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**A PSYCHO – EDUCATIONAL PERSPECTIVE ON
THE PHENOMENON OF ADOLESCENT
PREGNANCY**

BY

M. MOKOENA

**A PSYCHO – EDUCATIONAL PERSPECTIVE ON THE PHENOMENON
OF ADOLESCENT PREGNANCY**

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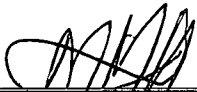
- # My late father, Mogokare Cleophas Rankoko and my mother Dorcas Dikeledi Rankoko for bringing me to this world.

DECLARATION

I,

Martha Mokoena

Declare that the script being submitted towards the M.ED Degree at the University of Free State is my own work and all resources used, or quoted from, are indicated. This script is submitted to the University for the first time and has never been submitted to any other University for whatever purpose.



M. Mokoena

May 2002

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CHAPTER 1

GENERAL ORIENTATION

1.1 INTRODUCTION

Adolescent pregnancy is a worldwide social problem that causes concern amongst health care givers, community developers, parents and society at large (Mogotlane, 1993). This will continue to be a concern since adolescence is the developmental stage between childhood and adulthood (Louw et. al. 1998:384). The implication is that adolescents are immature and lack experience on how to deal with pregnancy issues. Adolescents generally cannot make wise decisions on sexual matters. It seems that they are ignorant regarding matters that affect them if they are sexually active. Since many of them do not have realistic life goals, direction or aspirations, they are vulnerable and restless (Oettinger, 1979:3). This is clear from the explanation of a 14-year-old girl: "I almost feel like sex is expected of me, that sex is a natural thing to do, I don't see anything wrong with it". However, most of the girls who felt like this before, regret having sexual intercourse afterwards. This clearly shows a lack of the ability to make wise decisions.

The phenomenon of adolescent pregnancy is not new. Societies throughout the world are confronted with problems of adolescent pregnancy. Adolescent pregnancy emerged as a social problem in the United States of America (USA) around 1970. According to available statistics (General Facts and Stats, 2000:1) the United States recorded the highest rate of adolescent pregnancy and births in that year. It was estimated that four out of ten young women became pregnant at least once before they reached the age of 20 - almost one million a year. Eight out of ten of these pregnancies were unintended and 79% occurred amongst unmarried adolescents.

The adolescent birth rate declined slowly from 1991 to 1998 with an overall figure of 18% between the ages 15 to 19. These recent declines reversed the 24% rise in the adolescent birth rate from 1986 to 1991. The greatest decline since 1991, by race was amongst black women. The birth rate for black adolescents aged 15 to 19 declined by 26 % between 1991 and 1998.

A study that was done in South Africa in 1995 revealed that adolescent pregnancy amongst whites was 7,2% and blacks 13,8% of all births. Free State hospital statistics indicated that in 1998 the total births were 37718, of which 7443 (19%) by of adolescent mothers. In 1999, 7384 (20,5%) of a total of 35952 births were by adolescents, and this figure remained almost the same in 2000 at 6960 of 34323 adolescents births (20,2%) (Hospital Statistics, 2001:1).

Although there are different methods of birth control that adolescents can choose from, most of them are not interested in exploring such opportunities. According to Mwamwenda (1995:75), some of the reasons for not using contraceptives are the following:

- boys argue that the use of condoms deprives them of the feelings they should experience during sexual intercourse;
- using a condom implies a lack of trust for one's partner;
- some adolescents assume that at certain times it is safe to engage in sex without risking pregnancy; and
- some adolescents just do not believe that it can happen to them.

Other reasons cited by Muzi (2000:473) are:

- about one fourth of sexually active students use alcohol or other drugs before sexual intercourse. The implication is that substance abuse interferes with clear thinking about things such as the importance of contraceptives;
- in the United States, the social stigma of pregnancy in adolescence has declined in recent years to the extent that many schools now make special provision for

pregnant pupils instead of expelling them, as was once the practice;

- a significant number of adolescents have little knowledge about human sexuality; and
- many have never had a serious and honest conversation with their parents about sex.

It goes without saying that these reasons apply to other countries as well.

Parents are often perplexed about the issue of adolescent pregnancy. This is so since parents do not acknowledge that girls experience sexual feelings from the moment of birth; and that sexual desires continue as their daughters grow toward womanhood (Oosthuizen, 1990). Some parents also do not want to take the responsibility of educating their children about sex. They believe that the school is responsible for any sexual education that their daughters may require. Consequently, many parents regard sexual education as of little importance. This is often noticed when many parents help their daughters to become attractive (by buying them attractive clothes) to the opposite sex, but do not educate them about sex. In view of this fact, it is necessary that parents should start to communicate with their daughters about sex. This can be done in a warm, safe and loving atmosphere. Some Christian mothers feel that they cannot discuss something "unclean" with their daughters. Consequently they only tell their daughters that they should stay away from boys and that they should keep their bodies pure, because their bodies are the temples of God (Mfono, 1990). Although I agree with this, more reasons should be given, because if parents cannot get through to their children their peers will offer an explanation in an undesirable way. It is therefore time that parents must stand up and do something instead of regarding sex as a taboo. Most of the pregnant girls' parents have to bear the burdens of health care and maintenance of both the mother and her child. Often, this causes great financial hardship, since this expense was not budgeted for.

Apart from often being unemployed, the adolescent girls' partners don't bother to support their girlfriends both materially and emotionally. As Stacy explains: "I have to twist his arm to get him to come over right now, he wouldn't be any better if we got

married. He does not want to get a job. My mom's boyfriend offered him one and he said no" (Vess, 2001:1). In this case the young partner did not know what he was getting himself into, he sees himself as a learner who must finish school, not as a father or a worker.

A problem with adolescent pregnancy is that it also affects school performance. Paget (1988) regards it as the largest contributor to the school dropout rate among adolescent females. The dropping out of school can either be temporary or permanent. In the first instance, the adolescent loses an entire year of schooling, and when she returns, her attention is divided between child care and school work. This naturally results in poor performance (Mogotlane, 1993). Permanent school dropping out implies that adolescents no longer go back to school for various reasons. In some cases they have to earn a living in order to care for the child financially. This has a great impact on their lifestyle and development into adulthood.

It seems as if the problem of adolescent pregnancy will remain with us if nothing is done. This problem is also increased by the fact that the movies, music, radio and television convey the message to adolescents that sex is romantic and exciting. On the other hand these media do not inform the adolescent about the importance of avoiding pregnancy (Freeman & Rickels, 1993:4). Thus it seems that it is up to parents to teach their daughters and sons about sex. If not, their peers and the media will teach them in an undesirable way.

1.2 STATEMENT OF THE PROBLEM

Seeing that adolescents pregnancy is increasing, parents, the school and society at large should strive towards reducing this rate.

According to McDowell (in Oosthuizen, 1990) a close relationship between parents and their daughters leads to the emotional, spiritual and psychological stability of the adolescent girl. The home provides a conducive learning climate for girls. If this is utilized to the full, often some sort of stability can be built into the lives of

adolescents.

Given the above-mentioned problems that adolescents have, the following questions arise:

- What can parents, the school and society do to alleviate the problem of adolescent?;
- Who has the responsibility of educating adolescents about sex?;
- Can the media educate adolescents in a desirable way?;
- Do the use of contraceptives help to reduce adolescent pregnancy?;
- Why do adolescents feel guilty after having sex?;
- How do teen-fathers react after hearing the news of pregnancy?;
- How does adolescent pregnancy affect the young girl emotionally, financially and materially?; and
- What preventive measures can be taken to solve the problem of adolescent pregnancy?.

1.3 AIM OF THE RESEARCH

The broad aim of the study is a Psycho-Educational perspective on the phenomenon of adolescent pregnancy.

OBJECTIVES

The objectives are to determine:

- The manifestation of adolescent pregnancy.
- The causes and the effects of adolescent pregnancy.
- What strategies can be used to reduce the occurrence of adolescent pregnancy.

1.4 RESEARCH METHOD

A literature study will be undertaken in order to reach the objectives. Various books, periodicals and articles from the Internet will be utilized.

1.5 DEFINITIONS OF TERMS

1.5.1 Adolescent

According to Mogatlane (1993) an adolescent is a person between 13 and 20 years of age. On the other hand, Louw et. al. (1998:385) states that adolescence can be described in terms of three phases – early adolescence, (approximately between 11 and 14 years); middle adolescence, (approximately between 14 and 18 years) and late adolescence (approximately between 18 and 21 years). Adolescence from a psychological point of view, ends when the individual is reasonably certain of his or her identity, is emotionally independent of his or her parents, has developed a personal value system and is capable of establishing an adult love relationship and adult friendships, (Louw et. al. 1998:384). In this study, an adolescent will be seen as a person between 11 and 20 years of age.

Adolescent, teen and teenager are used synonymously throughout the study.

1.5.2 Adolescent pregnancy

Adolescent pregnancy is a period when a female adolescent is expecting a baby or is expectant. Makhetha (1996:10) defines adolescent pregnancy as a state where an adolescent is expecting a baby regardless of whether she is married or unmarried, rural or urban, in or out of school.

1.5.3 Boyfriend

A boyfriend is the boy/man who has made the adolescent girl pregnant and is responsible to support the baby.

1.6 RESEARCH PROGRAMME

In chapter 2 the manifestation of adolescent pregnancy will be looked into.

Chapter 3 will focus on the causes and effects of adolescent pregnancy.

In chapter 4 strategies to prevent adolescent pregnancy will be discussed.

Chapter 5 will comprise a summary of the research.

CHAPTER 2

2. PREVALENCE OF ADOLESCENT PREGNANCY

2.1 INTRODUCTION

Adolescent pregnancy occurs in all societies, but the level of adolescent pregnancy and childbearing varies from country to country. Of all babies born in the world, one in ten is born to an adolescent – that is 15 million births to teenagers every year (Miller, 1997). Although adolescent pregnancy has recently emerged as a major social problem, its frequency is by no means a social phenomenon. The appropriate age for sexual relations and parenthood amongst adolescent relations has always been a matter of concern and is varied across time, regions, class, race and gender (Rhode, 1993/4). Burman and Preston-Whyte (1992:36) state that in South Africa, the infant mortality rate is considerably higher among illegitimate as compared to legitimate children. They further state that the rising number of births by unmarried women both in South Africa and overseas, has caused great concern, since this leads to the rise in the number of children born out of wedlock. This shows that the problem of adolescent pregnancy is everywhere in the world. The following sections show how it manifests itself in other parts of the world.

2.2 WESTERN COUNTRIES

2.2.1 United States of America

2.2.1.1 Historical overview of adolescent pregnancy in the USA

Rhode (1993/94) indicates that during the late eighteenth century, the American attitudes towards early childbearing were relatively permissive. Pregnancy among young adolescents was rare. Intimacy during courtship was somehow tolerated

because courting couples often lived at considerable distance from each other, in housing that had little heat, privacy or extra space. The couple was permitted to share the same bed as long as they remained fully clothed or kept a bundling board between them. Sexual intercourse was not expected to occur, but if it did the parties were expected to marry.

During the later part of the eighteenth century, premarital pregnancies and out-of-wedlock births began to rise. The increase reflected greater breakdown of stable communities during the war and postwar periods. Formal enforcement of fornication laws ceased and informal sanctions weakened. For some young women, pregnancy became a means of ensuring that they, rather than their parents, controlled the choice of husband. It is estimated that 30% of brides were pregnant by the late eighteenth century (Rhode, 1993/94).

As for blacks, sexual norms evolved out of different cultural traditions and different socio-legal constraints imposed by slavery. Many Native American tribes condoned premarital intercourse. Under bondage, blacks had no formal right to marry and their African heritage often provided no sanctions against premarital sexual activity. In their culture early fertility increased women's value (Rhode, 1993/94).

In the mid-nineteenth century the growth of religious revival movements and moral reform societies, actively discouraged adolescent sexual relations. The rates of premarital pregnancy declined to 10%. In white middle-class communities a strong double standard prevailed. The increasing importance of education, particularly for males, counseled against early marriage. For most young women, pregnancy without marriage was disastrous. Inadequacy of work and welfare options for mothers made single parenthood difficult, if not impossible (Rhode, 1993/94).

2.2.1.2 The emergence of adolescent pregnancy as a social problem in USA

The United States has one of the highest fertility rates and abortion rates among

adolescents. It has a higher adolescent pregnancy rate than other industrialized nations. It is estimated that in every 26 seconds, one adolescent gets pregnant (Education Digest, 1999). To show that the incidence of adolescent pregnancy and early childbearing is of epidemic proportions, Rolling and Burnett (1997) indicate that every year in the United States, more than 1 million teenage women become pregnant. This represents about 11% of the nation's female adolescent population. Of these million teenagers who become pregnant nearly one half will give birth, and 400,000 or 4 in 10 will terminate their pregnancies by abortion. Of the nearly 500,000 adolescents who give birth each year, 96% will choose to keep their babies, and almost two thirds of these young mothers will face childbearing and parenting as single parents. Almost one half of these pregnancies are to women less than 18 years old. Most recently, Jones (in Roosa, 1991) estimated that over 50% of United States females aged 15-19 were non-virgins. When a broader perspective is taken, we find that the United States has one of the highest fertility rates and abortion rates among adolescents.

Rhode (1993/94) continues to state that the late 1960s and the early 1970s witnessed the first perception of teenage pregnancy as a major problem. More teens were having sex, more were becoming pregnant and more were becoming single mothers. By the late 1980s the United States had the highest teenage pregnancy rate. Approximately 45% of adolescent females were sexually active before marriage, an increase of over 15% since 1971. About four-fifths of the million teen pregnancies each year, were unintentional. An estimated four out of ten American women were becoming pregnant at least once before age 20, a rate that has doubled since 1950.

Adolescent pregnancy had a bearing on the United States economy because it is reported that public costs from teenage childbearing totaled \$120 billion from 1985-1990. \$48 billion could have been saved if each birth had been postponed until the mother was at least 20 years old (Chronic Disease Prevention, 1999). Most of the

child welfare agencies have for decades provided services for pregnant adolescents and young parents. Member agencies of the Child Welfare League of America participated in the survey reported that 37% of their total agency clientele were

pregnant and parenting adolescents. Of these adolescents, the survey found that over three-fourths (77%) of the females served were between 15 and 19 years old, with over one-third (36%) being between 16 and 17 years old (Vecchiolla and Maza, 1989:5).

Although adolescent pregnancy is a social problem, there are indications that it is decreasing in USA. The American Family Physician (1996) reported a decline for the fourth straight year in 1994. The birth rate fell by 15.2% births per 1,000 total population, the lowest since 1978. The Alan Guttmacher Institute (1999) reports that between 1985 and 1996, teen pregnancy rates declined in 47 states and in the remaining three (Illinois, Indiana, and Nevada) the rates declined between 1992 and 1996. In New Jersey, the rate was the same in 1992 and 1996.

There was a decline in the United States birth rates during 1991-1996 for teenagers in all racial and ethnic groups. Birth rates among teenagers vary from state to state: some states have rates almost three times higher than those of the states with the lowest rates. The Annual Report (1998) reports that:

- From 1991 through 1996 teen births declined for white, black, American Indian and Asian women in ages 15-19;
- The birth rate for black teens demonstrated the largest decline;
- Teen birth rates have decreased in every state; and
- The teen pregnancy rate has also declined by 8% from 1991 to 1994.

2.2.1.3 Trends in teen births and pregnancies in USA

a) Declining teen birth rates

From the figures cited in 2.2.1.2 above, birth rates for teenagers 15-19 years declined between 1991 and 1996, the Annual Report, (1998) reports that:

- The United States birth rate fell by 12%;
- Teen birth rates fell by 28% in 28 states;
- Teen birth rates dropped by 16% in 13 states; and
- Declines in four states exceeded 20%.

b) Trends by age in USA

Though teenage childbearing patterns differ by age, birth rates for all age groups have declined in the 1990's, partly reversing the 24% rise in the overall birth rate from 1986 to 1991. The Annual Report (1998) source reported that:

- The United States birth by teenagers in 1996 was 54.4% live births per 1,000 women aged 15-19 years.
- The birth rate for teen's aged 15-17 was 13% lower in 1991.
- The birth rate for older teens (18-19 years) dropped by 9% between 1991 and 1996, and 3% between 1995 and 1996 (Annual Report, 1998).

c) Trends by race in USA

Black birth rates dropped sharply. Despite the sharp decline for black teenagers, birth rates for Hispanic teenagers remained higher than for other groups. The Annual Report (1998) further stated that:

- The overall birth rate for black teenagers 15-19 years fell by 21% between 1991 and 1996; and

- The birth rate for young black teenagers, (15-17 years), declined by 23% between 1991 and 1996, while the birth rate for older black teenagers, 18-19 years, fell by 16% (Annual Report, 1998).

d) Trends in teen pregnancies in USA

The Annual Report (1998) estimated that the teen pregnancy rate for 1994 was 108 per 1,000 women aged 15 to 19 years. This reflected an 8% decline from 1991. In 1995, the pregnancy rate ranged from 56 per 1,000 among the 15 to 19 years - old in North Dakota, to 117 per 1,000 in Nevada. In the District of Columbia it was 230 per 1,000. Pregnancy rates ranged from 3% in Arkansas to 20% in Vermont.

2.2.2 European Countries

Louw, van Ede and Louw (1998:400-401) indicate that in medieval Europe, Christian culture put much pressure to control and suppress adolescent sexuality. A great deal was done to create guilt about sexual feelings and sexual behaviour such as masturbation. Double standards developed because many adults behaved differently: they engaged in sexual activities that were not permitted according to the norms of this rigid control. This posed difficulties amongst adolescents. Some felt guilty about their emerging sexuality and suppressed their desire to explore it. Others pursued the exploration in a rebellious way.

Compared to other Western countries, the teenage pregnancy rate is lower in Europe. For instance, Kirby (1999) report 0.6% in Netherlands, 0.9% in Denmark, 1.3% in Sweden, 2.3% in Austria and 3.2% in Great Britain.

Adolescent pregnancy varies across developed countries, from a very low rate in the Netherlands (1,2% pregnancies per 1,000 adolescents per year) to an extremely high rate in the Russian Federation (more than 10% per 1,000); Japan and most western countries have very low pregnancy rates (under 4% per 1,000); moderate

rates (40-69% per 1,000) occur in Australia, Canada, New Zealand and a number of European countries. A group of five countries Belarus, Bulgaria, Romania, the Russian Federation and the United States have rates of 70 or more per 1,000 (Darroch and Singh, 2000).

2.3 Developing Countries

In developing countries, increased schooling for girls is the top reason why teen childbearing has dropped in the last 20 to 30 years. As more people migrate to urban areas, educational needs increase and some parents are seeing the benefits of keeping their daughters in school (Feldmann, 1997). This is true because as people migrate from the rural areas, (where traditions are strongly adhered to) to urban areas (where there are modern ways of doing things) they tend to learn more about family planning and the importance of pursuing one's career.

2.3.1 AFRICAN COUNTRIES

In Sub-Saharan populations marriage and childbearing also begin early and the use of contraceptives is low. Adolescents are responsible for a large percentage of all Sub-Saharan African births. Bledsoe & Cohen (1993:1) state that during the 1970's about 33% of all fertility was attributed to women between the ages of 15 and 24. The most significant change is not the overall rise in rates of adolescent fertility but in childbearing among teenage women who do not appear to be married.

Setiloane (1990) states that African traditions have in the past years encouraged early marriage for girls - just before, or soon after puberty. Thus, sexual intimacy and childbearing began at a relatively early age, resulting in the reduction in extra-marital pregnancy.

In East Africa and in South African communities girls are married off as soon after 'menarche' as possible so that they can take on the adult female roles of a wife and

mother. What is worrying to Mfono (1990) is that, an adolescent who has not yet reached a respectable degree of psychological maturity and economic independence, becomes a mother.

In contrast with developed countries, teenage girls in African countries are experiencing early motherhood and it has therefore been a subject of growing number of studies in Africa. African women in general marry at much earlier age than their non-African counterparts, leading to early pregnancies. Surveys carried out in some Sahelian countries offer the following examples: in Niger 47% of women aged between 20 and 24 were married before the age of 15 and 87% before the age of 18. 53% had also had a child before the age of 18. In African countries this is not viewed as a problem, but as a blessing for the young woman. No matter what her age is, this is a proof of her fertility. In many cases the pregnancy is even acknowledged by the teenager's father which implies that marriage arrangements will run smoothly (Locoh, 2000).

Boult and Cunningham (1993:5), report that because in African countries the optimum age for childbearing is between 20 and 29 years of age, women younger than 20 are more likely to die of complications during pregnancy, than women aged 20 to 24. Fifteen-year-olds are almost seven times more at risk of death than women aged 20-24. Among 16-year-olds and women 30 and older, the risk of dying was 2.5 times that of women aged 20-24.

2.3.1.1 Zambia

Chilufya in Daily Mail & Guardian (24 May 1999) states that due to the poverty that is experienced in Zambia, children are being married off as young as 10 years. One girl named Nyakaseya consulted a traditional healer to find out why her stomach was protruding. The healer turned her away and told her to come back in three months time.

The healer said this because African tradition forbids the elders from telling young

ones that they are pregnant in order to avoid disturbing the peace of the foetus. Chilufya further stated that one 10 year-old girl was married to a 52-year-old charcoal burning villager for the sole reason that he could give part of his wealth as dowry (lobola). The trend in all provinces in Zambia is that scores of girl-children below the age of 11 years are married off to elderly men by their parents who are allowing and encouraging them to do so due to the level of poverty.

Another girl-child named Nyakutemba was married to a 67-year-old at the age of 11. She shrugged her shoulders when asked why she was running a home at that tender age. She risked being beaten by her husband if she was seen talking to strangers about her marriage.

These children were too young to go into marriage. The burdens and demands faced by these children placed a heavy responsibility on them. These denied them access to education, a chance to develop fully from one stage to another. Such marriages increase the rate of adolescent pregnancies, even though the girls are married. Chilufya indicates that teenage marriages were not a problem in the past 20 years when money did not play such an important role in the country's rural economy as it does today.

a) The Zambian Government

The Daily Mail & Guardian (2 June 1999) states that in 1997 the Zambian Government allowed pregnant girls to continue with school after giving birth, with the aim of helping them to be educated. This was not a great success because some schoolteachers said that allowing pregnant girls to continue with education proved difficult because of psychological problems. Some teachers vowed not to allow young mothers in their classes.

Some pregnant girls found it difficult to go back to school after maternity leave because they were too shy to go to class because others teased them.

These girls found it difficult to reintegrate into school after becoming mothers: they suspected that their school community would no longer accept them. When they saw their friends whispering, these girls thought they were the subjects of discussion and gossip, then they were unable to carry on.

The Daily Mail & Guardian (2 June 1999) quotes Theresa Kambombe, the chairperson of the National Women's Lobby Group as saying that the issue of allowing pregnant girls into schools was not only about increasing the numbers of girls in primary school and secondary school, but was about justice. She also mentioned that the majority of the people living in rural areas were not aware that pregnant girls had the right to attend classes while they were pregnant and after delivery. This shows the difficulties faced by adolescents who become pregnant while in school.

b) Similar situation in other countries

In South Africa, Section 22 of the Constitution guarantees everyone the right to education. Whereas in the past teenagers who fell pregnant were expelled from school, now a learner who falls pregnant may not be prevented from attending school. It is even stated that principals and teachers must assist her with her studies. Thus, a girl who leaves school because she is pregnant may study at home and may not be prevented from writing her exams (Mail & Guardian, November 1998).

In Swaziland, schoolgirls were once forced to drop out of school and were sent home to care for their babies. This is no longer the case, because Swaziland's Parliament ordered the kingdom's education ministry to reverse the policy, and allow the girls back after they had given birth. These new mothers have to wear special uniforms and berets, clearly marking them as teenage mothers. Boys, found to have impregnated girls, would also in future have to wear distinctive uniforms to remind them of their new responsibilities (The Teacher, 1999).

Rolling and Burnett (1997) reported that within the school, teachers' attitudes and willingness to accept pregnant teens greatly affected the school's retention rate of pregnant teens and the success of any pregnancy prevention program that the school initiated.

These attitudes ranged from insensitivity to blatant discrimination. They reported that attitudes of educators toward pregnant adolescents and school-age parents suggested that many school policies and practices might continue to limit educational opportunities for pregnant and parenting students by allowing attitudes of school personnel to dominate.

Rolling and Burnett (1997) found that teachers' race, social background, and religion had some influence of secondary teachers attitudes toward pregnant students and school-age parents. Age and the presence of young unmarried children in the teacher's home predicted attitudes toward pregnant teens.

There is a relationship between knowledge of the problem and attitudes toward pregnant adolescents. St. Pierre (1980) suggested that vocational educators who have a higher knowledge of the problem tend to have more positive attitudes toward pregnant adolescents.

2.3.1.2 South Africa

The number of teenagers who become pregnant each year has been a topic of serious concern among health professionals. The incidence of teenage pregnancy in South Africa is a cause of concern because these teenagers are physically and emotionally not ready for the task of childbearing and rearing. This is true because young people make up a large percentage of the population, and this growing number of youth will result in population increase regardless of whether the total fertility rate were to stop or drop immediately to the replacement level of 2.2 births per woman (Boult & Cunningham, 1991:4).

The estimates of adolescent pregnancy in South Africa vary from 12.4% to 30%. Black adolescent pregnancy was estimated to be 14% of all black births in 1989 (Boult & Cunningham, 1991:6). Given this information, it is imperative that the high rates of adolescent's pregnancy be viewed with increasing concern.

About 45% of the population is younger than 15 years and 55% are younger than 20 (Chelala, 2000). While Gouws and Kruger (1996:131) reported that more than 30% of teenagers conceive all babies born each year. Girls of 16 years and younger give birth to about 50% babies each year. In this way immature teenage mothers are a threat to modern culture and to the future vitality and hope of the black populations in big cities. Each year it is estimated that two out of ten South African teenagers become pregnant, and out of these, 5% are under 16 years. The teenager who has an unwanted pregnancy, has 90% of her life-script written for her and most of it is negative (Greathead, 1988)

De la Rey; Duncan; Shefer and Van Niekerk (1997:25) mention that teenage pregnancy has been addressed in one of the debates on health, welfare and education. An example of this is that at the historic 1994 Women's Health Conference in Johannesburg, teenage pregnancy was not only a workshop in it's own right, but was also discussed in many of the other workshops, such as that on mental health. Teenage pregnancy is not new, nor unique to the democratic South Africa. It was also a concern under the apartheid government, but there are differences in the sense that the reasons that were given for the incidence and the patterns of teenage pregnancy have changed over time.

Boult & Cunningham (1991) contend that figures on the extent of teenage pregnancy amongst black South Africans vary. In the former Transkei hospitals a quarter of all women delivering during 1976 and 1987 were teenagers. Black teenage pregnancy was estimated to be 14% of all Black births and Ntombela (1992:6) states that from January to June 1990, 24% of the antenatal care clients in Baragwanath Hospital were teenagers.

In 1991, Du Plessis (in Preston-Whyte, 1991:7) indicated that black women start reproducing at a very young age, and that 53,2% of the first births occur during the teenage years.

It is important to examine adolescent sexuality in order to understand the present adolescent pregnancy rates. Surveys of adolescent practices show that 5% of white females have had sexual intercourse by the age of 15, with 72% being sexually active by age 20. Adolescent white male's sexual practices are exceedingly higher, with 12% active by the age of 15, and 81% by age 20. For black females, about 10% are sexually active by age 15 and reach 85% by the age 20. For black males however, around 42% at age 15 and nearly 90% at age 20. From the above studies, we can conclude that approximately 41% of adolescents (from the ages of 13 to 19) have had sexual intercourse (Atwood & Donnelly, 1993).

In their study in Port Elizabeth, Boulton & Cunningham (1991) report that black teenage pregnancy is associated with disorganized family structures, disregard of traditional cultural norms and lack of knowledge on the use of contraceptives.

a) The situation in Cape Town

Nash (as quoted in Burman and Preston-Whyte, 1992) tells us about adolescent pregnancy in Cape Town. Of the 20,590 mothers who delivered at Paarl Hospital, teenagers (of nineteen years and younger) numbered 6,284 (30.51%). About 5% of all mothers were aged sixteen or younger. In Tygerberg Hospital the rates were 29.4% of black patients, 33.3% of coloured and 30.5% of white. 50% of the girls studied were between eleven and sixteen years old, and 59% were still at school when they became pregnant.

b) The situation in Mamre

The study that was done in Mamre (about 48 km from Cape Town) by De la Rey. et. al. (1997) showed that women generally left school at an early age. It is reported that

60% of them had already left school and were unemployed at the time of pregnancy. Explanations offered for this high incidence of teenage pregnancy revolved around the concept of alternate life courses, which proposes that in the absence of employment, women may have access to adulthood through pregnancy.

In Mamre, the communities studied are members of the Moravian Church, which has adopted a negative attitude towards premarital and teenage pregnancy. If a person is found to be engaged in these practices, exclusion is a disciplinary action for the transgression of church rules whereby an individual is temporarily excluded from participating in church activities as an ordinary member of the congregation. At their weddings such excluded persons could not wear white or a veil, and they were deprived of the honour of walking on a red carpet. Also, they had to get married in the conservatory and not in front of the altar (De la Rey et. al. 1997:30-31).

Many traditional African societies encourage sexual exploration. Louw et. al. (1998:401) states that among the Zulu, Xhosa and Sotho, adolescents spent much time in same-age groups in which they engage in sexual exploration. Boys were taught how to have sexual relations with girls without penetration, while girls were taught to keep their thighs tightly together to prevent penetration. In these cultures sexual intercourse was forbidden and virginity was highly regarded as the girl's father could then insist upon a full payment of the bridal wealth (lobola).

According to Simkins, (in Makhetha, 1996:23) in South Africa, between 45% and 56% of households are nuclear (complete or incomplete); between 32% and 42% are extended (complete or incomplete), largely through unmarried daughters. This suggests that the transformation of African household structures that is commonly found in urban areas, has penetrated the entire society. Furthermore, between 1960 and 1980 there has been a modest drop in marriage rates and a modest rise in illegitimacy, part of which is through adolescent births. Adolescents are more likely than adults to have premarital intercourse, which in most cases leads to pregnancy.

2.4 CONCLUSION

Rolling and Burnett (1997) correctly observes that teenage pregnancy has continued to emerge as a national crisis with consequences that frequently are devastating to individuals and with serious implications for society. The prevalence of adolescent pregnancy and early childbearing indicate that the problem is of epidemic proportions. This chapter has shown that the problem of adolescent pregnancy is not only experienced by South Africans, but by the whole world.

CHAPTER 3

3. THE CAUSES AND EFFECTS OF ADOLESCENT PREGNANCY

The societal impact of a pregnancy in the unmarried teenager is far larger than numbers alone dictate. In African cultures, where the value of children is very high, unmarried teenagers represent a unique group that perceives the negative impact of a pregnancy. Such teenagers provide a major input into the figure available on illegal abortion in Africa and the less well documented but sensationalized incidence of child abandonment (Boult and Cunningham, 1992).

Teenage pregnancy is a global concern and authorities debate the implications for health, social development and population increases. In recent years there has been a growing public, professional, and scientific concern about the effects of teenage pregnancy on young women and their offspring. When the Deputy President Thabo Mbeki (now President) delivered a speech, he had this to say:

"by allowing HIV to spread we face the danger that half of our youth will not reach adulthood. Their education will be wasted. The economy will shrink. There will be a large number of sick people whom the healthy will not be able to maintain. Our dreams as a people will be shattered. But I appeal to the young people, who represent the country's future, to abstain from sex for as long as possible" (Mail & Guardian, November 1998).

A study that was conducted at Soul City on children aged eight to twelve found that some of these children were already sexually active (Mail & Guardian, November 1998). Sexuality in the broadest sense encompasses an individual's personal growth in all its dimensions including the ways a person relates to others. We are all sexual beings; sexuality is not something we do, but is what we are.

We create a sexual identity, male or female, in terms of our behavior, which develops

as masculine or feminine. It is true that the physiological, cultural, biological, social and emotional forces will contribute a great deal to make us the sexual beings we are (Lively & Lively, 1991:20). So, the term sexuality must be treated with caution.

Different authors offer different explanations in their studies about what the causes and what the consequences of adolescent pregnancy are, not only on an adolescent girl and the baby, but on the whole family. This study will focus on the causes of adolescent pregnancy and its effects on the girl, her boyfriend, her parents, peers, school and will also consider the role of contraceptives as well as the issue of sexually transmitted diseases.

3.1 DEVELOPMENTAL TASKS OF THE ADOLESCENT

The body of an adolescent must undergo normal physical changes. As the young girl moves into the adolescent stage she has to accept that her body will change and that she has to complete some major developmental tasks of adolescence. In this way she is forced to change her view of herself. The changes in herself, including physical strength and sexual impulses, may lead to uncertainty and anxiety, but simultaneously to enthusiasm and delight, this being perceived as a sign of movement towards a new adult status (Makhetha, 1996:16).

Makhetha (1996:13) define developmental tasks as the skills, knowledge and attitudes that an individual must acquire at a certain time during development in order to continue to advance to a higher level of development. Failure to master a set of tasks appropriate for a specific developmental level results in poor adjustment and the inability to solve later tasks. These developmental tasks include:

- acceptance of one's own physique, masculine or feminine role and effective use of the body;
- establishment of new and mature relationships with peers of both sexes;
- achievement of emotional independence from parents and other adults;

- selection and preparation for a vocation;
- preparation for marriage and family life;
- desire and achievement of socially responsible behavior;
- achievement of assurance of economic independence; and
- development of intellect, skills and conceptual ability for civic competence.

3.2 NEEDS OF THE PREGNANT ADOLESCENT

Despite the developmental tasks that they need to master, pregnant adolescents, have the following needs as outlined by Foster and Miller (1980):

- acceptance by peers;
- emancipation from parents;
- ability to express feelings of an unbiased, truly interested adult;
- mutual self disclosure;
- being understood despite language barriers; and
- the choice to continue with education or not.

If these needs are not met, then there is a probability that the adolescent will not have a normal pregnancy. Apart from these needs, there are other reasons why adolescents become pregnant.

3.3 REASONS FOR BEING PREGNANT

Different authors cite different reasons on why adolescents become pregnant.

The pregnancy may be a solution to the problem of the loss of a loved one. By falling pregnant and producing a baby, the girl is seeking after the parent who has deserted her. She is producing a baby to fulfill her dependency needs, to provide a substitute for the loss and to help her overcome her sense of loneliness and rejection (Seabela,

1990:32).

Pregnancy may be a masked form of rebellion, representing a need to defy parental and societal norms in order to gain attention; in other words, a cry for help. The result of this may be a need to affirm one's identity – as a proof or disproof of one's sexuality. In some cases a psycho-sexual conflict could be revealed, characterised by anorexia nervosa or fluctuations between homosexual and heterosexual pursuits (Makhetha, 1996:31).

The pregnancy may also represent unconscious acting out of the teenager's wishes or fears. Many illegitimate adolescents repeat their mothers' experience and their mothers' worst fears by falling pregnant out of wedlock (Planned Parenthood Federation of America, 1976; Seabela, 1990).

Sexual maturity and fulfillment in the form of pregnancy may serve as a means to emancipate oneself, to enable one to assume the roles and responsibilities of adulthood (such as to be independent, making of one's own decisions). In this way pregnancy will meet the independence needs of the adolescent who is grappling with the dependence conflict characteristic of this stage of development (Makhetha, 1996:32).

Simkins (in Makhetha, 1996) cites the following reasons:

- if the parents fail to combine affection with discipline. Lack of adequate parental supervision and discipline can contribute to the increased incidence of adolescent premarital intercourse;
- if the adolescents perceive themselves to be in poor communication with their parents and unhappy at home. This does not necessarily mean that good parent-youth communication or a lack of parent-youth conflict will prevent premarital sexual activity among adolescents;

- if the adolescents come from broken homes or one parent families; and
- if subconscious encouragement of the forbidden sexual behaviour is communicated by the mother to her daughter. An adolescent girl engaging in premarital intercourse or falling pregnant may be acting out some of her mother's prior sexual behaviour or some of her wishes or fears.

Some girls become pregnant because they want to be married by the father of the child. In some cases, the adolescent's wish for marriage becomes true. Infact, it is better if the teenage mother and the father marry for the sake of the child. The adolescent girl's chance of marriage is high if she marries the father rather than seeking another man. But this marriage can only be successful if it has a sound social, psychological and financial basis from the onset. Forced marriages are likely to last only if the couple had a long lasting, committed relationship prior to the childbirth. Generally however, forced marriages are less stable than planned marriages in many cultures with significantly higher rates of divorcing. It will be better for the child's welfare if biological parents marry and remain married. But on the other hand maintaining a marriage at all costs can also be damaging to the child's welfare, as marital conflict can be worse for children than marital dissolution (Makhetha, 1996:38).

The Sunday Times (11 March 2001) mentions the following reasons for the adolescents to become pregnant:

- by becoming pregnant adolescents may be trying to deal with feelings of loneliness or unhappiness;
- adolescents fall pregnant in order to hold on to someone;
- wanting to be more popular;
- needing to prove that they are straight to their partners;
- hoping to find the "fireworks" that they see on TV or in the movies;

- because they are drunk or high on drugs; and
- because they think that the first time does not matter, so they just want to get it over with.

Other reasons which could be associated with sexual involvement and pregnancy among adolescents are, (as mentioned by Makhetha, 1996: 5-6):

- unemployment and poverty which lead adolescents to living a normal lives - such as falling in love with older men, who may have money and could provide them with what they need;
- absence of discipline in schools; and
- a trend of planned pregnancies in order to find acceptance among friends who have their own babies.

Louw, van Ede & Louw (1998:403) in the same vein cite the following reasons why adolescents become sexually active at a young age, which of course is the cause of most pregnancies:

- Peer group pressure - because of certain attitudes of and pressures from the peer group, adolescents may be under the impression that they are not normal if they are not sexually active. This eventually leads to many pregnancies.
- Changed values, attitudes and the mass media. This contributes to the fact that adolescents experience the world as sexually active, which results in adolescents seeing sexual activity as acceptable.

Gouws and Kruger, (1996:131) suggest the following reasons:

- having a baby may be seen as a sign of maturity;
- motherhood may be used to achieve both identity and a feeling of being loved and needed;

- pregnancy may be used as an escape from an unhappy home situation; and
- many adolescent mothers have a history of being victims of child abuse or rape or come from homes with an indifferent or uninvolved pattern of parenting.

Research by Flisher (unknown date) cites the following reasons for unsafe sexual behaviour which in most cases leads to pregnancy:

- insufficient knowledge and skills;
- unhealthy attitudes and cost-benefit analysis (unable to think of the costs that will be involved by becoming pregnant);
- unrealistically low expectations of personal risks;
- low self esteem;
- lack of parental guidance and counselling;
- inadequate public sector health facilities;
- poverty; and
- coercive, male dominated relationships.

3.4 EFFECTS OF ADOLESCENT PREGNANCY ON THE ADOLESCENT MOTHER

He looked after me so well and visited almost every day. He did not look at other women before my pregnancy; he loved me, it was good. He was somebody to go with in the evenings, he filled up my social life (De Visser and Le Roux, 1996).

The above words may be spoken by most of the girls on becoming pregnant. Most adolescent girls feel miserable and frustrated. At first they feel unhappy when they discover that they are really pregnant and that they have to quit school and work very hard to care for the baby. Even if they desire to go back to school, these dreams are shattered because most of them cannot find anyone to look after their baby.

Feelings expressed by pregnant adolescents, which show complete frustration, are reported by De Visser and Le Roux, (1996):

- I am still unhappy about being a mother, the baby took my freedom.
- I live with my mother, who always tells me what to do, which is difficult because now we are both parents.
- I am always worried about money, now that there is an extra mouth to feed.
- I am uncertain about my future plans.

Some of the adolescent girls fall pregnant hoping that the father of the child will marry them. Their main aim is not to trap the man but to show their fertility and so suggest their desirability as a wife. Others confess that they got pregnant because their boyfriends said they would go to other girls if they did not get pregnant (Preston- White; Zondi; Mavundla & Gumede, 1990). Some boys are quoted as saying "prove to me that you love me. I can only marry you after you have proved that you can have children". Other boys are quoted as saying "Would you buy a field before making sure that it can produce" (Setiloane, 1990). It is pathetic to say that most of the inexperienced adolescent girls fall pregnant because of such blackmail. However, after they fall pregnant the boys do not fulfill their promises since they are still too young and they are still at school. These are the kinds of situations that the adolescent girls find themselves in.

3.4.1 Physical Effects

Boult and Cunningham, (1993) name the following obstetrical problems that affect pregnant teenagers: - anemia (which is the shortage of iron in the body); - cephalopelvic disproportion (where the pelvis of the mother is too narrow to allow passage of the baby); - prolonged labour; - vaginal tears; - vaginal bleeding; premature labour (labour is termed premature if it occurs before the 37th week of gestation) and low birth-mass infants.

3.4.2 Psychological Consequences

The transition to parenthood is likely to be far more stressful for pregnant adolescents as the change in status is so often unforeseen or unwanted. The feelings of uncertainty and unreadiness expressed by relatively mature women are probably far less intense than those experienced by the female who becomes pregnant in her teens. Having recently broken loose from the restrictions imposed by her parents, she feels ill-equipped and unprepared to meet the obligations of raising a child, especially if the pregnancy occurred unintentionally. She also feels abandoned, as she must frequently shoulder the full responsibility of supporting and rearing her child (Makhetha, 1996:40).

Early parenthood is also characterised by so many difficulties: many adolescent mothers do not develop the same commitment to parenthood as older women do and consequently become less capable performers of the parental role (Makhetha, 1996:41).

Burman & Preston-Whyte (1992:83) state that the unhappy consequences of pregnancy in adolescence range from abortion or abandonment of the baby, to neglect or maltreatment, often leading to malnutrition, recurrent infections and early death. All these are briefly discussed below.

3.4.3 The effects of abortion on the mother

The 1989 annual report of the South African Department of National Health and Population Development (in Burman & Preston-Whyte, 1992) states that 33 000 operations were performed in the RSA as a result of illegal abortions. Of these, 108 were on girls under the age of fifteen. Most of these young girls resort to abortion because they are scared of their parents, or because their boyfriends tell them to do so, or - as one parent indicated - the clinic staff refuse to give contraceptives to girls of such a young age. Greathead (1988) indicates that many teenagers opt for abortion to save the family name or to protect the boyfriend, but the teenager should realise that many relationships break up after abortion. Many opt for abortions thinking that nobody will know and therefore they will be safe. Once the secret is

disclosed - which is often the case, it causes break-ups within the family and influence later relationships. Whether the adolescent holds committed beliefs as a Christian or not, abortions has long term effects. Many teenagers disregard this possibility, but signs of depression and personality changes may occur immediately after abortion, or years later.

Backstreet abortions contain the following physical risks:

infection, bleeding, future miscarriages, future premature deliveries or low-weight babies, placental complications and sterility (Gouws and Kruger, 1996:132). There are psychological problems following abortion as well. They are depression, anger, fear of punishment, nightmares, preoccupation with the baby's birth date or age, grief and regret, thwarted maternal instincts and loss of interest in sex (Gouws and Kruger, 1996:133).

3.4.4 The abandoned baby

Previously, in African culture there was little difficulty in absorbing the child of an unwed mother into the extended family. But times have changed because of economic problems, urbanization, migration and poverty. Burman & Preston-Whyte (1992:84) reports that during 1990, no fewer than 300 African infants were abandoned in the hospitals of Natal and Zululand. At King Edward V111 Hospital alone thirty to forty babies had been abandoned every year in the past five years. The situation is, without doubt, the same or worse in other hospitals. Numerous babies are brought to welfare agencies after being found on the doorsteps of police stations, in garbage bins, or simply under shrubs or in vacant plots. Although under the law these girls are guilty of an offence, it is difficult for them to raise the children. Given similar circumstances even mature mothers run away from these kind of problems.

3.4.5 Neglect and Maltreatment

There is ample evidence that the offspring of adolescent mothers are more likely to suffer a poisoning and trauma, both accidental and non-accidental, than are children of older mothers. Elise, aged two and half, was seen at King Edward V111 Hospital with clear evidence of repeated sexual abuse and of gonorrhoea. Her mother, aged sixteen, had abandoned her at the home of the father, who then placed the child with an acquaintance. It is clear from the above that the social and economic deprivation mitigate against the development of a wholesome relationship between the young mother and her child. It is highly unlikely that a young girl who lacked love and stability in her childhood can provide and sustain a loving and secure environment for her child (Burman & Preston-Whyte, 1992:86).

3.4.6 Mortality and Disease Profile

Burman & Preston-Whyte (1992:87) state that one of every five adolescent mothers giving birth at King Edward V111 Hospital had not been seen even once by a health professional during her pregnancy, hence infections and pregnancy-related problems had gone untreated. Hospital records showed that 22% of mothers aged seventeen and under gave birth to infants weighing less than 2,5 kg – most of them were premature. This put the infants at risk of further infections and often a prolonged stay at the hospital.

3.5 EFFECTS OF ADOLESCENT PREGNANCY ON THE BABY

The baby of a teenage mother is also affected by her mother's immaturity.

Most of these children have low birth weights. Often the baby grows up in poverty, may not get proper care, may be abused by the young parents in one way or another and may not have a positive future. The sons of teen mothers are 13% more likely to end up in prison while the daughters are 22% more likely to become teen mothers themselves (General Facts and Stats, 2000).

It is estimated that one in every five pregnant adolescent girls receives very little

prenatal care at all during the important first three months of pregnancy. That is why pregnant adolescents are more likely to have anemia and complications related to prematurity than mothers aged twenty to twenty-four. Children born to adolescent mothers do not do well on intelligence tests and have more behavioral problems than do those born to mothers in their late twenties. Adolescent mothers have less desirable child-rearing practices and have less realistic expectations for their infants' development than do older mothers (Santrock, 1996:398).

3.6 EFFECTS OF ADOLESCENT PREGNANCY ON THE FATHER OF THE BABY

Teenage boys believe that it is unhealthy not to have regular sexual release. They believe that one might run mad as all excess semen goes up into the head. These fears contribute to sexual performance in teenage boys, which makes it difficult for them to take the instructions of the elders to remain a virgin before marriage (Preston-Whyte et. al. 1990:18). This is not without consequences.

Too often, the adolescent father is ignored in the decision making process and he is just made to face the blame for the pregnancy attributed to him by the mother's angry parents. His feelings are seldom considered, nor are his wishes taken note of (Greathead, 1988). This is worsened by the fact that most of the adolescent fathers run away and do not want to be involved in the welfare of their children.

Some adolescent fathers are involved with their children, but the majority are not. In one study, one-fourth of adolescent mothers said that when the child was three years of age only then that the father had a close relationship with the mother and child.

Many young fathers have little idea of what a father is supposed to do. They may love their babies but do not know how to behave. In most cases they behave like this because they have little income, have few skills and are inexperienced (Santrock, 1996). In the same vein Edwards & Louw (1998:79) indicate that some fathers feel guilty because they do not have any means to support their children; some are not

allowed to have contact with their children (because they have acted irresponsibly initially) and they are not consulted regarding matters such as adoption or abortion. In most cases the man, as Burman & Preston-Whyte (1992:30) put it, -it is less likely to provide material assistance to the mother and the child if he is not married to the woman, and members of his family are less likely to feel any responsibility for the unmarried mother.

Research indicates that young men's educational development and mental health is hurt by fathering a child early in life, even if they do not marry the child's mother. They are more likely to drop out of school and they report feeling more anxious and depressed as young adults than their peers (Steinberg, 1993:379). These adolescent boys are often ill-prepared for fatherhood, tend to be ambivalent regarding their readiness to assume the duties of the provider and caretaker and they are often impatient and intolerant.

The above situation can be alleviated if older fathers, as responsible members of communities, can devise strategies for helping their teenage sons to move towards more responsible sexual behavior. This is because fathers have lived through the experiences of teenage boyhood; they can readily empathise with the emotions of boyhood and come up with workable alternatives for handling teenage sexuality.

3.7 EFFECTS OF ADOLESCENT PREGNANCY ON THE TEENAGER'S PARENTS

The family is an agent of socialization. That is where children are taught the norms and the rules of the larger society.

If the family is disorganized, the children will make wrong decisions that include experimenting with sexual activity very early. If there is ample communication between parents and adolescents, then adolescent pregnancy can be avoided. In a warm family environment, adolescents will speak about their problems to their

parents because they are always there to support and direct. The mother in particular, will warn the adolescent girl of bad influences that could lead her into engaging in sexual activities.

This is not time for parents to tell children about fairy tales such as of storks bringing babies. These only make parents lose their credibility to the child's peer group, which is much more open about such matters, even if frequently misinformed. If there is no open communication between parents and their children, the parents will suffer the consequences of feeling guilty that they did not give direction to their children. They will also suffer economic consequences (in the form of supporting the baby). Sometimes they are not even allowed to have contact with the child (especially if the girl and the boyfriend are not on good terms) and they are sometimes forced to be substitute parents (Edward & Louw, 1998:79).

The Teacher (2001:1) advises parents to create an open, healthy environment for children to talk about their bodies, feelings and sex when they are young. Many parents find it difficult talking about sex and they feel embarrassed about this topic. The danger in not educating children about sex is that they may learn values, behavior and attitudes about sex which may be harmful to their sexual development. Mfono, (1990) urges women to realise that their lack of enthusiasm and courage in the area of sexual guidance creates a vacuum for their children not to know what is right and what is wrong. It leaves the family planning practitioners with the uncomfortable decision of what to do about the child under 18 years who knocks at their door for help.

Parents who distance themselves from their adolescents' sexual activities allow the young person to fall prey to the hazard of teenage pregnancy or force other adults to make uncomfortable decisions which are actually the parents responsibility (Mfono, 1990).

Lively and Lively (1991:69) are of the opinion that parents should set a good example for their children. For instance, parents should avoid being seen nude by

their children, especially in the presence of their spouse. Even if these are family decisions, they can create problems for the children. If parents show embarrassment when caught off guard, it will reinforce a child's belief that something is wrong with nudity.

In the same vein, Mayekiso and Twaise (1992:22) reported in their study of parental involvement in imparting sexual knowledge to adolescents, 58% of their sample attributed the high rate of teenage pregnancy to the lack of communication between parents and their children. Lack of sex education was considered by 10% of the sample as the main cause of teenage pregnancy.

Teenage pregnancy also reduces the parents' expectations for the pregnant adolescent and other children. This, in most cases, leads to parents becoming unable to control their children's lives. However, some parents act positively on realising that the older daughter's school and job options are limited; they might have even more demanding expectations on younger children (East, 1999).

In the same way Roosa (1991) states that adolescent pregnancy puts an enormous burden on the shoulders of the parents. They are at first shocked and disappointed after hearing the news of pregnancy. This is because the pregnancy disrupts their own plans. Often a large share of the child's care and responsibility is their own and they have the additional burden of the costs of medical care and the space required for the new child.

Parents, especially the mother, would refuse to give their daughters permission to have boyfriends, but they do nothing to make sure that their daughters are not seeing boyfriends. Some of the girls indicated that they met their boyfriends in the fields, after school or even at home when parents are away at work. After getting pregnant in this way, they know that they will be scolded by, especially, the father, sometimes even be asked to leave the house, but they know for sure that their mother's will cover for them (De Visser and le Roux, 1996). The problem here is that

parents do not really tell the adolescents why they should avoid sexual activity at their age and what the consequences of pregnancy will be for the whole family, including herself.

East (1999) is of the opinion that an adolescent's early pregnancy might increase her mother's communication about sex and contraception with her other children. In this way the mother might be motivated to prevent a second pregnancy in the family and might view the older daughter's pregnancy as an opportunity to discuss contraception and the ways of preventing pregnancy with the other children. It is not good for mothers to blame themselves for their older daughters' pregnancy. They may see their lack of open communication about sex and birth control with the older daughter as one of the factors that possibly contributed to her becoming pregnant.

Therefore, it is very important for parents to empower their children with the techniques of saying 'no' to sex at an early age. They can do this by discussing sex related matters with their children from an early age. By so doing, they will instill healthy and positive attitude so that children feel free to go to them with questions. The role of parents is to prepare their children for responsible sexuality (Mayekiso & Twaise, 1992:22).

3.8 THE ROLE OF ROLE MODELS ON ADOLESCENT PREGNANCY

Makhetha (1996:158) postulates that adolescent pregnancy increases with generations, as adolescents come to know that their mothers and sisters had babies as teenagers.

According to Boulton and Cunningham (1991:3), in American literature on pregnancy it is indicated that there is a high incidence of teenage pregnancy among the second and third generations of females in single female-headed households. De la Rey et al. (1997:31) found that teenage mothers could name at least one other family member who had conceived during her teenage years. This often provides a positive role model for premarital teenage pregnancy.

Some of the most successful and respected women in the urban black community are not married, but have children. There exist sufficient positive role models for today's black girls not feel that getting a child before marriage will jeopardize their chances of being either respected or respectable. (Preston-Whyte et. al.1990).

Studies have correlated the number of siblings with non-marital childbearing. The relationship between the number of siblings and non-marital childbearing during adolescence may represent added stress arising from resource sharing. Siblings may provide exposure to values and behaviors that elevate high-risk behaviors (Kalil and Kunz, 1999). East (1998), shows that, when compared to the sisters of non-childbearing teens, sisters of child-bearing teens had more permissive attitudes about premarital teenage sex. Girls with teenage childbearing sisters were almost four times more likely to have already had sex (26%) than were girls with only non-childbearing teenage sisters (7%).

Single parenting seems to be the most common choice among older girls, and this could be attributed to the fact that single unmarried women are more socially acceptable today than ever before. Some teenage girls also see this as a penalty they need to pay for falling pregnant. But the success of the teenage single parent depends entirely on the physical, mental, psychological and financial support of parents, grandparents or other relatives. If this support is not forthcoming, then the associated problems increase dramatically (Greathead, 1988).

3.9 THE ROLE OF PEER PRESSURE ON ADOLESCENT PREGNANCY

I left school when I was Standard 4 because my father lost his job and could not pay the school fees anymore. I got lonely and had nothing to do because nobody wanted me to work for them. Then I saw how nice it was for my friend to have a baby. It was a little girl and she wore nice dresses and people stopped my friend and said what a nice baby. So I thought, why shouldn't I have a baby too? Maybe my boyfriend will marry me when he loves the baby (Preston-Whyte et. al. 1990).

These are the feelings of many adolescents' girls that may lead to adolescent pregnancies. They get pregnant to please their boyfriends. A lot of girls cannot take the pressure from their peers that laugh or whisper that they are "inyumba"- that is, they are sterile, if they do not get pregnant to show their fertility.

Makhetha (1996:21) states that peer pressure constitutes a powerful urge to begin sexual activity. The trend today of early onset of dating and going steady provides prolonged contact between adolescent male and female and makes it difficult to refrain from sexual activity. As a result, many females see sex as necessary for the social rewards of dating; in other words, as a form of payment to ensure having a boyfriend.

3.10 THE ROLE OF SOCIO-ECONOMIC FACTORS ON ADOLESCENT PREGNANCY

In South Africa, the previous policy of apartheid and urbanisation influenced the society in a negative way. Although there is a new democratic government in South Africa, the rigid implementation of the previous apartheid policy has left the majority of South African communities under-developed and disorganised.

The legislative mechanisms of the apartheid policy such as, Land Acts, job reservation and influx control ensured loss of those values, morals and norms that had sustained African culture, and ensured family disintegration and the perpetual economic dependence of the African (Zille, 1986:143).

During the apartheid years a racialised view of teenage pregnancy predominated, and this was linked to the need for population control among black South Africans. The incidence of teenage pregnancy among black South Africans had to be reduced just as the overall birth rate of blacks had to be reduced. This, of course, was the government-sanctioned view, which also attempted to link poverty and other socio-economic problems in black communities to population control rather than to the apartheid system (De la Rey et. al. 1997:33). According to Chikane (1986:337), the

apartheid system resulted in children losing respect for their parents who offered them no protection against problems of poverty. As a result of this lack of respect, it became difficult to sustain traditional social relations between adults and children, which led to the loss of parental and community control and guidance in the area of sexuality (Preston-Whyte, 1991; Ramphele, 1992).

This is in contrast with the current policy on development, which seeks to formulate strategies to reduce the incidence of teenage pregnancy within the overall framework of emancipation and empowerment. A lot of conferences are addressing the recognition of a woman's right to decide for herself if, when and how to have children (De la Rey et. al. 1997:33).

3.11 THE ROLE OF URBANISATION ON ADOLESCENT PREGNANCY

Housing shortages and overcrowding created increased opportunities for interaction between adolescents, which could have had an influence on their sexual behavior. With urbanisation, old moralities have been discarded by the young and society has reached a turning point with respect to a number of aspects of sexual behavior.

Those behaviors which were previously regarded as deviant, are regarded as normative, namely equal sex roles, postponement of marriage and virginity prior to marriage. Makhetha (1996:20-21) states that there have been shifts in thinking about the acceptability of sexual experimentation and intercourse among the young and the unmarried. The environment in which adolescents are brought up today also contributes to early sexual activity and consequently early childbearing. The life in townships is conducive to sexual experimentation, as the greater part of the day is spent without parents in the homes because parents work outside the townships.

This places the burden on the shoulders of the parents because they have to support both the adolescent girl and the baby. The future wellbeing of the adolescent mother and her infant could be affected by the economic status of her family.

The low educational attainment of parents leads to a high rate of parental unemployment. Reliance on a single breadwinner and the low income, associated with unskilled manual-type employment, suggest that there is economic stress within the majority of families to which the adolescents belong. The prevalence of adolescent pregnancy could be attributed to this economic stress as involvement in sex could have been for economic purposes. A new member in an economically stressed family means an additional strain on the financial resources of the family (Makhetha, 1996:158; Klitsch, 1993; Perino, 1992; Maynard and Rangarajan, 1994; Grogger and Bronars, 1993).

3.12 THE ROLE OF DEMOGRAPHIC RISK FACTORS ON ADOLESCENT PREGNANCY

Population experts and international policy makers are becoming concerned with the demographic consequences of adolescent reproduction and its impact on overall fertility levels and population growth rates. A cause for concern is the effect of early childbearing on the time-span between generations. The younger the average age at the first birth, the less the time required to produce a generation, thus the faster the population growth. Another cause for concern associated with early childbearing is that of increased family size.

Mothers who give birth to their first child at an early age not only produce over a long period of time, but also tend to have shorter intervals between subsequent childbirths. Additional pregnancies soon after the first child tax the limited financial and emotional resources of the adolescent girl and her ability to cope, thus creating not only adverse demographic, but also adverse emotional consequences (Makhetha, 1996:34-35).

The research done by Kalil and Kunz (1999), suggests that parents with more education place a higher value on educational goals and such goals are related to adolescents delaying sexual activity. Reading materials that are used in the home as educational resources may affect teenage nonmarital childbearing through their

effects on educational achievement. Poor families, on the other hand, may have fewer educational resources to provide for their children, which may lower adolescents' motivation to avoid pregnancy or childbearing. Female-head-of-household status may affect parental monitoring and supervision, which may increase the opportunities for and acceptance of teenage sexual activity.

The same research found that being a member of an ethnic minority group is a predictor of early sexual intercourse and adolescent nonmarital childbearing. This, of course, may be attributed to low socio-economic status among that group, stress associated with persistent racism and discrimination or cultural differences in the meaning of adolescent sexual behavior and childbearing.

Community demographic factors were also found to influence adolescent childbearing. Residence in urban areas is a particular risk factor. The collective socialization theory proposes that adults in the neighborhood who perform (or fail to perform) certain behaviors will collectively socialize the children in those neighborhoods to expect certain standards of acceptable behavior. They do this by establishing social control and encouraging and monitoring adolescent behaviour. These positive adult behaviors are more likely to occur in neighborhoods with low poverty and low unemployment rates. Community socio-economic conditions also may affect the life options and opportunity costs perceived by adolescents and consequently can increase their participation in risky or problem behaviors.

3.13 THE EFFECTS OF POVERTY ON ADOLESCENT PREGNANCY

Most adolescent mothers come from poor background. Parents of these girls have little influence on, or interest in their daughters. The result is that the family relationship cannot be used meaningfully to prevent these conditions (Burman & Preston-Whyte, 1992:212). According to Makhetha (1996:20) poverty plays an important role in premarital intercourse among adolescents. Many poverty stricken individuals feel locked into a life of continuing deprivation with little to look forward to in terms of rewarding jobs, a happy marriages and an adequate income. There

seems to be little use of planning for the future.

Malnutrition is also mentioned as one of the outcomes of poverty. For most African children in South Africa, the malnutrition battle begins from the day they are conceived. The poor diet and poor nutrition of many mothers results in foetal growth retardation - as it is difficult to obtain enough of the right food for adequate nutrition. This kind of nutrition is unacceptable for pregnancy as early foetal growth depends on the maternal state of nutrition prior to pregnancy.

The social environment determines later attitudes and behaviour of people. It is in this environment that life values, perceptions of self, sexuality and personal relationships are formed during interactions. What happens around us may exacerbate adolescent pregnancy. Because of poverty, older men coerce a lot of inexperienced girls into sexual activity. T.V. uses advertisements which show a need to have more money, expensive cars and being connected with the cellphone. That is why adolescents fall into the trap of being coerced.

3.14 THE ROLE OF THE SCHOOL ON ADOLESCENT PREGNANCY

Growing concern has focused on the extent to which early pregnancy and childbirth might disrupt the education and future life opportunities of young women. Growing evidence suggests that, compared to women who do not become pregnant early, teenage mothers are more likely to experience a range of personal and social disadvantages, including early school leaving (Fergusson & Woodward, 2000).

The previous education system (Bantu education) in South Africa was a source of political conflict leading to widespread school disruptions, with slogans such as "no learning", "democracy first", "liberation first, education last", "freedom now, education tomorrow". These schools boycotts affected children's education with many losing two or even four years of schooling between 1976 and 1986 (Chikane, 1986:339). These school disruptions resulted in children wandering around, bored and, ultimately, getting involved in acts such as sexual experimentation (Makhetha,

1996:22).

Under the apartheid system, schools for the African community were poorly equipped and overcrowded, with underqualified teachers. The teacher-pupil ratio in 1983 was 1:43 for African children, compared with 1:18 for White children. Over the period of 1975 to 1976, for every R1, 00 spent on an African child, R14,00 was spent on a White child (Chikane, 1986:338,340). Consequently, the school dropout rate for African children became high. Many did not even get four years of schooling (Chikane, 1986:334).

Bantu education led to a politicised and rebellious youth, who engaged in continuous school disruptions, resulting in educational underachievement, self-destructive behaviors such as drug and alcohol abuse, and premarital sexual indulgence, leading to pregnancy (Ramphela, 1992:19). There appears to be a relationship between educational achievement and the likelihood of premarital sexual behavior. In the same vein Boulton and Cunningham (1991:20) state that the lower the educational standard of the adolescent, the less likely she is to comprehend the physiology of procreation and contraception. It is thus clear that education plays an important role in adolescent fertility. Failure to graduate from high school is often cited as a consequence of adolescent pregnancy. Few pregnant adolescents achieve meaningful educational success. In general, it seems that having an early pregnancy will make it more difficult for an adolescent girl to continue with her education (Makhetha, 1996:36).

Research done on the characteristics of female high school drop-outs, which showed that they were apt to be impulsive, fatalistic, have a low self esteem, come from unhappy, large families, belong to the lower socio-economic class and have negative attitudes towards school. Thus, some of the characteristics that prompt early school leaving are the same as those that lead to becoming an unmarried adolescent mother (Makhetha, 1996:37).

Other studies show that a girl who falls pregnant during adolescence tends to be slow at school as well. Mogotlane (1993) indicates that some of the girls studied were in Standard 6 at age 17 and it would be difficult for them to continue with schooling, especially as their classmates tended to be 13-14 years old. The problem with this is that teenagers still in primary school are not exposed to the sex education offered by the family planning motivators who visit high schools only. The study of Boulton and Cunningham (1991:20) in Port Elizabeth found that 81% of their sample had passed Standard 2 to 6 and only 10.4% had passed Standards 7 to 9 for the age group 12 to 17 years.

A survey of youth that was done by Ahn (1994) indicates that the differences in high school completion rates between women who have a teenage birth and those who do not, are affected by the birth of the baby and family background. Merely having a teenage birth leads to a 50% reduction in the likelihood of high school completion, compared with not having a teenage birth. Individual heterogeneity accounts for a 42% reduction in the likelihood of finishing high school among those who gave birth before age 17, and a 30% reduction among those who have a birth between 17 and 19, compared to those who do not have a teenage birth.

The study that was done on Hispanics and Mexican-Americans suggests that early childbearing has a serious negative effect on the educational attainment of Hispanic adolescents. Hispanic teenage mothers are considerably less likely to have completed high school than are their non-Hispanic white or black peers. Nationally, among Hispanic adolescent mothers, Mexican-Americans aged 18-19 had the lowest high school completion rate (31%). Of the nearly half-million births to adolescents in 1989, 18% were to Hispanic adolescents, and of these, nearly two-thirds were to Mexican-Americans (Warrick; Christianson; Walruff & Cook 1993).

Another four-year study among teenagers who gave birth revealed that 58% dropped out of school at some time: 28% before becoming pregnant and 30% after conceiving. The likelihood of leaving school differed according to a teenager's racial and ethnic background. Some 69% of Hispanic teenage mothers dropped out of

school, as did 60% of white and 50% of black young mothers (Mahler, 1999).

Fergusson & Woodward (2000) reported that there was evidence of an association between teenage pregnancy and education underachievement at high school. Young women who became pregnant before age 18 were approximately ten times more likely to leave high school without qualifications or of failing to enter the Sixth Form than their non-pregnant peers. They gained an average of 2.5 fewer subject passes in their national School Certificate examinations. Pregnant teenagers had odds of failing to enter tertiary education that were nearly five times higher than those of the non-pregnant peers.

Bickel & Weaver (1997) concluded that there were some factors that explained dropping out of school that also contributed to teenage pregnancy. They found that the presence of opportunities, a valued future and participation in a socially and culturally stable community, both in school and out of school, contributed to diminishing teenage pregnancy. They further found that when small, traditional schools were replaced by large, consolidated schools where curriculum tracking was pursued aggressively, a sense of valued membership and participation was harder to find, and teenage pregnancy became more likely. As with dropping out, when opportunity and community become more difficult to find, teenage pregnancy becomes more common.

3.15 USE OF CONTRACEPTIVES AND ADOLESCENT PREGNANCY

Many sexually active adolescents fail to use any kind of contraception, others fail to use them effectively. The issue of contraceptive knowledge and usage is important as in most cases ignorance and misuse lead to adolescent pregnancy.

Makhetha (1996:25) reports that several studies in North America showed that about 50% of sexually active high school youth reported that they had never used any form of birth control. Of those who used contraceptives, highly effective contraceptives

were used consistently by only a small percentage, whilst the majority of adolescent girls relied on the contraceptive vigilance of the boys (using a condom), who in turn seemed to be markedly inconsistent and perhaps unconcerned about contraceptive usage. In the same way Steinberg (1993:378) reports that studies of contraceptive use suggest that misinformation about sex and pregnancy, a lack of access to contraceptives and adherence to the personal fable that unprotected intercourse is not going to result in conception, all contribute to teenage pregnancy. Contraceptive use among Americans was said to be sporadic and inadequate.

There are factors that are associated with contraceptive usage in adolescence, according to Makhetha (1996:25-28):

- Age

Contraceptive usage increases with age; the younger the adolescent, the less likely she is to use contraceptives.

- Religion

Empirical evidence suggests that females who are deeply religious are less likely to have premarital intercourse, to begin with.

- Socio-economic status

The life situation and resultant attitudes of economically deprived families, who feel depressed and hopeless about the future and believe that planning for better lives will avail them little, make contraceptive usage less likely.

- Previous Pregnancies

Adolescents who have been pregnant have a greater tendency to use contraceptives than those who have not.

- Relationship with parents

Discussions of birth control by mothers prompt its use, especially if mothers are specific in instructions about female oriented techniques. However, in the study of

parent-youth relationships on contraceptive usage, only 5% of adolescents list their parents as their primary source of sex information, whilst 73% list boy and girl friends as the primary source from whom they received (much distorted and incorrect) information. It is true that effective sex and family life education would not eliminate pregnancy among adolescents, but sex education by parents would help them discuss sex-related issues with children, thereby reducing the incidence of pregnancy.

- Psychological condition

The following factors were found to be associated with adolescents who did not use contraceptives or failed to use them consistently.

Guilt

Some adolescents were unable to accept themselves as sexually active, denied that they were going to continue with sexual activity and therefore had intercourse without contraceptive usage. After falling pregnant they felt guilty about their actions.

Knowledge and Attitudes

Repeated studies have shown that adolescents lack correct information about reproduction. Lack of adequate knowledge is a key factor in the problem of inadequate contraceptive usage among adolescents (Makhetha, 1996:28).

Failure to use contraceptives may be attributed to the following:

- Contraceptive advice for adolescents is of variable quality as presently available contraceptives may not be ideal for young users (Preston-Whyte, 1991:10).
- Lack of confidentiality in their consultation with the family doctor or the family planning nurses (Preston-Whyte, 1991:11).

- Inaccessibility of services discourages teenagers from taking precautions against an unplanned pregnancy; for example, having to bring a parent (mother) along for consultation to the clinic.
- Negative attitudes of nurses towards adolescents who utilize family planning services (Preston-Whyte, 1991:11).
- Combined service for adolescents and older mothers which makes adolescents feel shy and cause them never to return for service.
- Even where knowledge and contraceptive facilities are available, individuals could choose not to avail themselves of the opportunity of preventing pregnancy (Preston-Whyte, 1991:11).

Stevens-Simon & Kaplan (1998), found that adolescents were not using contraceptives because:

- they had not thought they could conceive or did not know where to go for a method of contraception;
- others replied that they had concerns about contraceptive side effects or did not care about becoming pregnant; and
- others argued that if they continued using contraceptives they would battle to have babies or they would not be able to have babies when they wanted to (De la Rey, et. al. 1997:32).

Apart from the fact that some adolescents are inadequately informed, the reasons for not using contraceptives are divergent and complex (Louw et. al. 1998:408) cite the following reasons:

- they did not plan sexual intercourse, it just happened;
- they felt guilty about being sexually active and regarded the use of contraceptives as a reminder or proof of their transgression;
- in some cultures, it is very important for the young women to prove their fertility. Some adolescents believed that contraceptives could influence their fertility;
- some believed that contraceptives could cause girls' bodies to become jelly-like (Parekh & De la Rey, 1997);
- girls often said that their boyfriends did not approve, and if they insisted, it might create the impression that they were "sleeping around" (Parekh & De la Rey, 1997);
- adolescents were also under the impression that, because they did not have intercourse on a regular basis, it was not necessary to use contraceptives;
- adolescents were also afraid that their parents might find out that they were sexually active;
- some said that they were too shy to visit a family planning clinics;
- some said that contraceptives caused a lot of discharge and their boyfriends would think that they had sex with other men; and
- lack of knowledge about traditional methods of practicing safe sex was an additional reason for not using contraceptives. The traditional method is 'ukusoma' (the woman crosses her legs to prevent the man from penetrating her).

Gouws and Kruger, (1996:131) cite the following myths associated with contraception:

- the use of contraceptives makes you sterile;
- you cannot get pregnant the first time;
- you cannot get pregnant if you are having your period;

- you cannot get pregnant if the male withdraws in time; and
- you cannot get pregnant if you are standing.

Although contraception would appear to be a plausible solution, it is widely accepted that there are many pitfalls. Many years ago, many people believed that if access to contraception were improved then more sexually active teens would use them.

But this is not the case; most studies that have been conducted indicate that improving access to contraception did not significantly increase contraceptive use or decrease pregnancy (Kirby, 1999).

3.16 THE EFFECTS OF SEXUALLY TRANSMITTED DISEASES ON ADOLESCENT PREGNANCY

The increasing levels of teenage pregnancy, HIV-infection and other sexually transmitted diseases among adolescents in South Africa is a major concern at national and local level. The concern is compounded by the fact that the majority of newly HIV-infected people in South Africa are aged between 15 and 24 years old (UNAIDS and WHO Report, 1998).

Sexually transmitted diseases are diseases that are contracted primarily through sexual contact. This contact is not limited to vaginal intercourse, but includes oral-genital and anal-genital contact as well (Santrock, 1996:401).

Since an increasing number of adolescents are sexually active, have more than one sexual partner and do not readily use a condom, the risk is high that sexually transmitted diseases like gonorrhoea, genital herpes, syphilis and AIDS could be transmitted. Although all of these diseases pose some dangers, it is especially AIDS that is important because not only is this fatal disease on the increase, but there is as yet no cure for it (Louw, et. al. 1998:411).

Adolescent sexual activity leading to unintended pregnancies also predisposes

youngsters to sexually transmitted diseases. Adolescents not only run the risk of being infected themselves, but may pass on sexually transmitted diseases to others, including their own children.

a) The effects of HIV and AIDS on adolescent pregnancy

HIV/AIDS is the most serious and devastating disease that faces the world today. Available information shows that developing countries are most affected. The World Health Organization (UNAIDS) statistics reveal that out of 33.4 million people with living with HIV, 16.7 million are aged between 15-24 years.

AIDS is a sexually transmitted disease that is caused by a virus, human immunodeficiency virus (HIV) that destroys the body's immune system. (Santrock,1996: 403). Following exposure to HIV, a man or woman is vulnerable to germs that a normal immune system could destroy.

AIDS is no joke. It is an invisible killer and it is hard to detect, and it destroys by leaving its victims open to all kind of diseases. For many people, especially adolescents, AIDS is something other people get. They think they will not catch AIDS because they only sleep with clean partners. One cannot see AIDS. Even the most attractive human beings may have AIDS and you do not have to sleep around to catch AIDS – one act of sexual intercourse with an infected partner can be enough (Gallagher, 1996:144). In the same vein, Transport Minister Abdular Ormar said HIV is a silent epidemic and most South Africans, particularly the youth, do not believe that AIDS exists, claiming that they have not seen someone who is HIV positive or dying of AIDS. He warned the youth that AIDS does not discriminate, it does not care about race, gender, religion and sexual preference. It is not a gay or heterosexual disease (Msiza, 1 November 1999).

In South Africa and the United States of America, the age group 20 to 29 comprises 20% to 25% of all known AIDS cases, while the incidence of AIDS among South African girls younger than 20 years is alarming. Since there is an incubation period of

eight to ten years between infection and the first appearance of AIDS symptoms, it is possible that this infection had already taken place during early adolescence (Low et. al. 1998:411). HIV has increased by 65% in pregnant girls between 15 and 19 years old, despite the government having trained more than 8000 guidance teachers up until February 1998 to educate teenagers about the virus (Daily Mail & Guardian, 9 September 1999).

In the same vein Galloway (2001:3) quotes Ouma Tsopo (MEC for health in Free State), stating that from a 2000 survey it was established that 15,75% of young people up to the age of 20 years are infected. Of those between the age of 20 and 24 years, 29,09% are infected. 27,9% of those between the age group of 25 to 29 and 17,31% of those within the age group of 30 to 34 years. This clearly shows that the adolescents are more at risk if they do not change their lifestyle.

Although Sub-Saharan Africa accounts for only 10% of the world's population, 85% of deaths from AIDS have occurred here. In South Africa, it is estimated that five million people will be HIV positive by 2002. Young people have the fastest-growing infection rates. Among women aged less than 20 years attending ante-natal clinics, the rate increased by a massive 65.4% from 12.7% in 1997 to 21% in 1998. Thus, large numbers of young South Africans are contracting the virus as a result of their behaviour in adolescence. For the majority of the young South Africans, sexual activity starts in the mid-teens (Flisher, undated).

In Botswana, Asante found that around half of the people who acquire HIV become infected between the ages of 15 and 24. Many young people run the risk of HIV infection because they lack essential factual knowledge and information. Large proportions of young people do not know how to protect themselves against HIV/AIDS, but even where awareness is relatively high, a significant proportion of sexually active girls (aged 15-19) do not see themselves as being at risk of HIV infection. There is a widespread misconception, especially among girls, that a person who looks healthy cannot be infected by HIV and hence cannot transmit it.

3.17 CONCLUSION

Drastic effects of adolescent pregnancy have been discussed. If parents know the needs and the reasons why their daughters become pregnant, the problem of adolescent pregnancy could be reduced. But, as the discussion goes on, the environment also plays a very important role in causing the adolescent to become pregnant. It is therefore very important for the government to minimize the unemployment rate as poverty is one of the causes of adolescent pregnancy.

CHAPTER 4

4. PROGRAMMES USED TO PREVENT ADOLESCENT PREGNANCY

4.1 IMPORTANCE OF SEXUALITY EDUCATION

Sexuality education is education that guides a child to become an adult man or woman. As a result, a man or woman should be able to choose virtue of his or her own accord and assume responsibility for his or her behavior. Sexuality education begins at birth (Van Rooyen & Louw, 1994:156). This type of education is essential that an adolescent can make the right decisions. But some parents and schools are opposed to sexuality education because as Gibson (1992:162) says, they believe that this knowledge increases irresponsible behaviour.

Prevention is better than cure. To make your own decisions rather than allow others to make them for you, increases your self-respect and self-confidence. Adolescents need to make decisions concerning sexuality before-hand and stick to them. In this way they will stay on the right way and keep their self-esteem (Gallagher, et. al. 1996:151).

Midwives, health workers at health centers and community outreach activists, face the complex task of trying to avert or mitigate the health problems of adolescent mothers and their infants. Prevention focuses on the need to plan and delay parenthood. Preston-Whyte; Zondi; Mavundla & Gumede (1990), contend that girls need to see good reasons not to fall pregnant before marriage. If they do not, it would be unlikely that they would be sufficiently motivated to ignore and withstand ridicule, peer pressure and intercourse.

Adolescents need life skill education, which will help them to build their self-esteem,

confidence and ability to act with mutual respect and responsibility in sexual relationships. Mwamwenda (1995:80) mentions that, when dealing with adolescents at school and in the classroom, one needs to have knowledge of adolescents in order to facilitate effective communication between pupils and teachers as well as between parents and children. It is also important that adolescents are provided with information relating to their growth and development so that whatever changes they undergo should not surprise them and therefore be experienced as traumatic.

4.2 GUIDELINES FOR PREGNANT ADOLESCENTS

Louw et. al. (1998:413) mention the following guidelines to help adolescents cope with their sexuality:

- an holistic approach to sexuality education should be adopted in school-based programs to include sexuality education, health education and life skills;
- sexuality education should start from pre-school upwards. Sexuality education should focus on loving relationships and respect for one's own and another's body;
- adolescents should receive instruction regarding the different sex value orientations and the implications of early sexual activity; and
- because of the tremendous influence of the peer group, peer guidance programmes could be used to instruct peers regarding the use of contraceptives and the result of making irresponsible choices.

4.3 ESSENTIAL PRINCIPLES IN PREVENTING ADOLESCENT PREGNANCY

To prevent adolescent pregnancy, there are five principles that are essential, as stated by the Annual Report (1997-1998):

- parents and other adult mentors must play key roles in encouraging young adults to avoid early pregnancy and to stay in school;
- abstinence and personal responsibility must be the primary messages of prevention programs;

- young people must be given clear connections and pathways to college or jobs that give them hope and a reason to stay in school and avoid pregnancy;
- public and private sector partners throughout communities, including parents, school, the media, human service providers and religious organizations must work together to develop comprehensive strategies; and
- real success requires a sustained commitment of the young person over a long period of time.

4.4 FAMILY INVOLVEMENT IN PREVENTING ADOLESCENT PREGNANCY

Freeman and Rickles (1993:122,125) designed the family involvement project in helping families to encourage responsible sexual behaviour in young adolescents and to prevent early teenage child bearing. It was community-based and intended to foster community involvement in discussing early teenage child bearing. It's specific goals were to: - help mothers identify and communicate their values about sexual behavior and pregnancy to their early adolescent children; - demonstrate that mothers of teenagers at high risk of pregnancy can aid in preventing early teenage childbearing; - help young teenagers recognize the negative effects of child bearing on their lives and effectively prevent unwanted pregnancies; - demonstrate the feasibility of increasing community involvement in preventing teenage childbearing; and demonstrate the feasibility of outreach from a medical setting to a community at risk of teenage pregnancy.

The result of the above project was that all mothers who participated in the project had 'never- pregnant' daughters from age 11 to 14. About 50% had technical training beyond high school. Approximately 60% were employed, primarily in clerical and 9% in professional jobs. Also, the mothers were much more likely than the teenagers to indicate improvement in discussing teenage pregnancy issues. The teenagers were much more likely than mothers to indicate that their ideas about teenage pregnancy changed. Many teenagers and mothers reported a greater awareness of the limitations and problems that accompany early child bearing. When mothers and

their daughters participated in group meetings, their communication improved. The younger teenagers aged (11 to 14) reported the most change in ideas about teenage pregnancy and more improvement in mother-daughter communication.

4.4.1 Parent Involvement

Santrock (1996:405) rightfully mentions that parents are the most responsible persons to fight against pregnancy and sexually transmitted diseases, even while the majority of adolescents say that they cannot talk freely with their parents about sexual matters. It is indicated that about 17% of adolescents' sex education comes from mothers and only about 2% from fathers. A majority of parents favor sex education in the schools. Another survey did indicate that 78% of parents wanted schools to teach sex education. Many schools have no sex education program at all. When it is given, it varies from one school to another. The most common place for adolescents to be given sex education information is in a tenth-grade biology class. This is not to say sex education programs in schools may prevent adolescent pregnancy and sexually transmitted diseases. Researchers found that sex education classes do improve adolescents' knowledge about human sexuality, but do not always change their sexual behavior.

Parekh, De la Rey, Shembe & Naidu (1996) initiated a program to provide teenage mothers with an opportunity to develop a support network among their peers. A number of issues and problems were discussed in groups. A dominant theme was the difficulty of combining the roles of being the mother and scholar, although it was widely acknowledged that family members were a source of assistance. Support mainly took the form of child-care and financial help. Most participants reported a sense of loss resulting from having less or no social contact with their former peers. The group context was seen as beneficial because it allowed participants to express their fears and worries and also to interact with others facing the same challenges. Several participants said that this group exercise was their first opportunity to talk about the negative aspects of their experience as teenage mothers.

Boult and Cunningham (1992) discovered that sex education in school is viewed with distrust by most black parents. Because of social and economic constraints, many black pupils are older than their counterparts in Western countries. The researchers argue that sex education should be provided at the onset of puberty to be effective. Such sex education needs to be multi disciplinary and holistic in approach and directed at parents and their pubertal children.

The essentials of education both at home and school involve trusting relationships. From a pedagogic perspective, this includes the trust relationship, the understanding relationship and the authority relationship between educator and educant. In the psychic life the adolescent learns about sex and her own sexuality by perceiving, observing, thinking about and making suggestions about sexual behavior. She becomes sexually self-actualized as a woman by exploring, differentiating, being objective and emancipating herself from the realm of her own sexuality. She executes this by knowing and behaving as a sexual being (Oosthuizen, 1990).

4.4.2 Program for younger sisters of pregnant adolescents

East (1998) designed an approach to encourage group discussion among younger sisters. They could be asked to discuss the stresses and disruption caused by premarital parenting in general, and by their sisters' as parents, in particular. They could be encouraged to share their stories of how they and their families were affected by their sisters' pregnancies and births and how they and their families are coping. As they told their stories in a non-threatening, supportive environment, the younger sisters might develop a broader perspective on their own problems. The sharing of experiences can provide a source of strength and a positive basis for pregnancy prevention.

4.5 PROGRAMMES IN SCHOOLS

When sex education programs are combined with the availability of contraceptives, the pregnancy rates of adolescents are more likely to drop. Some researchers are of

the opinion that there is a need to combine school-based sex education and school-based health clinics through which adolescents can receive information about sex and pregnancy as well as contraception. Evaluations indicate that this combination of sex education and clinic services actually diminishes the rate of teen pregnancy, even within communities characterized by high rates of adolescent pregnancy and child bearing. However, some parents object to such programmes in their community, fearing that they will stimulate teenage sexual activity (Steinberg, 1993:381).

Educators have been searching for ways to cope with the achievement gap between adolescent mothers and adolescents who do not have babies. School districts are developing parenting education and child care programs that focus on the dual purposes of encouraging the young adolescent to stay in school and providing early learning experiences for the teens' babies, so that they will be ready for school when they enter kindergarten (Ripple, 1994).

Teen mothers either drop out of school in order to care for their infants or, if they return to school, they leave their babies at home in the care of an older adult. That is why in one district in rural Georgia a program has been developed that brings three generations to school: the teens, their babies and the teens' parents (the grand parents). This program combines the elements of early intervention, parent involvement, parenting skills and career preparation. Its mission is to enhance child development and pave the way for greater academic, social and economic success in the future for the three generations (Ripple, 1994).

Ripple (1994) gives the following reasons for involving the third generation: - to gain support for the teen through parental involvement in the school program; - to educate the older generation to be better parents; and to provide training in a marketable skill (child care provider). There are major goals for this program: - to increase the adolescent mothers' academic levels and the likelihood of remaining in school until graduation; - to increase school attendance rates; - to increase employability skills; and to develop a more positive attitude about school, that will result in their becoming

life- long learners.

Ripple (1994) agrees that involving the third generation is essential to meet the needs of the teenage mother and include parenting education that is particularly tailored to the needs and problems of young mothers. Without the opportunity for the teen to learn and apply new knowledge about infant stimulation, child development, emotional and physical growth, the development of the child may be delayed. Good child care can help to relieve some of the stress associated with teen parenting and reduce the potential for child abuse.

4.6 TAKE-CHARGE PROGRAM

Jorgensen (1991) used a "taking charge" program for adolescents and their parents that includes: - a six week curriculum for seventh grade students enrolled in home economics classes and three parent-youth sessions offered to the students and their parents/caregivers during evening hours. This program was designed to promote strong family values and abstinence from sexual activity. The program intends to help young adolescents to "take charge" of dealing with their psycho-sexual development and relationships with parents and peers and planning their future lives in the world of work. The program intends to help parents "take charge" of communicating sexual information and standards to their adolescent children, and in assisting their adolescents in achieving their occupational goals. It was found that adolescent females are more likely to practice responsible sexual and contraceptive decision-making if they have talked to their mothers about sex-related matters.

4.7 SCHOOL AND COMMUNITY PROGRAM

Koo & Dunteman (1994) used a school and community program in Denmark. The program used an intensive school and community based educational approach that included sexuality education courses for schoolteachers, workshops for parents, clergy and community leaders, media campaigns and programs that trained students

to serve as peer counselors. A school nurse counseled students who were at risk of initiating sexual intercourse to avoid doing so and provided students who were already sexually active with contraceptive counseling, services and supplies.

With this program there was a sharp decline in estimated pregnancy rates among young women aged 14 to 17 in the program area. During the same period, adolescent pregnancy rates rose in three comparison countries that did not receive program services.

4.8 SEX AND HIV/AIDS PROGRAMMES

De la Rey, Duncan, Shefer and Van Niekerk (1997:106) quote Article 8 of The Children's Charter of South Africa (1992), which states that all children should have the right to education on a wide range of issues such as sexuality, HIV/AIDS and human rights. It also acknowledges that children are sexually active. Until recently, there has been little provision for sexuality education in the majority of South African schools as a result of conservative views in the community, religious and parental views. Sexuality education in South Africa has not been incorporated in the formal educational institutions, with non-governmental organizations (NGOs) carrying the bulk of the responsibility. The majority of sexuality programmes presented by various departments of education or health in South Africa have been perceived as being too conservative, moralistic or unrealistic in terms of socio-economic realities and the needs of South African youth.

Sexuality education from pre-school upward is essential in order to dispel misinformation and the lack of knowledge. It should facilitate the construction of a sexuality which is concerned with more than just sex. It should focus on loving relationships and respect for bodies (De la Rey et. al. 1997:106).

Inclusive Curriculum Programs in USA were used to offer a general education curriculum, as well as a range of relevant course work. It included parenting and child development classes which often offer counseling and provide referral to health

monitoring and child care. Students attend these programmes instead of regular classes. They are separate (but equal to) the regular school program. These programmes include everything necessary for the mother.

Students attend regular classes for most of the day and receive school credit for special course work (Burdell, 1998).

Kirby (1999) used sex and HIV education programmes that were included in the curricula:

1. focused on reducing the frequency of one or more sexual behaviours that may lead to unintended pregnancy or HIV infection;
2. based upon theoretical approaches that have been demonstrated to be effective in influencing other health-related risky behaviors;
3. meant to give a clear message by continually reinforcing a clear stance towards unintended pregnancy and HIV;
4. designed to provide basic, accurate information about the risks of unprotected intercourse and how to avoid it;
5. structured to include activities that address social pressures on sexual behaviours;
6. meant to provide modeling and practice of communication, negotiation and refusal skills;
7. employed a variety of teaching methods designed to involve the participants and have them personalise the information;
8. incorporated behavioural goals, teaching methods, and materials that were appropriate to the age, sexual experience, and culture of the students;
9. lasted a sufficient length of time to complete important activities adequately; and
10. selected teachers or peers who believed in the program and provided training for such individuals (Kirby, 1999).

Flisher (undated) had initiated the development of health-promoting schools in all

provinces in South Africa. Health promoting schools according to him, are places where all members of the school community work together to provide students with integrated and positive experiences and structures which promote and protect their

health. This includes the formal and informal curricula in health, the provision of appropriate health services and the involvement of the family and community in efforts to promote health. The curriculum should provide health education that:

- utilizes all opportunities for health, which includes drawing on services outside the school;
- serves to harmonize the health messages from the various sources that influence students, which include the media, family, peers and the school; and
- empowers children and youth to act for healthy living and promote conditions supportive for health.

This was successful because it improved interpersonal relationships and teacher development skills.

4.9 PROGRAMMES FOR COUNSELLORS

4.9.1 Goals of counselling pregnant woman

The goal of counseling is to foster the pregnant woman's physical growth by encouraging her natural processes of change. This involves giving her permission to experience her emotional upheaval. By so doing the counselor validates, reinforces and clarifies her state of feeling well, depression and passivity. To ensure that the pregnant woman feels comfortable within her home situation, the counselor can arrange to meet with family members and educate them about the normal and emotional changes of pregnancy. The relationship with the mother/father to be, needs to be strengthened. Here the couple can be educated about normal processes of pregnancy, improving their communication style and being a source of emotional support (Bassoff, 1983).

It is recommended that counsellors who become involved with the unwed mother strive to involve the unwed father too. Counsellors, teachers and parents can join hands to develop programmes for both males and females. There is a need for counsellors to be part of a multi-disciplinary team and to work with the young girl from

the confirmation of pregnancy. The role of the counselor should be that of a supportive friend. The main aim of the counsellor is to help the adolescent to develop adaptive mechanisms for dealing with pregnancy. Marecek (1987) mentions the following goals of counselling:

- to mobilize the teenager's coping skills;
- to provide the information, referrals and emotional support;
- to help the teenager make a final, fully integrated decision about pregnancy with the least amount of regret; and
- to aid the teenager in using the crisis as an opportunity for personal growth and self-reflection.

4.9.2 Importance of counselling

Pregnancy counselling should provide people with time to look at their pregnancy and life situation, help them to explore all possible options and make an informed choice when they feel ready to do so in a non-threatening environment. Counselling is important because, as Brien and Fairbairn (1996:57) correctly put it, pregnancy is complicated and involves conflicting feelings and paradoxes: women often feel isolated, yet have a constant companion, one who has not been invited or has become unwelcome, and yet has decided to stay; who is invisible and yet is felt often as a presence extremely early in a pregnancy. This other being that is conceived by a pregnant woman cannot be universally defined, as everyone has their own individual way.

Adolescent pregnancy is prevented most effectively by anticipating the setting or conditions under which pregnancies are most likely to occur. Primary preventive

programming emphasizes the need to:

a, target both the groups that are at risk and those that are functioning well, thus creating a context that is as normative as possible;

b, direct efforts toward groups rather than individuals;

c, promote an ecological perspective that incorporates environmental explanations and intervention;

d, adopt proactive, intentional action plans;

e, utilize a variety of methods that incorporate face- to- face interaction with students, individual and organizational consultation, in-service training and use of the media; and

f, adopt a philosophy of empowerment that encourages self-reliance and competency enhancement. Enabling students to develop appropriate self-reliance is relevant because unintended pregnancies sometimes reflect a need for independence, a desire to control, and an assertion of adulthood (Paget, 1988).

4.10 YOUTH PROGRAMMES

The Daily Mail & Guardian (9 September 1999) indicates that most school guidance counselors fail to teach youngsters about issues of sexuality. This is true because learners argue that if they can't speak to their mothers about sex, then they won't be able to speak to teachers about it either. That is why in some projects peer educators are employed. They are becoming more successful in influencing teenage norms. Some principals of schools say that they are impressed by the quality of the work that these young educators are doing. Young educators are being looked up to as role models and they realize that they have the right to say 'no' to sexual issues.

Some programmes provide the youth with educational skills that help them to make responsible choices about their sexual values and with user friendly reproductive health services. They highlight the risks of early sexual activity, which often leads to an increased incidence of unwanted teenage pregnancies, Sexually Transmitted

Diseases and HIV/AIDS (Noxolo, undated).

Some programmes are designed to assist adolescents to become more responsible in their approach to sexual relationships. Students are helped to recognize sexually seductive themes and to acquire a better understanding of peer pressure. Emphasis is also placed on the acquisition of assertiveness skills for dealing with pressure situations, and an increased awareness of individual rights in social and sexual relationships (Paget, 1988).

Atwood & Donnelly (1993) encouraged older adolescents to use their problem-solving and listening skills along with knowledge of issues specific to the target population to counsel others of similar age and circumstances. During the adolescent stage, peers often model one another's behaviour and standards of conduct. They may have a greater capacity for understanding one another than do professionals. Cross-age helping, where older adolescents teach younger ones, could be incorporated into sexuality education programmes. Peer counselling groups could discuss issues around reasons for having sex, such as the adolescent wish to be loved, fulfilling unmet needs for acceptance, to prove masculinity or maturity, curiosity - a need to know whether they are attractive sexually and physically and whether they are acceptable to members of the opposite sex, or an inability to say 'no'.

4.11 PLANNED PARENTHOOD ASSOCIATION OF SOUTH AFRICA (PPASA)

PPASA Overview (November, 1999) states that PPASA is a member of the International Planned Parenthood Federation (IPPF) which was founded over 40 years ago as a voluntary health organization promoting sexual and reproductive health. Since 1994 PPASA has trained more than 1500 teachers in sexuality education. As a result of PPASA's expertise in training teachers in life skills, PPASA won a government tender in 1997 to train two teachers in every secondary school in five provinces. In the other four provinces, PPASA was part of a group of NGO's

doing the training. In total, approximately 10 000 teachers were trained.

PPASA has developed a Parent Education Program. This aims to give parents the knowledge and skills to be confident sex educators of their children. This initiative has proven to be an effective way to supplement the education that the youth now get at school.

PPASA educates men about their reproductive health needs. The program also creates an awareness of the important role that men play in contraceptive use and reproductive health issues and encourages them to realize that reproductive health is their responsibility too.

An adolescent reproductive health education program has been established through PPASA's Adolescent Reproductive Health Services (ARHS). This program trains peer educators who are responsible for educating out-of-school youth.

The success of this program lies in the fact that adolescents are easily influenced and impressed by their peers. Having informed and well-educated peer educators dispel many myths that adolescents have about sex and sexually.

4.12 CONCLUSION

Progressive education policies and school education cannot solve the problems alone. Many stakeholders has a role to play and all of them must be empowered. The stakeholders are the psychologists, social workers, parents, teachers, children and health clinics. The stakeholders must teach people about teenager sex, teenage pregnancy, child abuse and sexually transmitted diseases. Education programmes will not have widespread impact unless people are taught about safe sexual practices before they become sexually active, which is why primary school children will be targeted with preliminary sex education (Mail & Guardian, November 1998).

CHAPTER 5

5. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The last chapter will present a summary of the findings from literature, the conclusions drawn and recommendations made.

5.2 SUMMARY

Adolescent pregnancy is a worldwide social problem. This causes a concern for health workers, the community, and the parents. This is true because adolescents are too immature to shoulder the responsibility of pregnancy.

5.2.1 Summary of chapter 1

Different methods of contraceptives are available, but most adolescents are not interested in exploiting them. Various reasons why adolescents don't exploit such opportunities were outlined (refer to §1.1). Parents on the other hand, are to be blamed because there is a saying that "charity begins at home" which means that parents are the ones that must start to teach their children about sexuality issues. They are the ones who notice that the child has reached the stage of womanhood/manhood. This is the good time to inculcate the values of morality – what is acceptable and not acceptable. Yes, some parents indicate that the school is responsible for teaching sexuality education, but if they have a good base from their parents who are very close to them, then a lot of problems can be alleviated.

The statement of the problem was outlined (refer to § 1.2) and questions raised were answered throughout the study. The literature review, and research program were discussed. The study also dealt with the definition of terms that were frequently

used throughout the paper.

5.2.2 Summary of chapter 2

During the late eighteenth century, pregnancy among adolescents was rare. Intimacy during courtship was not tolerated because courting couples often lived at a great distance from each other. During the later part of the eighteenth century, premarital pregnancies and out of wedlock births began to rise because of the breakdown of stable communities and fornication laws were abolished (refer to § 2.2.1.1).

Adolescent pregnancy had an influence on the economy because public funds were spent on teenage childbearing. The money could have been saved if pregnancy was postponed. A lot of agencies spent a lot of money to provide for the services of pregnant adolescents that could have been saved (refer to § 2.2.1.3).

In African countries the problem of teenage pregnancy is not clearly recorded, because of early marriage. The adolescents get pregnant to prove their fertility and in most cases their parents acknowledge this because the arrangements for marriage run smoothly. The study showed that children of less than eighteen years were then married (refer to § 2.3.1).

The Zimbabwean Government allowed pregnant girls to continue with school after giving birth, with the aim of helping them to be educated. In South Africa, the Constitution states that "everyone has the right to education". Principals and teachers are urged to assist pregnant adolescents with their studies. If pregnant adolescents study at home, they should be allowed to write their examinations. In Swaziland, pregnant adolescents are allowed to go back to school after giving birth, but they wear special uniforms marking them as teenage mothers (refer to § 2.3.1.1).

5.2.3 Summary of chapter 3

The most crucial concerns of adolescent pregnancy was also outlined (refer to §

chapter 3) – that is the causes and the effects of adolescent pregnancy. The study outlined how adolescents develop and discussed the physical changes that occur (refer to § 3.4.1). Adolescents must acquire knowledge and skills in order to continue to advance to a higher level of development. Failing which, this lead to poor adjustment and an inability to solve some of the later tasks. At the same time adolescents have needs that need to be fulfilled. The reasons for being pregnant were outlined (refer to § 3.3). Some become pregnant because they want to substitute the loss of their loved ones. For some, being pregnant is a masked form of rebellion. The saying that history repeats itself is true. Some adolescents become pregnant because they repeat the very mistakes of some of the family members. Most of them become pregnant because they want to be independent, live their own lives and make their own decisions.

Most of the pregnant adolescent girls end up being miserable and frustrated. Their school career is being disrupted, because most of them are poor and they don't have caretakers for their babies. Most of them lack material, emotional and financial support.

Pregnancy causes a disruption in families. The parents do not trust the adolescent girl any longer and they worry that she will influence other sisters to become pregnant. If adolescents become pregnant by mistake, they resort to abortion – which in some cases lead to bleeding, infections and future miscarriages. Adolescents have psychological problems like depression, fear, nightmares and anger. This affects the baby too. Some of the babies are abandoned or are neglected and maltreated. Most of the children because they are being cared by immature parents they have lower birth weight or are abused somehow by their parents. These children, in most cases, do not do well in intelligence tests and may have behavioural problems.

The fathers are also affected (refer to § 3.6). They are often ignored, blamed for being irresponsible and not consulted in matters affecting their children. Some of the fathers, of course, do not want to be involved in the welfare of their children.

In some cases, adolescent fathers do want to be involved, it is just that they are less skilled and inexperienced. The father even if he works, he earns lower income - which is not enough to cater for the needs of the baby.

Parents sometimes contributes to adolescent pregnancy (refer to § 3.7). This happens because if the family is disorganised, the children often make wrong decisions, including engaging in early sexual activity. Parents can alleviate this by having open communication with their children. They have to tell the children about their bodies, educating them about sexual matters and sexual development.

Role models also contribute to adolescent pregnancy in that sometimes adolescents envies single parents who are well to do, who can afford everything their children want (refer to § 3.8). Some adolescents fall in that trap. Some of these models are their own mothers who sustained them throughout the years. They become pregnant hoping to follow in the footsteps of their mothers. Peers can also cause adolescent pregnancy. They pressurize their friends to have babies if they want to be part of the group.

Although the government issues free contraceptives, most adolescents do not want to use them. This includes the condom that is advertised daily for men to use for safer sex. The refusal to use contraceptives lead to a lot of sexually transmitted diseases, including HIV/AIDS.

5.2.4 Summary of chapter 4

There is a saying that "prevention is better than cure". All health workers at health centers, parents, teachers and the society should join hands to alleviate the problem of adolescent pregnancy.

This is important because adolescents are inexperienced; they need life-skill education which will help them to act responsibly (refer to § 4.1). Different programmes that were used to help adolescent mothers to cope with the new situation that they find themselves in were discussed.

In most cases, the families were involved. Some programmes were designed for the sisters of adolescent mothers so as to influence them not to fall in the same trap. Other programmes were tailored in such a way that adolescents could continue with their education whilst at the same time caring for their babies.

The study showed that sex education programs should be combined with school-based health clinics so that the adolescents could receive information about sex, pregnancy and contraception. Some school districts have developed parenting education and child care programmes to encourage adolescents to stay in school and to provide early learning experiences for the adolescents' babies so that they should be prepared for formal instruction when they enter kindergarten (refer to § 4.5).

5.3 CONCLUSION

Adolescent pregnancy is a worldwide problem. In some countries it is difficult to get the correct statistics because of the culture of marrying at an early age by men who can afford to pay the price of the bride (lobola) (refer to § 2.3.2.1). This is not to say that parents are happy about that. Parents are forced to accept that because of the poverty that is prevailing in the country. This is some kind of the abuse because, really, these are immature children, who have not yet developed enough physically to shoulder such a big responsibility.

Adolescent pregnancy has detrimental effects on the mother. Every adolescent has needs. If they are not met, problems such as adolescent pregnancy will arise. The study has shown that some adolescents get pregnant in order to win the love of their boyfriends (refer to § 3.4).

This is a huge mistake because history have shown that they are not married thereafter and they start to be frustrated, facing the problem alone.

Some, because of wrong decisions, end up neglecting children or giving them for adoption. In most cases they resort to abortion - which may have negative effects. Some of them have nightmares, hearing the baby crying and this lead to more psychological problems. Because of this, some of the children are born abnormal.

Adolescent pregnancy has an effect on the teenage father because of the burden that he has to shoulder. Sometimes his schooling is also interrupted in that he must go to look for work in order to support the baby. It is highly possible that he may not get the job because of high unemployment rate. Some of the fathers deny that the children are theirs, saying that they only had sex once, and suggesting their girlfriends were unfaithful.

Parents of pregnant adolescents have more burdens to shoulder because they have to care for the mother and the baby. This is not always easy because that was unbudgeted for. As a result this starts to break peace in the house. Most parents cannot shoulder the responsibility and chase the girl away.

If good programmes can be designed at home, society and school, the problem of adolescent pregnancy will be alleviated. Counselling will also help teenage mothers to cope with the new responsibility. However, all of these cannot happen unless all people concerned stand up and do something.

5.4 RECOMMENDATIONS

The following recommendations can be made:

1. Social welfare people (social workers, psychologists and NGO's) must take the initiative to educate parents on how to teach their children about sexuality

education.

They can do this by:

- # having private home visits with parents;
- # forming parent groups in the community; and
- # organising teacher-parent-meetings during evenings or weekends in community halls.

2. The society at large must realise that something needs to be done so that we will have future generation. They can be helped by means of:

- # newspapers
- # the radio
- # Television advertisements and programmes.

3. The school is the place where children spend most of their time and they can easily be influenced by the school environment. Therefore, this institution can be used to design the correct curriculum for sexuality education from lower grades.

4. All stakeholders should meet and discuss how will they alleviate the problem of adolescent pregnancy.

5. More strategies and programmes should be tailored to help adolescents to enjoy their youth by making the right decisions.

5.5 RECOMMENDATIONS FOR FURTHER RESEARCH

There is a great need for empirical research to be done concerning the following:

- # the influence of role models, peer pressure, socio-economic factors, violence and poverty on adolescent pregnancy;
- # how effective programmes can be used in poor countries to combat adolescent pregnancy; and
- # what effective counselling and guidance can be used to solve adolescent pregnancy.

5.6 CONCLUDING REMARKS

Adolescent pregnancy is on going and it seems as if this problem will have to be faced in future. All stakeholders (parents, teachers, the community and children) must design new tactics on how to solve the problem. It is true that some programmes have been initiated, but most of them did not succeed because of lack of commitment by some of the parents and adolescents. It is difficult for some programmes to succeed. The government cannot support it fully because of budget constraints. It is now the time to look for new ways of dealing with the problem of adolescent pregnancy.

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