FACTORS ASSOCIATED WITH TEENAGE PREGNANCY IN SOUTH AFRICA

NB: The findings of the research or any other aspect of the paper/presentation should not be cited, referenced or published in any format (electronic or print)
is...
Presentation Outline

• Rationale
• Purpose
• Objectives
• Methodology
• Selected results and discussion
• Recommendations
**Study Rationale**

- Past research aimed at establishing trends and prevalence
- Exclusion of perceptions and attitudes of teenagers experiencing or those who have experienced pregnancy.
- Studies either concentrate broadly on sexual and reproductive health and rights with little or no content on pregnancy or vice versa.
- Studies often exclude the critical voice of the parent, caregiver, and those that provide education and SRHR services to youths and adolescents (e.g. teachers and nurses etc.)
- Study does not establish prevalence of teenage pregnancy; but seeks to investigate the ‘context’ and find answers to the ‘why’ questions related to teenage pregnancy.
Objectives of the Study

• To identify and understand the psycho-social, economic, cultural and household factors associated with teenage pregnancy and childbearing;
• To identify barriers to information and service delivery to teenagers and;
• To propose possible areas of intervention (policies and/or services needed) to reduce teenage pregnancies.
**Methodology**

- **KwaZulu-Natal, Eastern Cape, Mpumalanga, Limpopo and Gauteng**

- **Quantitative and qualitative methodologies**
  - Survey interviews:
    - Teenage mothers (13-18 years old)
    - Service providers (e.g. teachers, nurses)
  - Focus group discussions:
    - Teenage boys and girls (13-18 years old)
    - Parents and community members

- **Ethical clearance**
  - HSRC REC – Waiver of parental consent
  - Informed consent, privacy and confidentiality – written and verbal consent
  - Permission from Department of Basic Education and Health

- **Research Instruments**
  - Survey questionnaire (Teenage mothers and service providers)
  - Focus group discussion guide (Teenage learners and parents)
**Themes Investigated**

- Demographic and household questions
- **Accepted norms for sexual behaviour** (reasons for having sex, age for sexual activity, partner age etc.)
- **Sexual experience** (age, persuasion, partner details, etc.)
- **Knowledge on reproductive health issues** (contraception, termination of pregnancy)
- **Pregnancy experience** (age, planned vs. unplanned, termination, reaction of partner etc.)
- **Knowledge of rights** (legislation and acts)
- **Cultural, societal and lifestyle factors** (practices etc.)
- **Barriers to information and services** (access, challenges, difficulty etc.)
- **Programmes addressing teenage pregnancy** (school, health and community programmes, success or failure etc.)
- **Recommended interventions** (family, schools, health facilities, places of worship, community etc.)
Selected Results
(LP, EC, MP, GP and KZN)

Provincial Samples
Exposure to Sex
Psycho-Social
Economic Factors
Knowledge and Information
Household Factors
### Table 1: Provincial Samples

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>LP</th>
<th>EC</th>
<th>MP</th>
<th>GP</th>
<th>KZN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teenage Mothers (Survey Qs)</td>
<td>129</td>
<td>294</td>
<td>233</td>
<td>508</td>
<td>253</td>
</tr>
<tr>
<td>Service Providers (Survey Qs)</td>
<td>119</td>
<td>68</td>
<td>154</td>
<td>203</td>
<td>160</td>
</tr>
<tr>
<td>Teenage Boys/Girls (FGDs)</td>
<td>18</td>
<td>24</td>
<td>12</td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td>Parents/ Community (FGDs)</td>
<td>4</td>
<td>15</td>
<td>11</td>
<td>6</td>
<td>12</td>
</tr>
</tbody>
</table>

Total # Teenage Mothers (Survey) - 1 417
Total # Service Providers (Survey) - 704
Total # Focus Groups (Teenage Boys and Girls) - 90
Total # Focus Groups (Parents/ Community) - 48
Exposure to Sex
Table 2: Selected Sample Characteristics

- Considerable % of sexual debut occurs < 16
- Higher % of sexual debut above age 16 except for GP.
- Worrying trend of sexual activity below legal age of consent.
- Higher % of age at first pregnancy below 16 for MP and GP
- Majority of pregnancies are unwanted – Highest % in EC
- Majority of sexual activity occurs at boyfriend’s home
- Study shows short duration from sexual debut to first pregnancy
“...We get influenced by our boyfriends because they will say ‘Baby, you are not faithful, you don’t trust me’...” – Teenage Mother – Eastern Cape
Psycho-Social Factors
**Table 3: Selected Psycho-Social Factors Associated with First Pregnancy (Teenage Mothers)**

<table>
<thead>
<tr>
<th>Psycho-Social Factors</th>
<th>LP (N = 129)</th>
<th>EC (N = 294)</th>
<th>MP (N=233)</th>
<th>GP (N=508)</th>
<th>KZN (N=253)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer pressure</td>
<td>Yes</td>
<td>7.0</td>
<td>16.3</td>
<td>9.4</td>
<td>10.8</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>93.0</td>
<td>83.7</td>
<td>90.6</td>
<td>89.2</td>
</tr>
<tr>
<td>Seeking love</td>
<td>Yes</td>
<td>52.7</td>
<td>26.2</td>
<td>42.9</td>
<td>67.9</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>47.3</td>
<td>73.6</td>
<td>57.1</td>
<td>32.1</td>
</tr>
<tr>
<td>Got pregnant because experimenting with sex</td>
<td>Yes</td>
<td>27.9</td>
<td>38.8</td>
<td>22.3</td>
<td>12.0</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>72.1</td>
<td>61.2</td>
<td>77.7</td>
<td>88.0</td>
</tr>
</tbody>
</table>

“Low self-esteem, peer pressure...the boys are proud of it, it boosts their image, their esteem. To prove to friends that you are not scared to have sex” – Female parent – Eastern Cape

“...black parents do not show love to their children and their children end up seeking love outside the home and this lead to them falling pregnant at an early age”- Female teenager – KwaZulu-Natal
Fig 2: Psycho-Social Factors of Teenage Pregnancy as Perceived by Service Providers
Economic Factors
Table 4: Selected Economic Factors Associated with First Pregnancy (Teenage Mothers)

<table>
<thead>
<tr>
<th>Economic Factors</th>
<th>LP (N = 129)</th>
<th>EC (N = 294)</th>
<th>MP (N = 233)</th>
<th>GP (N = 508)</th>
<th>KZN (N = 253)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple sexual partners are helpful (P)</td>
<td>Yes</td>
<td>24.8</td>
<td>66.0</td>
<td>54.9</td>
<td>25.2</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>75.2</td>
<td>34.0</td>
<td>45.9</td>
<td>74.8</td>
</tr>
<tr>
<td>Intergenerational partner is helpful (P)</td>
<td>Yes</td>
<td>20.2</td>
<td>41.2</td>
<td>45.9</td>
<td>24.6</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>79.8</td>
<td>58.2</td>
<td>54.1</td>
<td>75.4</td>
</tr>
<tr>
<td>Got pregnant because of money (P)</td>
<td>Yes</td>
<td>4.7</td>
<td>31.6</td>
<td>11.6</td>
<td>25.8</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>95.3</td>
<td>68.4</td>
<td>88.4</td>
<td>74.2</td>
</tr>
</tbody>
</table>

- Low percentages of teenagers fell pregnant because of money
- Teenage mothers believe that intergenerational relations and having multiple sexual partners will help them economically.
- Majority of service providers believe poverty is a major factor causing teenage pregnancy
- While these practices as strategies by the youth to alleviate poverty, they however are further exposed to STIs and in particular, HIV and AIDS.

“Financial needs can also result in teenage pregnancy. We as girls have a lot of needs. We need pads, cosmetics, we need fashion...so if you don’t have any of that it can lead you to going an extra mile of finding a boy to fulfil that for you” – Teenage Mother - Mpumalanga
Household Factors
Fig 3: Household Factors of Teenage Pregnancy as Perceived by Service Providers
Knowledge and Information
### Table 5: Knowledge of Pregnancy and Contraception

<table>
<thead>
<tr>
<th>Knowledge of Pregnancy and Contraception</th>
<th>LP (N = 129)</th>
<th>EC (N = 294)</th>
<th>MP (N=233)</th>
<th>GP (N=508)</th>
<th>KZN (N=253)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score of Knowledge</td>
<td>Mean</td>
<td>4.1</td>
<td>2.7</td>
<td>3.1</td>
<td>3.1</td>
</tr>
<tr>
<td>Can fall pregnant at sexual debut</td>
<td>Know</td>
<td>54.3</td>
<td>50.3</td>
<td>73.4</td>
<td>73.4</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
<td>46.7</td>
<td>49.7</td>
<td>26.6</td>
<td>26.6</td>
</tr>
<tr>
<td>Can prevent pregnancy by using a condom</td>
<td>Know</td>
<td>79.1</td>
<td>64.3</td>
<td>77.8</td>
<td>77.8</td>
</tr>
<tr>
<td>every time</td>
<td>Don’t know</td>
<td>20.9</td>
<td>36.7</td>
<td>22.2</td>
<td>22.2</td>
</tr>
<tr>
<td>Have a right to termination of pregnancy</td>
<td>Know</td>
<td>33.3</td>
<td>41.8</td>
<td>30.9</td>
<td>30.9</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
<td>66.7</td>
<td>59.2</td>
<td>69.1</td>
<td>69.1</td>
</tr>
<tr>
<td>Can use emergency contraception to</td>
<td>Know</td>
<td>56.6</td>
<td>28.2</td>
<td>31.7</td>
<td>31.7</td>
</tr>
<tr>
<td>prevent pregnancy</td>
<td>Don’t know</td>
<td>43.4</td>
<td>72.8</td>
<td>68.3</td>
<td>68.3</td>
</tr>
</tbody>
</table>

“...Other people say if you use injection you will grow fatter and fatter...” - Teenage mother – Eastern Cape

“Female condoms are very rare to be found that is why men take advantage of us and end up impregnating us. We don’t even know how to use female condoms” – Teenage mother - Limpopo
Barriers to Information and Services
Barriers to Information and Services

• Family Related Barriers:
  “If you have a bully parent and unapproachable you won't even start the topic about sex and teen pregnancy” - Female Teenage Learner – Limpopo

  “We do not talk to our parents about sex...the first day you had sex they do not tell you anything, they wait for you to get pregnant first, and then they start telling you...”
  Teenage Mother – Eastern Cape

• Hospital and Clinic Related Barriers:
  “If I go to the clinic and enquire about sex related issues, I find a nurse. Instead of giving me the relevant information they laugh at me and say ‘a boy of your age don’t know about these issues’” - Male Teenage Learner – KwaZulu-Natal

  “…In the waiting room there are so many patients waiting to be helped, you can’t just go there...”  Teenage Mother – Gauteng

• Religious Barriers
  “When you are at church, the pastor preaches about you because you are pregnant”
  – Teenage Mother - Mpumalanga
Emerging issues thus far...

- Short duration between sexual debut and pregnancy
- Disconnect between adolescents and service providers on some issues
  - What does this difference in perception and attitude mean for service delivery?
- Fragmented and fragile psychological state of mind of young mothers
  - Further work needed on adolescent mental health
- Trade-offs between health and economic security
  - Multiple and intergenerational partners
- Low/ inadequate knowledge of SRHR legislation and acts
- Dual orphans twice as likely to experience an unwanted pregnancy before the age of 16 compared to paternal orphans and those with both parents alive.
- Paternal orphanhood or departure linked with increased likelihood (at times a 2 to 3 time greater risk) of having an early unplanned pregnancy.
Recommendations: A Proposed Approach to Curtail Teenage Pregnancy
Thank you