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The knowledge and awareness of grade twelve learners about teenage pregnancy : a case study at Vine College High School.

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CHAPTER ONE

INTRODUCTION

1.1 Brief overview of the study

The study focused specifically on exploring the knowledge and awareness of Grade Twelve learners about teenage pregnancy. The study was conducted at Vine College, an educational institution situated in the Central Business District (CBD) of Johannesburg. This chapter will briefly discuss the statement of the problem and the rationale for the research. The purpose of the study and the research design and methodology as well as the limitations of the study will be highlighted.

1.2 Statement of the Problem and Rationale for the Study

Teenage pregnancies are extremely common and have become a big challenge and a critical issue facing South Africa. This point of view is supported by Msimanga (2006) cited in Gauteng Department of Education (2007) in her statement that teenage pregnancies have reached a threatening level in South Africa as seeing that many teenagers fall pregnant at a very immature age. The Health Statistics (2007) reported that each year, adolescents become pregnant prior to the age of twenty, bringing a rounded figure of a million in a year. South Africa is battling to overcome its HIV/AIDS pandemic, however the fact that the country's teenagers are becoming sexually active and pregnant at a very young age is another contributing challenge to deal with.

The results of the studies done showed that approximately 90% of the teenagers are sexually active (Love Life, 2007). Sexual activity exposes teenagers to sexually transmitted diseases (STD's) and increases their risk to become HIV/AIDS infected. Health Statistics (2007) reported that one in five pregnant teenagers is infected with the HIV/AIDS virus. This creates a new imperative to understand teenage pregnancies and the pattern of high risk sexual activity that teenagers indulge in.

According to Love Life (2007) a variety of research studies and programmes have been developed and implemented to investigate and address the issues of teenage pregnancies in South Africa. Some studies have contributed to a better understanding of the phenomenon of teenage pregnancy and its challenges. Much effort has also been put into increasing the sex education and promotion of safer sex programmes to prevent teenage pregnancies. However, it seems that despite these efforts, there is no indication of reduction of teenage pregnancy rates in South Africa.

The alarming rate of teenage pregnancies among South Africans became a driving force for the researcher to investigate this particular phenomenon. Health Statistics (2007) showed that the teenage pregnancy rate in South Africa is 90 %. The implication of this is that the majority of teenagers do not complete their secondary schooling. It seems that the knowledge and awareness of adolescents with regards to the implications and consequences of teenage pregnancy are inadequate and more detailed research is deemed necessary. Teenagers are at a vulnerable stage in their development as they have to face and deal with many challenges. Becoming pregnant hinders teenagers from reaching their potential and dreams and might limit their future prospects.

Social work is a society based profession whose main aim is to address social issues and to protect the vulnerable populations such as children, as well as working to improve the interests of the children. On a daily basis social workers deal with teenagers some of whom are pregnant. Therefore, this study is likely to contribute to the knowledge base of the social work profession in that a better understanding of the issues teenagers are confronted with will be created. Social workers would probably also gain more insight into the phenomenon which will enable them to respond positively and effectively in helping adolescents in preventing and dealing with teenage pregnancy. The outcome of the study could also assist social workers in influencing policy development and advocating policy implementation.

1.3. Participants and Scope of the Research

The unit of analysis chosen for this study was Grade Twelve learners from Vine College in the Central Business District (CBD) of Johannesburg. The sample for this study was drawn through purposive sampling. Purposive sampling is a type of sampling that is based on the judgment of the researcher and allows the researcher to select a sample that is representative of the population.

1.4 Purpose of the Study

The purpose of the study is to explore the levels of awareness and knowledge of Grade Twelve learners at Vine College about teenage pregnancy. The study intended to ascertain how adolescents view teenage pregnancy and the causes thereof; whether they understand the consequences of teenage pregnancy and their awareness and knowledge about available sources of information and services.

1.5 Research Design and Methodology

To achieve the purpose of the study an exploratory- descriptive design was adopted and a combined quantitative and qualitative approach was employed in this study. The use of the case study contributed to the descriptive data and the in-depth understanding of the unit of analysis. Greenstein (2006) explains that qualitative research can be employed when one is exploring new territory or new ways of looking at a more familiar topic. Therefore, the qualitative approach allowed the researcher to "produce data that is holistic, contextual, descriptive, in-depth and rich in detail" (Neumann, 2000, p. 45). This is supported by Ezzy and Rice's (2000) views that the main goal of a qualitative approach is to obtain in-depth descriptions and an understanding of actions and events and expression of words.

It also allowed for open discovery and documentation of participants' personal perspectives and views. Creswell (2003) stated that qualitative research focuses on participants' perception and experiences, and ways of making sense of their lives. For this reason it was felt that a qualitative approach was appropriate for the study since it

was likely that extensive descriptions of the participants' knowledge and awareness with regards to teenage pregnancy would be produced. However, Creswell (2003) highlighted that the challenge for researchers is to make sense of different comments and experiences conveyed by participants.

1.6 Limitations of the Study

The limitations of the study were as follows: The sample was relatively small and homogenous which restricted the generalization of the findings beyond participants of the study. Vine College is not a racially diverse school; it only consists of black pupils. All the participants were black; therefore the comparison of data among different race groups was not possible. The use of a self administered questionnaire limited the in-depth information obtained because it might have restricted participants to express themselves freely. In addition the questionnaire was conducted in English, which is the second language for most of the participants. Therefore, some might have found it difficult to express themselves clearly. The research topic was sensitive in nature, as a result some of the respondents might not have been comfortable in answering some questions honestly or might have given social desirable answers. This is likely to have affected the validity and reliability of the data gathered. The method of thematic content analysis has limitations. When the researcher interpreted the data, the researcher might have incorporated her own subjectivity and findings.

1.7 Organization of the Report

Chapter one presents a brief overview and orientation to the study. Chapter Two reviews the relevant literature and describes the theoretical framework in relation to teenage pregnancy. The research design is outlined in Chapter Three. Chapter Four provides a detailed discussion of the findings that emerged from the study. The main findings and the recommendations are discussed in Chapter Five.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

Globally, there is a growing concern today about the alarming rate of teenage pregnancies and the consequences that these pose for parents, children and the society as a whole. Devenish and Greathead (1992) view teenage pregnancies as a catastrophe for an individual, her family and society. Teenage pregnancies in developed countries is usually outside of marriage and carries a social stigma in many countries and cultures (Swartz, 2004). Therefore, this chapter will review the literature and debates issues surrounding pregnancies. Initially there is an attempt to define and explain what is meant by the terms teenage pregnancy and adolescents. Furthermore, the background of teenage pregnancies in South Africa, the relationship between HIV/AIDS and teenage pregnancies, causes and consequences of teenage pregnancies will be described. Lastly, the role of social workers and teenage pregnancy prevention will be explored.

2.2 Defining and contextualizing teenage pregnancy

Teenage pregnancy can be defined as an under aged girl becoming pregnant (Macleod, 1999). Kail & Cavanaugh, (1996), supports this view when explaining that the United Kingdom has adopted a legal definition whereby a woman is considered to be a pregnant teenager if she becomes pregnant before her 18th birthday. This correlates with the New Dictionary of Social Work (1995, p.65) where teenage pregnancy is defined as a "pregnancy of unmarried female person under 18 years of age".

In general adolescents are referred to as teenagers. When the definition of adolescence is explored it seems that adolescence is the period in human development that indicates the beginning of puberty and ends in adulthood (Collins, 2003). It is very important to understand adolescents in relation to their development stage. The characteristics of this

stage of development are that of experimenting different forms of life such as sexual activities. It is also noted that adolescence is a period of life when teenagers are faced with ambiguity because they have to decide where they are going and shaping their lives. Adolescence is a period when their behaviour might become out of control and they might become involved in illegal drug use, violence, suicide, risk taking and lack of moral standards. This is a very challenging period for an adolescent (Marcia, 2001).

According to the ecosystems perspective, the person and his/her environment are dependent on one another. Therefore, this perspective brings an understanding of various ways a person may adapt to an ever changing environment in order to cope and survive (Shearfor & Horesji, 2008). The ecosystems perspective argues that the behaviour of an individual always occurs within a particular environment. Children today are faced with many challenges that might be overwhelming and their limited coping skills may prevent them from dealing with difficult situations effectively. These adolescents might end up engaging in unprotected sex in order to survive. The ecosystems perspective also implies that the actions of every individual and group affect every person and groups in society. This could be linked to teenage pregnancies in that it does not only affect the concerned person, hence the society as a whole, even the tax payers are also affected negatively. Therefore, it is clear that teenage pregnancies have far reaching consequences.

2.3 Teenage Pregnancies in South Africa

A report by Save the Children (2000), found that world wide 13 million children are born to women under the age of 20 annually. More than 90% of these births are occurring in developing countries. From the report's statistical analysis, it is revealed that teenage pregnancy is not only a problem in South Africa, but globally. In South Africa, Gauteng Province had the lowest proportion of teenage pregnancies (9.5% of the teen population in that province) compared to Mpumalanga Province, which had the highest proportion of 25.2%. Coloured and African population groups together comprised more than one-third of teenage pregnancies at the national level.

Data from the Demographic and Health Survey (2006) indicated a higher incidence of teenage pregnancy amongst rural African adolescents (cited as "African non-urban") equaling 21.1%, as opposed to African adolescents residing in urban settings (13.7%). Furthermore, 40% of the respondents who were in their 20s at the time when the survey was conducted indicated that they had given birth before the age of twenty years. Nearly half (46.6%) of teenagers who were identified as having ever been pregnant had some form of primary school education.

Clarke (2005) considers the costs of teenage pregnancies as overwhelming in South Africa and globally. He is of the opinion that teenage mothers are less likely to get married, and more likely to go on welfare for financial support. Clarke's point of view is supported by the above Health Statistics (2007) in South Africa which reflects the soaring number of pregnant teenagers.

Teenagers who fall pregnant are also less likely to complete their high school education. This seems to be one of the major obstacles in the educational development of young women in South Africa. Therefore, the odds are stacked against the children of teen parents from the minute they are born. The perception is that when a teenager has a baby, it will destroy her chances of getting an education and may even affect her health. Therefore, there is a concern for the health of the baby, and for the "dependency burden" on the family and social welfare.

A research study by Meier (1994) revealed that teenage pregnancies are soaring in South Africa and sexual activity among South African teenagers has tripled in that 90 % of South African teenagers are sexual active. Makhethe (1996) supports Meier's view and reports that five out of ten teenagers become pregnant before they reach their teens in South Africa. According to the Gauteng Department of Education (2007) alarming figures released by the South African Provincial Education Department indicate that school girl pregnancies have doubled in the past year despite a decade spent on sex education and AIDS awareness programmes.

2.4 Causes of teenage pregnancy

Teenage pregnancies have been associated with a number of causes and it is perceived as a social problem. However, the gap is that hardly any attention is paid to the driving forces or multiple reasons contributing to teenage pregnancy. Teenage pregnancy might also be associated with gang activity, coercion substance abuse, as well as night parties. In addition, peer pressure and the media influence adolescents and challenges them to take all kinds of risks to be part of the group. Socio economic factors such as poverty and domestic violence also have an influence on the escalating high rate of teenage pregnancy. Due to the fact that many parents spend most of their time at work and children are often left without supervision during the day, and / or after school, the lack of proper parental supervision also creates an opportunity for adolescents to get involved in sexual activities. According to Burger, (1999) there is considerable knowledge about practices of adolescents in general and the outcomes of their pregnancies but limited understanding of factors that place particular adolescents at increased risk of teenage pregnancy. The most prominent causes will be highlighted.

Poverty and child headed households

Poverty, and child headed households are identified by Elkind (1984) as the major contributors to teenage pregnancies. As a result of poor or no parental guidance and control, children engage in sexual activities at a very young age. This is confirmed by Mfono (2003) who conducted a study on teenage pregnancy and his results revealed that teenage pregnancy is high among child headed households. The teenagers in those households often engage in several activities in exchange for money to assist them to survive. There is a definite a link between teenage pregnancy and poverty as Mfono (2003) revealed in his study that there is high rate of teenage pregnancy among black poor teenagers. Due to poverty a big number of black teenagers get involved in unprotected sexual activities as a means to survive their circumstances. This study also confirmed that economically poor countries have more teenage mothers as compared with economically rich countries and poverty has a role in perpetuating teenage

pregnancy. Teenagers engage in unprotected sex in exchange for money to survive and ignore the possible risks.

Non- contraceptive usage due to nurses' attitudes

The study conducted by the Medical Research Council (2007) showed that the attitudes of nurses at the hospitals and other health centers are a barrier to adolescent contraceptive use in South Africa. These attitudes hinder teenagers from seeking protection and it therefore, contributes to teenage pregnancy. The findings of the study showed that most nurses feel uncomfortable to provide teenagers with contraception because of their belief systems; they feel that adolescents should not be having sex at an early age. This study also found that the nurses' attitude to requests for contraception was highly judgmental and they were perceived as unhelpful to teenage mothers.

Although nurses' attitude has an influence in perpetuating teenage pregnancy, it should be noted that social pressures can also prevent young women from using contraceptives. The myths around the usage of contraception and the side effects of some of the contraceptives have a profound effect on the health of the women. Gaining of weight, loss or increased appetite are some of the side effects of the depo contraceptive (Medical Research Council, 2007). Consideration should also be taken that some of the contraceptives are not hundred percent safe and thus contribute to the high rate of teenage pregnancy. Therefore, more research is necessary to improve contraceptives to assist with curbing the alarming rate of teenage pregnancies.

Culture

Apart from the nurses' attitude, cultural differences are also contributing factors as far as teenage pregnancy is concerned. According to Macleod, (1999) some cultures force the teenagers to fall pregnant and accept them as women only if they have proven their fertility. Some mothers also force their daughters to become pregnant so that they should have a baby at home. Teenagers are forced to fulfill their mothers's cultural norms in order to please their parents. A recent report by Marule (2008) noted that most

adolescents, irrespective of their culture, are sexually active before the age of twenty. This results in a number of unplanned and unwanted pregnancies among adolescents who are too young to assume the physical and psychological burden of parenthood.

Media

The mass media with its sexualized content is another contributing factor that perpetuates teenage pregnancies as it gives teenagers easy access to pornographic, adult television programmes and multimedia text messages. It seems that many societies are going through high moral degeneration as pornographic information is accessible free of charge via devices such as computers and cell phones. Free access to pornographic material on the internet is also likely to influence teenagers' minds. Therefore, it is recommended that there should be strict restrictions in assessing pornographic material taking into consideration that internet should be a learning device for young people (David, 2001).

Permissive sexual behaviour

According to Holgate (2006) many unplanned births occur because of the increased and widespread sexual activity among the young. The study of sexual behaviour conducted by Holgate found that about 40% of boys and 80% of girls aged as young as fifteen had some experience of sexual intercourse. The study further added that although most of these young people had some knowledge of birth control, most of them never took any precautions to prevent conception. The girls relied entirely on boys to use contraceptives and because of this, 50% of these sexually active teenagers were at high risk to fall pregnant. It is clear that sexual activities among the youth is seen as common and it is likely that with such permissive attitudes towards sexual behaviour a high proportion of young people are sexually active and therefore at risk.

A high degree of ignorance contributes to the failure in the prevention of teenage pregnancy. This should be seen in the context of teenagers seeking to meet their sexual needs not understanding or being mindful about the consequences of their sexual activities. Because of the permissive attitude among the youth they do not want to

postpone sexual activities until they get married. The Health Statistics (2007) shows that most girls fall pregnant at the age of 16, with girls as young as 11 more often found to be pregnant. This confirms the strong relationship between HIV/AIDS and high risk of teenage pregnancy.

Whilst teenage pregnancy is 'problematic' in nature, it is a subject of debate in South Africa and worldwide. Some scholars are of the opinion that the government plays a role in perpetuating teenage pregnancies by the provision of child support grants to these young mothers (Luker & Kristin, 2006). Therefore teenagers fall pregnant in order to access the state's social security to alleviate poverty. Other views are that the free abortion services contribute to the high rate of teenage pregnancies in South Africa, (Frank, 2005). Thus teenagers fall pregnant deliberately knowing that they can abort the child free of charge. Conversely, Rebekah & Lindsay (2007) state that it is the state's duty to take care of vulnerable populations through the provision of free services or social security and is supporting the abortion laws and the provision of child support grant to these young mothers.

On the other hand Wells (1992) describes teenage pregnancy as a social issue which does not only affect the concerned teenager but has a negative contribution of the society as large because these children are psychologically and financially unstable. The provision of social security to pregnant teenagers is viewed as a burden to the state and according to Makhethe (1996) the escalation of social grant recipients harm the country's economy. It also places a huge burden particularly on the tax payers who have to continuously contribute to the well being of these recipients.

2.5 Consequences of teenage pregnancy

Teenage pregnancies have far reaching consequences for the child, the mother, the father of the child but also for the family and society in general. The main consequences will be discussed. In our society teenage pregnancy is generally considered as inappropriate and there is a large body of writing which discusses the potential hazards of pregnancy to

both mother and child. As one might expect, many unplanned children may be loved while others may be rejected prior to their birth or soon after their birth. In the medical literature teenage pregnancy has been associated with medical problems such as high infant and maternity mortality, abortion, delivery complications and low infant birth weight (Dickson, 2002).

According to Macleod (1999) babies born by young mothers have a higher risk of serious health problems which can be physical and mental birth defects. Some of the defects are immature organ systems (brain, lungs, and heart), being underweight at birth, and the difficulty in controlling body temperature and blood sugar levels of these babies. Marule (2008) suggest that mental retardation, neonatal deaths and infant deaths are much higher among the babies of teenagers. Therefore, it is clear that there is a set of interrelated factors that might influence the child's development.

Should these children have these complications it becomes the government's duty to take care of their health. Macleod (1999) also perceives the soaring rate of teenagers having babies as a national and social problem which on a macro level has a negative effect on both economic and social development. This is also likely to create a cycle and or maintain a cycle of poverty within the family as the teenage mother remains financially dependent on her family and / or on welfare.

Furthermore, it can be argued that because of immaturity and inexperience, adolescent mothers often lack the knowledge and capacity to adequately respond to the needs of their children (Cunning & Boult, 1996). This is supported by Mkhize (1995) who found that teenage mothers could not cope with parenting and that they lacked parenting skills. Young mothers have limited knowledge, and are often immature and socially inexperienced and they become the role models for their children.

Holgate (2006) argues that the young mothers' immaturity, social inexperience and lack of child rearing skills have detrimental effects on their children. She and her children are more likely to become victims of crime, e.g. incest rape and family violence. The young mother and her children are also vulnerable to participating in criminal activities, such as

prostitution, drug dealing and the illegal sales of alcohol because of limited financial resources. This increases their possibility to be jailed thus leaving the baby in the care of the family, or her children also become young offenders and imprisoned.

The future life of the young mothers becomes very dim. According to Marule (2008) two out of three pregnant teenagers drop out of school**.** Clarke (2005) supports this view when he states that teen mothers are less likely to complete their high school education. Due to limited education the teenage mother will not have the required level of education or sufficient skills to enter the open labour market and she will remain dependent both on the state and on her parents. This is also likely to create or feed the existing cycle of poverty within the family as the teenage mother remains financially dependent on her family and / or welfare (Kaiser, 2005).

Most literature fails to consider the implications that teenage pregnancy has on the family of the teen mother and it ignores the fact that if the teenage mother drops out of school, it is going to exacerbate poverty and dependency on the family for financial support**.** Teenage mothers might become trapped in a cycle of poverty, even if they are employed at the time of becoming pregnant. They are vulnerable to dismissal and to receive insufficient maternity benefits to cover their needs (Swartz, 2004). Employers may also become reluctant to allow pregnant young employees time off to attend antenatal clinic. After giving birth there is often no family member to take care of the child while they are at work.

Therefore, it goes without saying that one of the long term implications for teenage mothers is their inability to complete their education that results in long term unemployment, or limited job options that are poorly paid and insecure because the teenage mother's choices are restricted. This is confirmed by Devenish and Greathead (1992).

The study by Elkind (1984) revealed that early pregnancy hinders educational attainment. The dual role of being a mother and a learner becomes so stressful to the teenager that she ends up quitting. The dual role thus impinges on the learners' school achievement.

School attendance is also disturbed by baby sitting arrangements and the health of the child. Nevertheless, it should be noted that although the girls' education is interrupted by their pregnancies, there are still opportunities for those who would go back to school after giving birth and they might still become more successful in their career sometimes than those who were not pregnant.

The limited financial resources teenage mothers have creates financial pressure and contributes to stress of not having enough money which often means living in poor housing and being unable to afford adequate health care or even basic necessities. This tends to jeopardize the health of the teenage mothers (Kaiser, 2005).This is supported by research done by Clarke (2005) who stated that these teenagers' health is often poor, their cognitive development slower and their behaviour problems are worse than that of their peers.

The Gauteng Department of Education (2007) sees high teen birth rates as an important concern because teen mothers and their babies face increased risk to their health, and thereby weakening their opportunities of building their future. Teenage pregnancy is a public health concern that poses risks to both the mother and the child. These included being forced to go on welfare, leaving school and missing out on employment opportunities. Teenage pregnancy has also become a concern due to its contribution to the maternal mortality rate which is one of the millennium development goals that is a focus in South Africa (Joost, 2005). As a matter of fact it could be seen that teen pregnancies deprive teens and their children of their childhood and their future as productive adults.

Marule (2008) verifies the above point by highlighting that teenage pregnancy is likely to force the younger girl to be more dependent on the adults around her, possibly frustrating her desires to become more independent and self sufficient. In this regard social and economic circumstances play a major part. For instance the lack of finance, secure housing, love and support may cause the teenager to become depressed. With limited education and skills, the teenage mother may be forced to turn to prostitution in order to support herself and the child. Having multiple partners places her and her unborn child at

greater risk for sexually transmitted disease including HIV/AIDS. Adolescents, like many other age groups in South Africa are greatly impacted by the HIV/AIDS pandemic. However, the impact is greater because during the ages of 15-19 years or even earlier than 15 years of age, children are likely to become more sexually active during this stage of development. If safe sexual behaviour is not practiced the outcome of this sexual experience is more often detrimental to their well being. Should we want to advance the knowledge of the health of adolescents, information about the status of teenage pregnant women is crucial.

Factors that may contribute to the number of teenagers who fall pregnant are gender power imbalances, lack of bargaining power about the use of contraceptives, lack of access to quality contraceptives and / or family planning services, as well as inadequate information on sexual reproductive health (Meier,1994). Research done by Macleod (1999) found a significant relationship between teenage pregnancies and HIV/AIDS. It turns out that five millions South Africans are HIV positive and at the current rate of infection, half of all South Africans aged fifteen years or younger could die of HIV\AIDS. Furthermore, one in three women in South Africa has given birth prior to the age of eighteen marking a high rate of teenage pregnancy in the country. For this reason, Macleod (1999) portrays STD's and HIV/AIDS as endemic among young people in most parts of South Africa.

Similarly, Msimanga cited in Gauteng Department of Education (2007) also reported that the number of pregnant schoolgirls increased abruptly from 1,169 in 2005 to 2,336 in 2006 in Gauteng. These figures confirm that teenage pregnancy keeps on escalating despite Love Life, South Africa's largest youth-targeted HIV/AIDS campaign. Additionally, the Medical Research Council (2007) also recorded that 16% of pregnant women under the age of 20 tested HIV positive. The Gauteng figures showed that 71 % of pupils were pregnant at one school in Soweto (Gauteng Department of Education, 2007). This report demonstrates a very significant relationship between teenage pregnancy and HIV/AIDS as well as soaring ignorance on the usage of contraception (condoms). Given all the consequences adolescents should avoid teenage pregnancy. Komane (2001) describes teenage pregnancy as a social issue in developing countries and

encompassing lower educational levels, higher rates of poverty, and other poorer life "outcomes " in children of teenage mothers.

The father's role in catering for or contributing to the upbringing of the child has received little or no attention at all. Research done by Love Life, (2007) showed that teenage pregnancies and the care of the child does not impinge directly or not at all, on the father's life. Hardly any attention has been given to the emotional support and fathering role or to his financial responsibility towards his offspring. However, one might argue that to some extent the lack of interest reflects traditional attitudes towards sexual behaviour of men and their responsibility for their children. For example, it has been considered more or less normal or traditional for men to have a wide range of sexual relationships than would be generally permissible for women. Therefore, in order to lower the high rate of teenage pregnancies, it is high time that men should be involved in planning for their children as abandonment by men often forces the girl child to abort an unwanted pregnancy.

Although authors like Burman (1992) and Swartz (2004) explain that fathers of the children do not usually give emotional or financial support or any form of material support to teen mothers. Very often, the fathers are also young unemployed with low levels of education and live in low socio-economic communities. This leads to them being unable to provide financial support as their families are also poor. This also implies that adolescents' themselves are developmentally still immature and thus emotionally and cognitively unprepared to cope with parental responsibility. The teen fathers may also deny paternity out of fear of the reactions of their parents and the possible financial consequences of fathering a child. Adolescents are generally not ready to commit long term relationships as they are still in process of experimenting with different lifestyles and roles. As a result the adolescent father may be scared off by the prospect of having to assume the responsibilities and the permanent role of father and husband that he is not ready for. In support of this view is Swartz, (2004) acknowledges that there is a lack of male responsibility in childbearing and rearing.

2.6 Legislation and Policies

The different legislations that have a bearing on teenage pregnancies are the Child Care Act (84 of 1996), the Education Policy and Abortion Act (Act 92 of 1996).

2.6.1 The Child Care Act

Holgate (2006) argues that our laws and polices play a major role in perpetuating teenage pregnancy. A classical example is the Children's Bill which gives children of twelve years a right to access contraceptives as well as abortion without their parents' consent. This is a major concern for many parents. The message given is "children you can have sex and if you get pregnant you can go for abortion and your parents do not have to know". In this regard Holgate (2006) argues that such laws need to be revisited if teenage pregnancy has to be dealt with effectively.

The laws become controversial, because it is a criminal offence for a parent to take her child for virginity testing without the child's consent (Mthetwa, 2003). However, a child has the right to go for an abortion and use contraceptives without parental consent. While virginity testing does not do any harm to the child, contraceptives have medical side effects which may threaten the health of the child concerned. Mthethwa (2003) therefore recommends that the law should encourage and exercise cultural practices such virginity testing to assist in curbing the spread of teenage pregnancy and HIV/AIDS. Uganda is said to be the best example of a country with the lowest rate of HIV/AIDS and teenage pregnancy because it offers bursaries to teenagers who are virgins. However, the condition is that once the child loses his or her virginity the bursary is withdrawn. Considerable evidence has been found that these cultural practices have decreased the rate of teenage pregnancy in other countries (Mthetwa, 2003).

2.6.2 Education Policy

According to Love Life (2007) the policy that allows pregnant girls to continue attending school should also be held responsible for the rise in pregnancies. According to the education policy girls are no longer expelled from school. According to the education policy every child has a right to education and also stipulates education is important to break the poverty cycle in which most of the teenagers are trapped (Olivier, 2000).

One would argue that both the teenage girl and the boy who had impregnated the girl should be expelled together as the Minister of Education Naledi Pandor had suggested in 2002. Ms Pandor stipulated that in order to curb teenage pregnancies a law should be implemented that forces the young boy who has impregnated the teenager to also leave school as a sort of punishment as the teenage mother usually suffers alone. These views are supported by a study a conducted by U.S. News & World Report Poll (1996), that the lack of expulsion of pregnant teenagers has a large role in influencing teenage pregnancy.

Furthermore, unlike most other developing countries, girls who become pregnant in South Africa are not expelled during pregnancy nor are they forbidden to return to school after giving birth. Therefore, pregnant teenagers do not need to interrupt their studies severely. Researchers have already suggested that this education policy may explain why girls in South Africa start childbearing during adolescence. In other countries like Zimbabwe and Uganda young girls are not allowed to attend school during pregnancy.

2.6.3 Abortion legislation in South Africa

Abortion in South Africa was legalized in 2005. The Choice on Termination of Pregnancy Act (Act 92 of 1996) was passed, providing abortion on demand. Abortion was legalised in South Africa due to the high death rate of women especially of poor black women who used back street abortion services. According to Dawes (2003) studies conducted showed a major decrease in maternal deaths as a result of back street abortions after the legalisation of abortion in South Africa.

Abortion is provided free of charge in a variety of governmental institutions such as hospitals and clinics. In South Africa, a woman of any age can get an abortion by simply requesting it with no reasons given if she is less than 12 weeks pregnant. If she is between 13 and 20 weeks pregnant, she can get the abortion if her own physical or mental health is at stake; if the baby will have severe mental or physical abnormalities; if she is pregnant because of incest or rape; or if she is of opinion that her economic or social situation is sufficient reason for the termination of pregnancy. If she is more than 20 weeks pregnant, she can get the abortion only if the fetus' life is in danger. Previously, a woman under the age of 18 was forced to consult with her parents prior to undergoing abortion, however now a woman as young as 12 can undergo an abortion without parental consent (Dawes, 2003).

2.7 The prevention of teenage pregnancies

The high rate of rate of teenage pregnancies is indicative of a high level of unprotected adolescent's sexual activity which poses a very high risk to STD's and HIV/AIDS. More prevention programmes and services need to be designed and implemented in an attempt to reduce pregnancies. Komane (2001) acknowledges that many studies and campaigns have been initiated in an attempt to uncover the causes and limit the number of teenage pregnancies world wide and in South Africa. One programme that supports Komane's views is the Love Life campaign. Love Life's strategy is aimed at building awareness by stimulating more open and better-informed communication about sex, sexuality and gender relations, to develop the necessary public health services, institutional support and outreach programmes for young people.

Love Life is a brand-driven, comprehensive national programme, targeting 12 to 15 year-old South Africans. It focuses on reducing the negative consequences of premature and adolescent sex by promoting sexual health and healthy lifestyles for young people. Love Life's goal is to reduce teenage pregnancy and the spread of HIV/AIDS and STD's among young South Africans. The programme utilizes the media nationwide, and combines various forms of health risks drives to develop adolescent-friendly health services, as well as outreach and support programmes (Love Life, 2007). This campaign

has been particularly directed to the youth trying to make them aware and educate them about the risks of unprotected sex in an attempt to reduce the alarming rate of teenage pregnancies.

A study by the Medical Research Council (2007) recommended sex education at school before the age of 14, when young people become sexually active. This should include information for teenagers about avoiding STD's. At the same time it should provide detailed information about contraception and its side effects, as well as better management and training of nurses so they can deal with teenagers requiring contraception and provide the necessary information and education, in a more empathetic manner so that teenagers are not afraid to ask for contraceptives. This will also assist in minimising the stigma attached to teenage pregnancies. Teenage mothers face shaming and blaming from other people, and are afraid to admit that they are pregnant, which keeps many of them away from the doctor, clinic or antenatal class until the pregnancy is advanced.

Love Life (2007) also stressed the role of schools in curbing adolescent pregnancy. It seems that there is uncertainty about whether pregnancies in Gauteng schools were really "spiraling" out of control or whether the higher figures represented improvements in reporting teenage pregnancies, or if the stigma associated with disclosing pregnancy has disappeared. It is clear that more research is required.

Family planning services are widely accessible in urban areas in South Africa. Family planning services are meant to prevent teenage pregnancy and unwanted pregnancies. However, despite the fact that the provision of contraceptive services has increased in urban areas in South Africa, Lesch & Kruger (2005) reported poor usage of these services among adolescents as most of them hold a belief that they will never become pregnant. In the study by Macleod (1999), he reported that the teenagers, who use contraceptives, use them more regularly.

Macleod (1999) argues that the prevention of teenage pregnancies should happen through comprehensive sex education, improved contraceptives, education and training of the

parents of teenagers on how to talk to them about sex and relationships. Other authors like Burger (2002) reject this view by stating that education encourages more and earlier sexual activity. Therefore, it is the responsibility of the state to embark on effective action in an effort to decrease the soaring rate of teenage pregnancies.

Holgate (2006) sees sex education in schools as the only solution to reduce teenage pregnancies worldwide. He also postulates that sex education should be part and parcel of every school's curriculum and should be a compulsory subject. However, he fails to consider that increased sex education does not necessarily mean an increase in learners' knowledge about or willingness to use contraception as prevention. Sex education is likely to influence the behaviour positively for those who are willing to change and is likely to bring resistance for those who are not in a position to change. Therefore, it should be anticipated that sex education in school can bring about positive or negative change depending on the individual at whom it is directed to. Research done by Love Life (2007), postulated that sex education sometimes tend to produce the opposite behaviour, namely encouraging teenagers to experiment with unsafe sex.

2.8 The Role of Social Workers in curbing teenage pregnancies

Many people experience difficulties in managing life situations and transitions, which in turn impact on their social functioning. Therefore, social workers as agents of change work in collaboration with the state to improve social development and enhance the well being of the vulnerable groups such as children and the elderly. Looking at the social work profession in a developmental perspective, social workers should be the most central focus in social development as agents of social change. That is to say they are there to bring about positive change and growth to the lives of the vulnerable population who have been somehow excluded by the system. Social workers should contribute to social development by implementing appropriate intervention strategies in response to people's problems. Patel (2005, p.45) describes social development as "a process which results in the transformation of social structures in a manner which improves the capacity of the society and encompasses a commitment to individual well-being and volunteerism,

and the opportunity for citizens to determine their own needs and to influence decisions which affect them. Social development incorporates public concerns in developing social policy and economic initiatives".

In this instance social workers should equip teenagers with life skills and also inform and educate them about issues like teenage pregnancy and how teenagers should protect themselves. Midgely (1995) postulated that social work interventions are employed to reduce harm, stabilise situations, to empower people to make use of resources, for developing social policy and social planning to provide better services.

According to Lombard (1992) and Patel (2005) social workers contribute to social development through playing the following roles: brokering, facilitating, advocacy, educating, information sharing, counseling, empowering and affirming. Social workers act to help individuals, families and the community by rendering services to overcome social issues and to alleviate undesirable situations.

Although social workers are aware of the problems associated with teenage pregnancy, scarce resources hinder their willpower to help. The social work profession has always voiced a major commitment to ensuring that each individual has an opportunity to develop his or her full potential. This goal challenges social workers to include human sexuality in their total understanding of the client and their client's social functioning. Marule (2008) posits that the social work profession is in a state of radical change and therefore social workers should be sex educators as far as teenage pregnancy is concerned. This literature should be recognized for such positive ideas; however, it should be criticised for failing to take into account that social workers do not have necessarily have professional training preparation in human sexuality concerns. Apart from this social workers experience the same socialization about sexuality as their clients, learning through informal sex education that in this culture (nice people do not talk about sex). Looking at the real sex education process it is not usually delivered by formalized programmes, but it is taught informally through many channels of communication such as advertisements. A further obstacle or impediment to connecting social work with sex

education is the fact that social work often functions in agencies that only have a problem solving focus and not a preventative focus.

Marule (2008) argues that the most important role of a social worker in this regard should be that of a counselor as compared to being a sex educator. He thus suggests that sexual problems should be referred to a marital counselor. While social workers' training prepare them to deal with crisis intervention and problems relating to human behaviour, some social workers fail to see sex related aspects as part of these problems. For it is obvious that unwanted pregnancies, marital dysfunctions, and teenagers' identity problems have a sexual component. Therefore, sex counselling should be an integral part of general social work practice.

Often, the lack of information about human beings and their basic functions interfere with the helper's ability to practice competently. There is therefore a need in restructuring the social work curriculum so that it becomes inclusive of providing social workers with information about human sexual behaviour, provide them also with skills and techniques for dealing with sexual or social problems of the client systems. In conclusion, our culture is filled with sex and sexual symbols and human beings are sexual beings and therefore to ignore sexuality is to deny part of our humanity. It is thus high time that parents and teachers should talk freely and openly about sex in homes and school if we are to control the crisis of teenage pregnancy.

2.9 Conclusion

Teenage pregnancies have become one of South Africa's most urgent and challenging social problems. Teenage pregnancy is strongly linked to social ills such as school drop out, unemployment, chronic poverty and family disruption. The children of teenage parents are also at high risk of medical difficulties, school failure, child abuse and pregnancy. The chapter thus identified several causes and consequences of teenage pregnancy. It is also revealed by the literature that some of the legislation implemented by the government perpetuates the high rate of teenage pregnancy.

It is clear that the cause of teenage pregnancies namely poverty, child headed households, none contraceptive usage due to nurse's attitude, culture, media, and permissive sexual behaviour play a major role in exacerbating teenage pregnancies. It could also be noted that poverty has been identified as the major contributing factors to teenage pregnancies as most teenagers engage in unprotected sexual intercourse in exchange for money in order to survive. The implications of teenage pregnancies in terms of HIV/AIDS, STD's, and school drop out, family disruption, abortion and teenage pregnancies are far reaching. However, it could be seen that despite such implications, teenagers still continue to engage in unprotected sex.

Prevention services for teenage pregnancy are available free of charge in South Africa from different health centers. Nevertheless, the study revealed that only a few teenagers are making use of them. There are also different pieces of legislation and policy in the South African context, namely, Child Care Act, the Abortion Act, and the Education policy. The Education policy has been blamed for exacerbating teenage pregnancies by allowing teenage mothers to continue attending school when they are pregnant. The results of this study have important implications for both policy and programmes that could help to ameliorate the potentially negative consequences or at least make things easier for adolescent girls who become pregnant in South Africa. Similarly the Abortion Act has also been seen as a major contributor to teenage pregnancy due to free access of abortion services for children as young as twelve without their parental consent. The role of social workers is to promote social development among the vulnerable population such as teenagers. It is therefore, a social worker's duty to educate and inform teenagers about teenage pregnancy and empower them so that they become responsible citizens of the country.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter essentially contains a description of the research design and methodology used to conduct the research process. The primary aim and secondary objectives of the study, research questions, sampling procedures, research tools, method of data collection, and data analysis will be presented. The limitations of the study and the ethical considerations will also be addressed.

3.2 Primary aim and secondary objectives

The aim of the study was to explore the level of awareness and knowledge of Grade Twelve learners at the Vine College about teenage pregnancies.

The study had the following secondary objectives:

- To explore the learners' level of awareness about teenage pregnancy.
- To identify what sources of information learners used to obtain information about teenage pregnancy.
- To establish the learners' understanding of the factors leading to teenage pregnancy.
- To investigate learners' knowledge concerning the consequences of teenage pregnancy.
- To determine the learners' knowledge regarding teenage pregnancy prevention programmes and services.

3.3 Research questions

1. What are adolescents' levels of awareness and knowledge about teenage pregnancies?
2. How do adolescents understand the implication and consequences of teenage pregnancies?
3. What are adolescents' levels of awareness and knowledge about prevention of teenage pregnancies?

3.4 Research design and strategy

To achieve the purpose of the study an exploratory- descriptive design was adopted and a combined qualitative and quantitative approach was employed in this study. The use of the case study contributed to the descriptive data and the in-depth understanding of the unit of analysis. Greenstein (2006) explains that combined quantitative and qualitative research can be employed when one is exploring new territory or new ways of looking at a more familiar topic. Therefore, the qualitative approach allowed the researcher to "produce data that is holistic, contextual, descriptive, in-depth and rich in detail" (Neumann, 2000, p. 45). This is supported by Ezzy and Rice's (2000) view that the main goal of qualitative approach is to obtain in-depth descriptions and an understanding of actions and events and expression of words.

It also allowed for open discovery and documentation of participants' personal perspectives and views and as stated by Creswell (2003) qualitative research focuses on participants' perception and experiences, and ways of making sense of their lives. For this reason it was felt that qualitative design was appropriate for the study since it was likely that extensive descriptions of the participants' knowledge and awareness with regards to teenage pregnancy would be produced. However, Creswell (2003) highlighted that it is important for researchers to make sense of multiple comments and experiences conveyed by participants.

3.5 Sampling Procedures

The population that the sample was drawn from was the Grade Twelve learners at Vine College. This school is situated in the CBD of Johannesburg. The learners at the school come from surrounding townships and were exclusively blacks. Purposive sampling, a type of non- probability sampling was used. This type of sampling is based on the judgment of the researcher and allows the researcher to select a sample that is representative of the population. Terre Blanche, Durrheim & Painter (2006, p.139) states that purposive sampling depends not only on availability and willingness to participate, but that cases that are typical of the population are selected". The sample size consisted of 30 learners both male and female, aged 15-21 all enrolled in grade Twelve who volunteered to participate in the study. Seven of the participants were boys and 23 were girls.

The criterium for selection of the participants was that the participants had to be enrolled in Grade Twelve at the Vine College at the time of the study. Before the research was conducted, permission was obtained from the school. The letter of approval can be found in Appendix A. A separate consent letter to the parents of learners requesting permission for their minor children to participate in the study was sent to them via the learners. The participants also signed a letter of consent before they participated in the study. These letters are set out in Appendices B and C.

3.6 Research Tool

A semi-structured questionnaire was used as the research instrument. According to Vogt 1993, (as cited in Terre Blanche, et.al, 2006) a questionnaire is compiled of written questions and it is one of the most common research tools for gathering data. A copy of the questionnaire is displayed in Appendix D. The questionnaire was constructed in such a way that it was in line with the aims and objectives of the study and it enabled exploration of the research questions. The questionnaire was semi-structured and had standard questions that elicited demographic information from the participants. It also

contained open-ended questions for qualitative responses and closed questions where the respondents could select one or more choices from a fixed list of answers provided. The questionnaire also covered certain themes that were of relevance in this research and it was anonymous and confidential.

3.7 Pre-testing the Research Instrument

It is important to pretest the research tool in order to determine whether questions are clear and unambiguous and non- leading (Grinnell, 1993). It also highlights potential problems and areas that might have been omitted. A pre-test contributes to the credibility, dependability and trustworthiness of a qualitative research tool. A pre-test was conducted with the initial supervisor of the study who assessed the questionnaire and with two colleagues of the researcher to determine if there were any leading and ambiguous questions. However, it is acknowledged that using people who were not representatives of the unit of analysis is a limitation of the study. It took about 45 minutes to administer the questionnaire. This was the expected duration of completion of the questionnaire. The people participating in the pre-test were requested to give feedback and make comments. However, no problems or ambiguities were highlighted during pre-testing the research tool.

3.8 Data Collection

Data was collected through group administered semi-structured questionnaires. The semi-structured questionnaire allows the researcher to collect the large amounts of data from a large number of respondents. However, as mentioned by Delport in deVos, Strydom, Fouche and Delport (2005) this method has disadvantages. Some mentioned are: to obtain a suitable venue and time slot which suits all respondents; there might be some degree of mutual influence among the participants despite the fact that they are completing it independently, and some respondents might be embarrassed to ask for clarification in the group should they not understand certain questions and instructions, and then they will answer the questions arbitrarily which can affect the validity of the data. On the date agreed with the school, the researcher with the assistance of the teacher

assembled Grade 12 learners who agreed to participate in the study in one class during a free period to administer the questionnaire. Using a free period ensured that no lessons were disrupted**.**

The participant information sheet as displayed in Appendix E was explained to the participants and they were notified of their right to refuse participation if they wished to do so. They were also informed that they can withdraw from the study anytime they wish to do so without any negative consequences. Explaining the consent form gave the participants an opportunity to ask questions they had or clarifying anything that they did not understand concerning the study. After all the questions were clarified the participants were given an opportunity to sign the consent forms. Participants were encouraged to work individually and the teacher assisted the researcher by maintaining order. The completion of the questionnaire took 30-45 minutes and the questionnaire was anonymous and confidential.

3.9 Data Analysis

According to Creswell (2003) data analysis is a process that follows the following steps: The first step involves arranging the data into different types of categories depending on the sources of information. Secondly, the researcher has to read through all the data so as to obtain a general sense of the information and to reflect on its overall meaning. Thirdly, a detailed analysis with a coding process was initiated. Coding as a process of organizing the material into chunks before giving meaning to those chunks. The coding process generated description of the setting or people as well as the categories or themes for analysis.

These themes are the ones that appear as major findings in qualitative approach and they display multiple perspectives from individuals and are supported by diverse quotations and specific evidence. The final step to data analysis involves making an interpretation or meaning of the data such as noting the lessons that were learnt. These lessons are reflected in the recommendation of this study. These lessons could also be a meaning

derived from a comparison of finding with the information gleaned from literature or extant theories.

Qualitative data analysis refers to the categorization, ordering and summarizing of data to obtain answers to research questions. Delport in deVos, Strydom, Fouche and Delport (2005) therefore, argues that data analysis is a period when the researcher analyses theories and makes sense of the data. Quantitative data analysis is the stage of the research process where the researcher organized the huge amount of data collected into coherent units.

Thematic content analysis was used to gain insight and to understand the level of knowledge and awareness of Vine College's Grade Twelve learners about teenage pregnancies. This form of analysis was chosen because it allowed the researcher to develop theories that focused on the adolescents' knowledge and awareness of teenage pregnancies. The researcher established a set of categories and then compiled the information that fell into specific categories. The data was codified and organized according to the relevant themes. The respondent's views were then analyzed compared and contrasted with the objectives of the study and the literature.

3.10 Limitations of the study

The limitations of the study were as follows: The sample was relatively small and homogenous which restricted the generalization of the findings beyond participants of the study. The Vine College is not a racially diverse school; it only consists of black pupils. All the participants were black; therefore the comparison of data among different race groups was not possible. The use of a self-administered questionnaire limited the in-depth information obtained, because the research tool might have restricted participants to express themselves freely. In addition the questionnaire was conducted in English, which is the second language for most of the participants. Therefore, some might have found it difficult to express themselves clearly. The research topic was sensitive in nature, as a result some of the respondents might not have been comfortable in answering some questions honestly or might have given social desirable answers. This is likely to have

affected the trustworthiness of the data gathered. The method of thematic content analysis has limitations. When the researcher interpreted the data, the researcher might have incorporated her own subjectivity and findings.

3.11 Ethical considerations

The researcher made an effort to adhere to ethical standards. Permission to conduct the study was obtained from the University's Human Research Ethics Committee (non-medical). Ethics clearance certificate number H080711 was issued by the committee and is set out in Appendix F. Newman (2000) indicates that every researcher should be ethically sound in order to protect the participants from any physical or psychological harm and treat participants with respect and dignity. Although counseling services were available none of the participants used the services.

Creswell (2003) stipulates that a critical issue in every research is that the participants should grant informed consent before participating in the study. Prior to the research, the researcher clarified the nature of the research and participation in the study was voluntary and based on informed consent. The participants were informed of the right to withdraw from the study at any point, if they desired. Participants were also informed that they could choose not to answer any questions that they felt uncomfortable in answering. Confidentiality was discussed with the participants before they participated in the study. Participants were also required to read and sign the participant information sheet. Signed consent forms were obtained from parents and guardians indicating their permission that minor learners could participate in the study.

3.12 Conclusion

The chapter has outlined the aims and objectives of the study as well as the research design and methodology that was employed to conduct the study. It included the description of the sampling, procedures, research tool and the pre-testing of the research tool. The method of data collection was explained and the data analysis was discussed. Lastly, the limitations of the study as well as ethical considerations were highlighted.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF THE FINDINGS

4.1 Introduction

Results or findings are presented and discussed in accordance with the objectives of the study. The responses will be analyzed thematically and illustrated with verbatim quotes from participants. Therefore, this chapter will provide a holistic picture of the levels of knowledge and awareness of the Grade 12 learners from Vine College about teenage pregnancies. The following emerging themes will be discussed: The first being the level of knowledge and awareness about teenage pregnancy. The second theme refers to the sources of information that learners used to obtain information about teenage pregnancy**.**

The third theme explores their knowledge about the causes of teenage pregnancy. This theme is divided into sub themes like: alcohol and substance abuse, poverty, television and sex and adolescents behaviour. The fourth theme refers to their understanding of consequences of teenage pregnancy. Sub themes namely, educational disruptions, impact on future plans, financial vulnerability and HIV/AIDS and teenage pregnancy will also be highlighted. The last theme explore their views and ideas regarding possible preventative interventions for teenagers and their knowledge and awareness about existing services that they might use if they fell pregnant.

4.2 Description of Participants

Thirty Grade 12 Learners from the Vine College participated in the research. Table 1 describes the profile of the participants.

Table 1: Profile of participants (N=30)

Demographic Factor	**Sub Category**	**No**
Gender	Male Female	7 23
Ethnicity	Black	30
Religious Affiliation	Christian Unknown	23 7
Age	15-16 17-18 19-20	10 6 14
Current living place	Mother\Father (Parents) Grandmother Other relatives	15 5 10
Has experienced Pregnancy	Yes No	2 21

Note: Numbers do not add up to 30 as individuals in last demographic factor because 7 participants were male.

Table 1 reveals that 7 (23,3%) of the participants were males and 23 (76,7%) were females. All participants represented the Black ethnic group. Of the participants 23 (76,7%) were Christians and 7 (23,3%) did not complete the question. In terms of age, 14 (46, 7%) participants were between 19-20 years of age, 10 (33, 3%) were between 15-16 and 6 (20%) were between 17-18 years of age. The current living arrangements of the participants showed that 15 (50%) were living with their parents, 10 (33,3%) lived with other relatives and 5 (6, 7%) lived with their grandmothers. Only 2 (6,7%) of the female

participants had experienced teenage pregnancy and 21 (70%) had not experienced teenage pregnancy.

4.3 Levels of Knowledge and awareness about teenage pregnancy

The understanding of teenage pregnancy brought about various responses from the adolescents. When asked about their understanding of teenage pregnancy, 29 (96,7%) of the respondents had a similar understanding of the concept. They seemed to be knowledgeable about the defined meaning of the concept. The respondent defined teenage pregnancy as an "under aged girl becoming pregnant".

One respondent described it as a situation whereby "***a girl between the ages of thirteen and nineteen falls pregnant"***.

Another respondent postulated "***teenage pregnancy is when a girl who is still young engages in sexual intercourse and this resulting in her falling pregnant with a child. The girl might be of a very young age and in some instances it involves the girl being impregnated by an old person or another teenager"***.

One participant lamented "***teenage pregnancy is when you are young and pregnant not having an idea what it is like being a young mother****".*

Shisana (2005) describes teenage pregnancy as a premature girl falling pregnant. Swartz (2004) describe teenage pregnancy as when teens (girls between the ages between 13 and 19) fall pregnant. Therefore, it seems that their understanding of teenage pregnancy is consistent with the literature by different authors.

These views are an indication that most young people are aware of what teenage pregnancy is. Therefore, it should be acknowledged that teenage pregnancy is a serious

problem that needs to be addressed before many future endeavors are disrupted. Obtaining better understanding of the levels of knowledge and awareness on teenage pregnancy is precisely what the study is all about and it seems that the majority of the participants are aware and have a good understanding of teenage pregnancy.

This is verified by the statement from the following participant "***Teenage pregnancy is very high as far as I know and there is no doubt about that. There are lots of teenagers who are pushing big bellies with children inside all over the streets and in schools"***.

Another respondent commented as follows: "***Oh yes there is high teenage pregnant rate in South Africa, there in no doubt about that, many young girls are seen on the streets and queing at abortion services queuing to abort the children. After all there are still lots of girls I see on a daily bases that are definitely pregnant".***

Another respondent stated: "***I don't think teenage pregnancy is a real problem in South Africa because it has not yet reached a threatening level because as far as I know the teenage pregnancy rate is very low"***.

Another stated: ***Teenage pregnancy is low in South Africa because many people are using family planning which is available for free in clinics and after all you can still find condoms lying all over the public toilets making it very easy for teenager to have access to them".***

When asked about their views on the rate of teenage pregnancy in South Africa, 28 (93, 3%) of the respondents acknowledged that South Africa has a high rate of teenage pregnancy and only 2 (6, 7%) stated that South Africa has a low rate of teenage pregnancy. One might argue that these are the teenagers who do not have enough information about the current statistics of teenage mothers in South Africa.

The high pregnancy rate in South Africa is supported by a report from the Gauteng Department of Education (2007) which highlighted that 90% of pupils do not complete

their matric level due to teenage pregnancy. This is also proven by the endeavors of the Minister of Education to suspend pregnant mothers for two years from school after falling pregnant. The Gauteng Department of Education (2007) disclosed the escalation of teenage pregnancy that made headlines last year indicating that more that 72 000 girls aged between 13 and 19 did not attend school because they were pregnant. Official figures from the Provincial Departments of Education revealed that 5 868 learners in KwaZulu-Natal and 1748 in the Free State fell pregnant last year. About 5 000 pregnancies were reported in Limpopo, while Gauteng recorded 2 542 in the past two years (Gauteng, Department of Education, 2007). Looking at the above statistics it goes without saying that South Africa is really facing a major challenge as far as teenage pregnancy is concerned.

It seems that most of the respondents are aware of the rising number of teenage pregnancies despite all the efforts and initiatives that have been taken by the government to curb this problem. One could argue that teenagers ignore the fatal consequences and continue to have unprotected sex. With reference to HIV/AIDS the Health Statistics (2007) revealed that there are five million South Africans infected with HIV/AIDS and 50 % of the infected are youth between the ages of 15 and 24. The statistics reflect a high rate of ignorance and an uncaring attitude among teenagers.

4.4 Experience of teenage pregnancy

When participants were asked if they have been pregnant only 2 (6,7%) disclosed that they were pregnant once in their life and the majority of them denied ever being pregnant.

The respondent explains that: *"**I got pregnant when I was only 15 years old and by then I was confused you know because I had just lost my mother and to take out stress I fell in love with this boy you know who refused to use a condom**. **I was doing standard 8 by that time".***

This confirms that the poor emotional support during difficult times that some teenagers often encounter in their lives is a major cause of the soaring rate of teenage pregnancy in our society.

Another participant stated that: " ***I never believed that I was really pregnant, I was doing standard nine by then, and I did not understand what was happening with me because I thought I cannot fall pregnant as I was still very young".***

It seems that some of the teenagers do not have enough information and knowledge about the physical changes in their body that is part of development and it shows the lack of proper sex guidance. Therefore, some teenagers might be naïve due to lack of information.

The different experiences and views of the respondents gave the researcher an understanding of their knowledge and awareness of teenage pregnancies and the challenges they have to deal with when they get pregnant at an immature age. The number of learners that disclosed that they have been pregnant before was very low. This is therefore not supportive of the study done by the Department of Health (2007) which found that 90% of the teenagers had a child by the age of 19 years.

In addition, the Health Statistics (2007) highlighted that 40% of the teenage pregnancies are a result of rape from a family member. Family rapes go unreported in fear of arresting the family member who in most circumstances is the one who is fending for the family. Deducing from the above statistics it could be seen that teenage pregnancy is very high in South Africa despite a lot of initiatives to curb the problem. One would therefore ask as to "**What does the future hold for these girls and their offspring?**

4.5 Sources of Information about Teenage Pregnancy

From the data analyzed it seems that 15 (50%) of participants obtained information about teenage pregnancy from the media. As one participant stated: "***I get the information from the media; there are lots of drama teaching about sex both the radio, TV, newspapers and many more".***

Another commented "***Ha if you want lots of information just sit down and listen to the media they are very informative***. ***I will never talk about sex with my parents or sister because I'm scared they will start asking me if I am now sexually active of which it is none of their business. They will also start monitoring me and following me wherever I go and that will make my life miserable".***

Another one also stated: "***there are lots of scary advertisements about sex on the television, which teaches me a lot of things about sex and its consequences. For example there is an advert that shows how scary the HIV virus looks like and it really makes me scared to have unprotected sex".***

Another participant shared ***"I always watch eTV it has lots of sex and I learn a lot from there but I have to make sure no one a home sees me because they will start treating me otherwise".***

These finding shows that the media (radio, TV or printed) seems to be the most influential source in conveying information about sexual related issues to the public.
The media is able to reach high numbers of people in a short space of time as compared to the internet which is inaccessible to most people (Shears, 2005).

The other 15 (50%) of participants reported that they acquire information from their friends. One participant noted: "***I usually get the information from my friends as we more often discuss about such issues".***

Another participant commented that: **"*some of my friends are well informed about these sexual issues and they also share that information with me".***

Similarly another respondent highlighted: **"*I usually talk to my friends about sex because I know they will not judge me and we trust each other. We make sure that we only share this information among ourselves as we have trust towards each other".***

These responses highlight the gap and a lack of openness between teenagers and their parents as far as guidance and discussions about sexual issues are concerned. The findings also confirm the fear some teenagers have about discussing sexual issues with their families. Some teenagers are hesitant to talk to their parents because they feel they are misunderstood and judged, therefore they rather talk to their friends about sexual issues.

Only 2 (6,7%) of the respondents highlighted that they acquire information from their families. One participant mentioned: **"*I get the information about teenage pregnancy from my family members. They always tell me to use condoms if I want to have sex".***

These findings confirm that most families are still avoiding talking openly about sexual issues with their teenagers. In most instances, this might be due to culture and different beliefs. Different studies indicated that most black families find it difficult to talk openly about sexual issues with their children as it is seen as a taboo in their communities and cultures (Mfono, 2003; Shaffer, 2002).

Mfono (2003) explains that cultural issues often place pressure on adolescents to become pregnant because it meets cultural expectations such as proof of fertility and / or the attainment of adulthood and womanhood. Therefore, some cultural practices tend to encourage people to engage into sexual activities which might result in accidental teenage pregnancy.

When asked what about the kind of information they have been given by those who shared sexual information with them, 2 (6,7%) participants reported that they were warned about the alarming rate of teenage pregnancies as well as the consequences thereof. One respondent commented: **"*I was told that once you get pregnant you fail to concentrate at school and you are likely to fail your studies***".

The other one stated: "***They told me that if I fall pregnant at a very young age I will give birth to a still born baby and many men will be reluctant to marry a woman who gave birth to a disabled child".***

Of the participants only 3 (10%) reported that their religion guided them as far as teenage pregnancy is concerned. One respondent said: **"*My religion always teaches me to protect myself and that I should never have sex before marriage. I am a proud virgin and I want to wait until I get married".***

This indicates the positive outcome of good parental guidance and having values based on a religious perspective. It is clear that religious values and cultural beliefs play a major role with regards to teenage pregnancy. It is also vital that families should take more responsibility informing and guiding their children about the dangers of unprotected sex, e.g. HIV/AIDS and teenage pregnancies.

Furthermore, the parents should be role models to their children which is likely to guide them to be more responsible persons. Therefore, it is imperative for families to become actively involved in fighting the alarming high rate of teenage pregnancy by giving guidance and discussing sexual issues openly and honestly with their children. Mfono (2003) is of the opinion that parents need to be equipped with parental skills in order to be effective in their guidance to their children.

4.6 Causes of teenage pregnancy

There are many contributory factors to the increased number of teenage pregnancies in South Africa and worldwide. Shisana (2005) is of the opinion that female teenagers are intimidated into sexual relationship to ensure continuity of a relationship. Some girls deliberately fall pregnant, using pregnancy as a tool to keep their boyfriends and many young people are negative or lack a vision about their future and then they might become increasingly susceptible to early teenage pregnancy.

Table 2 displays causes of teenage pregnancies as identified by the participants. These causes were categorised into seven themes namely, poverty, lack of parental guidance, ignorance, peer pressure, alcohol and drug abuse, experimenting and risk taking behaviour of adolescents and the media.

Table 2: Causes of Teenage Pregnancies as perceived by the participants (N=30)

Themes	Quotes reflecting themes	No
Poverty	***"I do not have a doubt that teenage pregnancy is highly caused by poverty. If you are hungry you can end up putting your self in dangerous activities just to have food on your table".***	11
Lack of parental guidance	***"Poor or lack of parental guidance is a major contributing factor to teenage pregnancy because during the day, most parents are at work, thereby leaving young children unattended to. This gives the children enough time to explore some dangerous things that might have a negative impact or results".***	3
Ignorance	***"Some people think oh! It will never happen to me and after all I'm still very young to fall pregnant".***	5

Peer pressure	***"Having the bad company of friends is the most dangerous thing as some friends force you to do things that are not good like experimenting with sex".***	2
Alcohol and drug abuse	**"Teens *should stay away from alcohol and substance abuse because once they have taken these stuffs they can't control their sexual urges".***	3
Media	***"How can we refrain from sex when television play sexual movies and our internet sources can show us movies free of charge and I can see pornography on my cell phone?"***	6
Experimenting and risk taking behaviour of adolescents	***"As young people I think most of us are failing to control our sexual urges and thus end up engaging in risky behaviour like unprotected sex".***	2

Note: Numbers do not add up to 30 as individual participants gave more than one response.

4.6.1 Poverty

Of the respondents 10 (33,3%) identified poverty as the major cause of teenage pregnancy. Similarly Mthethwa (2003) noted that early pregnancy is highly associated with poverty, in that early pregnancy is profound in poverty stricken communities. The following statements highlight a participant's view in relation to the issue of poverty:

"You know poverty is very contributing to teenage pregnancy because some of the girls fall pregnant just to get the child support grant. They want this grant just to put the food on the table and if they were coming from rich families they would not do that".

In studies that were conducted by Shaffer (2002) it was highlighted that there is a strong correlation between being hungry and unhealthy sexual behaviour. Furthermore, Mthethwa (2003) describes that the social and economic consequences of early child

birth are profound as young mother become highly traumatized by the early pregnancy and as a result, they begin a journey of poverty for themselves and their children at very early age. Poverty is one of the worst enemies for these teenage mothers as it severely limits their right to choices. Therefore, teenagers engage into sexual activities for survival. Sunter (2000) describes that communities that are poverty stricken are more likely to have a high number of pregnant teenagers due to limited desirable choices available in the communities. It is also evident that adolescents from lower income groups are more likely to become teenage mothers as compared to those from higher income groups.

4.6.2 Lack of parental guidance

Two (6,7%) of participants see limited or no parental guidance and poor communication between children and parents as contributing factors to teenage pregnancy. This was reflected in the following verbatim response: ***"I cannot talk about sex with my family because they will start suspecting that I am engaging into sex and they will definitely make my life very difficult".***

Mthethwa (2003) noted that, it is a taboo to talk about sex with your child particularly in black African cultures. Therefore, the more the parents do not talk about sex with their children the more children would want to experiment with sex trying to find out exactly what their parent are hiding from them. He highlighted that misinformation, a lack of knowledge about sexual activities and / or practices cause many teenagers to experiment and engage in unprotected sex which is likely to lead to unplanned pregnancies. Thorpe (2006) also stated that parents feel out of touch with today's youth culture as most do not understand or monitor their children's sexual development. Parents also feel ill equipped to broach the topic, and choose to avoid talking about sex deliberately.

4.6.3 Ignorance

Five (16,7%) of the respondents believed that ignorance is a major cause of teenage pregnancy. The following verbatim quoted verifies this point: ***"I never believed that I was really pregnant,...you know I did not understand what was happening with me because I thought I cannot fall pregnant as I was still very young".***

In addition another participant noted "***young people strongly believe that they cannot fall pregnant because they are still young, failing to think that if you engage in unprotected sex despite your age group you are at risk of falling pregnant".***

The lack of understanding of sex education, inadequate access to contraceptives or family planning clinics are also identified by Shisana (2005) as the major causal factors of teenage pregnancy. It also shows that despite sex education programmes there are still teenagers who are ignorant or denying that they may get pregnant.

4.6.4 Peer Pressure

Only 2 (6, 7%) of the respondents believed peer pressure has a role to play in teenage pregnancy.

This was verified by the following responses from participants:

"Peer pressure, poor parental guidance and poverty all lead a teenager to do bad things and never think of tomorrow."

"Some people are forced by friends or want to please their friends and end up doing things that they actually know will put them in danger in fear of rejection by their friends".

Clarke (2005) stated that peer pressure is another driving force to teenage pregnancy seeing that some of the teenagers are forced to engage in unprotected sex in fear of being rejected by their group members. He also added that despite having knowledge of the consequences that they are exposing themselves to, they might still take a risk in order to maintain the group membership.

4.6.5 Alcohol and Drug Abuse

Alcohol and drugs may encourage unintended sexual activities (Shisana, 2005). Three (10%) participants acknowledged the role of alcohol in contributing to indulgence in sexual activities. Statistics South Africa (2007) posits that 99% of the youth who take alcohol and other substances are taking a high risk of falling pregnant or being infected with HIV/AIDS and other STDs.This issue is reflected in the following verbatim response:

"When you are drunk or under the influence of any substance you become very loose and can hardly control yourself and boys can take advantage of you because you cannot think properly".

Love Life (2007) suggested that teenagers need to refrain from alcohol if we are to deal effectively with the problem of teenage pregnancy in our country for it has been identified by many authors as having a negative contribution to teenagers' lives.

4.6.6 Media

Different studies describe that teenage pregnancy rates are higher among teens who watch lots of movies with explicit sexual behaviour and sex dialogue on television as compared to those who do not watch those kinds of movies. It is also clear that watching lots of sex on TV can influence teens to have sex at earlier ages, and television shows that highlight the positive aspects of sexual behaviour without the risks can also lead teens to have unprotected sex before they are ready to make responsible and informed decisions (Love Life, 2007). Confirmation of these findings is reflected in the following responses:

"We get lots of information about sex on the television and some times you would want to experiment what you seeing to prove that it really works".

"What do you expect from children with videos on their phone and those are recorded and passed around to every one".

According to the information available from the Guttmacher Institute (2006) sex at a very early age is a norm across the world as most countries accept sexual relationship among teenagers and provide comprehensive balanced information about sexuality without warning them about the possible risks of such acts. World Health Organization, (2006) also stated that many young people are sexually active and engage in sexual activities at a very young age. The study by Love Life (2007) also shows that 50% of the sexually active youth (both males and females) do not use contraception. The study also indicates that they are curious and inclined to experiment with various behaviour including sexual activities.

4.6.7 Experimenting and risk taking behaviour of adolescents

Peer pressure and the need to belong may also lead the adolescents to engage in risky behaviours. It was noted that the lack of a clear life purpose is another factor that lead teenagers to engage in risky behaviours.

This issue was reflected in the following verbatim response: **"*You know sometimes you just want to get a feeling of sexual pleasure that you always discuss with your friends".***

Therefore, teenagers are likely to engage in risky behaviours such as unprotected sex without considering the consequences. In addition it was found that the lack of parental guidance and positive role models are also among major contributors to teenage pregnancy. Due to a high mortality rate because of HIV/AIDS many children are left without parental guidance and role models, therefore, they often to do as they please and sex becomes their only source of entertainment. Therefore, teenagers want to experiment

how sex feels and they do not take into consideration the outcomes of their sexual activities or engagement.

4.6.8 General

Another cause of teenage pregnancy the literature refers to is the low status of women. However, this has not specifically been mentioned by the participants. According to Shears (2005) gender imbalances significantly contribute to teenage pregnancy and girls submitting power to guys is seen as a major cause of teenage pregnancy. The girl child finds it difficult to negotiate about condom usage in fear of being abandoned by her boyfriend. Although a girl often wants to use a condom and the boy refuses, and then she ends up agreeing in order to appease the wishes of her boyfriend.

Preconceived gender stereotypes are another factor that plays a major role in teenage pregnancy. The low statuses of women in relationships often hinder them from voicing their concerns as far as sex is concerned. Men are seen as the ones who have a right to initiate sex and dictate how it should be done and women are expected to satisfy their male partners, and should be voiceless as far as sex is concerned. This makes women more vulnerable to sexual manipulation and dramatically increases the risk to become pregnant and get infected with HIV/AIDS, and other STD's.

4.7 Consequences of teenage pregnancy

The consequences of teenage pregnancy are vast. Tables 3 display the results concerning possible consequences of teenage pregnancy as mentioned by participants. The consequences were categorised into six themes namely, complicating the normal course of life, rejection by family, school drop out, HIV/AIDS and STDs; abortion and financial difficulties.

Table 3: Consequences of Teenage pregnancy as mentioned by participants (N=30)

Themes	**Quotes reflecting themes**	**No**
Complication of the normal course of life	***"To me the consequence of teenage pregnancy is that you can fall pregnant and likely to give birth to a fatherless child and there is nothing more difficult as raising a child without a father especially if you are not working and still dependent on your family".***	7
Rejection by family	***"I was only 17 and my mother was very upset with me and I thought she would definitely chase me away from her house but you know my grandmother was there for me and I moved out to stay with her".***	9
School Drop Out	***"Once you are pregnant you are likely to drop out of school".***	11
HIV/AIDS and STD's	***"If you are having unprotected sex you can become pregnant but you are also at risk of catching HIV/AIDS".***	10
Abortion	***"Definitely for me abortion will be the best option".***	3
Financial difficulties	***"If you drop out of school it becomes unquestionable that you will suffer financially.***"	5

Note: Numbers do not add up to 30 as individual participants gave more than one response.

4.7.1Complicating the normal course of life

Of the participants 7 (23,3%) argued that one of the major consequences of teenage pregnancy is that it is likely complicate the normal course of life for the concerned individual. Shisana (2005) explains that teenage pregnancy is a time of many challenges that lead to many life changes and results in an enduring impact on the course of life.

One of the participants confirmed Shisana's statement by saying, ***"My life completely changed when l got pregnant, even the treatment l got from my family members especially due to the fact that as an orphan, l did not take good care of myself".***

It is clear that the difficulties that some of the adolescents go through when they fall pregnant, while still at school and fully dependent on their family members, are far reaching. It seems that teenagers are aware of the hardships that the adolescence goes through in circumstances where the father refuses the paternity of the child. Teenage pregnancy affects different groups such as the adolescent's parents as they will be forced to fend for the pregnant teenager as well as her newly born baby. However, it was found that the father of the baby is not or less affected because in most cases the father is not responsible for supporting the teenage mother or involved with the upbringing of the child. Research conducted by Shisana (2005) found out that most young boys run away from the responsibility. Scholl (2004) argues that a young mother without knowledge of parenthood is likely to struggle with appropriate parenting of their children.

4.7.2 Rejection by the family

For 9 (30%) of the participants the fear of rejection by parents and the community was a big consequence of teenage pregnancy. Swartz (2004) found that teenage pregnancy has a negative impact on the family of the teenage mother, her child as well as on her academic prospects, or future career. For 3 (10%) of the participants the fear of rejection by parents and the community was a big consequence of teenage pregnancy. Becoming a mother at a young age is very challenging seeing that young mothers moving to motherhood tends to forfeit the opportunity of enjoying their adolescence.

One of the respondents commented: "***Hoo having a child when you are young means you will not enjoy what other children enjoy because you have to look after your child and your behavior has to change to that of an adult".***

As one participant reflected in a verbal response: **"*Sometimes your parents can reject and chase you away from home and no one is going to support you. Life is very difficult if no one will take care of you and if your parent chases you away".***

Another respondent lamented: "***One of my friends got pregnant in standard 8 and I pitied her because her mother chased her away and she ended up being a street kid until she was taken to a home by social workers".***

Some teenagers said that they will rather run away from home if they find that they are pregnant. "***I will definitely run away should I fall pregnant, my mother will kill me"***.

4.7.3 School Drop Out

When asked about the possible consequences of teenage pregnancy 10 (33,3%) of the respondents indicated that it can destroy the academic progress of the teen mother. This is reflected in the verbatim response of one of the participant: **"*Most teenagers drop out of school, some parents kick them out of their homes and you need you find a job and the father of the baby will run away, and to me these are the consequences of teenage pregnancy".***

Another participant stated*: "With the experience that I have, I have seen most of the young girls who fall pregnant while at school dropping out and never going back again. I do think this is because of the embarrassment and fear of their peers".*

The participants acknowledged that teenage pregnancy has a negative effect on the teenagers academic or career path. Most of the teenagers managed to see how academic disruptions may lead to life long financial dependency and limiting of career prospects. Shears (2005) pointed out that disruption of the academic career may result in limited opportunities for the teenage mothers.

Shaffer (2002) confirms the statements by the respondents when he describes that most adolescents are forced to leave school for more than only the academic year in which

they give birth. School drop out which may also contribute to the unemployment of the individual has been identified by different authors as well as the respondents as the most possible consequence of teenage pregnancy. Shisana (2005) indicated that young mothers who fall pregnant while at school are faced with challenges and the need to cope with issues such as the pressures of being a mother as well as a student. In general young mothers usually find it very difficult to divide their attention between the newly born baby as well as their school work.

Teenage pregnancy changes the teenager's life, in a negative way as they are forced to drop out of school to care for their children. Even if they do have the opportunity to continue with their education, many may choose not to due to embarrassment, fear and stigmatisation by their peers. The study conducted by Swartz (2004) also revealed that the mother loses out her on own development because her main responsibility and focus is now on the child. As a result her career dreams and goals are shattered.

4.7.4 STD's and HIV/AIDS

When asked about the consequences of teenage pregnancy 9 (30%) of the respondents indicated that HIV/AIDS is a major consequence.

The following verbatim response confirms the view: **"*To me the consequence of teenage pregnancy is not only getting pregnant but also being infected with the most deadly virus on earth HIV/AIDS and the most dangerous thing is that it is incurable whether you like it or not, you just have to live with it".***

*S*imilarly it is reflected in the verbatim response of another respondent ***"One consequence of early pregnancy is to give birth to a sick child who has the HIV/AIDS virus, it will be painful to bring a sick child into the world while other people bear health babies. That will definitely kill me and that is why I always use protection if I feel like I want it".***

Billions of South Africans are estimated to die of AIDS-related illnesses each year and there are more than one million AIDS orphans (Love Life, 2007). It is positive that most teenagers are aware of the dangers they are exposing themselves to when they are having unprotected sexual intercourse. Their consciousnesses about the risks might assist them to make informed decision when it comes to sexual issues. These responses show that although teenagers engage in unprotected sex, they are to a certain extent fully aware of the possible consequences of their acts.

When asked as to whether they are at risk of getting pregnant, 2 (6,7%) responded that they are really at risk because they are practicing unprotected sex. Participants responded: ***"Yes I am at high risk because I have slept with my boyfriend several times without using any protection."***

*"**The information I got was that whenever I feel or want to have sex, I must always use contraceptives or be on contraception but I was told that a condom is not reliable it can burst at any time and in that regard you still have a chance of getting pregnant".***

"Definitely, I'm at risk of getting pregnant as I have been sexually active since I was very young and I have never thought of using any condoms because my boyfriend refuses to use them".

According to a report by the Gauteng Department of Education (2007) the majority of people in South Africa have access to contraceptives. However, the inconsistent and the incorrect use of contraceptives cause poor pregnancy prevention. Studies by Swartz ((2004) also revealed that more often people do not use the contraceptives in a proper way and thereby by limiting the effectiveness of the contraception. The literature also found that service providers are unfriendly to young mothers who visit health centers for family planning purposes. Their experiences with the service providers also cause them to doubt whether the confidentiality of their visits are respected. The study conducted by Ncaca (2004) highlighted that in some instances young people reported to be embarrassed to visit the same health centers with older women.

Despite the fact that teenagers cognitively understand the high risk of unprotected sex they are prepared to take the risk and teenage pregnancies appears to be 'normal" and part of their everyday lives. Ncaca (2004) have found that the denial of being pregnant and the belief that their partners cannot impregnate them or that they can not contract HIV/AIDS, indicate the lack of understanding and inability to comprehend the facts about sexual and reproductive issues among teenagers. The results thus highlights that although most of the participants are aware of the importance of using contraceptives most of them who are sexually active do not use it and this shows the high risk behaviour teenagers are prepared to take despite the negative consequences.

4.7.5 Abortion

When the respondents were asked what step they would take if they find themselves pregnant, 3 (10%) acknowledged that they will definitely go for abortion while 7 (23, 3%) vowed that they will keep the child. This is confirmed in the verbatim response of one of the participants: ***"If I find my self pregnant I will prefer to go for abortion because raising a child is very expensive. I can only keep the child if the father is supportive or any member of my family".***

Another participant commented: ***"It is not nice to bring my child to suffer so definitely for me abortion will be the best option"***.

Johns (2004) blames the free of charge availability of termination of teenage pregnancy services at state institutions charge as perpetuating the high rate of teenage pregnancy. Shisana (2005) stipulates that free access to abortion services encourages and supports teenage pregnancy for teenagers engage in unprotected sex deliberately knowing that they have other solutions like abortion. The legislation that allows accessibility to abortion and contraception without parental consent are also contributing to teenage pregnancy. The availability of contraception has created conflict between children and their parents.

Love Life (2007) postulated that the social and economic consequences of teenage pregnancy are profound in that young mothers are also traumatized by the stigma of early pregnancy and bearing a lifelong journey of poverty for themselves and their children through shortened educational opportunities and poor job prospects. Despite this, there are teenagers that are of the opinion that they will keep their babies. This is evident in the verbatim response of one of the participants:

"If I find myself pregnant I will keep my baby no matter how difficult things can be. I would rather die with my child. Life needs to be cherished, because God created human beings to live and enjoy life".

The factors driving teenage pregnancy are complex and varied therefore, it requires a wide variety of interventions and programmes aimed at micro, meso and macro level in society. Although there are lots of consequences around teenage pregnancy it seems that these consequences have not changed young people's minds or frightened them as far as sex is concerned. Teenagers engage in sexual behaviour fully knowledgeable of the consequences and this leads to the high rate of teenage pregnancy in South Africa.

4.7.6 Financial Difficulties

Financial dependency and limited financial resources seems to be one of the consequences of teenage pregnancy. Of the participants 11 (36,7%) were of the opinion that teenage pregnancy contribute to high financial difficulties of the families of the concerned teenager.

They generally argued that those teenagers are not financially stable because they are still at school without any income of their own. This issue was confirmed by that statement of one participant who said: **"*Teenagers should stop falling pregnant because they put their families under financial difficulties because they are still dependent on their families for both emotional and financial support. Having a child thus means***

additional financial support from your families who are already struggling for your own upbringing and let alone your newly born baby".

Another respondent commented as follows: "***Having a child when you are still unemployed simply means you will suffer for the rest of your life because you have to work in order to survive and you may find that your family is too poor to support you financially".***

This is confirmed by Shears (2005) who argues that teenage mothers are likely to experience economic hardship and family disruption. Young mothers are likely to suffer from emotional difficulties and often depression when dealing with their pregnancies. As a result they also have to drop out of school which causes them to be financially very vulnerable. It should also be noted that in general the fathers of the child do not assist with the financial support of the newly born baby because often they are also teenagers without any income or older men who have their own responsibilities.

4.8 Teenage pregnancy prevention

When asked about prevention of teenage pregnancy, participants in this study suggested several possible preventative measures. Of the participants, 29 (96,7%) highlighted that teenagers should never agree to protected or unprotected sex. This was a very brilliant idea from the adolescents but unfortunately the research showed that the majority of teenagers agree to unprotected sexual intercourse (Love Life, 2007).

Only 1 (3,3%) of the participants indicated that they are not at high risk. A participant commented: ***"I'm not in a risk of falling pregnant because I have learnt from my mistakes and I am on contraception and I always use protection".***
This statement shows that some participants are knowledgeable about and understand the importance of condom usage**.**

Another participant postulated: ***"People should be responsible for what they do and if you want sex, think about the possible outcomes before anything else. Teenagers should help themselves and learn self control that is all they can do to prevent pregnancies".***

Of the participants 18 (60%) thought that the utilization of contraceptives is the best possible method to prevent pregnancies. This is reflected in the verbatim response of one participant: ***"If you know you cannot stay away from sex, it is better that you use a condom, both female and male condoms are available".***

Another suggestion by 6 (20%) participants was to offer sexual education in schools as a possible solution to curb teenage pregnancies. This was confirmed by the verbatim response of one of the respondents: "***I think our schools should do their best and have a compulsory subject on sex education because some of us find it difficult to talk about sex with our parents".***

This commentary highlights one of the major limitations of sex education which is the failure of parents to discuss sexual issues openly with their children. Papalia (2003) believes that families should play a very big role when it comes to combating teenage pregnancy. Parents need to openly discuss sexual and reproductive health with their children and parents should also be major role players in instilling positive values with their children such as going for virginity testing.

Another participant suggested:

"***Sex education should begin at primary level before the children have experienced any sexual intercourse. It will be meaningless to teach sex education at a secondary level when the children have already experienced sex"***.

This confirms that there is hardly any value in sex education should it commence at a late stage of the development of children. Education is vital in sense that it empowers females to be more participative about sexual issues with their partners. It makes them aware that

they should not allow their partners to decide for them, particularly on condom usage (Papalia, 2003). Despite the fact that the school is one of the main environments where socialisation of young people take place the family, the community, and friends also have important roles to play in sex education.

4.9 Services for young mothers

When asked whether they know about any available services for teenage mothers, 9 (30%) teenagers responded that they are very aware of the services rendered out in the communities for teenage mothers. This was reflected in the following verbatim responses of participants:

"I know that hospitals provide such services although I have never used them".

"*Private doctors and hospital do provide services because all they need is money they do not care at what age are you if you come for help".*

Most of them were aware that clinics and hospitals provide free contraceptives to pregnant mothers. This confirms that the state has endeavored to establish services for teenage mothers. However, in most instances teenagers do not utilize the services. The National Department of Health Research Council (2006) reports that only 2% of the teenagers reported that they used contraception while 98% reported non usage of contraceptives. This was confirmed by the study that although teenagers have good knowledge of contraceptives they do not necessarily use contraceptives. These views are contradicting some literature by Galarambos (2004) reporting that adolescents lack knowledge, or access to conventional methods of preventing pregnancy as they may be too embarrassed or frightened to seek such information.

About 8 (26,6%) participants acknowledged that they do not know any of the services that are available for teenage mothers. This was reflected in the following responses from participants:

"I do not know of any services I do not have any idea about where to go for help."

"I do not have any idea of such services because I am a boy and I think its girls' stuff".

"I have never heard of such services in my life may be it's because I never looked for them and it never came to mind that there are services for young mothers".

Only 1 (3%) participant mentioned abortion as a service for young mothers. This is seen in the following verbatim response of the participant: ***"I know that abortion is for free in public hospitals and to me that is one of the services for young mothers".***

These responses are a clear indication that South Africa is making an effort to curb teenage pregnancy. Most of them were aware that clinics and hospital provide free contraceptives to teenagers.

When participants were asked what they will do if they found out that they are pregnant, 1 (3,3 %) acknowledged that she will kill herself. ***"I will kill myself if I find that I am pregnant because I know my mother will be mad at me".***

Another commented: ***"I will rather go for abortion than to see my child suffer".***

In this regard it is crucial that teenage mothers are informed about different alternatives such as foster care and adoption should they fall pregnant. This shows that although contraceptive services are available for teenage mothers the gap is that they are not informed about other alternatives should they fall pregnant. It is therefore, the duty of the nurses to explore issues of foster care and adoption with these young mothers in order to avoid child abandonment or abortion. It is therefore suggested that there should be more programmes interventions aimed at addressing the issue of teenage pregnancies. These programmes should be inclusive, and non- judgmental and aiming at encouraging young

mothers to be informed, use contraception and understand the consequences of teenage pregnancies.

4.10 Conclusion

This chapter presented the results of the study as collected by a group administered questionnaire. Therefore, the results obtained reflected the participants' knowledge, personal experiences as well as beliefs in accordance with the research questions and objectives of the study. In some instances there were similarities as well as differences in the information provided by the participants. It can be concluded that participants were informed; knowledgeable and aware of the issues pertaining to teenage pregnancy. They were also conscious of the possible causes and consequences of teenage pregnancy.

They also demonstrated awareness of services for teenage mothers and the viability of contraceptive usage. The level of knowledge and awareness they showed during the study challenged the perception that the youth are ignorant about their well being as far as teenage pregnancy and HIV/AIDS are concerned. An optimistic attitude was also demonstrated by the youth in combating teenage pregnancy. All of them viewed teenage pregnancy as a problematic issue that needs to be addressed with immediate intervention.

CHAPTER 5

MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The following chapter briefly discusses the study's main findings in terms of the themes of the study and the possible implications. The chapter also highlights the recommendations for practice, policy makers, applicable departments and research. Final conclusions will also be addressed.

5.2 Main Findings

Firstly, the study revealed that most of the respondents are aware of the rising number of teenage pregnancies despite all the efforts and initiatives that have been taken by the government to curb this problem. The respondents seemed to have a clear understanding of teenage pregnancy as the majority of them gave a clear definition of teenage pregnancy.

Secondly, it was clear that the main sources of information that teenagers utilize to obtain information about teenage pregnancy were the media and their friends. This is due to the fact that most families find it difficult to openly talk about sex with their children. As a result the majority of the teenagers found it better to talk to their friends or watch television with sexualized content in fear of being misjudged by their parent, families and relatives. The study revealed that the information they got from their friends and the media was very useful as they learnt more about teenage pregnancy. Hence it can also be argued that if the information was really useful there would have been very few teenage pregnancies. Communication about sex is limited in a home environment and often knowledge of sex develops from their peer relationship. There is therefore a need for parental intervention as far as teenage pregnancy is concerned.

Thirdly, in terms of the causes of teenage pregnancy the study revealed that the learners in Grade 12 from Vine College see poverty, lack of parental guidance, ignorance, peer pressure, alcohol and drug abuse, the media experimenting and risk taking behaviour of adolescents as the major consequences of teenage pregnancies. However, poverty was identified as the major contributing factor to teenage pregnancy.

Fourthly, teenagers indicated that the consequences of teenage pregnancy are impacting strongly on the lives of the teenagers. The consequences mentioned by participants were categorised as follows: complicating the normal cause of life, HIV/AIDS and STDs, school drop out, rejection by family and community, abortion and financial difficulties. Although all the consequences were identified by the respondents, HIV/AIDS and STDs were identified as the major consequences of teenage pregnancy by the participants. Most of the respondents reported being aware of the possible consequences of teenage pregnancies.

Therefore, from the participants' views teenage pregnancy is a real problem in South Africa. It seems that the teenagers are well informed and knowledgeable about teenage pregnancy but it seems that they pay little or no attention to curbing teenage pregnancy. It was also noted that although teenagers have access to contraception, they hardly make use of it.

Lastly, in terms of the existing preventative programmes and services it was clear that teenagers are aware of the services like abortion and where they could access services. They seemed to be aware that clinics and hospitals render services to teen mothers. Although some of the participants were not aware, the majority of the respondents seemed to be knowledgeable about such services. However, it was found that despite their full knowledge of these services they hardly make use of them.

5.3 Recommendations

5.3.1 Recommendations for Practice/Intervention

It is clear that intervention within a social development framework can happen on a micro, meso, and macro level. The intervention should be preventative and supportive in nature. The process of community work can be applied when working with a vulnerable group of people like adolescents such as teaching them life skills, educating them about the consequences of unprotected sex. They can also be educated on the importance of education, self discipline and valuing their bodies as some might not be receiving such information from their families. The health professionals could also be a community that could be involved in training. The Department of Education or schools can be involved in the process of community work such as implementing sex programmes that are compulsory from learners from as early as their first grade so that children will be informed and knowledgeable about health and sexual issues before they start experimenting sex. On meso level an intervention with the adolescents, parents and teachers at schools can be developed. It would be best if these parents, teachers and learners take responsibility and plan together to be more preventative in their attempts to alleviate teenage pregnancies. On a micro level interventions with the individual can be implemented. The focus of the interventions should be preventative and not curative. A more integrated and interdisciplinary approach should be followed at macro, meso and micro level to impact the severe problem of teenage pregnancies in South Africa.

5.3.2 Recommendations for policy makers and the Educational and Health Departments

It is also recommended that the government has to review some of its public policies concerning children e.g. the allowance of children as young as twelve to access contraceptives as well as abortion services without parental consent. It is recommended that while it is important to work on reducing teenage pregnancy, the emotional, developmental and financial needs of pregnant teenagers should be considered in policy making to prevent the teen mothers to end up being trapped in the cycle of poverty. They should rather become good parents and reliable citizens of the society.

5.3.3 Recommendations for further Research

- More research should be done on the root causes of teenage pregnancies.
- More research should also be directed at the effectiveness of the different contraceptive methods seeing that most contraceptives are not hundred percent safe.
- More research should be done with parents to establish their needs in terms of training so that they can support and guide their children with regards to sexuality and the implications thereof.

5.4 Conclusion

The study was undertaken to explore the knowledge and awareness of adolescents with regards to teenage pregnancy due to the high rate of teenage pregnancy in South Africa and worldwide. The researcher was concerned about gathering and interpreting knowledge teenagers have concerning teenage pregnancy. This assisted the researcher to gain better understanding of the challenges teenagers face. The study revealed many causal factors to teenage pregnancy such as poverty, lack of parental guidance, ignorance, peer pressure, alcohol and drug abuse and experimenting and risk taking behaviour of adolescents and the role of the media.

It was clear that the participants have a good understanding of the magnitude of teenage pregnancy in South Africa and that they are aware about the causes, consequences and preventative strategies in respect of teenage pregnancy.

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APPENDIX A
LETTER OF PERMISSION FROM SCHOOL

APPENDIX B
PARENTAL CONSENT FORM

APPENDIX C
PARTICIPANT CONSENT FORM

APPENDIX D
RESEARCH TOOL

APPENDIX E
PARTICIPANTS INFORMATION SHEET

APPENDIX F
ETHICS CLEARANCE CERTIFICATE