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Adolescents' perceptions of unplanned adolescent pregnancies in the light of the current high HIV/AIDS rates in South Africa

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CHAPTER 1

1. 1. Introduction

This chapter introduces this study which focuses on adolescents' perceptions of unplanned adolescent pregnancy in the light of high HIV infection rates among adolescents in South Africa. This study was conducted in Gauteng province (Soweto) in one clinic, one high school and one university. This chapter briefly discusses the background to this study, the rationale for undertaking the study, the aim of the study, as well as the assumptions underlying the study. The last part of this chapter gives an overview of the chapters.

1. 2. Background of the study.

Adolescence is a developmental stage that bridges childhood and adulthood. It is a period during which psychological, cognitive, physical, and biological changes occur in the individual (Dusek, 1996; Manaster, 1989). These changes may pose challenges to young people. It is also during adolescence that individuals acquire attitudes and behaviours that are socially acceptable in the adult world (Coleman & Hendry, 1992; Dusek, 1996; WHO, 1986). This implies that young people move from a dependency characterised stage of childhood into an independence-oriented adulthood. Adolescents are concerned about several aspects of their lives, among other things, their physical appearance, peer acceptance as well as their attainment of independence (Leitch, 1998).

Several factors such as technological and economic trends have been identified to be playing a role in determining young people's attainment of adult independence (Dusek, 1996; UNICEF, 2004). South African adolescents' attainment of the adulthood status has also been significantly affected by the socio-economic and political trends in the country. In this study, adolescence is not defined from a traditional point, which views adolescence as beginning at

puberty and ending at about 18 years to 20 years. For purposes of this study, adolescence is defined beyond the physical aspects to cater for the above-mentioned factors that affect this developmental stage. Therefore for this study, adolescence is inclusive of people from the ages of 14 years to 25 years, who have not completely attained economic, social, and emotional independence from their parents or guardians.

1. 3. Unplanned adolescent pregnancies in the light of high HIV infection rates among young people.

During adolescence young people are confronted with changes such as role expectations and physical changes as well as a need to conform to their peer groups. This conformity and other adolescent characteristics such as a need to experiment, may lead them into risky behaviours (Petersen & Crockett, 1986). Whaley (2002) posits that unplanned adolescent pregnancy, STDs and HIV/AIDS amongst adolescents are all health-related consequences of risky sexual behaviours amongst adolescents.

Sunter and Whiteside (2000) note that South Africa is highly susceptible to the spread of HIV and also vulnerable to the impact of AIDS. They further posit that there are some segments of the South African society that are particularly susceptible and vulnerable. David Harrison (2002) of Lovelife mentioned in a Lovelife report that the highest rates of new HIV infections occurred in late adolescence and early adulthood. Harrison (2002) further posited that the peak incidence of HIV occurs among 15- to 24- year-olds. A national survey conducted by Pettitor, Rees, Steffenson, Hlongwa-Madikizela, Mac Phall, Vermaak and Kleinschmidt (2004) found that one in ten South Africans between the ages of 15 and 24 years is HIV positive. In addition, Shisana et al. (2005) found that young females between the ages of 15 years and 24 years have an eight times higher HIV incidence than males in their age group.

Unplanned pregnancy occurs when a woman falls pregnant without deliberately trying to have a baby, whether or not she is using adequate contraceptives (Chalmers, 1990). Unplanned adolescent pregnancy has always been a challenge in South Africa (de la Rey & Carollisen, 1997; Maepa et al., 1997; Mwite et al., 2005; Udjo, 2004). Clarke (2005) reports that a survey undertaken in Kwa-Zulu Natal highlights that 42% of young women have their first child by the age of 19 years. The author added that 14.1% of 15- to 24-year-old women in Kwa-Zulu Natal are HIV positive; implying that there is a 'dual epidemic' for the province (Clarke, 2005). Additionally, unplanned adolescent pregnancies were also viewed to be unacceptably high in Gauteng province (Ramokgopa, 2002). It seems that although HIV/AIDS is a potentially fatal epidemic, some adolescents still continue to engage in unprotected sex; hence we continue to see high incidences of unplanned pregnancies as well as HIV infections, particularly among young people.

1. 4. Rationale.

A lot of research has been undertaken to identify the causes of adolescent pregnancy and to suggest possible solutions to this social problem (Lamb, 2001; Shucksmith & Hendry, 1998; Stuart & Wells 1982; Sunter & Whiteside, 2000). Such studies have contributed immensely to the understanding of this challenge. However, it is clear that adolescent pregnancy continues to be a societal problem even in these days of the fatal disease, HIV/AIDS. The National Department of Health (1998) indicated that adolescent pregnancy is particularly prevalent in particular geographic areas and among people of particular races and educational status. For example, unplanned pregnancies have been found to be more prevalent among Black and Coloured adolescents (Statistics South Africa, 2001). The survey by the National Department of Health (1998) further indicates that unplanned adolescent pregnancies continue to increase in South Africa. This implies that a lot of adolescents are continuing to engage in unsafe sex, even in the light of the increased spread of HIV/AIDS.

Adolescence is a stage in human development that separates childhood and adulthood. It is the phase where young people are faced with many challenges. Decisions that they take during this stage of development can either build or destroy their lives. The challenge of unplanned adolescent pregnancy is perceived by the researcher as one with long-term implications for young women, their offspring, and the whole country, particularly because of the high levels of HIV infections among young people. If young people have unplanned children, it means that no adequate contraceptives were used to protect them from unplanned pregnancies. These people therefore run the risk of HIV infection in addition to unplanned children. The researcher views adolescents as being amongst the country's most valuable people, the leaders of tomorrow. Unplanned adolescent pregnancy and HIV are perceived as threats to the country's future and development.

The researcher believes that both adolescents and adults should see themselves as directly affected by these problems. Therefore, it is important to consider how to empower young people to engage in meaningful programmatic conversations with adults when programmes to fight the two challenges are being developed. The Reproductive Health Research Unit's survey shows that South African youth are very optimistic about their futures (Bradshaw, Pettifor, MacPhail & Dorrington, 2004). The researcher believes that involving these young people in projects of this nature and programmes aimed at meeting their needs will yield sustainable and effective solutions to these ills. Young people's power to make a difference in their lives should be unleashed as they have important roles to play regarding how their needs and circumstances are met.

Adolescents have their own thoughts and perceptions on continued unplanned adolescent pregnancies in the light of high HIV infections amongst young people. Instead of only paying attention to the adult constructions of adolescent pregnancies, adolescents were put at the centre of this study. The researcher

listened to their constructions and understanding of unplanned adolescent pregnancies in this age of the fatal disease, HIV/AIDS.

1.5. Assumptions underlying the study.

Shisana et al. (2005) revealed that there has been an increase in the HIV prevalence among young people aged 15 years to 24 years in comparison to the survey conducted in 2002 (10.3 percent vs. 9.3 percent). Dorrington et al. (2006) found that HIV prevalence in the age range of 15 years to 25 years is 10.4 %. On the other hand, both the National and some Provincial Departments of Health regard the continued unplanned pregnancies among adolescents as a concern (National Department of Health, 1998; Ramokgopa, 2002). This implies that young people are continuing to engage in unprotected sex, putting them at risk of unplanned pregnancies and HIV/AIDS. It can be assumed that although young people have a good technical knowledge of HIV/AIDS, as it was seen in this study, HIV/AIDS still does not act as a strong deterrent against risky sexual practices that result in unplanned pregnancies among adolescents. According to Rutenberg, Kaufman, Macintyre, Brown, and Ali (2003), childbearing and HIV infection patterns in adolescents are not independent of one another. They assert that conditions and behaviours leading to high levels of unplanned adolescent pregnancies are likely to play a role in risks leading to HIV infections among adolescents (Rutenberg et al., 2003). This calls for a need to deal with the two challenges collectively.

1.6. Aim.

The primary aim of the study is to understand adolescents' thoughts and perceptions on continued unplanned adolescent pregnancies in the light of the alarming HIV/AIDS prevalence in South Africa.

1.7. Organisation of the study

Chapter 2 discusses the relevant literature reviewed for this study while Chapter 3 presents the research methodology employed in this study. Chapter 4 presents an examination of the data as collected from the participants though unstructured interviews. The findings and limitations of the study, as well as the recommendations for future research are discussed in Chapter 5.

CHAPTER 2
LITERATURE REVIEW

2.1. What is adolescence?

The term *adolescence* is rooted in the Latin word *adolescere*, which means to grow to maturity (Everaerd, Hindley, Bot, & van der Werff, 1983; Hurlock, 1973; Manaster, 1989). Adolescence is a critical developmental period manifested by interrelated biological, psychological, cognitive, and social changes (Papalia, Olds, & Feldman, 2003). During this period, young people tend to adapt and adjust childhood behaviours to culturally acceptable adult forms, that is, childhood patterns are replaced by adulthood patterns, so that they are able to contribute in the adult world meaningfully (Dusek, 1996; Eisenberg, 1969, as cited in Manaster, 1989).

Adolescence is a bridge between childhood and adulthood, a transition period between these two developmental stages (childhood and adulthood) (Bergewin, Bukowski, & Miners, 2003). It bridges childhood dependency and adulthood independence. During adolescence patterns of childhood are replaced by those of adulthood (Coleman & Hendry, 1990; Dusek, 1996; WHO, 1986). This transition to adulthood is considered to be successfully accomplished if an individual masters the developmental tasks associated with adolescence (Dusek, 1996; Hurlock, 1973). Some of these tasks are the achievement of emotional independence from parents as well as the development of an identity, which is a sense of being aware of what an individual has become and what he or she can become (Bergewin et al., 2003; Everaerd, 1983; Steven-Long & Cobb, 1983). Bergewin et al. (2003), Craig (1996), and Papalia et al. (2003) further argue that during this stage, an individual strives to establish a sense of a coherent self through looking at the past, the present, and the future. This sense of self is said to give them direction, purpose and meaning for the future (Craig, 1996). Furthermore, Craig (1996) posits that identity formation is a major hurdle that adolescents must cross in order to make a successful transition into adulthood.

The successful mastery of developmental skills and abilities (tasks) at one stage of development is seen to be vital in mastering the more difficult tasks of the later stages of development. This implies that adolescents that succeed in completing these tasks stand a better chance of becoming well-adjusted and competent adults whereas those that fail to master them may struggle with the more challenging tasks of adulthood (Dusek, 1996). Furthermore, optimal development during adolescent is viewed as being dependent on the successful accomplishment of the developmental tasks of this stage of development as well as those of childhood.

Hardy, King, Shipp & Welcher (1981) postulate that physical development may be relatively more advanced than maturity in the psychosocial domains. Oftentimes, adolescents have been expected to be developed in other areas based on their visible physical maturity. However, although physical maturity means reproductive maturity, it does not denote the overall maturity required in the adult world. This may lead to physical and emotional stresses as adolescents struggle with coping with these changes (Hardy et al., 1981). Everaerd et al. (1983) and UNICEF (2004) argue that although young people experience changes following puberty, they do not immediately assume the roles, privileges, and responsibilities of adulthood. Adolescents may be physically mature, but they are not necessarily ready for adult responsibilities, such as parenting.

2.1.1. Adolescence in South Africa

Although many adolescents are faced with similar challenges globally, adolescents' experience may be different from country to country and even within countries. Adolescence is affected by several factors such as the economic, technological, political and cultural trends. These factors have a bearing on the experience of adolescence, the end of this period and the entry into adulthood as they affect among others, adolescents' economic independence (Craig, 1996; Dusek, 1996; Hamburg & Lancaster, 1987; UNICEF, 2004). The same applies to

adolescents in South Africa because their transition from adolescence into adulthood is affected by socio-economic and political trends in the country. In this study, adolescence is inclusive of people from the ages of 14 years to 25 years, people who have not completely attained independence from their parents or guardians.

In the case of South African adolescents, as mentioned above, certain conditions have to a particular extent, delayed their development and integration into the adult society. Factors that are a product of apartheid legislation, such as the lack of educational opportunities for certain sectors of young people in the country, have negatively affected most young people by not affording them enough and equal opportunities professionally (The South African Youth Commission Act, 1996). This implies that these young people are likely to be economically dependent on their guardians for longer than necessary due to lack of equal opportunities. However, other adolescents may also assume independence too early due to the financial strains in their families. Nonetheless, it takes longer for most South African adolescents to enter the labour force and gain their economic independence which is significant in adulthood independence.

It has been noted that although young people's educational, economic, and social development are postponed as a result of the above-mentioned factors and other societal transformations, their sexual maturity, which is mostly physical, is not postponed. Often, adolescents feel trapped between a sense of individual maturity and the lengthening of economic independence, which is also vital in successfully mastering adult-related duties (The South African Youth Commission Act, 1996; WHO, 1986). Young people have started initiating sexual activities at an earlier stage, exposing themselves to possible health-related challenges such as unplanned pregnancies.

2. 2. Unplanned adolescent pregnancy

Unplanned pregnancy occurs when a woman falls pregnant without deliberately trying to have a baby (Chalmers, 1990). Adolescents often experience this form of pregnancy. Unplanned adolescent pregnancy has always been a challenge in South Africa. Several authors agree that unplanned adolescent pregnancy has many negative consequences on the individual, families, and societies (Boult & Cunningham, 1993; de la Rey & Carolissen, 1997; Hamburg & Lancaster, 1986; Maepa et al., 1997; Makhetha, 1996; Mokgalabone, 1999; Mwite et al., 2005; Scott et al., 1981; Udjo, 2004;).

The National Department of Health (1998) found that 35% of adolescents in the country reported to have been pregnant or to have had a child by 19 years. Furthermore, it was established that unplanned pregnancy is highest in Mpumalanga province (25%), followed by Limpopo province (20%) and the Eastern and Northern Cape with an 18% rate each (National Department of Health, 1998). According to the South African Demographic Health Survey, an estimated 40% of the pregnant women in the country were adolescents (National Department of Health, 1998). Ramokgopa (2002), the former MEC of Health in Gauteng (2002) also reported that adolescent pregnancies in Gauteng are unacceptably high at a ratio of 18.4%. Statistics South Africa (2005) further estimated that about ten percent of all young women in South Africa become mothers between the ages of 12 years and 16 years.

Although sufficiently comprehensive statistics on unplanned adolescent pregnancies are not readily available, it can be deduced that unplanned adolescent pregnancies are a social challenge needing the urgent attention of families, communities, and policy makers. On the individual level, an unplanned pregnancy is likely to increase the already present stresses of adolescence by forcing an adolescent to become a parent while unprepared for that (Hamburg, 1986). In addition, Furstenberg et al. (1987) argue that early and unplanned

parenthood complicates the normal course of development for adolescents. Peterson and Crockett (1986) posit that adolescent pregnancy violates societal norms as it occurs when an individual is not ready for parenthood. They argued that the adolescent's social age (an age during which cultural milestones are achieved for which there are norms) is not appropriate for an adult role of parenting. Becoming an adolescent mother means that the adolescent then adopts an adult role for which she is not prepared because in the normal course of development, pregnancy is expected to occur in a mature adult who has experienced a period of adjustment into the adult-world (Peterson & Crockett, 1986). However, it has to be highlighted that the above argument is not universally applicable to all adolescents. For instance, although unplanned adolescent pregnancy used to be frowned upon, it seems that it is becoming an acceptable norm in some of the communities in South Africa (de la Rey & Carolissen, 1997). Therefore, becoming an adolescent parent does not always violate the societal norms.

2.2.1. Contexts within which adolescent pregnancies are prevalent in South Africa.

Statistics South Africa (2005) reports that African and Coloured women with little or no education tend to give birth to their first child at a younger age than other population groups. Furthermore, although no specific statistics are available, some African and Coloured women reported having their first children at 12 years. From the above, it seems that some population groups are more prone to adolescent pregnancy than others. It has also been found that early parenting occurs mostly in poor rural areas and within communities characterized by poverty and dysfunctional familial patterns (Mokgalabone, 1999; Ramokgopa, 2002).

2.2.2. Is early pregnancy a desirable occurrence?

"Conventional wisdom" would have it that adolescent pregnancy is biologically advantageous, although it is viewed to be socially disadvantageous (Scott et al., 1981). Scott et al. (1981) argue that there is folk wisdom that holds that the earlier a woman bears a child, the better off she and her offspring are. However, early pregnancy, particularly unplanned, is seen as a social disadvantage, as adolescents are seen not to have reached an age that is deemed to be appropriate for parenting (Scott et al., 1981). However, that may not be the case in all societies in South Africa. Communities that value fertility may see adolescent pregnancy as a sign of the attainment of womanhood and subsequent marriageability (de la Rey & Carolissen, 1997; Maepa et al., 1997). If early childbearing has any biological advantages, it brings concern in these days of high HIV infection rates in people's early years of life. Does this biological (paediatric and obstetric) advantage override the social disadvantage and the fatality of HIV/AIDS, which is biologically disadvantageous; or are there deep rooted factors that are linked to this challenge?

The continued prevalence of unplanned pregnancies among adolescents, calls for an investigation into the causal factors, consequences, as well as the possible solutions to this challenge, particularly because HIV/AIDS does not seem to be a deterrent to this problem.

2.3. Factors associated with unplanned adolescent pregnancies:

2.3.1. Irregular use of, inadequate information about and a lack of choice of contraceptives

The Department of Health's National Contraception Policy Guidelines and the Contraceptive Service Delivery Guidelines (National Department of Health, 2002) note that the apartheid government violated the rights of family planning clients

by passing acts such as the Abortion and Sterilization Act of 1975. These acts played a role in determining what races received health services, including contraceptives. In some instances, certain groups of people could only access limited contraceptives while people with disabilities would frequently be refused access to contraceptives. Some people were coerced to accept the use of certain contraceptive methods that they did not prefer and in certain instances, people's confidentiality was not respected in the rendering of these services. All these and other practices certainly contravened people's rights to decide freely and responsibly regarding the number and spacing of their children and their access to information, education and means to enable them to exercise this right. Currently, the situation in the country regarding contraceptives has changed considerably as people's access to and use of contraceptives have significantly improved. These changes were brought about by Acts such as the Child Care Act (Act 74 of 1983), Sterilisation Act (Act 44 of 1988) and the Policy Guidelines for Adolescent and Youth Act of 2001 (Department of Health, 2002).

Although most people in the country have access to contraceptives, it has been found that young people fail to consistently and correctly use them to protect themselves from unplanned pregnancies. The incorrect and inconsistent use of contraceptives as well as lack of adequate and correct information about contraceptives have also been cited to be related to unplanned adolescent pregnancies (Mwite et al., 2005; Tshabalala-Msimang, 2002;). Unplanned pregnancy is likely to occur in such instances, where contraceptives are not adequately and consistently used.

2.3.1.1 Factors that lead to the non-usage and the inconsistent use of contraceptives.

(a) Contraceptive service providers and accessibility

Several studies have revealed that young people often do not use contraceptives or use them inconsistently due to the contraceptive service providers' unfriendly

attitudes towards them (Maepa et al., 1997; Makhetha, 1996; Mokgalabone, 1999; Reynolds et al., 2004). Such service providers have been found to be judgemental, making youth doubt the confidentiality of their visits. In some instances young people reported embarrassment about visiting the same health centres with older women. Additionally, in certain areas, contraceptive services are not easily accessible to all people (Maepa et al., 1997; Makhetha, 1996; Mokgalabone, 1999; Reynolds et al., 2004).

(b) Fertility and marriage

In other instances, the use of contraceptives is discouraged due to the fear that they may lead to infertility and subsequent "unmarriageability" (de la Rey & Carolissen, 1997; Maepa et al., 1997). The fear of infertility may be more prevalent in certain communities where "marriageability" is closely linked to a woman's fertility. The study by Maepa et al. (1997) found that boyfriends, families and other influential people in young girls' lives unswervingly discouraged them from using contraceptives. This may preclude adolescents in such communities from using contraceptives as they are perceived to have the potential of leading to infertility and limiting their prospects of getting married, and this may unfortunately result in unplanned pregnancies.

(c) Cognitive factors

Berk (2003), Heaven (1994) and Turner and Helms (1995) are of the opinion that cognitive development may partly explain the practice of contraceptive use among sexually active adolescents. Heaven (1994) argued that adolescents' decisions to use contraceptives are affected by formal reasoning. Their formal reasoning is seen not to be sufficiently consolidated to consistently evaluate the consequences of their actions (Heaven, 1994). Turner and Helms (1995) point out that adolescents' immature thinking prevents them from understanding elementary probability theory. According to them, these adolescents may fail to

understand the fact that a woman continues to have the same probability of conceiving a child every time she has unprotected sex without using contraceptives (Turner & Helms 1995). Adolescents may think that if they escaped once, that is, had unprotected sex and did not conceive, they will be lucky again (Turner & Helms, 1995). Berk (2003) argues that although adolescents can consider many possibilities when faced with a problem, they often fail to apply this reasoning to everyday situations. This suggests that due to their limited formal reasoning skills, some adolescents may take risky decisions or behave in ways that put their lives at risk, such as choosing not to use condoms in all their sexual encounters.

2. 3. 2. Cultural issues

Some cultural and societal expectations may put adolescents under pressure to meet certain expectations, such as to prove fertility as a sign of the attainment of adulthood and womanhood. Brown, Larson and Saraswathi (2002) argue that pressure pushes adolescent girls into early sexual activity, thereby increasing their risks of unplanned adolescent pregnancy. Surveys by Brown et al. (2002) and Maepa et al. (1997) found that adolescents in South Africa expressed a cultural viewpoint common in Africa, that pregnancy is essential for womanhood. Such adolescents would not desire the humiliation of being regarded as infertile, as this would be detrimental to their social status (WHO, 1989). Fertile adolescent girls or those adolescent girls that have proven their fertility by having children are often used by older men whose wives may be struggling with conceiving. These men may promise these adolescent girls marriage largely because they are fertile (Brown et al., 2002). Some adolescent boys were also found to prefer girls that have proven their ”fruitfulness” by being adolescent mothers, and in other communities, having at least one child was found to be critical before a woman could be married (Brown et al., 2002; Maepa et al., 1997). In addition, in some communities, pregnant adolescent girls would be proud of having “strong snakes” (fallopian tubes) that could catch the sperm and

form an embryo (Maepa et al., 1997). These adolescent girls may be seen to have a “higher social standing”, compared to their “childless” counterparts.

It was also revealed that adolescent pregnancy is accepted in some communities as the adolescent parents invariably received their parents’ support (de la Rey & Carolissen, 1997). This suggests that there may be double standards regarding premarital sex in such communities, as adolescent pregnancy, one of the many results of proscribed premarital sex, seems to be highly regarded and supported in these communities. Furthermore, a study by Ramabulana (2003) revealed that some cultural practices may encourage young girls into sexual activities, with the possibilities of accidentally conceiving.

2.3.3 Socio-economic factors and lack of negotiating skills

Several studies point out that the financial dependence of adolescent girls on their male partners, most of whom are older than them, put these adolescent girls at risk of unplanned pregnancies as they are dependent on these “financially powerful" men for material support (Clarke, 2005; Cullinan, 2006; Dickson, 2004; Hoosain, 2003; Males, 1993; Mwite et al., 2005; Population Reference Bureau, 2001). According to these studies, these adolescent girls fail to negotiate for safer sex as there is no balance of power in such relationships. They are dependent on these men and do not want to lose the material support that they receive from them. These girls engage in transactional sex with these older partners; they receive gifts from them and in turn they give in sexually, even if it is unprotected (Clarke, 2005; Cullinan, 2006; Males, 1993; Mwite et al., 2005; Population Reference Bureau, 2001). It has also been suggested that some adolescents that come from poor families opt for unsafe sex so as to get infected with HIV and qualify for a Disability Grant (Mwite et al., 2005). It seems that some adolescent girls that are financially disadvantaged and lack adequate negotiation skills are often at risk of unplanned pregnancies.

2. 3. 4. Early sexual debut, menarche, high partner turnover, later marriages, and ignorance

Dickson (2004), Heaven (1994), Mwite et al. (2005), Ketterlinus and Lamb (1994), Tshabalala-Msimang (2002), and Shisana et al. (2005) all argue that early sexual debut and ignorance predispose adolescent young girls to unplanned pregnancies and other health-related hazards. Mwite et al. (2005) further argue that the decreased age of menarche and a trend towards later marriages may lead to high partner turnover, exposing adolescents to unplanned pregnancies and HIV infections. Furedi (1996) adds that the more times a woman has sex, the greater the chances of pregnancy. These studies suggest that early sexual debut, and the extended age of marriage, coupled with ignorance, mean that young people are likely to date more partners and to engage in sexual activities without adequate sexual information; and that means that they are more likely to experience unplanned pregnancies.

2. 3. 5. Psychological factors

Heaven (1994) and Macleod (1999a) purport that various psychological and academic performance factors may be linked to unplanned adolescent pregnancy. Heaven (1994) and Mokgalabone (1999) mention among others, low self-esteem, poor social skills, feelings of unworthiness and inadequacy, rebellion, as well as poor academic performance to be among such factors. Macleod (1999a) and Makhetha (1996) point to undetected learning difficulties, educational underachievement, as well as preconscious motivation to be some of the psychological factors that predispose adolescents to unplanned pregnancies. Furthermore, adolescent girls with a low self-esteem and feelings of unworthiness are more likely to engage in unprotected sex, with its possible negative results, so as to maintain their relationships, which they may feel incomplete without. In such relationships, these girls are likely to be submissive and unassertive (Hamburg, 1986).

In addition, Heaven (1994) and the WHO (1986) argue that poor coping strategies used by adolescents in dealing with psychological stress and significant life stressors may also explain their tendency to engage in risky behaviours, resulting in challenges such as unplanned pregnancy. There may be instances where adolescents are facing difficulties in their lives, such as the divorce of parents, and resort to risky behaviours to cope with such difficulties and to replace the "lost object of love", as they lack proper and healthy coping strategies. Poor coping strategies have long-term effects on individuals and families. It is vital that adolescents are equipped with appropriate coping strategies as they will need them throughout their lives.

Sullivan (1993) suggest that there is a relationship between people's ability to plan and their sense of being in control of their situations. He pointed out that poverty increases a state of helplessness, which inhibits the ability to effectively plan for the future. Furthermore, he argued that the "life options" model to challenges such as adolescent pregnancies postulates that young people fail to plan for the future as they lack the options that would justify such plans (Sullivan, 1993). This may suggest that these young people may not have a reason to plan as there are no alternative plans of actions that they can resort to as their choice of action may seem to be obvious. This, coupled with feelings of helplessness about situations that young people are faced with may predispose them to risky activities such as unprotected sex.

2.3.6 An affirmation of love and a need to please

Cullinan (2006), Heaven (1994), Maepa et al., (1997), and Mokgalabone (1999) support the idea that adolescent females may romanticise their relationships with their boyfriends by perceiving unprotected sex as an affirmation of love and commitment to the relationship. Their studies found that young men often question their partners' commitment to the relationship if they insist on the use of condoms (Cullinan, 2006; Heaven, 1994; Maepa et al., 1997; Mokgalabone,

1999). In such instances, it is assumed that these adolescent females opt for unprotected sex as a way of affirming their love and commitment to the relationships. This may put them at risk of unplanned pregnancies.

2. 3. 7. Lack of information about sexuality and reproductive health

Dickson (2004), Mokgalabone (1999), and UNAIDS (n.d) found that a lack of information about reproductive health and sexuality puts adolescents at risk of health-related hazards such as HIV infection and unplanned pregnancy. This could be because sexuality is often a taboo subject in certain communities, limiting adolescents' access to the right information on this subject. Adolescents may engage in risky behaviours as they do not have factual information about sexual and reproductive health. According to the UNICEF (2004), the lack of such information on the part of adolescents exposes them to health risks, as they are not able to adequately protect themselves.

2.3.8. Adolescents' risk-taking behaviour

Due to their level of cognitive development at this stage of development, adolescents may show impairment in the perception of risks. This often leads them into risky behaviours that adults, with their better developed cognitive skills would not often get into. In certain instances, in an effort to develop their identities, adolescents are likely to behave contrary to familial and societal expectations, often in risky ways. Their youthful exuberance makes them curious and more apt to experiment with various behaviours. Peer pressure as well as their need to belong may also lead some adolescents into risky behaviours (World Health Organisation, 1986). Authors such as Craig (1996), Hamburg (1986), and Papalia et al. (2003) suggest that the personal fable that is characteristic of adolescence contributes to their tendencies to engage in risky behaviours, as they perceive themselves to be immune to negative occurrences, even if they are a direct result of their risky behaviours. Craig (1996) further

argues that adolescents with a low self-esteem tend to engage in risky behaviours.

2. 3. 9. Other factors

The lack of a clear life purpose was also cited as one factor that may lead to unplanned adolescent pregnancy (Heaven, 1994; Mwite et al., 2005). Adolescents that lack a purpose in life are said to live for the sake of living, therefore, they are more likely to engage in risky behaviours. As they have not determined their reason to live, they do not protect themselves from challenges that may hinder the attainment of their life goals.

Impulsivity, failure to consider the consequences of actions, diminishing parental supervision, as well as the rise of children's rights have also been identified as factors that expose young people to the risk of unplanned pregnancies (Mwite et al., 2005; Shears, 2005). Hamburg and Lancaster (1986) and Shears (2005) argue that adolescents' characteristic impulsivity and their difficulty in deferring gratification may lead to unplanned adolescent pregnancy. The adolescents are likely to impulsively engage in risky behaviours such as unprotected sex without considering the consequences of such behaviours. Their ability to plan like adults do is underdeveloped at this stage of development and this may affect them in the long run (Hamburg, 1986). According to Banfield (1970) (cited in Sullivan, 1993) poor adolescents' lack of planning is attributed to the culture shared by poor people. It is argued that such people share deviant norms and values that emphasise the short-term gratification of needs over rational planning for the future (Banfield, 1970, cited in Sullivan, 1993). It is understandable that poor people's priorities could be different from those of middle class and wealthy people. Poor people can be found to be concerned with issues such as the satisfaction of their basic needs more than long term issues, such as buying a holiday house. However, it should be noted that not all poor people are only concerned about the satisfaction of immediate needs. Furthermore, some

adolescents are capable of thinking and planning beyond their short-term needs. Therefore, not all young people struggle with deferring the gratification of their needs.

Additionally, a study by Mwite et al. (2005) reveals that the rise of children's rights as well as the diminishing parental supervision, may lead young people into unplanned pregnancies, as some adolescents may overestimate their rights and fail to heed their parents' supervision and guidance. Parekh and de la Rey (1997) argue that the wearing off of certain traditional practices lead to problems such as the erosion of respect for parents and other authority figures, leading to challenges such as unplanned pregnancies. They also point out that the babysitting roles that many adolescent girls often take up may prepare them for early motherhood (Parekh & de la Rey, 1997). Hamburg (1986) points out that the disbelief and denial of the possibility of falling pregnant on the part of adolescent girls often lead to unplanned pregnancies.

In an attempt to make sense of the unacceptably high rates of unplanned adolescent pregnancies in Gauteng province, the former Gauteng MEC for Health (2002) argued that dysfunctional homes, peer pressure and the lack of communication between children and parents could be contributing to this problem. The principal of Ivory Park High School, which had 30 pregnant girls in one year identified poverty, ignorance, and the lack of proper recreational facilities in the area as some of the many factors that contribute to unplanned adolescent pregnancies (City Press, 24 October 2004). The same factors were found to be true in a study undertaken in Limpopo (Mokgalabone, 1999).

Poverty is one of the worst enemies of humankind as it severely limits people's rights to choices. It is therefore understandable that communities that are poverty stricken are more likely to experience challenges such as unplanned pregnancies among adolescents due to the limited desirable choices available in such communities.

2. 4. Consequences of unplanned adolescent pregnancy

A single act of unprotected sex, whether planned or unplanned, can result in serious health challenges such as unplanned pregnancy, HIV and sexually transmitted infections. Such challenges also bring with them short- and long-term biological, economic and psychosocial consequences that adolescents, their families, communities, and the government have to deal with. Some of those consequences are as follows:

2.4.1 Health difficulties.

Unplanned adolescent pregnancy can bring about physical and psychological health challenges for the young parents as well as physical difficulties to the newborn. Berk (2003), Boult and Cunningham (1993), Dickson (2004), National Department of Health (1998), Hamburg (1986), Reynolds, Wright, Olukoya and Neelofur-Khan (2004), and WHO (1993, 1989, 1986) argue that some of the physical challenges for the adolescent mothers include complications during labour, possible anaemia, induced abortions, preeclamptic toxaemia, and even maternal morbidity. Robertson (1981) and Shaffer (2002) also point out that these adolescent mothers are likely to suffer from iron deficiency as they are still growing physically and at the onset of menstruation. Children born to adolescent mothers were found to be more likely to be underweight at birth because of their mothers' immature physical development. Such low birth weight makes them susceptible to illnesses, further putting them at risk of death (Boult & Cunningham, 1993; Hamburg, 1986; WHO, 1983). They are further reported to have low IQs and to be academically underperforming, compared to children of older women (Berk, 2003; Turner & Helms, 1995).

Psychosocially, the young mothers are likely to have a sense of shame, guilt or inadequacy, which may negatively affect their sense of worth (Craig, 1996; Mokgalabone, 1999; WHO, 1986). Furthermore, they may be anxious about

possible disapproval from their families, peers, and institutions such as religious groups (WHO, 1986). Additionally, Moore et al. (1981) found that early child bearers seemed to experience more difficulties with parenting and are likely to endure more unhappiness as young parents. However, it should also be noted that it is not particularly clear whether these psychological factors are clearly predisposal factors or consequences of unplanned pregnancies during adolescents.

There is a need to provide biological and psychosocial programmes to deal with these challenges so as to positively affect the lives of the affected people.

2. 4. 2. Academic and career disruptions

The South African Schools Act (Act 84 of 1996), as well as the Constitution of the Republic of South Africa (1996) establish that everyone has the right to education. Although the above Act allows pregnant adolescents to go to school, unplanned pregnancy does affect their academic progress, as they have to, among others divide their time between their school work and their children. It has also been found that in instances where there is no support from home, unplanned adolescent pregnancy may lead to school drop-outs as adolescent mothers have to look after their children on their own. Statistics South Africa (2005) reported that 4.6% of 7-to-24-year old girls in South Africa mentioned pregnancy as the cause of them dropping out of school, with about 72 000 girls between the ages of 13 years and 19 years not going to school due to pregnancy. Additionally, Mokgalabone (1999) argued that even though adolescent mothers may be able to go back to school, their concentration is likely to be lower than before they became parents. This is understandable as they will be having other responsibilities to take care of. In addition, some of these adolescent mothers are said to lose their social networks at schools, leaving them feeling isolated (Berk, 2003; Coley & Chase-Lansdale, 1998, as quoted in

Shaffer 2002; DoH, 1998; Furstenburg et al., 1987; MacLeod, 1999a; Mokgalabone, 1999; Moore et al., 1981).

Studies have shown that academic disruptions have a long-term effect on the adolescent mothers' career prospects. Their limited educational attainment often leaves them with fewer chances of succeeding professionally, ultimately affecting their long-term economic status (Berk, 2003; Craig, 1996; Turner & Helms, 1995). This also directly affects their subsequent capacity to adequately provide for their children as well as their general quality of life (Berk, 2003; Dusek, 1996; National Department of Health, 1998; WHO, 1989). Makhetha (1996) argues that the majority of the participants in her study reported that their pregnancies disturbed their future plans.

2. 4. 3. Disrupted developmental tasks

One of the major tasks of adolescence is the development of identity, a sense of who an adolescent is and would be (Bergewin et al., 2003; Craig, 1996; Dusek, 1996; Papalia et al., 2003). The successful completion of this task is necessary in the transition to adulthood (Papalia et al., 2003). By becoming a parent, an adolescent's identity development may be disrupted, leaving the adolescent feeling confused. Unplanned parenthood may lead adolescent parents into parenthood without having significantly explored commitments of parenthood. However, it should be noted that parenthood may be negatively or positively experienced by different young parents. Some of the other tasks of adolescence include becoming emotionally independent from the parents and other adults, and determining and preparing a career and entering the job market (Dusek, 1996). Becoming a parent before these tasks are achieved may negatively affect their achievement. Failure to successfully complete the important tasks of adolescence has the potential to make it difficult for adolescents to successfully master the developmental tasks of the next stage of development (Dusek, 1996; Everaerd, 1983; Freeman, Lazarus & Sibeko, 1996; Hurlock, 1973; Manaster,

1989). Unplanned adolescent pregnancy may be seen to deleteriously affect the adolescents' healthy transition from one stage of development to the next and that can have long-term effects on the adolescent's later life. Although the developmental tasks need not be achieved in a chronological manner as Havinghurst (1952) (cited in Dusek, 1996) postulate, becoming an adolescent mother means that an adolescent has attained a task that carries more responsibility than she is capable of, which can be frustrating and confusing.

2. 4. 4. Limited parenting skills

Becoming a parent is a challenging and stressful task and Berk (2003) and the WHO (1986) argue that it can be more so for adolescent mothers as they have not established a clear sense of direction for their own lives. Many of these young mothers are not ready to be involved in this adult responsibility. They are not psychologically, economically, and socially ready for raising children and providing them with sufficient physical and mental stimulation needed for optimum development (Moore et al., 1981). In certain studies, children of adolescent mothers have been found to be physically, emotionally and psychologically underdeveloped, as a result of their parents' inadequate parenting skills and lack of readiness for parenthood (Chomitz et al., 2002, cited in Shaffer, 2002; Papalia et al., 2003).

Peterson and Crockett (1986) argue that "competent mothering" requires a mother that has a mature judgement, and the ability to anticipate and the resources to meet the child's needs as well as her own. Parenting therefore is not only a physical act that only requires material provisions, but also requires psychological and emotional resources to effectively provide for the child's needs (Hamburg, 1986).

Being a parent is a major developmental transition, a time of new demands and challenges. It leads to changes in values, attitudes, and behaviours and it has an

enduring impact on the future life course. Without prior preparation, parenting can be a stressful responsibility (Hamburg, 1986).

2. 5. HIV/AIDS

HIV is a retrovirus that infects the cells of the immune system, the CD4 cells as well as the macrophages, which are the key components of the cellular immune system. The HIV destroys their functioning, leading to a depleted immune system or “immune deficiency”. At this point, the immune system fails to perform its task of fighting off infections, making the infected person vulnerable to infections called “opportunistic infections”, that is, infections that take advantage of the weakened immune system. The HIV is transmitted through unprotected sexual intercourse, blood transfusion, the sharing of contaminated needles, and from mother to child either during pregnancy, childbirth or breastfeeding (Khomanani & Soul City, 2005; UNICEF, 2004).

AIDS is a term used to describe a combination of diseases that attack the compromised immune system that has been attacked by the HIV and is deficient. People infected with the HIV can live relatively healthy lives for years before developing AIDS, which is potentially fatal (loveLife, 2004).

In 1989 it was estimated that about six million people were infected with HIV worldwide (Health24, 2002). However, in 2003, the total number of people living with the HIV was estimated to be 40.3 million (AIDS Epidemic Update, 2003, 2005). It was further estimated that about three million people died of AIDS by 1989, yet in 2005, the number drastically increased to 25 million (UNAIDS Epidemic Update, 2005, 2003). This is evidence that this disease is becoming a deadly global enemy to the humankind.

Although Sub-Saharan Africa only has over ten percent of the world’s population, it is said to be home to about 60% (25.8 million) of people living with HIV

worldwide (AIDS Epidemic Update, 2005). Furthermore, it is estimated that about 75% of the world's HIV infections occur in the Sub-Saharan Africa (Health24, 2002). In addition, 76% of HIV infected people in Sub-Saharan Africa are women and about 11.8 million are youth between the ages of 15 years and 24 years (Aggleton et al., 2004; UNAIDS Epidemic Update, 2005). From the above, it can be deduced that although HIV/AIDS is a universal challenge, Sub-Saharan Africa seems to be facing the bigger share of the challenge, with women as well as young people between the ages of 15 years and 24 years being the most infected.

Moving to South Africa, in 1989 this country had an estimated 180 people who were reported to have died of HIV/AIDS with about 2 400 HIV infected people. (AIDS Epidemic Update, 2005). However, recently, an estimated 5.3 million people in South Africa are living with the HIV, making South Africa the country with the highest HIV prevalence in the world (Health24, 2004). Moreover, although South Africa has less than one percent of the world's 15 to 19 year olds, the country accounts for roughly 15% of infections in this age group globally (UNICEF; UNAIDS; & WHO; as cited in Magnani et al., 2004). Dorrington et al. (2006) report that over half of 15 year olds are not expected to survive to age 60. Pettifor et al. (2005) identified that one in ten South Africans between the ages of 15 years and 24 years is HIV infected. Additionally, Dorrington et al. (2006) point out that the particularly high HIV incidence in women between 15 years and 24 years is driving the new HIV infections. Harrison (2002) also notes that about 60% of HIV positive adults were infected before they turned 25 years. HIV infection rates in the country point to a rapid movement of this disease. HIV/AIDS also seems to be infecting particularly the country's youth, which poses a real challenge for the country's future. A lot of programmes, mostly targeting the youth, have been initiated to deal with this epidemic. However, it seems that there is still a lot more that needs to be done, particularly by and for the young people in the country.

Furthermore, surveys by Shisana et al. (2005), and Pettifor et al. (2004) point that young females between the ages of 15 years and 24 years are more vulnerable to HIV infection, with an estimated 16.4% HIV prevalence in this age group, compared to males of the same group's prevalence of 5.1%. These females are further reported to have an eight times higher HIV incidence than males of their age group (Shisana et al., 2005). There seems to be a need to pay special attention to issues that may be putting these young women at such a high level of risk of HIV infections. Other factors such as the socio-cultural practices that put these young women at risk should be addressed.

It seems that South Africans are hard hit by HIV/AIDS. There are vast differences between the HIV incidence and prevalence rates in the country and other countries in the world, as well as between young males and young females in the country in comparison to youth in other countries. Young women in South Africa seem to be more at risk of HIV infection than other groups. This implies that there is a need to understand possible causal factors to the uneven and drastic HIV incidence and prevalence rates, as well as to bring radical changes to this challenge.

2. 5. 1 Factors associated with high HIV infection rates among young people.

Shisana et al. (2005) identified factors such as young women's lower status and disempowerment as some of the factors that contribute to their high infection rates and vulnerability to HIV infection. Their vulnerability is compounded by their immature reproductive systems as well as the likelihood of being forced to have sex. Some adolescents' poor economic status leads them into survival and transactional sex, further putting them at risk of HIV infection. Young women were also found to be using condoms less consistently in their sexual encounters than their male counterparts. Moreover, these young women reported having more sex than young men and most of them had more signs of STIs than sexually active men of their age (Bradshaw et al., 2004; Shisana et al., 2005).

From the above, it can be deduced that young women's biological makeup, socio-economic status, attitudes towards sex, and their disempowerment, put them at risk of HIV infection. If these factors are not challenged, this group of people will continue to be the biggest victims of this epidemic and this in turn is likely to affect the country in the long run, particularly because these young women's long-term fecundity will be negatively affected, and that has direct negative effects on the country as a whole.

Furthermore, Shisana et al. (2005) identify risky environments that are related to alcohol and drug abuse, sexual harassment of girls by boys and male educators as some of the factors perpetuating high HIV infection rates among young people. Alcohol and drugs impair good judgement and reduce inhibitions, resulting in increased risky behaviours (Berk, 2001). One of the developmental characteristics of adolescence is their limited ability to defer the gratification of their needs and if they are under the influence of alcohol, this is likely to be aggravated, exposing them to even more negative health-related consequences.

2.6. Personal Fable

In addition to adolescents' developmental characteristics such as, impulsivity, Berk (2003), Craig (1996), Elkind (1981), Hamburg (1986), Miller and Moore (1990), Papalia et al. (2003), Plant (1992), and Shucksmithand Hendry(1998) mention that "perceived invulnerability" or the "personal fable" is one of the reasons why adolescents engage in risky behaviours such as unprotected sex. Elkind (1981) argues that during adolescence, young people are usually at their physical peak. They consequently see themselves as invulnerable, and they believe that they are immortal, special, and unique. This implies that they do not believe that they can experience negative events (Craig, 1996).

Several studies (Neema et al., 2004; Pettifor et al., 2004; Reproductive Health Research Unit, 2003; Rutenberg et al., 2003; Shisana et al., 2005) concur with

the suggestion that adolescents' personal fable is one of the factors leading adolescents to be victims of HIV. In these studies, it was found that although a vast majority of adolescents knew someone who had died of AIDS related illnesses, they still perceived themselves not to be at risk of contracting HIV. Furthermore, these adolescents had a good knowledge of HIV/AIDS and how to protect themselves from being infected with HIV, yet, this knowledge did not affect their sexual behaviour. They continued to show a significant underestimation of their personal risk (Neema et al., 2004; Pettifor et al., 2004; Reproductive Health Research Unit, 2003; Rutenberg et al., 2003; Shisana et al., 2005). A survey by the Population Reference Bureau (2001) in eleven African countries found that although a substantial population of young women and men perceived themselves as invulnerable to HIV/AIDS, young men were more likely to believe that they are at a low or no risk of being infected with HIV than young women. Adolescents' perceived invulnerability limits their self-care and positive behaviour change which are both important in the fight against HIV/AIDS

2. 7. Preventing continuing unplanned adolescent pregnancies and high HIV infections among young people.

In preventing HIV infection among the youth, Aggleton et al. (2004) argue that there are four principles that can help to ensure that the programmes are successful. These principles can also be applied in the fight against other health challenges such as unplanned adolescent pregnancies as they are closely linked to HIV/AIDS. The first principle is to put young people first. They argue that young people can play an important role in determining how their needs and circumstances are understood. Secondly, they state that it is important to promote youth's meaningful participation and identification of programme design and development (Aggleton et al., 2004). Aggleton et al. (2004) propose that young people's views should not be disregarded, as that increases their social isolation, ultimately enhancing their vulnerability. Instead, they should be involved, from identifying the needs until the evaluation of the programmes.

Thirdly, Aggleton et al. (2004) argue that there should be a commitment to young people's rights to health. They argue that young people's power to make a difference in their own lives should be unleashed. The Constitution of the Republic of South Africa (1996) provides for the right to health for every person. The UN's Convention on the Rights of the Child provides for every child's right to a standard of living adequate for physical, mental, spiritual, moral, and social development (Aggleton et al., 2004). Fourthly, gender equity should be promoted in providing young females with health services that appropriately meet their health needs (Aggleton et al., 2004). Many studies (Shisana et al, 2005, Mwite et al., 2005, Aggleton et al., 2004) have established that women are more vulnerable to higher HIV infections than men, due to factors such as financial dependence, their biological makeup, lack of skills to negotiate condom usage, cultural issues, etc. This calls for gender sensitive preventative measures which may be effective in fighting the HIV/AIDS epidemic.

Therefore, in addressing adolescent reproductive health issues, an effort should be made to ensure that young people are put first in the programmes and that they are involved in such programmes, from the need analysis stage to the programme evaluation phase. This will ensure that the programmes are relevant and adequately address the challenges that young people face. In addition, all young people's right to health should be respected. Gender inequality is one of the factors perpetuating social ills such as HIV infection and unplanned adolescent pregnancies. In addressing youth sexual health issues, gender equity should be prioritized to ensure effectiveness. Gender differences should be respected; however, both young males and young females should be exposed to similar and consistent messages.

Several authors agree that adolescents are willing and able to foster their own healthy development (Blum, 1998; Camino, 2000; Peterson, 2000; Zeldin & Price, 1995; cited in Larson et al., 2002). According to Camino (2000, cited in Larson et al., 2002), assumptions that adolescents cannot act constructively on

their own accord destroys their budding self-confidence and competence. Moreover, cultivating the necessary skills and supporting adolescents' constructive behaviour and creativity are appropriate roles for adults and organisations serving youth (Camino, 2000; Peterson, 2000, cited in Larson et al., 2002). Although adolescents have an underlying ability to care for themselves, this may be underutilized if they lack support and encouragement from adults. They are also likely to lose their focus if they lack guidance from parents.

Programmes such as voluntary service programmes give adolescents an opportunity to learn to function as adults and take pride in their surroundings. They enhance teenagers' self-esteem and social relationships; increase their understanding of self and the broader world; develop their values; and decrease alienation from school, family and community (Larson et al., 2002). According to Kirby and Coyle (1997, cited in Larson et al., 2002) research indicates that teenagers involved in such programmes are less likely to become involved in health-compromising behaviours. Young people should be encouraged to take part in voluntary activities as such activities improve their self-worth and protect them from risky behaviours that may result in unplanned pregnancies and HIV infection.

2. 7. 1. Dual protection

According to the Department of Health (2002), there is a need to promote dual protection approaches against both STIs/HIV and pregnancy. According to the DoH (2002) dual protection is the use of means to prevent both unwanted pregnancy and STIs/HIV infection. The national contraceptive policy guideline of the DoH (2002) states that women in all societies carry the greatest burden of both unwanted pregnancy and STIs/HIV infection. The dual protection involves abstinence, the use of barrier methods such as condoms as well as using dual methods that protect against both unwanted pregnancy as well as HIV/STI

infection (such as using a contraceptive method and a condom). Scholl and Finger (2004) also support the need to consider the importance of protection from both pregnancy and HIV infection for the youth. They also suggested the use of condoms plus emergency contraceptive pills as well as the use of condoms and being in a monogamous relationship (Scholl & Finger, 2004).

According to du Plessis (2004) fertility and HIV/AIDS affect the population of the country. AIDS mortality implies a loss in reproductive potential and HIV affects fecundity as it is linked to other sexually transmitted infections (du Plessis, 2004). Furthermore, it is argued that women already infected with STIs, including HIV may have an impaired fecundity and are likely to die before they reach the end of their reproductive age span (Gregson, Zhuwau, Anderson & Chandiwana, 1997, cited in du Plessis, 2004). Dual protection is important as low fertility rates in conjunction with high levels of HIV/AIDS are now driving a rapid ageing process in South Africa.

2. 7. 2. The role of schooling

The UNICEF (2004) argues that schools can provide the best defence against HIV infection as they offer the best mechanism to deliver HIV prevention information. Schools offer the long-term educational and social skills that protect adolescents against problems such as unplanned pregnancies and HIV infection. Dickson (2004) and UNICEF (2004) further argue that keeping the most vulnerable group of people, young people, especially girls, in schools, will help minimise their chances of HIV infection. These skills may also help adolescents with preventing unplanned pregnancies. Field (1981) argues that the higher the level of education in females, the lower their fertility. Women that are educated have been found to postpone childbearing, to use condoms frequently, and to possess a good amount of knowledge about HIV/AIDS. These women have shown good communication and negotiation skills vital for the prevention of HIV/AIDS (Berk, 2003; Dickson, 2004; Field, 1981). The UNICEF (2004) argues

that keeping girls in school and offering them a good education will help in turning around unwanted adolescent pregnancies and the HIV/AIDS pandemic. They further posit that schools should focus on assertiveness and negotiation skills so as to improve young women's control over their health and well being (UNICEF, 2004).

It is a well known assumption that education is empowering and liberating to individuals and societies. With education comes knowledge, which is power. It allows people to take informed decisions as it offers them relevant and factual information. Offering people skills, such as lifeskills, assists them with dealing with their daily challenges. Moreover, offering adolescents quality education has the capacity to reverse the challenges brought about by unplanned adolescent pregnancies and HIV/AIDS as well as to curb their continued occurrence.

2. 7. 3. The role of culture and religion

According to the UNAIDS (1999, cited in Shisana et al., 2002) it should be accepted that individual change is closely related to social change and an understanding of social and environmental contexts need to be incorporated into behavioural change. Therefore, interventions should be located within cultural processes, communities, families and groups (Shisana et al., 2002). They further suggest that in creating prevention strategies, the differences (cultural, language, socio-economic, political) in target populations should be appreciated (Shisana et al., 2002). Dickson (2004) argues that gender-sensitive programmes must address the social and cultural factors that often hinder young women from protecting themselves from health challenges such as unplanned pregnancies and HIV/AIDS.

In addition, Sishana et al. (2005) report that there are other cultures that promote the initiation of sex at a later stage as well as religions that promote marriage and faithfulness, and such practices should be encouraged. In addition, a study by

Auvert and Puren (2004, as cited in Shisana et al., 2005), postulates that safe circumcision, which could be a religious, cultural, and medical practice, can offer at least 60 % protection from HIV infection among males, which will in turn reduce the risk of HIV infection for women and children. However, Shisana et al. (2005) warns that this should not give the impression that male circumcision completely prevents HIV acquisition. Scholl and Finger (2004) also identify the role of religious organisations in informing the youth about sexuality at an early age and also in providing them with appropriate role models.

According to the UNAIDS (n.d), policies built on cultural values can contribute to changing social norms and promote healthy behaviours. Leaders can also play a role in the fight against unplanned adolescent pregnancies and HIV/AIDS through things such as policies and positive role modelling. For example, President Museveni of Uganda introduced the concept of 'zero grazing" which encouraged maintaining monogamous relationships as a way of fighting HIV/AIDS in Uganda. President Museveni set a good example of how political leaders can challenge some of the socio-cultural practices that have the potential of putting other groups of people at risk of certain ills (UNAIDS, n.d). If leaders can examine the positive aspects of these cultural and religious practices they can find a way of contributing to fighting these challenges.

2. 7. 4. The role of parents

The DoH's SADHS (1998) found that 39% of adolescent women using contraceptives received contraceptive information largely from their mothers. According to this survey, younger women received information from their mothers while older ones received it from the health professionals (DoH, 1998). It is understandable that the more adequate information children have from the reliable sources (parents), the more equipped they are likely to be in dealing with sexual situations that they may encounter. Pettifor et al. (2004) reports that seven percent of all the youth that participated in their survey, learnt about

HIV/AIDS from their parents. This suggests that parents can play role in the fight against unplanned adolescent pregnancies.

loveLife (2004) is of the view that communication with parents is important in the fight against unplanned adolescent pregnancy, as well as HIV infections amongst adolescents. According to this survey young people consistently reported that they would prefer first to hear about sex from their parents rather than from their friends (loveLife, 2004). It would seem that these young people realize that their peers are as uninformed about sexual issues as themselves. About 78.6% of the adolescents that participated in the survey by loveLife believed that open communication with parents reduces the risk of unplanned adolescent pregnancy and three quarters believed that open communication with parents reduces the risk of HIV infections (LoveLife, n.d). These young people also mentioned that open communication with parents is essential in encouraging them to be responsible (loveLife,n.d). Scholl and Finger (2004) and Ngom, Magadi and Owuor (2004) support the view that a good parent-child relationship, which is characterized by open communication on sexuality, is needed in the fight against HIV/AIDS.

Shisana et al. (2005) also highlight the need for caregivers to identify and minimise risky environments for children both at home and at school, as an important measure to reducing HIV infection amongst adolescents. As more mature and experienced people, adults are assumed to be at a more advantageous position to identify risky environments that may be harmful to the adolescents' health. Strengthening the relationship between pre-adolescents and their families can also assist in delaying sexual activity amongst adolescents and that can help to reduce unwanted pregnancies and the spread of HIV among adolescents (Shisana et al., 2005).

Children that are equipped with information are likely to take informed decisions (Berk, 2003; Papalia et al., 2003). It should also be noted that parents can

positively affect the behaviours of their children by acting as positive role models and inspiring them.

2. 7. 5. Communication skills

Scholl and Finger (2004) report that adolescent communication skills can help with preventing both unwanted pregnancies and STI/HIV infections amongst the youth. One of the objectives of the Life skills course introduced in secondary schools was that learners would be able to respond assertively to pressure to engage in unprotected sex (Departments of Health and Education, 1997/8, cited in Magnani et al., 2004). It appears that from these lessons, learners would acquire the communication skills needed to protect themselves from unwanted pregnancies and possible HIV infection. Young people with good communication skills are in a better position to negotiate safer sexual practices with their partners and to resist any form of pressure.

2. 7. 6. Limiting the numbers of sexual partners and delayed sexual activity.

Shisana et al. (2005) recommend that young people should be encouraged to delay sexual activity as the more frequently a person has sex, the greater the chances of falling pregnant and acquiring HIV. Furthermore, it was suggested that sexually active people should avoid engaging in unprotected sex with a person they do not know the HIV status of. Additionally, the avoidance of frequent partner turnover as well as concurrent sexual partnerships should be encouraged (Shisana et al., 2005). It is also suggested that young females should date partners that are within a five year age range older than them as older male partners have a higher HIV prevalence than younger male partners (Shisana et al., 2005).

2.7.7. Youth inclusion and youth friendly services providers

Neema et al. (2004), Reynolds et al. (2004), Scholl and Finger (2004), and USAID (2000) suggest that young people should be involved in programme planning, implementation, and evaluation so that their concerns about available options and access issues are better understood and addressed. The youth are the best guides to expanding youth contraceptive options and access. In Uganda, it was found that services that meet young people's needs in a comfortable and responsive way were seen to be effective in giving youth adequate sexual and reproductive health care (Neema et al., 2004). Furthermore, Neema et al. (2004) argue that young people's limited access to resources gravely undermines their health and health-seeking behaviour. The HIV and AIDS, STD Strategic Plan for South Africa (2007-2011) sees youth as the target group in the fight against HIV/AIDS, as the youth are a vulnerable group. The strategy further proposes that the youth are an important target group for prevention against future HIV infection as they represent both the present and future economic powerhouse of the country (DoH, 2006). The HIV prevalence statistics in South Africa point to young people's vulnerability (loveLife, 2004; Pettifor et al., 2003; Shisana et al., 2002, 2005). As South Africa is presently struggling with high HIV infection rates in this group of people, making reproductive health services accessible and user friendly for the adolescents will prove to be beneficial in the long term.

2. 7. 8. Behaviour change

Several studies (Dickson, 2004; Magnani et al., 2004; Shisana et al., 2002, 2005; USAID, 2003) show that there is a need for behavioural change, so as to successfully curb the high HIV infection rates in South Africa. According to Shisana et al. (2005) young people have increased their condom use. However, there does not seem to be a decrease in the number of sexual partners and partner turnover, that is, there seems to be a lack of the necessary behaviour

change at a certain level. Conversely, since the early 1990s, Uganda adopted a comprehensive behaviour change approach focusing on reducing HIV infection and Uganda has seen a successful fight against HIV (Neema et al., 2004). A recent survey in Zimbabwe shows a decline in HIV prevalence in some groups in Zimbabwe. It was further pointed out that the reduction in HIV prevalence in Zimbabwe could be due to the reduction of casual sexual relationships, the delay in the onset of sexual activities and increases in condom usage; which are all behavioural changes (Cullinan, 2006).

However, it has been noted that there is a relationship between people's perceived vulnerability to HIV infection and precautionary sexual behaviour (Condelli, 1986). This suggests that for people to change their sexual behaviour, they do not only need to have knowledge about sexual health, but they need to also perceive themselves to be at possible risk of the health challenges, including unplanned pregnancies and HIV infections.

2. 7. 9. Life skills training and mass media promotions

Life skills can enormously add to the general education and provide support for emotional and social skills that are necessary for the prevention of problems such as unwanted pregnancy and HIV infection (Thorpe, 2006). Magnani et al. (2004) argued that although life skills did not seem to have an effect on young people's key behaviours, such as delayed sexual activity and partner turnover, the youth exposed to life skills education are more likely to use condoms. Berk (2003) argued that sexual education can prove to be helpful if offered before sexual activity commences, as it raises awareness of sexual facts that are necessary for responsible sexual behaviour. According to Berk (2003), sexual education must build a bridge between what young people know and what they do. This suggests that sexual education will equip young people with adequate social skills that will allow them to handle their everyday sexual challenges, and possibly assist them in delaying sexual activity.

The USAID (2003) suggests that an improvement of reproductive health knowledge among adolescents may be achieved through intense media programmes operating for at least two to three years. In addition, a mixture of large-scale promotion and interpersonal approaches were suggested, as they would influence social norms and individual behaviour respectively. Some prevention strategies are seen to take longer to effect change on young people's behaviour than others. For example, being exposed to life skills may be more readily influential in behavioural change than seeing a television show on HIV/AIDS prevention (USAID, 2003). Interpersonal approaches can encourage young people to see unplanned pregnancies and HIV as health-related challenges that they are individually prone to, and not as challenges for the "weak others".

2. 10. Conclusion

Unplanned adolescent pregnancy is still a challenge for individuals, families, communities, and the overall country. It is clear that unplanned adolescent pregnancies have the potential of distracting young people's normal course of development and ultimately their future aspirations. It can yield various short- or long-term negative results. Additionally, the high rates of HIV infections among adolescents make the challenge of unplanned adolescent pregnancies more daunting, as it implies that young people that risk unplanned pregnancies also expose themselves to the fatal HIV/AIDS. This definitely has implications for the country's long-term development. Several possible preventative measures have also been highlighted, some of which have been implemented in most parts of the country. However, we still continue to see the continued elevated incidences of both unplanned pregnancies and HIV infections among adolescents.

Shisana et al. (2005) mention that exposure to HIV/AIDS information should extend beyond campaigns and programmes. They suggest that friends, family members, schools, health centres and other sectors of communities are also

important in the fight against this epidemic. As Dickson (2004) puts it, helping South African youth make a healthy transition to adulthood is critical to the continent's development and the prosperity of its future population. Varga (2004) also points out that HIV/AIDS-related death directly affect the social-well being and economic functioning of the population. Varga (2004) further postulates that in the next years, HIV/AIDS will affect fertility rates, demographic growth, and population well-being in South Africa (Varga, 2004). There is a need for every South African to see the fight against unplanned adolescent pregnancies and HIV/AIDS as a duty that all must undertake in order to secure a better future for the country. Varga (2004) notes that there is a link between South African adolescents' fertility-related behaviour and their risk for HIV/AIDS infection. There is an urgent need to consider interventions which target unplanned adolescent pregnancy and HIV/AIDS as interrelated.

CHAPTER THREE
RESEARCH METHODOLOGY

3. 1. Introduction

This section discusses the research methods employed in this study. It looks at the research design, participants, sampling, procedures, the data collection process, and the method of data analysis. The researcher's personal experiences and beliefs are also highlighted in this chapter.

3. 2. Qualitative research

Creswell (2003) states that qualitative research focuses on participants' perceptions and experiences, as well as their ways of making sense of their lives. Therefore, this design was seen to be the appropriate design for this study as the researcher was mainly interested in adolescents' perceptions and experiences of unplanned adolescent pregnancies in the light of the high HIV infections among young people. It is to explore how these young people construct and give meaning to unplanned adolescent pregnancy in these days of high HIV infection rates among young people. Creswell (2003) highlights the importance of making sense of the multiple realities conveyed by participants.

According to Mason (2001), "qualitative research is grounded in a philosophical position which is broadly interpretivist as it is concerned with how the social world is interpreted, understood, experienced or produced" (p. 4). Creswell (2003) also supports the idea that qualitative research is fundamentally interpretative in that the researcher makes an interpretation of the descriptive data gathered. The researcher in this study interpreted the descriptions of perceptions as gathered from the participants. Ezzy and Rice (2000) and Babbie (2004) state that qualitative research's primary goal is to get in-depth descriptions and an understanding of actions and events. Kruger and Welman (2001) argue that

qualitative data are based on meanings expressed through words. The words that participants used were analysed and interpreted so as to gain an understanding of their perceptions and experience of unplanned adolescent pregnancy in view of high HIV/AIDS infection rates among young people.

According to Mason (2001), qualitative research methods of data generation are flexible and sensitive to the social context in which data is produced. Mason (2001) further argues that qualitative research should be strategic, yet flexible and contextual; there is a need to be sensitive to the changing contexts and situations in which research takes place. This idea is appropriate as unplanned adolescent pregnancy may be differently constructed due to the different contexts of the participants in this study. In gathering data, the researcher continually assessed the contexts and situations in which unplanned adolescent pregnancy and HIV/AIDS occur, and how such issues affect the young people, directly and indirectly.

The researcher was hoping to provide explanations and a further understanding of the adolescents' perceptions on unplanned adolescent pregnancy in view of the high HIV/AIDS prevalence among young people. This was done by using information gathered from the adolescents. The insider's perspective was emphasized; the researcher tried to see the world through the eyes of the participants. Qualitative methodology is concerned with understanding social actions in terms of specific context, rather than attempting to generalize to some theoretical population (Ezzy & Rice, 2000). The researcher's task is to grasp the interpretations, as well as what the participants say and to see things from their point of view. The qualitative researcher is seen as the "main instrument" in the research process and attempts to be objective and unbiased in her descriptions and interpretations (Babbie & Moutton, 2001). The perceptions and thoughts of the participants in this study are significant in understanding unplanned adolescent pregnancies in the light of high HIV infections rates among adolescents.

The researcher attempted to ensure validity and reliability by using member checks, peer review, extensive field notes, and audit trials. Peer reviewing is a process where two or more researchers debate the various issues in a research project and eventually come up with a consensus about these issues. An audit trial is when an independent examiner is given all the theoretical ideas, notes, raw data, interpretation, etc. In this project, the supervisor acted as the examiner. Member checks involved taking back the transcripts and analyzed texts to the participants to check with them whether what has been constructed from the data was actually what they said (Babbie & Moutton, 2001).

3. 3. Participants

Carpenter and Streubert (1999) state that qualitative research makes use of participants, rather than subjects, which implies that they are not acted on, but are active role-players in the research. The researcher used purposive sampling to get participants. There were clear criteria:

(a) the participants had to be from previously disadvantaged communities

(b) aged between 14 and 24 years (for individual and group interviews).

(c) pregnant adolescents or adolescent mothers (14 to 24 years), for the sampling of focus groups.

Volunteer sampling was used in conjunction with purposive sampling. This was to ensure that the participants were willing and motivated to participate. These sampling methods were used to ensure that the researcher obtained the richest possible data from the participants (Strydom, Fouche & Delport, 2002). The researcher used educational institutions (one high school and one university), and an antenatal clinic in previously disadvantaged communities to recruit the participants.

The participants were as follows:

Table 1. Individual interviewees

Name	Gender	Age	Student/learner	Educational level
Fela	Female	14 yrs	Learner	Grade 8
Ntombi	Female	14 yrs	Learner	Grade 8
Musa	Male	15 yrs	Learner	Grade 10
Zweli	Female	15 yrs	Learner	Grade 10
Jabu	Male	17 yrs	Learner	Grade 11
Sabelo	Male	19 yrs	Learner	Grade 12
Vusi	Male	23 yrs	Student	Final year
Thabang	Male	20 yrs	Student	Final year
Dora	Female	24 yrs	Student	Final year
Lerato	Female	22 yrs	Student	2nd year

The participants for the individual interviews were made up of five males and five females (see Table 1). All of the participants came from the socio-economically disadvantaged backgrounds in Soweto. The learners study at a government school in Soweto and the students also go to a previously black university situated in Soweto.

Table 2. Focus group participants

Name	Gender	Age		Educational level
Maggy	Female	20 yrs	Mother, 2 year old son	Left in Grade 10
Thato	Female	21 yrs	Mother, 6 months old daughter	Completed Grade 12, employed
Gugu	Female	21 yrs	Mother, 3 years old daughter	Completed Grade 12, unemployed

The focus group members all came from Soweto (see Table 2). They also come from disadvantaged backgrounds. Two of the mothers are unemployed and dependent on their partners for financial support. The other adolescent mother works and lives with her child and cousin in a backroom. Two of the mothers were still involved with the fathers of their children while one was seeing someone else. Two mothers stay with the fathers of the children; the other used to stay with him but left when the relationship ended. Two of the mothers fell pregnant while staying with their partners while one mother started staying with him after she fell pregnant as she needed his financial assistance with maintaining the child.

3. 4. Procedure.

Breakwell et al. (1997) state that it is important to win the co-operation of certain individuals (gatekeepers) so as to get access to participants. These participants were interviewed at a school, a university and a clinic. The researcher firstly sent letters requesting permission to work in these settings to the provincial Department of Education, the school principal and the campus registrar at the academic institutions. Permission was granted. Permission was also received from the Department of Health and an antenatal clinic (verbal permission) to conduct the interviews. These were followed by the advertisements of the project being distributed and posted in the institutions. The interested participants were contacted telephonically and a meeting was arranged to brief them about the study. The researcher worked together with the authorities at the institutions to get appropriate venues for the interviews at the institutions. All interviews took place in private rooms.

The volunteers were given consent forms (for those above 18 years) to complete and return to the researcher during the actual data gathering meeting. Those that were below 18 years were also given consent forms so that their parents could complete them to grant the researcher consent to work with their children.

Individual participants were interviewed individually for two hours and 30 minutes to three hours at most. They were seen at the school and university where they study. The focus group members were seen for about four and a half hours at their local clinic.

3. 5. Data collection

This study used both individual interviews and a focus group. Semi-structured interviews were used to gain a detailed picture of participants' perceptions about unplanned adolescent pregnancy within the context of high HIV infections amongst young people. Higson-Smith and Bless (1995) and Descombe (2000) argue that flexibility on the part of the interviewer and interviewee is vital as it ensures that interviewees are allowed to speak more broadly on issues raised by the researcher, which may produce more quality data. The researcher was able to follow up particular interesting topics that emerged during the interview that may not have been followed up if there was a strict adherence to a specific set of questions. The participants were perceived as the experts of the subject at hand and therefore allowed the maximum opportunity to tell their stories, without any form of distraction.

However, there was a set of predetermined questions to guide the interview (Strydom et al., 2002). Carpenter (1999) and Denzin and Lincoln (1998) support the importance of establishing themes to guide or to give direction to the interview. These themes ensure that relevant topics are covered during the interview.

Focus groups are defined by Strydom et al. (2002) as carefully planned discussion groups designed to obtain perceptions on a defined area of interest in a non-threatening environment. They are used as a self-contained method in studies and as a source of data. They allow for the investigation of a multitude of perceptions in a defined area of interest and to promote self-disclosure among

participants. They are useful when multiple viewpoints are needed on a specific issue. Participants feel relatively empowered and supported in a group situation where they are surrounded by others (Strydom et al., 2002). According to Higson-Smith and Bless (1995) and Descombe (2000) focus groups can produce insights that might not otherwise have come to light through the one-to-one interviews.

Using focus groups seemed helpful as the participants easily expressed themselves and felt that they shared their opinions with people that they share challenges with. The researcher asked participants questions, mostly open-ended, and allowed them to answer them without restrictions. Participants often asked each other questions. They seemed to view themselves as somehow similar, making it easy for them to relate their stories and challenges. The researcher was able to understand the participants' perceptions on unplanned adolescent pregnancies in the light of high HIV infections by listening to their stories. This helped the researcher to empathise with the participants and to identify their needs, which were addressed at the end of the data gathering interview.

The researcher, as the primary instrument in data collection (Creswell, 2003), attempted to be engaged and not detached, and she showed a willingness to understand the participants' responses in the wider context of the interview. The focus group was seen for three sessions and the individual participants were also met thrice. The first interviews for both individual and group interviews were used to build rapport with the participants. The individual interviews' first meetings lasted for twenty minutes. Kruger and Welman (2001) argue that frankness and honesty ensure trust and this was secured in the initial meeting with the participants. It was also at this stage that participants were assured of anonymity and confidentiality, so that they felt free to express their true feelings and opinions without fear of disapproval (Breakwell et al. , 1997; Kruger & Welman, 2001). The second interviews (individual interviews) lasted for about an hour to

two hours (depending on individuals) and constituted the main data-generating phase. The researcher went back to the participants after the data analysis to check with them if what was analysed was a true reflection of what they meant in the interviews. The third interviews lasted for less than an hour.

The participants were prepared ahead of the interviews (individual and group interviews). They were informed of the venue, date, and time of the interview during the first meeting, which took place a week before the actual data gathering interviews. The participants received phone calls from the researcher a day before the interviews to remind them of the interviews. The venues were accessible to the participants. The settings were less formal to allow for the interaction and involvement of the participants.

In the beginning of the data gathering interviews, the researcher explained the general purpose of the research, the role of the interview in the research, the required time and the ethical issues concerned. The manner of recording responses was also explained, i.e. the use of the tape recorder, so as to obtain permission from the participants to use this device. The completion of the consent forms was finalized and the participants were informed that they were free to withdraw from the project when they wanted to (Strydom et al., 2002).

The focus group was also seen three times. The first meeting lasted for an hour and was meant to build rapport, among others. The main data gathering stage lasted for two and a half hours. The researcher facilitated the conversation among the participants by asking questions and ensuring that the conversation did not get derailed. Participants interacted freely and often challenged one another on certain issues. The last meeting lasted for an hour.

3. 6. Data analysis

Newman (1997) and Taylor and Bogdan (1998) state that qualitative researchers begin analysis early in a research project, while they are still collecting data; analysis is, according to them, an on-going process. Taylor and Bogdan (1998) argue that during data analysis researchers are constantly theorising and trying to make sense of the data.

Qualitative content analysis was used in this study. Sarantakos (1998) argues that one of the advantages of content analysis is that it does not affect the responses from the participants. According to Babbie and Mouton (2001), qualitative content analysis examines words and phrases within the interviews. This was done by examining the presence and repetition of certain words and phrases that are relevant to the research question. Babbie (2004) posits that in analyzing data, it should be summarized, categorized and then explicated so as to explain it in simpler terms. The data were reduced into smaller data and information units and the literature was used to explain this data.

Taylor and Bogdan (1998) and Newman (1997) note that the first stage of analysis is the stage of concept formation, a stage during which themes and concepts are identified and developed. Concept formation begins during data collection and it is an integral part of data analysis. Qualitative researchers organize and make sense of data through concepts, which are formed as they read through, and ask critical questions. Coding is another important part of data analysis (Taylor & Bogdan, 1998; Newman, 1997). This involves organizing raw data into conceptual categories and creating concepts that are then used to analyse data. Coding is the reduction of mountains of raw data into manageable piles.

The data were transcribed and read over and over again, together with the observational and analytical notes that were generated during the data collection

stage (Kruger & Welman, 2001). As I was reading, I got the general sense of the information; for example, that unplanned pregnancy during adolescence is a problem not only for the adolescent parents, but also for their parents as it adds financial strains in the families. I took notes in the process of reading and organising data into “chunks” or codes. These codes were further used to generate themes, which are reflected in the major findings of the study (Creswell, 2003). These themes were described in the analysis. I asked a colleague who has research experience and is also fluent in the languages of the participants (Zulu, Sotho, and Tswana) to check the accuracy of my translations.

3.7. Reflexivity.

Reflexivity is the recognition and examination of the researcher’s assumptions, beliefs, etc., that have the possibility of influencing the research process (Durrheim & Terre Blanche, 1999). Goodwin (1995) posits that researchers are not merely objective processors of information and completely unbiased in the way they do research. The descriptions and explanations that the researcher provides involve selectively viewing and interpreting data, making it difficult for the researcher to be totally neutral or objective. Creswell (2003) argues that as qualitative research is fundamentally interpretative, the researcher interprets data using his or her personal lens, situated in a specific socio-political and historical moment, ultimately bringing the personal self into the analysis. According to Descombe (2000) we bring into the research our personal attributes which cannot be altered to suit the research process. This personal self cannot be separated from the researcher self. Richardson (1998) also argues that reflexivity emphasises the researchers’ awareness of their own presence in the research.

The researcher cannot be seen as detached from the research project in an effort to make objective, factual statements, as he or she is the main instrument in the project. A further argument states that there is a need for researchers to do introspection and acknowledge their biases, values and interests; being sensitive

to their personal biographies and how they shape the study (Creswell, 2003; Descombe, 2000). This points to the need for researchers to relativise their position in relation to the research project (Richardson, 1998).

Additionally, Carpenter and Streubert (1999) emphasise the importance of the researcher explicating his or her beliefs. They argue that it is important for the researcher to reveal his or her thoughts about the topic and his or her personal perceptions and biases before starting the project. This allows the researcher to approach the topic honestly and openly. It also allows the researcher to become aware of the potential judgments that may occur during data collection and analysis, based on the researcher's belief system and not the actual data obtained from the participants. This approach also helps the researcher to see what is real to the participant rather than what is real to the researcher. The researcher is also able to refrain from making judgments on the phenomenon being studied, based on his or her personal experiences. Carpenter and Streubert (1999) further argue that the researcher's revealed perceptions, thoughts and feelings about the phenomenon should be "bracketed", which is a cognitive process of putting aside one's beliefs and not making judgments about what one has heard and observed and remaining open to the data as they are revealed.

I believe that my personal experiences and beliefs have influenced the choice of this study as well my experience of the research process, from data gathering until the end. I grew up in a poor community where there were very few positive role models. Most people aspired to become mothers, to marry, and to be housewives. Therefore, growing up in such a community meant that young people had limited positive models as a minority of people had access to education and a better life. Furthermore, I often read and heard the phrase "the lost generation", referring to young people. I remember how uneasy I used to feel upon hearing the phrase. I did not see young people, myself included, as the lost generation.

As I entered my adolescence, I witnessed a lot of young people, my age, younger, and older than me, fall pregnant, unintentionally. This was initially frowned upon. However, recently, it seems to be the norm, even though HIV/AIDS is killing a lot of people, particularly young people. This has made me wonder whether the youth are indeed lost or not. In addition to the challenges of HIV/AIDS and unplanned pregnancies among adolescents, some young people engaged in other risky behaviours that have huge repercussions on their future. Every time I see young people risking their lives I often wonder if this is what the lost generation phrase is about. Is this what the youth is about, without direction, future aspirations, or are they a group of people that is most often overlooked and not listened to, leading them to being apathetic and without goals for the future?

I strongly believe that young people can be zealous and have the potential to be what they want to be. They may be struggling with challenges characteristic of adolescence, such as underdeveloped impulse control and peer group conformity, but they do have the capacity to take care of themselves and become the leaders of tomorrow. However, they require support, advice, and guidance from the older generations. This study put these young people at the centre in an effort to hear their views and opinions about issues that directly affect them. This could make them feel valued and listened to, something that they may not always encounter in their daily lives.

This study was influenced by the belief I have in young people's abilities and potential to be the bright future of the country. I do not subscribe to the "lost generation" phrase, but to the idea that young people are capable of self-care and being success-driven. My belief in young people's potential often came up in my data gathering as I found myself "hoping" to hear something positive from the participants. One of my personal values is based on the belief in the responsibility of individuals to take care of themselves. Throughout this study, I found myself seeing a capacity for self-care in the participants, even though in

certain instances it may have been non-existent. Although some of the perceptions and opinions that came up in the interviews challenged my position, I still see a lot of potential in the youth of the country. I also believe that given supportive and encouraging situations, young people can be better equipped to deal with the challenges that they face in their daily lives.

3. 8. Ethics

The research project aimed at meeting the ethical standards of the University of the Witwatersrand. Permission was obtained from the University's Ethics Committee. Mason (2001) argues that qualitative research should be conducted as an ethical practice. Carpenter and Streubert (1999) stress the importance of treating the participants with courtesy and respect. The information that the participants in this study shared with the researcher was not released without their consent. Newman (1997) argues about the importance of anonymity in releasing the results of research. The names and identity of the participants in this project were not used. Instead, pseudonyms were used. The researcher sought the informed consent from the participants, permission from the schools, the provincial Departments of Education and Health, and parents (in cases where participants are younger than 18 years) before the data were gathered. Assent was also obtained from the participants under 18 years.

The participants were not coerced to participate in the study. They volunteered to participate in the project, and also took informed decisions about their participation. This is why they were openly briefed about the study even before the data collection phase. I also received their permission to tape record the interviews and informed them that they could ask that the recorder be switched off anytime they wanted that to happen. They were informed that all the cassettes would be destroyed after they were transcribed. Participants were also informed that they could choose not to answer any questions that they felt uncomfortable answering.

The researcher ensured that the participants experienced no unnecessary harm or humiliation. No physical or psychological harm was inflicted on the participants (Newman, 1997). In certain instances, the researcher felt that counselling could assist some of the participants and they were informed about counselling and encouraged to think about the possibilities of talking to someone as that could be beneficial to them (Carpenter & Streubert, 1999). Such participants were referred to the relevant officials that could help in that regard.

Before finalising the results, the researcher went back to the participants to validate with them that the interpretations of the research data were correct and to ensure that the data they provided had been appropriately analysed and interpreted. This was also to ensure that the participants were well informed about the use of the data (Babbie & Mouton, 2002). Appendices are attached to attest to the ethical considerations. Separately bounded interview transcripts are also available.

CHAPTER 4
PRESENTATION OF RESULTS

Introduction

In this chapter I present my notes of young people's perceptions and thoughts on continued unplanned adolescent pregnancies in the light of high HIV infection rates, particularly among young people. Five themes were identified. The first theme is the adolescents' perceptions and thoughts on unplanned adolescent pregnancies. The second theme is the perceived consequences of unplanned adolescent pregnancies. It is divided into five sub-themes. Another theme highlights that HIV/AIDS does not always act as a deterrent to unplanned adolescent pregnancies. The fourth theme is the perceived causes of unplanned adolescent pregnancies even in the light of high HIV infections. Nine sub-themes were identified under this theme. The last theme is the prevention of unplanned adolescent pregnancies and this theme has five sub-themes.

Participants in the study spoke English, Tswana and Zulu interchangeably. I asked a former colleague to read the interview transcripts so as to ensure that no information was lost due to language and other biases. He is fluent in Zulu and Tswana and has research experience. I believe that both of us were able to capture the meanings that the interviewees attempted to convey.

4.1. Adolescents' perceptions and thoughts on unplanned adolescent pregnancies.

In this study, adolescent males and females had different perceptions and thoughts regarding unplanned pregnancies among adolescents. When asked about their thoughts about unplanned adolescent pregnancies, they responded from different vantage points.

According to the young males that participated in this study, unplanned adolescent pregnancy is an unacceptable problem that should be discouraged. They mentioned that they do not agree with adolescents making children as they are still children themselves and lack the mental capacity to become parents. These young males did not show an awareness of the continued high prevalence of unplanned adolescent pregnancies; however, they explicitly stated that they do not support unplanned adolescent pregnancy.

> Teen pregnancy I really disagree with it, it's not nice based on the fact that basically you still young, mentally you're not fit for a child. Secondly, actually, maybe you are still at school, your parents must look after your child…, you see, you know things like that. I think that lets say less than 18 years and fall pregnant, how can you plan to have a child whereas you are a child yourself, there is no such (Thabang, 20 years, M)

Some of the female participants (e.g. Dora and Lerato) seemed to be aware of the rising number of unplanned adolescent pregnancies, despite all the efforts that the government has taken to curb this problem. They seemed to suggest that young people disregard or ignore these efforts. Dora also mentioned that despite all the other health-related challenges that exist, unplanned adolescent pregnancies are still on the rise. Young people are said to continue having children even in the light of the high HIV infections, largely because they do not always use contraceptives. They further suggested that younger adolescents of about 15 years seem to be the victims of unplanned adolescent pregnancies.

> I, the way I see it, teenage pregnancy has increased a lot. And the way I see it, government has given us 80% possibilities to prevent it, like condoms and everything, but most of the people do not use them. Like, a lot of times you will find that unplanned pregnancies happen at parties, like, people are drunk and sex and things like those occur (Lerato, 22 years, F).

> Because these 15 year olds, most of them are pregnant, if you look around, even here at the clinic, most of them are young, very young (Gugu, 21 years, mother).

It seems that young people without children tend to be judgmental of young parents. For instance, young males saw unplanned pregnancies as unacceptable, without looking at what difficulties could have led these young parents into such situations. They tended to see unplanned pregnancies as not

right, but without any justification. Female participants also tended to blame these young parents for not using the available contraceptives. These participants seemed to talk about unplanned pregnancies as though they are talking about children as are “products” that are consciously “produced”. Their statements showed less empathic awareness of these young parents’ difficulties and emotional experiences.

It is noted that the participating young mothers’ perceptions of unplanned adolescent pregnancies is different from perceptions of adolescents without children of their own. According to these young mothers, unplanned pregnancies are mistakes that they suffered when they least expected them.

> He just came, it was a mistake. (Maggy, 20 year old mother).
>
> Like Maggy, it just happened, it was a mistake. (Gugu, 21 year old mother).

Although the male and female participants in this study had different opinions regarding unplanned adolescent pregnancies, some similarities were also observed. Adding to the male participants’ concern about the consequences of unplanned pregnancies, some younger female participants also concentrated on the negative results of unplanned pregnancies, in addition to the causal factors. However, these younger female participants seemed to be concerned about short-term consequences. For instance, Zweli (16 years) seemed to be concerned about the embarrassment of going to school while pregnant. Furthermore, she and Fela (13 years old) mentioned the consequences of unplanned pregnancies, particularly as experienced by young mothers, who according to them, suffer the consequences more than their male counterparts. Thabang and Jabu also mentioned that young mothers are at the receiving end of unplanned pregnancies, unlike their male counterparts. It seems that both female and male participants acknowledge that females suffer the consequences of unplanned pregnancies more than males.

> Because when you come to school being pregnant it's so embarrassing, I would say that its embarrassing because everybody will be looking at you and whispering or gossiping about you. Even though you say I don't care but people will be looking at you and saying she's a child herself but she is having a baby. So it's a case of, if you want to do something you have to think for yourself. That is, how it is gonna affect you and people around you because as a girl you're the one who'll be pregnant, a guy will be continuing to go to school whilst you are ashamed to go to school because people will be looking at you and stuff like that. If I can fall pregnant I won't come to school, really…, because I will be scared that people will be saying things behind my back because I don't like people who are like that. But he will be coming to school (Zweli, 15 year old learner).

In addition to female participants' concern over the causes of unplanned adolescent pregnancies, Thabang, also highlighted the possible cause of unplanned adolescent pregnancies. He argued that entrapping partners with children is one of the main causes of adolescent pregnancies. Another male participant, Sabelo, also appeared to perceive unplanned adolescent pregnancies from the causation perspective, and not from a narrowly consequences' perspective. He pointed to the lack of open parent-child communication as one of the many causes of this challenge.

Although unplanned adolescent pregnancy results from an act involving and affecting two partners, none of the participants pointed to two partners in terms of causes, prevention and the consequences that affect both the partners. All participants, with the exception of Vusi, talked about unplanned pregnancies from the side of one of the adolescent parents, specifically the adolescent mothers.

> Guys should be responsible when it comes to that.
> Suck it up. You created a child, it's a mistake, it happens. But, it's what you do afterwards that will determine whether you are a man or still a child. After the first one at least it is understandable but, then someone aged 24 tells you that she has 4 kids. You can't tell me that they were all mistakes (Vusi, 23 year old student).

Based on the statistics (Chapter 2), it can be deduced that some young people still engage in unprotected sex, despite the threat of HIV infection. Surveys by Pettifor et al. (2004), Reproductive Health Research Unit (2003), Shisana et al. (2005), and UNAIDS (2005) all indicate that young women between the ages of 15 years and 24 years are more vulnerable to HIV infection. However, these statistics do not seem to deter young people from engaging in unprotected sex,

hence the continued rise in these numbers as well as unwanted pregnancies in adolescence.

From the above, a question that needs to be asked is whether young people think about the consequences of their actions, and whether or not they have the appropriate skills to consider alternative preventative measures before engaging in any unsafe activities?

4. 2. Perceived consequences of unplanned adolescent pregnancies

The participants in this study argued that unplanned adolescent pregnancies have a negative impact on adolescent parents, their families, and their offspring. However, it was noted that these participants paid more attention to the short-term consequences of unplanned pregnancies among adolescents. For example, Zweli seemed to be concerned about the possibility of people gossiping about a pregnant adolescent, but failed to see how being an adolescent parent may negatively affect the adolescent's future as well as that of his or her offspring.

> Because when you come to school being pregnant it's so embarrassing,… That is, how it is gonna affect you and people around you because as a girl you're the one who'll be pregnant, a guy will be continuing to go to school whilst you are ashamed to go to school because people will be looking at you and stuff like that. If I can fall pregnant I won't come to school, really…, because I will be scared that people will be saying things behind my back because I don't like people who are like that. But he will be coming to school (Zweli, 15 years, F).

The participants also seemed to pay more attention to the adolescent parents, their offspring, and their families. They failed to see how this may impact on the adolescents' communities and even the country.

Although it is persuasive to present an argument from the cause-course-effect perspective, this argument will be presented from the effects-cause-course point. This is because unplanned adolescent pregnancy is seen to be a challenge that

poses many negative results for the adolescent parents, their families, the communities, and the whole country.

Unplanned adolescent pregnancy has always been a challenge in South Africa as well as in other countries (Boult & Cunningham, 1993; de la Rey & Carolissen, 1997; Hamburg & Lancaster, 1986; Maepa et al., 1997; Makhetha, 1996; Mokgalabone, 1999; Mwite et al., 2005; Scott et al., 1981; Udjo, 2004). The following are some of the negative consequences of unplanned pregnancies as noted by the participants in this study:

(a) Academic disruptions

Most participants argued that unplanned adolescent pregnancy disrupts adolescents' academic progress. Several of them mentioned friends and family members whose academic lives were disrupted by unplanned pregnancy and the subsequent childbirth.

> Firstly, I mean when you fall pregnant and you are still at school, you begin to be disturbed by that, and then when the child is born, it is even worse, so…, you are not able to concentrate on your school work like you did before. (Dora, 24 years, F).
>
> You know to have a child when you are young especially lets say to have a child when you're still at school lets say maybe you have a homework to do, while you're doing your homework your child needs or wants your attention. While you are writing, you can't just leave the baby crying and stuff…..
> …. She had to drop out of the school, she was doing grade10, she dropped because she was afraid to be embarrassed at school (Zweli, 15 years, F).
>
> Are you at school now? (Interviewer).
> No (Maggy, 20 year old mother).
> Why is that? (Gugu, 21 year old mother).
> Because no one can take care of my child if I go back (Maggy, 20 year old mother).

The above exchanges show that some adolescents that fall pregnant while still at school find it difficult to concentrate on their academic work like before they fell pregnant, and they also struggle with dividing their attention between their children and their school work. This was also found to be true in a study by Makhetha (1996). Moreover, it seems that these extracts point towards guilt, shame, embarrassment and humiliation from peers. That is, even if the pregnant

girls could handle the workload, they may feel embarrassed to go to school. All these may negatively impact on their academic progress and ultimately their career prospects and future financial status. Unplanned adolescent pregnancies may in the long run affect their ability to adequately maintain their children, and that may be negative for their children's development, as Berk (2003), Dusek (1996), and WHO (1989) argued. However, the participants in this study did not highlight the long-term effects of the academic disruptions on the adolescent mothers and their offspring. In addition to this, both Zweli and Thabang argued that adolescent pregnancy seems to affect the young mother more than the young father, as fathers often deny the paternity of the children. In such instances, the child becomes the responsibility of the young mother whose academic progress ultimately is negatively affected.

Several writers argue that unplanned adolescent pregnancy may significantly disrupt the adolescent parents' academic progress, thereby affecting their long-term economic status (Berk, 2003; Craig, 1996; Dickson, 2004; MacLeod, 1999a; Mokgalabone, 1999; Moore et al., 1981; Turner & Helms, 1995). Additionally, authors such as the DoH (1998), Furstenburg et al. (1987), Macleod (1999a), and Mokgalabone (1999) noted that adolescent pregnancy has the potential of leaving adolescent parents feeling isolated, as they lose their social networks at school. This is also likely to negatively affect their academic work.

(b) Financial difficulties

Some participants in this study (Musa, Vusi, Thabang, Dora, Fela, Maggy, and Ntombi) were of the opinion that unplanned children contribute to the financial burdens of families. They also argued that adolescents generally do not have money, as they are still at school and therefore they struggle with financially maintaining their children. In certain instances, interviewees stated that there are already existing financial difficulties and the new child makes the situation even more challenging for the whole family. In Maggy's case, her partner did not

support the child during the first year after the child's birth. Both she and her mother struggled to maintain the child.

> Teenage pregnancy, I don't agree with kids having kids. It's not right. As a teenager you can't expect to have a kid and support the kid. Who will be supporting that child meanwhile you are being supported yourself.
> Yes, that is my opinion. I mean you can't have a kid as a kid. How are you going to support the kid? (Vusi, 23 years, M).

> Because if you have a child while you are a child, this is another problem, it means that the parents must support you and the child (Musa, 15 years, M).

> Because now, when you are a teenager, you are still a child yourself and then how can you have a child as well, who is gonna take care of that child? (Ntombi, 14 years).

Most participants see financial difficulty as a noticeable consequence of unplanned pregnancies during adolescence. It should however be noted that some fathers assist the young mothers financially.

(c) Disrupted developmental tasks

A number of participants argued that becoming a mother while still an adolescent means that the young person moves from adolescence to a different developmental stage. Such adolescent parents are also said to forfeit the opportunity of enjoying their adolescence. Participants argued that as young mothers without parenting experience and the required "mental fitness", these adolescent mothers struggle with appropriately parenting their children. The participants in this study supported Berk's finding (2001) that becoming a parent is a challenging and stressful task, particularly for adolescents, as they have not established a clear sense of direction for their lives.

> Hmmm, you also become a parent; no longer a teenager and you are not ready for such a big responsibility (Dora, 24 years, F).

> Because if you are a mother, you move from being a child to being a mother and you'll never become a child again, even though you're still a teenager but you're a mother ,you can't enjoy your teenage life anymore (Zweli, 15 years, F).

> Teen pregnancy I really disagree with it, it's not nice based on the fact that basically you still young, mentally you're not fit for a child. (Thabang, 20 years, M).

According to Havinghurst (1951, as cited in Dusek, 1996), Everaerd (1983), Hurlok (1973), and Manaster (1989) human development is characterised by the achievement or attainment of particular developmental tasks, which indicate an individual's accomplishments of certain social abilities related to development. Every stage of development has its particular tasks that have to be successfully attained for an individual to move into the next stage of development with ease (Havinghurst 1951, as cited in Dusek, 1996). During adolescence, identity development is one of the important tasks that adolescents must achieve (Bergewin et al., 2003; Craig, 1996; Erikson 1959, 1963, as cited in Dusek, 1996; Papalia et al., 2003). Vocational identity, according to Erikson (1959, 1963, cited in Dusek, 1996) is critical in forming a mature adult identity. It is during adolescence that young people prepare for a career and entry into the job market, which means that they are then able to attain the financial independence required in adulthood. Gugu reported that she had to stop working after falling pregnant. Being a parent disrupted her career development. This supports Makhetha's finding (1996) that adolescent pregnancy disrupts the goals of young parents. It therefore means that becoming an adolescent parent has the potential of disrupting adolescents' developmental process, as their ability to complete their studies and enter the job market is interrupted.

(d) Relationships, perceived rejection, and regret

According to Zweli, adolescents' relationships (with friends, family and community members) are negatively affected by unplanned pregnancy. She argued that people start to perceive adolescent mothers differently and relational patterns between adolescent mothers and other people change. Furthermore, she argued that some people often talk badly or gossip about young mothers, which may jeopardize people's relationships with the young mothers. Musa supported the argument that people may even reject adolescent parents, leaving them feeling unloved. It seems that younger interviewees (Zweli and Musa)

seemed to be more concerned about how other people react to unplanned pregnancies, while Thabang who is five years older than them paid more attention to the two partners' relationship. Both Gugu and Maggy reported that their pregnancies negatively affected their relationships with their mothers.

> It has helped me a lot because I became aware that HIV/AIDS kills and that we really need to protect ourselves and teenage pregnancy its even worse because you see young girls becoming pregnant almost everyday and sometimes they even come to school being pregnant and there will be reactions around about whoever that is pregnant and you see now she has created problems for herself, she gets rejected and people talk badly about her.
> because I think it's gonna be a problem and another problem is this guy, this guy is going to be rejected because we have to both take responsibilities, so in other words, like if the guy can't afford to support the child, I think she'll be rejected. Then that time they will be regretting, why did I make a child and I think a child should be raised. I think raising a child you should do it until that child (Musa, 15 years, M)
>
> It changes the way people treat you. Some people pretend and now there are those that will greet you to prove the point, that you are the mother. Like saying "hello Zweli" they greet you in the manner that you are not used to and your family too. Even though the family had said they accept you but their treatment isn't like it used to. If you can do mistakes they'll be saying ja, because you are a mother as well, you know how to conceive a child and stuff. Like people around you, let's say maybe you are fighting with one of the siblings, they will say "don't be a mother to me", be a mother to your child" (Zweli, 15 years, F).
>
> One day I went to visit my mother and I told her and she was so disappointed she even cried. She said that my two other sisters also have children and she was hoping that I would be different, so she was disappointed with me (Gugu, 21 year old mother).

The negative effects of unplanned adolescent pregnancies on young people's relationships were also noted in a survey undertaken by the Planned Parenthood Association of South Africa (2003) which found that community members often gossip about young parents, making them feel rejected.

(e) Exposure to HIV infection

Having an unplanned child suggests that there has been unprotected sex between partners. Although all participants in this study know that unsafe sex is one of the ways in which HIV is transmitted from person to person, only two of them (Vusi and Dora), mentioned that adolescents that have unplanned children expose themselves to the risk of HIV infection. They also reported that they personally protect themselves from this epidemic. However, it seems that some

adolescents' knowledge about HIV/AIDS does not always deter them from engaging in unprotected sex and conceiving unplanned children. For example, Gugu and Maggy used to have unprotected sex (Maggy reported that she still engages in unprotected sex) with their partners even though they know that unprotected sex exposes people to HIV infection. These are their accounts of this argument:

> Ok, consequences would be contracting HIV and other STIs and just in general, your life changes (Vusi, 23 years, M).
>
> And obviously, you run the possibility of contracting HIV, because you obviously did not use any protection, hence you fell pregnant (Dora, 24 years, F).

It is noteworthy that although HIV infection rates are high in South Africa and many adolescents know about HIV/AIDS, some adolescents still underestimate the results of unprotected sex. Moreover, it seems that adolescents are more scared of unplanned pregnancies than HIV/AIDS, maybe because of, among others, the immediacy and visibility of pregnancy. Thabang mentioned that HIV is seen as a joke.

4. 3. Does adolescents' technical knowledge of HIV/AIDS change their behaviours and attitudes?

All the participants in this study had a fair technical knowledge of HIV and AIDS, such as the modes of infection, symptoms, the current infection rates as well as the fact that HIV is an incurable disease. However, some participants' knowledge of HIV transmission was questionable. The participants mentioned that they received this knowledge from school, public libraries, billboards, brochures, and training sessions and from personally searching for such information.

> Ja, I know that you can get it from sexual intercourse, like when you're having sex without a protection and through "LTCT" which is from the mother to a child during birth, through blood utilities, that is needles, and hmmm…if you had car accident and maybe the other passenger is infected so this person's blood get in touch with yours.
> And hmmm….I know the signs and symptoms of HIV?

> Ok, I know that a person with HIV, they start to lose their hair, lose weight, lose appetite and they grow something in their mouths called “nico…” and ja, they get swollen glands, and ja, ja, that’s all (Zweli, 15 years, F).
>
> I do know about HIV/AIDS…..and it is possible for someone to be HIV positive without having clear signs. It happens that they have the signs and sometimes you do not see the signs, unless if you have had that experience, like if you have stayed with someone at home that had it (Dora, 24 years, F)
>
> HIV? Well, what I’ve learnt so far about it in HIV counselling and I know that it can’t be cured and that the infection rate is just too high. Everybody needs to just be aware that it is out there (Vusi, 23 years, M).
>
> Everybody talks about it, we all know about it (Gugu, 21 year mother).

From the above extracts it is clear that some of the participants in this study have an acceptable level of technical knowledge on HIV and AIDS. It could be wrongly deduced that this level of information is enough to “protect” them from this killer disease. The current HIV infection rates among young people prove that HIV/AIDS knowledge does not always translate into positive behaviour change. Statistics show that one in four women between the ages of 20 years and 24 years are HIV positive (Pettifor et al., 2004). Shisana et al. (2005) also found that females aged 15 years to 24 years have an eight times higher HIV incidence than males and that they account for 87% of the recent HIV infections in this age group in South Africa. These findings clearly indicate that young people, particularly young women in South Africa are a group of people that is most at risk of HIV infection.

This was also seen in the adolescent mothers who although they reportedly had information on HIV/AIDS, continued to engage in unprotected sex, leaving them with unplanned children. What is of concern is the fact that although young people seem to have knowledge of HIV/AIDS, this information does not seem to prevent them from engaging in activities such as unprotected sex, that expose them to HIV infections. This is seen in the number of young people that continue to have unplanned children. These high infection rates suggest that although there is ample information about HIV/AIDS in most parts of South Africa, adolescent knowledge of HIV/AIDS does not always deter young people from

engaging in unprotected sex and exposing themselves to possible incidences of unplanned children.

The participants also knew people that are HIV positive and also people (close family and community members) that have died as a result of AIDS-related sicknesses. Some participants (Dora, Vusi, Jabu, and Sabelo) believed that their knowledge of the realities of HIV have assisted them and their friends to become more cautious in their sexual activities. Dora felt that she is responsible for educating people about HIV and AIDS after she lost a family member to HIV and AIDS. She also recognises that she is not immune to HIV infection. On the other hand, the same information and experience did not deter Gugu from having an unplanned child. She reported that despite her knowledge, she often engaged in unprotected sex. The following exchanges point to the participants' varied responses:

> Is it? Lets come closer now, how would you say your knowledge of HIV changed your own behaviour? (Interviewer)
> It changed it, I'm so careful now and I get tested four times a year.
> Aah well, yes and no, like a friend of mine who's thirty something, like occasionally when he's drunk he would look for other girls but now he doesn't anymore (Vusi, 23 years, M).
>
> Ja, and you don't give up if you have seen that, it is like you have a responsibility to warn people.
> Yes, even if I can't help the whole world but at least I can help those who I am able to
> And do you think that you could be infected Dora? (Interviewer).
> (Laughing)….I could be, I will be very ignorant with this world and things that are happening
> So, do you see that possibility? (Interviewer).
> Yes (Dora, 24 years, F).
>
> I don't know because that is how I felt, like, oh, batho ba Modimo (God's people), you know that if you are engaging in sex, you should use condoms, and you go like, eish, these people, eish, HIV will never infect me. You just tell yourself that I can't be infected by HIV/AIDS. Its like you tell yourself that you are all that, you know yourself that HIV cannot infect me, I am all that!
> Ja, because with me, like I know that I eat this and that, my mother is strong, I am her child, she likes cooking healthy meals, things like herbs and all that, so, I was thinking that it is not gonna get me, I eat vegetables almost everyday, so, my immune system is great!
> I was not thinking about it and I thought that the girl I was dating was so cute and innocent and could not be HIV positive (Sabelo, 19 years, M).

From the above extracts it can be assumed that the knowledge of HIV/AIDS as well as personal experiences with the disease have challenged some of the

young people to review their sexual behaviours, their perception of being at risk of HIV infection, as well as their attitudes towards HIV and AIDS.

Surveys undertaken by Shisana et al. (2005), Reproductive Health Research Unit (2003, as cited in Bradshaw et al., 2005) and Pettifor et al. (2003) have all found that most young people tend to show a significant underestimation of personal risk. This was also noted in some of the participants' responses. From what the participants such as Thabang, Zweli, Sabelo, Lerato, and Jabu mentioned, some young people know about HIV/AIDS, yet they perceive themselves and their loved ones to be "immune" to HIV/AIDS. This could partly explain the continued high rates of unplanned pregnancies. Plant (1992) and Shucksmith and Hendry (1998) termed this belief "perceived invulnerability" or the "personal fable" and they argue that this is the main reason why adolescents engage in risky behaviours, as they do not perceive themselves to be at risk of experiencing negative occurrences such as unwanted pregnancies. Jabu is of the opinion that adolescents do not seem to see HIV as a disease that infects and kills people of his age. He argues that young people see older people dying of HIV/AIDS and assume that they are exempted from HIV/AIDS. Although these young people see people die of HIV/AIDS, it seems that even the realities of this killer disease do not serve as a preventative measure against unplanned adolescent pregnancies among some adolescents.

In addition, a lot of HIV awareness campaigns are in place, yet some young people do not seem to protect themselves from possible HIV infection, hence they continue to have unprotected sex, leading to unplanned pregnancies. For instance, all the young mothers in this study reported that they had knowledge of HIV/AIDS, yet they still exposed themselves to the risk of infection. Maggy also reported that she often engages in unprotected sex and does not think about the possibilities of HIV infection during such encounters.

> Exactly…. Maybe they think they are too protected themselves and sometimes your partner can be faithful in front of your eyes, and when you see that my partner is faithful,

but unfortunately you are not always with your partner. Then maybe there was this one time and she/he got infected and she/he comes and infects you as well….
So I think they are ignorant and some people have pride, like saying "myself, HIV-AIDS hey, hey!" that they can't be infected by HIV, like "who am I to be infected by HIV?", while they don't know that it can infect anybody (Zweli, 15 years, F).

Myself, the way I see it, they tell themselves that the issue with AIDS, its almost as if they do not take it seriously. They say "myself, AIDS will not get me, what, what, these girls, I sleep with them carefully". And we don't know when they say they sleep with girls carefully because we are not with them on the bed, there is only the two of them. We do not know what type of carefulness he is referring to, you see? So, if a person says such a thing you tell yourself that he is got something that he is relying on, you see?, we don't know (Lerato, 22 years, F)

But there are friends of mine that I know, two of them, they, they use contraceptives, the other uses pills and the other uses an injection. The one who uses the pills says like lets say she takes them daily, like if you don't do that, then there are chances of falling pregnant but if you take them daily, daily even your body also gets used to them, so what happens, one, the chances of falling pregnant are out, others take injection after two months, so it only protects the pregnancy, it doesn't protect from the HIV, and if she uses the contraceptives she may not use a condom!
So, are you saying that they protect themselves mainly from pregnancy and do not think about protecting themselves from other consequences like STI's and HIV/AIDS? (Interviewer).
Ja, they are like, the ones I know, if they use contraceptives, they don't use a condom.
Ja, they are worried by pregnancy more than HIV, **HIV is still a joke,** if we speak the truth, I won't lie about that! Even when you think about testing…like ……(Thabang, 20 years, M)

Although several studies such as that of Shisana et al. (2005) have shown the importance of dual preventative measures, according to Thabang, some adolescents are reportedly preventing unplanned pregnancies while disregarding the seriousness of HIV/AIDS.

4. 4. Young people's thoughts on causes of unplanned adolescent pregnancies in the light of high HIV infections among young people

According to some participants such as Thabang, some adolescents do not see HIV as a real challenge; instead, they seem to be protecting themselves from pregnancies more than HIV/AIDS, despite its lethality. Participants identified several key factors contributing to unplanned adolescent pregnancy despite the high HIV infections among adolescents.

(a) Experimenting

Both male and female participants (Vusi, Zweli, and Thabang) pointed to experimenting, particularly among young adolescents, as one of the factors that may lead some adolescents to engage in unprotected sex, exposing them to risks such as unplanned pregnancies. Vusi seems to suggest that there is a particular stage in adolescence when people naturally want to experiment with their bodies and they do that with or without knowledge, often leading to negative health consequences such as unplanned pregnancies. These consequences are often termed “mistakes” as they are not anticipated and planned.

> 13, 14 and tertiary students like teenagers, 13, 14 years is because that is when they start sexually exploring their bodies. The problem is parents don’t really talk to their children about it (Vusi, 23 years, M).
>
> like maybe we are in a group of peers and the other peers have broken their virginity and like they will be saying to me “what are you waiting for” do it, its so nice and stuff. And that time I might be at the risk of getting HIV, maybe the person that will break my virginity will be HIV positive even though he knows or he doesn’t know, I’ll be at risk while maybe they are not. Sometimes it might be a case of peer pressure or wanting to experiment (Zweli, 15 years, F)

Heaven (1994) asserts that in an effort to create their own adult identity, adolescents will experiment with a range of behaviours and roles. This need to experiment is also added to the adolescents’ heightened sexual awareness (Medical Research Council & Department of Health, 2002). From this, it would seem that adolescents’ experimenting is a part of a normal developmental process; however, this process can be complicated by the lack of knowledge on reproductive health and sexuality.

Furthermore, it seems that adolescents often experiment with drugs and alcohol. Both female and male interviewees argued that when under the influence of drugs and alcohol, some young people are not responsible and in control of themselves, and they are therefore not cautious of the possibilities of unplanned pregnancies.

> Then some get drunk and they are not even sure where they slept and what happened the previous day. Like when you ask "what happened yesterday and what happened and where are your shoes?" you find out that they don't know and will be saying last time when I checked they were with Zandile, now they don't know (Zweli, 15 years, F).
> Yes, alcohol can lead you to many things
> I may say that maybe about 55 %, but most of the things happen at parties, clubs, etc, we see miracles there, like, a lot of things happen (Lerato, 22 years, F).

> Ok fine! If, ok fine, from experience, you'll have a girlfriend but then some other things will happen. You'll get your one night stands and you'll get so drunk you'll forget what you did last night. It's all about how responsible you feel about yourself (Vusi, 23 years, M).

Mwite et al. (2005) identified experimenting with drugs and alcohol as one of the factors that place adolescents at risk of unplanned adolescent pregnancies. Berk (2001) argued that adolescent experimentation should not be taken lightly because most drugs impair perception and thought processes. A single heavy dose of alcohol or drugs, even when experimenting, can be dangerous (Berk, 2001).

(b) Ignorance

"Ignorance" in this instance does not mean the lack of knowledge. However, it means having knowledge and disregarding the reality of health challenges such as unplanned adolescent pregnancies and HIV/AIDS. Despite having information on how to prevent themselves from being victims of either or both of these challenges, some young people are reported to ignore this information. Most male and female participants in the study (Vusi, Dora, Sabelo, Thabang, Zweli, and Lerato) argue that ignorance causes problems such as unwanted pregnancies. According to these participants, a lot of young people know about HIV/AIDS as well as governmental contraceptive services, but continue to engage in unprotected sex. It seems that some young people tend to ignore the reality and the fatality of HIV/AIDS. However, it must be noted that some young people do not possess the relevant reproductive health information that they need.

> Myself, I think, I think media says it all because there are billboards everywhere and they talk about HIV/AIDS everywhere-everyday, we hear about it, I think ignorance, some

people don't believe that HIV is here, while it is here. So I think they are ignorant…(Zweli, 15 years, F)

I think that people are **very much ignorant** about these types of things, somehow we are so ignorant
Very much so, **very ignorant**
No, they are **ignorant, very very ignorant** (Dora, 24 years, F).

It sounds like even though you knew a lot about HIV/AIDS, you did not see it the same way before and after it came in your home? Do you think people of your age are also as aware as you are of the realities of HIV/AIDS? (Interviewer).
I think they are, but they are just being ignorant (Sabelo, 19 years, M).

I did not know that I could fall pregnant (Maggy, 20 year old mother).

The participants' statements were consistent with the findings of a study by Mwite et al. (2005) which revealed that ignorance is one of the main causes of unplanned adolescent pregnancies. However, it must be noted that other studies such as studies by Maepa et al. (1997), Makhetha (1996), Mokgalabone (1999) and Reynolds et al. (2004) have indicated that young people often stop using government contraceptive services due to factors such as youth-unfriendly service providers in such institutions.

(c) Financial dependence

Lerato, Dora, Thabang, Jabu, and Sabelo mentioned that young adolescent girls tend to date older, mature and experienced men, as they provide for their material needs. Jabu, Thabang, Sabelo, and Gugu highlighted that these girls are scared of forfeiting the material resources that these older partners provide. Adding to this, some participants further suggested that girls in such relationships find it difficult to suggest safe sex as they may feel that they owe their "providing" partners something in return for what Thabang termed "benefits". This fear often leads them into having unprotected sex. The following exchanges highlight the above arguments:

Yes, I entered the relationship because of money but I ended up developing feelings for him, I love him now
Like my cards are with him, that is, Truworths, Identity, and he even uses them. He deposits money into my account sometimes and after he has paid my accounts, he still gives me money aside (Lerato, 22 years, F).

> I don't think there are girls that feel a bit intimidated, maybe when you are in the company of other girls like they feel like maybe they have to give something to push things, sometimes in a relationship, girls feel like sex is part of the relationship.
> ….who plays loud music in his car, like obviously as a learner of 16 or 18 years, dating such a guy, its a class thing for you, you thinking ja, look at the person I'm dating, maybe you get all the benefits, like he buys you clothes and that obviously the day he wants sex…, you don't have a chance to say ja put on a condom, he intimidates you all together, when you look at him, you get **intimidated**, you feel like you owe him like to have sex with him (Thabang, 20 years, M).
>
> But you know, your guy is old and he does everything for you and sometimes maybe you may feel scared to ask him to use it (Gugu, 21 year old mother).

In another instance, Lerato, mentioned that her boyfriend makes her life very easy as he provides for most of her needs. It also seemed difficult for her to leave him even though she said that she has regrets about their relationship. It seems that there is a close relationship between emotional dependence and financial dependence. Moreover, it is noteworthy that financial dependence is not an uncomplicated factor. In certain instances, young people may use transactional sex to get extra materials, or privileges that they may not receive from their homes. In such instances, these young people are not financially needy and dependent, but consciously utilize sex to receive materials. Sex with these older partners is therefore not survival transactional sex. Additionally, the age difference between the young girls and their older partners plays a crucial role in maintaining these young girls' dependence. These older partners may be perceived as father figures who also provide them with protection as they are more experienced than the girls.

Financial dependence was found to be one of the causes of unplanned adolescent pregnancies in studies by Maepa et al. (1997) and Mwite et al. (2005).

(d) Psychological factors

According to the male and female interviewees, it seems that sometimes some adolescents find themselves in difficult situations and struggle to cope with such

situations. In addition, Dora, Musa, and Vusi, reported that some adolescents tend to opt for risky behaviours, such as unprotected sex, to resolve conflicts in their relationships, as they lack adequate and appropriate problem-solving skills. The following extracts point to the above:

> The thing is…., we girls think that sex can fix anything and everything that is wrong in a relationship, but we forget that the next day the same problem may come up again (Dora, 24 years, F).

> Ja, the thing is hey, having a child, eish…ja, its important, the consequences. Some parents sometimes even contribute to these, like some other parents drink alcohol and after drinking they come home and have fights, so this most of the time, it affects the child at school, because the child can't no longer focus at school and they try to think about a lot of things to do so as to deal with what is happening at home (Musa, 15 years, M).

> They do that. I think other people use sex as a relief from stress, like young people my age, in matric, they are only looking for anything that will relieve their stress as school is stressing, so parties and fun do that, they drink like hell and then sex, and sex….(Jabu, 17 years, M).

A study by Carlson et al. (1984) (as cited in Heaven, 1994) and WHO (1986) found that significant life stressors have been associated with adolescent pregnancies, as adolescents tend to use sexual activities to cope with stressors.

Furthermore, some participants (Dora and Lerato) mentioned that some adolescent girls engage in unsafe sex as they are scared of loneliness.

> Ja…., we do not worry about the consequences, even if we are sometimes, you find that sometimes we are scared that you might lose the person if you do not want to do what he wants you to do…..laughter…you don't think (Dora, 24 years, F).
> ….Like saying, if you don't sleep with me, I will go out, you will see how cute I am, I will find five girls, then you will start feeling guilty, that if I don't sleep with him, he will leave me for others
> Yes, being alone is scary. We fear to be alone, I don't wanna lie (Lerato, 22 years, F)

It also became clear in the interviews that older partners not only fulfill these girls' material needs, but they also provide for their emotional needs. It seems that some adolescent girls may need validation from these older men who often take advantage of these young girls' emotional vulnerability. Both female and male participants such as Vusi, Dora, and Thabang argued that younger girls that date older men are often manipulated (physically and psychologically) by these men

as they are more mature, experienced and emotionally stable than these young girls. According to Dora, some older men “emotionally blackmail” their girlfriends so that they give in to what they would not do if not under duress. She also argued that by doing that, the older men make it difficult for girls to rationally think about the consequences of their behaviours. She further contended that under such circumstances, these girls only think of their partners and not themselves, putting themselves at risk of problems like unplanned pregnancies. However, in certain instances some young people are capable of thinking for themselves, whether or not they are under pressure from their partners. According to Vusi these older partners play mind games to have sex with younger girls and give them a sense of false security, ultimately making them to give in to their desires. The following extracts support the above:

> I think with teenage girls, they date older guys who are sexually much more experienced, they try to play mind games and it’s about giving them image of false sense of security, meanwhile the girls are thinking everything is going on well, but how they feel after all that, it’s not nice (Vusi, 23 years, M).

> Ja……, because sometimes you find that people have been hurt in the past and they think…ok, this is the person. And like I said, they blackmail you so easily!
> Like they would say that if you do not do that and that it means that you do not love me
> Or there is someone else that you enjoy with sexually and now you want me to use a condom with me because it means that you don’t trust me, they say things like these
> Ja, if you do not trust me it means that you do not love me, they say such things (Dora, 24 years, F).

> They go like I’m old, only to find that they already have kids, then obviously they gonna claim that are mentally grown up and they gonna manipulate you like crazy.
> Ja they don’t mentally… like they know that if I can spend enough money on her, if she refuses I can say pay me back then, others they get physical, like they beat them up maybe if he beats her up to scare her off so that when she wants to be funny she can’t, there’s a fear now that otherwise they’ll be beaten. And I don’t know like you get someone saying if my boyfriend slaps me whatever obviously I’m physically abusing her and ……. that my mind like my mind is obviously not working well, and using a condoms, they go hand in hand (Thabang, 20 years, M).

It is understandable that during adolescence, some young people may not have the emotional stability that they need to resist the pressure that older partners may put them under. It has been found that children that grow in emotionally deprived home environments where they are not appreciated are likely to search for emotional affection elsewhere (Macleod, 1999a). They are therefore likely to feel safe in relationships with older men who may be experienced as father

figures. In such instances, the adolescent girls may find themselves engaging in activities that can lead to unplanned pregnancies.

Heaven (1994) posits that adolescents that exhibit an external locus of control are more likely to fall pregnant. Some participants (Zweli, Sabelo and Musa) supported Heaven's view and argued that some adolescents tend to blame other people for their behaviour, particularly when negative consequences surface. According to Sabelo, whenever faced with negative consequences, these young people tend to shy away from responsibility for their actions. According to Zweli, some adolescents like blaming their parents for their mistakes, notwithstanding the fact that they have the right to choose what works for them. It seems that some adolescents struggle with their autonomy as their capacity to make their own judgments and regulate their behaviour seems to be underutilised (Craig, 1996). The following extracts attest to this:

> For me, like in the case of making children, like,… some people when they are doing something wrong, they want someone to blame. Like at my class we had a debate about teenage pregnancy and stuff… There is this girl in the class she has a child, so she said sometimes "ke lefutso" (its hereditary) like your mother gave birth to you at an early age, so it's something that is bound to happen to you, and I disagree, I strongly disagree with that. Like everybody makes their own choices, it's not a matter of your mother having given birth to you while she was young. So I strongly disagree with the fact that "ke lefutso"(its hereditary) because everybody have their choices, nobody can tell you what to do! Unless you tell yourself that you want it and there's nobody who can change you unless you want to change and…(Zweli, 15 years, F).

> Just stop that person because you did that because you wanted to and now because you can't take responsibility you tell me stories about peer pressure (Sabelo, 19 years, M).

Heaven (1994), Maepa et al. (1997) and Mokgalabone (1999) argue that adolescent females may romanticise their boyfriends' positions by perceiving unprotected sex as an affirmation of love and commitment to the relationship. They may engage in unsafe sex to assure their partners that they love them and are committed to the relationship. However, only two female participants (Dora and Lerato) in this study pointed to this as one of the causal factors to unplanned adolescent pregnancies. The following extracts show the participants' thoughts regarding this:

> Ja, you just think about pleasing the person, that person and making him happy because when he is happy then everything is fine. (Dora, 24 years, F).
>
> Like now, you can find somebody saying "I sleep with someone without a condom because this person will say I do not love him, if I insist to use condoms, I don't love him". Meaning he is ignorant and does not really love you either, because he does not wish you good things in life. (Lerato, 22 years, F).

Some participants in this study (Musa, Vusi, Dora, Ntombi, and Thabang) mentioned that some young people act impulsively. Mwite et al. (2005) found that a lack of consideration of the consequences of actions as well as young people's tendency to live for the present are some of the leading causes of unplanned adolescent pregnancies. Shears (2005) and Hamburg and Lancaster (1986) argue that this difficulty in deferring gratification often leads adolescents into challenging situations. Moreover, Steinberg (1993) and WHO (1986) posit that adolescents' evaluation of the desirability of different consequences is different from adults' and that this may partly explain adolescents' risk-taking behaviour. Furthermore, Berk (2001) argues that although adolescence is characterized by some level of analytical thinking and improved cognitive skills, compared to the earlier stages of development, adolescents feel overwhelmed when faced with planning and decision-making in their daily lives. Lee and Freire (2003) express a similar view in their stance that adolescents are still apprentices in thinking.

> Yes, they just do it and they have a tendency to say "I'll cross that bridge when I get there". They don't plan and it becomes difficult because there's a child in the situation. (Musa, 15 years, M).
>
> The causes of these pregnancies, firstly parents do not communicate with kids, secondly inexperience and lack of consideration of results among teenagers, mostly these two, I think
> Ja, they don't think about consequences…..they are only concerned about today and not tomorrow, they are just doing it like….I can do it now, now. (Vusi, 23 years, M).
>
> When we are young we do things just for the sake of feeling…..Cos most of the time as well you find that people have partners that are much older than them, they do not think about things, they just do things. (Dora, 24 years, F)

Lastly, Maggy mentioned that she used to struggle at school while Gugu argued that there is something inside her that she cannot explain that she thinks led to her engaging in unsafe sex and ultimately falling pregnant. Macleod (1999a)

pointed to the psychological factors such as undetected learning difficulties and preconscious motivation to be other causes of unplanned adolescent pregnancies.

(e) Inconsistent use of contraceptives

According to Thabang, young people sometimes use condoms but stop using them as the night progresses, as they assume that the sperm is “not as strong” as they were earlier in the night. Additionally, Lerato, Jabu, and Zweli argued that some young people that they know do not use contraceptives consistently, while others do not use them at all. They argued that such behaviour often leads to unplanned pregnancies. Maggy and Gugu reported that for them to conceive, they did not always use condoms. This also implies that there is an exposure to possible HIV infection.

> Eer, ok,… the thing I know is that, mostly it is because pregnancy occurs, maybe .. like at the party, maybe lets say I’m home alone and I invite a girl over, it happens that, it happens that, maybe first time when we have sex we use a condom, maybe what time is it, maybe its seven, maybe … you know that, I mean, we want to go on, I mean we can’t just end with one round, so first round I use a condom- so its second round, third round as well goes on to fourth round I get a bit secure and then think- hey man I’ve been having sex with this girl for the whole night, so you wonder if you gonna use a condom until, until, until, until, until and then you stop using it, maybe that’s one reason why you don’t use it, like maybe that’s the ignorance around (Thabang, 20 years,M).

> Yes, the majority of them don’t use them (condoms), because I have friends, I know, I see (Lerato, 22 years, F).

> And then I fall pregnant. I think non-usage of contraceptives leads to this, I think you should use condoms all the time because I think even if you use contraceptives, you still have to use condoms to protect yourself.
> I don’t think they are trustworthy and even the pregnancy tests, they are not reliable enough, sometimes they can give you negative whereas it is positive, so I don’t think they are reliable, so even if you use contraceptives you still have to use a condom.
> Exactly!, be 100 percent sure, I am not always 100 percent sure myself, because if you’re really, really sure, it’s ok. You have to be absolutely sure, don’t say I’m sure but there’s this part of me that isn’t sure. Be absolutely sure, be definite, be sure… You mustn’t have any doubts, be 100 percent sure (Zweli, 15 years, F).

> It happens you know, like with me, I was just dating this guy and sometimes we would just end up having sex without using condoms, and that happened when I fell pregnant (Gugu, 21 year old mother).

From the above extracts, it seems that participants realize the importance of contraceptives although other young people do not seem to be aware of them or are ignoring the important role that contraceptives play in their health. Furthermore, it seems that there are instances where condoms break, sometimes by mistake, and sometimes because people are under the influence of alcohol. This was termed “moments of bad luck” by Vusi, as it occurs suddenly and can have long lasting negative effects on both partners.

Studies such as those by Maepa et al. (1997), Makhetha (1996), Mokgalabone (1999), Mwite et al (2005), and Reynolds et al. (2004) argue that information about, and the use of contraceptives may partly explain unplanned adolescent pregnancies. A study by Mwite et al. (2005) establishes that the inconsistent use of condoms was mentioned by the participants as one of the many causes of unplanned adolescent pregnancy.

(f) Lack of a clear life purpose

Some of the participants were of the view that the lack of a purpose in life often means that young people are living without focus, which means that they do not care what happens to them. They therefore engage in dangerous acts as they fail to think about the possible negative effects on their future goals. Participants such as Lerato and Dora are of the impression that some young people take life for granted and engage in risky behaviours as they do not have focus in life. Jabu and Sabelo argue that a lack of goals means that people do not have plans and are therefore likely to engage in activities that they have not planned. They seem to suggest that having plans ensures that they remain focused and do not compromise the attainment of their goals.

> Protecting yourself depends on your background, like if you know your goals, are focusing on them, it’s not very easy to fall. Like you know what you want, but, if you don’t, you get distracted (Jabu, 17 years, M).

> Ja, I think its about disciplining yourself. Firstly, like if you know that you are still at school, like setting goals for yourself, you got a goal (Sabelo, 19 years, M).

> You don't have time to think about your future although you do have plans. If you gonna live like that, you are gonna be distracted along the way, then your future will be ruined. (Ntombi, 14 years, F).

Heaven (1994) also asserts that the lack of purpose in life is likely to be seen in adolescent mothers. A study by Mwite et al. (2005) also found that the lack of future goals among young people is one of the factors that lead to unplanned adolescent pregnancy.

(g) Relationships

Sabelo believes that parents should give their adolescent children the right to take decisions, but also to instil in them a sense of responsibility for their decisions and actions. Some adolescents are also said to fail to heed their elders' advice, exposing themselves to risky activities as they lack correct information about issues such as pregnancy.

> The causes of these pregnancies, firstly parents do not communicate with kids (Vusi, 23 years, M).

> And sometimes teenagers we don't listen, like if your mother says Zweli, stop sleeping around, stop going to bashes, stop this and that we don't listen. Instead we would say, I will never listen to my mom, during her time she used to go clubbing and why is she saying I mustn't do it, sometimes its like, why does she tell me what to do and what not to do?
> Sometimes we don't recognize the good that our parents are doing for us. We only see it as if they are trying to ruin our lives (Zweli, 15 years, F).

> Sometimes our parents force us to grow, but that happens unintentionally
> What do you mean by that? (Interviewer).
> Like, you find that most teenagers take care of their siblings, even better than their mothers do, and then they think that they are good in parenting and that they can be mothers themselves, I can say, they get "negative confidence", that they can make their own children, they took care of their siblings and are good with them, even better than their mothers, you see, such stuff
> Ja, they just take it for granted that because they spent more time with their siblings, they can do the same with their own children (Jabu, 17 years, M).

Vusi, Ntombi, and Dora are of the opinion that a lack of open communication in families often leaves adolescents with very limited accurate information that they need to take the right decisions. According to Musa and Dora, parents are responsible for instilling important values and morals in their children, which will protect them from taking risky decisions. On the other hand, Ntombi argues that

a lack of parental control and discipline contributes to unplanned adolescent pregnancies. Sabelo believes that if adolescents do not get attention at home, they are likely to go and search for it outside their homes, and this is when they often find themselves in relationships with older men that may manipulate them. Jabu is of the opinion that taking good care of siblings often gives young girls the impression that they can be parents themselves. He argues that this makes young people confident in their "parenting skills".

Several studies pointed to lack of communication between parents and children as well as diminishing parental control and unclear ethical values as some of the factors that lead adolescents to engage in risky activities, resulting in outcomes such as unwanted pregnancies (Macleaod, 1999a, Mwite et al., 2005; Shears, 2005; Shisana et al., 2005). The erosion of respect has been identified by Parekh and de la Rey (1997) as a contributory factor to unplanned pregnancies among adolescents. Parekh and de la Rey (1997) further argued that early "babysitting" may prime young girls for early motherhood.

(h) Cultural factors

According to Dora, expectations from people in some communities as well as the existing norms in the community may lead young people to become adolescent parents. Under such circumstances, adolescents may be made to feel awkward for not engaging in what is viewed as acceptable in such societies. Dora argued that in an effort to belong, some young people may end up putting themselves at risk of unplanned pregnancies by engaging in unsafe sex. The following exchange supports this:

> Yes, because I know that before…., I was not engaging in sexual activities until last year or so (laughs),….but somehow, I was so stupid, so, when you are from the rural areas, ok, at the rural areas, we live this way, when you come from there, you are like that, but when I arrived here, somehow you arrive here, nobody understands, everybody does the same thing, and when you come with this thing of yours, your way of living, it sounds very funny, and they will say which part of the world were you living at…..these days and these times, you are still a virgin, which part of the world were you living at, were you living there alone? Such things (Dora, 24 years, F).

Gugu argued that a lack of certain cultural practices in urban areas lead young people in such areas into problems such as unplanned pregnancies. She further argued that a lack of such practises in urban areas means that young girls in such areas do not get taught important values such as self-love and respect.

> You know what I think; I think children in urban places rush into things. In rural places they have this thing of testing young girls for virginity and teaching them to love themselves and be proud of their virginity. They also prepare them for marriage and above teaching them to prepare themselves for their husbands, they also teach them to love themselves first, which is important (Gugu, 21 year old mother).

Studies by Brown et al. (2002), Maepa et al. (1997) and Ramabulana (2003) found that certain societal expectations often lead to unplanned pregnancies. Some of the participants in Ramabulana's study argued that other girls would mock them for not having boyfriends (Ramabulana, 2003). This could encourage young girls to initiate sexual activities at a young age, sometimes without the proper sexual and reproductive knowledge needed.

(i) Other factors

Several other factors have been identified to be contributory factors to unplanned adolescent pregnancies. Participants mentioned that some adolescents have sex just for the fun of it; maybe because they see someone that they like and they "crave" the person sexually. During such encounters, some adolescents do not use protection and they run the danger of HIV infection and unplanned pregnancies. Such occurrences are said to take place mostly at parties. According to Thabang, sometimes adolescent males have sex for their reputation whereas he sees adolescent females to be using their counterparts sexually. An early sexual debut was also identified as one of the causative factors of unplanned adolescent pregnancies. Dora, Vusi and Thabang argued that this is complicated by the fact that parents do not accept that their children are sexually active during their early adolescent years, and they do not prepare them for things that they may encounter in life through sexuality education.

Dora and Thabang argued that some adolescents tend to trust their partners very soon into the relationships. Maggy and Gugu also reported that they trusted their partners. It is assumed that during this period, safer sex practices are ceased as people feel trusted and they also trust their partners. It also became clear that these young people continue to have unprotected sex with their trusting and trusted partners without knowing their HIV statuses. This puts these adolescents at risk of unplanned pregnancies and HIV infections. In this instance, the threat of HIV does not seem to be considered. Ntombi suggested that a lack of assertiveness contributes to the problem of unplanned pregnancies among adolescents.

Some male participants (Vusi, Jabu, and Thabang) argued that there are instances when both adolescent males and females are trapped into early parenting by their partners. This seems to suggest that these young people risk HIV infection and also put their partners at risk. Jabu also mentioned poor self-control to be one of the causes of unplanned pregnancies. In addition he argued that contemporary music (lyrics and choreography) promote sexual experimentation among some adolescents. The following extracts support the above arguments:

> One thing I know is that…oh.....ok, like a lot of girls here in Soweto, the moment they find out that you stay in the suburbs, they may, they would like say that…., they would say that they want to be impregnated by such guys (Vusi, 23 years, M).

> Eer, ok,… the thing I know is that, mostly it is because pregnancy occurs, maybe .. like at the party, maybe lets say I'm home alone and I invite a girl over, it happens that, it happens that, maybe first time when we have sex we use a condom, maybe what time is it, maybe its seven, maybe
> Yet the one you are not involved with, you thinking "hey, she is taking me for granted" why did she come here if she doesn't wanna have sex? …..And you know me, what type of person I am? So basically you stick to your reputation, you ask her "when you look at me like this, how do you see me, do you see me as a guy that's just sitting or do you see me as a guy that can do…, obviously there's no girl that looks at me and say this is quiet, she'll just think- oh- trouble and if you see me as trouble, when you come to me, having seen trouble before, you come, what will you get? The same trouble! (Thabang, 20 years, M).

> Hmmmm, there is this thing that if you have been together with someone, maybe for six months, you already trust the person enough and you don't think about the before, that how was this person before, they just trust them and stop protecting themselves by using condoms (Dora, 24 years, F).

> …Or sometimes you find that you love someone, have you seen that, sometimes there is love at first sight. Like you love the person, you crave this person sexually, have you seen that? And then you end up sleeping with him, and then things happen, like pregnancy (Lerato, 22 years, F).

> The thing with her is that she is shy, she does not know how to say "no", so, I was just telling her that she must say no if she does not want something (Ntombi, 14 years, F).

4. 5. Adolescents' thoughts on what can be done to alleviate the challenge of unplanned adolescent pregnancy.

Although the consequences of unprotected sex may seem immense, there are possible preventative measures that can be implemented to alleviate these consequences. Participants in this study also identified several possible preventative measures that according to them could protect adolescents from unplanned adolescent pregnancy.

(a) School education

The UNAIDS (2004) posits that keeping girls in school and offering them the best education can help in turning around unwanted pregnancies as well as HIV/AIDS pandemic. However, it was noted in the interviews that most adolescents have knowledge of HIV, but they do not seem to be behaving in ways that protect them from being infected with the virus. Instead, it appears that adolescents are more concerned with the prevention of unplanned pregnancies.

Musa, Thabang, and Vusi also viewed school education to be important, particularly in giving young people information on HIV/AIDS..

> I think we need to educate young people about it, even learners that are at primary school that HIV/AIDS is here (Musa, 15 years, M).

> Like in classes, it should be, ….what can I say?....not really be something like compulsory must do subject, what can I say?, like now they call it Life Orientation, like there must be some major section on HIV/AIDS, where they deal with the visuals and not just talking, you show kids, the problem is when you listen to something, you don't really get the picture, immediately you **show** them, that this is what is happening, you see, like Yizo Yizo, we could have made fun of it and say that but there are people that learnt from that, like with AIDS, we need to take to take the same route (Thabang, 20 years, M).

> But maybe I would start with sex education at schools (Vusi, 23 years, M).

Although Steers et al. (1996) found that education is important in empowering females with skills such as negotiation skills that are important in sexual relationships, no female participant in this study pointed to the importance of education in fighting unplanned pregnancies among adolescents. Nonetheless, educated women have been found to delay childbearing and to possess more accurate information on HIV/AIDS (Field, 1981). Additionally, the male participants identified education as prevention against HIV/AIDS, and not unplanned pregnancies. This may be because they do not see their role in preventing unplanned pregnancies as men because this role seems to be mostly expected from females.

(b) The role of families

The following extracts indicate that it is imperative that the family becomes involved in the fight against unplanned adolescent pregnancy. The participants pointed to the need for parents to openly discuss sexual and reproductive health issues with their children, as information from parents seems to be more valued than information from peers. Parents are also seen to be important in instilling positive values, principles, and discipline in their children. Moreover, it was noted that some parents need assistance with parenting skills that would help them openly communicate with their children.

> I also think that parents should be included, they should just sit with their children, talk to them about issues like condom use. I, for instance talked to my 13 year old cousin brother and gave him condoms because he is sexually active. I used a banana just to show him what is going on, because I know how his father is…, he is old-fashioned and he would not talk to him about that. So, I would encourage parents to do that.

> I think that they should teach them how to talk to these children in a way that will positively affect them. I think parents should be assisted with parenting skills, such as spending more time at home, like during supper, talking openly about issues, etc. I think that will greatly assist these parents and then obviously the children (Vusi, 23 years, M).
>
> So I think parents should sit down and talk to their children, like when you do this, the results are going to be like that. So that when the child grows up, she must have a full picture of what is going to happen or what he will end up being. So, what they need is the discipline and guidance from parents.
> Ja, sometimes its your grooming from home, like if you grew up in a family with respect, it will be clear, even when you walk in the streets, you will be visible. And you will see them, those that come from respectful families, you will see them (Lerato, 22 years, F).
>
> Education, education from home plays a role, because of what you have learnt from home or something similar. You just know that you are supposed to do things, because you will be having rules that govern you, principles, etc. (Dora, 24 years, F).

It can be assumed that the interviewees see the importance of families and parents in imparting sexual and reproductive information to adolescents. It must however be noted that for this knowledge to be beneficial to these young people, there should be significant behaviour change accompanying this knowledge. The interviewees only highlighted the importance of information, but did not look at other factors such as role modelling from parents as factors that could encourage behaviour change.

Scholl and Finger (2004), Macleod (1999a), as well as Lovelife (2004) identify open communication on sexuality between parents and adolescents as an important factor in the fight against adolescent pregnancy. A survey by Shisana et al. (2005) further recognized the pivotal role of caregivers in fighting unplanned adolescent pregnancy and suggested strong relationships between adolescents and their families.

(c) The role of media

According to Thabang, the media has an important role to play in curbing unwanted pregnancies. He argued that television shows on HIV/AIDS prevention should be broadcast during prime time and such shows should be “fun, but serious”. He believed that such shows should focus more on the consequences of risky behaviours. He seems to suggest that the awareness of the seriousness

of HIV/AIDS could assist in curbing unprotected sex and ultimately unplanned adolescent pregnancies. The following extract indicates this:

> Ja, like , you know, shock, so we get amazed and the shows that are about this, they must not be like for late hours like 22h00 when people are sleeping, they must be earlier, like during the hours when people are really watching tv, you see, like 19h30, like that, prime time, people are watching tv (Thabang, 20 years, M).

In South Africa we have seen programmes such as those of the Lovelife and Soul City, which have been operational for some time and have the potential of effecting change in the adolescents' behaviours. Although interviewees like Fela mentioned their knowledge of programmes such as Khomanani, Thabang was the only participant who saw the important role that the media plays in educating young people about sexuality and reproductive health issues. A survey by USAID (2003) suggested that an improved knowledge on reproductive health may be achieved by intense mass media programmes that run for at least two to three years.

(d) Personal values and choices

Lerato argued that faithfulness as well as open communication between partners are possible preventative measures to HIV infection. However, she did not indicate how these would prevent unplanned pregnancies. Furthermore, Lerato believes that individuals are responsible for taking decisions to take care of themselves. According to her, knowledge is power; it should be keenly sought and used. According to Dora, personal values and principles are vital in the fight against unplanned pregnancies.

> Ja, but if you just go along….., if you have principles, standards, and rules, you will know what to do and also **be firm with that thing** (Dora, 24 years, F).

> If people were not ignorant there would not be all these things. Ignorance causes HIV, like being honest to your partner, being reliable in other ways. Like if you are involved with someone, be honest.
> It makes you to do bad things. You see you are supposed to stick to your partner, and know that you do not get tempted, you communicate with your partner…
> Exactly, don't wait for information to come to you because if you are interested about your life you will go and seek information about it. Knowledge is power. I think even in clinics, they will provide you with pamphlets and when you read them you will get information, even this way, you get informed (Lerato, 22 years, F).

(e) The use of contraceptives

The following extracts indicate that participants support the use of contraceptives in the fight against HIV/AIDS and unplanned adolescent pregnancy. According to Zweli, adolescents need to ensure that they are 100% safe from unplanned pregnancy and HIV/AIDS. She believes that that can be achieved by using the dual methods of prevention. In line with this, Lerato, Vusi, and Musa hold the opinion that young people should keenly choose to use the services provided by government.

> You know government has tried by all means and you cannot force a person, the person is responsible to say I want to do this. There is nothing we can do. We cannot expect nurses to hold our hands when they see us with our boyfriends so that we use condoms. It does not work like that. Its up to us as people, its up to us that things that the government has given us we use them appropriately. Government has tried by all means to help us. (Lerato, 22 years, F)

> Ok, like HIV, condoms are here, pregnancy, contraceptives are available, I don't know what I would do if asked to deal with these two issues. (Vusi, 23 years, M).

> From getting infected, basically by using their contraceptives and the most popular one are condoms. So I think if we all use it we can reduce HIV infection, the most important one is abstinence. But some of the people don't feel like abstaining for a long period of time, so contraceptives are the best.
> I think non-usage of contraceptives leads to this, I think you should use condoms all the time because I think even if you use contraceptives; you still have to use condoms to protect yourself.
> Then for teenagers I always tell them to follow the ABC-the Abstinence, Be faithful and Condoms (Zweli, 15 years, F).

It has been established that contraceptives, particularly dual protection measures are effective in the fight against unplanned pregnancies and HIV/AIDS (DoH, 2002; Mwite et al, 2005; Scholl & Finger, 2004). These methods can successfully tackle both unplanned pregnancy and HIV/AIDS if used consistently and appropriately.

4. 6. Conclusion.

This chapter presented the results of the study as collected through semi-structured interviews. Participants are aware of the problem of unplanned adolescent pregnancies in the communities and they also possess knowledge on

HIV/AIDS. Their level of knowledge and awareness about challenging situations in the country challenged the perception that young people are generally apathetic. They all agreed that unplanned adolescent pregnancy is a problem, particularly in this age of HIV/AIDS. They also demonstrated an optimistic attitude and suggested possible solutions to these two ills.

CHAPTER FIVE
DISCUSSION OF RESULTS

5. 1. Introduction

The current chapter discusses the results of this study as collected through semi-structured interviews. The chapter also highlights the limitations of the study and the recommendations for future research and interventions.

5. 2. Major findings

5. 2. 1. Unplanned adolescent pregnancy is a problem

From what the participants communicated, adolescent pregnancy appears to be a significant problem, whether it is planned or not. This has also been found to be true in several other studies, both nationally and internationally (Boult & Cunningham, 1993; de la Rey & Carolissen, 1997; Hamburg & Lancaster, 1986; Maepa et al., 1997; Makhetha, 1996; Mokgalabone, 1999; Mwite et al., 1997; Scott et al., 1981; Udjo, 2004). Adolescent pregnancy negatively affects the adolescent parents, their offspring, their families, their communities, as well as the country as a whole. In South Africa, this has been evidenced by the establishment of programmes such as Lovelife and PPASA which are meant to prevent adolescent pregnancy and the transmission of HIV/AIDS (loveLife, 2004).

The participants could identify several consequences of unplanned adolescent pregnancy. However, the identified consequences seemed to be narrow and short-term. They could recognize how unplanned pregnancies can affect the young parents (individually) as well as their relationships. However, they did not show how these unplanned pregnancies may affect the offspring of the young parents as well as the communities and the country as a whole, particularly in view of the high HIV/AIDS rates. Of more concern is the fact that most of the

participants did not highlight the relationship between unplanned adolescent pregnancy and HIV/AIDS.

On an individual level, the participants noted that unplanned adolescent pregnancy negatively affects the young parents' academic progress. However, the participants failed to see how these academic disruptions can affect the young parents' career prospects and their long-term financial status. Several authors have pointed out that disrupted academic progress may imply that these young parents' careers may be curtailed. They are therefore likely to struggle with maintaining their children in the long run (Berk, 2003; Dusek, 1986; WHO, 1989). In addition, the participants noted that unplanned pregnancies also disrupt other developmental tasks. They further argued that it leads young parents to permanently forfeit their adolescence status. This is consistent with studies that point out that having an unplanned child during adolescence disrupts the adolescents' attainment of the developmental tasks associated with adolescence. This may be detrimental to the adolescents' healthy transition to adulthood as the attainment of these tasks is critical in forming a mature adult identity (Erikson, 1959; 1963, as cited in Dusek, 1996; Makhetha, 1996).

Similarly, the participants in this study reported that unplanned adolescent pregnancy forces adolescents into a developmental stage that they are not adequately prepared for. This was also found to be true in studies by Berk (2003), Hamburg (1986), and WHO (1986). Berk (2001) argued that becoming a parent is a challenging and stressful task that is likely to be more challenging for adolescents as they have not established a clear sense of direction for their lives. The participants identified how unplanned adolescent pregnancy may affect the adolescent parents' normal course of development, but they failed to highlight how this may affect their attainment of adulthood. They also did not show how becoming a parent while unprepared (i.e. without the proper parenting skills, resources, etc.) could negatively affect the adolescents' offspring. Instead, they seemed to think of parenting purely at a level of satisfying physical needs and

disregarded other needs such as emotional needs. The participants seemed to lack the language to describe what it means to be a parent.

It is understandable that the unpreparedness of the young parents means that they have limited parenting skills to effectively care for their offspring. Several authors have noted that although adolescent parents may be able to provide for their children's physical needs, they often struggle with meeting their emotional and psychological needs. They may not always be emotionally attuned to the needs of their children, which may affect their judgment in terms of the needs of their children (Berk, 2003; Chomitz et al., 2002, as cited in Shaffer, 2002; Hamburg & Lancaster, 1986; Moore et al., 1981; Papalia et al., 2003).

However, it has to be noted that some adolescent parents are capable of providing for their offspring's needs. In certain instances, the support that young parents often receive from their families makes parenting easy for them. Furthermore, some young people can effectively care for their siblings. For instance, in many working class communities, children often take care of their siblings in the absence of their parents. As Jabu noted in the study, some of these children care for their siblings better than their mothers. It seems that some of the participants seemed to suggest that adolescents are children, particularly in relation to taking care of their children. That seemed to tie in with their idea that parenting is mostly the provision of physical needs. It is also noted that Thabang was the only participant that could point to the need for a particular level of mental development to become an effective parent. Other participants seemed to suggest that as a child, an adolescent does not have the required resources to provide for their offspring's physical needs. These participants tended to ignore the potential that some adolescents exhibit in caring for their siblings which is often overlooked and undermined in societies.

The participants' responses also highlighted that unplanned children add to financial strains in the families of adolescent parents. This seemed to be the

participants' main cause of concern regarding unplanned pregnancy during adolescence. Furthermore, the participants highlighted the effects of unplanned adolescent pregnancies on the interpersonal lives of the adolescents. They argued that adolescent pregnancy leads to among others, gossip and rejection within relationships (families, peers, intimate). A study by the Planned Parenthood Association of South Africa (2003) also found that adolescent parents were often victims of gossip within their communities. The participants showed more concern over people's reactions (mostly short-term) to unplanned pregnancy than the long-term effects of pregnancy on the adolescent parents. For instance, Zweli seemed to be concerned with what people would think of her if she had to be pregnant, but failed to see how pregnancy during adolescence may disadvantage her future.

It is clear that unplanned adolescent pregnancy exposes adolescents to HIV/AIDS. However, only two participants in this study pointed to this. Although all participants knew that unprotected sex is one way through which HIV is transmitted from person to person, most of the participants failed to see the link between unplanned adolescent pregnancy and HIV transmission. They seemed to see unplanned pregnancy and HIV/AIDS as separable, with HIV/AIDS as an adult-disease or the disease for the weak others. It seems that some young people have not adequately internalized the risk of HIV/AIDS, instead, they seem to see HIV/AIDS as external to their worlds. Other young people may be identifying with and/ or immitating the behaviours of certain people who involve themselves in risky activities, despite the risks of HIV infection. The participants also failed to note the possibilities that the unborn child could be exposed to HIV infection from the mother who could be HIV positive. The participants did not emphasise HIV infection as a possible consequence of unprotected sex, as the researcher had anticipated. Although Lerato pointed to the fact that knowledge is power, it seems that some adolescents do not always use the knowledge that they have about HIV/AIDS as a powerful force that leads to positive behaviour change.

Continued unplanned adolescent pregnancies affect the government's provision of services, such as health and social services. For example, some young parents often have financial difficulties and may not be able to afford seeking private medical attention. This definitely puts a strain on the government's provision of health services. Furthermore, the possible HIV infection on these young parents means that the country is likely to have low fertility rates as it means that among others, people are likely to die before they complete their reproductive age span. Furthermore, the HIV positive parents are likely to die and leave orphans that may be without adequate care. These orphans may be subjected to poverty, which has the potential to drive more social ills, including HIV/AIDS. If most young, economically active members of the population are HIV positive, this may result in the country's economy being negatively affected as these highly skilled people will be deteriorating physically. In essence, HIV/AIDS has the potential of negatively affecting the country's economy, fertility rates, demographic growth, as well as the population well-being. However, none of the participants appeared to see how unplanned pregnancies could lead to these.

Several factors associated with unplanned adolescent pregnancies were also identified. Participants identified experimenting as one of the causes of unplanned adolescent pregnancies. In addition, participants were of the opinion that financial dependence leads most adolescent girls into relationships with older partners that provide for their material needs. This was also illustrated in studies by Clarke (2005), Cullinan (2006), Dickson (2004), Hoosain (2003), Maepa et al. (1997), Mwite et al. (1997) and the Population Reference Bureau (2001). Participants argued that this often leads adolescent girls into situations where there is an imbalance of power as these "financially dependent" girls fail to negotiate for safer sex for fear of forfeiting the material benefits pertinent in these types of relationships. This, in return, leads to problems such as unplanned pregnancies and HIV infections. The socio-economically disempowered young girls' power to negotiate for safer sex is often compromised by feelings of indebtedness. These girls are often dependent on their "rich, powerful" partners,

who are often older than them. Evidently, poverty seems to be a key cause of unplanned adolescent pregnancies.

Ignorance was also noted by the participants as a factor that leads to unplanned pregnancies and placing young people at risk of HIV infections. This was consistent with studies by Mokgalabone (1999) and Tshabalala-Msimang (2002). In the present study, although some participants had received sexuality education from their homes and schools, they reported that they often voluntarily engaged in unsafe sex. This implies that some young people's knowledge of the lethality of HIV/AIDS does not always deter them from exposing themselves to the risk of infection with the lethal disease.

Parents were also identified by participants to be contributing to unplanned adolescent pregnancy as they are perceived not to equip their children with the necessary sexual and reproductive health knowledge that they need. Surveys by the loveLife (2004), Shisana et al. (2005), and the Planned Parenthood Association of South Africa (2004) point to the vital role that parents can play in the fight against unplanned adolescent pregnancies. Young people are socially less experienced than adults, which calls for the intervention of adults in equipping them with the social skills needed in their daily lives.

Participants also identified impulsivity, limited planning, limited thinking and low risk perception as factors associated with unplanned adolescent pregnancies. Mwite et al. (2005) and Shears (2005) argue that adolescents' characteristic impulsivity and their difficulty in deferring gratification may lead to unplanned adolescent pregnancy. In addition, Berk (2001) and Lee and Freire (2003) argue that although adolescence is characterised by an improved level of cognitive ability and analytical thinking, adolescents are still apprentices in thinking and planning. Furthermore, Steinberg (1993) and WHO (1986) posit that young people's evaluation of the desirability or not of consequences is different from

adults'. They argue that this may explain adolescents' risk-taking behaviour (Steinberg, 1993; WHO, 1986).

Some participants identified the non-use of contraceptives as causing both unplanned adolescent pregnancies and HIV infections among adolescents. Studies by Berk (2003), de la Rey and Carollisen (1997), Maepa et al. (1997), Makhetha (1996), Mokgalabone (1999), Reynolds et al. (2004), and Turner and Helms (1995) point to the non-usage of contraceptives among adolescents and factors that lead to this.

Participants also noted that some adolescents lack clear life purposes, which implies that they do not focus on any goal in life and are likely to engage in risky activities, such as unprotected sex. Heaven (1994) and Mwite et al. (2005) also cited the lack of a clear life purpose as one factor that may lead to unplanned adolescent pregnancy.

Cultural factors have also been listed as some of the factors that lead adolescents into early sexual activities (Brown et al., 2002; de la Rey and Carollisen, 1997; Maepa et al., 1997; WHO, 1989). Certain cultures value fertility, as it is closely linked to womanhood and marriageability. A woman that has not proven her fertility by having a child may be stigmatized as infertile. In an effort to gain a higher social standing, some young girls may want to prove their fruitfulness. Furthermore, the high value placed on marriage may expose these young girls to problems such as unplanned pregnancies. In these cultures that value fertility, proving fertility increases the girls' chances of getting married, as most men prefer girls that have proven their fruitfulness before marriage. In this age of the rampant incidences of HIV/AIDS, it is questionable if fertility and subsequent marriage are more important than the safeguarding of life, which is, protecting oneself from possible HIV infection. It seems that fertility and the ability to control one's fertility are more highly valued in most young girls' lives than the preservation of life.

Additionally, certain gender constructions seem to be characterized by stereotypes that often disempower females. This disempowerment often hinders these females' capabilities to protect themselves from challenges such as unplanned pregnancies and HIV/AIDS. Additionally, the patriarchal nature of the South African society leads to significant power imbalances in heterosexual relationships. In heterosexual relationships males seem to be perceived as superior to females. For instance, men would be expected to take major decisions such as when to use protection during sexual intercourse. On the other hand, women would be expected to know less about their sexuality and to satisfy their male partners sexually. A fertile and obedient woman is perceived to be the " real woman" while the "real man" is strong, powerful, and take risks, such as having unprotected sex or having multiple sexual partners. For instance, Thabang (a male participant) argued that some men have sex for the sake of their reputation and expect females to have sex with them if they come to visit them. He argued that when women go to visit males they expect trouble (sex) and they will get that.

However, it has to be pointed out that other cultural practices can play an important role in curbing problems such as unplanned adolescent pregnancies. For example, the cultural encouragement of preserving virginity protects young girls from these ills and also helps them with creating and maintaining a sense of self-worth and self-respect in young people.

Moreover, it seems that there is a particular glorification of sex in contemporary society. Early premarital sex and parenting outside wedlock seem to be the norm in some contexts. The present messages on the prevention of HIV/AIDS seem to be overwhelmed by the sex messages contained in musical lyrics, dances, media, etc. The young people may find themselves in the middle of these modern messages that glorify sex and the cultural messages that value fertility on one hand, and the risks of HIV/AIDS infections on the other hand.

Furthermore, adolescents seem to lack positive role modeling from parents and other elders in families and communities. Dysfunctional families, poor coping strategies and a lack of boundaries in certain families may also contribute to unplanned adolescent pregnancies.

Participants noted several psychological factors such as the need to affirm love for the partners, emotional dependence, emotional manipulation, poor coping strategies, poor problem-solving strategies and an external locus of control as some of the causes of unplanned adolescent pregnancies, as found by authors such as Cullinan (2006), Heaven (1994), Maepa et al. (1997), Makhetha (1996), McLeod (1999a), Mokgalabone (1999), and WHO (1986). In addition, it seems that some of these women's emotional needs are unmet and they often find validation from their partners who often give them a certain sense of security. This often makes them emotionally vulnerable to manipulation. Furthermore, many women seem to have poor intimacy communication skills and consequently tend to resort to unprotected sex as it has a powerful symbolic value of affirming love and trust. It also appears that some young girls lack positive self-worth and confidence.

According to the participants, there seems to be more deep-rooted economic, psychological, and cultural factors that contribute to the problem of unplanned adolescent pregnancies, requiring further research. Furthermore, HIV/AIDS seems to be getting more attention from the authorities than unplanned adolescent pregnancies because it is a national catastrophe with long-term consequences. However, these two ills are real challenges that often co-exist and need to be tackled as such.

5. 2. 2. HIV/AIDS is not always a deterrent to unplanned adolescent pregnancy

It seems that although young people possess ample information about HIV/AIDS, this knowledge does not always imply that these adolescents modify their

behaviours. There seems to be less behaviour change despite the high level of HIV/AIDS knowledge, incidences of HIV/AIDS, and high HIV/AIDS mortality rates. From what the participants in this study reported, many adolescents that they know do not see HIV/AIDS as real. Some young people seem to perceive pregnancy as a bigger challenge than HIV/AIDS, with the prevention of the former as more important. HIV/AIDS seems to be seen as unreal and as a "joke" whereas fertility and the control thereof seem to be more important. It also seems that the immediacy and visibility of pregnancy could be a reason why young people see pregnancy as one of the challenges that they need to protect themselves from, yet they do not. HIV/AIDS seems to be far from some young people's minds. There seems to be ignorance regarding the reality and fatality of HIV/AIDS.

Some of the characteristics of adolescence may make it difficult for adolescents to see HIV/AIDS as a real threat to their lives. Of particular interest in this study is the adolescents' self-perceived invulnerability or personal fable which came up in the interviews. Perceived invulnerability means that adolescents have a belief that they are special, immortal, and cannot be affected by negative occurrences (Berk, 2003; Craig, 1996; Elkind, 1981 as cited in Dusek, 1996; Hamburg, 1986; Miller & Moore, 1980; Papalia et al., 2003; Plant, 1992; Shucksmith, 1998). This belief could lead young people into risky behaviours that expose them to HIV/AIDS infection. Believing that they are immune to HIV/AIDS or seeing HIV/AIDS as a joke may imply that HIV/AIDS does not always act as a strong deterrent against unsafe sex and possible unplanned pregnancies amongst adolescents.

It also seems that young people may have a tremendous fear of HIV/AIDS. In an attempt to control this fear, it seems that they ignore the lethality of HIV/AIDS by acting as though it is unreal and will not "get them". These young people may be using the denial of the reality of HIV/AIDS and the possibility of their infection as a way of dealing with their fear of HIV/AIDS, which if not dealt with, may have devastating consequences.

According to the Health Belief Model, the world of the perceiver determines what an individual will and will not do (Brown, 1999). The model states that an individual's motivation to undertake health behaviour can be divided into the individual's perceptions, modifying behaviours, and the likelihood of actions. In this study, the adolescents' perceptions were of particular interest. Although all of the participants knew HIV/AIDS, the modes of its transmission, and methods of prevention, some of them communicated a perceived sense of invulnerability to HIV infection. Condelli (1986) argue that the individual's perceived susceptibility to illness is an important variable that influences health-related behaviour. Women that were found to perceive themselves as susceptible to unintended pregnancy were more likely to use effective methods of contraceptives (Condelli, 1986). Similarly, Steers et al. (1998) and Brown (1999) found that perceived susceptibility to a condition that could adversely affect one's health was a good determinant of behaviour change. In addition, Baldwin and Baldwin (1998) reveal that people that worried about contracting HIV use condoms slightly more frequently than those that worry less.

In the present study, there appeared to be a significant underestimation of personal risk among most of the participants and some of their friends and this may be linked to their belief that they are invulnerable. The young mothers reported that although they knew about pregnancy and HIV/AIDS, they often engaged in unsafe sex. It appears that they did not perceive themselves to be possible victims of unplanned pregnancy or HIV/AIDS.

Additionally, it is noted that some of the adolescents (participants and their friends) tend to exhibit some typically adolescent characteristics that may expose them to health-related problems. Some participants reported that young people do not think and plan properly before they act. This lack of planning and thinking, coupled with adolescents' low level of risk perception, may be responsible for their tendency to behave in ways that put them at risk of unplanned pregnancies

and HIV infections (WHO, 1986). This was also evident from some of the participants, who knew about reproductive issues and HIV/AIDS, but tended to underestimate their risk to one or both of these. Furthermore, adolescents' level of cognitive development is qualitatively different from the earlier stages of development. Authors such as Berk (2001) and Lee and Freire (2003) agree with the above argument and further posit that although there are qualitative differences between thinking during adolescence and earlier stages of development, adolescents are still apprentices in thinking. When faced with a multiplicity of choices, adolescents may often feel overwhelmed by the choices in front of them, and they may resort to acting impulsively (Berk, 2001; Lee & Freire, 2003). Impulsivity was mentioned by some participants who felt that some adolescents act without thinking about the consequences of their acts.

Hamburg and Lancaster (1986) argue that adolescents' characteristic "here and now" perspective or their tendency to live for the present may lead to unplanned adolescent pregnancies and possible HIV infections. However, it seems that in certain instances, personal experiences induce positive health behaviour. However, what is of concern is the possibility that these young people may already be adolescent parents or HIV positive before they see themselves as possible victims of unplanned pregnancies or HIV/AIDS.

5. 4. Conclusion

This study was undertaken to explore the thoughts and perceptions of adolescents on the continued high rates of unplanned adolescent pregnancies in the light of high HIV/AIDS infection levels in the country. The writer was concerned with listening to these young people, as they are seen to be "experts" in their challenges. This was done by interviewing them using a non-structured interviewing method, allowing them to share their perceptions and thoughts without any strict limitations. The participants seemed to have similar views regarding the causes and consequences of unplanned adolescent pregnancy.

From what the participants stated, unplanned adolescent pregnancy is a continuing problem in their communities. In addition, the participants had a good working knowledge of HIV/AIDS. However, this knowledge on HIV/AIDS (its modes of transmission, incidence, etc.) does not seem to be a strong deterrent against unplanned pregnancies. Instead, the participants showed a belief that they are invulnerable to negative occurrences, and reported that their friends share this belief. This self-perceived invulnerability seems to be one of the main reasons why adolescents engage in risky behaviours such as unprotected sex, often leading to both unplanned pregnancies and HIV/AIDS. Additionally, it also seems that fertility and the capability to control fertility are highly regarded in some communities' constructions of female identities, and some communities seem to glorify sex, both of which appear to override HIV/AIDS prevention messages.

The findings of this study challenged the representations of young people as apathetic, uninformed, lost, and without aspirations. It became clear that some young people are knowledgeable and aspire to the good things in life. The present study showed that adolescence is a challenging developmental stage characterized by physical energy, emotional stresses, and other characteristics such as impulsivity. All of these, coupled with adolescents' social inexperience, may expose adolescents to challenges that are often easily or better tackled in adulthood. The study also points to the many social, cultural, economic, political, and technological challenges that further make the transition to adulthood more challenging for the present-day adolescents.

It has to be noted that when young people lack the guidance, information, and measures to prevent exposure to challenges, they are less likely to seek timely professional medical assistance and are likely in certain instances to undertake dangerous self-treatment. The consequences of this may be permanent impairment of health, infertility, psychological damage, and even death. These have long-lasting effects not only for the immediate families, but also for society

as a whole (WHO/UNFPA/UNICEF, 1989). Dickson (2004) argued that assisting youth to make a healthy transition into adulthood is critical to the national, and continental development as well as the prosperity of the future population. Young people need the support and understanding of adults to become emotionally stable and socially competent people that are healthily moving from adolescence to adulthood.

5. 5. 1. The study's limitations.

The study's sample was small and homogenous, which makes the generalization of the results difficult to other population groups. All of the participants were from disadvantaged communities, and it would be interesting to undertake the same study in a community that is more advantaged. Such results may assist with ensuring that the prevention strategies that are developed are relevant to a wider range of groups. The participants shared cultural values and it would be interesting to see how different cultures react to unplanned pregnancies during adolescence.

5. 5. 2. Recommendations.

Based on the findings of this study, the following recommendations are made:

In cultures that value fertility and encourage early childbearing (directly or indirectly) to prove womanhood, it may be helpful to introduce alternatives to early childbearing, such as improving access to education and creating job opportunities for young people. This could be helpful because high HIV/AIDS incidences pose a real threat to the lives of many young people.

Poverty eradication strategies (e.g. encouraging and fostering the spirit of entrepreneurship) should be employed in certain communities so as to curb incidences such as survival transactional sex, which expose young people to unplanned pregnancies and HIV/AIDS infections.

Perceived invulnerability seems to be one of the major challenges to the fight against HIV/AIDS and other health-related challenges. It is recommended that the risk of HIV/AIDS be made real and personal, particularly among young people, as their false sense of security, coupled with characteristics such as impulsivity; expose them to the risk of HIV infection. This may be effectively tackled by concentrating on face-to–face transmission of the prevention messages. This method may be even more advantageous if it is promoted among people that know each other, such as friends, as that will make the message more personal. Furthermore, these prevention messages should encourage behaviour change, as education alone seems not to have been effectively internalised to bring change to the current HIV/AIDS rates in South Africa.

It seems that there is a need to move beyond sexual education to social competence, to equip young people with assertiveness, communication, and other social skills that they need in their daily lives. These competencies may assist with preventing continued unplanned adolescent pregnancies and HIV infections, as they will serve as a bridge between knowledge and sexual behaviour.

Within families (immediate and extended), it may also be helpful to add psychological and emotional support as well as positive role modeling to the already suggested open communication about sexual and reproductive health. Adolescents' sense of autonomy should also be encouraged. Additionally, adolescents should be assisted with developing their self-worth and positive personal values.

Unplanned adolescent pregnancies and HIV/AIDS are not only individual or family challenges, but they are also national challenges. It may be helpful for the government to introduce practical policies that challenge some of the cultural and economic factors that perpetuate these two ills. For example, President

Museveni of Uganda challenged the socio-cultural practice that accepts multiple relationships by introducing the concept of “zero-grazing”. Uganda has since seen a decrease in the HIV/AIDS incidences (UNAIDS, 2003). Positive cultural practices that may act as preventative measures should be upheld. Furthermore, leaders can serve as positive role models for the youth and the general population.

Finally, it may be useful to undertake more research on the constructions of femininity and how that may be predisposing women to unplanned pregnancies and high HIV prevalence among women. The impact of patriarchy on heterosexual relationships also needs to be further researched. Additionally, the status of females in society should be improved through practices such as female financial empowerment (e.g. increased business opportunities for women).

As Varga (2004) points out, there is a link between South African adolescents’ fertility-related behaviour and their risk for HIV/AIDS infection. There is an urgent need to consider interventions which target HIV/AIDS and unplanned adolescent pregnancy as interrelated.

REFERENCE LIST`

Aggleton, P. , Chase, E. , Rivers, R. (2004). Safe passages to adulthood. HIV/AIDS prevention and care among especially vulnerable young people: A framework for Action. London: University of London.

AIDS epidemic update (2003). Retrieved 03 March, 2004 from http://www.unaids.org/wad/2003/Epiupdate2003_en/Epi03_00_en.htm.

AIDS epidemic update (2005). Retrieved 02 February, 2006 from http://www.unaids.org/wad/2005/Epiupdate2005_en/Epi05_05_en.htm.

Attawell, K. (2004). Going to scale in Ethiopia: Mobilizing Youth Participation in a National HIV/AIDS Program. Washington D.C.: Social and Scientific Systems.

Babbie, E. (2004). The practice of Social Research. (10th Ed). Belmont: Thomson Wadsworth.

Babbie, E. & Moutton, J. (2002). The practice of Social Research. Cape Town: Oxford.

Babbie, E. & Moutton, J. (2001). The practice of Social Research: South African Edition. Cape Town: Oxford.

Baldwin, J. D. & Baldwin, J. I. (1998). Factors affecting AIDS-related Sexual Risk-Taking Behaviour among College Students. The Journal of Sex Research, 25, 2. 181-196.

Bellamy, C. (2004). Untitled Document. Retrieved 10 October, 2004 from http://www.unaids.org/html/pub/media/press.releases02/PR_UNAIDS_UNICEF_WHO.

Bergewin, T. , Bukowski, W. M. & Miners, R. (2003). Social Development. **In** Slater, A. & Bremner, J. (Eds), An Introduction to Developmental Psychology (pp. 388-412). Oxford: Blackwell Publishing.

Berk, L. E. (2001). Development through the Lifespan. (3rd Ed). Boston: Allyn and Bacon.

Berk, L. E. (2003). Child Development. (6th Ed). New York: Pearson Education, Inc.

Boult, B. E. & Cunningham, P. W. (1993). Some Aspects of Obstetrics in Black Teenagers' Pregnancy. A Comparative study of three age groups. Port Elizabeth: University of Port Elizabeth.

Bradshaw, D. , Pettifor, A. , MacPhail, C. & Dorrington, R. (2004). Trends in youth risk for HIV. Cape Town: University of Cape Town.

Breakwell, C. M. , Hammond, S. & Fife-Shaw, C. (Eds). (1997). Research Methods in Psychology. London: Sage.

Brown, B. B. , Larson, R. W. & Saraswathi, T. S. (2002) The World's Youth: The adolescence in the eight regions of the globe. London: Cambridge.

Brown, K. M. (1999). Health Belief Model. Retrieved 02 March, 2006 from http://www.med.usf.edu/~kmbrown/Health_Belief_Model_Overview.htm.

Carpenter, D. R. & Streubert, H. J. (1999) Qualitative Research in Nursing: Advancing the Humanistic Imperative. New York: Lippincott.

Chalmers, B. (1990). Pregnancy and Parenthood: Heaven or Hell? River Club: Juta & Company.

Clarke, L. (2005). Fighting the “Dual Fight” Early pregnancy and HIV/AIDS. AIDS Bulletin, 12-13.

Coleman, J. C. & Hendry, L. (1990). The nature of adolescence. (2nd Ed). London: Routledge.

Condelli, L. (1986). Social and Attitudinal Determinants of Contraceptive Choice: Using the Health Belief Model. The Journal of Sex Research, 22, 4. 478-491.

Craig, G. J. (1996). Human Development. (7th Ed). New Jersey: Prentice Hall.

Creswell, J. W. (2003). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches (2nd Ed). California: Sage Publications, Inc.

Cullinan, K. (2005). Fatal attraction. Retrieved 03 February, 2006 from http://www.health-e.org.za/news/article.php?uip=20031344.

Cullinan, K. (2006). Zim drop in HIV caused by behaviour change. Retrieved 03 February, 2006 http://Www.Healthe.Org.Za/News/Easy-Print.Php/Uid=20031356.

de la Rey, C. & Carolissen, R. (1997).Teenage pregnancy: A contextual analysis. **In** C. de La Rey; N. Duncan; T. Shefer; & A. Van Niekerk (Eds.), Contemporary Issues in Human Development: A South African Focus (pp25-37). Johannesburg: International Thompson Publishing.

Denzin, N. K. & Lincoln, Y. S. (Eds). (1998). Collecting and Interpreting Qualitative Materials. London: Sage Publishers.

Descombe, M. (2000). The Good Research Guide for small scale social research projects. Philadelphia: Open University Press.

Dickson, K. E. (2004). Adolescent Fertility: A population concern. Fertility: the current South African Issues. Cape Town: Health Science Research Council. Retrieved 02 February, 2006 from http://www.hsrcpress.ac.za.

Dorrington, R. Bradshaw, D. & Budlender, D. (2002). HIV/AIDS profile in THE provinces of South Africa: Indicators for 2002. Cape Town: Centre for Actuarial Research.

Dorrington, R. , Johnson, L. , Bradshaw, D. & Daniel, T. (2006). The Demographic Impact of HIVAIDS in South Africa. National and Provincial Indicators for 2006. Cape Town: Centre for Actuarial Research.

du Plessis, G. (2004). HIV and fertility in South African: Some theoretical and methodological considerations. Fertility: the current South African Issues. Cape Town: Health Science Research Council. Retrieved 02 February, 2006 from http://www.hsrcpress.ac.za.

Durrheim, K. & Terre Blanche, M. (Eds). (1999). Research in Practice: Applied Methods for Social Science. Cape Town: University Press.

Dusek, J. B. (1996). Adolescent Development and Behaviour. New Jersey: Prentice Hall.

Elkind, J. (1981). Children and Adolescents: Interpretive Essays on Jean Piaget. New York: Oxford University Press.

Everaerd, W. , Hindley, C. B. , Bot, A. & van der Werff, B. M. (1983). Development in Adolescence: Psychological, Social and Biological Aspects. Boston: Nijhoff Publishers.

Ezzy, G. & Rice, P. L. (2000). Qualitative Research Methods: A Health Focus. New York: Oxford University Press.

Field, B. C. (1981). A Socio-economic analysis of out-of-wedlock births among teenagers. **In** Scott, K. G.; Field, T. & Robertson, E. (Eds), Teenage parents and their offspring (pp.91-101). New York: Grune & Stratton.

Freeman, M. , Lazarus, R. & Sibeko, K. (1996). Promoting Youth Well-Being: An evaluation of a pilot youth development programme. Johannesburg: Wits University.

Friedman, H. L. , & Edstrom, K. G. (1983). Adolescent Reproductive Health: an approach to planning Health Service Research. Geneva: WHO.

Furedi, A. (1996). Unplanned pregnancy: Your choices, a practical guide to accidental pregnancy. Oxford: Oxford University Press.

Furstenberg, F. F. , Brooks-Gunn, J. & Morgan, S. P. (1987). Adolescent Mothers in later life: Human Development in Cultural and Historical Contexts. New York: Cambridge University Press.

Goodwin, C. J. (1995). Research in Psychology: Methods & Design. New York: John Wiley & Sons, Inc.

Gouws, E. , Kruger, N. & Burger, S. (2000). The Adolescent. (2nd Ed).Sandown: Heinemann Publishers.

Hamburg, B. A. , & Lancaster, J. B. (Eds), (1986). School-Age Pregnancy and Parenthood Biosocial Dimension. New York: Aldine & Gruyter.

Hamburg, B. A. (1986). Subsets of Adolescent Mothers' Developmental, Biomedical, and Psychological Issues. **In** Hamburg, B. A. & Lancaster, J. B. (Eds), School-Age Pregnancy and Parenthood Biosocial Dimension (pp.115-146). New York: Aldine & Gruyter.

Hardy, J. B. , King, T. M. , Shipp, D. A. & Welcher, D. W. (1981). A Comprehensive Approach to A dolescent Pregnancy. **In** Scott, K. G.; Field, T. & Robertson, E. (Eds), Teenage parents and their offspring (pp.265-282). New York: Grune & Stratton.

Harrison, A. , Xaba, N. & Kunene, P. (2001). Understanding safe sex: Gender narratives of HIV and prevention by rural South African school-going youth. Reproductive Health Matters, 9 (17), 63-71.

Harrison, D. (August, 2002) Lovelife sees behavioural changes in teenage sex. Retrieved 11 November, 2004 from http://www.doh.gov.za.

Health24. (2002). How common is HIV/AIDS? (Statistics). Retrieved 03 February, 2006 from www.unaids.org

Health24. (2004). HIV rates stabilising? Retrieved 02 March, 2006 from http://www.afroaidsinfo.org/public/HivAndYou/hivrates.htm.

Heaven, P. C. L. (1994). Contemporary Adolescence: A Social Psychological Approach. Melbourne: MacMillan Education.

Higson-Smith, C. & Bless, D. (1995). Social Research Methods: An African Perspective. Cape Town: Juta & Co, Ltd.

Hoosain, R. (2003). The Psychosocial Experiences associated with pregnancy among Black South African teenagers. Unpublished Masters Dissertation, University of the Witwatersrand, Johannesburg.

Hurlock, E. B. (1973). Adolescent Development. New York: Mc Graw Hill.

Ketterlinus, R. D. & Lamb, M. E. (1994). Adolescent Problem Behaviours: Issues and Research. New Jersey: Lawrence Erbaum Associates Publishers.

Khomanani & Soul City. (2005). Anti-retroviral treatment for life! (1st Ed). Johannesburg: Jacana Media.

Kruger, S. J. & Welman, J. C. (2001). Research Methodology. Cape Town: Oxford University Press.

Lamb, K. (2001). Pregnancy. Britain: White-Thompson Publishing Ltd.

Larson, R. W. , Brown, B. B. & Mortimer, J. (2002). Adolescents' Preparation for the future Perils and Promise: A Report of the study group on Adolescence in the 21st century. New York: Blackwell Publishing.

Lee, K. & Freire, A. (2003). Cognitive Development. **In** Slater, A. & Bremner, J. (Eds), An Introduction to Developmental Psychology (pp. 359-387). Oxford: Blackwell Publishing.

Leitch, M. L. (1998). Contextual Issues in teenage pregnancy and parenting: Refining our scope of inquiry. Family Relations, 47 (2), 145-148.

loveLife (n.d). Love them enough to talk about sex. Retrieved 06 February, 2006 from http://www.lovelife.org.za/parents/parent_talk/index.html.

loveLife. (n.d). Untitled document. Retrieved 20 April, 2004 from http://www.lovelife.org./za/kids/love_facts/article.php?uid=200.

loveLife. (2004). 2004 Report. Retrieved 04 April, 2006 http://www.lovelife.org.za.

Macleod, C. (1999a). Teenage Pregnancy and its negative consequences: A Review of South African Research-Part 1. South African Journal of Psychology, 29, (1), 1-7.

Macleod, C. (1999b). Teenage Pregnancy and its negative consequences: A Review of South African Research-Part 2. South African Journal of Psychology, 29, (1), 8-16.

Maepa, J. Jenkes, R. & Wood, K. (1997). Adolescent sex and contraceptive experience: Perspectives of teenagers and clinic nurses in the Northern Province. Johannesburg: Reproductive Health Research Unit.

Magnani, R. , Karim, A. , Macintyre, K. , Brown, L. & Hutchinson, P. (2004). Transitions to Adulthood in the context of AIDS in South Africa: The impact of exposure to life skills education on adolescents' knowledge, skills, and behaviour. Washington D. C.: Population Council.

Makhetha, T. E. (1996). Adolescent pregnancy and its birth outcome among adolescents aged 13 to 15 years in Soweto, Gauteng Region. Unpublished Masters Dissertation, University of the Witwatersrand, Johannesburg.

Males, M. (1993). School-age pregnancy: Why hasn't prevention worked? The Journal of School Health, 63 (10), 429-432.

Manaster, G. J. (1989). Adolescent Development: A Psychological Interpretation. Itasha: F. E. Peacock Publishers, Inc.

Mason, J. (2001). Qualitative Researching. London: SAGE.

Miller, B. C. & Moore, K. A. (1990). Adolescent Sexual Behaviour, pregnancy and parenting: A research through the 1980's. Journal of Marriage and the Family, 52, 1025-1044.

Mokgalabone, M. B. (1999). Socio-cultural conditions, teenage pregnancy and schooling disruptions: Themes from teachers and teen mothers in "poor rural" schools. South African Journal of Education, 19 (1) 55-66.

Moore, K. A. , Hofferth, S. L. , Wertheimer, R. F. , Waite, l. J. & Caldwell, S.B. (1981). Teenage Childbearing: Consequences for Women, Families, & Government Welfare Expenditures. **In** Scott, K.G. , Field, T. & Robertson, E. (Eds), Teenage parents and their offspring (pp.35-54). New York: Grune & Stratton.

Mwite, E. , Nkambule, V. , Wildschutt, A. & Richards, R. (2005). South African Youth Perceptions of HIV Risk. South Africa, Braamfontein: Community Agency for Social Enquiry.

National Department of Health. (1998a). South African Demographic Health Survey. South Africa, Pretoria: DoH.

National Department of Health. (1998b). The South African Demographic and Health Survey. Retrieved 03 march, 2004 from http://www.doh.gov.za.

National Department of Health. (2002). National Contraceptive Policy Guidelines and Contraceptive Service Delivery Guidance. South Africa, Pretoria: DoH.

National Department of Health and the Medical Research Council. (2002). The First South African National Youth Risk Behaviour Survey. South Africa, Pretoria: DoH.

National Department of Health. (2006). HIV and AIDS, STI Strategic Plan for South Africa 2007-2011. South Africa, Pretoria: DoH.

National Department of Health. (2001). Policy Guidelines for Youth and Adolescent Health. South Africa, Pretoria: DoH.

Ncaca, N. (24 October 2004). 30 pregnant pupils, a poser for school. City press. Johannesburg.

Neema, S. , Musisi, N. & Kibombo, R. (2004). Adolescent Sexual and Reproductive Health in Uganda: a synthesis of Research Evidence. New York: The Allan Guttmacher Institute.

Newman, W. L. (1997). Social Research Methods: Qualitative & Quantitative Approaches. Boston: Allyn & Bacon.

Ngom, P. , Magadi, M. A. & Owuor, T. (2004). Parental Presence and Adolescent Reproductive Health among the Nairobi Poor. Journal of Adolescent Health, 33, 369-377.

Papalia, D. E. , Olds, S. W. & Feldman, R. D. (2003). Human Development. Boston: McGraw Hill.

Parekh, A. & de la Rey, C. (1997). Intragroup accounts of teenage motherhood: A community based psychological perspective. South African Journal of Psychology, 27 (4), 223-229.

Peterson, A. C. & Crockett, L. (1986). Pubertal Development and its relation to Cognitive and Psychosocial Development in Adolescent Girls' Implications for Parenting. **In** Hamburg, B. A. & Lancaster, J. B. (Eds), School-Age Pregnancy and Parenthood Biosocial Dimension (pp.147-175). New York: Aldine & Gruyter.

Pettifor, A. E. , Rees, H.V. , Steffenson, A. , Hlongwane- Madikizela, L. , MacPhall, C. , Vermaak, K. & Kleinschimidt, I. (2004) HIV and sexual behaviour among young South Africans: A national survey of 15 to 24 year olds. Johannesburg: RHRU.

Planned Parenthood Association of South Africa. (2003). Teen Parent Programme: A baseline survey and needs assessment for adolescents and teen parents. Saxonworld: PPASA.

Plant, M. A. (1992) Risk-Takers: Alcohol, Drugs, Sex and Youth. London: Routledge.

Population Reference Bureau. (2001). Youth in Sub-Saharan Africa: A Chart book on Sexual Experience and Reproductive Health. Geneva: WHO.

Ramabulana, V. A. (2003). Perceptions of the role of initiation schools in dealing with unplanned teenage pregnancies in Thohoyandou. Unpublished Masters Dissertation, University of Venda, Thohoyandou.

Ramokgopa, G. (2002). Broken families cause health and other problems among Gauteng youth. Retrieved 02 February, 2006 from http://www.info.gov/speeches

Reproductive Health Research Unit. (2003). HIV and Sexual Behaviour among young South Africans: A National Survey of 15-24 year olds. Johannesburg: Reproductive Health Research Unit.

Reynolds, H. Wright, K. Olukoya, A. & Neelofur-Khan, D. (2004). Maternal Health Care among Adolescents: Pregnant adolescents need appropriate services to prevent death and disability. YouthLens on Reproductive Health and HIV/AIDS (series no. 11).

Richardson, J. T. E. (Eds). (1998). Handbook of Qualitative Research Methods for Psychology and the Social Sciences. Leicester: British Psychological Society.

Robertson, E. G. (1981). Adolescence, Physiological Maturity, and Obstetric Outcome. **In** Scott, K. G. , Field, T. & Robertson, E. (Eds), Teenage parents and their offspring (pp.15-34). New York: Grune & Stratton.

Rutenberg, N. , Kaufman, C. E. , Macintyre, K. , Brown, L. & Ali, K. (2003). Pregnant or Positive? Adolescent Childbearing and HIV Risk in Kwa-Zulu Natal, South Africa. Retrieved 26 August, 2005 from http ://www.popcouncil.org/pdfs/fronti.

Sarantakos, S. (1998). Social research. (2nd Ed). Hong Kong: MacMillan Press Ltd.

Scholl, E. & Finger, W. (2004). Expanding Contraceptive Options and Access for Youth: Education, services, and products can help protect against unintended pregnancy and STIs. YouthLens on Reproductive Health and HIV/AIDS (series no. 12).

Scott, K. G. , Field, T. & Robertson, E. (Eds), (1981). Teenage parents and their offspring. New York: Grune & Stratton.

Shaffer, D. R. (2002). Developmental Psychology: Childhood and Adolescence (6th Ed). California: Brooks/Cole

Shears, K. H. (2005). HIV-infected Youth: Youth need medical, psychological, and social support, but programs rarely address their specific needs. YouthLens on Reproductive Health and HIV/AIDS. (Series no.13).

Shisana, O. & Simbayi, L. (Eds). (2002). Nelson Mandela/ HSRC study of HIV/AIDS: South African national HIV prevalence, behavioural risks and mass media: Household survey 2002. Cape Town: Human Sciences Research Council.

Shisana, O. , Rehle, T. , Simbayi, L. C. , Parker, W. , Zuma, K. , Bhana, A. , Connolly, C. , Jooste, S. , Pillay, V. et al. (2005). South African HIV Prevalence, HIV Incidence, Behaviour and Communication Survey, 2005. Cape Town: HSRC Press.

Shucksmith, J. & Hendry, L. B. (1998) Health Issues and Adolescents: Growing up, speaking out. London: Routledge.

Statistics South Africa. (2001). Untitled document. Retrieved 02 March, 2004 from http://www.statssa.gov.za.

Statistics South Africa. (July 2005). Untitled document. Retrieved 15 August, 2006 from http://www.statssa.gov.za.

Steers, W. L. , Elliot, E. , Nemiro, J. , Ditman, D. & Oskamp, S. (1998). Health Beliefs as Predictors of HIV-Preventive Behaviour and Ethnic Differences in Prediction. The Journal of Social Psychology, 136, 1, 99-110.

Steinberg, L. (1993). Adolescence. (3rd Ed). New York: Mc Graw-Hill Inc.

Stevens-Long, J. & Cobb, N. J. (1983). Adolescence and Early Adulthood. California: Mayfield Publishing Company.

Strydom, H. Fouche, C. B. & Delport, C. S. L. (2002). Research at Grass Roots: For the social sciences and human service professions. Pretoria: Van Schaik Publishers.

Stuart, I. R. & Wells, C. F. (1982) Pregnancy in Adolescence. London: Van Nostrand Runhold Company.

Sullivan, M. L. (1993). Culture and class as determinants of out-of-wedlock childbearing and poverty during late adolescence. Journal of Research on Adolescence, 3 (3), 295-316.

Sunter, C. & Whiteside, A. (2000). AIDS: The Challenge for South Africa. Cape Town: Tafelberg Publishers.

Taylor, S. J. & Bogdan, R. (1998). Introduction to Qualitative Research Methods: A Guidebook and Resource. New York: John Wiley & Sons, Inc.

The Constitution of the Republic of South Africa (1996). Act 108 of 1996. South Africa.

The South African National Youth Commission Act (1996) Act No 19 of 1996. South Africa.

The South African Schools Act (1996). Act No 84 of 1996. South Africa.

Thorpe, M. (2006). Learning about HIV/AIDS and gender stereotypes in schools in South Africa. Retrieved 07 August, 2006 from http://www.id21.org/zinter

Tshabalala-Msimang, M. (March, 2002) Speech by Dr Manto Tshabalala-Msimang at the launch of the contraception policy guidelines and youth and adolescent health policy guidelines. Retrieved 04 April, 2004 from http://www.doh.gov.za/docs/sp/2002/sp0326.html.

Tshabalala-Msimang, M. (n.d). Statement of Cabinet on a Plan for Comprehensive Treatment and Care for HIV and AIDS in South Africa. Retrieved 03 February, 2006 from http://www.info.gov.za/speeches/htm.

Turner, J. S. & Helms, D. B. (1995). Lifespan Development. (5th Ed). New York: Harbourt Brace College Publishers.

Udjo, E. Q. (2004). Response to paper 3. Fertility: the current South African Issues. Cape Town: Health Science Research Council. Retrieved 02 February, 2006 from http://www.hsrcpress.ac.za.

UAIDS Press Release (February,2004). AIDS threat growing throughout Europe. Retrieved 26 February, 2006 from http://www.unaids.org.

UNAIDS. (2005). Results of Operation Research Projects in Botswana, Cameroon, Guinea and South Africa. Geneva: United States' Agency for International Development.

UNAIDS. (n.d). At the Crossroads: Accelerating Youth Access to HIV/AIDS Interventions. Retrieved 03 March, 2004 from http://www.unaids.org.za.

UNICEF. (2004). Untitled document. Retrieved 10 February, 2006 from http://www.childinfo.org/eddb/hiv-aids/young.htm.

USAID. (2003). Family Planning/ HIV Integration: Technical Guidance for USAID-Supported Field Programs. Washington: United States Agency for International Development.

USAID. (2003). Technical Guidance for USAID Supported Field Programs. Washington: United States Agency for International Development.

Varga, C. A. (2004). Population Concern: Introduction. Fertility: The current South African Issues. Cape Town: Health Science Research Council. Retrieved February, 02 2006 from http://www.hsrcpress.ac.za.

Whaley, A. L. (2002). The Journal of Genetic Psychology,161, 87.

World Health Organisation (1986). Young people's health- A challenge for society, A report of a WHO study group on young people and "Health for all by the year 2000". Geneva: WHO.

World Health Organisation (1989). The Reproductive Health of Adolescents: A strategy for action, A Joint WHO/UNFPA/UNICEF Statement. Geneva: WHO.

World Health Organisation (1993). The health of young people: A challenge and a promise. Geneva: WHO.

World Health Organisation (n.d). Adolescent Sexual and Reproductive health. Retrieved 07 August, 2006 from http://www.who.int/reproductive-health/adol/intro.en.html.

Zabin, L. S. & Hayward, S. C. (1993) Adolescent Sexual Behaviour and Childbearing. New York: Sage Publications