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The Perceptions of Adolescent Males on their Involvement in Teenage Pregnancy Prevention in Kliptown

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2016
https://hdl.handle.net/10539/25592

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CHAPTER ONE

INTRODUCTION TO STUDY

1.1. Introduction

The research study focuses on the perceptions of adolescent males on their involvement in teenage pregnancy prevention in Kliptown. This chapter briefly discussed the problem statement of the study, the rationale for undertaking this study, the research question, the aims and objectives of this study. In addition it will conclude by providing an overview of the chapters to follow.

1.2. Problem statement

Teenage pregnancy has long been a worldwide social and educational concern for the developed, developing and underdeveloped countries. Many countries continue to experience high incidence of teenage pregnancy despite the intervention strategies that have been put in place (Maseko, 2006). Moultrie and McGrath (2007) indicate that teenage pregnancy rates in South Africa have dropped from 7.8% in 1996 to 6.5% in 2001. In addition the official statistics from the Department of Health revealed a drop in the rates of teenage pregnancy in South Africa by 13.2 % between 2009 and 2010 (Oyedele, Wright & Maja, 2015). However Kanku and Mash (2010) note that South African rates are comparatively high when compared to the USA (5.3%), Brazil (4.5%), Australia (1.6%), Japan (0.4%) or Italy (0.6%).

Teenage pregnancy is a major challenge facing South Africa, thus presenting one of the most important public health problems. In the past few decades South Africa has seen a decline in teenage fertility; and yet rates of teenage pregnancy remain high with around 30% of 15-19 year olds reporting having ever been pregnant, with the majority of these pregnancies being among 18 and 19 year olds (Willan, 2013). A national household survey conducted in 2003 indicated that one third of 15-19 year olds and over half (59%) of 20-24-year-old women had ever been pregnant and that two-thirds of the pregnancies were reported to be “unwanted” (Holt, Lince, Hargey, Struthers, Nkala, McIntyre & Blanchard, 2012).

The results of the studies done showed that approximately 90% of the teenagers are sexually active (Love Life, 2007). Unprotected sex exposes teenagers to sexually transmitted diseases (STDs) and increases their risk to become infected with HIV/AIDS. Health Statistics (2007) reported that one in five pregnant teenagers is infected with HIV/AIDS. This indicates that it

is important to understand teenage pregnancies and the pattern of high risk sexual activity that teenagers indulge in.

It was reported by the Department of Basic Education that in 2014 there were 20 000 teenage pregnancies in South Africa, the highest being accounted for within the Gauteng Province with just over 5000 (Govender, 2016). Due to Gauteng Province having the highest statistics in South Africa in 2014, the study focused on teenage pregnancy in Kliptown, Gauteng Province.

Teenage pregnancy has several detrimental effects for both teenage mothers and fathers such as increased chances of dropping out of school, increased risk of sexually transmitted infections (STIs), mental health problems, and economic family burden (Kanku & Mash, 2010). However Hanson, McMahon and Kenyon (2014) note that teenage mothers are more likely to drop out of school, which holds unfavourable consequences for their long term financial prospects.

Swartz (2004) notes that adolescent fathers themselves are still developmentally immature and thus emotionally and cognitively unprepared to cope with parental responsibility. An argument supported by Sheldrake (2010) that fathers under the age of 21 years are frequently characterised as 'sexually reckless youths who fail in their responsibilities to the children they father and the mothers of their children'. Swartz (2004) adds that very often, the fathers are young unemployed with low levels of education and they are unable to give emotional or financial support or any form of material support to teen mothers. Due to the negative and long-term consequences associated with teenage pregnancy, the prevention of unplanned teenage pregnancy is very important (Solomon-Fears, 2011).

1.3. Rationale for the Study

A lot of studies have been conducted to identify the causes of teenage pregnancy in South Africa and many factors contributing to teenage pregnancy included: early sexual debut among teenagers; gender inequalities; gendered expectations of how teenage boys and girls should act; sexual taboos (for girls) and sexual permissiveness (for boys); poverty; poor access to contraceptives and termination of pregnancies; inaccurate and inconsistent contraceptive use; judgmental attitudes of many health care workers; high levels of gender-based violence; and poor sex education (Bearinger, Sieving, Ferguson & Sharma, 2007; Chigona & Chetty, 2007; Jewkes, Morrell & Christofides, 2009; Oyedele, Wright & Maja,

2015; Panday, Makiwane, Ranchod & Letsoalo, 2009 and Pettifor, O'Brien, MacPhail, Miller & Rees, 2009).

These studies have made a valuable contribution to understanding teenage pregnancy as a multifaceted problem and highlighted the need for teenage pregnancy prevention programmes. According to Oringanje, Meremikwu, Eko, Esu, Meremikwu and Ehiri (2009) numerous prevention strategies such as health education, skills-building and improving accessibility to contraceptives have been employed by countries across the world, in an effort to address the problem of teenage pregnancy. In spite of the increase in programs aimed at preventing teenage pregnancies, the rate of teenage births is still very high.

Willan (2013) notes that teenage pregnancy prevention programmes should focus on a number of areas including: gender equality programmes across communities and schools; comprehensive sex education to include elements of gender awareness, gender equality and women's rights; clinics which are adequately staffed, accessible and supplied with a full range of contraceptive options; appropriately trained health care workers (on the range of modern contraceptives, the need for dual protection and to reduce 'moralising' attitudes) and scaled up, accessible, appropriate and acceptable to teenage users family planning initiatives.

Oyedele, Wright and Maja (2015) add that adequate prevention strategies to teenage pregnancy to include families, governments at all levels, businesses, communities and education interventions. Furthermore Oyedele, Wright and Maja (2015) argue that teenage pregnancy prevention messages need to be contextualised for age and culture and should use all media and platforms, with apportioning judgment. According to Davis (1996) teenagers should play a central role in teenage pregnancy prevention programmes by being involved in needs assessment, decision-making as well as the selection of the interventions, program design, implementation and evaluation.

Taylor, Jinabhai, Dlamini, Sathiparsad, Eggers & De Vries (2014) emphasize the importance of including both sexes in teenage pregnancy prevention instead of focusing only on teenage girls. Taylor, Jinabhai, Dlamini, Sathiparsad, Eggers & De Vries (2014) argue that this is necessary for promoting abstinence or consistent condom use and to create barrier methods to prevent transmission of HIV and other STIs. In order for teenage pregnancy prevention initiatives to be successful both sexes should be involved. Little is generally known about how to reach teenage males or how to influence their reproductive behaviour as a result

knowledge needs to be developed on pregnancy prevention programs that involve males (Lindberg, Ku & Sonenstein, 2000).

These studies have provided insight into the nature of the teenage pregnancy prevention programmes and they have highlighted different aspects to focus on. However there is a lack of information about how teenage males could and should participate in pregnancy prevention efforts in research studies. Moreover the research studies have overlooked the perceptions and attitudes of male teenagers on what their role is in teenage pregnancy prevention. Sexual behaviour involves two partners, and decisions to have sex and to use contraception undoubtedly reflect both partners' perspectives as a result it is important to understand overlooked the perceptions and attitudes of male teenagers on what their role is in teenage pregnancy prevention.

In South Africa most teenage pregnancy prevention programs have specifically targeted young women and not young men. There hasn't been much focus on the impact of teenage pregnancy on the teenage fathers in research and literature. According to Willan (2013) this in many ways reflects societal, gendered prejudices that responsibilities for 'falling pregnant' and being a 'teenage parent' lie with the girl, and further that the role of parenting should be born almost exclusively by the mother.

Therefore the research is going to explore the role of adolescent men and their motivation for fertility decision-making in their relationships. This study intends to get the views of male teenagers as both potential and actual fathers, on their role in combating adolescent pregnancy in Soweto Township, Gauteng. The results of this study might lead to bigger research and may add to a gap in the existing knowledge regarding the role adolescent boys in teenage pregnancy prevention.

1.4 Research Question

What are the perceptions of adolescent on what their role is in teenage pregnancy prevention in Kliptown?

1.5 Aims and objectives of the study

Primary aim of the research

The primary aim for this research was to explore the perceptions of adolescent males on their involvement in teenage pregnancy prevention in Kliptown.

Secondary objectives of the research

- To investigate what adolescent males perceive as their role in teenage pregnancy prevention.
- To explore the adolescent males' level of awareness about teenage pregnancy.
- To identify what sources of information adolescent males used to obtain information about teenage pregnancy.
- To assess adolescent males awareness of the various forms of available contraception.
- To investigate the attitude of adolescent males on the use of contraceptives, abortion and the risk of HIV/AIDS and STI's.
- To explore adolescent males' perceptions on the responsibilities placed on being a teenage father.

1.6 Organization of the research report

Chapter two discusses the literature reviewed for this study and theoretical framework and chapter three discusses the research design and methodology employed in this study. Chapter four presents the data analysis through interviews. Chapter five will provide a discussion of the findings of the study, limitations of the study and recommendations.

CHAPTER TWO
LITERATURE REVIEW

2.1. Introduction

The literature review will look at defining the concept "Teenager" and teenage pregnancy, look at the importance of focusing on teenagers, the status of teenage pregnancy in South Africa, the South African legislation that speaks to teenage pregnancy, factors that contribute to teenage pregnancy, the status of teenage fathers in South Africa and the theoretical framework that is applied to analysis of this topic.

2.2. Definition of key concepts

"Teenager"

The World Health Organisation identifies adolescence as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19 (WHO, 2011). According to Whitmire (2000) adolescence is a bridge between childhood and adulthood, a transition period between these two developmental stages. In some documents adolescents are referred to as teenagers, in this report the terms adolescent and teenager are used interchangeably.

Teenage pregnancy

According to Kanku and Mash (2010) teenage pregnancy is defined as a teenaged or underage girls (usually within the ages of 13–19) becoming pregnant.

2.3 The importance of studying teenagers

It is important to focus on teenagers as this is a stage of development characterised by physical, psychological and emotional development and social changes (Erikson, 1963). Adolescence is characterised by thinking which becomes abstract, conceptual and future orientated (Piaget, 1958). In his theory of development Erik Erikson argues that adolescence is a critical transitional stage from childhood to adulthood and that a teenager has a task to develop their individual identity. However teenage parents might not have the cognitive capacity and the psychosocial skills necessary for parenting. Moreover teenage parents might not get the opportunity to experiment with various roles which will affect their identity development.

Jewkes, Morrell and Christofides, (2009, p. 678) reflected on the teen years as a key time for exploring and establishing ones gender identity, they noted that for boys 'in a context of poverty and limited alternatives, securing and maintaining sexual relationships are critical to self-evaluations of masculine success as well as peer group positioning'.

Gendered norms shape the way adolescents view sexuality and play an important role in sexual behaviour, risk-taking attitudes and their use and access to information and services (World Health Organization, 2011). Mkhwanazi (2010) argues that gendered norms encourage boys to be sexually active whilst girls are encouraged to be 'sexually innocent'. Despite the fact that pregnancy involves both males and females girls are told that they must protect themselves from pregnancy and are blamed should they fall pregnant, and also expected to be 'sexually ignorant'' (Mkhwanazi, 2010). This confusion on which Mkhwanazi (2010) commented on as the mixed messages sent out to girls while boys are encouraged to be sexually active.

2.4 The status on teenage pregnancy in South Africa

Adolescent pregnancy is a complex issue with many reasons for concern; it is an important public health problem as well as socioeconomic challenge to society (Osaikhuwuomwan & Osemwenkha, 2013). Teenage pregnancy is a global reproductive health promotion problem that affects teenagers, families and communities, both in developed and developing countries, as children aged 10 to 19 years, unmarried and still at school, become pregnant (Mchunu et al. 2012:428). Teenage pregnancy may be coupled with complications associated with a variety of obstetric, social, educational and health-related problems; hence it is important to prevent its occurrence (Masemola-Yende & Mataboge, 2015).

According to Masondo (2013) Statistics derived from the 2013 Household Survey in South Africa indicated that there were 99 041 pregnant school girls in 2013, which showed an increase of 17 363 over the previous year. Masondo (2013) noted an increase from the 81 000 pupils who fell pregnant in 2012 and 68 000 in 2011. According to the General household survey conducted by Statistics South Africa (2015) the prevalence of teenage pregnancy in 2015 increased with age, rising from 0, 6% for females aged 14 years, to 9, 7% for females aged 19 years.

2.5. Factors that contribute to teenage pregnancy

Individual factors

Arain, Haque, Johal, Mathur, Nel, Rais & Sharma (2013) argues that adolescents are limited by their cognitive development in making critical decisions. Berk (2010) argues that although adolescents can consider many possibilities when faced with a problem, they often fail to apply this reasoning to everyday situations. This suggests that due to their limited formal reasoning skills, some adolescents may take risky decisions or behave in ways that put their lives at risk, such as choosing not to use condoms in all their sexual encounters.

Teenage pregnancy has been associated with frequent sex without reliable contraception, sexual coercion, poor sexual communication between partners, the perception that most of your friends have been pregnant or that one has to prove one's fertility and promiscuity (Vundule, Maforah, Jewkes & Jordaan, 2001). According to Ekstrand, Larsson, Von Essen & Tyden (2005) liberal attitudes `towards casual sex, alcohol consumption, fear of hormonal contraceptives and poor school-based sexual education have also been associated.

In a study conducted by Willan (2013) which was aimed at exploring knowledge, access to, and use of, contraceptives they found that many teenagers have a basic knowledge about contraceptives and protection from unplanned pregnancies, STIs and HIV. However, many reported insufficient contraceptive knowledge and not using contraceptives correctly and consistently, as well as limited reproductive knowledge about fertility and conception (Willan, 2013). Buga, Amoko & Ncayiyana (1996) notes that the reasons for not using contraception also include ignorance, fear of parents finding out, shyness in going to the clinic and disapproval from the boyfriend.

Societal factors

Teenage pregnancy in South Africa is driven by many factors including: gender inequalities; gendered expectations of how teenage boys and girls should act; sexual taboos (for girls) and sexual permissiveness (for boys); poverty; poor access to contraceptives and termination of pregnancies; inaccurate and inconsistent contraceptive use; judgmental attitudes of many health care workers; high levels of gender-based violence; and poor sex education (Jewkes, Morrell and Christofides, 2009).

Children born to teenage mothers are themselves more susceptible to falling pregnant as teenagers (Kanku & Mash, 2010). Parents of teenage mothers and teenage fathers are often

considered by their teenagers to have 'permissive attitudes' regarding premarital sex and pregnancy. However, parents with permissive attitudes about sex or premarital sex, or those that have negative attitudes about contraception have teenagers who are more likely to have unsafe sex and become pregnant (Dittus & Jaccard, 2000, p. 26).

Several studies point out that the financial dependence of adolescent girls on their male partners, most of whom are older than them put these at risk of unplanned pregnancies as they are depend on these "financial powerful" men for financial support (Clarke, 2005; Dickson, 2005; Males, 1993; Mwite, Nkambule, Wildschutt & Richards, 2005). Power imbalances in sexual relationships between men and women make the men to hold sexual decision-making power and little room to negotiate contraceptive use with partners (Panday, Makiwane, Ranchod & Letsoalo, 2009). However, respectability among men is still strongly tied to their right to make decision about when, where and how happens, to be highly sexually active and have multiple partners (Panday, Makiwane, Ranchod & Letsoalo, 2009).

Structural factors

According to Flanagan, Lince, Durao de Menezes and Mdlopane (2013, p. 17) poverty is both a contributor and a consequence of early pregnancy because some are involved sexually with older men in relationships where gifts such as money, clothes, and other goods are exchanged for sexual favours. Mkhwanazi (2010) notes that poverty decreases a girl's ability to negotiate condom use, and can keep her in abusive relationships, and creates a further layer of unequal power.

According to (Panday et al., 2009, p. 87) family planning services are provided to young people with the purpose of making available reproductive health services, provide contraception including condoms and improving their knowledge and skills to use them. However Wood & Jewkes (2006) notes that at the clinic teenagers are offered little choice of contraceptive method and given poor explanations of the side effects and mechanism of action, which contributes to a low uptake of contraception, despite it being free. According to Kanku & Mash (2010) health workers have been accused of turning away young teenagers from family planning clinics, and accusing them of being too young for sex. According to Reynolds et al., (2004) young people often do not use contraceptives or use them inconsistently due to contraceptive service providers' unfriendly attitudes toward them and the lack of assurance for confidentiality.

Sexual health education in the form of life skills has been introduced as a compulsory part of the school curriculum, but the way in which it is implemented is not successful (Kanku & Mash, 2010). Most educators are not well equipped on how to implement it. Eventually teenagers do not get the necessary information about sex education (Panday et al (2009, p. 53).

2.6 The status of teenage fathers in South Africa

Available international research suggests that the profile of young fathers is no different from young women – they tend to come from low income homes, have poor school performance, low educational attainment and seldom have the financial resources to support the child and the mother. In South Africa the teenage years are characterised by generally socially sanctioned freedom and sexual experimentation for both genders, but particularly for young men (Wood & Jewkes, 1998).

According to Jacob and Marais (2013) in a context of poverty and limited alternatives, young fathers' sense of responsibility is mostly tied to their sense of masculinity, which is defined and achieved as the following: sexual performance and the belief that men should be seen as sexually vigorous; securing and maintaining sexual relationships are critical to self-evaluations of success and peer group positioning. Teenage fathers are often overlooked in attempts at addressing the challenge of teenage pregnancy and most research studies have focused on the teenage mother and baby who need support and help but neglect to think about the impact of fatherhood on teenage males (Swanson, 2013).

Teenage fathers are affected by parenthood, they need help, advice, encouragement to take responsibility both for the babies they have fathered and their own education and future (Njambatwa, 2013. Adolescent fatherhood has been associated with: low economic backgrounds; lower educational attainment; and fewer employment opportunities than their childless peers (Jacobs & Marais, 2013). Young men involved in adolescent pregnancies were more psychologically distressed than those who did not have a pregnant girlfriend in adolescent stage (Buchanan & Robbins, 2005). This is because teenage fathers are developmentally immature and thus are emotionally and cognitively unprepared to cope with the responsibility of parenting (Hudson & Ineichen, 1991). Despite this majority of teenage fathers felt obliged to meet certain responsibilities for the baby and mother (Barret & Robinson, 1982).

Jacobs and Marais (2013) argued that some of the reasons for having children at young age ranges from: alcohol use, desire to have sex without a condom, ignorance about condoms, contraceptives and general reproductive biology, beliefs that condom use is associated with mistrust and infidelity/promiscuity, lack of supervision and adult involvement in their lives, sense of invulnerability and wanting and actively seeking an opportunity to father a child (legacy/fear of premature death, desire for fatherhood, secure relationship with teen mother, peer pressure, pride and evidence of masculinity)

According to Swartz, Bhana, Richter and Versfeld (2013) barriers to young fathers' involvement with their children include financial, cultural and relational. Financial support often overshadows other aspects of fatherhood, such as contact time, physical care and emotional support. This is a challenge for teenage fathers in contexts of poverty as they tend to have limited access to finances due to their continuing education and absence of income. Culturally young, black African men are required to make damage payments to the family of the mother of his child in order to be allowed to be involved in their children's lives. This is a challenge for teenage fathers as they do not have the money to make damage payments. A poor relationship with the child's mother can also reduce a teenage father's ability and desire to play a fathering role. In light of the above South Africa has in its endeavour to reduce the prevalence of teenage pregnancy has formulated the following legislation.

2.7 South African Legislation regarding teenage pregnancy

According to Willan (2013) the South African policy environment creates a relatively progressive space around teenage sexuality, teenage pregnancy and motherhood. The different legislation that have a bearing on teenage pregnancy in South Africa include the Constitution of the Republic of South Africa Act (108 of 1996), the Child Care Act (84 of 1996), the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, the Education policy and the Choice on Termination of Pregnancy Act (Act 92 of 1996).

The South African Constitution

The South African Constitution (1996) 'protects the right (of all citizens including children) to make decisions regarding reproduction and the right to access health care services, including reproductive health care'(Hoffman-Wanderrer, Carmody, Chai & Rohrs, 2013, p.4). However, implementation presents a severe obstacle, with many teenagers reporting

difficulties in actually accessing sexual and reproductive health services, and feeling judged by health care workers and teachers for being sexual (Willan, 2013).

The Child Care Act

Section 134 of the Children's Act 2005 states that it is illegal to refuse to sell (or supply freely available) condoms to children aged 12 or over. In addition other forms of contraception can be supplied if the child is mature enough to understand the implications and it is clinically appropriate. If a minor seeks contraceptive advice without parental consent, his/her confidentiality should be respected, unless there are reasonable grounds for suspecting the child is being exploited or abused.

The Act indicates that legal parenthood status (for a mother or a father) requires that the parent has both the right and the responsibility to care for, maintain contact with, act as guardian for and contribute to the maintenance of the child. These rights are automatically conferred on mothers over the age of 18 and fathers married to, or in a permanent life partnership with, the mother at the time of conception or birth of the child. For biological teenage fathers not in one of these relationships with the mother of their child, paternity requires that maintenance for the child is paid, but does not confer the rights and responsibilities of care, contact and guardianship. This can be challenging for teenage fathers who are still in school. The Act assumes that fathers have the power to determine the degree to which they are involved in their children's lives. However this is not always the case with teenage fathers.

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007.

Sections 1, 15, 16 & 57 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 states that at the age of 16 children are considered both capable, and mature enough to consent to sex. However Section 54 of the Act places an obligation on anyone with knowledge (or a reasonable suspicion) of a sexual offence against a child to report it to the police and there are harsh penalties for failure to report.

The Choice on Termination of Pregnancy Act

The Choice on Termination of Pregnancy Act (Act 92 of 1996) states that "no consent other than that of the pregnant woman shall be required for the termination of a pregnancy." However a girl of any age can request a termination of pregnancy, but if she is a minor, she should be advised to consult with her parents/guardian, though she should not be denied a

termination of pregnancy if she fails to do so. Terminations are performed for free at government hospitals and clinics in the first three months of pregnancy. Despite the legalization of abortion in South Africa in 1996 and the progressive increase of service availability in public and private facilities over time, few teenagers report using legal services for termination of pregnancy in both quantitative (3%) and qualitative data. Failure to use legal services is related to the ensuing lack of information about the costs of termination and the stage of gestation at which legal termination can take place, as well as the stigma of pregnancy and abortion generated in the community and replicated within the health system.

Education Policy

Girls who become pregnant in South Africa are not expelled during pregnancy nor are they prohibited to return to school after giving birth (Olivier, 2000). As a result teenage pregnancy doesn't interfere with their studies. South Africa's liberal policy that allows pregnant girls to remain in school and to return to school post-pregnancy, has protected teenage mother's educational attainment and helped delay second birth. However, only about a third of teenage mothers return to school. This may be related to uneven implementation of the school policy, poor academic performance prior to pregnancy, few child-caring alternatives at home, poor support from families, peers and the school environment, and the social stigma of being a teenage mother.

2.8 Theoretical Framework Guiding the Study

Bronfenbrenner's ecological model addressed the complex and multi-determined nature of the social problem of adolescent pregnancy with its conceptualization of the individual as being affected by the larger systems levels (Corcoran, Franklin & Bennett, 2000). Moreover Bronfenbrenner's ecological model can be used to help understand the contributing factors in adolescent pregnancy and that the behaviour of teenagers is the result of the knowledge, values, and attitudes of individuals as well as social influences, including the people with whom they associate, the organizations to which they belong, and the communities in which they live (Corcoran, Franklin & Bennett, 2000).

2.9 Summary of Chapter

This chapter reviewed the literature available on teenage pregnancy. The literature helped us to understand why it is important to understand the stage of adolescence when looking at teenage pregnancy. This chapter reviewed the status on teenage pregnancy in South Africa to

understand the severity of the problem. In addition this chapter looked the factors that contribute to teenage pregnancy in South Africa. Moreover this chapter contextualised the status of teenage fathers and the challenges that they face in fulfilling their roles as fathers. In response to the challenge of teenage pregnancy the South African government developed appropriate legislation to address this problem. Bronfenbrenner's ecological model was applied to the problem of teenage pregnancy.

CHAPTER THREE
METHODOLOGY

3.1. Introduction

This Chapter discusses the research methodology that was employed in this study in order to achieve the aims and objectives of the study. The first part of this chapter outlines research question, the primary aim and objectives of the study and provides a detailed description of the research approach and design used to answer these research questions. In addition, it describes the sampling, research instrument and the data collection process. Furthermore, it describes the manner in which trustworthiness of the research methodology was enhanced.

3.2 Main Research question

What are the perceptions of adolescent on what their role is in teenage pregnancy prevention in Kliptown?

3.3. Primary aims and secondary objectives

Primary aim

The primary aim for this research is to explore the perceptions of adolescent males on their involvement in teenage pregnancy prevention in Kliptown.

Secondary objectives

- To investigate what adolescent males perceive as their role in teenage pregnancy prevention.
- To explore the adolescent males' level of awareness about teenage pregnancy.
- To identify what sources of information adolescent males used to obtain information about teenage pregnancy.
- To assess adolescent males awareness of the various forms of available contraception.
- To investigate the attitude of adolescent males on the use of contraceptives, abortion and the risk of HIV/AIDS and STI's.
- To explore adolescent males' perceptions on the responsibilities placed on being a teenage father.

3.4 Research approach and design

Research approach

This research study utilized the qualitative research approach. Creswell (2013, p. 4) notes that qualitative research is "a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem". According to Creswell (2013) the process of research involves emerging questions and procedures; collecting data in the participants' setting; analysing the data inductively, building from particulars to general themes; and making interpretations of the meaning of data. A qualitative research approach was useful in this study as it allowed the researcher to get an in-depth understanding of the perceptions of adolescent males on what is or what should their involvement in teenage pregnancy prevention in Kliptown.

Qualitative research approach was useful because it goes hand in hand with social work values, knowledge and skills (Shaw & Gould, 2001). For example when interviewing participants the researcher applied social work skills such as active listening, probing, questioning and clarification skills. The researcher got the opportunity to establish rapport with participant and that will lead to participant feeling free to interact with the researcher (Creswell, 2013). One of the strengths of a qualitative research is working with a small sample, as it provides rich and detailed data (Terre-Blanche, Durrheim & Painter, 2006).

Research design

According to Creswell (2013) research designs are plans and the procedures for research that span the decisions from broad assumptions to detailed methods of data collection and analysis. It involves the intersection of philosophical assumptions, strategies of inquiry, and specific methods. The research study applied the phenomenological research to enable the participants to describe their experiences, their thoughts, feelings and ideas about teenage pregnancy. During the interviews the participants described their experiences without the researcher directing or suggesting their description in any way. to gather the participants' descriptions of their experience. This was important as the purpose of the research was to explore the perceptions of adolescent males on their involvement in teenage pregnancy prevention, not the meaning that the researcher brings to the research. Phenomenological research is a qualitative strategy in which the researcher identifies the essence of human experiences about a phenomenon as described by participants in a study (Creswell, 2014).

3.5 Population and sampling

Due to the nature of the research non-probability sampling procedure and convenience sampling was applied. Convenience sampling includes participants who are readily available and agree to participate in a study (Latham, 2007). The population for the study will included male teenagers at the Kliptown Youth Programme. A sample of 10 male teenagers aged 18 to 19 years was drawn from this population.

3.6 Research Instrumentation

Semi-structured individual interviews were utilized to collect data in the research process with ten male teenagers aged 18-19 years. An interview schedule with a few open-ended questions was used to guide the interview process and to obtain specific information aimed at understanding participants' perceptions on their role in teenage pregnancy prevention. The interview schedule involved open ended questions which covered the themes that were relevant to the research topic. A copy of the Interview schedule is provided as Appendix A.

Pre-testing of the research instrument

The pre-test was conducted with two participants in order to determine the appropriateness and clarity of the interview questions. One of the advantages of pre-testing the research instrument is that it might give advance warning about where the main research project could fail, where research protocols may not be followed, or whether proposed methods or instruments are inappropriate or too complicated (Van Teijlingen & Hundley, 2002). The participants in the pre-test were given an opportunity to state their views on the interview questions. The participants indicated that the questions were clear and relevant to the research question. Therefore the researcher did not amend any questions.

3.7 Data Collection

Data were collected through semi-structured individual interviews. Semi-structured interviews were used to gain a detailed picture of the participants' perceptions of their role in teenage pregnancy prevention. The semi-structured interview enabled the researcher to understand what participants perceive as their role in preventing themselves from making someone pregnant. According to Descombe (2000) argue that flexibility on the part of the interviewer and the interview is vital as it ensures that interviews are allowed to speak more broadly on issues raised by the researcher. In addition the semi-structured interview helped the researcher to ask in depth questions and for the participants to express their experiences. Moreover the researcher was able to probe further during interviews with participants and to

explore new themes as they emerged during the interviews. The semi-structured interviews allowed the participants to speak about their own experiences and perceptions without being led.

The researcher had a meeting with the participants to go through the participant information sheet and to explain that they could feel free to express their true feelings and opinions as the researcher will ensure anonymity and confidentiality. The researcher explained the aims and objectives of the research and the ethical issues relevant to the research. The researcher sought permission from the participants to tape-record the interviews for the study. During the meeting with participants the researcher arranged a specific place and time for the interviews with participants. All the interviews were arranged by appointment in advance of the interview and were all carried out at a time and venue convenient to the participants.

3.8 Data Analysis

The research process included ten individual interviews to gather rich information.
Data analysis was done manually using thematic analysis. Braun and Clarke (2006) explain thematic analysis as a method of identifying, analysing and reporting themes within data. They continue stating that thematic analysis is important as it mainly organize and describe data set in details, and also interpret various aspects of the research topic. In addition thematic analysis can report experiences, meanings and realities of participants and that allow Braun and Clarke (2006) to argue that it can be classified as essentialist and/or realist. Nevertheless it can also be a constructionist method, which examines the ways in which events, realities, meanings, experiences are the effects of a range of discourses operating within society (Braum & Clarke, 2006).

3.9 Trustworthiness

Pitney and Parker (2009) argue that in qualitative research it is important to address the three key concepts of trustworthiness such credibility, transferability and dependability. However for this study only three key concepts were looked at and those are the credibility, confirmability and dependability.

Credibility

According to Pitney and Parker (2009) the concept of credibility relates to whether the findings of the study are believable, accurate and are supported by the data. To ensure credibility in the study the researcher adopted the strategy of triangulation. The researcher

made use of thick description strategy to enhance credibility by providing a detailed description of the research procedures and the theoretical framework guiding the study.

Dependability

Dependability is said to be achieved through an inquiry audit, whereby details of the research process including the processes of defining the research problem, collection and analyzing of data, and constructing reports are made available to research participants and other audience (Pitney and Parker; 2009). According to Creswell (2009) 'external audit' which means someone examines the research process and product to ensure that the study's findings are consistence with its data. The researcher kept memos documenting the evaluation of the emergent themes, their answers to research questions, any change to interview questions, and the details of participants' selections.

Confirmability

According to Pitney and Parker (2009) confirmability refers to the degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest. The researcher enhanced confirmability through the use of the supervisor to check if the researcher's interpretation of the data is an accurate representation of the perceptions of the participants.

3.10 Ethical Considerations

The following ethical considerations have been identified as relevant in the conduct of this study:

Ethics approval and permission

I received permission from the manager of Kliptown Youth Programme and the Wits Human Research Ethics Committee (Non-medical) to conduct the study.

Informed consent

According to Monette, Sullivan, De Jong and Hilton (2014) informed consent refers to ensuring that potential participants are informed about every aspects of the research study which will influence their decision to give consent to participate in the study. Therefore the information sheet was provided to participants to request them to take part in this study. Participants were informed of the purpose and procedure of the study. Participants were

informed that their participation in the study is voluntary and that they could withdraw from participating at any point if they wished to do so. The participants' right to remain confidential was extended to include exclusion of any information that could identify them. Copies of the consent forms for participation in the study and for tape-recording of the interviews are provided as Appendices B and C.

Anonymity and confidentiality

The researcher explained to the participants the principle of confidentiality and its limitations. The researcher explained to the participants that the supervisor will have access to information because she will be marking the research report and will listen to the tape recordings. The researcher kept the interview recordings and the transcriptions in a password protected computer and identifying details of the participants were changed as the researcher used pseudonyms to ensure that what was discussed in the interview would be kept private. The identifying details of the participants were not included in the final report.

Voluntary Participation and right to withdraw

Rubin and Babbie (2007) argue that it is important to emphasize that participating in the research was strictly voluntary and that the participants were not coerced or manipulated to take part in the. The researcher informed the participants about the research and its purposes and invited the participants to participate in the study. The researcher explained to the participants that they did not have to take part in the research if they were not willing to participate. The researcher explained to the participants that choosing not to participate in the study will not affect them negatively.

According to Walsh and Wigens (2003) the researcher should inform the participants that they should feel free to ask questions relevant to the research study, and that if they are not comfortable about answering the interview questions they may decline to do so and may withdraw from the study without any negative consequences. The researcher explained to the participants that they had the right to withdraw from the study at any time if they felt uncomfortable and it was emphasized that there would be no negative consequences or penalties. The researcher provided information to participants regarding these principles in the Participant Information Sheet attached as Appendix B.

3.11 Summary of the Chapter

This chapter described the research approach and the research design employed in the research study. In addition this chapter provided an overview of the population and the sampling for the research study. Moreover this chapter discussed the pre-testing of the research instrument. Furthermore this chapter described the data collection a well as the data analysis methods applied in the research study. In addition the trustworthiness of the study was discussed and the ethical considerations.

CHAPTER FOUR
RESULTS AND DISCUSSION

4.1. Introduction

This chapter presents and discusses findings which have been analysed using thematic analysis process. Firstly, the demographic information of participants is provided to give overview of teenagers who participated in the study. The findings are presented under themes and sub-themes that emerged and were identified in accordance to the research objectives. In some instances the themes that emanated from the responses are illustrated with verbatim quotes from participants to demonstrate the findings.

4.2. Profile of participants

Table 4.2 shows the demographic profile of teenage males who participated in the study. The table indicates that their ages ranged from 18 to 19 years. The study included teenage males who were fathers, who had made someone pregnant and those who had not. The participants responded in Sesotho, English and IsiZulu when they were interviewed. The researcher requested a colleague who is fluent in all three languages to help with translating the data to ensure that the perceptions of the participants were accurately captured.

Table 4.2 Demographic profile of participants (N=10)

Category	Sub-Category	No. of participants
Age in years	18	4
	19	6
Gender	Male	10
	Female	0
Home Language	IsiZulu	7
	Sesotho	3
School grade	10	2
	11	5
	12	2
	post matric	1
Number of children	0	3
	Pregnant Partner	1
	1	5

1+ Pregnant partner	1

4.3. Presentation of themes

Table 4.3 shows the themes that emerged during data analysis.

Themes	Subthemes
Reasons teenage girls fall pregnant.	a. Baby trapping b. Alcohol and substance abuse
The consequences of teenage pregnancy.	a. Challenges experienced by teenage fathers b. The responsibilities of being a father c. Attitude towards abortion. d. concerns over HIV/AIDS or STI's
Sources of information on teenage pregnancy.	a. Community outreach programs b. Sex education at school
Communication regarding safe sex.	a. Parents b. Partners
Awareness about pregnancy prevention methods.	a. Accessibility of pregnancy prevention methods b. Challenges with using pregnancy prevention methods c. Consistency in using the pregnancy prevention methods d. Information required regarding pregnancy prevention methods. e. Decisions and responsibility about family planning f. role of teenage males in teenage pregnancy prevention

4.4. Reasons teenage girls fall pregnancy

When exploring the perceptions of teenage males on the causes of teenage pregnancy, the participants had different ideas on what causes teenage pregnancy. The participants identified

baby trapping as well as alcohol and substance abuse as the main causes of teenage pregnancy.

Baby trapping

The participants highlighted that they believed that teenage pregnancy was a result of what they called "baby trapping". The participants believed that teenage girls would intentionally trap them by falling pregnant for three reasons; if the girls believe that they can afford things and that they have money, if they are in love with the teenage boys and if they want them to be committed to their relationship and to stop promiscuity. The participants' fear of being trapped with a baby influenced them to consistently use pregnancy prevention methods out of fear of becoming teenage fathers.

> ***"****Because here in the townships, girls want to be pregnant and when they see that you afford some things they try to trap you with a baby"* Participant 4

> ***"****Sometimes girls would trap them with a baby if they love you but you are not committed to them and you are dating other girls to. She will trap you in order to make you commit to her since she will be having your baby"* Participant 1

Alcohol and substance abuse

The participants highlighted that they thought the use of alcohol and drugs increased their chances of them making someone pregnant. The participants identified alcohol and drug use as a contributing factor to risky behaviour by teenage males. The participants were aware of the need to use condoms. However they explained that when they are intoxicated they forego the use of condoms. In some instances they convinced each other as friends to prioritize fun over playing it safe.

> *"yes…under the influence you are more likely to make a mistake and then wake up in the morning shocked to see a girl sleeping next to you."* Participant 3

> ***"****It is easy to use it but then when you are drunk it's difficult. When we go out with my friends to have fun we often don't think about condoms so we don't use it."*
> Participant 1

4.5. The consequences of teenage pregnancy

Participants were aware of teenage pregnancy and they had a negative view about teenage pregnancy. The participants viewed teenage pregnancy as a barrier to achieving their goals. However, the participants who do not have babies of their own viewed teenage pregnancy as a huge burden to teenage mothers than fathers. The same participants viewed teenage pregnancy as unacceptable. Although teenage pregnancy is a result of an act involving and affecting both partners, their understanding of teenage pregnancy is skewed towards girls being the only ones involved and affected in teenage pregnancy. They perceived teenage pregnancy as having negative consequences for teenage girls.

> *"I know that it is not a good thing for people our age because they still have dreams and things that they would like to achieve. So as soon as they get pregnant they won't be able to reach their goals as they have to carry the baby for 9 months and then spend the following year looking after the baby".* Participant 10

> *"There are a lot…having a child would mean that I will never have anything in life. For example if I get someone pregnant I will not be able to go to school and I will be forced to start working to support the baby. I won't be able to enjoy my money when I work so I don't think teenage pregnancy is a good thing."* Participant 10

Challenges experienced by teenage fathers

Teenage fathers in the study were aware of the consequences of teenage pregnancy as they experienced them. When exploring their perceived consequences of teenage pregnancy teenage fathers in the study shared their challenges. Participant indicated that the biggest challenge they faced was in terms of supporting their children financially. Since the teenage fathers were still in school they had to depend on their parents to financially support their children. However some of the teenage fathers worked during weekends to make money to support themselves and their children. The participants explained that their parents have stopped buying them clothes or giving them an allowance for school. In addition the participants explained that becoming fathers had affected their schooling as sometimes they had to be absent from school. The participants explained experiencing negative treatment from teacher at school for being teenage fathers. Moreover they explained that having children has changed their relationship with their partners as they struggle to meet the demands of being a learner at school, a partner to their girlfriend, a friend and a father.

"I think the biggest challenge is when I don't have money. Then there will be days when I have to borrow money for something urgent. For example, if the child gets sick and needs to go to the doctor or if the mother of my child is in hospital, so money is needed urgently. I would have to borrow money from my brother." Participant 3

"I am now scared to ask my mother for things that I need since she needs to buy clothes for the baby. I don't stay with my father but I call him sometimes. I ask him for money to buy things for myself. I ask him not to tell my mother because if she knows she will take the money and want to buy things for the baby with it." Participant 1

The responsibilities of being a father

Participants highlighted the importance of acknowledging the paternity of the child as part of the responsibilities of being a father. In addition the participants highlighted the importance of having a good relationship with their children. Moreover the participants emphasized the importance of being able to support the child financially. Furthermore the participants viewed being able to provide for the child financially as an important determinant for being a good father.

"*They have to be there for their child every day after school. They have to buy things for their child and my mother has told me that baby things are expensive."* Participant 4

"To be a good father so that she doesn't make the same mistakes that I did in life…someone who is able to provide for their child. When their child asks for something they are able to do it for them when your child needs something they are able to provide for your child." Participant 2

"To provide for the child… Next year my child has to go to school and I am worried about how I will be able to pay for his school fees as I don't work and the mother of my child doesn't work too." Participant 8

"Sometimes when I am not attending during the weekends I go to work. Other times we are argue because when she has come to visit with the baby and the baby starts crying she expects me to do something about it and sometimes I am too tired from studying that I just want to sleep. I don't know how to assist her with the baby and because of that it is affecting our relationship as she threatens to stop coming to visit with the baby." Participant 3

Attitude towards abortion

The Choice on Termination of Pregnancy Act (Act 92 of 1996) makes provision for teenage girls to access legal services for termination of pregnancy. However despite this none of the teenage fathers in the study considered abortion when they found out that they had made someone pregnant. In addition the participants who had pregnant partners never considered abortion when they found out about the pregnancy. Participants displayed negative attitude towards abortion, they perceived it to be morally wrong, a sin and they were concerned that they could be aborting their last child.

> *"I think abortion is wrong that is why I told my girlfriend not to do it. I explained that I will take responsibility for the pregnancy."* Participant 3

> *"My mother taught me that no matter what you should never consider abortion as it is considered to be a sin."* Participant 3

> *"I don't think that abortion is right. What if I ruin my girlfriend's life by making her do an abortion which might result in her not being able to have a child in future? Those are some of the thing that I was thinking of. At the clinic they told us that abortion was not right as it has negative consequences. I knew abortion was not right."* Participant 8

Concerns over HIV/AIDS or STI's

The participants indicated that they did not use condoms consistently. As a result the researcher explored if teenage males were concerned about contracting HIV/AIDS or STI's by having unprotected sex. The participants were concerned about contracting HIV/AIDS or STI's. Despite this concern some of the participants engage in unprotected sex with multiple partners. Participants reported having more than two sexual partners.

> *"I do worry sometimes but then I do tell her that if something negative happens to us I will put all the blame on her because we both know our status as we have been dating for a long time. We went to the clinic to get tested for the sake of our protection. So when we have unprotected sex it is because we both know our status and we know the consequences of unprotected sex. If I get sick then I will know that I got the sickness from her."* Participant 3

> *"yes…many of times it is difficult to tell someone that you are HIV positive so I don't want to put myself in that position."* Participant 9

"No… I do think about them once I have had unprotected sex and I get scared." Participant 1

4.6. Sources of information about teenage pregnancy.

To understand whether participants had access to information about teenage pregnancy and how to prevent it, the researcher explored the sources of information that the participants had. The participants in the study received information regarding teenage pregnancy from from different sources including their parents, friends, community outreach programs and sex education at school in Life Orientation.

Community outreach programs

The participants highlighted that they received information about teenage pregnancy and how to practice safe sex from different community outreach programs that go to schools to educate teenagers such as Love Life.

'When I was still in school people from Love Life would come and teach us about how to condomise" Participant 10

"I got the information at school through Life orientation and people teaching life skills." Participant 9

School sex education

The participants highlighted that they learnt about teenage pregnancy and how to prevent it as part of the Life Orientation subject curriculum at school. When exploring the impact of sex education at school, participants felt that what they learnt during life orientation was useful as they learnt about the importance of practicing safe sex and that the use of substances and alcohol increases their chances of risky behaviour which includes unprotected sex.

"It was helpful as we were able to learn that if you behave well you will be able to get to matric without having children. Sometimes we have a study group where we discuss the negative consequences of having sex and sometimes it can have positive consequences when you have a baby with someone that you are going to marry." Participant 3

"My teachers are always telling me that I should use condoms. Everyone knows that they are supposed to use condoms but they don't use it as people continue to get pregnant." Participant 4

"They teach us that we shouldn't have sex when we are drunk or under the influence of drugs." Participant 1

4.7. Communication regarding safe sex.

Parents

The participants explained that they also learnt about teenage pregnancy during conversations that they have with their parents about sex and relationships. The participants highlighted that their parents educated them about the importance of practicing safe sex. In this study teenage males were having conversations about sex and relationships with their mothers. This was due to the fact that most of the participants were raised by single mothers. In this study the participants' mothers played an active role in teenage pregnancy prevention by encouraging open discussions with their sons about teenage pregnancy and how to prevent it. When exploring the experiences of teenage males in talking to their mothers about sex and relationships, most participants found it easy to communicate with their mothers about sex and relationships.

"At first I was shy to talk to her about it but she gave me the allowance to do so when she explained to me that I could talk to her about anything. She explained that there was no other parent that I could ask as she is a single mother. Therefore I should ask her it as she will share with me information about anything. For example she explained to me that when a girl has done an abortion I should not have sex with her as it will get me into trouble. She shares such things with me and she doesn't keep things a secret from me." Participant 3

"It was easy…they gave me advice to use condoms always." Participant 5

"Yes it is easy as I always communicate with my mother." Participant 2

"It is easy to communicate with my mother as she is a doctor so she understands". Participant 7

However, there were participants who found it challenging to communicate with their mothers about sex and relationships. The participants explained that they were scared to communicate with their mothers about sex as they would assume that they planned to make a girl pregnant and they felt that it would be easy to communicate with a male about sex and relationships.

"Obviously I won't be able to talk to my mother about such things….I am scared of her. She is my mother so I am afraid to talk to her about sex….because they will think that I am planning to have a child. I just discuss it at school." Participant 4

"*It was difficult because I am a boy so I couldn't talk to her about certain things. It would have been easier if it was my brother or my father."* Participant 1

Partner

To understand how relationship dynamics could affect the sexual practices of teenage males, the researcher explored whether the participant were able to openly communicate with their partners regarding safe sex and preventing teenage pregnancy. In this study the communication with partners dwells mainly on safer sex practices, and the participants found it easy. The participants were aware of the risk of pregnancy when they do not use contraceptives. In addition the participants found it easy to communicate with their partner's regarding safe sex.

"The thing is I am the type of person who is not afraid to talk about things because if we don't discuss it we might find ourselves in trouble." Participant 10

"It was easy as she always tells me about using condoms. I told her that I was circumcised so there was nothing to worry about. She warned me about the risk for pregnancy. So that made me use condoms." Participant 4

"Yes… it is easy as we communicate. We talk about not wanting to have another baby. We have been together for a long time o she feels free to talk about anything and I feel free too." Participant 8

4.8. Awareness about pregnancy prevention methods

In terms of the different types of pregnancy prevention methods that the participants were aware of, they identified the use of condoms, pills, injections, the implant and abstinence. The participants had no knowledge of how contraceptive methods used by girls worked. Some of the participants only knew that their partners could go to the clinic to receive a contraceptive but they had no information of the different contraceptive measures.

"We can't say that people should stop enjoying themselves in bed with sex but it is easy because there are different methods of prevention. They can use condoms or

their girlfriends can go to the clinic to receive other prevention methods". Participant 10

"I can tell you about condoms and the pills." Participant 9

"*For me I would say abstinence is the best option."* Participant 9

"*I also know about the injections. Another thing that people can do is to abstain until they get to a certain age where they feel ready to deal with the consequences of pregnancy".* Participant 10

"I know about the implant and I also know about the pills." Participant 5

"When we went to the clinic with my girlfriend they told us that if she wanted to prevent pregnancy she should use an injection. Another option was the implant which would prevent us from having another baby." Participant 8

Accessibility of pregnancy prevention methods

The participants explained that they found it easy to access condoms as they were available in clinics, taverns, salons, garages and toilets.

"I get them at the clinic and in stores. I usually use the flavoured ones. Sometimes when I go out and I meet a girl I go to buy it at the garage. Because I have met her for the first time I can't trust her so I have to use protection." Participant 3

"Yes it is easy. All the hair salons have condoms so once you are done cutting your hair you can get free condoms". Participant 4

"My friend's brother works at the clinic so when he comes home with them we take them." Participant 1

Challenges with using pregnancy prevention methods.

Participants were aware of the various forms contraceptive measures that are available, however they explained that they experiences challenge with using contraceptive. Some of the participants had no knowledge of how the contraceptive measures work. The participants had a negative perception of the use of contraceptive measures.

"I think that condom wastes time and it hurts to use it. It disturbs me when having sex." Participant 3

"I know of one method but I am not sure because people say that it will prevent her from having babies in future when she wants it. People say that the implant will make her sterile." Participant 6

"I think they need to stop using other prevention methods because people keep having babies even know they are using them". Participant 9

Consistency in using pregnancy prevention methods

Participants were asked to rate frequency of their condom use, they explained that they did not use condom consistently as they explained that they used condoms sometimes. This was due to the challenge of using contraceptive measures.

"Sometimes... When I am with my other girlfriend we condomise but with the other girlfriend we don't condomise as it is painful." Participant 3

"*It is easy to use it but then when you are drunk it's difficult. When we go out with my friends to have fun we often don't think about condoms so we don't use it."*
Participant 1

Information required regarding pregnancy prevention methods.

The participants seemed to support the use of contraceptives as a way of preventing teenage pregnancy. However the participants seemed to lack accurate knowledge about the different contraceptives and how they work to prevent pregnancy. As a result the researcher asked the participant what they would like to know more of in terms of contraceptive measures. The participants had concerns about the use of contraceptive method that they felt they needed clarity on.

I would like to know more about implants as I have only heard people talking about it telling me that my girlfriend should use it. I would also like to know more about injections. I want to know that if they use injections do they become sterile. After how long in terms of months and years do they stop using it? I want to know if they work or not. Participant 6

I want to understand why condoms burst when you use them which can result in teenage pregnancy. Participant 4

Decisions and responsibility about family planning

Participants placed responsibility for making decision about family planning on their female partners to prevent pregnancy through the use of contraceptives. However the participants explained that they would support any decision taken by their partner in terms of family planning.

It seemed that the participants believed that teenage girls were the only ones responsible for teenage pregnancy despite the fact that pregnancy is as a result of an act between both males and females. It seemed that the participants did not acknowledge the role of males in the problem of teenage pregnancy. The participants seemed to believe that they had no power in the relationship to prevent teenage pregnancy.

> ***"****I think that they are useful as even I spoke with my girlfriend and we made a decision that she needs to go to the clinic in order to prevent pregnancy."* Participant 3
>
> *"For me now I have told myself that I will only have another baby after 15 years. I don't know for her in terms of her options as a girl what she can do to prevent pregnancy. If there is something that she can do I will support her."* Participant 6
>
> *"I would say to tell the girls to prevent through injections in order to make sure that they don't get pregnant."* Participant 4
>
> "*It depends on my girlfriends if they want me to use a condom or not."* Participant 5

However some of the participants thought that it is both the responsibility of the male and female teenagers in a relationship to decide which teenage prevention method to use.

> *I think the responsibility for teenage pregnancy prevention lie with both the teenage boys and girls"* Participant 1
>
> ***"****I think I need to ask my girlfriend and take her to the clinic so that both of us can enquire so that she doesn't think that I am making decisions for her. So that after finding out about all options she can make a decision about which one is the best. We can then discuss together which one is the best."* Participant 6

Role of teenage males in teenage pregnancy prevention

The participants in the study highlighted the need for consistent condom use to enhance the role of a male partner in pregnancy prevention. The participants emphasized that it was important to use condoms as only condom use can protect teenagers from the risk of HIV/AIDS. The participant explained that condom use alone was not enough. Therefore there was a need for dual protection. Some of the participants emphasized abstinence. The participants highlighted that it was important not to engage in unprotected sex whilst under the influence of drugs or alcohol.

> *"Its easy guys need to condomise and wait for the right age to have babies when they are ready".* Participant 10

> *"The solution is to use condom but what do you do when you don't have a condom?"* Participant 5

> *"I think we need to use condoms always no matter if we are enjoying it or not. Using protection is important as you never know when a mistake will happen. I have learnt a lesson as a teenage father that when I go to a "bash" with a girl I need to make sure that I have condoms"* Participant 8

> *"I think boys shouldn't think that when they are in a relationship with girls they need to prove their love by having sex with them. They need to stop thinking that girls need to show that they trust them by having sex with them."* Participant 1

However some of the participants believed that the responsibility for teenage pregnancy prevention is that of their female partners.

> ***"****No… I don't think that the problem is with males…the problem is with girls because they like things. Obviously at home they have bought a car and they see me washing it outside. When I ask to take the car for a spin the girls see me and they want to get in the car. After they get it thing start happening."* Participant 2

> *"It depends on her. If she wants to use a condom then we use it. If she doesn't want to use a condom its fine and if I don't want to use it we don't use it."* Participant 5

4.9. Summary of Chapter

In conclusion this chapter has discussed the different themes that emerged in the research data. The participants were aware of the problem of teenage pregnancy, they were aware of

the different pregnancy prevention methods, they were aware of the consequences of making someone pregnant and they acknowledged their role in teenage pregnancy prevention.

CHAPTER FIVE

MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a summary of the main findings according to the objective of the study. In addition it draws conclusions based on the findings of the study and then makes recommendations.

5.2 Summary of the key findings

Adolescent male's level of awareness about teenage pregnancy.

The findings of the study indicate that teenage males are unaware of the high levels of teenage pregnancy in the Gauteng province. However they still perceived teenage pregnancy as a barrier to achieving their goals. The results of the study indicated that the participants' understanding of teenage pregnancy was based on their perceptions of reasons teenage girls fall pregnant, in their view teenage pregnancy is a problem that affected mainly girls. It was evident that the responsibility for teenage pregnancy is being shifted on the girls who fall pregnant despite the fact that pregnancy is as a result of an act between both males and females. It seemed that the participants did not acknowledge the role of males in the problem of teenage pregnancy. They portrayed belief is that teenage girls would intentionally trap males by falling pregnant.

Interestingly these males seem to understand that use of alcohol and drug does contribute to teenage pregnancy. The use of alcohol and drugs is linked to unprotected sex where participants highlighted that when they are intoxicated with drugs or alcohol they are more likely to have unprotected sex which may result in unplanned pregnancy. The showed some understanding of consequences of teenage pregnancy by identifying experience of teenage fatherhood by some of them while others had pregnant partners. Being a teenage father brings about difficulty in juggling ones role as learner as well as a father.

Sources of information adolescent males used to obtain information about teenage pregnancy.

The findings of the study indicate that teenage males have access to information about teenage pregnancy and how to prevent it. There are various sources of information, which were identified by the study participants; the school, community and parents. The participants of the study were taught about teenage pregnancy at school as part of sex education. In

addition the participants identified the community outreach programs directed at educating teenagers about teenage pregnancy and how to prevent it as another source of information.

Lagina (2010) views communication regarding sexual matters between parents and adolescents as vital in influencing adolescents' sexual behaviours by fostering positive sexual values for their adolescents. The participants stated that they found it easy to communicate with their parents regarding sex and relationships. However these males in the study felt comfortable communicating about sex with their mothers who were mostly single parents.

The finding of the study are incongruent with the research findings from studies indicating that parents do not discuss issues of sex with their children (Beckett, Elliott, Martino, Kanouse, Corona, Klein & Schuster, 2010; Biddlecom, Awusabo-Asare & Bankole, 2009;; DiIorio, Pluhar & Belcher, 2003; Panday, Makiwane, Ranchod & Letsoalo, 2009 and Wilson, Dalberth, Koo & Gard, 2010). In addition Lagina (2010) states that adolescents who are able to communicate with their parents about sex will more likely to use condoms and to consistently contraception. However communication with parents about safe sex did not result in less risky behaviour by the participants as they still made girls pregnant and engaged in unprotected sex.

Adolescent males awareness of the various forms contraception that are available.

The findings of the study indicate that teenage males have relatively low levels of knowledge about contraceptives. The participants could identify the contraceptives such as the injection, the implant, pill and condoms. However they had limited understanding of how the contraceptive methods work. In addition participants could list basic information about contraceptives to protect themselves from HIV, STIs and pregnancy. There were gaps and inaccuracies in the participant's knowledge of contraceptives as some believed that they were ineffective in preventing teenage pregnancy. In addition the participants didn't recognize the importance of dual protection in preventing teenage pregnancy.

The attitude of adolescent male regarding the use of contraceptives measures, abortion and the risk of HIV/AIDS and STI's

The findings of the study indicate that teenage males were aware of the risk of contracting HIV/AIDS or STI's when they have unprotected sex. However this did not result in change in behaviour as they continued to have unprotected sex. This is a great concern as South Africa has high HIV prevalence whereby 30.2% of 15-49 year old women were living with HIV in

2010 (Bearinger, 2007; Jewkes & Morrell, 2009; Panday et al., 2009 and Shefer, Morrell & Bhana, 2015).

The findings of the study indicate that the teenage males are aware of abortion as an option when there is unintended pregnancy. However they had a negative perception of abortion as they never considered it. Moreover the participants displayed negative attitude towards abortion as they perceived it to be morally wrong, a sin and they were concerned that they could be aborting their last child. The findings of the study indicate that teenage males found it easy to access condoms however they did not use them consistently. In addition some of the participants had a negative perception of the use of contraceptive measures. Moreover the participants placed responsibility for contraceptive use on their female partners to prevent pregnancy.

Adolescent males' perceptions on the responsibilities placed on being a teenage father.

A study by Swartz and Bhana (2009) found that 26% of South Africa's teenage fathers are still in school, 40% are unemployed and that most teenage pregnancy cases are more common in poorer communities. Participants in the study were willing to take responsibility for the pregnancy by acknowledging paternity. In addition the participants took the responsibility of providing financially for their children by working during weekends. This finding is consistent with the findings of studies indicating that teenage fathers felt their primary role should be in providing economically and noted that it was important to acknowledge paternity (Bunting, & McAuley, 2004; Hendricks, Swartz & Bhana, 2010; Panday, et al., 2009 and Swartz & Bhana, 2009).

Adolescent males perception of their role in teenage pregnancy prevention.

The findings of the study indicate that teenage males were aware of their role in preventing teenage pregnancy. The participants in the study highlighted the need for consistency in condom use to enhance the role of a male partner in pregnancy prevention. Some of the participants emphasized abstinence. The participants highlighted that it was important not to engage in unprotected sex whilst under the influence of drugs or alcohol.

5.3 Conclusions

In conclusion the participants were aware of the problem of teenage pregnancy, they were aware of the different pregnancy prevention methods, they were aware of the consequences of making someone pregnant and they acknowledged their role in teenage pregnancy

prevention. However, more needs to be done to educate teenage males on the different contraceptive methods to ensure that they use them consistently and accurately. This will help them to prevent themselves from making someone pregnant.

5.4 Recommendations

Teenage pregnancy prevention programs

In view of the findings it is recommended that attempts at teenage pregnancy prevention should involve male teenagers as they can contribute to the solution. In order to prevent teenage pregnancy it is important to engage with both teenage girls and boys about the use of contraceptives. Moreover male teenagers should be encouraged to take part in partners should be involved in discussions and decisions regarding accessing contraceptives and family planning.

Information on contraceptives

The findings of the study indicate that teenage males lack knowledge about all forms of modern contraceptives and how contraceptives work. Therefore it is recommended that sex education at school should include information on contraceptives and more emphasis should be placed on encouraging consistent and accurate use of condoms. Moreover the importance of dual protection needs to be emphasised as teenage males need to understand that condoms can protect them from HIV/AIDS and STI's but work better to prevent pregnancy when combined with birth control measures.

Support programs for teenage fathers

The findings of the study indicate that although teenage males were aware of their responsibilities as teenage fathers they struggled to meet those responsibilities. Therefore it is recommended that support programs should be established for teenage fathers in the community to educate them about the responsibilities of being a father and to teach them about parenting skills. In addition it is recommended that teenage pregnancy prevention programs should empower teenage males with decision making skills, assertiveness and negotiation skills to better improve their ability to communicate with their partners regarding safe sex.

The role of social workers

In addition the teenage fathers struggled to juggle their responsibilities as fathers and learners as they were still in school. Therefore it is recommended that social workers working in school should provide support to these teenage fathers as they could possibly benefit from one on one counselling, particularly those who have limited social and emotional networks to draw upon. Moreover the social workers can help to sensitize teachers to the needs of teenage fathers and how to better support them to achieve academically.

Future research

In term of future research it is recommended that the effectiveness of existing teenage pregnancy prevention programs be investigated to understand how they can be enhanced. In addition the same study could be conducted with a larger sample to improve generalization of the findings of the study.

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APPENDIX A: INTERVIEW SCHEDULE

1. What have you learnt about pregnancy prevention?
2. Where did you get your information about pregnancy? (e.g family members, friends, the media, school, doctors/nurses)
3. What are some of the things that you've heard other teenagers say about pregnancy prevention that you know aren't true?
4. Given what you already know about pregnancy prevention, what would you like to know more about?
5. What are some of the consequences of getting someone pregnant?
6. Do you communicate with your sexual partner' about pregnancy?
7. Do you usually use protection when you have intercourse? Do you use condoms? Birth control pills? Other devices? How do you get them?
8. What do you think is the role of teenage males in teenage pregnancy prevention?

APPENDIX B: PARTICIPANTS INFORMATION SHEET

Title for your research: Adolescent Male Involvement in Teenage Pregnancy Prevention

Dear Participant

My name is Kelebogile Phawe, a fourth year social work student at the University of the Witwatersrand. As part of the requirement for the degree, I am required to conduct a research about adolescent male involvement in teenage pregnancy prevention. This study intends to get the views of male partners as both potential and actual fathers, on their role in combating adolescent pregnancy in Soweto Township, Gauteng. The results of this study might lead to bigger research and if published may add to the existing knowledge on teenage pregnancy.

I therefore wish to invite you to participate in my study. Your participation is voluntary and refusal to participate will not be held against you in any way. If you agree to take part, we will arrange a time and place to meet, for a face to face interview. The interview will last approximately one hour. You may withdraw from the study at any time and you may refuse to answer any question that you feel uncomfortable with answering.

The interview will be tape recorded, with your permission. No one other than my supervisor will have access to the tapes. The tapes and interview will be kept for two years following any publications or for six years if there is no publication from the study. Please be assured that your name and personal details will be kept confidential and no identifying of information will be included in the final research report.

Please feel free to ask any questions regarding the study; I shall answer them to the best of my ability. For more information I may be contacted on 073 8356 331 or email 683763@students.wits.ac.za or contact my supervisor, Busisiwe Nkala-Dlamini at 011 717 4483 or email her at Busisiwe.Nkala-dlamini@wits.ac.za.

Thank you for taking the time to consider participating in the study.

Yours sincerely

_____

APPENDIX C: CONSENT FORM FOR PARTICIPANT IN THE STUDY

Title for your research: Adolescent Male Involvement in Teenage Pregnancy Prevention

By signing below, I am agreeing that I have read and understood the Participant Information Sheet and the purpose and procedures of the study have been explained to me. I understand that my participant is voluntary and that I may refuse to answer certain questions or withdraw from the study at any time without any negative consequences. I understand that my response will be kept confidential.

_____

Participant's Name

_____ _____

Participant's signature* Date

APPENDIX D: CONSENT FORM FOR AUDIO-TAPING OF THE INTERVIEW

Title for your research: Adolescent Male Involvement in Teenage Pregnancy Prevention

I hereby consent for the tape-recording of the interview. I understand that my confidentiality will be maintained at all times and that the tapes will be destroyed two years after any publication arising from the study or six years after any publications arising from the study or six years after the completion of the study if there is no publications.

Participant's Name _____

_____ _____

Participant's signature* Date