being cared for whilst the teenager was attending school. Motherhood was difficult because of being young, having to attend school and completing homework and the responsibility of looking after a baby. Unlike literature, the participants found the nursing staff at the clinic to be helpful and willing to give advice.

The final chapter finalises the research report.

CHAPTER FIVE

CONCLUSION

5.1 Conclusion

In view of the high pregnancy rate amongst teenagers, this study focused on the experiences of teenagers during their pregnancies as a way to understand important aspects of this phenomenon in the area of Annisville. The participants were fourteen teenagers who were either pregnant at the time of conducting the interviews or had already delivered their babies. They all were living with their parents, a mother or a grandmother with the exception of Sally. She had come to Annisville at the request of her ex-boyfriend and was living with her two brothers. It was interesting that six of the participants lived with both parents; however, during the interviews the fathers appeared to be non-existent in either the reprimanding of the pregnant teenager, the caring of the child or in financial support. The adolescents continuously referred to maternal support and the baby's fathers' financial assistance or lack thereof.

Adolescence has been defined as a transitional period where the teenager is neither adult nor child. Children and sex are thought to be opposing each other which creates a large divide which adolescents need to cross between innocence and adulthood. Young women are viewed as passive and innocent although they show agency in the choosing of partners. The teenagers in my study were resolute that they were in relationships where they were not dominated by their partners. The girls could make decisions within the relationship, negotiate the use of condoms and were not coerced into sexual intercourse. However, when asked if they had in fact insisted on the use of condoms, most of the teenage girls did not use their agency in this regard. When discussing condom use further, the participants were unable to give a reason for the lack of insistence on condom use. However, both Tami and Trina, the ante natal nursing sister and Life Orientation educator were of the opinion that the adolescents feared being rejected by their partner for another girl.

Where their agency did come to the fore was when considering abortion. For the girls that did not see abortion as an option, they did not change their minds even if it meant that the teenager's mother would not communicate with her over a period of time, as in the case of Minnie. Her mother did not speak to her for five months during her pregnancy for not having the abortion. Some girls had considered abortion but it was an option that they had considered on their own without any coercion. One of the participants went against her boyfriend's wishes and went as far as going to the clinic. She did not go through with the procedure due to her moral views. Another instance of agency appeared through Charlie ending her relationship with her boyfriend because he was also dating other girls concurrently and insisted she terminate the pregnancy. Literature states that there is an assortment of reasons which lead to pregnant teenagers contemplating abortion. These include poverty, social stigma surrounding the pregnancy, fear of parents' reaction to pre-marital pregnancy as well as abandonment or refusal of paternity by the partner (Schapera et al. cited in Varga, 2002)

For many of the teenagers, part of the experience of pregnancy was the difficulty in disclosing their pregnancy to their families. There was a sentiment of disappointment and bringing disrespect to the family that came with disclosure. The participants reported disappointing their families by becoming pregnant at a young age whilst still scholars. In addition, there was a great fear of revealing the pregnancy to their partner for fear of him denying paternity, leaving the girl and then the young girl would then have to continue through the pregnancy without his support. For two of the participants they had to wait for the birth of their babies before the issue of paternity was resolved. The boys' parents came to see the child to confirm the child's resemblance to the father before acknowledging the baby as the father's child. Within this study, no *inhlawulo* (damage payments) (Mkhwanazi, 2010) were insisted upon as often happens within African culture. Sally's partner did not deny paternity but he has had nothing to do with her or the child other than making an occasional telephone call to her during and after her pregnancy.

The participants had varying degrees of familial support during their pregnancy, after the birth and with childcare. Support ranged from maternal and paternal mothers taking full responsibility - physical, emotional and financial - of the child, to childcare only being provided whilst the teenager was attending school. Minnie's story was remarkable because her mother insisted that she have an abortion as she did not want her to have the baby. Minnie refused to go ahead with the procedure. However, after the baby was born, Minnie's mother cared for the baby during school hours when Minnie was attending class. This reveals a change of heart once the baby was born from her mother's original view on the disclosure of her daughter's pregnancy.

The topic of sex education was not spoken about by the older generation with the adolescents. The only issue that was spoken about was menstruation and this was linked to the prevention of pregnancy (Mkhwanazi, 2010). Sexual activity was conveyed as 'dangerous' and 'mistakes' result from the encounter. The teenagers needed to learn a lesson from becoming pregnant. Information was gained from their Life Orientation classes but the participants stated that they felt more comfortable speaking to their peers or gleaning information from social media. All the adolescents knew about condoms and contraception, however, condoms were not used as prevention against pregnancy. In the study conducted by Marteleto, Lam and Ranchod (2008) in South Africa, **Coloured** females were reported as the lowest users of contraception; particularly condom use. In fact condoms were seldom used by the participants in my study although they stated that they could negotiate the use of condoms with their partners. Only one teenager in my study declared using condoms regularly before becoming pregnant. However, all of the participants used injectable hormonal contraceptives every two or three months after the birth of their babies irrespective of being sexually active or not. A concern of the ante natal nursing sister was that condoms were not being used in conjunction with the injection form of contraception.

Education and completing school was an important facet of the lives for all the teenagers participating in this study. They were completely aware that in today's economic situation it was important to obtain their Matric certificate and wherever possible to

continue with tertiary education. A better life for both themselves and their child could only be fulfilled through education. This would assist in enabling them to change the cycle of poverty in which many of them were living on a daily basis. Sally who had dropped out of school wished to return to Grade 8 to complete her schooling. She was the only teenager that dropped out of school after disclosing her pregnancy. This was as a result of her aunt's insistence that school was not the place for a pregnant adolescent. The remaining thirteen participants continued schooling throughout their pregnancy and returned to school approximately one month later, so as to disrupt their education as little as possible. Gender inequalities also affected the female adolescents as the male learners that fathered children did not have to take time off school. Furthermore, child caring was left to the responsibility of the girls or their families. The gendering of pregnancy and parenting is situated within the precise social, cultural and economic circumstance and where women's insubordination is reproduced (Bhana et al., 2010), an example of how powerful structures can be.

Motherhood at a young age was difficult, more so for the adolescents that had to take on more responsibility in caring for their child. They had the predicament of prioritising either school work or childcare. Many complained that they were still children having to accept the responsibility of a child, some with and others without a partner. For one participant she still played at home and at school; behaviour of a child and not associated with motherhood.

It is evident that being pregnant in a low socio-economic area presents its own set of challenges for these teenagers. Unemployment is high; consequently, it creates additional stresses on the family economically. If the head of the house was unemployed and the partner was not financially supporting the baby, concerns arose about the costs of milk and nappies. Amongst the participants, schooling was disrupted to a minimum but it is clear that the teenagers found it difficult to care for their child and complete homework tasks. Although the subject of contraception and sexually transmitted infections such as HIV/AIDS is covered in depth within the Life Orientation curriculum at most levels, particularly Grade 10, it is disconcerting that the participants do not use condoms as

protection against either pregnancy or disease. Macleod (2003) has argued that in sex education modules, adolescents are informed about sex, but at the same time warned of its dangers. However, Vance (1984 cited in Bhana & Pattman, 2001) regard sexuality not just as an area of danger but also of exploration, agency, sensations and associations.

In the literature, stigmatising adolescent sexual activity was an obstruction to availing contraceptive services at the clinics (Woods and Jewkes, 2006). However, the participants found the nursing staff at the municipal clinic to be friendly, helpful and willing to give advice both during their pregnancies and when returning to the Family Planning clinic. The participants were not fearful to seek information and advice on the different forms of contraception. The ante natal nursing sister was concerned that although the adolescents were using injectable hormonal contraception they were not using condoms as well when partaking in sexual intercourse.

Based on these findings further research should be conducted on teenage pregnancy amongst school going learners. Literature informs us that poor achievement and repetition of grades is believed to be a consequence leading to teenage pregnancy. Some of the participants in this study stated in their interviews that they had repeated a grade at some stage during their school career. It would be interesting to explore if the repeating of grades occurred before or after the pregnancy and the effect of the pregnancy on school achievement of the learner after the birth of the child.

EPILOGUE

Five months later

As education and completing school was such an important facet of the lives of the participants in this research project, it was interesting to determine their academic progress in the new school year of 2013. Of the thirteen school-going participants, four had passed at the end of last year and had been promoted into the next grade. Minnie, Nancy, Patsy and Rose have proceeded into Grade 12 to write Matric at the end of this year with the hope of continuing with their future educational plans.

Charlie, Dawn, Maisie and Nellie failed at the end of last year so will have to repeat the grade again. For some of these adolescents it is not the first time that they are repeating a year. Lucy, too, failed last year but had not returned to school in 2013. During our interview she stated that her baby was due at the end of January, to early February. The school was not certain if she would be returning to school to continue her studies after the birth of her baby. During my last visit to the school, a few days before submitting my research report for examination, I was informed that Lucy had now returned to continue her schooling and was repeating the grade.

Carol, Mandy and Susan also failed their academic year in 2012 after having repeated that year. These teenagers have not re-registered at the high school again in 2013. Should Mandy and Susan have returned, they would have repeated Grade 11 for the third time. These results leave options open for research to consider social status, economics, even school performance as these teenagers did not drop out of school due to pregnancy.

Sally who had dropped out of school when she was pregnant due to her aunt having de-registered her from school was hoping to return to Grade 8 at the beginning of the new academic year. Sally has registered at the high school in Annisville. The ex-boyfriend's mother cares for her daughter whilst she attends school. Once classes are finished she collects the baby and takes her home. Both her brothers are now unemployed so she has now moved to stay with an aunt in the area.

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