ADOLESCENT LEARNER PREGNANCY IN KWAZULU-NATAL, SOUTH AFRICA: AN EXPLORATION OF MODIFIABLE PSYCHO-SOCIOECONOMIC RISK FACTORS

by

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TABLE OF CONTENTS

TABLE OF FIGURES

LIST OF TABLES

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AJOL	African Journals Online
CCPP	Community Coalition Partnership Programs for the Prevention of Teen Pregnancy
CDC	Centre for Disease Control
CSG	Child Support Grant
CToP	Choice on Termination of Pregnancy
DHET	Department of Higher Education and Training
DoBE	Department of Basic Education
DoH	Department of Health
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
HSRC	Human Sciences Research Council
ILL	Inter-Library Loan
ISHP	Integrated School Health Policy
KII	Key Informant Interviews
KZN	KwaZulu-Natal
LO	Life Orientation
MDGs	Millennium Development Gaols
OVC	Orphans and Vulnerable Children
SASA	South African Schools Act
SDGs	Social Development Goals
StatsSA	Statistics South Africa
ToP	Termination of Pregnancy
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
Unisa	University of South Africa
WHO	World Health Organisation

MEMORY

In loving memory of my late, sons Nduduzo Phiwokuhle Qulo (Sna) for his support in my studies and encouragement, you will always be loved and remembered. Mncedisi my nephew, my big sister (Nkosazane ka Ma) Nosiphiwo, Sbongile you are gone but not forgotten. Your constant support throughout all my studies is appreciated. You are all missed.

DEDICATION

I dedicate this thesis to my lovely daughter & my three-month old son (Fana), Amahle Ntando Dlamini (Ncane) and my mother (MaMdunge) for your endless support and encouragement that was always readily available. To my daughter thank you for your understanding & patience. To Fana thank you for holding on, your constant kicks inside me made me to soldier on even if though I felt exhausted.

DECLARATION

I Nolwazi Cynthia Dlamini declare that this dissertation entitled "*Adolescent Learner Pregnancy in South Africa, KwaZulu-Natal:* ***- An exploration of Modifiable Socioeconomic factors*****"** Is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references. It is being submitted for the degree of PhD in Sociology at the University of South Africa. It has not been submitted before for any degree or examination at any other University.

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N.C Dlamini 10th October 2019

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ABSTRACT

Background

Adolescence is widely accepted as one of the most difficult periods in one's life-span and it is characterised by significant life events, health risks and maturational challenges. Teenagers globally and most notably within South Africa, have a range of age-specific health risks that include an increased risk of being a victim of violence, suicide, accidental death and an unplanned pregnancy for female adolescent girls. On average, within South Africa, up to 11% of teenagers have an unplanned pregnancy and this is inspite of the number of national interventions that have been implemented over the last 20 years.

Aim /Objective

The aim of the study was to explore the range of socioeconomic influences that contribute to teenage pregnancy in schools in order to generate research evidence to support the development of contextually relevant recommendations and/or policy interventions related to the management of teenage pregnancy in Kwa-Zulu Natal specifically and South Africa general.

Methods

This study was based on a multi-approach qualitative design in which data was collected over three empirical phases. Phase 1 involve In-depth interviews of policy makers, young mothers, young fathers and community leaders who were purposively sampled until data saturation was reached. Phase 2 involved five-hybrid focus group discussions each made up of young parents, community leaders, policy makers, pregnant and non-pregnant female teenagers (each having between 8-10 participants). Phase 3 made up of in-depth individual interviews of (n=15) pregnant teenagers, In-depth individual interviews of (n=6) non-pregnant teenagers and In-depth individual interviews of (n=15) young mothers and fathers using purposive sampling until saturation was reached. The Final phase was a theory-development and validation exercise in which stakeholders were engaged in Delphi-type discussions.

Findings

The results of the study revealed that teenagers were of the opinion that socioeconomic and cultural practices both acted to encourage and discourage sexual activities. A notable view expressed by the participants was that teenage pregnancy was seen with different levels of seriousness by different types of teenagers and many did not always appreciate the seriousness of resulting consequences. Furthermore, similarly, teenage participants highlighted a number of perceptions about contraceptive use that demonstrated a serious lack of appropriate health education. Lack of parental supervision, high consumption of alcohol and loss of moral values were cited as contributory influences towards increased risk of pregnancy.

Conclusions and Recommendations:

Implications for practice

Policy makers need to take into account non-traditional contributory factors (poverty, peer pressure, parental neglect, early marriages) to teenage pregnancy in the development and implementation of relevant policies. It is also important that apart from the influence of the socio-economic and cultural factors, the strong influence of the external environment (local, national and international environment), the media and information technology (IT) should be considered in developing new policies and the review of existing policies for the control of teenage pregnancy in South Africa.

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE TEENAGE PREGNANCY DISCOURSE

1.1 BACKGROUND OF THE STUDY

Adolescence is widely accepted as one the most difficult periods in one's life-span and is characterised by significant life events, health risks and maturational challenges. Teenagers have a range of age-specific health risks that include an increased risk of being a victim of violence, suicide, accidental death and most specific to the current study – an increased risk of unplanned pregnancy for adolescent girls. Studies on teenage pregnancy show that on the average, globally, up to 11% of teenagers have an unplanned pregnancy (HSRC, 2016). The rate of unplanned pregnancy in South Africa is high and notably a prevalence of 47 births per 1 000 girls aged 15–19 per annum is reported (Fraser, 2017). This is disproportionately high especially in the context of developed countries such as the United Kingdom and the USA, where the prevalence is 15 births per 1 000 girls and 24 birth per 1 000 girls respectively (World Health Organisation, 2015).

Beyond its high incidence in South Africa, unplanned teenage pregnancy has been associated with increased morbidity and mortality risks for both the young mother and their newborn. For example, in its report, the National Committee for Confidential Enquiries into Maternal Deaths (2013) found an Institutional Maternal mortality (iMMR) rate of 97.7 deaths per 100 000 live birth among South African teenagers compared to a much lower MMR of 17 per 100 000 live births among all pregnant women. This observation supports the priority notion that should be given to teenage pregnancy as a serious health challenge for South Africa. Furthermore, the risk of unplanned teenage pregnancy appears to be linked to socio-economic status (Panday et al, 2009). The link between teenage pregnancy and poverty, school dropout and poor performance at school has been a major concern in South Africa (Panday et al 2009). The Department of Basic Education commissioned study on Teenage pregnancy in South Africa specifically focused on school-going learners and the study reached an important conclusion that,

learner pregnancy rates were higher in poorly resourced schools and/or schools located in poor communities than elsewhere (Panday *et al,* 2009). The study noted that,

> "*high pregnancy rates are reported for provinces that are poor and mostly rural (Eastern Cape, KwaZulu-Natal and Limpopo), and the reverse is evident for the most affluent and urban provinces (Gauteng and Western Cape)*" (Panday et al, 2009:64).

Amongst other observations, this finding implied that early sexual debut, resulting in pregnancy in disadvantaged communities, was as much a function of poverty as it was a result of under-resourced educational environments (Panday et al, 2009). The finding corroborated an earlier study which noted that teenage pregnancy in South Africa, particularly in KwaZulu-Natal, had become "virtually institutionalised" (Preston-Whyte, 1990). While school dropout has been one of the consequences, other health and social problems such as HIV & AIDS, criminal behaviour, alcohol and drug abuse have also been associated with teenage pregnancy. In support of this earlier work, a plethora of more recent research by various researchers, including Hoque *et al.*, (2014); Jonas *et al.*, (2016) and HSRC, (2016), confirm two specific concerns;- firstly, that teenage pregnancy rates continue to rise year on year and also that there is a lack of contextually relevant in-depth understanding of the role that psychosocial and cultural influences have on the adoption of health-promoting behaviours by teenagers.

Guided by the seriousness of concerns, the South African government instituted a comprehensive programmatic response based on a wider acceptance that the critical negative educational outcomes of young mothers have serious related impacts on the health and educational outcomes of their children. As such, the government has embarked on in a number of national initiatives to tackle this urgent health and social problem. For example, the Department of Basic Education introduced the Measures for the Prevention and Management of Learner Pregnancy (MPMLP) programme in 2007. This programme outlines a range of measures to prevent early pregnancy and also to manage when it does occur, in a way that promotes and protects the right of girls to education. Furthermore, the departments of Health and Education commissioned a "Life Skills and Education programme" to support more responsible behaviour among learners.

These initiatives have had varied success rates across provinces but, in the main, year-on-year teenage pregnancy rates continue to increase, or at least have remained constant, regardless of the interventions (HSRC, 2016). Much like the rest of the country, KwaZulu-Natal continues to experience high levels of teenage pregnancy despite these programmes and other direct teenage-pregnancy reduction initiatives.

The less-than-expected success of teenage pregnancy interventions has been the focus of on-going debate, in which several explanatory factors have been advanced. The Department of Basic Education in Western Cape, for instance, posited the view that: *"The national Measures for the Prevention and Management of Learner Pregnancies are guidelines that were not issued in terms of any law, nor were they published in a Government Gazette. These Measures are thus not enforceable and applying them when dealing with learner pregnancy could have legal implications for schools and school governing bodies"* (Western Cape Education Department, Institutional Management and Governance Planning Minute: 0009/2008).

1.2 BACKGROUND TO THE RESEARCH PROBLEM

In the last 30 years since the first formal reporting of HIV by the CDC, sexual health has become the primary focus of the World Health organisation and indeed that of many countries, including South Africa. As a result, the initial impetus of many of the formalised sexual health efforts has been primarily aimed at reducing the incidence, prevalence and mortality associated with HIV/AIDS (Anderson *et al.*, 2019) . The disproportionately high rates of HIV/AIDS have re-prioritised focus on teenagers and the range of associated behaviours that increase their risk to infection. At the centre of this are teenage pregnancy and its implications for the survival and development of adolescent girls.

Globally teenage pregnancy continues to be a major social problem, particularly in developing countries. The most recent estimates show that almost one in five women aged 20 to 24 (19%) had a live birth by age 18 whilst 3% had a live birth by age 15. The data show substantial variations across different regions. For the before age 18 figure, extreme values are observed in sub-Saharan Africa, at 28 per cent in West and Central Africa, and 25 per cent in Eastern and Southern Africa, compared to just 4 per cent in

Eastern Europe and Central Asia. By contrast, Latin America and the Caribbean show a value close to the global estimates at around 18% (UNFPA, 2013). Nine of the top ten countries in developing regions with the highest percentages of women aged 20-24 who gave birth by 18 are in sub-Saharan Africa. Top on the list is Nigeria (51%); Madagascar has the lowest percentage, at 36%. Notably, Nigeria has the largest number in Africa, that is, nearly 2 million women aged 20-24 gave birth by 18 years old. Nigeria is however third on the list of the top ten countries in developing countries in terms of absolute numbers; India has the largest number of women aged 20-24 who gave birth by age 18 in the developing world.

Based on estimates from 2010, 36.4 million adolescents in developing countries aged 20-24 had a live birth by age 18; 17.4 million of the women were in South Asia. West and Central Africa recorded the largest percentage (28 per cent) of women between the ages of 20 and 24 who reported a birth before age 18. Globally, the percentage of women between the ages of 20 and 24 who reported a birth before age 18 declined slightly from about 23.3 per cent to about 20.1% between the periods 1990-2008 and 199-2011. Projections into the 2030s however indicate an increasing trend in the number of women aged 20 to 24 who will give birth before ages 15 and 18, especially in Sub-Saharan Africa (Anderson *et al.*, 2019). The data show that, by 2030, 16.4 million women aged less than 18 years will give birth in Sub-Saharan Africa.

The situation in South Africa somehow mimics that of sub-Saharan Africa although the rate of adolescent pregnancy is much lower than many countries in the region. Available data shows that the average rate of delivery of women aged less than 18 at hospital facilities in South Africa was 7.7% in 2012, down from 8.1 in 2011 (Owusu-Ampomah, 2014). In the past decade, the rate of delivery of women aged less than 18 in South Africa has declined from 9.3% in 2002 to 7.7% in 2012 (Owusu-Ampomah, 2014).

There are, however, variations across provinces, with Eastern Cape, at 10.2%, registering the highest rate of delivery of women aged less than 18 at hospital facilities in South Africa

in 2012. The province that had the lowest rate of women who gave birth by age 18 in 2012 was Gauteng, at 4.8%. KwaZulu-Natal had the third highest rate of women who gave birth by age 18 in 2012, at 9.3%. The trend of teenage pregnancy in KwaZulu-Natal has, however, remained constant in the past decade (2002-2012).

Another source of information disaggregated by age show that not only did the percentage of teenage girls who were pregnant decline between 2009 and 2012 but also, most importantly, majority of the pregnancies were among teenagers who were 17-19 years old. This meant that pregnancy increased with age and that younger teen pregnancies appeared to be declining (Vermeiden *et al.*, 2018).

Although global trends as well as trends in South Africa show a decline in the percentage of women who gave birth by age 18 in the past two decades or so global projections of future trends, as shown earlier, are a source of worry. The proportions and numbers of women who give birth by age 15 or 18 are still high, particularly those in schools who are the focus of this study. In a study by HSRC in 2009, learner pregnancy rates increase from 61.42 to 62.81 per 1000 female learners between 2004 and 2008. Although KwaZulu-Natal had the second highest rate of learner pregnancy, the province had the largest number of pregnant learners in South Africa (HSRC, 2009).

Owusu-Ampomah (2014) observes that while the average rate of teenage pregnancy in South Africa declined from 9.3% in 2002 to 7.7% in 2012 the average rate in KwaZulu-Natal has remained constant and higher than the national average during the same period. The author also notes that available data presents interesting patterns across districts in KwaZulu-Natal. According to him whilst the rate of teenage pregnancy in five districts - EThekwini, iLembe, Uthukela and Uthungulu - declined between 2002 and 2012, and that of uMgungundlovu declined between 2005 and 2012, the rest experienced an increase in the rate of teenage pregnancy. The largest increase in the rate of teenage pregnancy was recorded in Sisonke, which saw an increase of 1.6% from 9.2% to 10.8% between 2002 and 2012.

The high rate and persistent trend of teenage pregnancy in KwaZulu-Natal and South Africa as a whole can be attributed to a number of factors, including poverty, gender inequality, sexual violence and the over-sexualisation of mainstream life such that teenagers perceive engagement in sexual activity as a norm for their age rather than the exception. In addition to this, some observers such as Advocates for Youths (2012) believe that the high rates of teenage pregnancy may be partially due to better reporting of teenage pregnancy than in previous years. And there are still others who argue that school dropout, poor performance at school and social injustice are determinants of teenage pregnancy in South Africa.

A study by Ramulumo and Pitsoe (2013) has shown that teenage or school-related pregnancy has been rising in South Africa. The study notes that out of every 1 000 girls in school in 2004, 51 were pregnant and this number jumped to 62 in 2008 (Ramulumo and Pitsoe, 2013). A more recent assessment by Fraser, (2017) confirms an ever increasing concerns with the pregnancy rate now being at 70 out of 1000 girls in school as of 2016. Some, including Jonas *et al.*, (2016) acknowledge the growing crisis but also add that, observed increases may have partially resulted from better reporting of pregnancies and terminations than was the case in previous years.

Whatever the reasons, the high rates of teenage or school-related pregnancy and the raging debate on the efficacy of intervention programmes pre-suppose a lack of a deeper understanding of the risk factors of school-related pregnancy and the underlying challenges of formulating and implementing appropriate policy interventions to address it. The country's cornerstone policy response i.e. the MPMLP has not only failed to meaningfully reduce learner pregnancy but has had a limited impact in addressing the structural forces underlying the problem of school-related pregnancy (Mkhwanazi, 2010). Research by Runhare and Vandeyar (2012) identified issues which impact negatively or positively the implementation of the policy in schools. On the positive aspects of the policy, their study shows that policy fulfils the right to universal education and gender equity. In addition, the mainstreaming of pregnant girls in the schools protects them

against societal pressures that can lead to abortions and suicide (Runhare and Vandeyar, 2012).

The MPMLP has been criticised for its conservative stance, especially the heavy emphasis on strong advocacy for abstinence in schools (Chohan and Langa, 2010). Other reasons include the uneven implementation of the school policy resulting in suspension or expulsion of pregnant teens, poor academic performance prior to pregnancy, few child-caring alternatives, poor support from families, peers and the school environment and the social stigma of being a teenage mother. However, their study also found out that despite the challenges of being a teenage mother, some girls were able to persevere towards achieving their academic goals and future aspirations (Chohan and Langa, 2010).

There has been a strong opposition to the MPMLP on the basis that it increases teenage pregnancy in schools. According to Runhare and Vandeya (2012) participants in their study believed that “mixing pregnant learners with their mainstream counterparts could make teenage pregnancy to become an infectious social problem”. The proponents of this argument point out that the inclusion of pregnant girls in schools rationalises pregnancy and that it is seen as “rewarding bad behaviour”. This in turn would have a detrimental effect on other girls at schools.

In addition, including pregnant girls in schools has been linked to indiscipline, as the learners who fall pregnant have been labelled as failures. Teachers interviewed by Runhare and Vandeya (2012) reported that pregnant girls were difficult to discipline because of their delicate conditions and some would even sleep in class.

Those arguing from a human rights point of view point out that the provisions of the policy that a girl cannot return in the year she gave birth, and that ideally, she should take two years away from school violate her rights. According to Offiong *et al.*, (2019), “Both are in conflict with evidence that indicates that early return following childbirth benefits the girl academically and many qualitative studies which highlight cases of young girls returning soon after birth and succeeding academically “.

The factors that have impacted the policy implementation process have also not been studied or fully understood. Driven by the paucity of understanding of teenage pregnancy and the failure of intervention strategies, the current study proposes an investigation of the factors underlying school-related pregnancy and the underlying challenges in the formulation and implementation of appropriate policy interventions for the management and prevention of teenage or school-related pregnancy in Kwa-Zulu Natal. Thus, the study will contribute to the design of effective measures that can be implemented in schools and communities to curb the rising problem of teenage pregnancy in schools.

1.3 STATEMENT OF THE RESEARCH PROBLEM

Among other studies, the work by Ramulumo and Pitsoe (2013) showed that teenage or school-related pregnancy has been rising in South Africa. The researchers note that, out of every 1 000 girls in school in 2008, 62 were pregnant and this number has continued to rise in spite of increasing preventative interventions (Ramulumo and Pitsoe, 2013). Within South Africa, the province of KwaZulu Natal has the highest rate of teenage pregnancy and from 100 000 teenagers who gave birth in 2017 in South Africa, nearly 20% (i.e. n=18956), were in KwaZulu Natal (Statistics South Africa, 2017). This disproportionately high teenage pregnancy in this province by comparison to the other eight provinces, shows that a problem exists that needs to be researched urgently. In South Africa and most specifically in KZN, it is not worthy that the promotion interventions are not yielding noteworthy positive results and beyond that, the issue of unplanned teenage pregnancy is slowly becoming norm– a progression that may be negatively contributing to a sense of apathy within policy developers, (Hoque *et al.*, 2014). Evidence consistently highlights the underlying challenges that exist, and these are summatively related to (i) a lack of a deeper understanding of the risk factors related to school-related pregnancy and (ii) the underlying challenges of formulating and implementing appropriate policy interventions to address it. South Africa's cultural uniqueness points to a need for the development of a culturally contextualised knowledge base so that proposed intervention strategies have the benefit of being fit-for-purpose. Guided by this, the current study proposes an investigation of the socioeconomic factors related to teenage pregnancy among school-attending adolescents, as a first step toward developing

recommendations to guide the formulation and implementation of appropriate policy interventions for the management and prevention of teenage or school-related pregnancy in Kwa-Zulu Natal.

1.4 RESEARCH AIM/PURPOSE

The aim of this study is to explore the range of socioeconomic influences that contribute to adolescent learner pregnancy in KwaZulu Natal to guide the development of contextually relevant policy interventions.

1.5 RESEARCH OBJECTIVES

The study will have a number of key objectives to facilitate the achievement of the stated aim. As such, the study plans: -

- To determine/explore the social, economic and cultural factors that influence or promote teenage pregnancy among learners in KwaZulu-Natal.
- To critically review the MPMLP and its implementation in KwaZulu Natal, with a view to understanding the weaknesses and strengths of this school-related pregnancy intervention programme.
- To assess how the different stakeholders, interpret and apply the MPMLP in the different schools, districts education offices and the provincial office.
- To assess the knowledge of female learners & their parents about the MPMLP; and their attitude and behaviour in response to its implementation.
- To utilise evidence from the study and associated literature to make recommendations to support the development of relevant policies to address teenage pregnancy in KZN.

1.6 CONTEXT AND SETTING OF THE STUDY

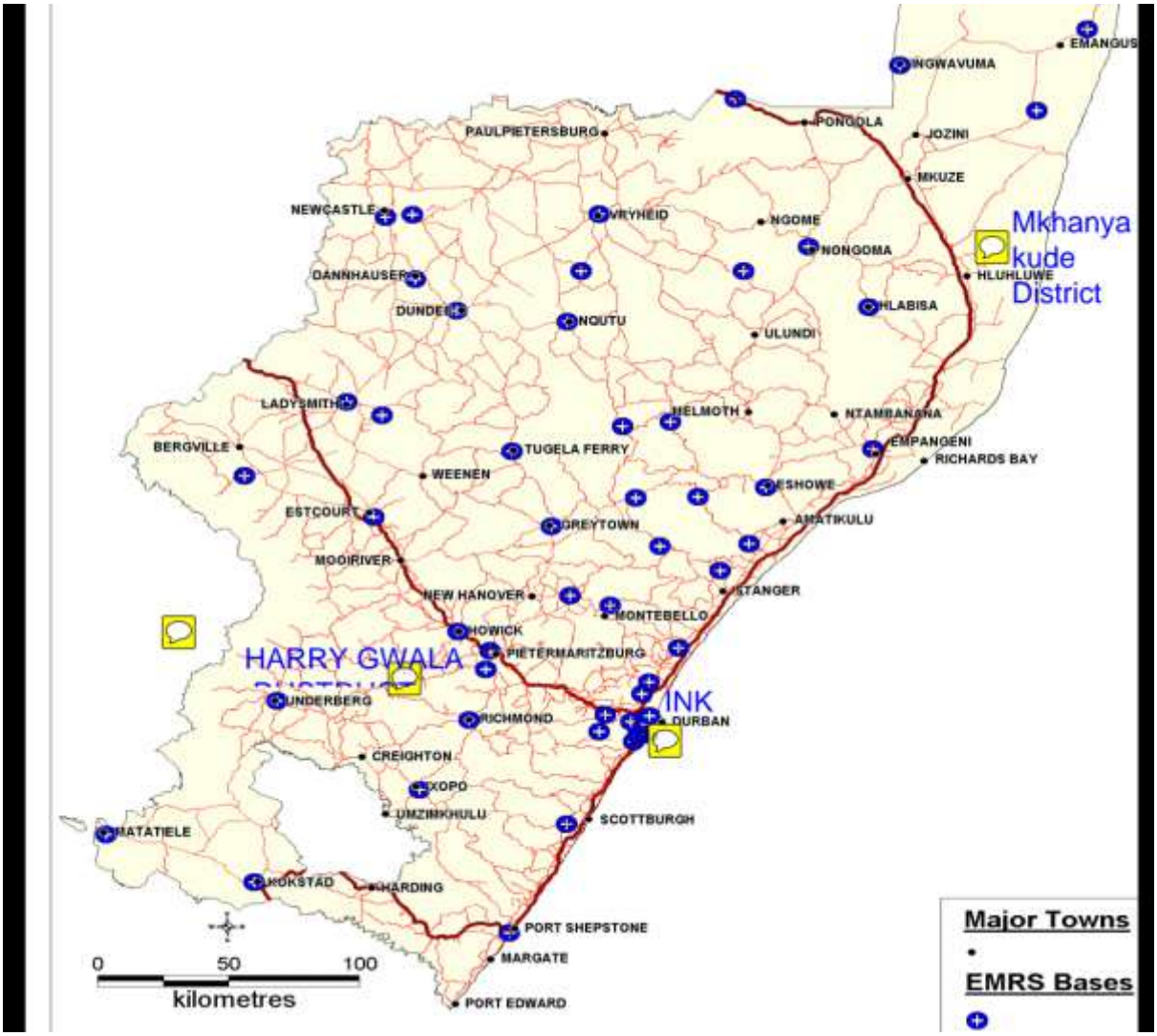


Figure 1. Accessible sites

KwaZulu-Natal has been the leading province in population size since 1996 but over the years (starting from the 2007 Community Survey) KZN has dropped in rank. Gauteng was the leading province in 2015, with 23.7% of the South African population residing there. The total population of KwaZulu-Natal was 8 572 302 (approximately 21%) in 1996 and thus grew by almost 20% to 10 267 300 in 2015. Thirty-four percent of the KwaZulu-Natal province population resided in eThekwini in 2015 and hence the metropolitan district was the most populous in the province. The percentage change in population of eThekwini

between 1996 and 2001, as well as 2001 and 2011 was 12,4% and 11,4% respectively (Stats-SA, 2016).

Over the three most recent Censuses in 1996, 2001 and 2011, the KwaZulu-Natal province had the highest proportion of the population between the ages of 14- 29 years old. The statistics show a very youthful population in both 1996 and 2001 and even in 2011 and this is also the group that is most sexually active. South Africa and indeed the province of KZN also show a number of trends typical of developing countries, such as high fertility rates and low life expectancy rates, as well as higher life expectancy of women compared to that of men.

The three areas of Inanda, Ntuzuma and KwaMashu clustered into a single area, referred to as INK and it is here where the current study was conducted. The areas are adjacent to one another and the physical boundaries between them and Durban city centre. The INK node is both a presidential poverty node within the Urban Renewal Programme (URP) as well as one of the five Area Based Management (ABM) Learning Areas within the eThekwini Municipality. Despite the differences between the individual areas, the three nodes share a common set of challenges. As residential areas with low levels of internal economic activity, their growth prospects are strongly linked to external forces. The `KwaMashu area was established by the City of Durban in the late 1950s in order to accommodate African individuals who had been removed from other locales within the city, notable Cato Manor. In the mid-1980s, the area experienced high levels of political mobilisation and criminal activity. The area comprises predominantly formal housing. It is viewed as the node's economic hub because of its close proximity to Durban and its major transportation corridors.

1.7 THEORETICAL ORIENTATION

A number of models and theories informed the study orientation and from each, a number of relevant concepts were identified to inform the basis of the emerging conceptual framework. It is notable that the foundational studies and theories related to health behaviours and behaviour change are all dated and include works from the 1980's

onwards. Even so, these theories continue to be seminal (Glaser *et al.*, 2019).The combined consideration of a range of theories enabled a multifaceted exploration of the problem of teenage pregnancy from the ecological, biological-genetic and the human factor perspectives. In particular, Hutchinson's, (2003), Ecological Systems Theory was referred to, as a key theoretical framework that informed and guided the identification of factors that were seen as being relevant to the development of a holistic and in-depth exploration on the influences on teenage pregnancy. In his model, Hutchinson (2003) acknowledges that the ecological perspective of the risk factors of teenage pregnancy, looks at the environment and the effects it has on its members.

The social environment consists of the different types of interactions with individuals, groups, and organisations. People of all ages, different ethnic background, and sexual orientation are heavily influenced by the activities that go on at the different levels of their environment and without adequate means of support, people's ability to function as a wholesome person will diminish (Hutchison, 2003). Further to this, teenage behaviour was conceptualised and explained via joint acceptance of the Theory of Social Learning (Bandura, 1989); The Theory of Reasoned action (Azjen, 1989). These theories are based on the view that behaviour is a result of the interplay between one's cognitions and their behaviours and in effect, individual beliefs about whether or not particular behaviours resulted in benefits or personal costs.

Beyond the acceptance of social contributors to the understanding of behaviours related to teenage pregnancy, the human factor theory served as another contributing theoretical framework that was used within the study. In particular, the concept of "human factor decay" was relevant to the study especially as an explanatory theory. According to Adjibolosoo (2006, p. 3), human factor decay refers to the phenomenon of negative attitudes, behaviours and actions, as evidenced in personal lack of accountability, integrity, honesty, responsibility, conscience and caring and can be related to the challenge of teenage pregnancy. For example, the high rate of teenage pregnancy in KwaZulu-Natal and South Africa in general is often explained in terms of gender inequality, poverty, (neo-) patriarchy and discrimination against women and adolescent

girls. The fundamental problem underlying the untoward behaviours and attitudes towards women and adolescent girls, particularly sexual violence, including rape against women, is what the human factor theory proponents describe as *human factor decay*. It is contrary to principle-centeredness, moral injunctions, and ethical standards; and more often than not, undermines environmental security and progress of societies. The human factor theory offered a relevant perspective that supported the development of greater understanding of school-related pregnancy.

1.8 DEFINITION OF KEY TERMS AND CONCEPTS

The next section defines the major terms used in the study. This is done in order to contextualise the study and minimise ambiguity.

1.8.1 Abortion

There are various definitions of abortions depending on who is defining it. The most widely used definition is that employed in the medical fraternity and pro-life communities. This definition is also listed as the official definition of abortion in the *Encyclopaedia Britannica,* and the *American College of Obstetricians and Gynaecologists*. They define abortion as: *"The end of a pregnancy before viability of the foetus i.e. the termination of the process of gestation after the time when the zygote attaches itself to the uterine wall (about 14 days after conception), but before the foetus is possibly capable of surviving on its own. Normally between 23 to 28 weeks from conception*." (American College of Obstetricians and Gynaecologists 2002: 179).

The *Encyclopaedia Britannica,* and the *American College of Obstetricians and Gynaecologists* offer a slight variation to the period when a pregnancy is defined as having been terminated (American College of Obstetricians and Gynaecologists 2002: 179, *Encyclopaedia Britannica,* 1976: 886–879). For them abortion occurs only before the 20th week (134th day) of gestation.

1.8.2 Abstinence-only programmes

According to the *Planned Parenthood* website (accessed on 11 February 2019)[1], abstinence only programmes are the curricula that teach abstinence as the only morally correct option for unmarried people. They do not include information about the health benefits of condoms for the prevention of sexually transmitted infections and other methods of birth control for the prevention of unintended pregnancy.

1.8.3 Adolescence

An adolescent is an individual in the transitional stage of development between childhood and full adulthood, representing the period of time during which a person is biologically adult but emotionally not fully matured (South African Concise Oxford Dictionary 2017). In this study, a teenager is a female person aged between 13–19 years.

1.8.4 Comprehensive sex education

A medically accurate curriculum or classroom experience that provides young people with positive messages about sex and sexuality as natural, normal, healthy parts of life. It includes information about abstinence as the best way to avoid sexually transmitted infections and unintended pregnancy; teaches that condoms reduce the risk of infection, including HIV, and that other forms of birth control also reduce the risk of unplanned pregnancy for young people who are sexually active; and provides opportunities to help young people develop relationship and communications skills to help them explore their own values, goals, and options as well as the values of their families and communities.

1.8.5 Miscarriage

According to the World Health Organisation, the term miscarriage is defined as the 'premature loss of a foetus up to 23 weeks of pregnancy and weighing up to 500 grams.'

1.8.6 Pregnancy

[1] See 'abstinence-only-until-marriage programs' available online at: https://www.plannedparenthood.org/learn/glossary#sthash.MZCLlhyy.dpuf (accessed on 11 February 2019).

Pregnancy is the state in which a foetus develops in the uterus of a woman of childbearing age, during the period from conception to birth (South African Concise Oxford Dictionary 2017). In the context of this study, pregnancy refers to a period of gestation when a woman aged between 13–19 years has conceived an unplanned foetus in her uterus.

1.8.7 Reproductive Justice

According to Jonas *et al.*, (2018)reproductive justice is the complete physical, mental, spiritual, political, social, and economic well-being of women and girls, based on the full achievement and protection of women's human rights.

There is a new perspective on reproductive justice which was advanced by the Asian Communities for Reproductive Justice in 2005. Asian Communities for Reproductive Justice argues that reproductive issues are constituted by issues of advocacy, especially by pointing out those rights for Indigenous women and women of colour, otherwise classified in South Africa as previously marginalised populations. These rights include the following:

(1) The right to have a child;
(2) The right not to have a child; and
(3) The right to parent the children we have, as well as to control our birthing options, such as midwifery (Ross et al 2001: 2).

Three frameworks for realising reproductive justice especially for girls were listed by Ross et al (2001:2) as:

1. Reproductive Health, which deals with service delivery.
2. Reproductive Rights, which address legal issues, and
3. Reproductive Justice, which focuses on movement building.

1.9 RESEARCH DESIGN

The study was conducted in four phases and within that, makes use of a diverse range of data collection methods to address the research objectives. A multi-approach qualitative design was used in the study. Recently, there has been a growing awareness of the benefits of collecting data via a combination of methods. The use of a number of data sources allowed for exploration of the sum of the areas of interest from variety of

angles and benefits from the unique insights offered by each Qualitative methods are deemed appropriate for providing an understanding of the meaning and context of behaviours and processes that take place within social relationships (Boden, Larkin and Iyer, 2019). This research design was especially valuable because it is usually more open and flexible and provides an opportunity to explore new avenues of enquiry as they emerge. Moreover, qualitative enquiry provided an opportunity for a detailed exploration of complex and sensitive issues that may not be possible within large scale quantitative survey formats. However, qualitative research methods typically rely on small samples, which may not be generalisable (Aldiabat and Le Navenec, 2018). It was also worthwhile using qualitative data to provide explanations and interpretations for certain results obtained in the quantitative analysis. Quantitative approaches rely primarily on representative surveys, emphasizing coverage and ability to generalise to larger populations. The mixed methods design is used to enrich understanding of an issue through collaboration of conclusions, extension of knowledge or by initiating new ways of thinking about the subject of the research.

1.10 RESEARCH METHODS

The empirical aspects of the study will comprise four qualitative data collection phases that included an initial desktop review of both published and unpublished literature and reports from academic sources, reports from Government, research groups, Media reports, Community Organisation, Service Organisations and National Programmes that focuses on teenage pregnancy in South Africa. The primal focus of this phase was to facilitate a sound synthesis of best practice and research informed interventions that have been implemented in KwaZulu-Natal. The aim of which was to identify key trends, themes and issues that have emerged from the literature on incidence and prevalence patterns related to learner pregnancy across the country and the province. In addition to the collation of secondary data from the Department of Education, Individual in-depth interviews were conducted with policy makers, Teachers, young mothers and fathers and leaders of the community to elicit insights and descriptions of their experiences. The interviews provide an understanding of common experiences of the impact that the policy framework has had on the prevention and management of teenage pregnancy.

The last phase was focussed specifically on the teenagers themselves and included in-depth individual interviews of both pregnant and non-pregnant female teenagers. Within Phase three, five hybrid focus group discussions made up of young mothers and fathers, community leaders, policy makers, pregnant and non-pregnant female teenagers were conducted. In the final Phase of the study, the proposed framework needed to be validated. As a means of validating the potential value of this proposed framework, focus group discussion groups were conducted with representatives from each of the groups i.e. pregnant and non-pregnant female teenagers, young mothers & fathers, community leaders, and policy makers.

1.11 SAMPLING PROCEDURES

Through the four different phases of the study, different sampling approaches were used in accordance with best practice for each data collection option. As a result, of the qualitative nature of the student, all the sampling undertaken was non-probability based and focussed more on the identification of participants who possessed the characteristics of interest i.e. being a teenage girl at risk of pregnancy. In this regard, Table 1 below offers a summative overview of the sampling strategy that was utilised and the resulting sample size numbers.

Table 1. Sample Size

Study Phase	Method of sampling.	Sample Size and composition
Phase 1 In-depth individual interviews of Policy Makers, Teachers, young mothers and young fathers[2] and community leaders.	Purposive.	Data saturation to a maximum of 30.
Phase 2 In-depth Individual interviews of pregnant teenagers, in-depth individual interviews of non-pregnant female teenagers. **In-depth individual interviews of young mothers and father's purposive sample until data saturation is achieved.**	Purposive.	Data saturation to a maximum of 30.
Phase 3 Focus group discussions (x5) of hybrid groups made up of young parents, community leaders, policy maker, pregnant and non-pregnant female teenagers.	Purposive.	5 mixed focus group discussions (groups had no more than 6 participants per group.)
Phase 4 Post-study – focus group discussion 3- 1 per DM	Purposive/snow ball.	6-8 participants.

[2]Young mothers and young fathers were all aged between 13 years and 20 years old.

In supporting the above sampling strategy, young mothers and young fathers were recruited from Schools. Parents, community and traditional leaders were identified from communities and hence permission was sought from the respective provincial Department of Cooperative Governance & Traditional Affairs as well as the respective local government authorities, including mayors, councillors, ward committees, and traditional leaders.

The study was conducted in three districts, in two rural areas and one peri-urban area. The criteria for choosing the three districts was being based on learner pregnancy statistics from EMIS (KZN Department of Education) and as such, the chosen districts were uMkhanyakude, Harry Gwala and INK under Durban Metro. According to Census 2011, these districts represented some of the rural nodes that were identified as heavily poverty stricken. These districts also have a high rate of teenage pregnancy.

1.12 DATA COLLECTION PROCEDURES

Data in the current study was collected using a number of different approaches. Primarily data was collected by means of 1:1 interviews by a researcher. To complement existing data collection processes, additional focus group discussion interviews were indicated, and these were conducted with groups made up of young mothers and fathers, community leaders, policy makers, pregnant and non-pregnant female teenagers.

When collecting the data, factors ranging from problem statement, research question, and the aim of the research were considered. Participant interviews each lasted a maximum of 40 minutes each and were conducted in a mutually identified environment after potential participants had offered their consent to participate.

After the initial 1:1 interviews and the focus group discussions, emerging finds were analysed followed by the development of a range of recommendations to support the development of a new policies. The resulting policy framework as validated via a post focus group discussion.

1.13 DATA ANALYSIS METHODS

Qualitative data from the Focus Group Discussions was analysed using a combination of manual data analysis approaches and a computer assisted analysis programme (Atlas.*ti*) and as such, all the collected data went through several compressions (Guetterman and Fetters, 2018) as well pattern summarisation processes. Atlas *ti*, provided the basis for thematic and content analysis procedures to be conducted. Thematic analysis as described by Flick (2018) refers to the development of themes from the literature that summarise the key categories of participant's viewpoints. Importantly the content analysis aspect of data analysis allowed for the quantification of some the qualitative findings. This approach, as specified by Creswell (2014), can be a useful means by which qualitative findings can be presented within traditionalist quantitative domains. In ensuring familiarity with the gathered data, the researcher read and re-read notes and transcripts and listened to tapes at least six times to become familiar with the data as suggested within Colliazi's guidance on analysis ((Kirn *et al.*, 2019)

1.14 ETHICAL CONSIDERATIONS

Ethical consent was sought and obtained from the UNISA, Department of Sociology Ethics Committee. In addition to this, gatekeeper and site-access permission was obtained from the responsible authorities within the Department of Education in KwaZulu Nata, South Africa. Within the field, Introductions and **I**nformed consent were obtained from research participants before the commencement of the research. Both written and verbal informed consent was obtained. Potential participants aged less than 18 years were subjected to both consent and assent procedures and their guardians provided permission before potential participants could be accepted into the study. A more detailed exploration of the ethical considerations central to the study, are discussed in greater detail within the methodology chapter.

1.15 UNIQUE CONTRIBUTION OF THE STUDY

A primary intervention effort to address the problem of teenage pregnancy and its negative impact on the education of girls has been the *Framework for the Management and Prevention of Teenage Pregnancy.* As is well documented, the impact of the framework has been minimal. Critics argue that the directives in the MPMLP were not legally binding and subject to different interpretation and usage by schools as they see fit. Macleod and Tracey (2009), for instance, maintain that some sections of the MPMLP contradicted the provisions of the School Act. The ambiguities in the interpretation of the policy have led to a number of legal challenges, some of which are cited in the work by Skelton (2013). (Vermeiden *et al.*, 2018) also notes that pregnant learners are still being forced to leave or continue with school for various reasons. First, some schools require that once a learner becomes pregnant, she leaves school. Second, while some of the pregnant learners might be willing to continue with schooling, the stigma they face from educators and other learners tended to force them to withdraw from school (Ladbrook, 2009). Even after delivery, the girls faced discrimination and stigma. Karlsson (2009) observes that many principals and governing body members refuse to readmit girls who have been pregnant in their school, and this is attributed to conservatism.

In addition, it has been argued that no formal attempt has been made to educate stakeholders like teachers, school principals, community representatives in the School Governing Body (SGB) and parents on the policy that allowed pregnant learners to be enrolled at formal schools. In addition, teachers have not been provided with proper training to deal with the needs of pregnant girls (Offiong *et al.*, 2019). Thus, the application is subject to different interpretation by the different stakeholders and hence there is no uniformity in how the measures are being applied by the different provincial and district education offices and schools.

Although the MPMLP has been noted as beneficial, the fact that it has failed to attain the desired results are attributed to the fact that the measures were designed without consulting those who are affected by it. Thus, the strategy ends up addressing the symptoms rather than the causes of the problem. While this may be a tenable conclusion no alternative intervention policies or strategies have been suggested to address the

problem of teenage pregnancy and its attendant negative impact on, for instance, the rights of girls in KwaZulu-Natal to social, economic and educational development. This is a gap that this study hopes to fill but it is the belief of this researcher that the starting point is a deeper understanding of teenage pregnancy and why existing strategies to prevent and manage the phenomenon have failed.

Most importantly, the current study provides a rare opportunity for a comprehensive review of South Africa's cornerstone teenage management policy, the MPMLP, in a way that no other published piece of work has done. It is important too that the study has been conducted in South Africa for application within the South African context. Past empirical efforts have made the critical error of utilisation international data as a basis for evaluating South African policy - an error that has rendered previous work less meaningful than expected.

Beyond the above-noted contributions. The current study utilises a combination of data collection approaches not previously used within the teenage pregnancy policy review context in South Africa. Through the combined use of both individual and group interviews, the resulting empirical review of South African teenage pregnancy policy, has explored the subject matter with unique depth and variability, in ways that allow new insights that could not have been elicited from a single data collection approach. For example, the study offers an opportunity for a comparative review of the individual views compared to peer-influenced representations of factors that may have contributed to the success and failure of the MPMLP as a policy to reduce teenage pregnancy.

1.16 STRUCTURE OF THE THESIS

The study is presented as a six-chapter thesis as described below.

Chapter 1 - Introduction and Background to The Teenage Pregnancy Discourse.

Chapter one offers the overview of the study and includes the introduction, background of the study, research purpose, methodology and objectives.

Chapter Two: - Literature review

Chapter two provides a thematic literature review of the literary sources related to the study focus and it critically appraises primary and secondary literature sources that focus on teenage pregnancy. The primary aim of the review is to assess literature to determine the state of knowledge and to determine the knowledge gaps with respect to the study's topic area.

Chapter Three: - Theoretical or Conceptual Framework

This chapter outlines the relevant theoretical frameworks that relate to the concepts central to the study. Intended application of each of these theoretical perspectives is provided.

Chapter Four: - Research methodology and data collection approaches

The research design, data collection methods and analysis approaches utilised within the study are outlined within this chapter.

Chapter Five - Data presentation, data analysis and interpretation

The presentation, analysis and the interpretation of the study results are centrally presented within this chapter.

Chapter Six: - Conclusion and recommendations

The chapter concludes the study with a summation of the thesis. Here, key observations from the study are discussed along with an overview of each of the chapters, a consideration of limitations of the study, findings, and recommendations for future empirical work.

1.17 CONCLUSION

Chapter one has been presented a global overview of the study and most notably the background to the research problem of teenage pregnancies in South Africa and most specifically, the successes and challenges that The National Measures for the Prevention

and Management of Learner Pregnancies (South Africa) Policy has had as the country's cornerstone policy. An overview of the extent of the problem of teenage pregnancy within South Africa is comprehensively provided. The chapter provides an overview of the key aspects of the current study and in so doing, offers insights into methodological considerations for the study. Overall, the chapter provides a bird's eye-view precis of the study primarily to set the scene of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

Concerns about teenage pregnancy that have been specified with respect to South Africa are magnified within KwaZulu-Natal, particularly because of the above-average prevalence in KZN by comparison to other provinces within the country (Johnson et al, 2013). Teenage pregnancy as a health issue, is deeply rooted in a set of complex socioeconomic, legal and traditional issues such as poverty, gender inequality, violence, child, forced marriage, lack of education and power imbalances between girls and their partner (Makiwane, Gumede and Molobela, 2018). According to the United Nations Population Fund (UNFPA), there are over 500 million girls in the developing world and as such, any issues affecting their welfare and futures needs to be addressed adequately: - a fact that some have observed as lacking in post-apartheid South Africa since its independence in 1994. Notably, the proportion of teenage girls who become pregnant is not falling and in fact, more complex scenarios such as teenage marriages expose affected girls to childhood marriages and matrimonially based childbearing responsibilities. Beyond the physical health concerns related to teenage pregnancies, the girls are not physically, emotionally and socially mature enough to be mothers. This inflicts lifelong traumas and consequences which reverberate throughout the girl's life and carry over to her children and generations that follow thereby forming a cycle of teenage pregnancy.

This chapter explores the literature on adolescent leaner pregnancy in general and in South Africa's KwaZulu-Natal province in particular. Its entry point is an admission that there is a direct causal link between teenage pregnancy and three variables, namely; poverty, school dropout and poor academic performance especially at secondary school (Panday *et al,* 2009). A number of studies have been undertaken on the area of adolescent pregnancies in South Africa including KwaZulu-Natal. Most of these have been government commissioned papers, donor sponsored researches or non-governmental organisations (NGOs) and work-related research programmes (Karanja *et*

al., 2018). The Department of Basic Education has also commissioned a number of studies in an endeavour to curb the scourge of adolescent pregnancy in South Africa. A range of academic papers and reports have informed various interventions which have been implemented at National and provincial level since the country's independence. In broad terms, the literature on teenage pregnancy is widely focused and for the purpose of the current review of literature, focus will be on literature that focusses on empirical work and/or policy work across three subject groupings: - (1) advocacy and information, (2) reviews, and (3) empirical research. Separate consideration of each of these types of literature is presented here.

2.2 FORMAT OF THE LITERATURE REVIEW

This literature review is based on a thematic analysis of both scholarly and professional material on the subject of teenage pregnancy. It profiles existing scholarship and demonstrates the shortcomings, strengths of identified research band experience-based works within the domain. The literature review contains a number of key sections such a consolidated overview of the data search strategy employed, and a tabulated summary of the sources consulted. Globally, the literature review is primarily concerned with critically appraising literature related to the subject-topic to determine areas of agreement / disagreement across the domain and most critically to isolate best practice and where relevant, to high areas where there is a gap in knowledge.

2.3 DATA SEARCH STRATEGY

Initially, the data search strategy centred on a manual search via the University's library through which the researcher's submitted search parameters were broadly related to the subject of adolescent pregnancy. This produced a substantial volume of sources totalling 41. This was then narrowed down to only consider doctoral thesis done on the area of teenage pregnancies. This narrowing down of the search parameters managed to produce a dozen hits, most of which were very useful in informing this study's literature review. This allowed the researcher to scope the range of investigations already done by

others on the same topic. This allowed for the placement of this study to be relevant and not repetitive.

The second phase in the search of relevant literary sources was an online search for journal articles, especially peer reviewed journals which were published in academic journals. Before commencing the search, a process of defining the search parameters was undertaken. This was done by employing a mind map developed from key concepts and foundational theories related to the topic. The following keywords and phrases were used as online search parameters:

1. Teenage pregnancy in South Africa.
2. Pregnancy related school drop-outs.
3. Adolescent Learner Pregnancy in South Africa.
4. Modifiable psycho-socioeconomic risk factors.
5. Teenage pregnancy risk factors.
6. HIV/AIDS and youths in KwaZulu-Natal Province.
7. Child bearing among adolescents in KwaZulu-Natal Province.
8. Preventing teenage pregnancy.
9. Adolescence child bearing in KwaZulu-Natal.
10. Adolescence reproductive health.
11. HIV-transmission among teenagers in South Africa.
12. Department of Basic Education HIV/AIDS policies.

Being a scientific enquiry, it was necessary to firstly consider academic, scientific sources and peruse them in order to take note of current trends in scholarship in the subject-field of teenage pregnancy. The above search parameters were initially used individually, then they were combined with one or more other parameters using the Boolean operators AND, and /or OR. These are simple words used as conjunctions to combine or exclude keywords especially in an electronic-database search. This results in more focused and productive results which are then used as part of the literature review.

The “Google scholar” search engine produced 62 064 hits which had to be narrowed down by including further filters such as ‘South Africa’, ‘KwaZulu-Natal’ and ‘learner’. This

reduced the total hits to manageable figures of 256. The sources of most of the scholarly journal articles were the following databases:

1. African Journals Online (AJOL).
2. JStor.
3. Mendeley.
4. The Cumulative Index of Nursing Health Literature (CINAHL)
5. Microsoft Academic Search.
6. Project MUSE.
7. Questia: Online Research Library.
8. Search Team.
9. WorldCat.
10. Directory of Open Access Journals.
11. Sabinet.

The University of South Africa subscribes to most of these databases through the Unisa Institutionary Repository. Also accessed were the various websites affiliated with research institutions such as the following:

1. The Human Sciences Research Council.
2. The Department of Basic Education (South Africa).
3. The Department of Social Development (South Africa).
4. The Department of Health (South Africa).
5. The Health Professions Council of South Africa.
6. Statistics South Africa (StatsSA).

The final literature search included books. This was done by going to the Unisa library and carrying out a manual search of the books as listed on the catalogue. Additional books were also sourced from the Inter-Library Loan (ILL) facility. This is a facility that allows South African universities to share their books with one another.

2.3.1 Strategy for inclusion and exclusion

As stated in the preceding section, the initial “Google-Scholar” search yielded amounts of data that was not possible to process. This meant that the search had to be refined so as to narrow down the 62 064 hits to manageable numbers. Through the streamlining of the search parameters, the search results were narrowed down to 112 after including only the words ‘teenage pregnancy’ and ‘KwaZulu-Natal’ and ‘school’. Not all 112 search hits were relevant as some of the results were about other topics such as child headed households, orphans and vulnerable children. This decision was made after employing detailed inclusion and exclusion criteria. The following was the inclusion criteria:

1. Studies done since 1994 (South Africa’s independence).
2. Studies done on teenage pregnancies in general.
3. Studies that focused on factors that caused/contributed to teenage pregnancies.
4. Studies that were published in peer reviewed and accredited journals.
5. Review of government policies, position papers and policy statements.

The following exclusion criteria was employed to exclude any unwanted hits:

1. Data older than 22 years. This is largely because in 1994 there was a change of administration in South Africa. This change in government saw a massive policy shift away from racially determined exclusionary policies and more towards racial inclusivity.
2. General case studies that did not focus on a particular district or province. This is because there are various types of case studies, such as classical case studies, ex post facto cases studies, critical incident case studies, embryo case studies. Each type of case study is suited for particular problems and without stating the type of case studies potentially misleads the readers and renders the research results unreliable.
3. Studies whose research methodology/methodologies were not clear. Without a clearly stated research methodology, research results are difficult if not impossible to interpret and make use of. Using information from studies that do not state their methodology is risky as ones may unintentionally misinterpret the results.

4. Studies written in any other language other than English. Considering studies done in other languages such as, but not limited to Afrikaans, Portuguese, French and Spanish was not an option. This was based on acknowledgment that any translation of material would distort meaning and context in the process.
5. Studies whose academic authenticity and originality was doubted or could not be authenticated.
6. After applying these exclusionary criteria only 56 of the 256 articles remained relevant to the study and formed part of the material subjected to literature review.

2.4 OVERVIEW OF THE LITERATURE ON TEENAGE PREGNANCY

Literature on teenage pregnancy in South Africa in general and in KwaZulu-Natal in particular focused on three main areas of the causality, impact and consequences of the phenomenon and drawing lessons from them (Coetzee *et al.*, 2018). Very few articles focused on the effectiveness of various policies and how these policies can be enhanced. The link between psychosocial and economic risk factors in also scantly addressed in literature with most available work addressing one of these components in isolation or combination with another one, but rarely triangulating the three into a matrix of risk factors.

The review of teen pregnancy prevention data reveals a number of factors. These include but are not limited to the following. Firstly, that there is a wealth of national databases and datasets not only in South Africa but also in other countries (Field *et al.*, 2018). In the South Africa, such datasets and data bases are not only at national level, but also at provincial and district levels. Most programmes and interventions on teenage pregnancies use the same Monitoring & Evaluation (M & E) frameworks which make the date easy to follow and use. Such datasets are useful in analysing demographic data on the social economic influences associated with sexual practices of teenage girls. Secondly, there is data on the monitoring of antenatal teenage mothers at primary health care facilities. This included data on their HIV sero-status and other haematological conditions and STIs.

What is lacking in South Africa in general and KwaZulu-Natal Province specifically, is data on specific outcomes (goals) and variables along with the impact factors (independent) variables for monitoring the efficacy (effectiveness, impact and efficiency) of the various teen pregnancy prevention programmes in the Province. The isolated variables should be based on a rigorous and consistent research-based scientific methodology and will depend on the specified goals of the prevention programs to measure their efficacy. Otherwise, without scientific measurers of the efficacy of such programmes, future programmes may be incorrectly designed and implemented without the benefit of best evidence.

2.5 CONSOLIDATED LITERATURE REVIEW

This section is divided into four sections. It presents a consolidation of the literature on teenage pregnancies in general and girls reproductive and sexual rights in particular. It offers a summative view of the reviewed literature and is based on the inclusion strategy discussed in section 2.4 above. Once included the literature was reviewed based on the critical appraisal model. The value of each article reviewed was evaluated based on the triangulation of a number of frameworks. These include the literature's rigour, reliability, dependability and validity.

More attention was paid to literature that covered the subject matter, of teenage pregnancies, in South Africa in general and in KwaZulu-Natal in particular. This was done in order to identify gaps in scholarship and literature, thereby providing an academic motivation for this work as relevant to both the practise of public health and scholarship. As much as possible, current scholarly contributions were given the highest priority to ensure inclusion of current trends. Table 2 below offers a diagrammatic summary of the key studies that were reviewed.

Author(s)	Book/Paper	Methodology	Findings
Monica J. Grant and Kelly K. Hallman (2008).	Pregnancy-related School Dropout and Prior School Performance in KwaZulu-Natal, South Africa.	Literature review.	The study found out that prior schooling Discontinuities teenagers in KZN were strongly associated with a likelihood of later becoming pregnant dropping out of school if she becomes pregnant, and not returning to school following a pregnancy-related dropout.
Cassell, Carol; et al., (2005).	Mobilising communities: An overview of the Community Coalition Partnership Programmes for the Prevention of Teen Pregnancy. Journal of Adolescent Health 37: S3–S10.	Case study, literature review and focus group discussions.	The article discussed Community Coalition Partnership Programmes for the Prevention of Teen Pregnancy: Descriptive overview of the programme origins, intentions, and efforts over its planning and implementation phases, including specific programme requirements, needs and assets assessments, intervention focus, CDC support for evaluation efforts, implementation challenges, and ideas for translation and dissemination.
Nkani, FN and Bhana, D. (2010).	No to bulging stomachs: Male principals talk about teenage pregnancy at schools in Inanda, Durban, *Agenda*, 24:83, 107-113.	Case study.	The study details the cases of school principals who excluded pregnant learners from schooling using an array of instruments such as the Learners' Code of Conduct. The article demonstrated that pregnant teenagers face discrimination at schools which has a negative effect in their lives.

Author(s)	Book/Paper	Methodology	Findings
Gustafsson, Siv (2007). Worku, Seble (2007).	Teenage motherhood and long run outcomes in South Africa. Tinbergen Institute Discussion Paper 07-024/3.	Impact assessment.	The study's main finding was that teenage childbearing is negatively correlated with completing high school.
Macleod, C. (2003).	Teenage pregnancy and the construction of adolescence scientific literature in South Africa. *Childhood*, *10*(4), 419-437.	Case study.	Utilising a Derridian framework, the author analysed how the dominant construction of adolescence as a transitional stage acts as an attempt to decide the undecidable.
Johnson, S., Kincaid, L., Figueroa, M., Delate, R., Mahlasela, L., & Magni, S. (2013).	The third national HIV communication survey, 2012. *South Africa: Pretoria*.	Provincial based survey.	The study confirmed the already known Social and structural drivers of the HIV epidemic. It established teenage pregnancy rates in the province.
DHET (20 November 2013).	White Paper for post school education and training: Building an expanded, effective and integrated post school system.	Policy paper.	The white paper outlines a framework that defines the Department's focus and priorities, and that enables it to shape its strategies and plans for the future.
Dailard, C. (2006)	Contraception Counts: Ranking State Efforts; In Brief, No. 1. Guttmacher Institute,	Literature review and qualitative in-depth interviews.	Using national and state databases provides state numbers for pregnancies, births, abortions, need for publicly supported family planning services, availability of publicly supported family planning services, family planning laws and policies, public funding for family planning services.
Kegler, Michelle; et al., (2003).	An asset-based youth development model for preventing teen pregnancy: illustrations from the HEART of OKC project. Health Education, 103(3): 131-144.	Case study.	Healthy, empowered and responsible teens of Oklahoma City (HEART of OKC): Describes the CDC funded demonstration project for teen pregnancy prevention based on positive youth.

Author(s)	Book/Paper	Methodology	Findings
			development approach. Specifically describes the needs and assessments and development phase of this project.
Willan, S. (2013).	A review of teenage pregnancy in South Africa—Experiences of schooling and knowledge and access to sexual and reproductive health services. *Partners in Sexual Health*, 1-63.	Literature review and qualitative in-depth interviews with a small number of teenage mothers.	The study established the teenage pregnancy rates in South Africa to be around 30%. And that only a third of them remain in school thereafter.
Stahler, Gerald Jay and DuCette, Joseph P, (1991).	Evaluating Adolescent Pregnancy Programs: Rethinking Our Priorities. Family Planning Perspectives, 23(3): 129-133.	Explorative case study.	Describes the "ideal" impact evaluation design; barriers to impact evaluations and recommended strategies.
Panday, S., Makiwane, M., Ranchod, C., & Letsoalo, T. (2009).	Teenage pregnancy in South Africa- with a specific focus on school-going learners. Child, Youth, Family and Social Development, Human Sciences Research Council. Pretoria: Department of Basic Education.	Literature review and provincial surveys.	Findings from this study are that teenage fertility in South Africa declined over time. Declines in overall fertility rates were attributed to, amongst others, increased access to information on reproductive health and rights and improved contraceptive use. The study further identified that learner pregnancies were more concentrated in the Provinces of Eastern Cape, Limpopo and KwaZulu-Natal; thereby necessitating targeted interventions in these areas. In addition, the study states that learner pregnancies are higher in schools located in poorer neighbourhoods.
Kalmuss, Debra, et al., (2003).	Preventing Sexual Risk Behaviours and Pregnancy among Teenagers: Linking Research and Programmes.	Literature reviews based explorative study.	Commentary suggests ways to reduce teenage pregnancy from the literature review and

Author(s)	Book/Paper	Methodology	Findings
	Perspectives on Sexual and Reproductive Health, 35(2): 87-93.		suggests research on prevention to be designed to inform the development of programme policy.
Kartoz, Connie R., (2004).	New Options for Teen Pregnancy Prevention". American *Journal of Maternal/Child Nursing*, 29(1): 30-35.	Empirical case study with medical trials.	This article examines contraceptive methods currently available to adolescents and highlights newer products that may help meet some of the unique contraceptive needs of sexually active teens.
Kwame Owusu-Ampomah (2001).	The Human Factor in Social Policy Formulation and Implementation in Emerging Democracies. *Review of Human Factor Studies* (7) 1, 2001: 1-43.	Literature review.	The article's main contribution is in advocating for the *urgent* need for a paradigmatic shift towards human factor development to ensure rapid economic growth and development, grassroots participation in socio-economic policy formulation and implementation, and the consolidation of democracy, peace and political stability on the continent which will in turn, among others reduce teenage pregnancies in poor rural areas.
Lawlor, Debbie A. and Shaw, Mary, (2002).	Too much too young? Teenage pregnancy is not a public health problem. *International Journal of Epidemiology*, 31: 552-554.	Literature review.	Argues that teenage pregnancy is not a public health problem but rather a reflection of norms. Social and economic consequences of pregnancy at any age are sources of concern.
Troccoli, K., (2006).	Terms of Engagement: How to Involve Parents in Programs to Prevent Teen Pregnancy. Washington, DC: National Campaign to Prevent Teen Pregnancy.	Literature review with limited key informant interviews.	Author states that teens who are closely connected to their parents are more likely to delay sexual activity, have lower rates of sexual activity overall,

Author(s)	Book/Paper	Methodology	Findings
			have lower rates of sexually transmitted diseases, pregnancy and childbearing; and to have higher rates of contraceptive use than their peers who are not as closely connected to their parents. Few reviews of teen pregnancy prevention programmes have focused on parental involvement.
Weinberger, Daniel R.; Elvevag, Brita; and Giedd, Jay N., (2005).	The Adolescent Brain: A Work in Progress, National Campaign to Prevent Teen Pregnancy.	Empirical study.	Neurobiological factors should be one part of the wider universe of factors that are considered when trying to understand teen sexual behaviour, decision-making and pregnancy.
Macleod, C., & Tracey, T. (2009). *University*.	Review of South African research and interventions in the development of a policy strategy on teen-aged pregnancy. *World Health Organization & Health Department in South Africa.* Grahamstown, Rhodes.	10 year-based literature review-based policy analysis.	Review of youth and adolescent health policy with regards to teenage pregnancy. The study also noted a decrease in the rate of pregnancy amongst teenagers which it tried to account for using a rights-based approach.
Department of Basic Education (2007).	Measures for the prevention and Management of learner pregnancy.	Policy measures.	The DBE stated measures to be followed in managing teenage pregnancies in schools.
Susheela Singh and Jacqueline E. Darroch (2000).	Adolescent Pregnancy and Childbearing: Levels and Trends in Developed Countries. *Family Planning Perspectives*, Vol. 32, No. 1 (Jan. - Feb.2000), pp. 14-23.	Empirical study that was also longitudinal. Covered the years 1970-1995 covering over 10 countries.	The level of adolescent pregnancy varies by a factor of almost 10 across the developed countries. The adolescent birth rate has declined in the majority of industrialised countries over the past 25 years and in some cases has been more than halved. Similarly, pregnancy rates in 12 of the 18 countries.

Author(s)	Book/Paper	Methodology	Findings
Badat, S. (2010).	The challenges of transformation in higher education and training institutions in South Africa. *Development Bank of Southern Africa.*	Literature review-based policy review study.	Identified policy and macro issues that require attention. It also discussed specific issues related to the fundamentally important issues of access, opportunity and success in higher education.
Mary Elizabeth Hughes, Frank F. Furstenberg, Jr. and Julien O. Teitler (1995).	The Impact of an Increase in Family Planning Services on the Teenage Population of Philadelphia. Family Planning Perspectives, 27, (2) (Mar. - Apr.), 60-65.	Longitudinal case study.	The results suggest that while community family planning clinics may provide effective services to the teenagers who seek them out, they may not be the most effective strategy for decreasing rates of pregnancy and child bearing in the overall teenage population.
Joanne E Mantell, Abigail Harrison,Susie Hoffman, Jennifer A Smitf Zena A Stein, and Theresa M Exnera (2006).	The Mpondombili project: preventing HIV/AIDS & unintended pregnancy among rural South African school-going adolescents.	Case study.	With proper targeted interventions, teenage pregnancies were reduced in rural poor communities such as Mpondombili in KZN.

Table 2. Consolidated Literature Review

Having explored the literature on the subject, the next section addresses the notion of the human factor in HIV and AIDS discourse.

2.6 HUMAN FACTOR THEORY AND THE MANIPULATION OF YOUNG PEOPLE

This section relies on Senyo Adjibolosoo's human factor theory (1995, 2007). The human factor theory is a deductive theory from the notion of globalisation. In that regards, Adjibolosoo argues that there are global forces that force those who live in economically

poor countries to abandon their traditional ways of life in favour of adopting the western way of life socially, economically, politically, educationally, and technologically. In a way Adjibolosoo contends, that the young people in global south live a western life while located in global south and the questions is: should they continue to integrate themselves into the global village, while abandoning their traditional/customary way of life, which appears inevitable at this moment or should they disengage and return or at least preserve their traditional/customary way of life. This debate forms the theoretical foundation of this thesis, in which the notion of the human factor is analysed and presented as the residence of the choices that lead to undesired outcomes such as the rise in teenage pregnancy.

For Adjibolosoo (1995: 33) the human factor is seen as the spectrum of personality characteristics and other dimensions of human performance that enable social, economic and political institutions to function and remain functional, over time. Such dimensions sustain the workings and application of the rule of law, political harmony, a disciplined labour force, just legal systems, respect for human dignity and the sanctity of life, social welfare, and so on. As is often the case, no social, economic or political institutions can function effectively without being upheld by a network of committed persons who stand firmly by them. Such persons must strongly believe in and continually affirm the ideals of society.

A number of factors that construct the human factor can be identified from the above definition. These are attitudes/qualities, abilities, skills, potentials and competences (Adjibolosoo 2007:05). These are the factors that determine how one enters or participates in the global economy. Those with higher potentials, greater competencies, finer qualities in whatever field or discipline tend to benefit more from their participation in the globalised world and those with less skills, poor human attributes, less competent and having less potential will enter the global village at the lower end of marginalisation. What Adjibolosoo is arguing is that, in the case of teenage pregnancy in KwaZulu-Natal, the Zulu girls (and others who live in the province), are members of the global village and that the way they behave in this village as result of their human factors.

One develops these assets or will leave them to decay, with those who develop their human factors having a better chance of participating in the global village on their own terms and from a more beneficial perspective. According to this theory, Zulu girls have a choice to make according to how they develop their set of human factors in determining whether they participate in the global village as teenage mothers or as something else as, determined by the extent to which they develop their set of human factors. Poor quality human factors are undesirable and lead to increased exposure to a range of social challenges including HIV and AIDS, transactional sex and unwanted pregnancy. A community, province or country whose aggregate human factor decay is greater than the aggregate human factor flourishing does not benefit positively from globalisation.

2.6.1 Negative human factors and teenage pregnancy in a globalised world

There are two sets of human factors namely, positive ones and negative ones. Frankly stated, those with aggregate positive human factors excel in life while those with a negative set of human factors do not make it and, in this context, if they are teenager girls, will have a higher chance of being pregnant while they are still in their teenage years. The human factors are made up of the following set of 'capitals', spiritual capital, moral capital, aesthetic capital, human capital, human abilities and finally human potential (Karanja *et al.*, 2018). These six factors will be discussed in greater detail within this thesis. According to the human factor theory, it is desired for one to have positive factors and undesirable for one to have negative human factors.

What constitutes negative human or human factor decay was clearly outlined by Adjibolosoo (2007: 5) when he argued that:

"*Severe human factor decay refers to the phenomenon of negative attitudes, behaviours, and actions as evidenced in personal lack of accountability, integrity, honesty, responsibility, and caring. In its severest form, those who suffer from severe human factor decay engage in attitudes, behaviours, and actions that are contrary to principle-centeredness, moral injunctions, and ethical standards*" (Adjibolosoo, 2007: 5).

According to this modal of negative human factors, teenage girls get pregnant because of negative attitudes, behaviour and lack of accountability. They are not accountable to themselves, to their families, to their community and even to the nation from where they get remittances in the form of the child support grant. Without being accountable to anyone, these teenage girls end up behaving as they please, hence developing what Adjibolosoo (2007) termed human factor decay. In this regard, any meaningful intervention aimed at curtailing the scourge of teenage pregnancy in KwaZulu-Natal province must be developed based on a carefully empirically have investigated human factor which according to Pillay (2018) have decayed beyond acceptable set threshold.

Another key component of Adjibolosoo's human factor decay is the negativity with which those who possess it operate. For him, human factor decay does not occur overnight but takes time to be nurtured through a series of negligent behaviours characterised by a general lack of principle-centeredness. This general lack of principle centeredness is a result of entering the global village with a low set of human factor skills which inevitably places you at the bottom of the 'global village food chain'.

Adjibolosoo (2007: 5) itemized six components of the human factor model whose combination determines one's behaviour in the global village. These are summarised in the table below:

Table 3. Human Factor Model

Human factor (type of capital)	Description
Spiritual Capital	It is the aspect of the human personality that is usually in tune with the universal laws and principles of human life. It equips the individual to see beyond what the five senses are able to grasp and also furnishes a deeper insight into the non-material world.
Moral Capital	It represents habits and attitudes of the human heart that are based on universal principles regarding right or wrong. It refers to the quality's individuals possess that lead them to conform or not to conform to universal principles of life. Its constituents include integrity, humility, justice, charity, patience, honesty, sensitivity, and fairness).
Aesthetic Capital	A deep sense of and love for beauty. It includes a strong passion for music, art, drama, dance and other artistic capacities (imagination and creativity are strong components).
Human Capital	The know-how and acquired skills (i.e., technical, conceptual, intellectual, analytic and communications); human experiences, knowledge, intelligence, physical wellbeing, emotional health, etc.
Human Abilities	These constitute the power or capacity of an individual to competently undertake projects or effectively perform tasks requiring mental and physical effort. They are required for the effective use of human capital. Examples include wisdom, vision, commitment, determination, diligence, courage, accountability, judgment, responsibility, competence, motivation, human energy, optimism, endurance, self-control, objectivity, and reliability.
Human Potentials	They are the human talents that may or may not be harnessed and employed for human utilisation. These may be referred to as the yet undeveloped and unused dimensions of the human factor.

Source: Adjibolosoo, S. (2007). Creating an Integrated Vehicle for Global Participation and Gain-sharing. In *Free Market Forum," The Role of Markets and Governments in Pursuing the Common Good," Panel Topic: Globalization and the Common Good, at Hillsdale College, September* 29: pp. 6.

As backed by fieldwork, Adjibolosoo's (2007) theory managed to establish a direct link between those with severe human factor decay and issues such as teenage pregnancies. The next section discusses the six human factors in the context of teenage pregnancies in South Africa in general and KwaZulu-Natal in particular.

2.6.2 Human factors contextualised

The next section contextualises the six human factors by linking these broad factors to the issue under study which is teenage pregnancy in South Africa's KwaZulu-Natal province.

2.6.2.1 Spiritual capital

Spirituality is a very important consideration in the growth and maturity of human beings. According to Hlongwa, Mashamba-Thompson and Hlongwana, (2018), spirituality is the aspect of the human personality that is usually in tune with the universal laws and principles of human life. It is important in that it enables the individual to conceptualise life beyond the capabilities of the five human senses. Through gaining a sense of spirituality one is able to grasp and contemplate a deeper insight into the non-material world. Thus, spirituality acts as a moral compass as one navigates life. For young girls, spirituality gives them a sense of discipline as each spiritual realm has accepted norms of behaviour. These range from not allowing sex before marriage and regulating the behaviour of members in terms of social and moral conduct. These are moral standards laid down by the two biggest religious affiliations in KwaZulu-Natal which are Christianity and traditional beliefs. These religious which are usually practised simultaneously (Hlongwa, Mashamba-Thompson and Hlongwana, 2018).

A girl growing up in a strict religious setting, such as Islam, Christianity or traditional belief systems will thus be bound by a set of institutions and rules which regulate her sexuality in ways that may impact their risk to teenage pregnancy. The opposite is true for a girl with a low human factor on spirituality.

2.6.2.2 Moral Capital

Closely linked to the spiritual capital is the notion of morality. Morality represents one's habits and attitudes towards life. As a principle, morality is based on one's 'sixth sense' and informs one when one is about to make decisions whether such decisions will be wrong or right. Morality is based on universal principles regarding right or wrong. It refers to the qualities which an individual possesses that leads one to conform or not to conform to universal principles of life. Its constituents include integrity, humility, justice, charity, patience, honesty, sensitivity, and fairness.

According to the human capital theory, before teenage girls indulge in early sexual activities, they are supposed to know whether such actions are right or wrong. If one listens to one's sixth sense, one's supposed to judge better and hence avoid being pregnant by avoiding such sexual activities. The opposite is true of girls who refuse to listen to their 'sixth 'senses'. Such teenage girls are also in the habit of not listening to their parents or community members and will almost become impervious of any moral advice even from the religious sector. This set of advice includes life skills as taught in schools and various religious institutions such as the churches.

2.6.2.3 Aesthetic capital

These define a set of principles that underline one's appreciation of artistic movements such as music, art and beauty. It manifests itself through the love and admiration of beauty. One is considered aesthetic when they possess a strong passion for music, art, drama, dance and other artistic capacities. Its strong components are imagination and creativity. According to this theory, teenagers who are creative and imaginative have a lower probability of becoming pregnant as they tend to use their aesthetic skills as sources of life skills. Additionally, aesthetic teenage girls will use their skills such as music, art, drama, dance and other artistic disciplines to develop careers that will catapult them and their families from poverty into some form of economic household financial stability.

This view is also authenticated by the Household Vulnerability Index (HVI Index) which noted that poor rural households with girls with aesthetic talents tend (with time) to move out of abject poverty as these girls will use their talents to get incomes which they will share with their whole families. Dance groups, drama groups, and individual art pieces are all form of the actualisation of aesthetic capital.

2.6.2.4 Human capital

This is the centre of the human factor theory and denotes the ability and set of skills that one acquires during the process of growing up. These include but are not limited to technical skills, conceptual skills, intellectual skills, analytic skills and communication skills. These are individually and collectively acquired over time from a combination of life experiences, knowledge, intelligence, one's physical wellbeing and emotional health. The way one, in this case a teenage girl, deploys a combination of the above set of skills determines whether a girl will fall pregnant or not. According to this theory, government policy does very little, if anything, to reduce teenage pregnancies. This is so because according to the human factor theory, an individual acquires a set of skills that they are supposed to use in their lives so that they acquire positive outcomes one of which is not being pregnant at an early age.

2.6.2.5 Human abilities

This type of human capital is one constituted by an individual's capacity of competently undertaking tasks that require a combination of mental and physical effort. What makes human abilities key is that they are a prerequisite for the effective use of human capital. Examples of human abilities include wisdom, vision, commitment, determination, diligence, courage, accountability, judgment, responsibility, competence, motivation, human energy, optimism, endurance, self-control, objectivity, and reliability. The more human abilities a teenage girl possess, the less her chances of falling pregnant. Girls with more human abilities tend to excel in various aspects of life such as education, sports, music and other activities which also have the positive effect of raising their self-esteem. With a higher self-esteem, teenage girls with more human abilities have a less chance of falling pregnant compared to their counter parts with less human abilities. The challenge

for families, communities and governments is to how increase teenage girls' human abilities so that they reach a threshold necessary for them to avoid falling pregnant at an early age.

2.6.2.6 Human potentials

Like all forms of potential, human potential consists of that set of unharnessed abilities in a human being. These may be referred to as the yet undeveloped and unused dimensions of the human factor. Certain training may be required for human potential to be realised. Teenage girls who manage to identify and develop their human potentials at an early stage will have a less likelihood of being pregnant at an early age than those with unidentified or undeveloped human potentials.

2.7 CONTEXTUALISING THE PROBLEM

The South African policy environment creates a progressive space around teenage sexuality, teenage pregnancy and motherhood. Teenagers' rights to access sexual and reproductive health (SRH) care are guaranteed in the South African Constitution (1996) and a series of laws thereafter enable teenagers to access contraceptives, terminations of pregnancies and SRH services. They are also protected from sexual violation by equally strong laws. However, implementation presents a severe obstacle, with many teenagers reporting difficulties in actually accessing SRH services and feeling judged by health care workers and teachers for their sexual choices(Vermeiden *et al.*, 2018). Furthermore, the high levels of sexual and physical violence and unsuccessful implementation of progressive policies also undermine laws around sexual violence. As is seen, there appears to be a disconnect between the progressive policies and the environment in which implementation occurs.

2.8 THE LEGAL FRAMEWORK

The issue of women's and girls' rights is governed by the various legal instruments. For purposes of this analysis, they are organised into three categories, international legal framework, continental legal framework and finally South Africa's legal framework. These legal frameworks do not cover only the issue of teenage pregnancies, but the broad issues of women and girls' reproductive and sexual health. These frameworks are listed below.

2.8.1 International legal framework

- United Nations Convention on the Elimination of All forms of Discrimination Against Women and Girls.
- United Nations Special Assembly on HIV/AIDS.
- Millennium Goals 3, 5 and 6.
- Sustainable Development Goals.

2.8.2 Continental legal framework

- Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa.
- Maputo Plan of Action.

2.8.3 South Africa's legal framework

- *Constitution of the Republic of South Africa Act of 1996.*
- *Social Development Plan.*
- *National Policy on Teenage Pregnancy.*
- *National Policy on HIV/AIDS for learners and educators.*
- *South African School Act of 1996.*
- *The Choice on Termination of Pregnancy Act, (No. 92 of 1996).*
- *The Children's Act of 1995.*

- *The Sexual Offences Act.*
- *Promotion of Equality and Prevention of Unfair Discrimination Act (No. 4 of 2000).*

2.8.4 International legal framework on teenage pregnancies

A logical starting point in exploring the legal framework governing teenage pregnancies would be to look at what laws and conventions exist at an international level. Broadly, these laws are found under the umbrella of women's' and girls' sexual and reproductive health and rights. It is worth noting that South Africa is a signatory to most of the conventions which makes South Africa's women and girls some of the most legally protected in the world (Humphries *et al.*, 2018). It must however be noted that the existence of a multitude of legal instruments alone is not enough to change the conditions of women especially regarding curtailing teenage pregnancies in developing countries such as South Africa. That being the case such international legal instruments play a crucial role in putting pressure on governments to play an important role in uplifting the human rights of women and girls. Secondly such international legal instruments help empower non-governmental organisations and civil society organisations when advocate for women's' and girls' rights. Thirdly, at an individual level, such legal instruments give individual women and girls some target, threshold and clear commitments to aspire towards.

2.9 SOUTH AFRICAN POLICY ENVIRONMENT

In terms of national legislation governing teenage pregnancies, it can be argued that South Africa has some of the most liberal and progressive set of laws, related to teenage motherhood. This view persuaded scholars such as Pillay, (2018), to argue that South Africa's teenage pregnancy legislation is among some of the most progressive and pro-feminist in the world. Constitutionally the rights of teenage girls are enshrined in the South African Constitution (1996) which 'protects the right of all citizens' and this includes children.

The most effective piece of legislation in South Africa is *The Choice on Termination of Pregnancy* (CToP) *Act* (No. 92 of 1996). This legislation is effective because of its reliance on the rights-based approach to the issue of women and girls' rights in the execution of the choices regarding the termination of pregnancies. *The Choice on Termination of Pregnancy Act* makes it legal for women and girls who fall pregnant to have the choice to terminate or keep the pregnancy (Mkandawire and Hendriks, 2018). If such pregnancies are to be terminated, they have to be less than 12 weeks old. The other condition to the termination of pregnancy is that any terminations must be sanctioned by a medical practitioner, preferably a medical doctor or midwife. In advancing the rights of women and girls, *The Choice on Termination of Pregnancy Act* further gives them the right to terminate pregnancies should such pregnancies be deemed to pose certain risks to the mother. These include risks to the mother's wellbeing. However, such pregnancies must only terminated be if they are less than 20 weeks old. Finally, pregnancies older than 20 weeks can only be terminated if they threaten the mother's life.

The most important legal implication of *The Choice on Termination of Pregnancy Act, (No. 92 of 1996)* is that pregnancies can be terminated without the consent of the parents of the teenage girls. This has the practical effect of giving teenage girls the option of getting pregnant knowing that there is always an option of terminating such pregnancies. The only condition is that the teenage girl must be able to provide informed consent herself, which is usually the case.

Despite these very liberal legal provisions in South Africa, the challenge of illegal, especially backyard abortions continues to soar. In an attempt to clamp down on illegal abortions, the government of South Africa broadened *The Choice on Termination of Pregnancy Act, (No. 92 of 1996)* by way of amending the Act. The effect of *The Choice on Termination of Pregnancy Act, (No. 92 of 1996)* was to broaden the Act by allowing any health facility with a 24-hour maternity facility to offer abortions for the first trimester; and for any nurse who has completed the relevant recognised training which in this case is the Termination of Pregnancy Training to undertake first trimester abortions. The previous provisions only allowed midwives to perform such termination of pregnancies.

The other piece of legislation which is important in the teenage pregnancy discourse is *The South African Children's Act (2005*) (as amended by the Children's Amendment Act, No. 41 of 2007). This act came into effect on 1 April 2010, making it a fairly new legislation and one of the many such legislative provisions meant to address girls' sexual and reproductive health. *The South African Children's Act (2005*) allows girls over the age of 12 to access health care services, including HIV testing, contraceptives and termination of pregnancy services, without parental consent. Previously such ToPs were only carried out with the express consent of the parents, a situation which was reversed by the Act. According to the Act, teenagers are now allowed access to various forms of contraception which previously were only available to adult citizens. The only condition is that such teenagers must be at least 12 years old.

Thirdly, there is *The Criminal Law (Sexual Offences and Related Matters) Amendment Act (Sexual Offences Act) (2007*). This piece of legislation is important in that it protects both children and adults from non-consensual sex. Specifically, the legislation stipulates the age at which teenagers can legally consent to having sex which is 16. Effectively this Act criminalises sex with anyone, male or female under the age of 16. Previously the Act criminalised consensual sex between two children where both parties are between 12 – 15 years of age. This was however, later found to be unconstitutional. Finally, the introduction of *the Child Support Grant* as an officially government policy is very important because it offer teenage mothers critical support.

In terms of schooling and teenagers' rights, the *South African Schools Act (SASA*) *(1996)8* permits teenagers to stay in school while pregnant and to return to school after childbirth. In addition, *the Promotion of Equality and Prevention of Unfair Discrimination Act* (No. 4 of 2000) stipulates that school learners who become pregnant should not be unfairly discriminated against (Wanje *et al.*, 2017). Bhana and Clowes (2008) noted SASA appears to only apply to mothers, and not fathers, which further perpetuates gendered norms around women carrying the burden of childcare.

2.10 LEARNER PREGNANCY IN KZN

The best way of determining the effectiveness of KwaZulu-Natal's learner pregnancy policies is to track the frequency of the phenomena over the years. Such a judgement relies heavily on the reliability of the secondary data used for this analysis. This data will be presented and discussed in later sections of this study.

2.11 CAUSAL EXPLANATIONS FOR LEARNER PREGNANCY IN KWAZULU NATAL, SOUTH AFRICA?

This is the central research question and is indeed a complex one which cannot be answered through a review of literature alone. Other methodologies such as key informant interviews and focus group discussions will be used to augment the findings from the review of literature. A preliminary literature review revealed that the scourge of learner pregnancy in KZN is a consequence of a number of factors. These factors have been described as social, structural drivers of learner pregnancy by the Johns Hopkins Health and Education in South Africa (2012: 7-12) and these include education, employment, socio-economic status, poverty, relationship status, violence, stigma and alcohol and substance abuse. However, a more structured analysis of the causes of leaner pregnancy was offered by the DoBE, UNICEF and the HSRC. It classified them into two categories; namely proximal factors and distal factors.

It must be admitted from the onset that there is a complex set of literature on the intricate interplay between social factors and other determinants of teenage pregnancies in South Africa. This includes the work by Krugu *et al.*, (2017) and that of Meade and Ickocis (2005). The common thread among this set of literature is that teenage sexuality and pregnancy is analysed from a deviance perspective. Yet an alternative perspective would be to treat teenage sexuality and the resultant pregnancies as part of the development of adolescents into adulthood. This view is more positive and does not analyse teenage pregnancy from a negative perspective. What need to be made clear is that at one point or another in their lives, teenagers will have the urge to have sex. This automatically implies that the pressure to have sex among teenage girls has dual sources, i.e., it either

comes from within or from outside. Thus, teenage girls experience pressure to have sex either from themselves or from secondary persons. To blame teenage pregnancies solely on external forces such as other people, without taking the internal urge of the individual into account is incorrect.

It remains to be investigated whether more teenage pregnancies occur as a result of secondary pressure or pressure that the individual exerts on themselves to become sexually active. Unfortunately, this analysis lays outside the scope of this investigation and will not be attempted beyond this point. Suffice to mention that some teenage girls are at a higher risk based on the balance of various social, economic, religious and political factors. Thus, an analysis of the risk versus protective factors within certain communities such as KwaZulu-Natal Province can be undertaken to ascertain the likelihood of teenage girls getting pregnant. Additionally, there is an inverse relationship between the protective and risk factors. As the protective factors increase, the risk factor will decrease proportionally and as the risk factors increase, the protective factors will be proportionally decreasing. For example, the poorer the household the more likelihood that teenage family members will be engaged in unprotected sex from a very early age. The more dire the economic situation at home, the more likely that teenage girls from such households will be engaged in both unprotected and or transactional sex.

The mix of the causalities of teenage pregnancies is a delicate balance between the risk and protective factors. Indeed, these have been theorised upon and models derived and tested. However, not one model can be identified as being able to present a workable balance between the protective and the risk factors. This is partly due to the ever-shifting patterns in both the protective and risk factors. As the health delivery system contains a set of risk factors, new ones tend to emerge. Bandura's (1986) Social Cognitive Theory is efficacious in offering some insights into how, when and why teenage girls become pregnant. It may be recommendable both in theory and practise to take an ecological approach into determining why teenage girls become pregnant and by extension into understanding why the various polices aimed at mitigating this circumstance have not been successful. An ecological analysis of teenage pregnancies is the best way of

understanding such a phenomenon given its reliance on peculiarities that are mostly cultural and social. Using this mode of investigation, each community is understood according to its nuances. This approach can either be bottom up or top down. A bottom up ecological investigation of teenage pregnancies is undertaken from the child's perspective, going to the family, community and then the province and the national environments.

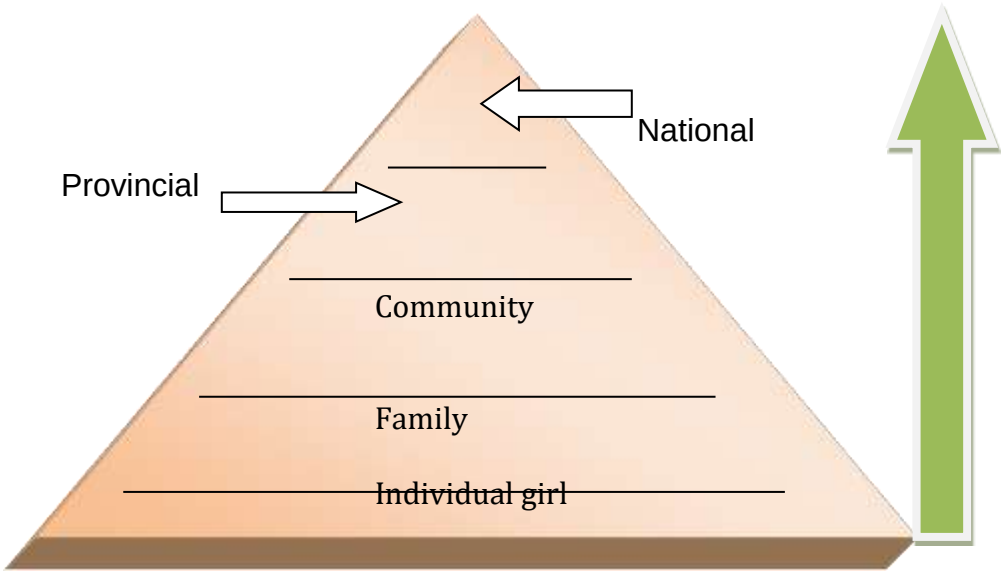


Figure 2. An ecological model for analysing teenage pregnancies

This model is preferred because of its ability to handle multiple causalities from various spheres of life and contextualise them either into family terms, community terms or national terms. As postulated by Bronfenbrenner (1979), ecological studies contextualise the individual, the community and finally the nation without necessarily losing the nuances of the matter under investigation. Common factors that are noted at the individual level as causalities of teenage pregnancy relate to knowledge, attitudes and practise towards safer sex, subjective family, religious and community values, and finally the self-intention of the individual.

At the family level causal factors include the social economic status of the household, with girls from poor households being more likely to engage in early sex. Families with

single parents, families headed by grandparents and child-headed households were noted to produce girls more prone to early pregnancies. At a national level, factors such as the various national policies can act either as an incentive or deterrent to early pregnancy. The policy on social grants has been debated with those in favour of the policy lauding it as a basic human right and correct mitigatory policy. However, those opposed to the policy point to the unintended consequences inherent in a welfare state like South Africa. Such views note that child grants have become an incentive for the girl child to have children at an early age, thereby perpetuating poverty.

The major advantage of the ecological systems model in analysing teenage pregnancies is that it allows for the identification and classification of localised factors. This in turn will also allow for targeted interventions which in turn improve the policy impact. This is in contrast to the results when top down interventions are implemented in the same communities. In this manner, the complexity of the causality of teenage pregnancies and the reported policy failure in KwaZulu-Natal can benefit from such a bottom up ecological analysis and policy formulation.

2.12 TEENAGE PREGNANCY IN KWAZULU-NATAL, SOUTH AFRICA.

In the last 30 years, since the first formal reporting of HIV by the Centre for Disease Control, sexual health has become the primary focus of the World Health Organisation and indeed that of many countries, including South Africa. As a result, the initial impetus of many of the formalised sexual health efforts have been primarily aimed at reducing the incidence, prevalence and mortality associated with HIV/AIDS (Sieving *et al.*, 2019). The disproportionately high rates of HIV/AIDS have re-prioritised focus on teenagers and the range of associated behaviours that increase their risk to infection. At the centre of this is teenage pregnancy and its implications for the survival and development of adolescent girls.

Globally, teenage pregnancies continues to be a major social problem, particularly in developing countries. The most recent estimates show that one in five women aged 20 to 24 (19%) had a live birth by age 18 whilst 3% had a live birth by age 15. The data shows substantial variations across different regions. For the before age 18 figure, extreme values are observed in sub-Saharan Africa, at 28 per cent in West and Central Africa, and 25 per cent in Eastern and Southern Africa, compared to just 4 per cent in Eastern Europe and Central Asia. By contrast, Latin America and the Caribbean show a value close to the global estimates at around 18% (UNFPA, 2013). Nine of the top ten countries in developing regions with the highest percentages of women aged 20-24 who gave birth by 18 are in sub-Saharan Africa. Top on the list is Niger (51%); Madagascar has the lowest percentage, at 36%. On the other hand, Nigeria, has the largest number, nearly 2 million, of women aged 20-24 who gave birth by the age of18 in Sub-Saharan Africa. Nigeria is however third on the list of the top ten countries in developing countries in terms of absolute numbers; India has the largest number of women aged 20-24 who gave birth by age 18 in the developing world.

By 2018 estimates, 36.4 million adolescents in developing countries aged 20-24 had a live birth by age 18; 17.4 million of the women were in South Asia. West and Central Africa recorded the largest percentage (28 per cent) of women between the ages of 20 and 24 who reported a birth before age 18 (Anderson *et al.*, 2019). Globally, the percentage of women between the ages of 20 and 24 who reported a birth before age 18 declined slightly from about 23.3 per cent to about 20.1% between the periods 2000-2011 and 2011-2017. Projections into the 2030s however indicate an increasing trend in the number of women (millions) aged 20 to 24 who will give birth before ages 15 and 18, especially in Sub-Saharan Africa (U.S. Department of Health & Human Services, 2017). The data show that by 2030 16.4 million women aged less than 18 years will give birth in Sub-Saharan Africa.

The situation in South Africa somehow mimics that of sub-Saharan Africa although the rate of adolescent pregnancy is much lower than many countries in the region. Available data show that the average rate of delivery of women aged less than 18 at hospital

facilities in South Africa was 7.7% in 20152, down from 8.1 in 20151. In the past decade, the rate of delivery of women aged less than 18 in South Africa has declined from 9.3% in 2002 to 7.7% in 2012.

Table 4. Percentage of Women who gave birth by age 18 by Province in South Africa, 2002-2012

Province	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
EC	10.9	9.6	9.5	9.7	10.6	10.6	10.7	10.1	10.6	10.6	10.3
FS	0.6	0.6	0.7	7.4	8.6	8.5	8.5	7.9	7.7	7.7	7.3
GP	8.9	8.4	8.7	8.4	9.1	8.7	6.8	5.5	5.7	5.6	4.8
KZN	9.4	9.0	9.1	9.6	9.5	9.3	9.1	9.1	8.7	9.3	9.3
LP	11.1	10.7	10.0	9.8	8.4	8.4	8.4	8.2	8.2	8.1	7.8
MP	13.1	13.0	13.7	12.3	10.0	10.2	10.3	10.1	10.1	9.5	8.9
NC	9.4	9.6	10.3	10.3	10.3	10.4	9.7	9.8	9.3	10.1	10.2
NW	8.7	8.9	8.2	8.8	9.5	10.1	9.6	8.3	8.1	7.2	7.2
WC	8.2	7.8	8.2	8.3	8.8	8.5	7.8	7.3	6.8	6.7	6.5
RSA	**9.3**	**8.8**	**8.9**	**9.3**	**9.4**	**9.2**	**8.7**	**8.1**	**8.0**	**8.1**	**7.7**

Source: Owusu-Ampomah, 2014

There are, however, variations across provinces, with Eastern Cape, at 10.2%, registering the highest rate of delivery of women aged less than 18 years at hospital facilities in South Africa in 2012. The province that had the lowest rate of women who gave birth by age 18 in 2012 was Gauteng, at 4.8%. KwaZulu-Natal had the third highest rate of women who gave birth by age 18 in 2012, at 9.3%. The trend of teenage pregnancy in KwaZulu-Natal has, however, remained constant in the past decade (2002-2012).

Another source of information disaggregated by age show that not only did the percentage of teenage girls who were pregnant decline between 2009 and 2012 but also, most importantly, majority of the pregnancies were among teenagers who were 17-19 years old. This meant that pregnancy increased with age and that younger teen pregnancies appeared to be declining (Statssa, 2011; 2012; Willan, 2013).

Although global trends as well as trends in South Africa show a decline in the percentage of women who gave birth by age 18 in the past two decades or so global projections of future trends, as shown earlier, are a source of worry. The proportions and numbers of women who give birth by age 15 or 18 are still high, particularly those in schools who are the focus of this study. In a study by HSRC in 2009, learner pregnancy rates increased from 61.42 to 62.81 per 1000 female learners between 2004 and 2008. Although KwaZulu-Natal had the second highest rate of learner pregnancy, the province had the largest number of pregnant learners in South Africa (HSRC, 2009).

Owusu-Ampomah (2014) observes that while the average rate of teenage pregnancy in South Africa declined from 9.3% in 2002 to 7.7% in 2012, the average rate in KwaZulu-Natal has remained constant and higher than the national average during the same period (Table 2). The author also notes that available data presents interesting patterns across districts in KwaZulu-Natal. According to him whilst the rate of teenage pregnancy in five districts - EThekwini, iLembe, Uthukela and Uthungulu - declined between 2002 and 2012, and that of uMgungundlovu declined between 2005 and 2012, the rest experienced an increase in the rate of teenage pregnancy. The largest increase in the rate of teenage pregnancy was recorded in Sisonke, which saw an increase of 1.6% from 9.2% to 10.8% between 2002 and 2012.

Table 5. Rate of teenage pregnancy by District Municipality in KwaZulu-Natal, 2002-2012.

District Municipalities	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Amajuba	9.4	9.5	9.5	9.1	8.7	7.8	9.8	9.1	9.0	9.2	9.9
EThekwini	8.8	8.3	8.5	8.9	9.0	9.0	9.3	9.1	8.0	8.0	8.0
iLembe	10.7	9.0	12.6	11.8	10.9	11.3	9.9	9.4	8.8	10.9	9.3
Sisonke	9.2	9.5	9.1	10.1	11.0	10.1	11.3	8.2	10.5	10.5	10.8
Ugu	9.7	10.3	9.8	9.8	10.3	10.5	10.0	9.9	10.6	11.2	10.5
uMgungundlovu	-	-	-	13.1	9.0	7.9	7.0	9.1	9.5	9.8	9.8
Umkhanyakude	11.0	9.9	9.5	11.0	12.4	12.0	11.8	11.3	9.9	10.5	11.3
Umzinyathi	7.9	7.1	8.7	8.8	8.5	8.4	7.6	7.8	7.8	8.7	9.7
Uthukela	11.3	10.0	9.1	9.1	9.3	9.3	8.0	8.9	9.1	8.9	9.1
Uthungulu	8.8	8.7	7.9	8.3	8.4	7.7	7.7	7.4	7.5	8.3	8.0
Zululand	9.6	10.1	10.2	11.2	9.2	9.7	9.9	9.8	8.4	10.8	10.8
KwaZulu-Natal	**9.4**	**9.0**	**9.1**	**9.6**	**9.5**	**9.3**	**9.1**	**9.1**	**8.7**	**9.3**	**9.3**
South Africa	**9.3**	**8.8**	**8.9**	**9.3**	**9.4**	**9.2**	**8.7**	**8.1**	**8.0**	**8.1**	**7.7**

Source: Owusu-Ampomah, 2014

The high rate and persistent trend of teenage pregnancy in KwaZulu-Natal and South Africa as a whole can be attributed to a number of factors, including poverty, gender inequality, sexual violence and the over-sexualisation of mainstream life such that teenagers perceive engagement in sexual activity as a norm for their age rather than the exception. In addition to this, some observers such as Advocates for Youths (2012) believe that the high rates of teenage pregnancy may be partially due to better reporting of teenage pregnancy than in previous years. And there are still others who argue that school dropout, poor performance at school and social injustice are determinants of teenage pregnancy in South Africa.

A primary intervention effort to address the problem of teenage pregnancy and its negative impact on the education of girls has been the Framework for the Management

and Prevention of Teenage Pregnancy. As is well documented, the impact of the framework has been minimal. Critics argue that the directives in the MPMLP were not legally binding and subject to different interpretation and usage by schools as they see fit. Macleod and Tracey (2009), for instance, maintain that some sections of the MPMLP contradicted the provisions of the School Act. The ambiguities in the interpretation of the policy have led to a number of legal challenges, some of which are cited in the work by Skelton (2013).

(Mkandawire and Hendriks, 2018) also notes that pregnant learners are still being forced to leave or continue with school for various reasons. First, some schools require that once a learner becomes pregnant, she leaves school. Second, while some of the pregnant learners might be willing to continue with schooling, the stigma they face from educators and other learners tended to force them to withdraw from school (Ladbrook, 2009). Even after delivery, the girls faced discrimination and stigma. Karlsson (2009) observes that many principals and governing body members refuse to re-admit girls who have been pregnant in their school, and this is attributed to conservatism.

In addition, it has been argued that no formal attempt has been made to educate stakeholders such as teachers, school principals, community representatives in the School Governing Body (SGB) and parents on the policy that allowed pregnant learners to be enrolled at formal schools. In addition, teachers have not been provided with proper training to deal with the needs of pregnant girls (Runhare, 2010). Thus, the application is subject to different interpretation by the different stakeholders and hence there is no uniformity in how the measures are being applied by the different provincial and district education offices and schools.

Research by Runhare and Vandeyar (2012) identified issues which impact negatively or positively the implementation of the policy in schools. On the positive aspects of the policy, their study shows that policy fulfils the right to universal education and gender equity. In addition, the mainstreaming of pregnant girls in the schools protects them against societal pressures that can lead to abortions and suicide (Runhare and Vandeyar, 2012).

The MPMLP has been criticised for its conservative stance, especially the heavy emphasis on strong advocacy for abstinence in schools (Chohan and Langa, 2010). Other reasons include the uneven implementation of the school policy resulting in suspension or expulsion of pregnant teens, poor academic performance prior to pregnancy, few child-caring alternatives, poor support from families, peers and the school environment and the social stigma of being a teenage mother (Cassell, 2002). However, their study also found that despite the challenges of being a teenage mother, some girls were able to persevere towards achieving their academic goals and future aspirations (Chohan and Langa, 2010).

There has been strong opposition to the policy on the basis that the policy increases teenage pregnancy in schools. According to Runhare and Vandeya (2012) participants in their study believed that “mixing pregnant learners with their mainstream counterparts could make teenage pregnancy become an infectious social problem”. The proponents of this argument point out that the inclusion of pregnant girls in schools rationalises pregnancy and that it is seen as “rewarding bad behaviour”. This in turn would have an infectious effect on other girls at the schools.

In addition, including pregnant girls in schools has been linked to indiscipline, as the learners who fall pregnant have been labelled as failures. Teachers interviewed by Runhare and Vandeya (2012) reported that pregnant girls were difficult to discipline because of their delicate conditions and some would even sleep in class.

Those arguing from a human rights point of view, point out that the provisions of the policy that a girl cannot return in the year she gave birth, and that ideally, she should take two years away from school, violate her rights.

According to William, S (2013),

"*Both are in conflict with evidence that early return following childbirth benefits the girl academically and many qualitative studies which highlight cases of young girls returning soon after birth and succeeding academically"* (William, 2013:43).

Although the MPMLP has been noted as beneficial, the fact that it has failed to attain the desired results are attributed to the fact that the measures were designed without consulting those who are affected by it. Thus, the strategy ends up addressing the symptoms rather than the causes of the problem. While this may be a tenable conclusion no alternative intervention policies or strategies have been suggested to address the problem of teenage pregnancy and its attendant negative impact on, for instance, the rights of girls in KwaZulu-Natal to social, economic and educational development. This is a gap that this study hopes to fill but it is the belief of this researcher that the starting point is a deeper understanding of teenage pregnancy and why existing strategies to prevent and manage the phenomenon have failed.

2.13 FACTORS CONTRIBUTING TO TEENAGE PREGNANCY

The study of the causes of teenage pregnancies in South Africa or elsewhere is not new. A lot of factors have long been identified as the major drivers of teenage pregnancy in South Africa. These include lack of knowledge about sex and how to use contraceptives; barriers to access contraceptives including negative attitudes of health staff; peer pressure; sexual coercion; low self-esteem; low educational expectations; poverty; family breakdown; and heightened sex-based messages in the media. While these factors have been known for a long time, what is central to this study is analysing why the various policies put in place to end teenage pregnancies have mostly failed. In some communities, child pregnancies actually increased making a mockery of the huge amounts of money poured into these policies and programmes by both the central and provincial governments.

Factors such as the lack of knowledge, have long been paraded as the causes of teenage pregnancy in KwaZulu-Natal, yet evidence from various researches indicated that contrary to common perception, such teenagers were well aware of the various contraception available to them. For example, the majority of the participants in a Limpopo

provincial study had knowledge about the use of contraceptives. These participants also professed their knowledge of the various ways of preventing unwanted pregnancy apart from total abstinence from sexual activity. These results point to something other than lack of knowledge. The results revealed that 88% of participants were knowledgeable about the use of contraceptives and 12% were not (Polaneczky e al 2004: 1204).

2.14 FACTORS LEADING TO SEXUAL ENCOUNTER(S)

The factors leading to teenage sexuality and subsequently pregnancy have been addressed in literature. The most compact set of causality factors were presented by Challa *et al.*, (2018) who noted the following as the major factors leading to teenage pregnancies in the South African context:

- Young girls dropping out of school early, often because of economic barriers and poor school performance;
- Young girls growing up in areas of entrenched poverty;
- Not many opportunities to discuss sexuality where high levels of stigma about adolescent sexuality abound, leading to gaps in knowledge and access to contraceptives;
- Men making decisions about sex in situations where for instance young women are involved in relationships of unequal power often resulting in unprotected and coerced sex;
- Young women who are poor having often to make 'trade-offs' between health and economic security, which can lead to staying in abusive relationships, inter-generational relationships and multiple partners; these situations usually reduce a young women's ability to negotiate when and how to have sex.
- Drug usage is also another cause of early sexual encounters. Studies by Turner et. al (1998), Elliott and Morse (1989), Hingson and Strunin (1990) pointed out that most teenagers who smoked or took drugs were also sexually active. Jonas *et al.*, (2016) indicated that substance abuse has long been recognised as one of the greatest health and social problems in South Africa which results in teenage pregnancies. Teenagers engaged in sexual intercourse often do not make and informed decision due to the influence of alcohol. Additionally, it was outlined that

drinking became more common as young people moved through their teenage years rising to 45% amongst 15-year olds and this was proven to be a cause of teenage pregnancies.

2.15 CONCLUSION

This chapter explored the literature on the subject of teenage pregnancy in South Africa. It started with an overview of the literature available on the subject of teenage pregnancies then proceeded to define the major terms used in the study. This was followed by a section that discussed the notion of the human factor as a set of determining factors in teenage pregnancy. This forms the core of the chapter and argues that the propensity of a teenager falling pregnant is a function of a number and combination of human factors. The more developed one's human factors, the less the chances of falling pregnant at an early age. The next section contextualised the problems being investigated. This problem of contextualisation was followed by an exploration of the legal framework governing the issue of teenage pregnancy and women's and girls' sexual and reproduction rights.

This section was presented in three parts namely, the international legal framework, the continental legal framework and finally the national legal framework. The major issue noted was the issue of women's and girls' sexual and reproductive rights is well legislated in South Africa with laws governing the rights of the pregnant teenagers to a point of providing social and child welfare grants to such mothers. In that regard, South Africa's laws, rights from the constitution are the most comprehensive when it comes to the issues of women's and girls' sexual and reproductive rights.

A consolidated literature was presented in the form of a matrix featuring the author(s), year of publication, title of publication, methodology used and finally a summary of the major findings. A section which looked at the preliminary drivers of teenage pregnancy followed next. Such factors as drug and alcohol abuse, economic poverty and illiteracy were noted as some of the major structural and social drivers of teenage pregnancies in South Africa in general and in KwaZulu-Natal in particular.

CHAPTER THREE

THEORETICAL AND CONCEPTUAL FRAMEWORK

3.1 INTRODUCTION

The literature review chapter navigates the context and contemporary debates, issues and questions around the research topic. Chapter two also discusses, describes and critically assesses related research on adolescent pregnancy with a focus on the KwaZulu-Natal province. In addition, it reveals areas in which researchers agree and/or differ with each other as well as both the research gaps and contribution to the body of knowledge that the current study seeks to make.

Chapter three places this research within its relevant theoretical foundation. It also informs the structure of the study as well as presents and discusses various theoretical frameworks and key concepts that are important in understanding adolescent pregnancy, especially in South Africa. The Chapter further illustrates the possibilities of reducing this biological process that has become intertwined significantly with healthcare challenges in the province, country and beyond, warranting immediate attention across the spectrum of stakeholders. This chapter is therefore arranged into four main sections. Besides this section, section 3.2 introduces the theoretical framework discussions, section 3.3 presents the conceptual framework, and section 3.4 discusses the application of the study's theoretical framework.

3.2 THEORETICAL FRAMEWORK

In attending to Issues related to theory development and for the purpose of this research, it is important to clarify terminology used throughout this chapter and within the study. A theory is a systematic explanation of an event in which constructs, and concepts are identified, and relationships are proposed, and predications are made. It represents that range of interpretations that are assumed with respect to a study. It also includes the principles or propositions offer some explanation and guide behaviours (McEwen & Wills 2014:521). Within academic discourse, the term theory has also been used to describe an abstract generalisation that articulates how phenomena are interrelated. In its most traditional form, ands as argued by Polit and Beck (2008), a theory is seen as requiring at least two concepts that are related in a manner that the theory seeks to explain.

Similarly, a concept refers to a word or term that refers to phenomena and is formulated in words that enable people to communicate meaning about reality in the world (McEwen & Wills 2014). In practice, concepts represent the basic building blocks of a theory. In their tradition, theories are made up of propositions that indicate relationships among the concepts (Polit & Beck 2008). Building on from this, the term framework is used with reference to an abstract, logical structure of meaning which helps in the development of a study and provides the basis for the researcher to link the findings to the body of knowledge used in professional practice (Burns & Groove 2009). McEwen and Wills (2014:514; 521), put forward the view that a conceptual framework, conceptual model or conceptual scheme and a theoretical framework, are similarly defined as referring to a set of interrelated concepts that symbolically represent and convey a mental image of a phenomenon. Other theorists such as Miles and Huberman (1994) define a conceptual framework as the visual or written product, that articulates the range of key factors, concepts or variables and the presumed relationships among them. In essence, a conceptual model offers a representation of one's understanding of the study topic area and depicts the assumptions and philosophic views of the originating theorist. So critical is this aspect that, the conceptual framework of the study represents a key guiding element of the study as it summarises the system of concepts, assumptions, expectations, beliefs and theories that relate to the chosen study focus.

In this respect, this thesis uses a multi-theoretical framework to explore and understand the psycho-socio-economic risk factors of adolescent pregnancy with the intention of reducing and, in the long- term, preventing adolescent pregnancy as social and economic ills. It is therefore appropriate to employ a multi-theoretical framework in this study given a combination of many aspects of the single research problem and the scope of a teenage pregnancy's contributing factors in the KwaZulu-Natal province in particular and the country in general. Thus, the theories underpinning this study are reasoned action and planned behaviour, psychosocial stages of development, social learning, and ecological systems.

3.3 COGNITIVE THEORIES

Cognitive theories are relevant to this research because they relate to thinking or conscious mental processes of making choices when individuals are asked whether they should drink or not, engage in unprotected sex or not, and to smoke or not to smoke. These theories collectively share a belief that the most important predictor of an individual's behaviour is his/ her intention to engage in that behaviour.

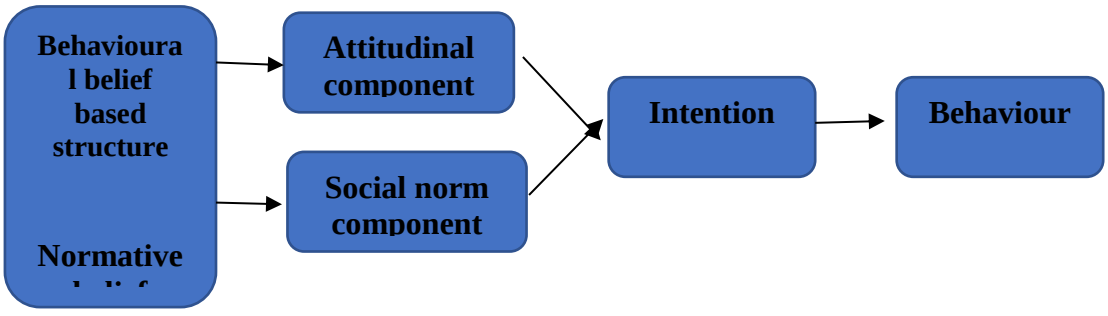
3.3.1 Theory of Reasoned Action and Planned Behaviour

The Theory of Reasoned Action **(**TRA) which was introduced by Fishbein in 1967 (Ajzen and Fishbein, 1977; 1980) and acknowledges effectiveness in explaining behaviour when volitional control is high, that is, when a person can exercise a large degree of perceived and actual control on internal and external factors that potentially interfere with the execution of the intended action. The TRA accepts that attitudes are a product of a mixture of beliefs about the features of specific attitude objects and the assessment of these characteristics. Here, intent drives most behaviour because it is identified as the main indicator of individual propensities to complete actions (Ajzen and Fishbein, 1977). The TRA assumes that individuals are rational entities who consider the consequences of their behaviour before deciding whether or not to act. With respect to the above therefore, people must systematically use available information to make rational choices in order to optimise decision-making. Indeed, all other things being equal, human beings consider the consequences of their action before they decide to perform or refrain from any behaviour induced action. The above explains why TRA tries to establish the relationship between attitudes, intentions and behaviour. This is supported by Ajzen and Fishbein (1980) who argues that the attitudes of individuals represent the most direct cause of individuals' 'behavioural intentions. However, this concept does not necessarily address the matters of objective quantification since all standards are deemed subjective and prone to change due to priority settings, lifestyle changes and other various factors that influence the final decision to act or behave in a particular way or not at all.

The definition of two sets of underlying concepts provides a better understanding of the TRA. In this respect, the first sets of concepts consist of behavioural criterion, category

and outcome. Thus, the TRA focuses on single and a dominant behaviour, hence distance itself from competing alternatives, which takes place under the control of human beings. The above compels Ajzen and Fishbein (1980) to distinguish between actual behaviours and occurrences which represent their products. In this regard, behaviour takes the form of noticeable actions (behavioural criterion[3]) or reference to at least one of such behavioural categories[4]. Behavioural categories are not directly observed although they are inferred from single actions. The second set of concepts includes behavioural elements of action, target, context and time. When a behaviour of interest has been defined, the subsequent step is to measure this behaviour by taking into consideration four behavioural elements of action, target, context, and time. So, every action is directed to a target at a specific context at a given point in time. For instance, an adolescent from an underprivileged background who decides to have sex after class (time) would take a condom with her in order to have safe sex (action) along the beach or in a hotel (context) with the intention of protecting herself against unplanned pregnancy (target) (Fishbein and Middlestadt, 1989; and Tlou, 2009). Taylor *et al*. (2007: 6) summarises the processes of rational actions as shown below.

Figure 3. Theory of Reasoned Action



Source: Taylor *et al*., 2007: 6

From the above diagram, the most important factor of an individual's behaviour is a combination of attitude toward the execution of the behaviour and subjective norm. In this

[3] A good example is whether or not adolescent pregnancy is good.
[4] An example of a behavioural category is when a person voluntarily use condoms.

regard, the attitude toward the behaviour consists of the following factors: behavioural belief, evaluation of behavioural outcome, subjective norm, normative beliefs, and the motivation to accomplish the behaviour (Ajzen and Fishbein, 1980: 8). Glanz *et al.,* (2008, 71) observes that normative beliefs are important. Referral, approval or disapproval positions of an individuals' behaviour is weighted by his or her motivation to accomplish given objective(s).

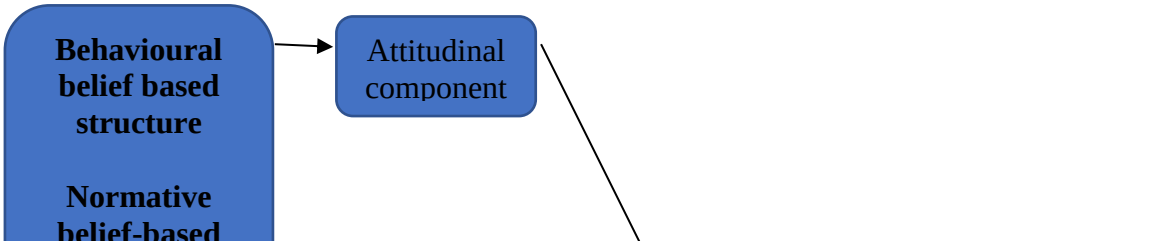
Assuming that a person perceives that the result from undertaking a particular action is positive, the individual will have a positive attitude in addition to being motivated to do it with a view to meet the exceptions of others. On the contrary, if the behaviour is perceived to be negative, everything being equal, the person may be reluctant to perform or behave in a manner that does not meet the expectations of others. Brown (2010) argues that attitudes and subjective norms are quantified through the Likert Scale for Survey which uses ordinal input including like/unlike, good/bad, and agree/disagree, depending on whether the researcher intends to measure likelihood, quality, agreement or five-point scale. The intention to perform an action and thereby exhibiting a behaviour, depends upon the product of the measures of attitude and subjective norm. A positive product indicates affirmative behavioural intent (Glanz, Lewis, and Rimer, 1997). TRA is therefore optimised when applied to behaviours under a person's volitional control, that is when a person can exercise a large degree of control over the behaviour. Where the volitional control becomes dilute, even though a person may be highly motivated by his/her own attitudes and subjective norm, the individual may eventually be prevented from acting [something seems missing here] due to intervening environmental conditions which hinder the individual's intent causing inaction (Ajzen and Fishbein, 1980; Glanz, Lewis, and Rimer, 1997). In cases where volitional control is low, the TPB (Ajzen, 1985; 1991) is a more appropriate model to explain human behaviour as discussed in the following paragraph.

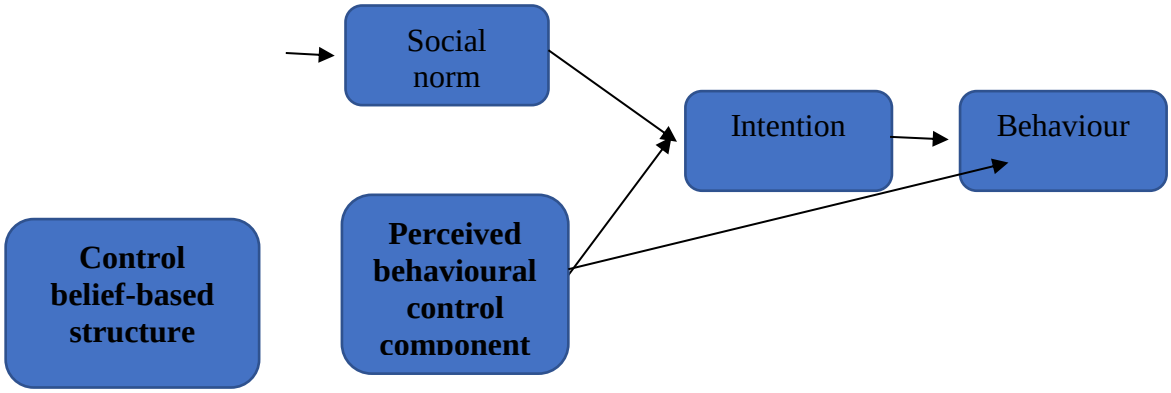
While the TRA has been useful in many settings, Aiken (2002) argues that this behaviour is characterises by its generalisation, the operation of some variables and a lack of explanation around the best predictor of future behaviour. In addition, the theory does not

account for perceived behavioural control. But Ajzen (1988) observes that the above weaknesses were addressed in the updated version of the TRA called the 'Theory of Planned Behaviour' (TPB). In this respect, TPB is an extension of the TRA that is primarily developed to explain the relationship between/among beliefs, attitudes, intentions and behaviour. Further, TPB improves the understanding of individual behaviour who are involved yet unable to exercise full control over the internal and external factors that may undermine potential engagement in a given action; identify strategic targets that influence changing behaviour; and explain virtually any human behaviour, that is, why an individual behaves in a specific manner in a particular environment, votes against a certain engagement such as safe sex or absence from work (Ajzen, 1985; Ajzen, 1991; Ajzen and Fishbein, 1980).

The TPB states that the precise determinant of behaviour is 'Behavioural Intention', which in turn, is determined by a person's attitude towards the behaviour, the subjective norms concerning the behaviour and perceived behavioural control. Consequently, behavioural intentions are influenced by three sets of factors: attitude or degree to which an individual has, arising from favourable or unfavourable assessments of the behaviour in question, subjective norms based on individual's beliefs coupled with what others think with respect to engaging in the activity, and perceived behaviour defined as the perception of how easy or difficult it is to behave in a particular way (Alok, 2014: 21).

Figure 4. Theory of Planned Behaviour





Source: Ajzen, 1991: 182

Based on the TPB, an individual's behaviour develops in three consecutive steps presented in figure 4. Firstly, behavioural beliefs affect the attitude towards the behaviour itself, normative beliefs affect subjective norms regarding the behaviour, and the control beliefs affect perceived behavioural control. Secondly, these variables establish the strength of the intention to perform the behaviour. Thirdly, the behaviour happens if the desire of the intention and the amount of actual control are of sufficient magnitude in the affirmative (Alok, 2014: 23-24). The diagram also reveals that behaviour can also be influenced by the control beliefs which then induces perceived behavioural control.

The TRA and TPB present similarities and differences. Their similarities are based on acceptance that "the immediate cognitive precursors to behaviours are not attitudes but behavioural intentions. These are defined as complex amalgams of prior beliefs" (Taylor *et al.,* 2007: 6-7). Their shared components include behavioural beliefs, behavioural attitudes, normative beliefs, subjective norms, behavioural intentions, control beliefs and perceived behavioural control (Taylor *et al.,* 2007). Their differences are rooted in the fact that the TPB has an additional component namely 'behavioural intention or perceived behavioural control', that is shaped by two determinants, control beliefs and perceived power. Perceived behavioural control reveals that an individual's motivation is influenced by the relative easiness or difficulty the perceived performance of the said behaviour

would be contemplated. They are also informed by the perception of how effectively the individual can, or cannot, perform the activity in question. For instance, if an individual has strong control beliefs about the existence of factors that facilitate a behaviour, then the individual will have high perceived control over a behaviour. Conversely, the individual will have a low perception of control if he/she holds strong control beliefs that hinder the action. This perception can reproduce past experiences through self-fulling prophecies, the anticipation of future circumstances, and the attitudes of the influential norms that surround the individual (Mackenzie and Jurs, 1993).

However, the TPB has three major drawbacks. Firstly, it excludes emotional determinants of individuals' behaviour (Conner and Armitage, 1998; Gibbons *et al.* 1998; van der Pligt and de Vries 1998). Secondly, Ajzen's (2006) theory, which views all behaviour as rational since it derives from rational individuals, discounts and thus underestimates the impacts of emotional variables such as threat, fear, anxiety, and mood. However, individuals do not always base their behaviour on rational thinking. Lastly, it cannot analyse irrational behaviour even though humans have, and are still renowned for poor decision-making both in conscious and unconscious states with alarming frequency. As a result, the above makes associated research futile via this method given that the basis of interrogation is inappropriate.

3.3.2 Theory of the psychosocial stages of development

Erikson's theory of psychosocial stages of development is one of the most comprehensive theories of human development. It is strongly influenced by the work of the psychoanalyst Freud though this theory remains centred on psychosocial development through its entire lifespan rather than psychosexual development. Erikson's theory was interested in how social interactions and relationships play in the development of individuals (Newman and Newman, 1976). He argues that human personality develops in a series of stages from birth to death. Each stage builds on the preceding stages and lay the foundation for other stages namely infancy, early childhood, play age, school age, adolescence, young adult, adulthood and maturity. In this respect, the move from one stage to the next is motivated

by the search for autonomy and competence. Sometimes, this happens with conflicts or "normal sets of stresses and strains due to psychic demands upon the individual" (Newman and Newman, 1976: 7). These demands are specific to each stage and vary according to time, culture and socio-economic settings. The conflicts of different stages are directed either on the development of a psychological quality or on the failure to develop that quality. As a result, they represent a turning point in development (Fleming, 2004; Cherry, 2018). The above stages that make up Erikson's theory (McLeod, 2008) are discussed below as follows:

Stage 1: Infancy (0 to 1½ years):

During this stage, the infant is not sure of anything regarding the world he/ she lives in. The infant looks for stability and consistency of care. If the care provided by the parents is consistent, predictable and reliable, the infant will develop a sense of trust. But a contrary environment by parents to the above cause the infant to develop a sense of mistrust. Success in this stage will lead to the virtue of hope.

Stage 2: Early Childhood (1½ to 3 years):

In this stage, the child is learning to discover the world through numerous skills and abilities he/ she has. For instance, the child learns at this stage to put on clothes and shoes and play with toys. He/ she also learns to develop a growing sense of independence and autonomy. In this regard, parents should maintain a delicate balance between assisting and allowing the child to perform tasks alone. This balance would reveal the limits of their abilities to perform tasks alone. Success in this stage will lead to the virtue of will.

Stage 3: Play Age (3 to 5 years):

During this period, the child interacts with other children at home, in the neighbourhood or at pre-school through play. These interactions provide children with the opportunity to explore their interpersonal skills through initiating activities. However, if this tendency is developed either through criticism or control, children develop a sense of guilt. The children would thus lack self-initiative and remain followers. Success here will lead to the virtue of purpose.

Stage 4: School Age (5 to 12 years):

At this stage, the child who is at school learns to read and write, perform addition and other things on his/ her own. The school authorities and the teacher take a critical role in the child's life as the school provides the opportunities for the child to learn specific skills. At the same time, peer pressure gains significance as it becomes a source of the child's self-esteem and the definition of identity. The child feels the need to win approval by demonstrating specific competencies that are valued by his/ her peers and society at large. He/ she begins to develop a sense of pride in his/ her achievements. Success in this stage will lead to the virtue of competence.

Stage 5: Adolescence (12 to 18 years):

During adolescence, the individuals move from childhood to early adulthood. They increasingly become more independent and learn the roles they will occupy as adults. For instance, children begin to explore the future in terms of career, relationships, families, housing, etc. They also want to belong to a society and fit in its environment. It is during this period that the adolescent increasingly become conscious of his/ her identity in society and beyond. In this respect, Erikson's theory suggests two identities at play here, namely, the sexual and the occupational. He for instance, states that the adolescent may feel uncomfortable about their body for a while until they can adapt and "grow into" the changes. Success in this stage will lead to the virtue of fidelity. Voluntary teenage pregnancy appears at this period when individuals make deliberate decision to have unprotected sex.

Stage 6: Young Adult (18 to 40 years):

In the stage of young adulthood, individuals begin to share themselves more intimately with others. They explore relationships that have prospects to lead toward longer term obligations with someone other than a family member. If this stage is successfully completed, comfortable relationships and a sense of commitment, safety, and care. Otherwise, there would be isolation, loneliness, and sometimes depression. Success in this stage will lead to the virtue of love.

Stage 7: Adulthood (40 to 65 years):

During middle adulthood, individuals are expected to have established careers, to settle down within a relationship and begin their own families. They also develop a sense of being a part of the bigger picture. It is time to give back to the society through parenting, being productive at work, and various forms of community engagement. Success in this stage will lead to the virtue of care.

Stage 8: Maturity (65 years and over):

As individuals grow older, they tend to slow down their productivity to explore life as retired people. They contemplate their accomplishments or failures and could develop integrity if they realise that they have a successful life. If individuals perceive or have indeed failed, a feeling of guilt about their past sets in. They become dissatisfied and develop despair. This feeling often leads to depression and hopelessness. Success in this stage will lead to the virtue of wisdom.

Table 6. A Summary table of Erikson's Eight Stages of Development

Stage	Psychological crisis	Basic virtue	Age (year)

1	Trust vs mistrust	Hope	Infancy (0 to 1½)
2	Autonomy vs. shame, doubt	Will	Early Childhood (1½ to 3)
3	Initiative vs. guilt	Purpose	Play Age (3 to 5)
4	Industry vs. inferiority	Competence	School Age (5 to 12)
5	Identity vs. identity diffusion	Fidelity	Adolescence (12 to 18)
6	Intimacy vs. isolation	Love	Young Adult (18 to 40)
7	Generativity vs. stagnation	Care	Adulthood (40 to 65)
8	Integrity vs. despair	Wisdom	Maturity (65+)

Adapted from: McLeod, 2008.

The theory of psychosocial stages of development remains though subject to three main criticisms. Its critiques contend that Erikson remains vague on the causes of development and very subjective (Fleming, 2004; McLeod, 2018.). He is also silent on the nature of experience that individuals need to have to efficiently resolve various conflicts. Furthermore, the theory does not have universal tools for crisis resolution. These weaknesses were acknowledged by the author in 1964, arguing that his theory was 'a tool to think with rather than a factual analysis' (McLeod, 2008). This theory is relevant to teenage pregnancy since different stages development of the girl child present numerous physiological, biological and psychological impulses on individuals.

3.3.3 Theory of Social Learning

The Theory of Social Learning (TSL) argues that individuals learn from one another through observation, imitation, and modelling. These heuristic bridges behaviourist and cognitive learning theories since it involves attention including observation, memory, and motivation or the absence of significant influence. Learners observe and imitate how their role models act outside the boundaries of pleasure and gratification or real or perceived

pain. Therefore, individuals learn through two processes. Firstly, they learn by reading transcripts. Secondly, they learn through general observations in their environment. In this regard, it is therefore imperative for both parents and educators to increasingly become mindful of the fact that children and adolescents are either active or passive learners who may be susceptible to the negative influence of their respective socio-economic and cultural environments they live in (Bandura, 1997).

In addition, children are surrounded by numerous leading models and bombarded by information daily. It is thus imperative for role models, especially parents or others within the family, celebrities, especially those dominating electronic media channels such as television and radio stations, and mentors or role models in their communities including school teachers or educators to remember that children learn, observe and imitate through positive and negative examples. To encode their behaviour, children reproduce the surveyed actions that their communities perceive appropriate relative to their gender inclination through three different processes. Firstly, children are tempted to imitate the behaviour shaped by the models of the same gender through association. Secondly, the society responds to observed and imitated behaviour with reward and reinforcement or punishment and deterrent for positive or negative behaviours respectively. Reinforcement can be external such as from his/ her peer or internal from the parents. It can also be positive or negative, but it leads to change in an individual's behaviour in the long-run. Thirdly, children will also learn by observing the consequences of the models' behaviour because repeating specific actions or avoidance of them can lead to different outcomes (McLeod, 2016).

Although the TSL comprehensively explains the human learning process through the recognition of the role of mediational processes, it remains subject to two major criticisms. Firstly, one contends that the theory neglects the complexity of human behaviour by oversimplifying the research problem, hence it cannot provide a full account of all related processes including the development of thoughts and feelings. These processes therefore reduced neurons firing when a person observes actions or undertakes the actions himself/ herself. Secondly, TSL is not applicable in the presence of prominent role

models since the referent power that such individuals command can, in isolation, lead children to follow their lifestyles. In doing so, the children learn the relevant behaviours sufficient enough to emulate their respective role models or mentors respectively. In response, Bandura modified the TSL in 1986, renaming it the Theory of Social Cognitive (TSC) which seeks to enable better descriptions of individuals' learning through social experiences even though it cannot explain all behaviour. Indeed, the latter is a product of a complex interaction between biology and environment (McLeod, 2016).

Teenage pregnancy could therefore be explained in principle, *ceteris paribus*, through a process of observation, learning, imitation of role models inspired by cost-benefit analysis through pains and rewards. As a result, when pains outweigh the rewards of becoming pregnant, girls and adolescents would review the conscious choices of indulgence in risky behaviour. Similarly, when the rewards associated with far exceed the pains of pregnancy, girls and adolescents have been known to take calculated risks in many cases to benefit from such decisions as well.

3.3.4 Ecological Systems Theory

A system may be defined as "a complex of interacting components together within the context of the relationships among them that permit the identification of a boundary-maintaining entity or process" (Laszlo and Krippner, 1998). This model is hereafter framed as a theoretical viewpoint that examines a phenomenon seen, rather than simply the sum of their parts including synergies. This matter considers the context of various differential scope centred on the relationship between parts to facilitate more inclusive understandings of the organisation, its functioning and outcomes between and within units under investigation (Mele, Pels, and Polese, 2010).

This research uses ecological systems theory (EST) of human development, ecological systems theory, and bioecological systems theory interchangeably. Bronfenbrenner (1979: 27; cited in Vasta, 2002: 222) observes the process through which the growing person acquires a more extended differentiated, and valid conception of the ecological

environment, and becomes motivated and able to engage in activities that reveal the properties of, sustain, or restructure that environment at levels of similar or greater complexity in form and content. Thus, EST asserts that child development depends mainly on the quality and prevailing circumstances in general, and surrounding environments in particular, since different settings produce diverse developmental results, depending on the individual's attributes of inhabitants. This rationale stems from the fact that childhood development processes are shaped by the various interactions that younger generations acquired and translate into various complexes (Härkönen, 2007). In addition, childhood development process is also influenced by the possibility of complexity and erratic behaviours including their physical manifestations as well as effects on cognitive structures of adults and children alike (Paquette and Ryan, 2001).

Human beings are intricate by physiological design and often unpredictable. These traits present themselves in any attempt to study human behaviour and/ or related outcomes. Adolescent pregnancy therefore represents the composite multidimensional development process where individual, socio-demographic, familial and interpersonal dimensions interact. As a result, the Bronfenbrenner (1979) argues that bioecological theory is appropriate for the investigation of this phenomenon since it facilitates the conceptualisation of adolescent pregnancy as a multifactorial phenomenon in its aetiology and consequences (Araújo *et al.,* 2011).

Bronfenbrenner (1979) and Saarinen *et.al.* (1994) argue that child development and socialisation are products of different circles of influence in the environment of personal evolution. This argument is based on three main assumptions. Firstly, an individual is a dynamic player who exercises influence on his/her environment. Secondly, environment obliges individual to adapt to its conditions and restrictions. Thirdly, an environment consists of different size units that are placed one inside another. However, the above units exercise reciprocal relationships characterised by micro-, meso-, exo- and macro-systems, which are discussed below.

3.3.5 Microsystem

The microsystem consists of a pattern of activities, roles, and interpersonal relationships, and are understood through the development of individuals within an environment's specific physical and material features. In this atmosphere, there are other individuals with typical characteristics of temperament, personality, and systems of belief. The above is supported by Berk (2000) who describes the microsystem as the child's contiguous environment. Thus, this background includes the societal structures that are used by children to maintain direct contact with parents. Paquette and Ryan (2001) contend that this level of interaction between individuals occurs either from and/ or towards the children. In this respect, parents and/or guardians are recognised as the most crucial influences of children's' eventual beliefs as well as his or her eventual behaviour. Similarly, the child can have influence over the parents' beliefs and behaviour. For instance, a child born from parents who drink alcohol is more likely to drink alcohol. This is supported by Härkönen (2007) who argues that a child's attitude towards alcohol is potentially influenced by his/her parents or guardians.

3.3.5.1 Mesosystem

The mesosystem includes the associations and processes that occur between two or more environments such as home and school, and church and workplace associated with the development of an individual. In this regard, a mesosystem represents an environment that supports the child microsystems such as the associations between child's teacher and the neighbourhood (Paquette and Ryan, 2001). This is what Saarinen *et al.,* (1994) describe as the microsystems' relationship involving the child or the youths.

3.3.5.2 Exosystem

The exosystem comprises of the links and processes that take place between two or more environments of which, at least one case, is generated for maturing. When such events happen, processes within the instantaneous environments including the relationship between the household members and the parents or guardians; as well as the relations between the school and the neighbourhood group for a parent (Bronfenbrenner 1989).

3.3.5.3 Macrosystem

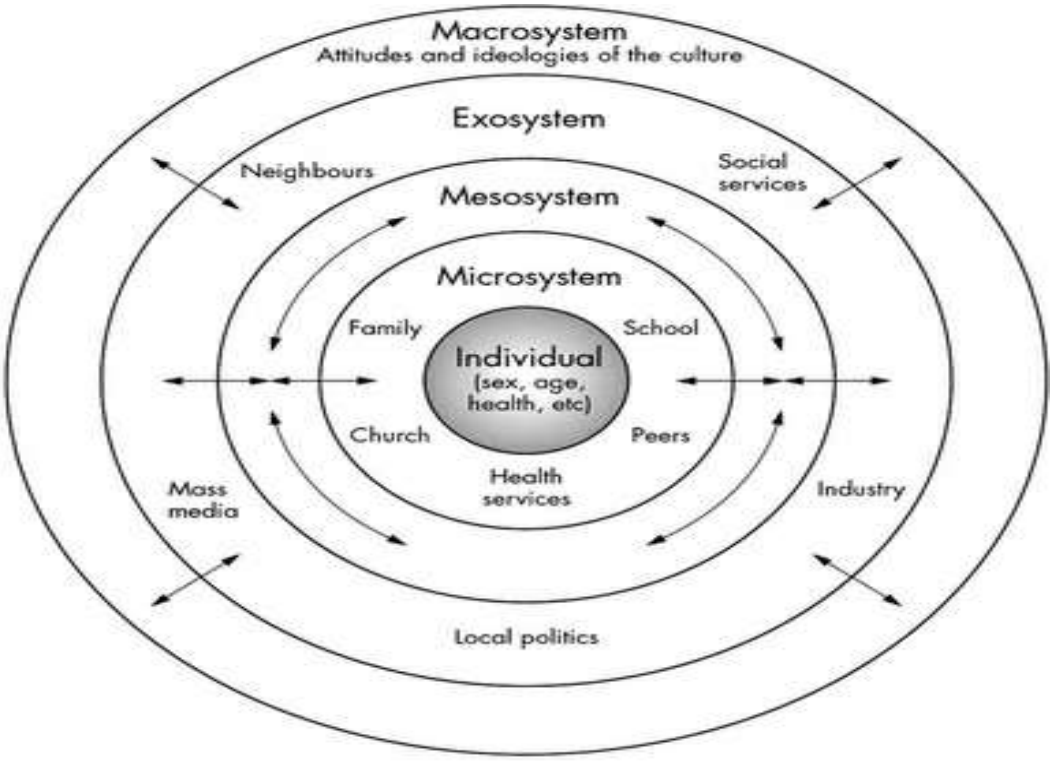
The macrosystem comprises the pattern of microsystem, mesosystem, and exosystem, which are specific to a particular culture, subculture, or other broader social context. The above is what Bronfenbrenner (1989: 228) refers to as “the developmentally-instigative belief systems, resources, hazards, lifestyles, opportunity structures, life course options, and patterns of social interchange that are embedded in each of these systems”. Thus, the macrosystem is the remote environmental consideration for guiding a child to appreciate all other systems within the context of cultural values, traditions and laws (Berk, 2000).

3.3.5.4 The Chronosystem

The initial theory of the bioecological model was expanded to contain the fifth structure, the chronosystem, which focuses on the interaction between several arrangements and interactions between them. This system depicts “the evolution, development or stream of development of external systems while related models time-frame is either short or long period of time” (Bronfenbrenner 1989: 201-202).

From the above discussion, it clear that the EST contributes significantly to body of knowledge with respect to understanding the interplay between environment and dynamics of society including various roles in the development of a child from birth to adulthood. But, NEPC (2007: 7) laments the occasional criticism levelled against the original model of this theory on account of underestimating the active roles that individuals play in their own development. In this respect, “the individual’s own biological and identifying characteristics, such as age, health, sex or gender are sometimes considered less important despite being first layer of the nested systems”. This EST model is illustrated in the diagram below.

Figure 5. Bronfenbrenner's ecological theory model



Source: Bronfenbrenner, 1993: 187.

This model was used to investigate “adolescent pregnancy and the adjustment of individuals who experience it” in western countries, Portugal in particular. The findings of this study reveal that bioecological factors present significant risks for adolescent pregnancy at three primary ecological levels of influence. Firstly, the ecological level is individual consisting of the sexual maturity, emotional instability, favourable pre-marital sexual activity and adolescent parenthood, lower level of education, less involvement in religious activities, among others. Adolescents who, for various reasons, have a combination of at least two of these factors have higher levels of vulnerability and exhibit the greatest probability of becoming pregnant. Secondly, the ecological level explains how the family unit plays an important role in adolescent development and self-identification through the existence and/or proliferation of role models. This is the reason why functional or dysfunctional family units translate respectively into positive or negative personal factors. In this regard, anecdotal evidence show that adolescent pregnancy

rates are higher among families plagued by socio-economic problems and other ills including single parent-headed households, households with absent fathers, parent with low educational levels or who are illiterate, and households with a history of alcohol abuse. Thirdly, the breakdown of the social fabric is a factor of more pronounced levels of societal, economic, and cultural deprivation. This is supported by Araújo Pedrosa *et al*. (2011) who argue that the greater occurrences of adolescent pregnancy are associated with socio-economic deprivation including abject poverty, illiteracy, high prevalence of school dropouts, and other forms of structural exclusion from both the education system and employment opportunities.

From the discussion above, the ecological perspective is relevant to this research because it illustrates that early pregnancy, and subsequent school dropout is a problem in the KwaZulu-Natal (KZN) province in particular and South Africa in general. There is a growing dependency on government social security services in KZN province. The above support the research's goal of assessing adolescent pregnancy through the multidimensional lenses of contributing factors.

3.4 CONCEPTUAL FRAMEWORK

The conceptual framework intends to situate the research within the appropriate knowledge base that lay the foundation for the problem statement and research questions thereby demonstrating the importance of the research by defining the key ideas and the network of relationships between them, by describing the relevant concepts to the research, and by mapping interconnectivity of various concepts (Miles and Huberman, 1994; Becker, 1998). In this regard, the conceptual framework consists of reason action, behavioural intention, sexual identity and occupational identity drawn from selected theories relevant to this research.

3.4.1 Reasoned action

The reasoned action approach is a behavioural theory that was developed since the 1960s with several reformulations that lead to the theory of planned behaviour and the integrative model of behavioural prediction. Applied to health-related issues, the reasoned

action theory suggests that a behavioural process follows four successive steps. Under step one, a health message is considered as a source of beliefs around results of a specific health behaviour, social reward for undertaking the behaviour from other community members, and around factors that may hinder or promote performing the behaviour. Under step two, the beliefs inform attitudes toward engagement in the behaviour, perceptions of normative stimulus, and perceptions of control over performing the behaviour. Under step three, attitude, perceived norms, and perceived control dictate the intent to perform the behaviour. Under step four, individuals act on their intention if they meet the requirement to do it and if there are environment hindrances that they obstruct the performance of the behaviour (Yzer, 2017).

3.4.2 Behavioural intention

Intentions is described by the TRA and TPB as “the amount of effort one is willing to exert to attain a goal (Ajzen, 1991), “behavioural plans that enable attainment of a behavioural goal” (Ajzen, 1996) or simply “proximal goals” (Bandura, 1997: 2). Intention is measured by other synonyms such as "I plan to behaviour” and is different from equivalent concepts such as “desires and self-predictions” (Armitage and Conner, 2001: 478). Behavioural intention (BI) is defined as an individual’s “perceived likelihood or subjective probability that he or she engage in a given behaviour” (CCBC, 2002: 2). BI reflects how hard an individual is prepared to try a behaviour and motivated the person is to perform the behaviour (Ajzen, 1991).

3.4.3 Sexual identity

Sexual identity has various meanings depending on the field of investigation. It refers to an individual’s understanding and articulation of his/ her own sexuality (Parker, 2004); and “an enduring self-recognition of the meanings that sexual feelings, attractions, and behaviours have for one’s sense of self” (Savin-William,1998: 3). Sexuality is a product of gender social dynamics. It follows that such an approach makes “an analysis of gender crucial for any investigation of sexuality” since sexuality is always closely associated with gender and its socially and culturally constructed meanings (Jackson, 1999). Sexuality among adolescents is often perceived and associated with deviance even though it represents a normative part of the natural course of development of all teenagers (Pandy

et al., 2009). This exploration of sexuality is necessary for the transition from adolescence to adulthood. Sexual identity is frequently used as a substitute for sexual orientation identity, in that people assume that one's sexual feelings are primarily ordered on a "heterosexual-bisexual-homosexual framework" (Parker, 2004: 18).

3.4.4 Occupational identity

The concept of occupational identity stems from the connection between occupation that someone undertakes and individuals' personal and social identity. The need to link occupation to identity is based on two assumptions. Firstly, the occupation contributes to one's construction of identity. Secondly, occupation is the primary means of expression of individual's identity. Kielhofner (2002) has observed that individuals build their identities through occupations which offer them meaningful lives. Indeed, when people build their identities through different professions, they provide themselves with the necessary contexts for building meaningful lives, which in turn assist them to be well (Christiansen, 1999). From the above discussion, occupation identity refers to:

"a composite sense of who one is and wishes to become an occupational being generated from one's history of occupational participation. One's volition, habituation, and experience as a lived body are all integrated into occupational identity" (Kielhofner, 2008a: 106).

There are four premises on occupational identity as listed below:

1. identity is an overarching concept that shapes and is shaped by our relationships with others,
2. identities are closely tied to what we do and our interpretations of those actions in the context of our relationships with others,
3. identities provide an important central figure in a self-narrative or life story that provides coherence and meaning for everyday events and life itself, and
4. because life meaning is derived in the context of identity, it is an essential element in promoting well-being and life-satisfaction.

This contribution to knowledge on occupational therapy has laid the foundation for advanced conceptualisations of occupational identity in occupation-based disciplines (Christiansen, 1999: 548-550).

3.5 APPLICATION OF THE THEORETICAL FRAMEWORK IN THIS STUDY

This chapter outlines the theoretical foundation of the research which, explains different factors that influence teenage pregnancy and shows how these factors interact in the adolescent's mind and physical environments. Stakeholders can use these insights to formulate strategies to reduce and, in the long term, prevent this phenomenon which has proven to generate various results across the stakeholder spectrum. The research used a multi-method design (Tashakkori and Teddlie, 2003: 11) with a view to meet its objectives and enhance the quality of the research findings.

3.5.1 The expected challenges of applying the conceptual framework

The decision to implement a multi-method approach to measurement has an impact not only on the dimension itself, but also on all steps of research. Multiple measurement is often introduced to solve problems at other stages of the research process as well as to answer more narrowly defined questions of measuring validity. These extensive impacts and uses of triangulation and other multi-method strategies should be observed in detail and comprise the new challenges that the use of multiple methods poses for data analysis, for writing and evaluating research articles for publication, and for carrying out research in an ethical manner. The potential of multi-method research, however, is far greater than its effect on any one stage of research. It is usually essential to analyse a social phenomenon's structure, setting, and the constituents of social processes more fully than when only a single method is used to apply the multi-method approach to any stage. By broadening the scope of the study to which it is applied, the multi-method standpoint holds out the larger promises of more sociologically noteworthy conclusions and greater opportunities for both verification and discovery. In addition, it is believed that

this approach to social research promises to improve some of the persistent impasses and conflicts in social research that now seem intractable and irreversible (Brewer and Hunter, 2006).

3.5.2 Appropriate research design for the conceptual framework

Bickman and Rog (2009) argue that all research approaches share two major steps – planning and execution – and four stages, namely, definition, design/ plan, implementation, and reporting or follow up. Burkhardt (2010) observes that the appropriate design for the conceptual framework should strengthen the control of validity or trustworthiness, or both caused by variance from the beginning of the study. This was already mentioned in 2009 by Bickman and Rog (2009). They noted the importance of the following six design dimensions as discussed below.

3.5.2.1 Maximising validity

A credible research design maximises four types of validity, namely internal, external, construct, and statistical conclusion. This also offers a clear description of the phenomenon under investigation and controls all probable biases or mistakes that could cloud or distort the research findings.

3.5.2.2 Operationalising the key variables and concepts

The process of sanitising and revising the research questions that happens in stage one of the research should have produced a clear understanding of the key study variables and concepts. At this level, the attention should be given to reviewing whether the researcher is studying the right variables or not.

3.5.2.3 Outlining comparisons

An integral part of research design is identifying which variables must be measured and compared with other variables over a given time frame. For instance, in descriptive studies, the decisions should be made about the time frame of an investigation and how

many observations are needed. Normative studies employ the continuation of descriptive studies. The researcher should therefore determine where that standard will be drawn, from or how it will be developed.

3.5.2.4 Level of analysis

Understanding the level of analysis is necessary to answer the right question. The correct identification of the right level or unit of analysis has significant consequences for both data collection and analysis.

3.5.2.5 Population, geographic, and time boundaries

Population, geographic, and time boundaries are associated with external validity issues. In this regard, each element has a strong impact on the generality of the research findings, that is, whether the results will be representative of the population. Both the sample population and sampling area remain the most commonly discussed types of generalisability. Time boundaries is also crucial to the generalisability of results, particularly if the research involves existing data that may be older than five years.

3.5.2.6 Research precision

It is critical to know how precise an answer must be to a given design decision. The level therefore of desired precision may affect the consistency of the design. The level of desired precision has also important implications on how the sample is drawn and the determination of the sample size A sampling technique is used since the cost of a study may be strongly influenced by the degree of precision or certainty required.

3.5.3 Research questionnaire and the conceptual framework

There are two challenges that emerge from the application of a research questionnaire to the conceptual framework when the study is based on a multi-methods approach. The first challenge consists of the need for multi-research designs and research

methodologies within the two main research paradigms, namely, the positivism and interpretivism. Positivists use the value of neutrality, statistical measurement, quantifiable elements, and observable events to establish causal laws. They believe that the role of the neutral researcher is to present an objective explanation of matters of concern and predict the laws. For them, "social reality" is external to individuals. Objects exist independently and have no dependence to the knower" (Cohen *et. al,* 2003: 6). Positivist methodology intends to establish the cause-effect relationship between independent variables (Creswell, 2009). The quality of positivist research findings is secured by validity which is defined here as an "ability of an instrument to measure what it is designed to measure" (Kumar,1999: 138).

Interpretivists on the other hand have two claims. Firstly, reality is multi-layered, complex and socially constructed. They argue that individuals are creative and dynamically construct their social reality. Second, the social world should be studied in the natural world, through the eyes of the participants, without the intervention of the researcher. Crotty (1998: 79) contends that the object "cannot be adequately described apart from the subject, nor can the subject be adequately described apart from the object". Consequently, the relationship between the researcher and the subject is not of objectivity, but of participation and interaction of individuals.

Interpretive researchers use diverse methodologies including but not limited to case studies, phenomenology, and ethnography. Interpretivist methodology aims at discovering and understanding the subject under investigation inductively because they believe that the "social world can only be understood from the standpoint of the individuals who are part of the sample under investigation" (Cohen et al, 2003: 19). They use "purposive sampling and select individuals and sites that are information rich" (Cresswell 2008: 214) to collect qualitative data through observations, interviews and questionnaires, documents, and audio-visual materials (Cresswell, 2008). The quality criteria for qualitative data occurs through the trustworthiness of a research via credibility to replace internal validity, transferability should replace external validity, dependability which can be achieved by auditing should replace reliability; confirmability should replace objectivity;

and authenticity, which can be demonstrated by showing that researchers have represented different realities" (Seale, 2000).

The second challenge consists of the researcher's ability or a lack thereof to formulate the research questions and the questionnaire suitable for the data collection and analysis for the two research paradigms. If the research questions and subsequent research questionnaire are not appropriate for both quantitative and qualitative research, then the study may not achieve its aims and objectives. In this research, the two key challenges were addressed through a research questionnaire that includes quantitative and qualitative questions.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

Research methodology plays a critical role in all forms of academic research. It determines the nature of approaches to data collection and how data is analysed and interpreted. In addition, research methodology enables the researcher to critically examine the ethical implications of his/her research. In choosing a research methodology, a researcher must therefore, be conscious of the best methods that will guide him/her in answering the research questions. Bearing these in mind, the methodology chosen for this study was guided by the quest to understand the underlying risk factors of school-related teenage pregnancy in KwaZulu-Natal. Furthermore, the study is focussed on the factors that account for the failure of current intervention programmes to address school-related pregnancy, and the interventions needed to prevent or reduce the rate of school-related/teenage pregnancy and manage resulting negative impacts on the rights of girls to education in particular.

This chapter examines research methodology in general and its application to this study in particular. The chapter discusses the methodology employed in the study, the means of data collection, the sampling strategy employed in the research and the approach to analysing the research data.

4.2 ONTOLOGY AND EPISTEMOLOGY IN RESEARCH

Research methodology refers to “the procedures by which researchers go about their work of describing, explaining and predicting phenomena are called research methodology” (Flynn and Korcuska, 2018). A research methodology deals with the description of the approaches and process employed by a researcher while carrying out a scientific enquiry. In any research, therefore, it is important that the researcher thinks critically about the questions that he/she intends to answer and develop an appropriate methodology that facilitates answering those questions. This is because the nature of the research questions, its aims, and its objectives influence the kind of methodology that is

employed in a research. The research questions, aims, objectives and applications of research findings also determine the ontological underpinning of a research as well as the paradigm in which a research is located.

Understanding the ontological underpinning of a research is critical in informing the choice of the research approach. Ontology examines the questions around the nature of being and seeks to understand why there are things instead of nothing. According to Truncellito (no date), “the term “epistemology” comes from the Greek word "episteme," meaning "knowledge," and "logos," meaning, roughly, "study, or science, of." Epistemology, therefore, can be defined as the branch of philosophy that is pre-occupied with “the study of knowledge and justified belief (Galbin, 2014). This branch of philosophy, according to Galbin (2014), seeks to answer a number of questions including: What are the necessary and sufficient conditions of knowledge? What are its sources? What is its structure, and what are its limits?

The ontological underpinning of a research is critical it determines the researcher’s epistemological orientation (Feilzer, 2010; Dudovskiy, 2018). For instance, the ontological orientation of a researcher influences whether he/she will see a social phenomenon observed in a research as an objective fact or socially constructed artefact. While the former sees reality as having objective existence independent of the researcher/observer, the latter sees being as a function of social interactions as well as social norms that have created and codified how realities should be viewed and interpreted. In some research, the researcher’s epistemological orientation is overtly stated while this is not the case in others.

A researcher’s epistemological standpoint is also influential in the paradigm in which his or her research is located. In addition, epistemology informs the process in gathering the research data as well as the processes involved in the analysis and dissemination of knowledge created through the research process. Most researchers locate their research in either the positivist or the interpretivist epistemological standpoint. However, there have been criticisms of these epistemological standpoints thus resulting in the emergence of

various shades of positivism and interpretivism. The following unpacks positivism, interpretivism, and their variants.

4.2.1. Positivism

Positivism is grounded on the premise that knowledge exists outside of the observer/researcher and the aim of research is to devise means/strategies for grasping this objective truth. In that way, "positivism is committed to practising an objectivist epistemology" (Avramidis and Smith, 1999:28) Because of the dichotomy between the researcher and the object of research, the objectivity of the researcher from the research subject is critical in positivist research (Erlingsson & Brysiewicz, 2013). In positivist epistemology, therefore, emphasis is placed on ensuring that the researcher's subjective experiences and biases do not influence data collection, analysis and presentation of research findings. Validity and reliability (explained in section 4.10) are some of the strategies employed in positivist research to minimise the researcher's subjective influence on the research process.

In positivist epistemology, emphasis is placed on "scientific method, statistical analysis, and generalisable findings" (Mack, 2010: 6). To achieve the goal of generalising research findings, positivist researchers use large representative sample selected from the study's population in order to carry out statistical analysis (Erlingsson & Brysiewicz, 2013). The positivist epistemology "assumes that science quantitatively measures independent facts about a single apprehensible reality". In addition, it rejects metaphysics and takes the stance that knowledge is our description of what we experience. The goal of science, therefore, is to focus on describing what can be measured and observed and anything outside this realm should not been as knowledge (Krauss & Putra, 2005).

Positivism is underpinned by deductive reasoning. In deductive reasoning, "valid deductive arguments preserve truth, in the sense that if the premises are true, then the conclusion is also true" (Ayalon & Even, 2008: 235–236). Similarly, Soiferman (2010: 3) notes that "arguments based on laws, rules, or other widely accepted principles are best expressed deductively". In this way, deductive reasoning operates from a universally

formulated hypothesis that is applicable to individual cases on condition that the premises of the argument are true and valid (Ayalon & Even, 2008).

4.2.2. Interpretivism

Unlike the positivist epistemological standpoint, interpretivism (also known as constructivism) sees knowledge as a product of the subjective interpretation of a given phenomenon by an individual. In that way, interpretivism is open to multiple interpretations of a given phenomenon (Erlingsson and Brysiewicz, 2013) and supports "the ability of the individual to construct meaning" (Mack, 2010:7). Given this standpoint, interpretivism portrays the world as "socially constructed, complex, and ever changing in contrast to the positivist assumption of a fixed, measurable reality external to people" (Tuli, 2011:103). The contention of the interpretivist standpoint is that the complexity of the social world makes it impossible to truly study and understand it using a positivist approach. Similarly, Avramidis and Smith (1999, p. 28) argue that "since for any inquiry many interpretations can be made, and since there is no foundational process by which truth can be determined, interpretivists/constructivists adopt a relativist ontology." The interpretivist approach is therefore largely subjective.

Interpretivism is a critique of the glorification of human rationality by modern thinkers. It also criticises the advancement of the view that there can be only one objective interpretation of reality. As argued in the *Postmodern Condition*: *A Report on Knowledge*, a stance that advocates the existence of a single universal truth is oppressive and silences the voices of weak and marginalised communities/individuals. Interpretivism advocates the existence of multiple narratives (*petit récit)* over grand narratives (Lyotard, Bennington, & Massumi, 1984) and is therefore open to the existence of "multiple truths or multiple realities" (Erlingsson and Brysiewicz, 2013: 94). Interpretivist epistemology emphasis context-specific knowledge over universal knowledge since it advocates the existence of multiple 'knowledges. In addition, interpretivist epistemology is interested in gaining in-depth understanding of particular cases. This is why understanding a given phenomenon in the context in which it exists is a critical approach for researchers steeped

in interpretivist epistemology (Glaser *et al.*, 2019). Because of the focus of interpretivist epistemology on in-depth understanding of particular cases, it often tends to use small non-representative sample.

Interpretivist epistemology is underpinned by the qualitative paradigm and aims to provide a thick description of a phenomenon. Unlike positivism, interpretivism is informed by inductive reasoning. Inductive reasoning is the approach that typically moves "from the specific to the general…[and] arguments based on experience or observation are best expressed inductively," (Soiferman, 2010: 3). To move from specific cases to the general case requires a thorough understanding of those particular cases. Consequently, interpretivist researchers often use a case study approach in their research.

4.2.3. Realism

Over the years, academics have argued about whether positivism or interpretivism is the best approach to gaining knowledge. Because of these contentions, researchers are either positivists or interpretivists and there was no cross-pollination of ideas and values across the two epistemological standpoints. Realism (also known as pragmatism) is an attempt to reconcile the divide between positivism and interpretivism. The approach argues that positivism and the interpretivism are complementary epistemological standpoints. The realist approach emphasises that there are "multiple perceptions about a single, mind-independent reality" unlike the positivism paradigm that focuses only on a single reality while the interpretivist paradigm focuses on multiple realities. In addition, realism "sidesteps the contentious issues of truth and reality, accepts, philosophically, that there are singular and multiple realities that are open to empirical inquiry and orients itself toward solving practical problems in the ''real world" (Feilzer, 2010:8).

Realist epistemology also argues that the idea of reality goes "beyond the self or consciousness, but which is not wholly discoverable or knowable" (Krauss & Putra, 2005: 762). Instead of taking a value-free approach advocated by positivist researchers or a

value-laden approach advocated by interpretivism, it is “value cognisant; conscious of the values of human systems and of researchers” (Krauss & Putra, 2005: 762).

Realists would argue that although our knowledge of reality is a function of social construction and must be understood in the social context that shapes the knowledge, reality exists outside of this social construction processes. For this reason, the goal of realist researchers is to discover and understanding “observable and non-observable structures and mechanisms, independent of the events they generate” (Krauss & Putra, 2005: 263). Shannon-Baker (2016: 321) further notes that realism “is characterised by an emphasis on communication and shared meaning-making in order to create practical solutions to social problems. It places primary importance on the research question”. In adopting realism, researchers are “able to maintain both subjectivity in their own reflections on research and objectivity in data collection and analysis” (Shannon-Baker, 2016, p. 322).

In the realist approach, theory is employed as a guide in the research process bearing in mind that there are subjective elements in theories as well as the processes involved in choosing a particular theory in a given research. In addition, the use of theory in realist research is cognisant of the fact that theories do not present a complete view of reality (Shannon-Baker, 2016, p. 328).

Realism advocates the use of the integration of positivist and interpretivist epistemology to address the inherent weaknesses in the positivist and interpretivist epistemological standpoints. In doing so, the approach advocates a cross between subjectivity and objectivity in a given research instead of focusing purely on a particular approach. Through this, the researcher facilitates continuous dialogue between the positivist and interpretivist epistemological standpoints thus resulting in in-depth understanding of what is being studied (Mertens, 2012:256).

4.3 RESEARCH PARADIGM

According to Patton (1990, p. 37), paradigm is "a world view, a general perspective, a way of breaking down the complexity of the real world. As such paradigms are deeply embedded in the socialisation of adherents and practitioners telling them what is important, what is legitimate, what is reasonable". Patton (1990, p. 37), further argue that paradigms are largely normative and provide the basis that dictates what a researcher ought to do "without the necessity of long existential or epistemological consideration."

The paradigm in which a research is located is informed by the ontological and epistemological nature of the research. Consistent with the thinking trajectory, Mertens (2012, p. 256) argues "that the use of paradigms as philosophical frameworks that delineate assumptions about ethics, reality, knowledge, and systematic inquiry helps clarify the basis of disagreements amongst members of the mixed methods research community." Over the years, there have been various arguments on the best paradigm that should be used in conducting research resulting in what is called the paradigm war. On the one hand, those steeped in the positive epistemological standpoint argue that only the quantitative paradigm should be used to conduct research while interpretivist researchers argue for the use of the qualitative paradigm.

4.3.1. Quantitative Paradigm

The quantitative paradigm is primarily about the measurement of quantities. The quantitative paradigm advocates that the researcher must remain objective and detached from the research subject. This is to ensure that the subjective experiences and worldviews of the researcher does not bias the research findings (Soiferman, 2010: 3). Quantitative research is "numerical, non-descriptive, applies statistics or mathematics and uses numbers". Similarly, Gog *et al* (2008: 766) argue that quantitative research is "often conceived of as more traditional or positivistic; typified by experimental or correlational studies". Studies steeped in the quantitative paradigm often seek to validate a theory, establish the prevalence of a subject of enquiry or determine the causal relation (and the direction of such causal relation) between variables.

Quantitative research comprises an iterative process of evaluating research data. In addition, research findings in quantitative approach comes from statistical tests and are usually presented as numbers in form of tables, graphs and charts and such findings are usually conclusive (Rajasekar et al., 2006). Data in quantitative research are generated primarily via closed-ended questionnaires or sourced from existing databases. The recent development in Information and Communication Technology has increased the sources and amount of data (the phenomenon of big data) available to quantitative researchers.

4.3.2. Qualitative Paradigm

Unlike the quantitative paradigm, qualitative research is "non-numerical, descriptive, applies reasoning and uses words". The qualitative paradigm seeks to understand context-specific meanings of a given phenomenon (Rajasekar et al., 2006; Soiferman, 2010). For this reason, most qualitative research is exploratory in nature because the qualitative paradigm is "oriented toward discovery and process, have high validity, are less concerned with generalisability, and are more concerned with deeper understanding of the research problem in its unique context" (Antwi & Hamza, 2015: 2019). Because of the subject and context-specific nature of qualitative research, it is underpinned by,

"a relativistic, constructivist ontology… [implying that] there are multiple realities constructed by human beings who experience a phenomenon of interest. People impose order on the world perceived in an effort to construct meaning; meaning lies in cognition not in elements external to us; information impinging on our cognitive systems is screened, translated, altered, perhaps rejected by the knowledge that already exists in that system; the resulting knowledge is idiosyncratic and is purposefully constructed" (Krauss & Putra, 2005: 760).

Given the aim as well as the objects of enquiry in qualitative research, its data is collected from sources such as "interview, focus group discussion and naturalistic observation" (Antwi & Hamza, 2015: 2019). In collecting data through these strategies, the focus of the researcher is about understanding the research participants' subjective experiences and their interpretations of these experiences.

4.3.3. Mixed-Method Paradigm

The mixed-method paradigm bridges the gap between the qualitative and the quantitative paradigms (Feilzer, 2010:6). In doing so, it harnesses the strengths of both paradigms by emphasising that there are values in both paradigms that must be exploited in order to obtain a clear picture of what is being studied. Thus, Shannon-Baker (2016: 321) argues that the "purpose of a mixed methods research is to provide a more complex understanding of a phenomenon that would otherwise not have been accessible by using one approach alone". Similarly, Mertens (2012) argue that there is no right and wrong paradigmatic stance. Rather, each paradigm plays a critical role in research and the application of both paradigms in a given research provides valuable opportunity for a robust understanding of a given subject of enquiry.

Moving beyond the contestations on the best paradigm to be used in, the mixed-method paradigm is becoming a common approach used in most research. The approach is cognisant of the value that the researcher brings into the research process. It appreciates that the researcher does not exist in a vacuum, the researcher exists in a social context and the values of the researcher (shaped by his/her social context) has a bearing on his/her research. However, the researcher's values must be guided by a reflexive approach throughout the research process to ensure that values they do not become the main factor that influence the research process.

The manner in which the qualitative and quantitative paradigm are integrated in a research depends on the object of enquiry. In addition, the integration can happen at various phases of the research process. For instance, Shannon-Baker (2016: 321) argues that the integration "can take place in the philosophical or theoretical framework(s), methods of data collection and analysis, overall research design, and/or discussion of research conclusions". The use of the quantitative and qualitative paradigms allows for triangulation.

Over the years, different strands of the mixed-method paradigm have been developed and applied in research. For instance, a review of published mixed-method research

Maxwell and Mittapalli (2010) found more than 40 different types of mixed-method research. Creswell, Plano Clark et al (2007) classified the different mixed-method research designs into four categories: Triangulation Design, the Embedded Design, the Explanatory Design, and the Exploratory Design. An overview of each of these is provided below.

4.3.4. Variants of Mixed-Method

According to Flick (2013:12), “triangulation means to take several methodological perspectives or theoretical perspectives on an issue under study”. Triangulation can either be a design triangulation or theory triangulation. The application of triangulation design allows the researcher to harness the strengths as well as the “nonoverlapping weaknesses of quantitative methods (large sample size, trends, generalisation) with those of qualitative methods (small N, details, in depth)” (Lewis, 2015:34). Creswell and Plano Clark (2007: 63) further argue that triangulation “design is used when a researcher wants to directly compare and contrast quantitative statistical results with qualitative findings or to validate or expand quantitative results with qualitative data.” In triangulation design, the research implements both the qualitative and quantitative methods in the same phase of the study. In addition, equal weight is assigned to both the quantitative and the qualitative method. Because of the application of both qualitative and quantitative method in the same phase, it has also been called “concurrent triangulation design” (Creswell and Plano Clark, 2007: 63-64).

Triangulation design is the most commonly used mixed-research design. In their work, Creswell and Plano Clark (2007: 64) identified four variants of Triangulation Design: the convergence model, the data transformation model, the validating quantitative data model, and the multilevel model. They note that “the first two models differ in terms of how the researcher attempts to merge the two data types (either during interpretation or during analysis), the third model is used to enhance findings from a survey, and the fourth is used to investigate different levels of analysis” (Creswell and Plano Clark, 2007: 64).

Unlike in triangulation deigns where equal weight is assigned to qualitative and quantitative data, in embedded design, “one data set provides a supportive, secondary role in a study based primarily on the other data type” (Creswell and Plano Clark, 2007: 67). This approach is informed by the conviction that different sets of research questions require different sets of data in order to answer these questions. In this approach, a qualitative design is nested within a quantitative design (Creswell and Plano Clark, 2007). Differentiating between embedded research designs and other studies that use mixed-method design is sometimes difficult. However, Creswell and Plano Clark (2007, p. 71) argue that a unique criterion for identifying an embedded research design “is whether the secondary data type is playing a supplemental role within a design based on the other data type”.

The explanatory design employs a two-phased approach. Phase one entails collecting and analysing quantitative data while the second phase deals with the collection and analysis of qualitative data (Creswell and Plano Clark, 2007). The qualitative phase is aligned to the findings from the quantitative phase of the research. Researchers that use the exploratory design focus more on the quantitative method. The role of qualitative method in explanatory design is to build on findings from the quantitative design.

Unlike the explanatory design where findings from the qualitative designs helps in the further development of the quantitative results, quantitative methods are employed in exploratory design to explain findings from qualitative design. Creswell and Plano Clark (2007: 85) argue that “this design is based on the premise that an exploration is needed for one of several reasons: measures or instruments are not available, the variables are unknown, or there is no guiding framework or theory”. The use of qualitative design provides a vital tool in the exploration of a phenomenon in order to establish key findings that offers inputs for the implementation of the quantitative method. Because this design begins with a qualitative method, it is best suited for exploring new phenomenon or a phenomenon about which very little is known. Findings from the quantitative method enables the researcher to generalise the initial findings from the qualitative method. In

addition, it enables the researcher to test theories emerging from a qualitative method (Creswell and Plano Clark, 2007).

4.4. JUSTIFICATION OF THE RESEARCH METHOD EMPLOYED IN THIS STUDY

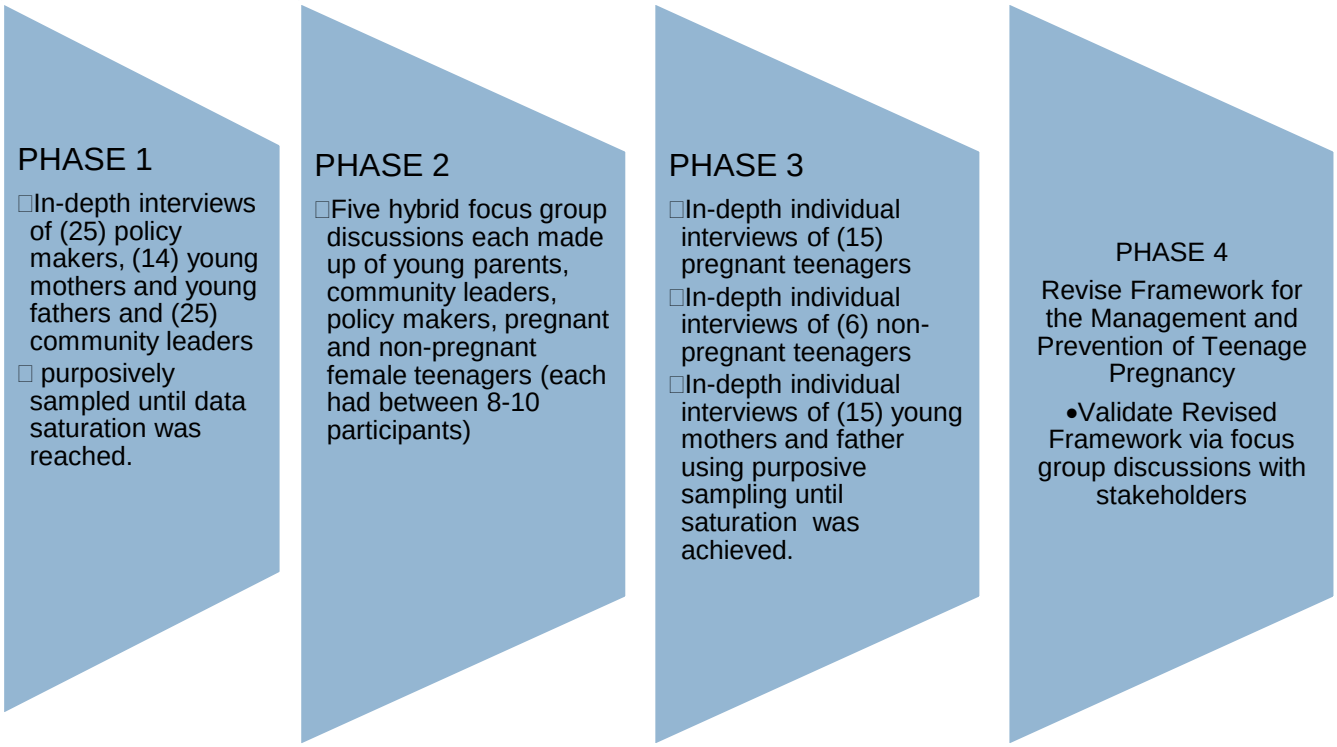
After careful consideration of each of the above-specified design options, it was clear that the study, its objectives and the specific research questions would be best explored from an interpretivist and constructionist paradigm using a multi-approach qualitative design. In situating the research in qualitative epistemology, the researcher was able to ensure complementarity between the interpretivist and constructionist paradigms. In addition, the application of multiple approaches allowed for the collection of data from multiple sources thus facilitating data validation. Similarly, the use of a number of data sources facilitated the exploration of the sum of the areas of interest from a variety of angles and benefits from the unique insights offered by each. Recently, there has been a growing awareness of the benefits of combining qualitative and quantitative data methods (Chow, Quine, & Li, 2010; Doyle, Brady, & Byrne, 2009; O'Byrne, 2007).

The inclusion of Qualitative methods in this research was appropriate in providing an understanding of the meaning and context of behaviours and processes that take place within social relationships. The flexibility of the qualitative paradigm provided the researcher an opportunity to explore new avenues of enquiry as they emerged in the course of the research. Moreover, it provided an opportunity for exploring in more detail, the complex and sensitive issues which would have been difficult with large scale survey. Qualitative data also provided explanations and interpretations for certain results obtained in the quantitative analysis. The use of the mixed methods design in this study enriched understanding of various issues through the collaboration of conclusions, extension of knowledge or by initiating new ways of thinking about the subject of the research.

Data within the current study was collected using a number of different approaches but, primarily data was collected by means of 1:1 interview by the researcher. Each interview

lasted for a maximum of 40 minutes in a mutually identified environment after being briefed about the study (Burns & Grove, 2009). To complement existing data collection processes, additional focus group discussion interviews were conducted with groups made up of young mothers and fathers, community leaders, policymakers, pregnant and non-pregnant teenagers. When collecting the data, factors ranging from the problem statement, research question, and the aim of the research were considered. Implementing the research implied a four-step approach outlined in Figure 6. The phases are further explained in the following sub-sections.

Figure 6. Phases in the research process



Phase One: entailed a desktop review of both published and unpublished literature and reports from academic sources, reports from government, research groups, media reports, community organization, service organisations and national programmes that focuses on teenage pregnancy in South Africa. The desktop review produced a synthesis of best practice and research informed interventions that have been implemented in KwaZulu-Natal. An analysis of this document and policies provided the contextual,

conceptual and theoretical outlook of sexual and reproductive health policy issues in KwaZulu-Natal. This was instrumental in identifying key trends, themes and issues that emerged from the literature on the incidence and prevalence patterns of learner pregnancy across KwaZulu-Natal. Secondary data from the Department of Basic Education was also used to identify areas with high prevalence rates of learner pregnancy.

Most importantly, the phase centred on Individual in-depth interviews with policymakers, teachers, young mothers, fathers, and leaders of the community to elicit insights and descriptions of their experiences. The interviews provided an understanding of the common experiences of the impact that the policy framework has had on the prevention and management of teenage pregnancy especially Management and Prevention Policy Framework of Learner Pregnancy 2008.

Phase Two: focussed specifically on teenagers themselves and included in-depth individual interviews with both pregnant and non-pregnant female teenagers. Interviews were conducted until data saturation was attained, allowing for about four rounds of interviewing. To ensure equal representation, comparable numbers of pregnant and non-pregnant teenagers were interviewed. The teenage mothers were recruited from schools, as most teenagers are still in school even during and after pregnancy. The study collected information from 50 individual interviews with teenage parents. 50 individual interviews with service providers, 3 focus group discussions with teenage boys and girls, and 3 focus group discussions with parents were held in the KwaZulu-Natal Province.

Phase Three: Five hybrid focus group discussions made up of young mothers and fathers, community leaders, policymakers, pregnant and non-pregnant teenagers. The five focus groups comprised members from each of the participant groups represented thus allowing for cross-discipline conversations. There were 5-10 participants in each focus group.

Phase Four: After completion of the study, the researcher made recommendations for a revised Framework for the Management and Prevention of Teenage Pregnancy. As a means of validating the potential value of this proposed framework, five focus group discussion was conducted with representatives from each of the groups i.e. pregnant and non-pregnant female teenagers, young mothers and fathers, community leaders, and policymakers to get their perspectives on the revised framework.

4.5 STUDY CONTEXT AND DATA COLLECTION

The study was conducted in three districts in KwaZulu-Natal. Two of the study contexts were located in rural areas while the third was in a peri-urban area. The criterion for choosing the three districts and the schools was based on learner pregnancy statistics from the Education Management Information Systems (EMIS) (KZN Department of Education) which indicated that these areas had the highest prevalence of teenage pregnancy. Based on the list of all pregnant girls by school, the participants were then purposefully recruited to meet the proposed samples at a site. Concomitantly, the proposed samples for focus group discussions and individual interviews were taken. The participants were selected from uMkhanyakude, Harry Gwala and Inanda, Ntuzuma and KwaMashu (referred to as INK) under the Durban Metropolitan Municipality. Below is a brief description of the socio-economic profile of each district area of study.

uMkhanyakude is located in the Northern part of KwaZulu-Natal province. It is the second largest district municipality in the province and has a population of 625,846. Males comprise only 46% of the population (uMkhanyakude District Municipality, 2014).The District Municipality comprises five local municipalities as shown in Table 7. The Table also gives the population distribution across the five local municipalities based on the 2011 National Census. The 2011 National Census shows that uMkhanyakude district is characterised by a high prevalence of poverty with a high youth unemployment rate. According to the Municipality's Integrated Development Plan, "as much as 35.2% of the unemployed population is younger than 25 years of age with a further 34.9% between 25 and 34 years. This implies that more than 70% of the unemployed population is younger

than 35 years of age" (uMkhanyakude District Municipality, 2014:47). The district also has a high rate of teenage pregnancy. Education attainment is low, with only 4.8% of the population having attained a higher diploma or a degree (uMkhanyakude District Municipality, 2014).

Table 7. Population figure of uMkhanyakude district municipality

Municipality	Population (2011 Census)
UMhlabuyalingana	156 736
Jozini	186 502
The Big 5 False Bay	35 258
Hlabisa	71 925
Mtubatuba	175 425
Total	**625, 846**

The economy of the Municipality has been growing at an average of 9% per annum since 2000. Retail, catering and accommodation (tourism) are the primary drivers of the Municipality's economy (uMkhanyakude District Municipality, 2014).

Harry Gwala District Municipality is located in the South Western part of KwaZulu-Natal. It comprises five Local Municipalities as shown in Table 8. According to the 2011 National Census; the district has a total population of 461,419. The Municipality is largely rural and is "characterised by huge service backlogs, abject poverty, unemployment and other social development challenges" (Harry Gwala District Municipality, 2017: 59). 54% of the population are female. The Municipality comprised a youthful population with an unemployment rate of 27,8%. According to the Municipality's Integrated Development Plan, "out of over 460 000 population that reside in Harry Gwala just under 70 000 is employed either formally or informally" (Harry Gwala District Municipality, 2017:66).

Table 8. Population of Harry Gwala

Municipality	Population Size
KwaSani Local Municipality	12 898
Ingwe Local Municipality	100 548
UBuhlebezwe Local Municipality	101 691
Umzimkhulu Local Municipality	180 302
Greater Kokstad Local Municipality	65 981
Total	**461 419**

Inanda, Ntuzuma and KwaMashu (INK) all fall under the eThekwini Metropolitan Municipality. The three areas are adjacent and were merged into one administrative unit by eThekwini Municipality. The area has a population of about 580 000 with more than 65% of them being younger than 29 years (eThekwini Municipality, 2011). The gender distribution is evenly split with female comprising only 1% more than the male population. The area is characterised by high unemployment rate with 40% of the population being unemployed. Education attainment in the area is also low with only 4% having attained a higher education qualification (eThekwini Municipality, 2011).

4.6. STUDY POPULATION AND SAMPLE

Sampling entails the selection of a segment of the population being studied. A research population is generally a large collection of individuals or objects that represent the focus of a scientific enquiry. A research population is also known as a well-defined collection of individuals or objects known to have similar characteristics. All individuals or objects within a certain population usually have a common binding characteristic or trait (Babbie

& Mouton, 2009; Burns & Grove, 2009). The population of this study comprised young mothers, young fathers, teachers, policymakers and community leaders who are directly involved in or impacted on by teenage pregnancy.

Sampling is an important research tool particularly in contexts where the study population is large, and it is impossible to study the entire population because of resource or time constraints. In addition, it is undesirable to study an entire population because findings from a carefully selected representative sample can be generalised to the population from which the sample was selected. Furthermore, the nature of some studies, particularly those steeped in the interpretivist paradigm require only a small sample from a large population.

There are two broad sampling strategies employed in research: random and non-random sampling. While random sampling is desired for the purposes of generalisation, they are often too time consuming and costly (Mohsin, Maree & Petersen 2010). There are various variants to random sampling: simply random sampling, stratified random sampling, convenience sampling and quota sampling (Lammers and Babbie, 2005: 7). The variants are explained in Table 9 showing examples, advantages and disadvantages of each of the variants.

Table 9. Various types of probability sampling techniques at a glance

Name of Type	Characteristics	Method	Benefits	Draw backs/ Crucial Issues
Simple Random Sampling	Every element has an equal chance of been selected. Exhaustive lists of elements are essential. Elements are selected randomly.	Exhaustive list of elements is produced. Each element is allotted a number. Numbers are randomly selected through lottery method or using computer generated random table.	Omits the chance of systematic. Errors and sampling biases. Representative sample is produced.	Difficult for very large population.
Systematic Random Sampling	Elements are selected at a regular interval (may be time, order or space) Exhaustive list may or may not be required is used when a homogenous population is grouped within itself.	In the case where the lists are available, the lists are compiled to form a single list each element is given a number to select an appropriate interval, N* is divided by n**; number obtained by this division (say k) is the size of interval	Ensures the extension of sample to the whole population make it possible to get a probable sample where list of elements cannot be produced	If the existing grouping is biased in some way the sample may not be representative difficult for very large population

		first an element is selected at random and then every kth element from the first selection is included in the sample.		
Stratified Random Sampling	Is used when a population is heterogeneous.	First the population is divided into homogenous sub groups called as strata then elements are randomly selected from each stratum.	Ensures a representative sample for a heterogeneous population.	It requires more resources in terms of time and efforts if the variable used for making strata is not appropriate depending on the research, the whole working may go in vain.
Cluster sampling	Is used when the target population is homogenous but is spread over a wide geographical region instead of elements clusters are randomly selected a cluster is defined as a group of elements residing together in one geographical region.	First the population is divided into clusters each cluster is allotted a number then the decided number of clusters are selected randomly.	Make the probability sampling possible for a large population.	There is possibility of systematic error if the selected clusters fail to capture the characteristic diversity of the target population, the sample cannot be claimed to be representative of the population.

Multistage sampling	It can be defined as sampling within the sample two or more probability sampling techniques are combined first a sample is extracted randomly and then from the selected sample another sample is extracted thus the to reach a final sample there are at least two stages.	First the target population is divided into clusters are randomly selected out of the selected clusters, there may be a formation of clusters or strata (in case of heterogeneity of population) now a random selection of clusters is done/ or there occurs a selection of elements from each strata the final units selected are investigated.	A representative sample is produced for a population that is spread over a wide geographical region and is also heterogeneous.	If the characteristic criterion used for the formation of strata at any stage is not appropriate, the sample cannot be representative of the population if also there occurs a systematic error in the selection of clusters, the results would not be able to generalise.

*N is total number of elements in the population

**n is number of participants required for the sample

Source: (Lvi, 2016; 48–50)

4.7 NON-PROBABILITY SAMPLING

In contrast to probability sampling, non-probability sampling does not seek to select a representative sample. In certain instances, probability sampling is the ideal sampling strategy depending on a number of issues. These include studies where it is not desirable to select a representative sample. In addition, non-probability sampling is also applicable in studies where "each sampling unit is not known and the selection of sampling units is done according to the researchers' judgement or knowledge" (Le Roux, 2011: 157). Furthermore, "Non-probability sampling is a good method to use when conducting a pilot study, when attempting to question groups who may have sensitivities to the questions being asked and may not want to answer those questions honestly, and for those situations when ethical concerns may keep the researcher from speaking to every member of a specific group" (Latham, 2007: 7). One of the key advantages of non-probability sampling is that it is convenient and quick to implement. In addition, it is time and cost-effective (Latham, 2007: 7). In non-probability sampling, the judgement of the researcher plays a critical role in the sample selection. The broad non-probability sampling techniques often employed include convenience sampling, purposive sampling, snowball sampling and quota sampling. Each of these strategies are briefly explained in Table 10.

Table 10. Non-probability sampling methods

Type of Sampling	Selection Strategy
Convenience	Select cases based on their availability for the study.
Purposive	Select cases that judged to represent similar characteristics.
Snowball	Group members identify additional members to be included in the sample.
Quota	Interviewers select a sample that yields the same proportions as the population proportions on easily identified variables.

Source: (Latham, 2007)

Purposive sampling is a common non-probability sampling strategy in the qualitative research. In this sampling strategy, a study sample is selected based on the judgement of the researcher who determines the participants that are best positioned to contribute to the answering of the research question (Babbie & Mouton, 2012).

Unlike in purposive sampling where the study population is known and easily accessible to the researcher, the population in a snowball sampling is usually hidden and difficult to access. For instance, when carrying out a study on police harassment of prostitutes, it is difficult to easily access this population (Ilker, Rukayya, & Sulaiman, 2015). In this approach, the researcher begins with a participant who then refers the researcher to another participant. The cycle continues until the researcher reaches the number of targets intended for the study. Table 11 provides a summary of the sampling strategies employed in this study.

Table 11. Sampling strategies employed in the study

Study Phase	Method of sampling.	Sample Size and composition
Phase One: In-depth individual interviews with Policy Makers, Teachers, young mothers and young fathers[5] and community leaders.	Purposive.	Data saturation to a maximum of 50 (a group mixed by design).
Phase Two: **I**n-depth Individual interviews of pregnant teenagers' in-depth individual interviews of non-pregnant female teenagers. In-depth individual interviews with young mothers and father's purposive sample until data saturation is achieved.	Purposive.	Data saturation to a maximum of 50.
Phase Three: Focus group discussions (x6) of hybrid groups made up of young parents, community leaders, policy maker, pregnant and non-pregnant female teenagers.	Purposive.	6 mixed focus group discussions (comprised and average of 5-10 per group).
Phase Four: Post-study focus group discussion three focus group discussions per DM.	Purposive/snow ball.	6-8 participants.

[5]Young mothers and young fathers were aged between 13 years and 20 years old.

Since the study was based on mixed-method approach, the sampling of the study participants was guided by the mixed method principle of sampling. As noted above, the proposed study is a multi-phase exploration and the techniques for sampling differed from one phase to the next. In this study, the participants were selected using the snowballing and purposive sampling strategies. The researcher used snowball sampling because of the nature of the study. Participants (teenage mothers, fathers, and pregnant learners) had to refer other willing participants to take part in the study, as it can prove difficult to identify them.

The focus groups in this study comprised the following categories of participants:

- Teenage learners (neither pregnant nor mothers).
- Parents (Govern body).
- Service providers (teachers, nurses, pastors, maidens and social workers).

There are 10 Districts + 1 Metro in KwaZulu-Natal. The districts were selected based on highest reported incidence of pregnancies and births using EMIS 2012/2013. The study covered three districts with two schools per district. In each district, two schools (one with a high level of pregnancy and the other one with a low level of pregnancy) were selected. The total individual interviews comprised 77 participants and 6 focus group discussions (two FGD per school) with each focus group having between 8-10 participants.

4.8 RECRUITMENT STRATEGY

In support of the above sampling strategy, young mothers and young fathers were recruited from Schools. Parents, community and traditional leaders were identified from communities. The recruitment strategy for this research was as follows;

1. Young mothers (13-19 years old-currently pregnant or already mothers).
2. Young fathers (13-19 years-to be fathers or already fathers).
3. Young females (13-19 years old-in school and not pregnant or mothers).

4. Young Males (13-19 years- in school and not fathers).
5. Parents, community and traditional leaders (older than 35 years of age).
6. Stakeholders-Schools (Principals, Educators and SGBs).

For the first two groups (i.e. prototypes 1 and 2), in-depth interviews were conducted for the purpose of documenting their direct experiences of pregnancy. Due to the personal and highly sensitive questions to be posed to the above participants, and the possible discomfort that may be experienced in answering these questions in larger groups of people; one-to-one interviews are proposed.

Apart from eliminating factors relating to discomfort, fear and stigma, one-to-one in-depth interviews offer an opportunity to identify, explore and understand the factors associated with teenage pregnancy in detail within these age groups. In-depth interviews also catered for confidentiality in the event of the disclosure of sensitive information (i.e. rape, assault and exploitation) that may occur during the interviews, which is highly unlikely to occur in a group of people.

For the rest of the prototypes (i.e. groups 3 to 6), focus group discussions are proposed. For prototypes 3 and 4, focus group discussions endeavoured to elicit perceptions of what might contribute to teenagers ending up being pregnant or not. These prototypes are predisposed to the same contextual environment in which the pregnant teenagers.

Prototype 6 (i.e. parents, community and traditional leaders) is included in order to document their understanding of the phenomenon and how they relate to it.

Prototype 7 is of interest to the study as it helped in identifying and evaluating services and programmes meant to curtail the phenomenon of teenage pregnancy in the country. The experiences, attitudes and practices of all other prototypes were juxtaposed to that of the pregnant teenagers, teenagers and fathers. Focus group discussions and the in-depth interviews took place in the identified districts (i.e. UMkhanyakude, Harry Gwala

and INK (KwaMashu). The research was conducted in consideration of the demographic structure (i.e. population group and language) of the province. The question schedules were translated into the respective languages.

Participation in the study was voluntary, with informed consent requested prior to the start of the study. The fieldwork was conducted by the Researcher and two research assistants.

The team field staff collected the data from the field, and the following processes were followed:

- Sensitise relevant stakeholders.
- Seek approval from DOE and Gate keepers.
- Seek permission to conduct the study from the school heads.
- Schedule and hold meetings with relevant schools, governing bodies and centres managers to conduct interviews.
- Obtain consent from the participants.
- Conduct FDG and Individual Interviews with the target groups.

4.8.1. Inclusion and Exclusion criteria

For the in-depth interviews, the study used convenience/purposively sampling, as those teenage mothers and fathers. For inclusion in the study, participants must satisfy one or more of the following criteria: - they must be young mothers/pregnant women, Fathers/ expectant fathers and Community Leaders. The only teenagers excluded from the study were those who did not comply with the ethical clearance requirements, i.e. the submission of signed consent forms and assent forms from their parents or guardians.

4.9 DATA ANALYSIS

Data analysis refers to the systematic organisation of a research data in order to make meaning of the data collected for the purposes of the research (Polit and Beck, 2004). Since this study employed a mixed-method approach, different data analysis approaches

were employed in analysing the research data. All quantitative data collected via surveys were coded and captured in the Statistical Package for the Social Sciences (SPSS) for statistical analysis. The analysis comprised descriptive statistics as well as measures of central tendencies. Findings from the quantitative data were presented as tables and graphs.

In qualitative research, data can come from traditional data collection methods such as interviews, focus groups and observations. However, the Information and Communication Technology Revolution has made it possible for the collection and analysis of new forms of data including pictures, videos and social media platforms such as Facebook and twitter.

Data analysis in qualitative research is about understanding the meaning of the words used by the study participants. Similarly, Flick (2013: 6) argues that "qualitative data analysis is the classification and interpretation of linguistic (or visual) material to make statements about implicit and explicit dimensions and structures of meaning-making in the material and what is represented in it." Various data analysis approaches are employed in qualitative researcher depending on the subject and the nature of the enquiry. In this study, the thematic approach was employed.

Qualitative data from Focus Group Discussions were analysed using the analysis programme, NVivo. Although some researchers have argued against the use of computer software in analysing qualitative data, its application has been found a useful aid particularly in the organisation and management of large qualitative data (Bazerley & Jackson, 2013; Rodik & Primorac, 2015). Because of this benefit, the software (NVivo) was used to facilitate the organisation and analysis of the researcher data.

Audio records of interviews were transcribed and exported to the programme for analysis. All data collected went through several compressions (Huberman & Miles, 1998). The transcripts were then exported to NVivo and coded iteratively. Data coding is an iterative process that entails the reading and re-reading of transcripts in order for the researcher

to become immersed in the object of enquiry (Srivastava & Hopwood, 2009). Through this process, the researcher can identify emerging themes within the transcripts. Also known as 'hands-on-analysis', this approach to data analysis 'typically includes immersion in the data, coding sections of text and then combining codes into categories/themes. The researcher asks the text questions and searches for patterns of similarity and differences that connect different elements in the data, such as passages in a transcribed interview. The analysis process swings back and forth between the text, the researcher's knowledge/experience and theories and previous research in a spiralling process that builds new understandings. This is often referred to as the hermeneutic circle or spiral" (Erlingsson and Brysiewicz, 2013).

The data were analysed thematically under the broad themes of knowledge, attitudes, perceptions and practices. In qualitative studies, data analysis occurs concurrently with data collection (Creswell, 2009). Qualitative analysis techniques make use of words rather than numbers as a basis and this strategy shall be contextual in nature. Analytical reasoning skills are required when conducting a content analysis (Burns & Grove, 2009). In this phase, data analysis involved the data collected from each of the data collection phases. In ensuring familiarity with the gathered data, the researcher read and re-read notes and transcripts, and listened to tapes at least six to become familiar with the data as suggested within Colliazi's guidance on analysis (Chinn & Kramer, 1995; Mouton, 1996; Walker & Avant, 1983).

On the critical review of the MPMLP the approach is to use the policy analysis framework. The compilation and assessment of evidence for policy analysis purposes is an applied research activity, utilising different research methodologies that are the most appropriate for the specific type of analysis and assessment required. Policy research, therefore, refers to a systematic and scientifically valid collection, analysis and assessment of data about a specific situation in order to describe, explain and/or predict relationships among variables influencing the nature of the situation concerned, frequently with the intention to reduce or resolve a perceived problem.

In this research, a framework for analysing public policies developed by Morestin (2012) was used to determine the strengths and weaknesses of the MPMLP. The framework is outlined in the table below and details of the questions to be asked are provided in Appendix A.

Table 12. The MPMLP framework

Effects	**Effectiveness**	**What effects does the policy have on the targeted problem?**	**DURABILITY**
	Unintended Effects	**What are the unintended effects of this policy?**	
	Equity	**What are the effects of this policy on different groups?**	
Implementation	**Cost**	**What is the financial cost of this policy?**	
	Feasibility	**Is this policy technically feasible?**	
	Acceptability	**Do the relevant stakeholders view the policy as acceptable?**	

A. Effectiveness was measured by whether the MPMLP has achieved its objective to prevent or remedy the problem of learner pregnancy. The absence of effects or negative effects of the policy under study that would aggravate the targeted problem were highlighted. In this respect, all the contextual factors that affect the implementation of the strategy was identified.

B. Unintended Effects: these refer to all the effects that are produced by implementing the MPMLP, but that is unrelated to the objective pursued. As indicated in the introduction, issues like stigma and discrimination that have been attributed to the MPMLP was investigated. According to Rychetnik et al., (2002), unintended effects can be positive or

negative and can be produced in all kinds of areas: effects on health that are unrelated to the problem targeted, economic, political, or environmental effects, effects on social relations, etc.

C. Equity: It is important to assess whether the strategy addresses the needs of all population subgroups. The aim is to determine whether the policy being analysed produces different effects on various groups (categorised by age, gender, socioeconomic status, ethnicity, religion, residence in certain zones, sexual orientation, disabilities, etc.), or whether it could potentially create, increase or correct inequalities in the distribution of the targeted problem.

D. Cost: This refers to the cost of implementing the strategy. This aspect was beyond the scope of the dissertation.

E. Feasibility: There are a couple of measures to be assessed and these include the availability of the required resources, including personnel, material resources etc., and conformity with existing legislation, how the implementation would be managed etc.

F. Acceptability measured how the stakeholders judge the MPMLP. According to Peters (2002), acceptability partly depends on factors that are external to the strategy, because the position of each actor is determined by his or her knowledge, beliefs, values and interests, be these cultural, religious, political, economic, symbolic, or otherwise defined.

G. Durability is a cross-cutting issue. This involves documenting the capacity of the strategy to remain in effect and to continue producing effects over time.

4.10 ETHICAL CONSIDERATIONS

Research ethics is about ensuring that any research that is implemented causes no harm to the research participants. However, the general guide in research ethics is not prescriptive; rather, it outlines areas that researchers should be aware of in order to avoid

causing harm to the study participants (Organisation, 2009). “In any particular field, normal research is performed in accordance with a set of rules, concepts and procedures called a paradigm, which is well accepted by the scientists working in that field” (Rajasekar et al., 2006, p. 8).

4.10.1 Informed consent

Informed consent was obtained from research participants before the commencement of the study. Both written and verbal informed consent was obtained. Potential participants aged less than 18 years were subject to both consent and assent procedures and gave permission before potential participants can be accepted into the study. Informed consent implies that before a participant consent to taking part in a study, the researcher must clearly explain “the purpose of the research, expected duration and procedures; participants' rights to decline to participate and to withdraw from the research once it has started, as well as the anticipated consequences of doing so; reasonably foreseeable factors that may influence their willingness to participate, such as potential risks, discomfort or adverse effects; any prospective research benefits; limits of confidentiality, such as data coding, disposal, sharing and archiving, and when confidentiality must be broken; incentives for participation; who participants can contact with questions” (Smith, 2003).

4.10.2. Permission

Since this study took place in the context of schools and community, permission was sought from the respective provincial Department of Cooperative Governance & Traditional Affairs as well as the respective local government authorities, including mayors, councillors, ward committees, and traditional leaders as well the schools were the study took place.

4.10.3. Disclosure

During data collection period no minor rape or sexual assaults were identified.

4.10.4 Privacy and confidentiality.

All personal information gathered from the participants were kept private and confidential, meaning that names of participants anonymous in all reporting and/or publications. Proposed focus group discussions represent a particular aspect where extra-measures to protect participants' confidentiality was required. For some participants, having to discuss their private issues in a group with others may be overly threatening and provision needs to be made to support these individuals.

As noted earlier, data were collected from Young mothers (13 – 20 years old - i.e. currently pregnant or already mothers); Young fathers (13 – 20 years old - i.e. expectant fathers or already fathers); Community and traditional leaders. Due to the personal and highly sensitive questions, discomfort was experienced in answering questions in larger groups of people and as such, particular care to protect confidentiality was exercised.

4.11 PREPARATION FOR FIELDWORK AND INTERVIEWS

Before embarking on an interview, the researcher checked and ensured that the digital recorder was a functioning. All interviews were audio-recorded with the permission of the participants. The researcher also went to the field with a note with which she recorded her experiences on the field. This was to ensure that researcher remained objective during the entire research process and prevents her to prevent her bias from interfering in the research.

4.12 VALIDITY AND RELIABILITY

Validity and reliability are two concepts often discussed in relation to the trustworthiness of a research. However, these are more applicable to quantitative research. According to Gog (2012:769), "A test is generally considered valid if the scores it produces help individuals administering the test make accurate inferences about a particular characteristic, trait, or attribute intrinsic to the test taker." Gog (2012) argues that validity

is not a single concept. In research, researchers “use several widely accepted procedures to document the level of validity of their test, including content-related, criterion-related, and construct-related validity” (Gog, 2012, p.769). Gog (2012, p.769) explains the various kinds of validity below:

“Content-related validity represents the extent to which the content of a test is a representative sample of the total subject matter content provided in the learning environment. Another type of validity is *criterion- related validity*, which depicts how closely scores on a given test correspond to or predict performance on a criterion ensure that exists outside the test. Unlike content validity, this type of validity yields a numeric value that is the correlation coefficient reported on a scale of –1 (perfect, negative relationship) to +1 (perfect, positive relationship). The third type of validity is *construct-related validity,* which refers to the extent to which the scores on a test correspond with a particular construct or hypothetical concept originating from a theory. Also, worth mentioning is a unsophisticated type of validity known as *face validity*, which is based on the outward appearance of the test. Although this is considered a rudimentary approach to establishing validity, it is considered important because of its potential impact on the test taker’s motivation. In particular, participants may be reluctant to complete a test without any apparent face validity.”

In Qualitative research, trustworthiness is given more consideration. For that reason, “issues of trustworthiness and credibility, as opposed to the positivist criteria of validity, reliability and objectivity, are key considerations in the interpretivist paradigm” (Antwi & Hamza, 2015, p. 2019). According to Gog (2012:769) “reliability refers to the consistency with which a test yields the same results for a participant across repeated administrations”. The test-retest method is the most common method for determining a research’s reliability.

Although reliability is an important instrument in research, the reliability of a study does not guarantee validity since the two measure different aspects of the study. In that sense,

a study may be reliable but invalid. Simply put, “in other words, a test can consistently measure what it was intended to measure while still lacking reliability” (Gog, 2012, p.769).

4.13 CONCLUSION

This chapter set out to present the methodology that was employed in the research. In doing that, the chapter presented the meaning of research method and why it is important to think carefully about the method that is employed in every research. The subject sections discussed the realist positivist and the interpretivist paradigms and their application to the choice of methodology that is employed in a research. In the chapter, it was noted that the mixed-method approach was preferred for this study because of the nature of the subject of enquiry. The sampling strategy employed in the study was also presented and discussed. In addition, the practical steps were taken in the implementation of the collection, as well as analysis, were presented and discussed. Furthermore, the chapter discussed the steps taken to ensure that the present study abided by the code of ethics that is expected of every researcher. The next chapter presents the findings of the research based on the qualitative and quantitative data collected for the purposes of this study.

CHAPTER 5
FINDINGS AND DATA INTERPRETATION
5.1 INTRODUCTION

The link between teenage pregnancy, poverty, school dropout and poor learner performance has been a major concern in South Africa. The high rate of teenage pregnancy and the continuing debate on the intervention programmes presuppose a lack of a deeper understanding of the risk factors of school-related pregnancy and the underlying challenges of formulating and implementing appropriate policy interventions to address it. This study aimed to investigate the factors that contribute to the persistence of high teenage pregnancies in selected schools in KwaZulu-Natal.

Broadly, the study sought to investigate the persistence of high teenage pregnancies in schools despite the existence of measures that have been designed by the government to curb the problem. More specifically, the study aimed to answer three key research questions: 1) what are the underlying risk factors of school-related teenage pregnancy in KwaZulu-Natal? 2) what factors account for the failure of current intervention programmes to address school-related pregnancy? 3) what are the most appropriate practice interventions to prevent or reduce the rate of school-related/teenage pregnancy and to manage its attendant negative impacts on the rights of girls to education?

This chapter presents the analysis and interpretation of the empirical data collected for the purposes of the study. Data analysis entails a number of activities such as data cleaning, data transformation and interrogation of data to understand patterns and trends between and across variables. In data analysis, raw data is transformed into meaningful information for understanding a given phenomenon. Through analysis, critical information that aids decision-making is produced. In this chapter, the analysis integrates both the qualitative and quantitative data collected to provide a holistic picture of the study findings.

Quantitative data collected by means of surveys were coded and then captured on an excel spreadsheet. The Captured data were exported to the Statistical Package for the Social Sciences (SPSS) version 24 and analysed quantitatively. Findings from the quantitative analysis are presented as descriptive statistics that included means, frequencies, percentages and standard deviation (SD) in form of tables and charts.

Qualitative data collected via FGDs in form of audio files were transcribed by the researcher. The transcripts were exported to Nvivo for analysis. The first step in unpacking the qualitative data comprises an exploration to understand the frequency of word usage in the focus group discussions. In qualitative research, it is not uncommon that the frequency of word usage points to an underlying significance of such word(s) to the study phenomenon. To obtain a true picture of the word frequency in the transcripts, the researcher first ran a frequency query with the number of words restricted to a minimum of 5 characters in order to eliminate redundant words such as ‘the’, ‘was’, ‘we’, etc. A quick glance through the output of the word query indicated that some redundant words (e.g. facilitator and participants) were contained in the returned query. These words were eliminated from the query followed by another word frequency query which produced a meaningful output in form of a word cloud.

Figure 7. Frequently occurring words in FGDs

Figure 7 is a Word Cloud displaying the most frequently occurring words in the FGDs. The larger a word appears in the figure, the more frequently it has been used. The Word Cloud shows that ‘pregnancy’ is the most used word in the FGDs followed by ‘teenage’, ‘children’, ‘pregnancy’, ‘parents’ and ‘school’. The context in which these words were used will be further unpacked in the course of this chapter.

Once the researcher gains an initial idea of the nature of the data, the next phase of qualitative data analysis is the coding of the qualitative data. Data coding was an iterative process that entailed reading and re-reading the transcripts in order to uncover and code patterns, trends and themes emerging from the data. The coded data enabled the researcher to undertake a thematic analysis of the qualitative data collected for the study. In the following sub-sections on research findings, direct excerpts from focus group discussions (FGDs) are integrated into the quantitative findings in order to further substantiate the findings. For ease of identification, all excerpts are italicised. italicised

for ease of identification. In keeping with the principles of research ethics, all identifiers were removed in order to protect the anonymity of the study participants.

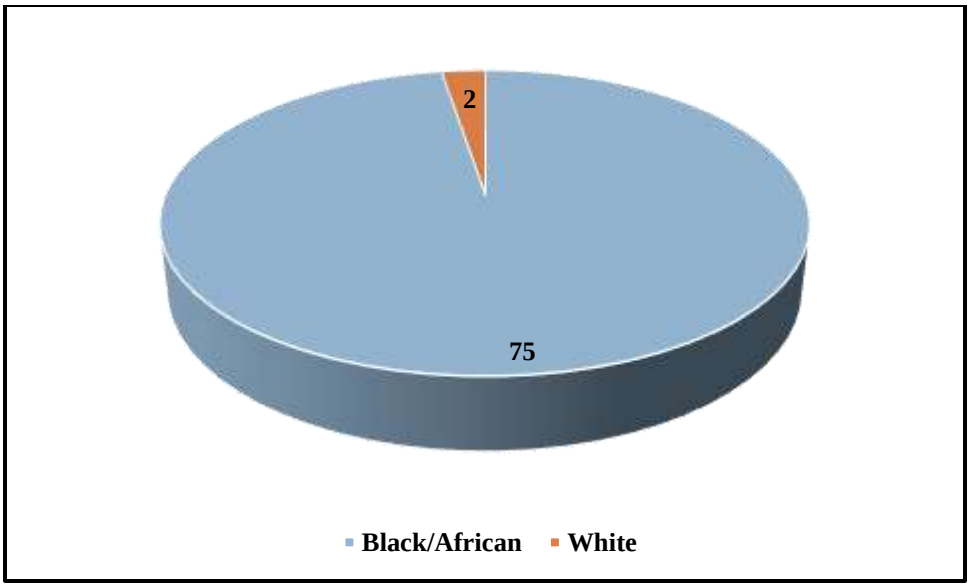
5.2 DEMOGRAPHIC CHARACTERISTICS OF THE STUDY PARTICIPANTS

Table 13. District municipality of participants

Categories	Frequency	Percentage
Jozini	6	7.8
None of the Above	62	80.5
Harry Gwala	4	5.2
INK	5	6.5

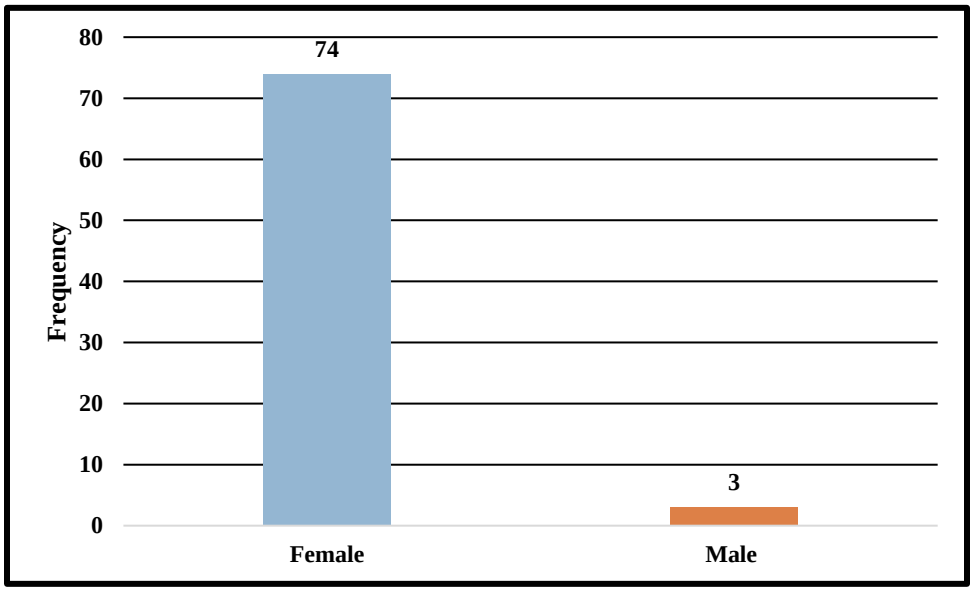
The study comprised 77 participants drawn from Districts (Jozini, Harry Gwala and INK). All the districts are located in the KwaZulu-Natal province of South Africa. Most of the participants did not indicate the district municipality where they came from. However, 7.8% (n=6) indicated coming from Jozini while 5.2% (n=4) were from Harry Gwala.

Figure 8. Race of study participants



All but two participants identified themselves as black/African. The other two participants identified themselves as white.

Figure 9. Gender of study participants



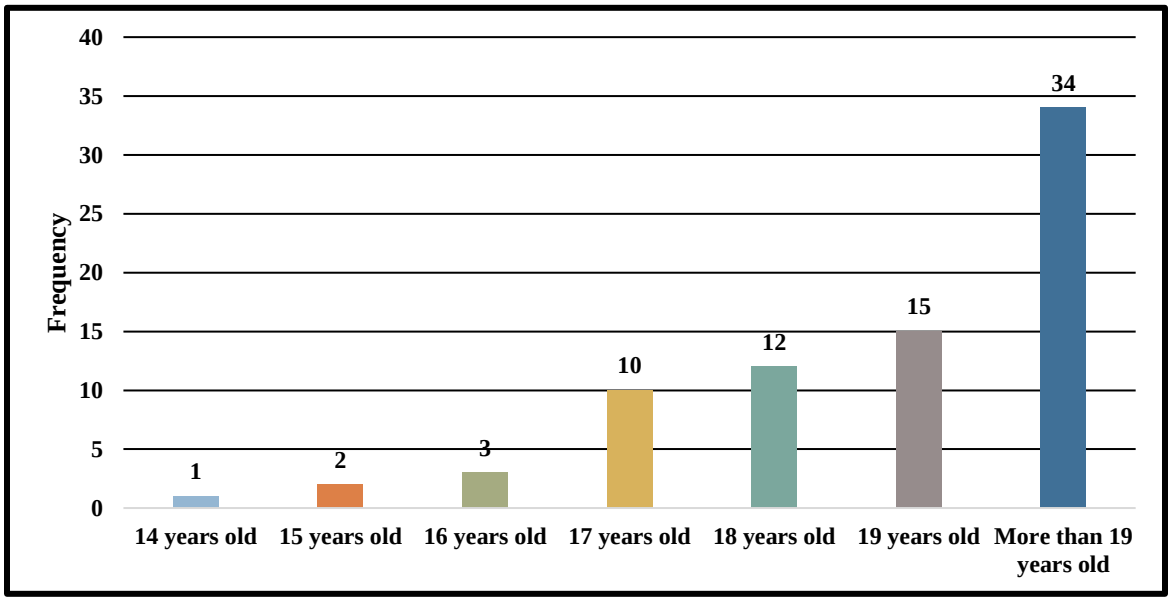
The majority of the participants in this study were female. Of the 77 study participants, only 3.9% (n=3) were male while 96.1% (n=74) are female.

Table 14. Marital status of participants

	Frequency	Percentage
Married	1	1.3
Single	73	94.8
Widowed	1	1.3
Never married	2	2.6

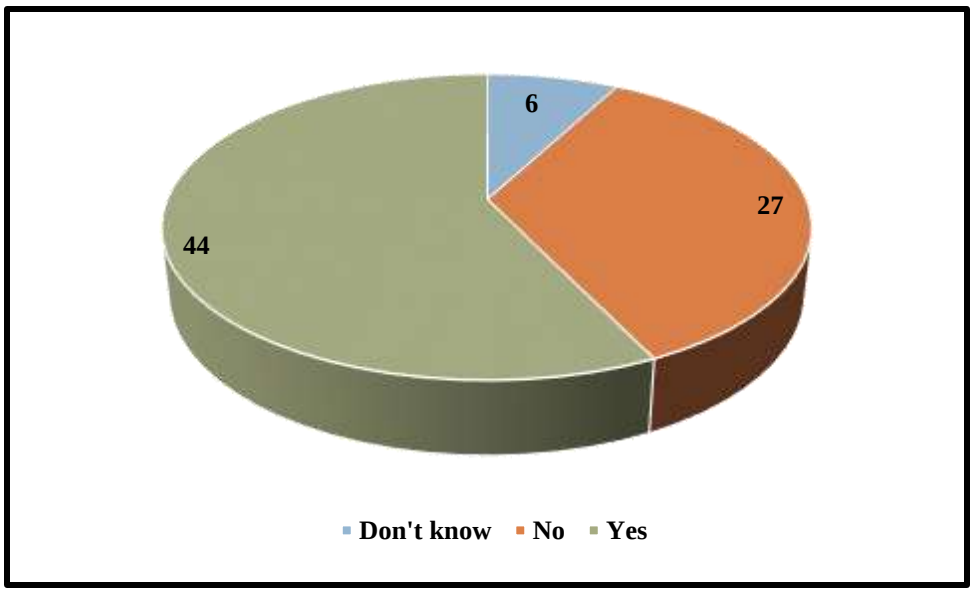
Only one participant was married as at the time of data collection while another was widowed. The participant who reported being married was more than 19 years at the time of the study.

Figure 10. Age of participants



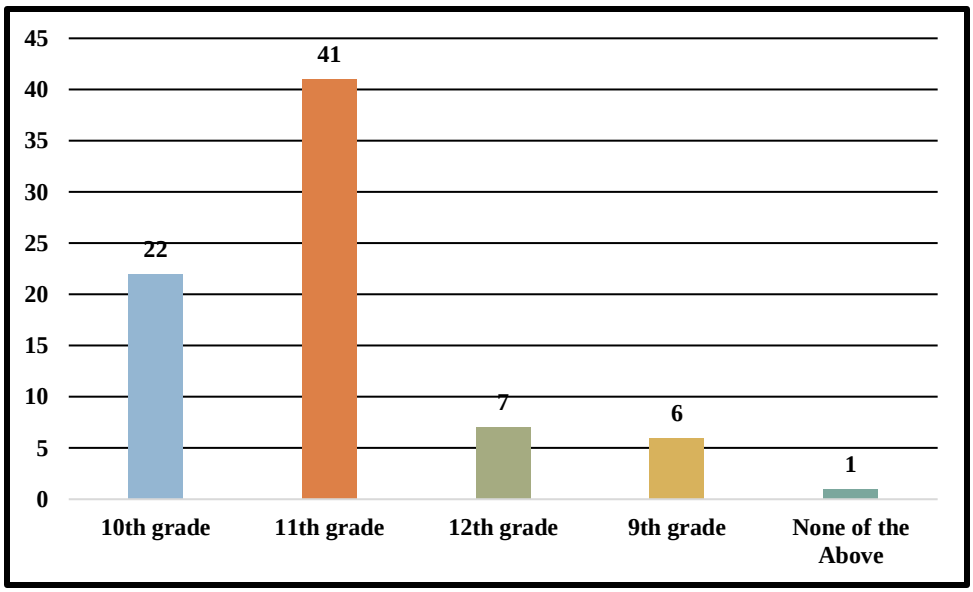
The age of the study participants ranged from 14 years to those that were 19 years or older. More than half of the participants (55.9%; n=43) were 19 years and below while 44.2% (n=34) were 19 years and older. The youngest participant (n=1) was 14 years old.

Figure 11. Biological Father still alive?



Of the 77 participants, more than half (57.1%; n=44) reported that their biological fathers were still alive while 7.8% (n=6) did not know the living status of their fathers.

Figure 12. Current grades of participants



Given the age of the study participants, it is expected that most of them would have completed their high school. On the contrary, chart 5 shows that more than half of the participants (n=41) were in the 11th grade followed by 28.6% (n=22) who were in the 10th grade. Very few (9.7%) participants were in the 12th grade while six reported that they were in the 6th grade.

Table 15. Cross tabulation of age and grades of participants

		10th grade	11th grade	12th grade	9th grade	None	Total
14 years	F	0	0	0	1	0	1
	%	0	0	0	100	0	100
15 years	F	0	1	0	1	0	2
	%	0	50	0	50	0	100
16 years	F	3	0	0	0	0	3
	%	100	0	0	0	0	100
17 years	F	6	4	0	0	0	10
	%	60	40	0	0	0	100
18 years	F	3	8	1	0	0	12
	%	25	67	8	0	0	100
19 years	F	3	8	1	3	0	15
	%	20	53	7	20	0	100
More than 19 years	F	7	20	5	1	1	34
	%	21	59	15	3	3	100
Total	F	22	41	7	6	1	77
	%	29	53	9	8	1	100

A cross-tabulation of the age and grades of the participants shows a noteworthy pattern. Table 15 shows that, of the 34 participants who reported being older than 19 years, only 15% (n=5) were in grade 12. The picture is even starker when those that were 19 years are coupled with those who were more than 19 years. Of the 49 participants who were 19 years and older, only 3% (n=6) were in grade 12. Table15 shows that in total, only 28.6% of participants were in grade 10 while 53.2% were in grade 11.

Figure 13. Type of participants' dwellings

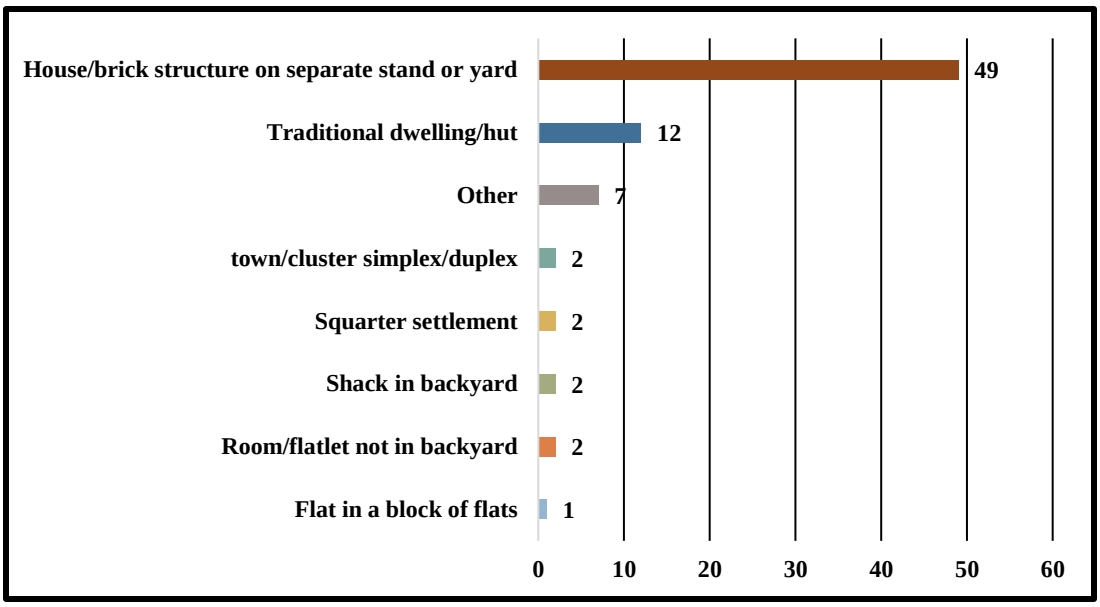
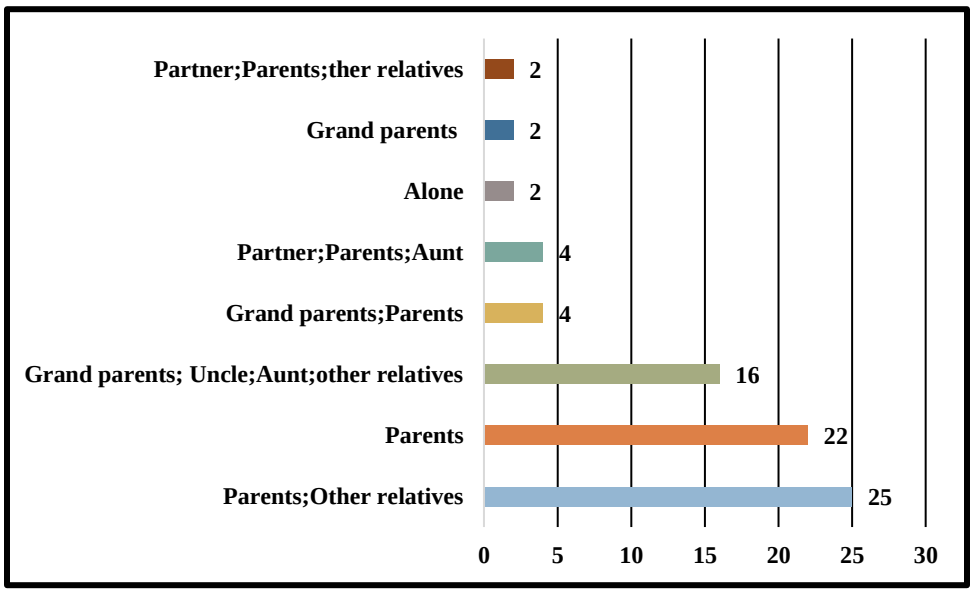


Figure 13 shows the type of dwelling where participants live. As depicted, 63.6% (n=49) of the participants live in house or brick structures followed by traditional dwellings (n=12). Dwelling types such as town/cluster simplex/duplex, squatter settlement, shacks and flatlet were reported by 3% of the participants respectively. On average, 5.8 people live in homes where participants came from. The minimum number of people per household was 2 while the maximum number was 8, with a standard deviation of 1.64.

Figure 14. Individual responsible for participants' upkeep



There were various individuals / groups responsible for the upkeep of participants. As shown in Figure 14 above, one in three participants are being cared for by their parents and other relatives followed by parents. Grandparents were reported as the persons responsible for the exclusive upkeep of 2 participants while two participants reported that they are responsible for their own upkeep.

5.3 PARTICIPANTS' SOURCES OF KNOWLEDGE ABOUT SEX

In this study, participants were asked about where they first obtained their information about sex. Table 16 below, presents the responses received with respect to participants' first sources of information about sex.

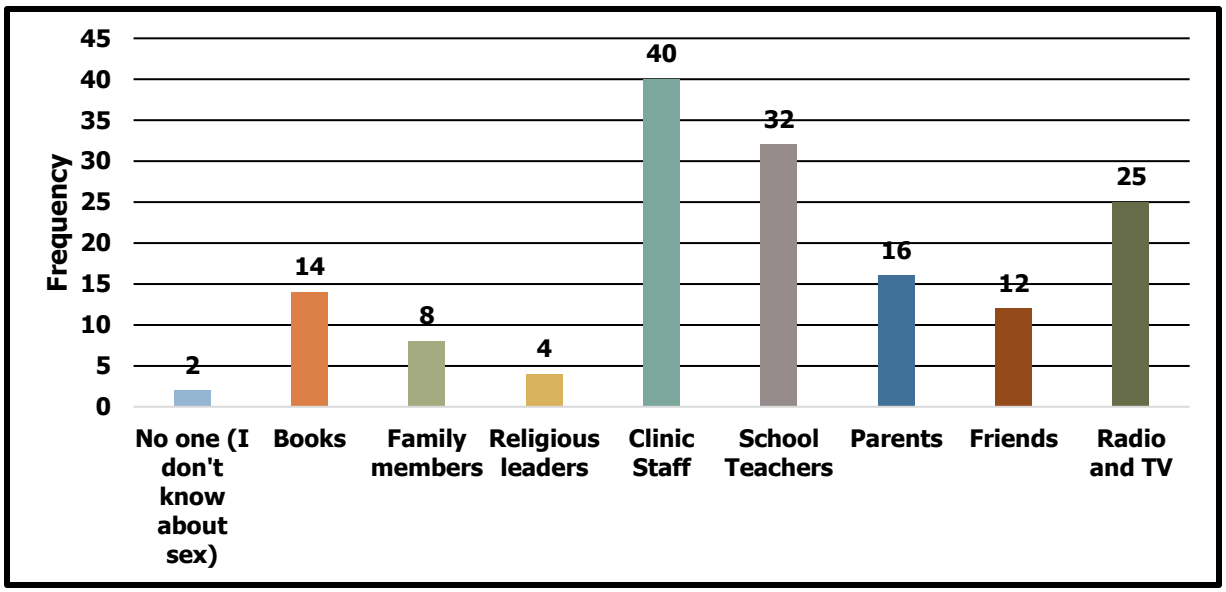
Table 16. First source of information about sex

	Frequency	Percentage
Books	13	17.3
Community members	8	10.7
Family members	15	20.0
Clinic Staff	16	21.3
School staff	27	36.0
Parents	12	16.0
Radio and TV	30	40.0
Friends	35	46.7

The table above shows that friends comprised the most cited first source of information about sex for participants (46.7%) followed by Radio and TV (40%). Only one in five participants cited parents (21.3%) and family members (20%) as the first source of information about sex.

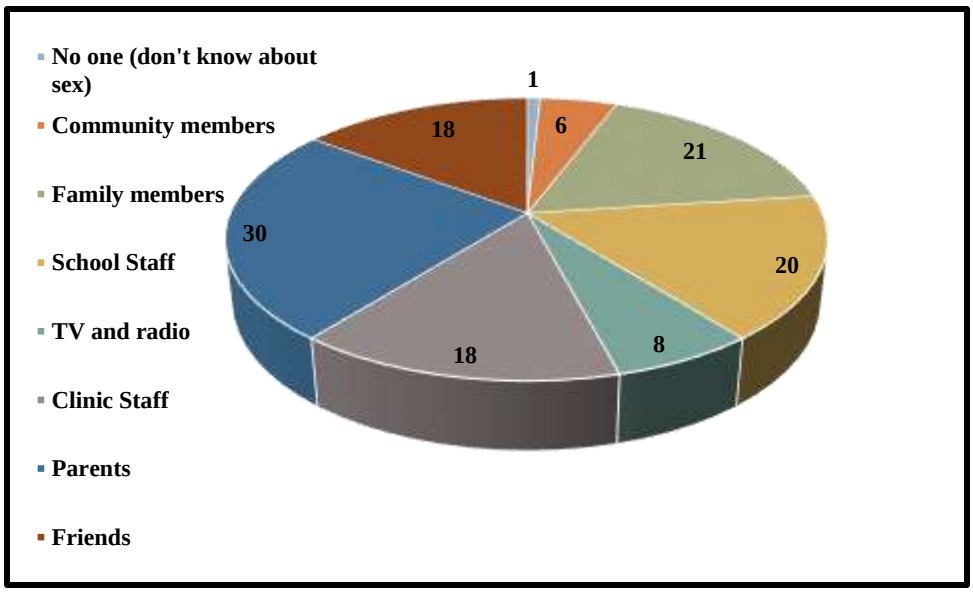
Besides the sources of knowledge about sex, the study also asked participants series of questions around sex in order to establish their current level of knowledge as well as perceptions about relationships and sex. Figure 15 below provides a diagrammatic representation of the different sources of knowledge about abortion from the participants.

Figure 15. Sources of knowledge about abortion



As shown above, clinic staff constitute the most cited source of information about abortion among participants. Surprisingly, school teachers were reported by more than twice (45.1%) the proportion of those who reported parents (22.5%) as the source of information about abortion. Radio, TV and the internet also rank high (35.2%) as a source of information about abortion among participants. Two participants reported that they have not received any information about abortion from anyone.

Figure 16. Preferred person to discuss sexual issues



This study also sought to understand who participants preferred to discuss sexual topics with. In responding to this question, they identified various actors including friends, parents, clinic staff and school teachers. As shown in Figure 16 above, parents constitute the highest preferred individual for the discussion of sexual topic among participants followed by family members and school staff.

5.4. PARTICIPANTS' KNOWLEDGE OF PREGNANCY, STI AND CONTRACEPTIVE

Table 17. Participants knowledge on pregnancy, STI and contraceptives

	True		False		Don't know	
	F	%	F	%	F	%
You cannot fall pregnant the first time you have sex	22	28.6	43	55.8	12	15.6
To prevent pregnancy, you need to use condom every time you have sex	65	84.4	8	10.4	4	5.2
To prevent STIs such as HIV you need to use condoms every time you have sex	69	89.6	3	3.9	5	6.5
You cannot fall pregnant when having sex while standing	19	24.7	25	32.5	33	42.9
Using contraceptives will cause me not to be able to have children when I am older	53	68.8	17	22.1	7	9.1

To establish the actual sex-related knowledge among participants, the researcher asked them series of questions. Table 17 shows that more than half of the participants (55.8%) were unaware that one can become pregnant after having sex for the first time. Another misconception related to sex and pregnancy is the sexual position that leads to pregnancy. One in five participants believed that one cannot become pregnant if the sexual intercourse is performed while standing. A similar poor knowledge is displayed by 68.8% of participants who believe that contraceptive-use leads to infertility later in life.

Figure 17. Preferred method of contraception

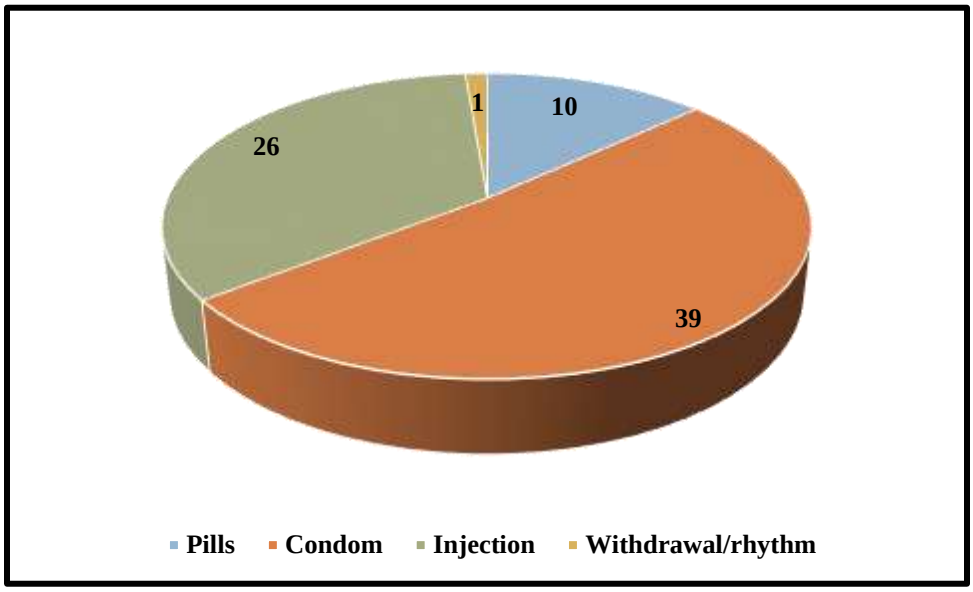
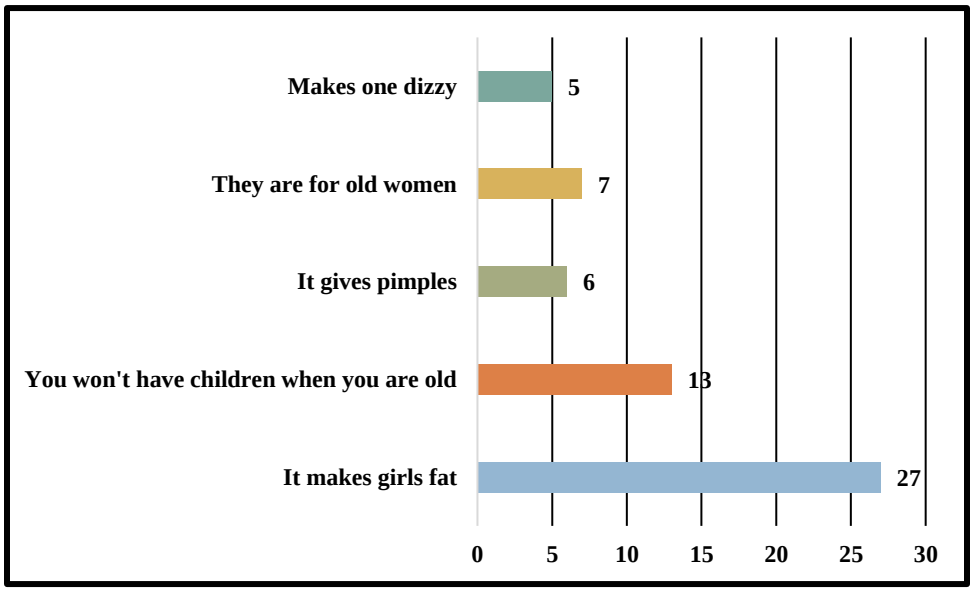


Figure 17 above, shows the preferred conceptive methods among participants. Condom was the most cited (n=39; 51.3%) followed by injection (n=26; 34.2%). One participant reported using the withdrawal method.

Figure 18. Why girls do not take the pill/injections?



The researcher also asked participants why girls reportedly did not like to use pills/injection as contraceptives. Concerns about the impact of such contraceptive options on health and on the physical appearance were the most cited reason. As shown in Figure 18, nearly half of the participants noted that girls do not take contraceptive medication because it makes them fat while 10.3% believe that it gives girls pimples. In total, 59.9% of the participants reported a negative impact on physical appearance as a barrier to the uptake of contraceptive medications among teenagers.

Table 18. Are there emergency contraceptives that I can take to avoid falling pregnant?

	Frequency	Percentage
Yes	46	59.7
No	19	24.7
Don't know	12	15.6

Three in five participants indicated that they were aware of emergency contraceptives that can be used to prevent pregnancy. However, one in five participants was unaware of such a contraceptive while over a tenth of the participants did not know.

5.5 SEXUAL PRACTICES AND BELIEFS AMONG PARTICIPANTS

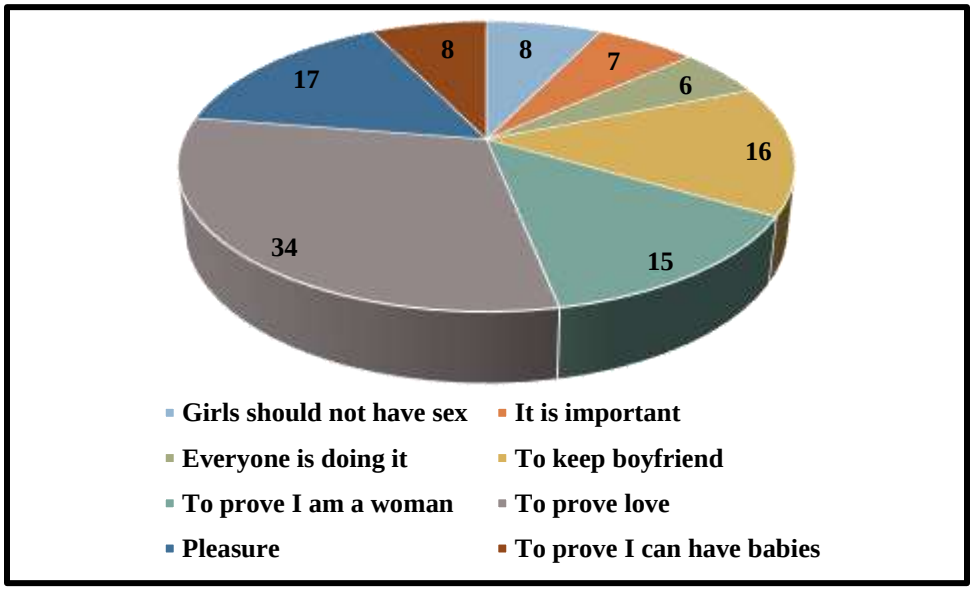


Figure 19. Reasons for engaging in sex with boyfriend

Figure 19 gives a summary of the underlying motivations as to why participants engage in sexual activities with their boyfriends. In this study, the reasons why participants engage in sexual intercourse include offering sex to keep a boyfriend (n=16; 20.8%), to prove that I am woman (n= 15; 19.5%), to prove love (n=34; 44.2%) and to prove that I can have babies (n=8; 10.4%). The findings also show that of the 77 participants, only 10.4% reported that girls should not engage in sex.

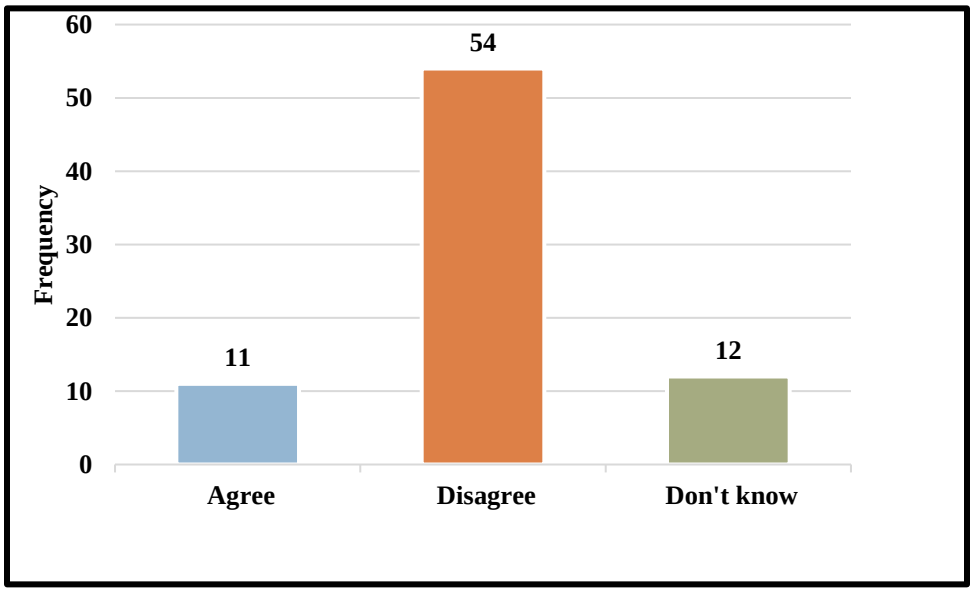


Figure 20. Having more than one sexual partner as a girl is necessary

To further unpack participants' perceptions of relationship and sexual matters, the researcher proposed a series of statements to which they can either agree or disagree. One of these statements was whether it is necessary for a girl to have multiple sexual partners. Figure 20 shows that 11 of the 77 participants agree that it is necessary to have multiple sexual partners while 54 disagreed. However, 12 participants were undecided as to whether having multiple sexual partners is a necessity for a girl.

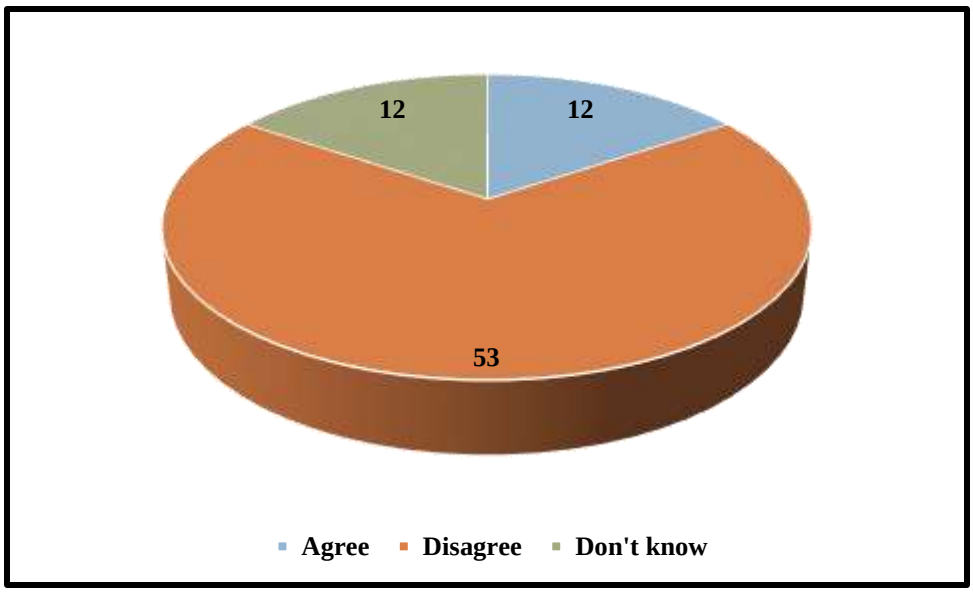
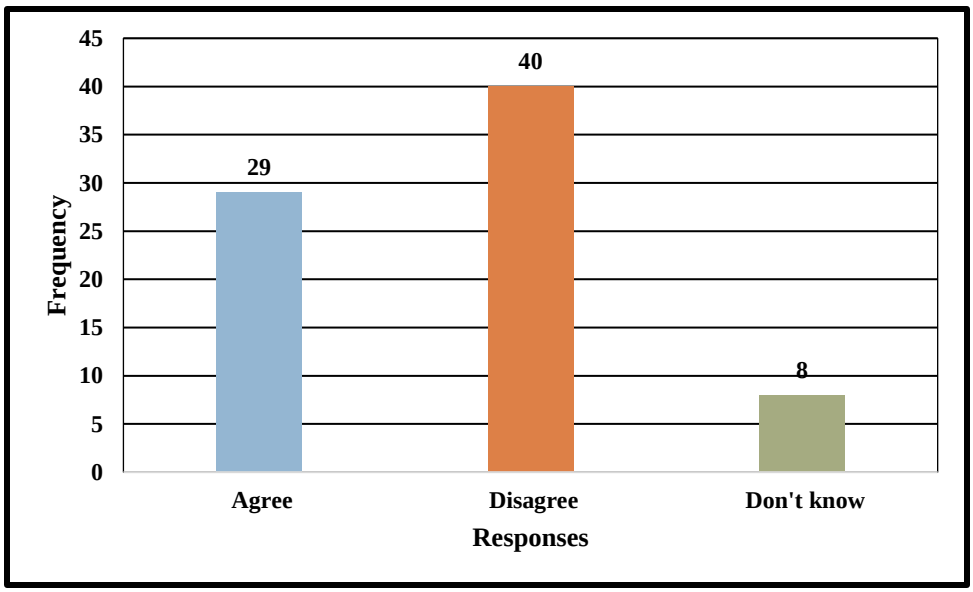


Figure 21. It is necessary for a man/boy to have many girlfriends

This study also sought to establish participants' perception of male partners having multiple sexual relationships. In this study, 12 participants agree that it is necessary for a boy/man to have multiple partners while 53 disagreed.

Figure 22. It is helpful to have a much older boyfriend



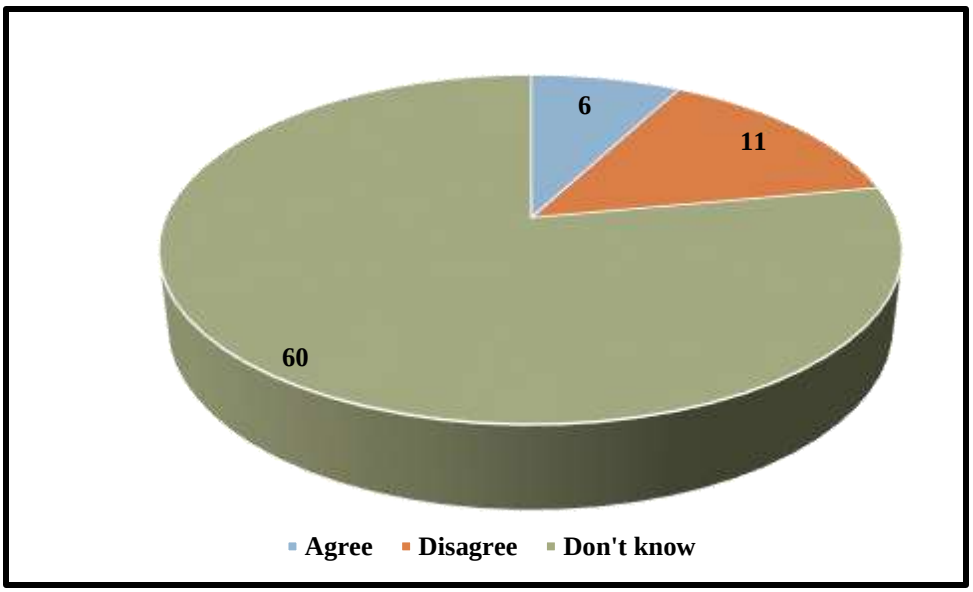
In this study, 11 of the 77 participants agreed that it is helpful to have a much older person as their boyfriend compared to one that is of a similar or same age, while 54 participants disagreed.

Table 19. It is the role of the man to look after the woman

	Frequency	Percentage
Agree	47	61.0
Disagree	21	27.3
Don't know	9	11.7

This study also sought to establish participants' views of gender roles in a relationship. Findings of this study show that 61% (n=47) of the participants agreed that a man should be responsible for caring for a woman while 27.3% (n=21) disagreed.

Figure 23. A girl must have a baby when her boyfriend tells her to



Related to the above-expected roles of a man in a relationship is the question of whether the decision about having a baby in a relationship rests solely at the discretion of the male partner or it should be a joint decision. To this end, the researcher asked the participants whether they agreed that a girl must have a baby anytime the male partner requests it. As shown in figure 23, only 7.8% (n=6) of the participants agreed with the statement while 77.9% (n=60) disagreed. Although only a small proportion of the participants agreed to the statement, 11 were undecided.

Table 20. Awareness of reproductive health rights

	True		False		Don't know	
	F	%	F	%	F	%
I have the legal right to request an abortion or terminate pregnancy without the consent of my parents	28	36.4	31	40.3	18	23.4
I have the legal right to request that my baby be put up for adoption	28	36.4	29	37.7	20	26.0
I have the legal right to decide to keep and raise my baby	36	46.8	17	22.1	24	31.2

Table 20 details participants' awareness of their reproductive health rights. The table shows that only one in five participants were aware that they have a legal right to request an abortion or terminate a pregnancy without the consent of their parents. A similar proportion of participants were aware that they have the legal right to request that their baby can be put up for adoption while a slightly higher proportion was aware that they have the legal right to decide to keep and raise their babies.

5.6 SEXUAL DEBUT AMONG PARTICIPANTS

Having established sex-related knowledge and beliefs among the study participants. The research went a step further to explore issues related to their first sexual encounter.

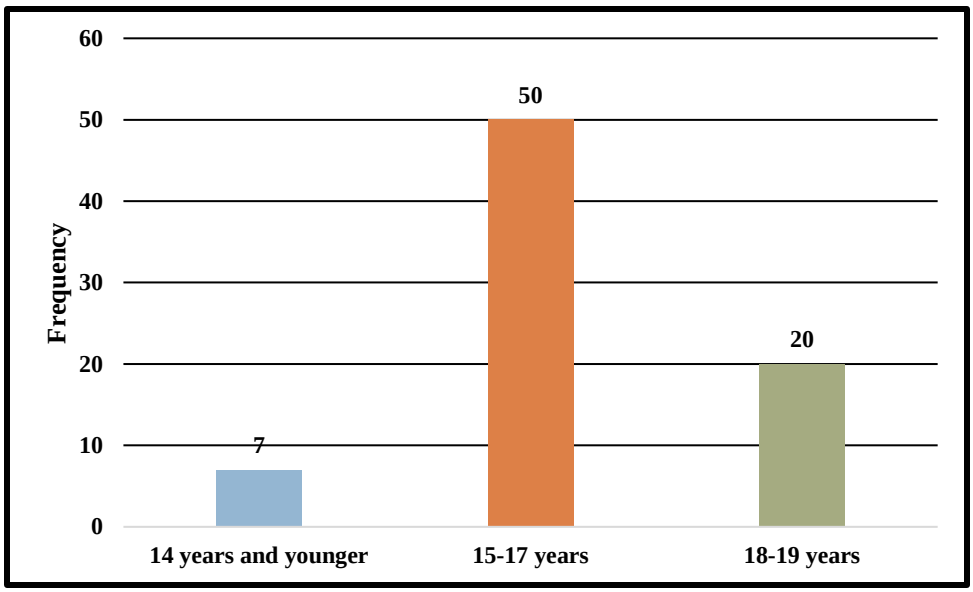


Figure 24. Age (in years) of sex debut

Overall, the youngest age of first sexual intercourse was 8 years (n=1) while the maximum was 19. This study finds that by the age of 15, 22.1% of the participants (n=17) had had sexual intercourse. Chart 17 shows that three in five participants have sexual debut between the ages of 15-17 years. What is also noteworthy is that 1 participant had reporting having sexual intercourse by the age of 8 years. The mean age of first sexual intercourse among the participants was 17 years with most of the ages clustered around the mean (SD=1.77).

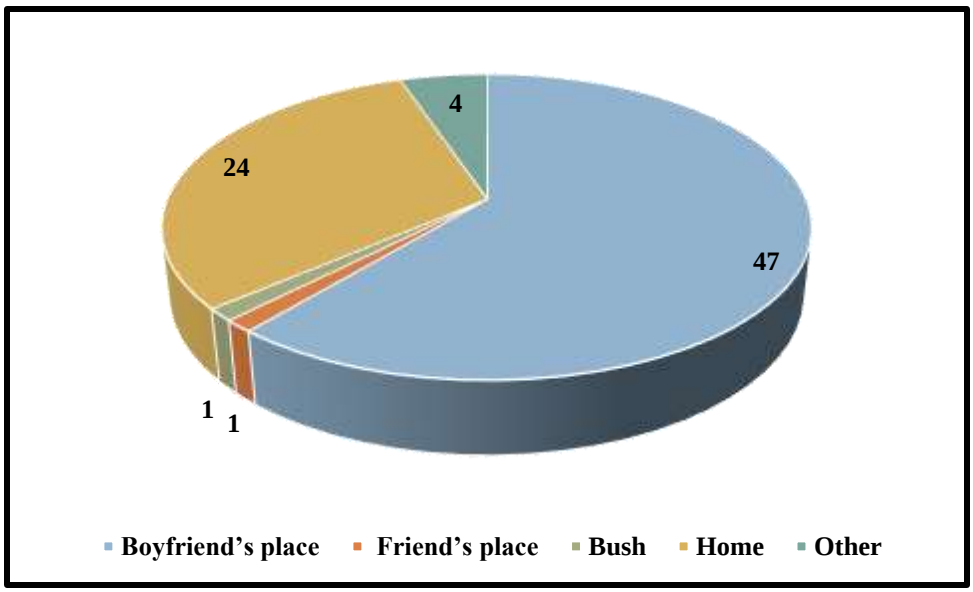


Figure 25. Location of sex debut

In terms of the place of first sexual intercourse, the majority reported that this happened at the boyfriend's place (n=47; 61%) followed by participants' home (n=24; 31%).

Table 21. Willingness to have sex at debut

Variables	Categories	Frequency	Percentage
Persuaded by partner	No	29	37.7
	Yes	48	62.3
Willing to have sex	No	61	79.2
	Yes	16	20.8

Within this study, the researcher found that only 20.8% (n=16) of the participants were unwilling (felt coerced) to have sex as at the time of first sexual intercourse. This is in contrast to 62.3% (n=48) who reported being persuaded by their partners.

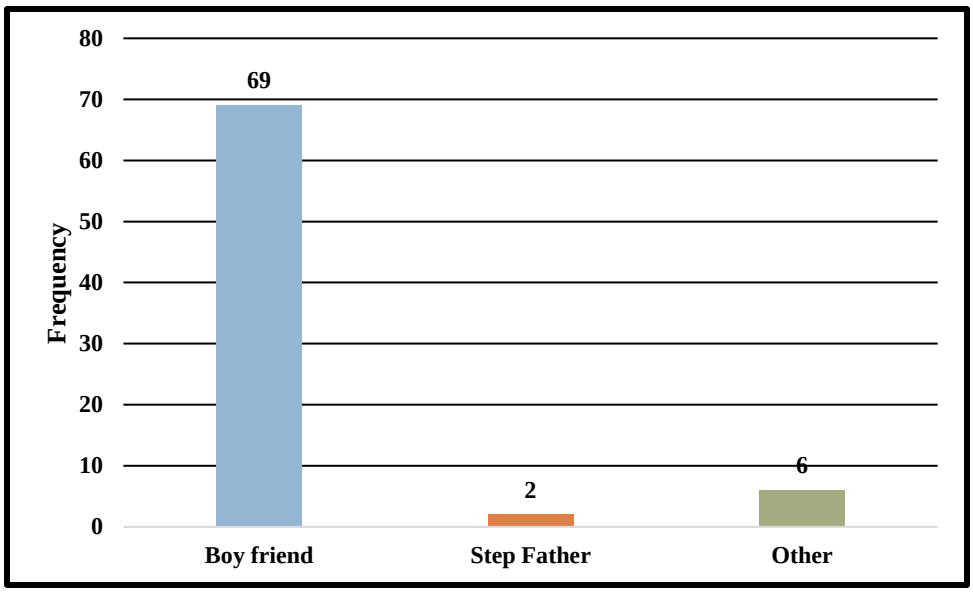


Figure 26. Person with whom participants had sex debut

As indicated in Figure 26 above, three in five participants had their sex debut with their boyfriend. However, two reported that the sex debut was with the stepfather. Of the two participants that had sex with the stepfather, one was14 years old while the other was 18 years old.

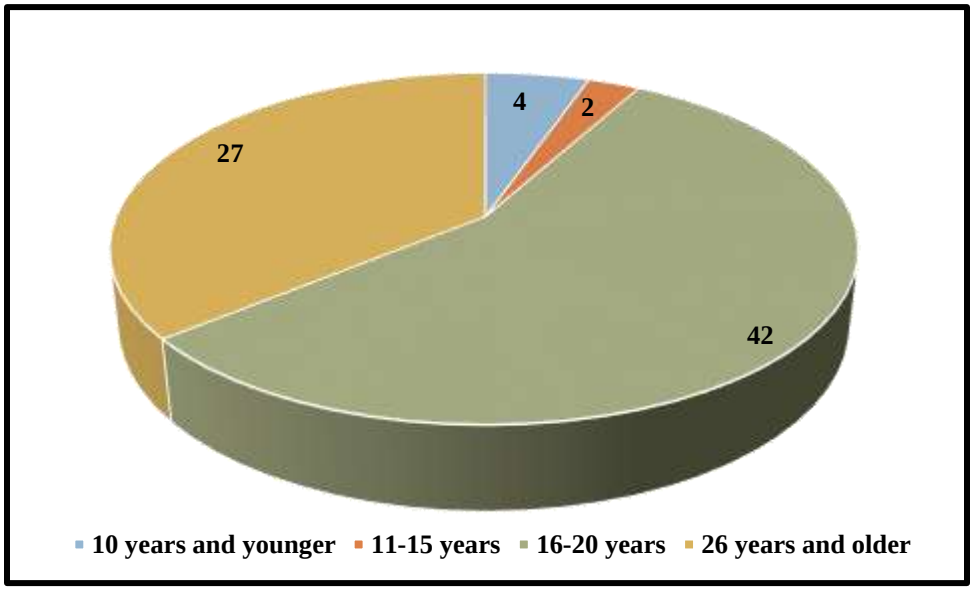


Figure 27. Age of the person with whom participants had sex debut

As shown in Figure 27 above, over half of the reported age of the person with whom participants had their sex debut were similar to those of the participants (i.e. 16-20 years). However, 35% of these individuals were reported to be 26 years and older.

Table 22. Occupation of the person with whom participants had sex debut

	Frequency	Percentage
Working		**37.7**
Student	**34**	**44.2**
Unemployed	**14**	**18.2**

In terms of the occupation of the person that participants had their sex debut with, two in three were students. This is also consistent with the reported age of these individuals. However, 37.7% (n=29) of the individuals were reported to be employed.

5.7 FIRST PREGNANCY AMONG PARTICIPANTS AND RELATED DYNAMICS

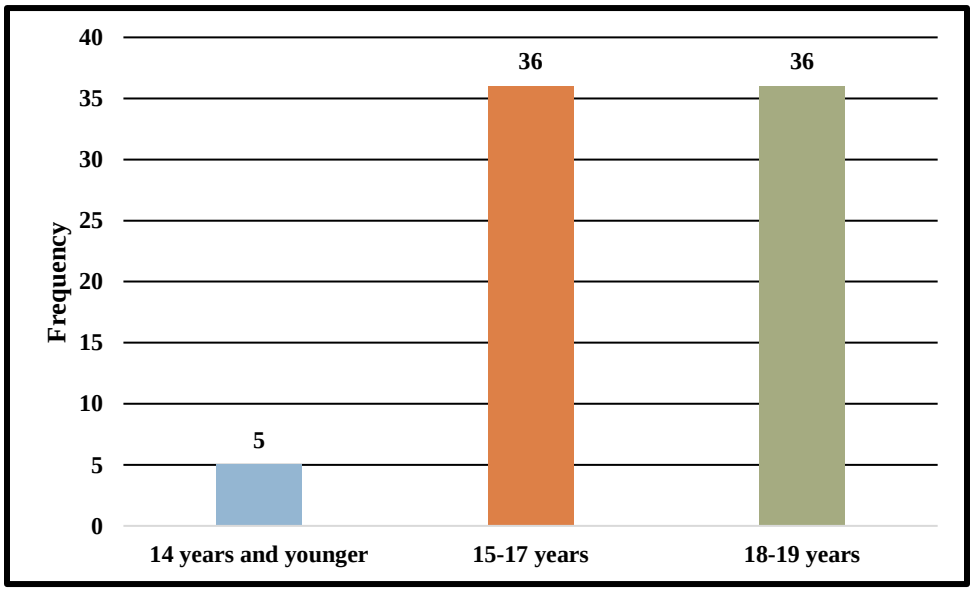


Figure 28. Age of first pregnancy

All of the 77 participants have had a baby at the time of participating in this study, with 5 participants having a baby when they were 14 years and younger. The youngest reported age of their first pregnancy was 12 years while the oldest was 19 years. Overall, less than a tenth of the participants (6.5%) were 14 years and younger as at the time they became pregnant. More than three-quarters of the participants (85.7%) had only 1 baby as at the time of data collection followed by 11.7% (n=9) who had two babies.

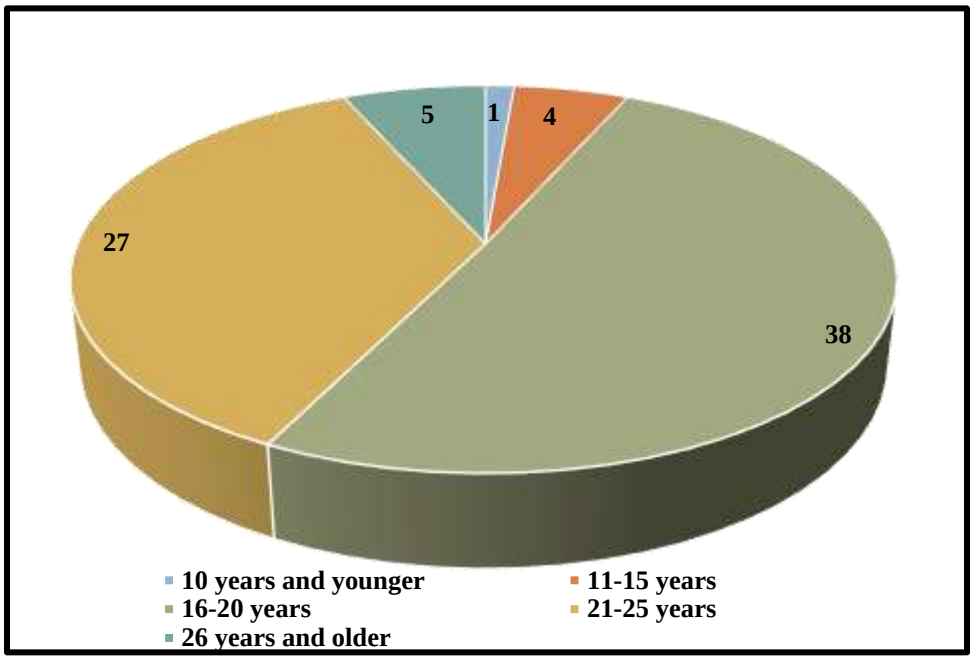


Figure 29. Age difference with person responsible for first pregnancy and participant

On average, the persons responsible for the pregnancy of the participants were 17.16 years older than the impregnated girls were. The SD of the age difference was 1.56 indicating that most of the age differences were clustered around the mean age. The minimum age difference was 2 while the maximum was 32 years.

The considerable age difference indicates that some of the participants might be engaging in sexual activities with much older men, most likely for financial and other benefits. Findings from the FGDs corroborated the perception that the phenomenon of

sugar daddy contributes to teenage pregnancy. For instance, a participant in an FGD noted,

"Young girls, who like material things like cell phone, usually engage in an intimate relationship with an older person to get what they want. If parents cannot afford it" (FGD, Community Members Mzinyathi).

Another participant in the same FGD raised a similar concern noting that teenagers do not get,

> *"enough money from parent* [and this] *leads to dating older guys who can afford to give her money to carry to school" (*FGD, Community Members Mzinyathi).

Having a sexual relationship with an older person, according to another participant, was because,

> *"Learners like fashion and style. They don't want to accept the condition that at home we can't afford other things, as a result, they fall pregnant"* (FGD Community Members and Parents).

Another participant further substantiated this point noting,

"Situations lead us [teenagers] *to fall pregnant. for instance, if we are poor at the same time we see our friends looking good, sometimes we want to be like them eventually, we would date people who are loaded (have money) by doing so, we would fall pregnant because our boyfriends tells us that once we eat their money and they also want us something in return for giving us money"* (FGD Community Members and Parents).

Table 23. Occupation of the person who impregnated participants

	Frequency	Percentage
Employed	30	39.0
Student	39	50.6
Unemployed	8	10.4

Half of those responsible for the pregnancy of the participants were students while 39% (n=30) were reported to be employed. If the students are considered to be unemployed, then 60% of these individuals are unemployed.

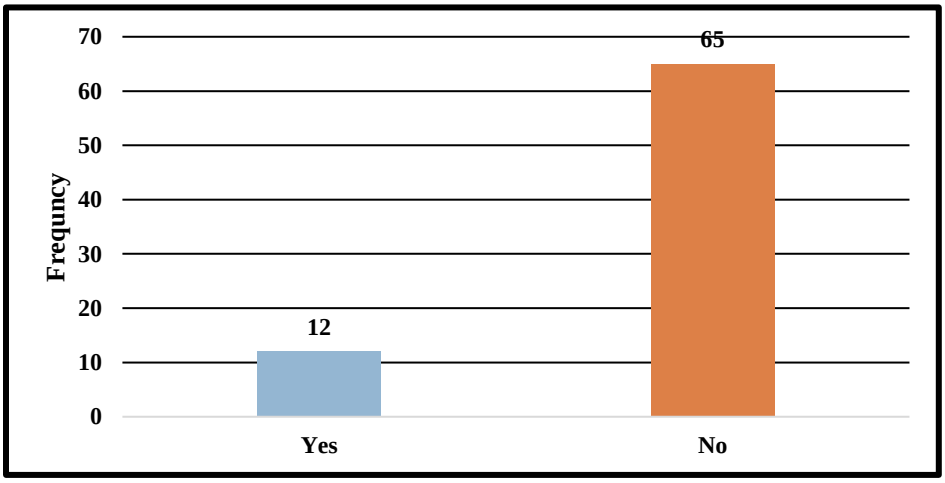


Figure 30. Planned the pregnancy together with the person responsible?

As shown in Figure 30 above, slightly over three of every five participants reported that their pregnancy was not planned with the person responsible.

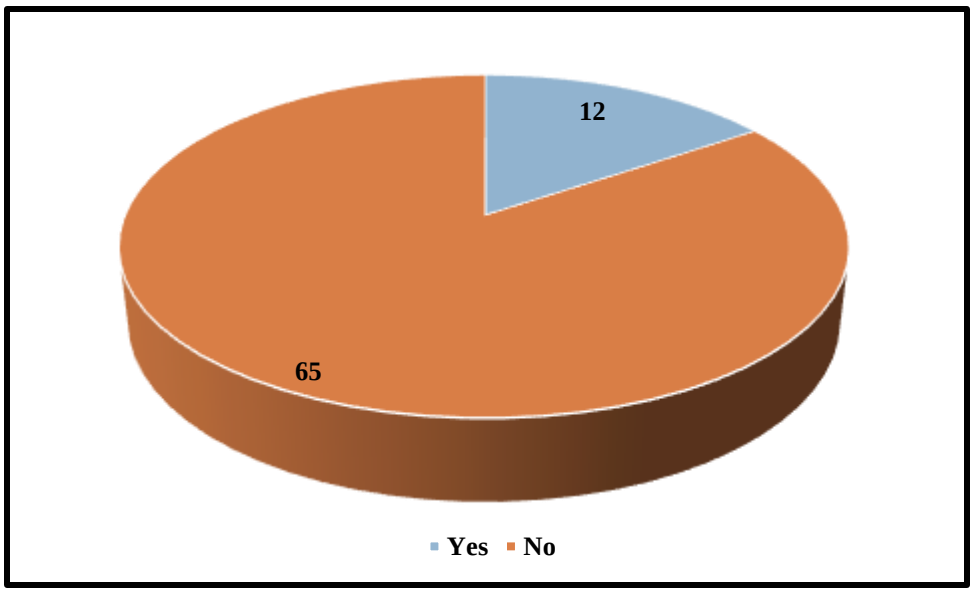


Figure 31. Now that you have this pregnancy or child, do you still want it?

Figure 31 above shows that the majority of the pregnancies were unplanned and most of the participants (84.4%) reported that they did not want to have a baby.

Table 24. Who wanted the pregnancy?

	Frequency	Percentage
No-one, it just happened	**30**	**40**
My family wanted it	**4**	**6**
Partner wanted it	**26**	**34**
I wanted it	**17**	**23**

As illustrated in Table 24 above, two in five participants (40%) reported that neither they nor their partner wanted the pregnancy. However, 23% (n=17) reported that they wanted the pregnancy while 34% reported that their partner wanted it.

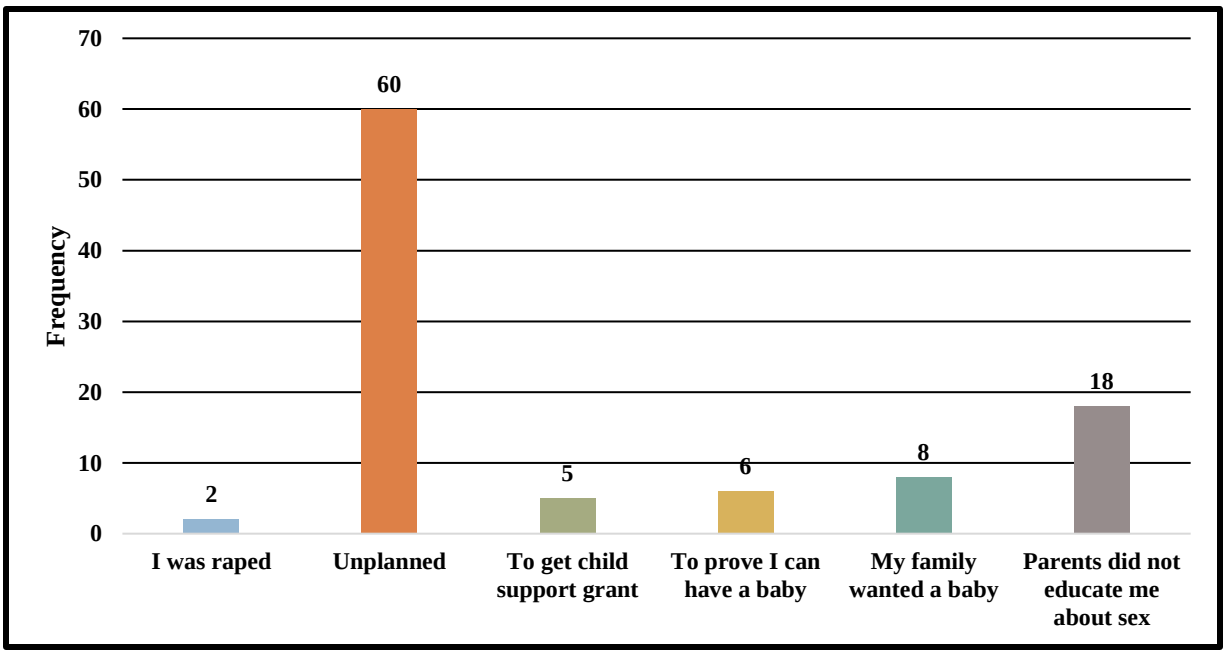


Figure 32. Why participants became pregnant

Participants provided various justifications for becoming pregnant with two in every five reporting that it was unplanned (See Figure 32 above). Similarly, 2.6% (n=2) reported that they were raped. Citing rape as a contributing factor to teenage pregnancy, one participant noted that:

> *"In other cases, you find that a girl becomes pregnant after being sexually abused by a family member especially if you do not have parents, maybe an uncle that you stay with if there is no one at home he would sleep with you until you fall pregnant with your uncle's child".* (FGD Teenagers Harry Gwala).

Also worrying were the participants who decided to become pregnant to prove that they were physiological able have a child (6%) and to access child support grant (5%).

There is also evidence that some of the participants might have been pressurised by their families into having a baby as 8% reported that their family wanted the baby. This could be linked to the expectation of being able to access the child support grant (CSG) in order

to assist the family financially. A participant in an FGD made this point stating *"Sometimes, it is because we think if we get pregnant, we will get the child support and will assist at home"* (FGD Community members, Service Providers and Teenagers). Another participant added,

> "*Social grants make us make more babies whereas we are poor at home. This is because we are trying to close the gap that we are poor however, we do it in a wrong way"* (FGD Teenagers uMzimkhulu).

A similar sentiment was added by another participant who noted that,

> *"Poverty leads to prostitution because people are not employed, and they think it is the easiest way of getting money is to sell their bodies and they end up getting pregnant"* (FGD Teenagers uMzimkhulu).

A participant from another FGD made a similar point noting,

> "*Other children think that getting child support grant will help them to satisfy their needs, so that why they end up falling pregnant"* (FGD Teenagers, Mhlabuyalingana).

All of the above findings point to financial gains as a motivation for some participants to become pregnant.

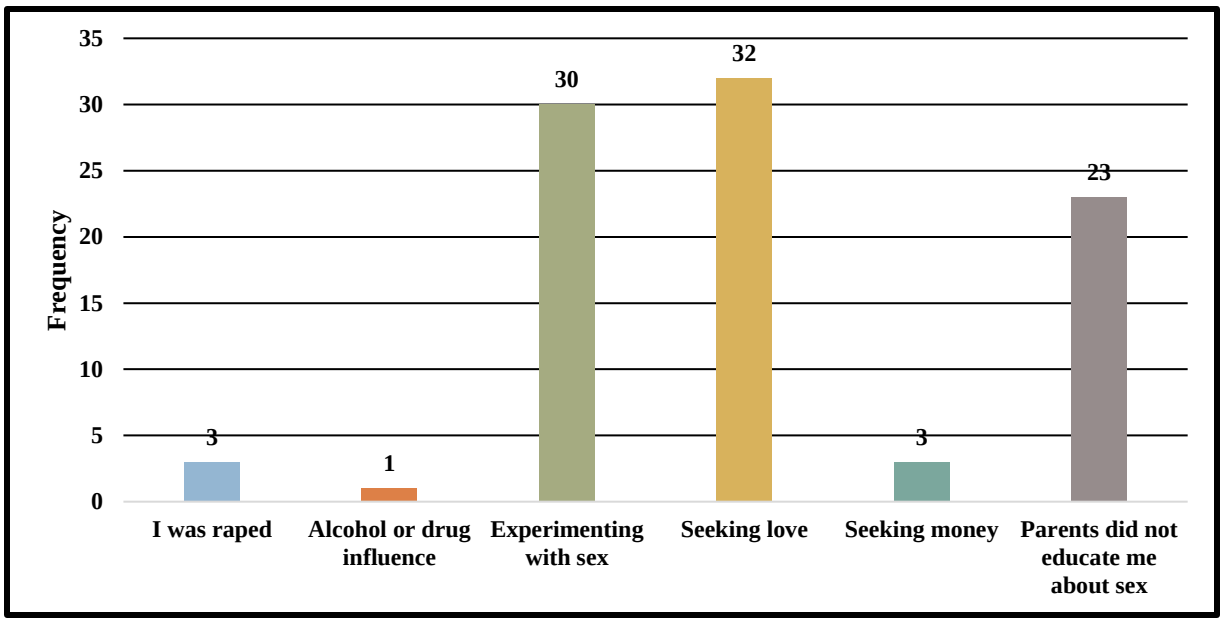


Figure 33. Cause of participants'' pregnancy

Figure 33 above shows reported causes of participants' pregnancies. The figure shows that seeking love (n=32) and experimenting with sex (n=30) were the most cited causes of pregnancy. Only 1 participant reported alcohol/substance abuse as the cause of her pregnancy. Findings from the FGDs point to the relationship between substance abuse and pregnancy. For instance, a participant in an FGD noted that:

> *"When it comes to Christmas and New Year's we drink alcohol and then boys take an advantage that you are drunk, then you see late that you are pregnant by that time there's nothing you can do"* (FGD Teenagers, Mhlabuyalingana).

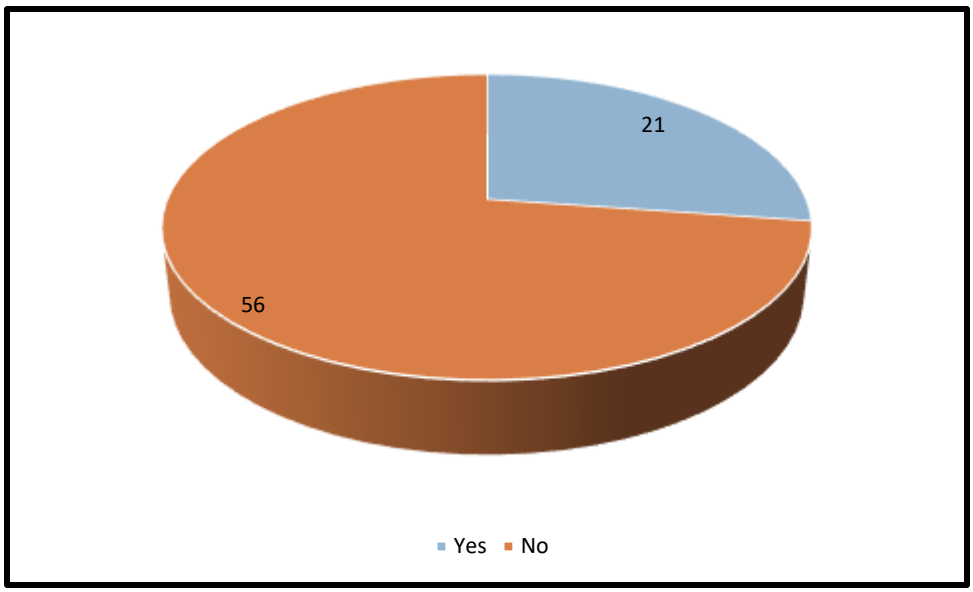


Figure 34. Considered abortion after falling pregnant

The researcher asked the participants whether they considered having an abortion after finding out that they were pregnant. Since a large proportion of participants reported that their pregnancies were unplanned, it was expected that a similar proportion would have considered aborting the pregnancy. Figure 34 above shows that, on the contrary, only one in five participants (n=21) considered having an abortion. The reasons for the small proportion of participants who considered having an abortion are presented in Table 25 below'.

Table 25. Reasons for not considering abortion

	Frequency	Percentage
I had family support	5	6.5
To keep my baby	22	28.6
Too late to terminate	13	16.9
Fear	11	14.3
Against my religious beliefs	4	5.2
Lack of knowledge about abortion	7	9.1

As illustrated in Table 25 above, participants showed various justifications for not considering an abortion with the desire to keep the pregnancy and have the baby being the most cited (28.6%; n=22). Just over a tenth did not consider abortion because they lacked the requisite knowledge while 16.9% (n=13) reported that it was too late to terminate the pregnancy.

Figure 35. The father of my child was the person I really wanted to have a child with

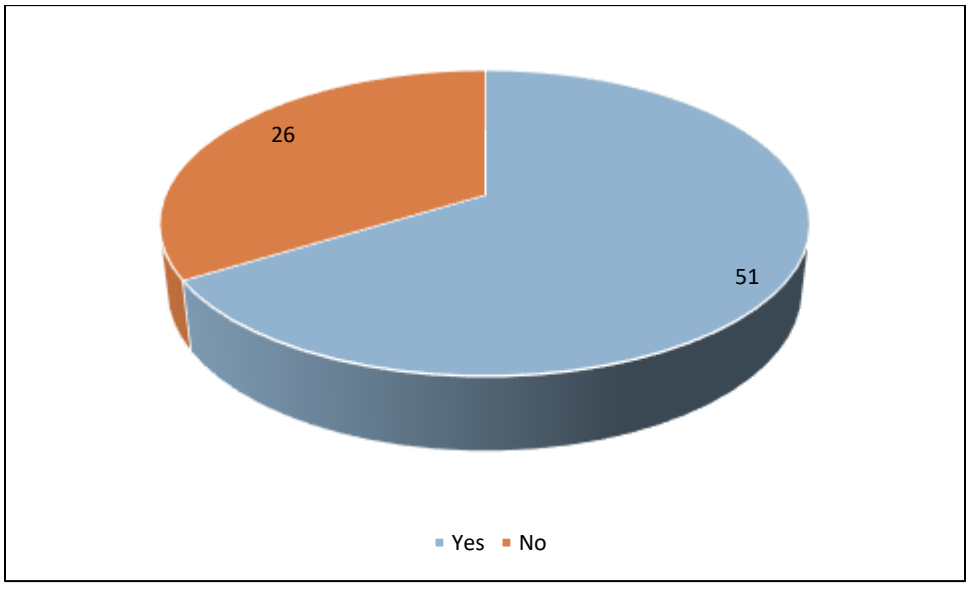


Figure 35 above, shows that three in every five participants reported that the father of their child was the person that they really wanted to have a child with.

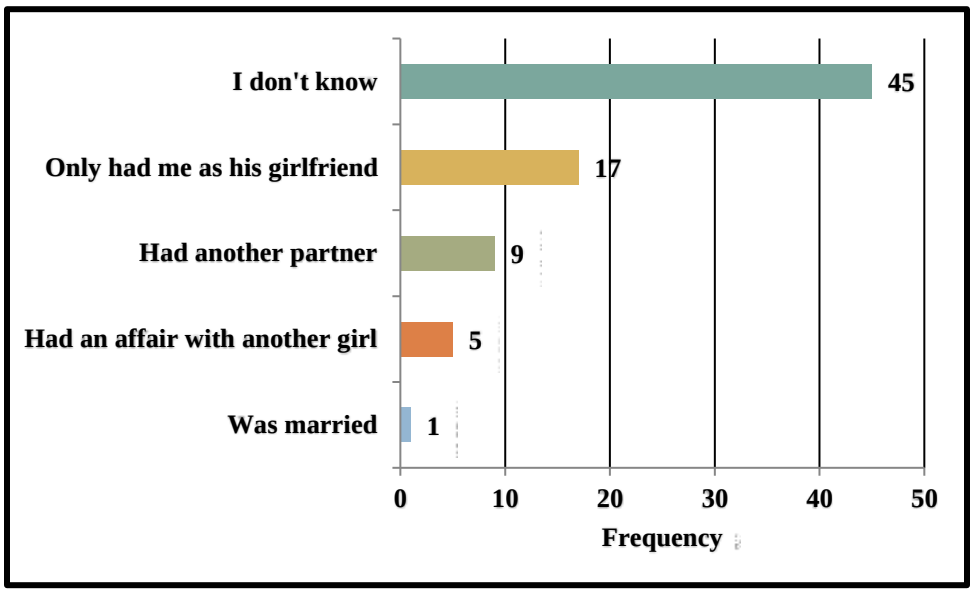


Figure 36. Relationship status of the person that impregnated participant

As shown in Figure 36 above, nearly half of the participants did not know the relationship status of the person that made them pregnant. A tenth of the participants reported that the person that made them pregnant was involved in another relationship. Of these, one was married while nine had other girlfriends.

5.8 SOCIOECONOMIC AND CULTURAL FACTORS AND PRACTICES THAT ENCOURAGE/DISCOURAGE SEXUAL ACTIVITIES

One of the objectives of this study was to explore the socio-economic factors that contribute to teenage pregnancy. Both the factors that encourage and discourage sexual activities and teenage pregnancies will be presented in the following sub-sections.

Table 26. Cultural practices that encourage teenage pregnancy

	Frequency	Percentage
Reed Dance	**29**	**37.7**
Sleeping with a virgin/child to cure HIV/AIDS	**14**	**18.2**
Sex Games	**11**	**14.3**
Abduction	**9**	**11.7**
Don't know/no response	**14**	**18.2**

In this study, participants reported various societal and cultural practices that encourage sexual activities. The most cited were the reed dance followed by the belief that sleeping with a virgin or a child can cure one of HIV/AIDS. This view was corroborated in the focus group interview with parents and community members who cited sexual abuse during virginity testing. One participant noted that,

> *"there are those fathers who say that children when they go to "virginity test" but they are abused when they are there".*

According to this participant, virginity testing has become an avenue where teenagers experience abuse but there is little protection in place to prevent such abuse.

Relatedly, another participant noted that the bastardisation of cultural practices such as virginity testing is contributing to teenage pregnancy. According to this participant, bribing virginity testers to confirm the virginity of teenagers who are no longer virgins undermine parents' ability to monitor the sexual status of the teenagers (FGD, Teenagers Harry Gwala). Similarly, another participant notes that virginity testing exposes teenagers to predatory sexual practices, as men will want to confirm the virginity status of such maidens by engaging in sexual intercourse with them. A participant made this point stating that:

> *"There are cultural activities like "umkhosi womhlanga" because most girls go to "umkhosi womhlanga" then boys will say we want to see this girl*

because she says she's a virgin and we want to prove if she is telling the truth" (FGD, Mhlabuyalingana).

The practice of abducting maidens and marrying them off was also cited as another practice that encourages teenage pregnancy. Contrary to the foregoing, a participant held a differing opinion noting that virginity testing can play a role in reducing teenage pregnancy. According to the participant,

> *"Parents should encourage their children to go to Umhlanga (virginity test) so that children will know how to behave appropriately"* (FGD, Community members/parents).

For this participant, the value of virginity testing lies in the fact that it teaches teenagers the ways to behave properly.

Another contributing factor to teenage sexual activities is the cultural practice of protecting a family member who abuses a relative for the purposes of protecting the family reputation. One participant made this point stating that,

> *"When there is sexual abuse happening in the family done by the family member it is treated as a secret protecting the perpetrator and a ritual is performed to clean what they perceive as the family disgrace"* (FGD Community Members, Umzinyathi).

A participant cited *Bongindaba*[6] as a traditional practice that encourages teenage pregnancy. The participant noted,

> *"If a gal* [girl] *is dating there will be a traditional ceremony that will be performed, and a gal will have sex with her boyfriend on that day and that results in teenagers getting pregnant"* (FGD Teenagers, uMzimkhulu).

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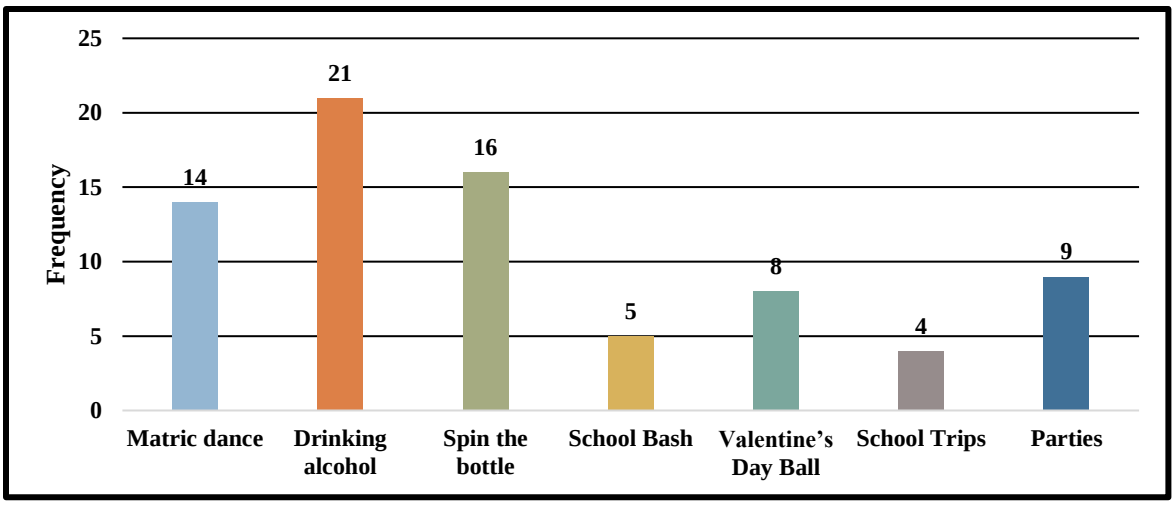


Figure 37. Psychosocial factors that contribute to sexual activities among teenagers

Similar to the cultural practices that encourage sexual activities, participants were asked to indicate the psychosocial factors they think contribute to teenage pregnancy. Alcohol abuse was the most cited reason followed by sex game such as bottle spinning. Findings from the FGD also point to the impact of substance abuse among teenagers as unsafe sexual practices resulting in pregnancy. For instance, one participant noted,

> *"Drugs and Alcohol are also the contributing factors to pregnancy. If you are under the influence of alcohol you cannot think straight and sometimes end up being involved in sexual activities"* (FGD Community members Umzinyathi).

School-related activities such as matric and Valentine ball were also cited as psychosocial factors that contribute to teenage pregnancy.

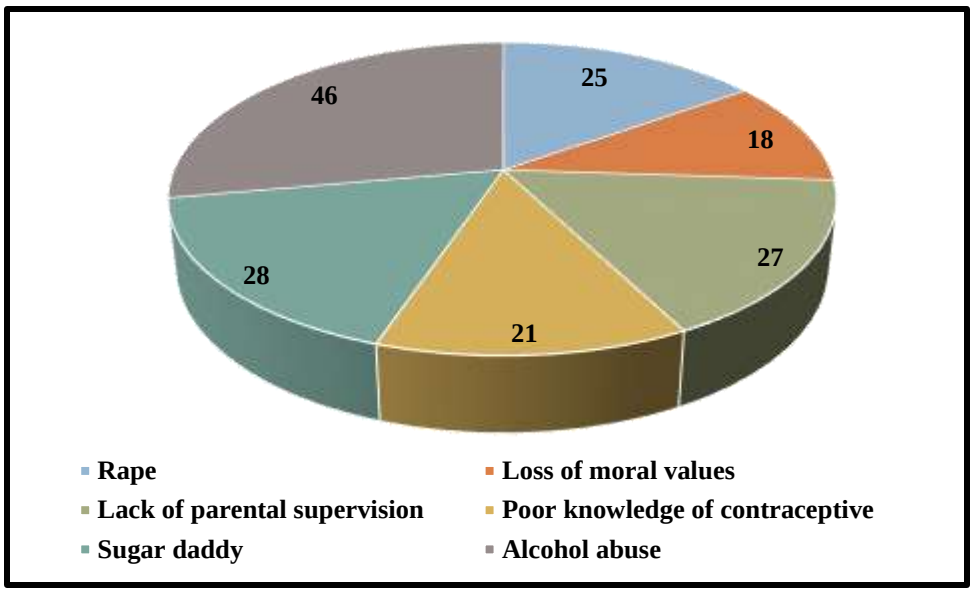


Figure 38. Factors that contribute to teenage pregnancy

Participants in this study provided various reasons as to why teenagers fall pregnant. Two in five participants cited alcohol abuse as a reason why teenagers fall pregnant. Finding from the FGD corroborated this with participants in the FGD noting that substance abuse undermines the ability of teenagers to make a rational decision in relation to sex. For instance, a participant noted that:

> *"Drinking alcohol is another huge factor that contributes to teenage pregnancy. Because once we become drunk you can end up having sex with a stranger and forget to put a condom, simply because it all happens fast, and you are both drunk"* (FGD Teenage Parents).

Sugar daddy and the loss of moral value were cited by 28% of the participants respectively. A similar percentage of participants (28%) noted that teenagers fall pregnant because they lack parental supervision. Also, of concern is the 25% of participants who cited rape as the reason why teenagers become pregnant. What this means is that the phenomenon of rape is a real experience for many teenagers.

Another participant blamed teenage pregnancy on the lack of experience of teenage parents, which makes it difficult for them to properly train their children. In a similar vein, a participant blamed the phenomenon of teenage pregnancy on the lack of strict control where parents allow their teenagers to bring their boyfriends home (FGD Community Members and Parents, Umzinyathi). A participant in the same FGD blamed teenage pregnancies on lazy parents. According to the participants,

> *"Laziness of women leads to turning a blind eye to a situation whereby the child is sexually abused by the member of the family who is a breadwinner"* (FGD Community Members and parents, Umzinyathi).

Another cited *"Carelessness of parents when there has sex in front of their kids assuming that they cannot see. Children will then go out to experience what they saw at home".*

A participant in one of the FGD blamed teenage pregnancy on Child Rights. According to this participant,

> *"children now have rights which perpetuate the behaviour which is not acceptable. Parents are suppressed by these rights provided by the government. Parents are blaming the government and are laws which are not addressed properly to children"* (FGD Community Members, Umzinyathi).

Another participant cited the law that permits pregnant teenagers to attend school as a contributing factor to teenage pregnancy. The participant noted that

> *"another thing that contributes to teenage pregnancy is this law that a pregnant child should attend school because I know that even if I were to fall pregnant, I would still be admitted to school"* (FGD Teenagers, Harry Gwala).

Peer pressure was also cited as a contributing factor to teenage pregnancy. A participant in an FGD noted that as a teenager if you do not have a child, other teenagers will think that you have committed an abortion. To avoid being perceived in this way, many

teenagers will go ahead to have a child (FGD community Members, Umzinyathi). Another participant raised a similar influence of peer pressure noting that,

> "*If you see that your friend has a child and she tells you how nice it is to be a mother, you also want to experience motherhood*" (FGD Service Providers and Teenagers).

In the same FGD, a participant raised the influence of peer pressure in the following excerpt:

> *"You can't be sitting with your friends and they are busy laughing at you and then one leaves and says to you I'm going to have sex with my girlfriend continue masturbating"* (FGD Teenager Umzinyathi).

5.9 STRATEGIES THAT CAN BE USED TO PREVENT TEENAGE PREGNANCIES

After gaining the participants' perceptions of factors that contribute to increased sexual intercourse and pregnancy among teenagers, the research went a step further to understand the current strategies as well as suggestions on new strategies that can be implemented to prevent teenage pregnancy.

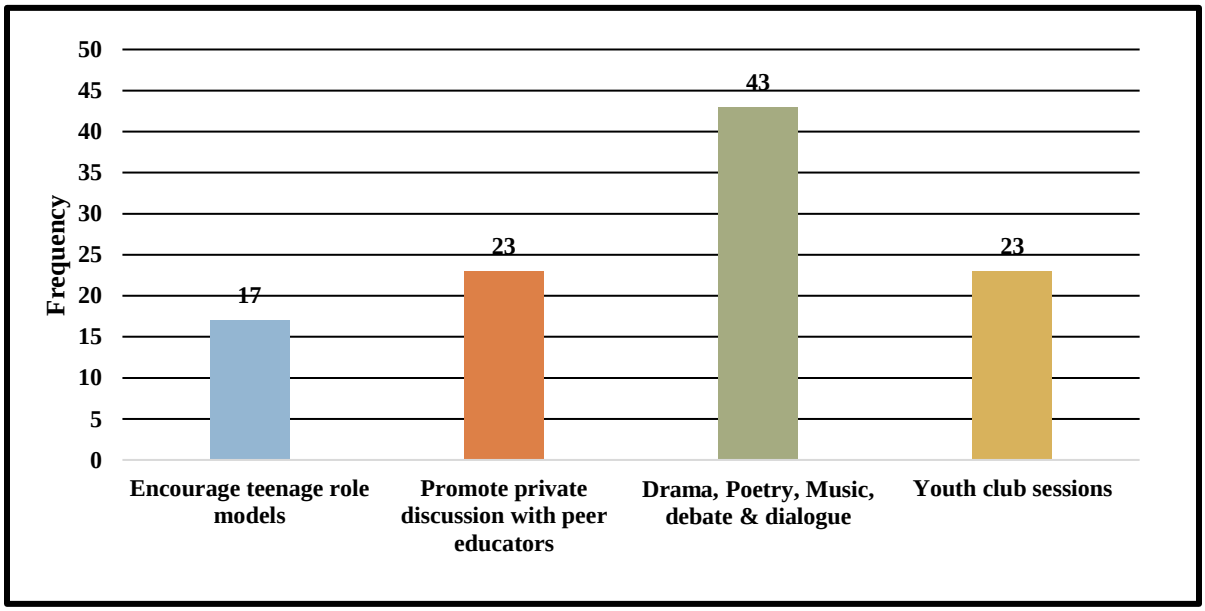
Table 27. Teenage pregnancy prevention initiatives in participant's schools

	Categories	Frequency	Percentage
	Counselling	7	10.1
	Peer education	15	21.7
	Health talk	11	15.9
	Life orientation	53	76.8
Other ways to reduce teenage pregnancy	Drama, poetry, dialogue and debates	35	52.2
	Having a school counsellor	22	32.8
	School outreach by NGOs	6	9.0
	School outreach by nurses	16	23.9
	Peer education	17	25.4
	Sex education from primary schools	13	19.4
	Sex education in local language	18	26.9

In this study, participants cited four pregnancy prevention strategies in their schools. More than three quarters (76.8%) cited life orientation as a strategy to reduce teenage pregnancy in their schools. This implies that most discussions around sex and teenage pregnancy happen in the context of the classroom.

Peer education was used as a strategy only in one in five participants' schools. A similar small proportion of participants reported counselling as a teenage pregnancy prevention strategy being applied in their schools. Besides the current teenage pregnancy reduction strategies, participants proposed other strategies with drama, poetry, dialogue and debates being the most cited.

Figure 39. Activities that parents can be involved in to reduce teenage pregnancy



In addition, to the foregoing, participants cited various activities that parents could be involved in to reduce teenage pregnancy. More than half of the participants noted that parents should be involved in activities such as drama, poetry, music, debate and dialogue.

Findings from the focus groups provide various suggestions on how parents can be involved in reducing teenage pregnancies. For instance, one participant noted that:

> *"Parents should advise their children about sexual activities, this can aid in reducing the high rates of pregnancy"* (FGD Community Members, Umzinyathi).

Another participant in the same FGD suggested that parents be involved in virginity testing practices of their teenagers. According to this participant, this will make teenagers value the practice and therefore incentivised to maintain their virginity. Interestingly, one participant in this FGD recommended that the Child Support Grant should be stopped.

One in three participants reported on the need to encourage teenagers to become role models to others. However, findings from an FGD indicate the dangers of having teenage role models as these are not immune to becoming pregnant. For instance, a participant cited the instance where the Medical Research Council trained teenagers to become peer educators, but teenagers stopped attending the event when the facilitators became pregnant (FGD Community Members, Umzinyathi).

There was also a suggestion that parents should have more relationship with teachers since learners spend a lot of their time in school. In doing this, parents will have a better insight into the sex life of their teenagers (FGD Community Members and parents, Umzinyathi). This is further supported by the view that some parents are not actively involved in the training of their children. For instance, a participant noted that the lack of parental (fathers in particular) involvement in the training of children creates a gap which makes it difficult for sex education to occur (FGD Community Members and Parents, Umzinyathi). There were also suggestions that parents be proactively involved in introducing the topic of sex education to their children. For instance, one participant noted that:

> "*Mothers should talk to their children and should explain everything to them about their once they commence adolescent stage"* (FGD Community Members and Parents).

There was, however, no suggestion on how fathers can be involved in reducing teenage pregnancy.

A participant suggested corporal punishment for those who become pregnant as well as the person responsible for the pregnancy (FGD Community members and parents). In the same vein, another participant noted that:

> *"If a child gets pregnant, a person impregnated should get arrested"* (FGD Teenage Parents uMzimkhulu).

For another participant in the same FGD, pregnant teenagers should not be allowed to study. This, according to the participant, will act as a deterrent to others that becoming pregnant will disrupt their lives. The participant noted that when teenagers see other pregnant teenagers attending school, they are unable to see the significance of falling pregnant (FGD Teenage Parents uMzimkhulu). Reducing teenage pregnancy, according to the participant, will, therefore, require ensuring that teenagers who become pregnant do not attend school.

The introduction of extra-curricular activities was also suggested as a means of reducing teenage pregnancy. According to this view, teenagers sometimes engage in sex out of boredom. Consequently, keeping them busy will eliminate the boredom and by implication, the need for sex (FGD Teenage Parents). Another participant in the same FGD made a similar point stating that:

> *"the government should build recreation place where children will spend their time so will they will not think about sex"* (FGD Teenage Parents).

There were also suggestions for the introduction of pregnancy prevention strategies including the introduction of condom use. For instance, a teenage participant noted that:

> "*Community should put condoms at school, shops and everywhere people where will easily access them"* (FGD Teenage Parents).

5.10 THE ROLES OF THE MEDIA ON TEENAGE PREGNANCY

The media plays an important role in teenage pregnancy. This role can be either positive or negative. This study also sought to understand the roles of the media in teenage pregnancy.

Table 28. The media and teenage pregnancy

	Categories	Frequency	Percentage
Negative	Radio	13	16.9
	Internet	22	28.6
	Newspapers/magazines/ pamphlets/fliers/books	32	41.6
	Cell phones	43	55.8
	TV	65	84.4
Positive	Radio	9	11.7
	Books/magazines/pamphlets, newspapers	14	18.2
	Cell phones	8	10.4
	TV	13	16.9

Table 28 above compares the negative and positive impacts of the mass media on teenage pregnancy. As shown in the table, cell phones have more than twice as much negative impact as it does positive impact. However, TV was reported to have the most negative impact. A similar scenario is true for radio. Findings from the FGD corroborated the reported negative impacts of the media. For instance, one participant from an FGD noted that:

> *"Television also plays a major role in influencing children to engage in sexual activities and in cell phones the exchange of sex organs through SMS"* (FGD Community Members, Service Providers and Teenagers).

Another participant in the same FGD noted,

> *"TV has a negative and positive impacts. There are programmes on TV which are usually played late at night. When you watch those programmes, you want to experiment what you watch with your girlfriend or boyfriend"* (FGD Community Members, Service Providers and Teenagers).

Finding from the FGD with Community Members and parents corroborated this perception. For instance, a participant from the FGD noted,

> *"Television plays a major role due to programs those programmes which play nudity. Even government does promote it because he does not stop those programmes that seem to have harm to children"* (FGD Community Members and Parents).

Mass media such as the TV has been linked to early sex debut. A participant made this point stating,

> *"movies which are playing at night in televisions have a major contribution to teenage pregnancy because a 12-year child may be watching it with an uncle which will lead them to have sex"* (FGD Teenagers Harry Gwala.

Mobile phones have also been blamed for making pornographic materials readily available to teenagers. Such materials, in turn, make inquisitive teenagers want to practice what they see in the pornographic materials.

There were also reported cases where the media is used by sexual predators to lure teenagers and rape them. Citing this point, a participant noted that;

> *"Cell phones, people contact you for a job offer and when you go there you find out that there were deceiving you and rape you on the spot"* (FGD Community Members, Service Providers and Teenagers).

Despite the foregoing reported negative influence, the media was cited in the FDGs as an avenue to that could be used to reduce teenage pregnancy. For instance, one participant reported that:

> *"Other programmes on the television show us challenges that pregnant women faces once they are pregnant, and those clips teaches us a lot"* (FGD Teenage Parents).

Another suggestion entails the use of media personalities to introduce the topic of sex education. For instance, one participant suggested that:

> "*Government should organise famous people and celebrity to come and motivate us on how handle ourselves. Organise awareness campaigns though these campaigns would help some other and others will not benefits from those campaigns"* (FGD Teenage Parents uMzimkhulu).

5.11 DISCUSSION OF RESEARCH FINDINGS

5.11.1. Underlying risk factors of school-related teenage pregnancy in KwaZulu-Natal

In discussing the underlying risk factors of school-related teenage pregnancy in KwaZulu-Natal, it is important to consider the demographic and socio-economic contexts in which teenagers are located and how these contribute to teenage pregnancy. Findings most participants come from households that are characterised by large sizes. On average, 5.8 people live in homes where participants came from. This household size atypical of both the provincial and national averages. A recent report by Hlongwa, Mashamba-Thompson and Hlongwana, (2018)noted an average household size of 3.8 (second highest national following Eastern Cape with an average household size of 3.9) in KwaZulu-Natal. This indicates that the households of participants, on average, have 2 persons more than the provincial average.

Although slightly over half of the participants reported that their biological fathers were alive, only about 29% (n=22) are being exclusively cared for by their parents. A minority of the participants (7.8%) do not know whether their parents are alive or not. The lack of knowledge about the living status of the fathers could be attributed to a number of reasons including separation of parents through a divorce as well as children never having the opportunity to know who their fathers were either because the father is uninterested or unaware that he has a child. Besides parents, grandparents, uncles, aunts and other relatives are reported to be responsible for the upkeep of the participants. In addition, two

participants are exclusively responsible for their own care. While grandparents and relatives and do provide for the upbringing of the young ones, the absence of parents could point to a deeper underlying issue of parents not taking care of their children.

The finding of this study shows that the majority of the participants were not married. The fact that only one participant was married is not unsurprising given that the majority were in their teenage years. What is surprising, however, is that all the participants have had a child as at the time of participating in the study. There were various contributing factors to teenage pregnancy that emerged from the data analysis.

Poor sex education emerged as a key contributing factor to teenage pregnancy. An important finding in that regard is participants' first source of knowledge about sex. The majority of the participants obtained their first information about sex from their friends and the mass media such as radio and TV. This result indicates that parents and family members do not play an important role in as far as early sex education of most participants in concerned. Instead, a significant proportion obtains their first sex education from friends, TV and the radio. Such sources of information can sometimes be misleading and thus contribute to the phenomenon of teenage pregnancy.

Unlike in the case of sources of information about sex where friends were the most cited source of information, clinic staff constitutes the most cited source of information about abortion among participants. This, however, shows that family do not occupy an important place in the sex education of teenagers.

In the context of South Africa where abortion is legal and freely provided at public health institutions, becoming pregnant should not necessarily translate into having a baby (Field *et al.*, 2018). This is, however, is not the case for the participants in this study. This study found that some participants are unaware of their rights to seek an abortion without parental permission. The foregoing show that the participants have limited knowledge of their reproductive health rights. This knowledge deficit has implications for the ability of participants to exercise their reproductive health rights. The fear of parental disapproval

might drive these teenagers to resort to illegal abortion centres that might have short or long-term negative implications for them. In addition, two participants reported that they have not received any information about abortion from anyone. For these participants, resulting in unsafe practices such as the use of unregistered abortion institutions or harmful substances for abortion might be fatal.

Besides sources of knowledge about sex and sex-related practices, the nature of actual knowledge is important in safe sex practices among teenagers. This study found a deficit of knowledge in relation to sex among participants. For instance, over half of the participants are unaware that sex position does not have any impact on pregnancy believing that having sex while standing prevents pregnancy. A similar erroneous knowledge is evident in the belief that a girl cannot become pregnant when she engages in sexual intercourse for the first time. This knowledge deficit implies that their sex debut could be without any protection since they did not know that it could lead to pregnancy. A similar deficit is found among participants who did not know that condom must be used each time they engage in sexual intercourse in order for it to be efficacious.

Related to the foregoing is misconception about the negative impacts of contraceptive medication. This study found that teenagers do not want to use the medication form of contraceptive due to the belief that it can make them fat, develop pimples and prevent them from having children later in life. For these girls, the desire to maintain a ‘good’ physical appearance overrides concerns about pregnancy.

This study also found that the participants were unaware of emergency contraceptive that they can use to prevent pregnancy in the event that they had a sexual intercourse without any form of contraceptive. The implication of this is that once these participants are exposed to a condition where emergency contraceptive is required, they cannot resort to such option since they do not possess the knowledge. Consequently, their odds of becoming pregnant are much higher.

The desire to acquire material things came across as another contributing factor to teenage pregnancy. This finding emerged from both the quantitative and qualitative data collected for the study. This reality is often manifested in teenagers engaging in sexual relations with a much older person for the primary purpose of being rewarded with material things.

The phenomenon of multiple sexual partners and early sex debut were other contributing factors to teenage pregnancy. Although only a tenth of the participants agreed that it is necessary for a girl or a boy to have multiple sexual partners, these findings point to a risky sexual behaviour that can have negative implications for participants including the contraction of STIs and becoming pregnant. In addition, such a practice comes with a serious emotional burden that can distract teenagers from their academic and other responsibilities. Although this study did not establish whether the participants who agreed that it is necessary for a girl to have multiple sexual partners are actually in a multi-partner sexual relationship, one can extrapolate that they are likely to engage in such practice if the opportunity presents itself since they are not averse to it. The permissiveness of multiple sexual partners is reflected in the fact that nearly half of the participants were unaware of the relationship status of the person responsible for their pregnancy. This is not unsurprising given that most of the pregnancies were unplanned while others were a product of coerced sexual encounter. Since most of the participants in this study were ill-informed about sex education, having sex with someone involved in more than one relationship increases their risks of contracting STI.

The study findings also showed that sex debut among participants occurs at a very early age as evidenced by the mean sex debut age of 17 years. The youngest age of sex debut was 8 while the maximum was 19. This implies that at the age of 19 years, all the participants had had sexual intercourse. This early sex debut, coupled with knowledge deficit as well as risky sexual behaviour such as multiple sexual partners and engaging in sex with much older males, exposes teenagers to pregnancy. It is instructive to point out that the age of consensual sex in South Africa is 16 years. Against this backdrop, the finding of this study implies that 22.1% of the participants experienced statutory rape.

More telling is the vast age difference between the age of participants as at the time they fell pregnant and the age of the person that impregnated them. Sexual relationship with male partners who are significantly older comes with a lot of power imbalance. Such imbalance includes socially constructed power dynamics according to which younger people (more so the case of young girls) are not supposed to argue with or challenge the decision or views of older men. In addition, such relations are often characterised by the dependence of the younger female on the older male for financial support. Due to the unevenness of the power dynamics in the relationship, they often characterised by abuse (whether physical or emotional). In addition, the uneven power dynamic implies that teenage girls in such relationships are unable to negotiate safe sexual practices such as condom use. Findings from the FGD corroborated the foregoing with participants reporting that older men prefer to have sex without a condom. In addition to the foregoing, the perception that teenagers are less likely to have HIV (due to their limited/no sexual encounter) often results in older male having unprotected sex with them. Such practice exposes the teenagers to the risks of contracting STIs (including HIV/AIDs) and falling pregnant.

Consistent with the foregoing, this study found a vast age difference between participants and the person responsible for their pregnancy. This age difference could mean either one of two things. Firstly, it could mean that the much older persons forced the sexual encounter. It could also mean that the younger person was involved in a sexual relationship with the older person as a sugar daddy. Both of these conjectures could not be confirmed by the quantitative data collected for this study.

Related to the age appropriateness of male sexual partners is the question of the roles of males and females in a relationship. Having a sound understanding of the roles of males and females in a relationship is important as this is often linked to the responsibilities in such relationship. To this end, participants were asked whether they agree that it is the role of the man to look after a woman in a relationship. Overall, three in five participants reported that it is the responsibility of the man to care for the woman. Although the nature

of the ‘care’ is not specified in this study, it will be inclusive of material care. Just like in the case of a teenager depending on an older male for financial and other material support, any relationship that is predicated on the man providing for the woman can often be characterised by abuse since such provision creates a power imbalance in the relationship.

The finding of the study shows that half of those responsible for the first pregnancy of participants were students. It was, however, not established if these were students in the same high school, in another high school or in a higher education institution. There is a high likelihood that these students were unemployed and were dependent on their parents/guardians for their livelihood. If the students are considered to be unemployed, then 60% of the individuals responsible for the participants’ pregnancy are unemployed. This raises serious questions about the ability of the parents to shoulder the financial responsibility for the child. Hence, there is a high likelihood that the mothers are dependent on the state’s CSG for raising the child.

The CSG has been blamed as a factor that encourages teenage pregnancy. Findings from both the surveys and the FDG indicate that some teenagers become pregnant primarily to access the CSG. Although some of the pregnancies were reported to be unplanned, findings from the FGDs point to the notion that some teenagers become pregnant in order to access the CSG. The argument here is that the assurance that teenage mothers can resort to reliance on the CSG can create a situation where they become less careful in taking pregnancy prevention measures. This reality could put additional strain on the government’s social security budget as more and more young mothers will claim for the CSG. In the current context of a shrinking labour force, the ability of the state to cater for a growing socially dependent population is highly constrained.
Although three in five participants reported that their pregnancies were unplanned, half of the participants noted that the person that impregnated them was the person they wanted to have a child with. This implies that although the pregnancy was unplanned for most of the participants, they would have eventually gone ahead and become pregnant for the same person.

The media plays an important role in teenage pregnancy. This role can be either positive or negative. In the contemporary society where the electronic media is ubiquitous and there is limited control over the media, its influence on sex and by implication, pregnancy cannot be overemphasised. In this study, participants noted that various forms of mass media could have both positive and negative impacts on teenage pregnancy. These results indicate that parents and family members do not play an important role in as far as early sex education of most participants in concerned. Instead, significant proportions obtain their first sex education from friends, TV and the radio.

5.11.2. Factors That Account for the Failure of Current Intervention Programmes to Address School-Related Pregnancy

Despite the existence of various teenage pregnancy prevention initiatives, the phenomenon continues to persist. This study finds various factors that contribute to the persistence of teenage pregnancy. One of these factors is cultural beliefs and practices. For instance, participants cited the practice of virginity testing and reed dance as cultural practices that contribute to teenage pregnancy. Participants cited the perversion of the practice of virginity testing where testers are bribed to issue a certificate of virginity when in actual fact the teenager is no longer a virgin. The participants noted that in such instance, parents will rely on the virginity certificate and thereby abdicate taking proactive steps in educating their teenagers about sex. The implication of this, according to the participant, is that girls go about engaging in sexual activities and become pregnant while their parents think they are still virgins.

The practice of elevating the integrity of a family name over the rights of a child was also reported as another cultural practice that contributes to teenage pregnancy. What this implies is that families are keener to protect their reputation instead of reporting the abuse of teenagers by another family member to the police. In a context where such practice is pervasive, teenage pregnancy prevention initiatives will only be effective only to a limited

degree. Relatedly, this study finds the practice of abduction as a contributing factor to the failure of present teenage pregnancy prevention initiatives.

The ineffectiveness of sex education also came across as a contributing factor to the failure of current teenage pregnancy prevention. This is evident in the knowledge deficit on various sex-related topics among participants. The study finds that slightly over three in every five participants reported that their pregnancy was unplanned. The lack of knowledge about emergency contraceptives implies that these participants cannot take any preventative initiative when exposed to a condition that could result in pregnancy. Additionally, this study finds a limitation on the part of stakeholders that should be playing an active role in the sex education of teenagers. For instance, parents were found to not be actively involved in educating teenagers about sex even though parents were the most preferred persons that participants would like to discuss sex matters with. This accounts for teenagers reported over-reliance on friends and the mass media as sources of sex education. The problem with these sources of information (mass media and friends) is that such information can be inaccurate and punctuated by myths among young people. Such inaccurate information could make teenagers engage in risky sexual behaviour, which can result in pregnancy and other STIs. Interesting, two participants reported that they have not received any information about sex from anyone. For these participants, not knowing about sex implies that they can engage in risky sexual behaviour and pregnancy (because of risky sexual behaviour) cannot be appropriately handled since they lack knowledge in this regard.

The phenomenon of early sex debut among participants can also be linked to the issue of poor or ineffective sex education. Early sexual debut, particularly those that are not preceded by a sound sex education, can result in significant short and/or long-term negative implications for teenage girls.

This study finds that most of the reasons cited for engaging in sex are related to the boyfriends rather than participants themselves. What is also interesting about these findings is that proving love for a boyfriend is the most cited motivation for engaging in

sex. Ordinarily, engaging in sex for the purposes of feeling loved should not result in pregnancy. However, when this is seen in the context of participants' poor knowledge of contraceptives as well as negative attitude towards contraceptive usage, a better picture of why these sexual intercourse result in pregnancy emerges. What these findings show is that the pressure of having and keeping a boyfriend is so important for these teenagers that they will go to any length to keep the boyfriend. This implies that the teenagers engage in sexual activities not because they want personal gratification but in response to demands or the desire to maintain peace in their relationship. It is also important to point out that engaging in sex to prove love is a confusion between sex and love among participants. This finding speaks to faulty sex education among participants.

5.11.3. What needs to be done to Prevent or Reduce the Rate of School-Related/Teenage Pregnancy

In analysing the data collected for this study, a number of suggestions on school-related teenage pregnancy prevention strategies emerged. Current teenage pregnancy prevention initiatives in participants' schools include peer-education, extra-curricular activities, counselling, provision of condoms in schools, health talk and life orientation. In addition to these current strategies, participants suggested other strategies that should be implemented including drama, poetry, dialogues and debates, school outreach programmes by NGOs and nurses as well as having a dedicated counsellor in schools. Participants also recommended that sex education should be conducted in local languages in order to facilitate the process of assimilating the messages conveyed. In addition to the above, participants also recommended that parents be more involved in the activities of teenagers as a pregnancy prevention strategy. Such activities include drama, poetry, music, debates, dialogues, youth club sessions, promoting private discussion with peer educators. The suggestion on private sessions with peer-educators could be linked to the shyness among teenagers to ask critical questions when such discussions are held among groups of learners.

It was also noted that parents should encourage teenagers to become role models. However, there are concerns about the effectiveness of such a strategy particularly in relation to previous experiences of teenage role models falling pregnant. Effectively, rather than being a role model to other teenagers, the trainer turned to making it appear that it is difficult for teenagers not to become pregnant.

Parental involvement in the virginity testing of their teenagers to eliminate the practice of obtaining virginity certificate fraudulently was a pregnancy prevention strategy. Similarly, this study finds that there is a need for more parental involvement with teachers in the provision of sex education to teenagers. The rationale here is that teenagers spend a significant amount of their daytime with teachers thus positioning teachers to provide better insights to parents on sex-related topics of teenagers to the parents. The call for greater parental involvement in sex education is against the backdrop that parents are abdicating this responsibility. Parental involvement should entail a proactive and early introduction of sex education to teenagers. The focus here was, however, on mothers while there was no suggestion of the involvement of fathers. Similarly, parents need to be involved in school-related activities such as matric and Valentine ball since these are events that tend to encourage sexual intercourse among teenagers. This point to the need for greater parental and teacher supervision of learners during such activities.

In addition to the foregoing, there was a suggestion on the introduction of corporal punishment for those who become pregnant. It was noted that such a strategy will act as a disincentive for teenage pregnancy. Similar suggestions include arresting of those responsible for teenage pregnancy as well as excluding pregnant teenagers from school. All these were noted as deterrents to teenage pregnancy. However, there are serious concerns about the effectiveness of these strategies as well as the infringement on the rights of the teenagers.

5.12 CONCLUSION

This study aimed to investigate the factors that contribute to the persistence of high teenage pregnancies in schools. In this chapter, the researcher has presented the study

findings based on the data collected for the purposes of the research. The data analysis showed that nearly all participants were black South Africans aged 14 to more than 19 years. Majority of the participants were single teenagers even though they all have children. In terms of educational qualification, all the participants were still in high school with less than a tenth of the matriculation year.

While the participants obtained their knowledge about sex from multiple sources, the radio, TV and friends were the most cited indicating that relevant sources such as parents, teachers, family members and clinic staff are not doing enough in introducing the topic of sex education to teenagers as early as possible. This is more so given that parents and school staff were the most cited preferred persons that participants want to discuss sex issues with. Given that sex education information from friends and the media could be misleading, this finding of the study underscores the urgency for relevant parties to introduce sex education as early as possible. The unreliable nature of information about sex from friends and the media could be attributed to the knowledge deficit among participants about pregnancy and STIs. For instance, more than half of the participants were unaware that one can become pregnant after having sex for the first time. Similarly, about a tenth of the participant was not aware that condom should be used each time they engage in sex in order to prevent pregnancy.

Results of the study show various cultural practices that encourage teenage pregnancy including reed dance, *bogindaba*, sex games, virginity testing, abduction and the belief that sleeping with a virgin or a child can cure HIV. The finding also shows that activities such as matric dance, substance abuse, sex game, school bash, valentine day ball and school trips contribute to teenage pregnancy.

Although all the participants in the study have been pregnant for at least once, the pregnancy as a result of a number of factors including rape, as a strategy to access the CSG, to prove that they can have a baby, lack of sex education, experimenting with sex, peer pressure, seeking love and/ money and substance abuse. Most of these teenagers did not consider having an abortion due to lack of proper knowledge about their

reproductive health rights. Another important finding is the age gap between the participants (a mean age gap of about 18 years) and the persons responsible for the pregnancy. The gap demonstrates that these teenagers are engaging in sex with people much older than they are either voluntarily or as result of coercion or rape.

To reduce the phenomenon of teenage pregnancy, participants in the study proposed various options including greater parental involvement in educating their children on sex-related issues, encouraging peer education, having other teenagers and influential people to act as role models, disseminating information around sex via various media such as TV, radio, poetry and drama. There were also proposals for the implementation of more draconian teenage pregnancy reduction measures including corporal punishment, elimination of the CSG, and rusticating teenagers who fall pregnant.

Teenage pregnancy, as noted earlier, is a re-occurring problem in South Africa. This is more so since some teenagers are impregnated with people who are many years older than they are. Besides the negative impact of teenage pregnancy on the education of teenage mothers, it also increases their odds of exposure to health risks including HIV/AIDs and other sexually transmitted infections. The timeous acquisition of knowledge from relevant sources is an important component of any effort in reducing pregnancy and STIs among teenager. Among other things, such knowledge plays an important role in demystifying sex and educating teenagers about the implications of early sex debut.

Having presented findings, the data analysis and the interpretation from the empirical component of this research, the next chapter discusses the conclusions and practice recommendations from the study.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

The preceding chapter provided the findings from the study, the data analysis and the interpretations made with regard to emergent observations. In this, the final chapter of the thesis, the researcher presents the conclusions from the empirical activity and utilises these to generate a range of evidence-based recommendations for future practice and policy development initiatives as they relate to the management of teenage pregnancy in South Africa. To facilitate this, the chapter begins with a summarised overview of the study from an initial overview of the research focus, through to the key theoretical concepts that drove the development of the conceptual focus of the study, and then data collection and analysis, ending with theory development, recommendations and conclusions.

This chapter focuses on providing a brief overview of conclusions that have been reached as a result of the findings from the empirical phases of the study; discussing the unique contributions made by the study and finally, articulating the recommendations to improve the performance of current interventions to reduce teenage pregnancy in South Africa. The global aim of this study was to explore the range of socioeconomic and psychological influences that contribute to teenage pregnancies in schools in order to support the development of contextually relevant policy interventions. To achieve this purpose, a combination of a literature review and primary data collection approaches were utilised as part of a mixed method study that included the use of individual and group interviews with young parents, community leaders, policy makers, pregnant and non-pregnant female teenagers. As an output to the data collection processes, the study proposes a number of practice and theoretical recommendations aimed at improving the performance of policy and practice-based interventions related to the prevention of teenage learner pregnancy.

6.2 SUMMATIVE OVERVIEW OF KEY STUDY FINDINGS

6.2.1 Demographic Profile of participants

Despite this being a small-scale study, the study had important demographic characteristics that provide an important contextual overview to the study. The study comprised 77 participants drawn from Districts (Jozini, Harry Gwala and INK). All the districts are located in the KwaZulu-Natal province of South Africa. Most of the participants did not indicate the district municipality where they came from. However, 7.8% (n=6) indicated coming from Jozini while 5.2% (n=4) were from Harry Gwala. From the entire study population across all the participant groups, was largely black. All but two participants identified themselves as black/African. The other two participants identified themselves as white. With respect to gender representation and as expected with a study focussing on the experiences of expectant teenage mothers, the majority of the participants were female. Of the 77 study participants, only 3.9% (n=3) were male while 96.1% (n=74) are female. Similarly, the focus on teenage girls skewed participants' representation with respect to marital status. Only one participant was married as at the time of data collection while another was widowed. The age of the study participants ranged from 14 years to those that were 19 years or older. More than half of the participants (55.9%; n=43) were 19 years and below while 44.2% (n=34) were 19 years and older. The youngest participant (n=1) was 14 years old.

6.3 QUALITATIVE RESEARCH FINDINGS

6.3.1 Participants' Knowledge of Pregnancy, STIs and Contraception.

Participants were asked a number of open-ended questions seeking to elicit their knowledge about teenage pregnancy and most specifically, the information they had about teenage pregnancy, STIs and contraception as well as their understanding of the current policies and guidelines related to this area of health. Questions related to these aspects were intended to offer participants some freedom to express themselves and share as much as they could with regard to teenage pregnancy services. To establish the actual sex-related knowledge among participants, the research focussed on clarifying a

series of questions. From this process, more than half of the participants (55.8%) were unaware that one can become pregnant after having sex for the first time. Another misconception related to sex and pregnancy is the sexual position that leads to pregnancy. Strikingly, one in five participants interviewed believed that one could not become pregnant if the sexual intercourse is performed while standing. A similar lack of knowledge was evident from 68.8% of teenage-girl participants who believed that contraceptive-use lead to infertility later in life. Along with an exploration of pre-existing knowledge, participants' preferred method of contraception was elicited. Condom was the most cited (n=39; 51.3%) followed by injection (n=26; 34.2%). One participant reported using the withdrawal method. Of note was the fact that, more than half of the participants noted that girls did not take contraceptive medication because contributed to obesity and the development of pimples (10.3%; n=6). In total, 59.9% of the participants reported a negative impact on physical appearance as a barrier to uptake contraceptive medications among teenagers.

Having established sex-related knowledge and beliefs among the study participants. The research went a step further to explore issues related to their first sexual encounter. This study found that by the age of 15, 22.1% of the participants (n=17) had had sexual intercourse. This is an important consideration that served as a key modifying factor in the development of recommendations on how pregnancy prevention interventions needed to be targeted.

6.4 THE INFLUENCE OF SOCIO-ECONOMIC AND CULTURAL FACTORS ON SEXUAL BEHAVIOUR.

One of the objectives of this study was to explore the socio-economic factors that contribute to teenage pregnancy. In this study, participants reported various societal and cultural practices that encourage sexual activities. The most cited were the reed dance followed by the belief that sleeping with a virgin or a child had curative potential against HIV/AIDS. The targeting of teenagers as part of wider cultural activities was corroborated in the focus group interviews with parents and community members who cited sexual abuse during virginity testing as commonly reported either in the guise of sexual

intercourse to confirm virginity status (Umhlanga) and/or the abduction of “maidens” to marry them off. In addition to the actual actions of the perpetrators themselves, there were a number of “cultural-organisational” factors that perpetuated the impregnation of teenagers. For example, another contributing factor to teenage sexual activities is the cultural practice of protecting a family member who abuses a relative for the purposes of protecting the family reputation. Beyond the influence of traditional African culture, more westernised modern cultures were cited too. For example, Alcohol abuse was the most cited reason followed by the growing trend of sex games such as bottle spinning which promoted the engagement in sexual activities for all game-players.

Other factors such as peer pressure and the range of ‘Sex for financial favours” behaviours all served as important contributors to increased risk of unplanned pregnancy.

6.4.1 Strategies to support the prevention of teenage pregnancies

After gaining the participants’ perceptions of factors that contribute to increased sexual intercourse and pregnancy among teenagers, the research went a step further to understand (from the different participant groups), the strategies as well as suggestions on new strategies that could be implemented to prevent teenage pregnancy. In the main, participants cited four pregnancy prevention strategies in their schools. More than three quarters (76.8%) cited life orientation as a strategy to reduce teenage pregnancy in their schools. Most notably, peer education was used as a strategy only in one in five participants’ schools. A similar small proportion of participants reported counselling as a teenage pregnancy prevention strategy being applied in their schools. Besides the current teenage pregnancy reduction strategies, participants proposed other strategies with drama, poetry, dialogue and debates being the most cited. Importantly, other strategies such as encouraging “up-standing” teenagers to become role models to others; promoting better relationships between parents and schools; were also suggested. Increasing access to meaningful daytime occupation as an important strategy that participants highlighted. In summary, the feedback suggested that the introduction of extra-curricular activities was useful as a means of reducing teenage pregnancy. According to this view,

teenagers sometimes engaged in sex out of boredom and as such, keeping them busy could minimise boredom and by implication, the ongoing-demand for sex.

Additionally, the study highlighted the important role the media played in the issue of teenage pregnancy. As a foundational observation, the study confirmed that the media had an important role (both positive and negative) on teenage pregnancy. Access to mobile technology and social media outlets meant that behaviours could be disseminated with ease and if negative / health jeopardising behaviours were normalised on these platforms, that would have negatively impacted health actions. Particular content such as pornographic material was more widespread because of media and access to this was associated with the over-sexualisation of life in ways that negatively contributed to teenage pregnancy. Despite the negative risks associated with media, it had the potential of being an avenue to that could be used to reduce teenage pregnancy e.g. through the development of media drives to promote more responsible sexual-health behaviours.

6.5 SUMMATIVE OVERVIEW OF UNDERLYING CHALLENGES RELATED TO TEENAGE PREGNANCY IN KWAZULU NATAL SOUTH AFRICA.

As acknowledged earlier in this work, the risk factors that relate to school-related teenage pregnancy in KwaZulu-Natal, are a result of the combined involvement of demographic, social and economic factors. As such, the study centrally considered the interplay between demographic and socio-economic contexts in which teenagers are located and how these contributed to teenage pregnancy. For example, it was notable that more than half of the participants reported that their biological fathers were alive and similarly, only about 29% (n=22) are being exclusively cared for by their parents. A minority of the participants (7.8%) did not know the living status of their parents. The lack of knowledge about the living status of the male parent could be attributed to a number of reasons including separation of parents through a divorce as well as children never having the opportunity to know who their male parents. These observations have been noted specifically because of pre-existing social sciences research which shows the presence of parents as a positive influence on sexually responsible behaviour.

Poor sex education emerged as a key contributing factor to teenage pregnancy. An important finding in that regard was participants' first source of knowledge about sex. The majority of the participants obtained their first information about sex from their friends and the mass media such as radio and TV. This result indicates that parents and family members do not play an exclusive role in as far as early sex education of most participants that were interviewed. Instead, a significant proportion obtains their first sex education from friends, TV and the radio. Such sources of information can sometimes be misleading and thus contribute to the phenomenon of teenage pregnancy. To that end, effective action should heavily ensure the positive utilisation of these sources of information.

In the context of South Africa where abortion is legal and freely provided at public health institutions, becoming pregnant should not necessarily translate into having a baby. This is, however, is not the case as was indicated by participants in this study. This study found that some participants were unaware of their rights to seek an abortion without parental permission. This knowledge deficit has implications for the ability of participants to exercise their reproductive health rights. The fear of parental disapproval might drive these teenagers to resort to illegal abortion centres that might have short or long-term negative implications for them.

Besides sources of knowledge about sex and sex-related practices, the nature of actual knowledge is important in safe sex practices among teenagers. This study found a deficit of knowledge in relation to sex among participants. For instance, over half of the participants were unaware that sex position did not have any impact on pregnancy believing that having sex while standing prevented pregnancy. Similar erroneous knowledge related to the expressed belief that a girl cannot become pregnant when she engages in sexual intercourse for the first time. This knowledge deficit implies that their sex debut could be without any protection since they perceive it as having little or no influence on increased risk of pregnancy.

There was also a misconception about the negative impacts of contraceptive medication. This study found that teenagers did not want to use the medication form of contraceptive due to the belief that it could make them fat, develop pimples and prevent them from

having children later in life. For these girls, the desire to maintain a ‘good’ physical appearance overrode concerns about pregnancy. Similarly, participants were unaware of emergency contraceptive that they can use to prevent pregnancy in the event that they had sexual intercourse without any form of contraceptive. The implication of this is that once these participants are exposed to a condition where emergency contraceptive is required, they cannot resort to this option since they do not possess the knowledge.
Material aspirations came across as another contributing factor to teenage pregnancy. This finding emerged from both the quantitative and qualitative data collected for the study. This reality often manifested itself in teenagers engaging in sexual relations with much older persons for the primary purpose of being rewarded materially.

The phenomenon of multiple sexual partners and early sex debut were other contributing factors to teenage pregnancy. Although only a tenth of the participants agreed that it is necessary for a girl or a boy to have multiple sexual partners, these findings point to a risky sexual behaviour that can have negative implications for participants including the contraction of STIs and becoming pregnant. In addition, such a practice comes with a serious emotional burden that can distract teenagers from academic and other responsibilities. Although this study did not establish whether the participants who agreed that it is necessary for a girl to have multiple sexual partners are actually in a multi-partner sexual relationship themselves, one can extrapolate that they are likely to engage in such practice if the opportunity presents itself since they are not averse to it. General acceptance of the possibility of multiple sexual partners is reflected in the fact that nearly half of the participants were unaware of the relationship status of the person responsible for their pregnancy. This is not unsurprising given that most of the pregnancies were unplanned while others were a product of coerced sexual encounters. Since most of the participants in this study were ill-informed about sex education, having sex with someone involved in more than one relationship increased risks of contracting STIs.

The study findings also showed that sex debut among participants occurs at a very early age as evidenced by the mean sex debut age of 17 years. This early sex debut, coupled with knowledge deficit as well as risky sexual behaviour such as multiple sexual partners

and engaging in sex with much older males, exposes teenagers to pregnancy. It is instructive to point out that the age of consensual sex in South Africa is 16 years. Against this backdrop, the finding of this study implies that 22.1% of the participants experienced statutory rape. A sexual relationship with male partners who are significantly older comes with a lot of power imbalance. Such imbalance includes socially constructed power dynamics according to which younger people (more so the case of young girls) are not supposed to argue with or challenge the decision or views of older men. In addition, such relations are often characterised by the dependence of the younger female on the older male for financial support. Due to the unevenness of the power dynamics in the relationship, they often characterised by abuse (whether physical or emotional). In addition, the uneven power dynamic implies that teenage girls in such relationships are unable to negotiate safe sexual practices such as condom use. Findings from the FGD corroborated this with participants reporting that older men preferred to have sex without a condom. Additionally, the perception that teenagers are less likely to have HIV (due to their limited sexual encounters) often results in older males having unprotected sex with them. Such practices expose the teenagers to the risks of contracting STIs (including HIV/AIDs) and falling pregnant.

A key finding of the study was that approximately half of those responsible for the first pregnancy of participants were students. It was, however, not established if these were students in the same high school, in another high school or in a higher education institution. There is a high likelihood that these students were unemployed and were dependent on their parents/guardians for their livelihood. If the students are considered to be unemployed, then 60% of the individuals responsible for the participants' pregnancy are unemployed. This raises serious questions about the ability of the parents to shoulder the financial responsibility for the child.

6.6 SUMMATIVE OVERVIEW OF CHALLENGES TO CURRENT INTERVENTION PROGRAMMES THAT ADDRESS TEENAGE PREGNANCY

Despite the existence of various teenage pregnancy prevention initiatives, the phenomenon continues to persist with some sources suggesting that the problem is in fact worsening. This study reveals various factors that contribute to the persistence of teenage pregnancy. One of these factors is cultural beliefs and practices. For instance, participants cited the practice of virginity testing and the reed dance as cultural practices that contribute to teenage pregnancy. Participants cited the perversion of the practice of virginity testing where testers are bribed to issue a certificate of virginity when in actual fact the teenager is no longer a virgin. The participants noted that in such instances, parents will rely on the virginity certificate and as a result avoid taking proactive steps in educating their teenagers about sex. The implication of this, according to the participant, is that girls go about engaging in sexual activities and become pregnant while their parents think they are still virgins.

The practice of elevating the integrity of a family name over the rights of a child was also reported as another cultural practice that contributes to teenage pregnancy. What this implies is that families have greater interest in protecting their reputation instead of reporting the abuse of teenagers by another family member to the police. In a context where such practice is pervasive, teenage pregnancy prevention initiatives will only be effective only to a limited degree.

The ineffectiveness of sex education emerged as a contributing factor to the failure of current teenage pregnancy prevention. This is evident in the knowledge deficit on various sex-related topics among participants. The study confirmed a number of concerning observations: (i) most teenage pregnancies were unplanned. (ii) The lack of knowledge about the different actions of contraceptives e.g. the purpose of emergency contraceptives, was seen as contributing to increased risk of pregnancy. Programmatic weakness in the provision of health education initiatives may be blamed for the lack of

progress in educating at-risk populations. Related to this, the phenomenon of early sex debut among participants can also be linked to the issue of poor or ineffective sex education. Early sexual debut, particularly those that are not preceded by a sound sex education, can result in significant short and/or long-term negative implications for teenage girls.

Additionally, this study found a limitation on the part of stakeholders that should be playing an active role in the sex education of teenagers. For instance, parents were found to not be actively involved in educating teenagers about sex even though parents were the most preferred persons that participants would like to discuss sex matters with. This may offer an explanatory framing for teenagers reported over-reliance on friends and the mass media as sources of sex education. The problem with these sources of information (mass media and friends) is that such information can be inaccurate and punctuated by myths among young people.

6.7 RECOMMENDATIONS FOR FUTURE PRACTICE AND POLICY MODIFICATIONS

Through the multi-approach data collection processes, the current study offers the basis for a combination of practice based and policy-based recommendations to be made about future modifications that should occur to support improvements in the drive for reductions in teenage pregnancies in KwaZulu Natal and nationally.

6.7.1 Summary of Practice Recommendations to reduce or prevent rates of teenage Pregnancy

1. In analysing the data collected for this study, a number of suggestions on school-related teenage pregnancy prevention strategies emerged. Current teenage pregnancy prevention initiatives in participants' schools include peer-education, extra-curricular activities, counselling, provision of condoms in schools, health talk and life orientation. In addition to these current strategies, participants suggested other strategies that should be implemented should include drama, poetry,

dialogues and debates, school outreach programmes by NGOs and nurses as well as having a dedicated counsellor in schools.

2. Participants also recommended that sex education should be conducted in local languages in order to facilitate the process of assimilating the messages conveyed. In addition to the above, participants also recommended that parents be more involved in the activities of teenagers as a pregnancy prevention strategy. Such activities include drama, poetry, music, debates, dialogues, youth club sessions, promoting private discussion with peer educators. The suggestion on private sessions with peer-educators could be linked to the shyness among teenagers to ask critical questions when such discussions are held among groups of learners.

3. It was also noted that parents should encourage teenagers to become role models. However, there are concerns about the effectiveness of such a strategy particularly in relation to previous experiences of teenage role models falling pregnant.

4. Parental involvement in the virginity testing of their teenagers to eliminate the practice of obtaining virginity certificate fraudulently was a pregnancy prevention strategy. Similarly, this study finds that there is a need for more parental involvement with teachers in the provision of sex education to teenagers. The rationale here is that teenagers spend a significant amount of their daytime with teachers thus positioning teachers to provide better insights to parents on sex-related topics of teenagers to the parents. The call for greater parental involvement in sex education is against the backdrop that parents are abdicating this responsibility.

6.8 POLICY REVISION RECOMMENDATIONS

In addition to practice-related recommendations, the current study's discoveries provide a basis for policy-revision recommendations for policy-makers within the subject field.

These suggested revisions are part of the range of practice, policy and theoretical recommendations to emanate from the empirical study as detailed below: -

1. Throughout all the phases of data collection, challenges related to inadequate sexual health knowledge were highlighted by the various data sources. Related to this, it is clear that Knowledge development among at-risk teenagers should be given the highest priority and this should be supported by clear facilitative policy provisions. This may, for example, include the development of policy to ensure that schools have much clearer commitments and obligations to guarantee minimum standards of sexual health provision.

2. Current policy provisions have focused on sexual health issues from the age of 14 years and most often from the age of 16 years old. The current study showed that sexual activity was common even in children as young as 12 years old and this may be an opportune time to consider some interventions. This suggestion is likely to be contentious, but it is important that the true risks of unsafe sexual activity be acknowledged in very young children even if only as a way of promoting abstinence.

3. The current teenage pregnancy policy provisions focus on the teenage pregnancy and sexual behaviours as standalone considerations. This is arguably limited, and sexual health education should focus on wider influences such as the empowerment of at-risk teenagers. Empowerment ensures that individuals can be more self-determining and future policy focus should be explicit in identifying that the empowerment of at-risk individuals can act as a promoter, for example: - (i)_ more consistent reporting of any abuse should be mandated within local populations (ii) female teenagers should be empowered so that they can object to unwanted sexual advances.

4. Current policy provision appears to be focused on primary and secondary prevention i.e. promoting abstinence and safe sexual behaviours, among at-risk

teenagers, with limited attention being given to the promotion of tertiary prevention activities e.g. educating at-risk individuals about the use of the “morning-after” pill as a viable intervention in emergencies where unplanned sexual intercourse has taken place. Any policy-based promotion of tertiary prevention should be carefully balanced with ensuring that individuals do not treat emergency contraception as a primary family planning method.

5. The current policy focus has given attention to the promotion of health education in a generic way. However, the current study’s findings strongly indicated a need for culturally targeted education i.e. education that would speak to health jeopardizing cultural activities and norms.

6.9 RECOMMENDATIONS FOR PUBLIC HEALTH EDUCATION

The recommendations with regard to public health education and training include but are not limited to the following:

- The findings of this study have revealed notable challenges that exist for professionals providing sexual and reproductive health services to teenagers due to their own knowledge and skills-related limitations. To counter this, knowledge and skills on how to provide effective sexual health services should be incorporated into basic and advanced training of professional health care workers.
- The study has also found that the participants’ exposure to the content related to comprehensive and quality adolescent sexual services was limited. It is therefore, recommended that in-service training programmes, workshops and conferences for health service providers and support staff are necessary to improve work-related performance in areas related to teenage pregnancy.

6.10 THE UNIQUE CONTRIBUTION MADE TO THE RESEARCH AREA

The study of teenage pregnancy policy and practice has received some attention globally and, in that regard, it represents a relatively well-studied area. Even so, it is important to note that very limited work has been on the South African context. The limited attention given to the South African context is an important omission especially as there is wide acceptance that teenage pregnancy is a context-sensitive subject which should be specifically explored in SA for a more culturally contextualised understanding. Guided by this, the current study offers an exclusive focus on South Africa in a way that no other published study has done to date.

Furthermore, the current exploration studies that subject matter in a way not previously done in the African region and represents an important and unique contribution to the subject area. The use of multiple data collection methods with different stakeholder populations, sets it aside from all published work within the study area.

A primary intervention effort to address the problem of teenage pregnancy and its negative impact on the education of girls has been the *Framework for the Management and Prevention of Teenage Pregnancy.* As is well documented, the impact of the framework has been minimal. The fact that this policy framework has failed to attain the desired results are attributed to the fact that the measures were designed without consulting those who are affected by it. Thus, the strategy ends up addressing the symptoms rather than the causes of the problem. While this may be a tenable conclusion, no alternative intervention policies or strategies have been suggested to address the problem of teenage pregnancy and its attendant negative impact on, for instance, the rights of girls in KwaZulu-Natal to social, economic and educational development. This is a gap that this study was able to address through facilitating a deeper understanding of teenage pregnancy and why existing strategies to prevent and manage the phenomenon have failed.

Most importantly, the current study provides a rare opportunity for a comprehensive review of South Africa's cornerstone teenage management policy, the MPMLP, in a way

that no other published piece of work has done. It is important too that the study has been conducted in South Africa for application within the South African context. Past empirical efforts have made the critical error of utilisation international data as a basis for evaluating South African policy - an error that has rendered previous work less meaningful than expected.

Beyond the above-noted contributions. The current study utilises a combination of data collection approaches not previously used within the teenage pregnancy policy review context in South Africa. Through the combined use of both individual and group interviews, the resulting empirical review of South African teenage pregnancy policy, has explored the subject matter with unique depth and variability, in ways that allow new insights that could not have been elicited from a single data collection approach. For example, the study offers an opportunity for a comparative review of the individual views compared to peer-influenced representations of factors that may have contributed to the success and failure of the MPMLP as a policy to reduce teenage pregnancy

6.11 SCOPE AND LIMITATIONS OF THE STUDY

Despite offering new meaningful insights into the issue of teenage pregnancies, this study, like all other studies, had some limitations. Firstly, it was conducted in public health facilities of one province and as such, the findings are not generalisable to the entire population of teenagers in South Africa. It is important to note that the primal focus of the study was about gaining in-depth insights rather than generalisable findings. The non-probability sampling techniques and the moderate sample size for qualitative research are other factors that have impacted on the representativeness and generalisability of the findings. However, in qualitative research, the focus is on in-depth exploration and description of the phenomenon under investigation and not on the quantity of the sample. Secondly, all of the participants who were interviewed came from localised cultural and religious worldviews. This might have biased the findings to be narrowly interpreted from these views only. The perspectives and experiences of participants from other worldviews could be different if they were sampled. Even so, this was beyond the scope of the current study. Finally, the study focussed on very sensitive cultural issues that may be seen as

taboo to discuss fully and as such, it would seem plausible to believe that more frank conversations could have occurred if these observed restrictions did not exist.

6.12 CONCLUDING REMARKS

This study used a multi-approach qualitative design to explore the range of socioeconomic and psychological influences that contribute to teenage pregnancies in schools in order to support the development of contextually relevant policy interventions The study confirmed that teenage girls have the health needs that are uniquely associated with their age group; therefore, they need sensitive public health interventions, support, and advice. In KwaZulu Natal, there is a clear need for prevention programmes and policy initiatives that have well evidenced objectives to support the prevention of teenage pregnancies. The results of this study revealed wide ranging challenges of a cultural and socioeconomic nature: - challenges that may inhibit progressive teenage pregnancy initiatives. Through in-depth engagements with key stakeholders, the study was able to develop a number of recommendations to guide future practice and policy development initiatives. It is clear that more research h is needed in this area but the discoveries from the current study represent a critical foundational point of departure for future research in the subject field.

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APPENDICES

APPENDIX A

CONSENT FORM – IN-DEPTH INTERVIEW

An exploration of modifiable socio-economic risk factors of adolescent learner pregnancy in KwaZulu-Natal, South Africa

INFORMATION SHEET AND CONSENT FORM

My name is Nolwazi Dlamini, I am currently doing my doctorates with the University of South Africa and also work for the Department of Social Development in KwaZulu Natal

What I am doing

I am conducting a study on issues related to pregnancies among Adolescent Learners across the KwaZulu Natal Province of South Africa. I am conducting this study with teenagers, Policy makers, Teachers parents and other community leaders, specifically in your area to find out more about what perpetuates Learner pregnancy in this area.

Your participation

I am asking you whether you will allow me to conduct one interview with you about your knowledge and opinions of leaner pregnancy in your area. If you agree, I will ask you to participate in one interview for approximately one hour. We are also asking you to give me permission to tape record the interview. I tape record interviews so that I can accurately record what is said and this will not be used in any way that would personally identify you.

Please note that your participation is voluntary and you have the right to opt out without prejudice. The choice of whether to participate, is yours and you may decide you want to consult with other significant people in your lives. If you choose to not take part, you will not be affected in any way whatsoever. If you agree to participate, you may withdraw from participating in the research at any time without fear of negative consequence and you will NOT be prejudiced in any way.

Confidentiality

Any study records that identify you will be kept confidential to the extent possible by law. The records from your participation may be reviewed by people responsible for making sure that research is done properly, including members of the research ethics committee at UNISA. (All of these people are required to keep your identity

confidential.) Otherwise, records that identify you will be available only to people working on the study

Ethics

The information you provide will not be published in any way that specifically identifies your involvement with the study. All identifying information will be kept in a locked file cabinet and will not be available to others. We will refer to you by a code number or pseudonym (another name) in any of the records that will be retained within the study.

Disclosure

Researchers have a mandatory reporting obligation which is not dependent on the minor's consent if issues of rape, assault and exploitative sex arise. These cases will be reported to relevant authorities

Risks/discomforts

At the present time, there will be minimal risk if any risks in your participation. The risks associated with participation in this study are no greater than those encountered in daily life.

Benefits

There are no immediate benefits to you from participating in this study. However, this study will be extremely helpful to promote an understanding of the practices associated with Learner pregnancy and hence influence policies and programmes for the future benefit of teenagers in this country.

If you would like to receive feedback on our study, I will record your phone number on a separate sheet of paper and can send you the results of the study when it is completed within the next six to nine months. The results of the study will be sent via post of the participant

Who to contact if you have been harmed or have any concerns

This study has been approved by the UNISA Research Ethics Committee. If you have any concerns about ethical aspects of the research or feel that you have been harmed in any way by participating in this study, if you have concerns or questions about the research you may call the project leaders Nolwazi Dlamini on 033 2642178 or 0788003296 and research supervisor Prof Mgutshini 0711496425

CONSENT

I hereby agree to participate in research on Adolescent Learner pregnancy in South Africa. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop participating at any point should I not want to continue and that this decision will not in any way affect me negatively.
I understand that this is a research project whose purpose is not necessarily to benefit me personally in the immediate or short term.
I understand that my participation will remain confidential.

…….. Signature of participant
Date……...

I hereby agree to the tape-recording of my participation in the study.

…….. Signature of participant
Date……...

RESEARCH ETHICS

The study deals with minors and hence reference will be made to the National Health Act and the Children's Act 42 of 2005, is legally bound to adhere to the following ethical considerations:

a. INFORMED CONSENT

Informed consent will be obtained from research participants before the commencement of the research. Both written and verbal informed consent will be obtained. Verbal consent, (i.e. where the participant is illiterate) should be obtained in the presence of a literate witness who should verify in writing and duly signed that informed verbal consent was obtained.

A participant is free at any time to withdraw consent to further involvement in the research, without having to face any unfair negative consequence or disadvantage. Reasons will be sought for such withdrawals but participants may withdraw without stating any reasons whatsoever. To ensuring informed consent and privacy do not prevent the teenager from being 'persuaded' or coerced to participate, safeguards to protect the interests of children will be of concern. As such, researchers will ensure that the participation of children in this study should be based on their freely given, specific and informed consent. The Researcher should also respect their right to refuse to participate in research and to change their decision or withdraw their informed consent given earlier, at any stage of the research without giving any reason and without any penalty. It is an ethical imperative that the school teacher practitioner recognises and respects the leaner's choice of decision, which may be that of informed refusal rather than consent. Also, the approach is to treat the securing of consent as a gradual and emerging process, and one in which adolescents /teenagers participating are capable of making an informed decision on the basis of experience and particular information.

b. DISCLOSURE

The participants involved in the study will be informed in advance that the researchers have a mandatory reporting obligation which is not dependent on their consent if issues of rape, assault and exploitative sex arise. These cases will be reported to relevant authorities. The sites included in the study will fall under the Provincial

Population Unit, in the Department of Social Development who have qualified Social Workers who will be responsible for the referrals of cases.

c. PRIVACY AND CONFIDENTIALITY

The researcher's will endeavour to keep the personal information gathered from the participants private and confidential, by keeping the names of participants anonymous in the reports or publications. While this process can be guaranteed in the IDIs, those participants in the focus-group-discussions should be aware that although confidentiality will be encouraged in group discussions it cannot be guaranteed. Although the research team will adhere to confidentiality and ensure anonymity of the data and reports, the team cannot guarantee that other participants will regard the information as confidential, but will be urged to do so. Nonetheless, all the gate keepers who will be employed to identify learners known to be pregnant or to have fathered a child will be requested to pledge confidentiality in passing the details of these teenagers. The data collected will be stored in CDs, in folders and electronic files with allocated passwords. Access to these files will only be to the Principal Investigators of the study.

d. INCLUSION AND EXCLUSION CRITERIA

For the IDIs, the study will use convenience sampling, as those Leaners mothers and fathers, as well as pregnant teenagers visiting the health facilities will be invited to participate in the study, as well as those that the CHWs will identify from respective communities. The only teenagers who will be excluded from the study will be those who would not comply with the ethical clearance, i.e. the submission of signed consent forms and assent forms from their parents or guardians.

A quota system will be used to identify the number of cases from the respective sites, and whoever comes first and consents to the study will be interviewed until the quotas are achieved. No person will be inappropriately or unjustly excluded on the basis of race, age, sex, sexual orientation, disability, education, religious beliefs, pregnancy, marital status, ethnic or social origin, conscience, belief or language as long as they are pregnant teenagers, teenage mothers and fathers

APPENDIX B

An exploration of modifiable socio-economic risk factors of adolescent learner pregnancy in KwaZulu-Natal, South Africa

Teenage Mothers Questionnaire

Province: District: Municipality: Date of interview:

Confidentiality statement

The Researcher will not reveal anything of the client's information that the client does not expect to be shared. In this study the researcher will also strive to uphold privacy and confidentiality of the participants. The researcher will protect all information that might expose the identity of participants and in addition, no names will be used. Moreover, no identifying details will be included in the final report

Good morning/afternoon. My name is _____(Moderator- First name) and I would like to welcome you to this interview.

Thanks for accepting to participate in this study and you will enjoy the experience. This interview is being conducted by Nolwazi Dlamini. This particular research is being carried out in order to widen our current understanding of issues pertaining to Adolescent learner pregnancy in South Africa. Teenage pregnancy, relates to pregnancies to girls between the ages of 13 and 19, or boys of the same age impregnating a woman. Your opinion is therefore very valuable and will contribute to a better understanding of teenage pregnancy issues in society.

I appreciate that this is a sensitive topic. Please understand that you are not being forced to take part in this study and the choice to participate is entirely yours. However, we would really appreciate it if you would share your thoughts with us. It should be remembered that there are no right or wrong answers in this interview. Your opinions are what counts. You are representing people from your community and we are thankful that you have taken the time to be here with us. Your contribution is very important and we encourage you to feel comfortable and to participate fully.

I am conducting these interviews in three districts within Kwa-Zulu Natal of South Africa (Jozini, Herrygwala, and INK). All of these interviews will be captured and analysed. This means that whatever is said is recorded so that it can be analysed at

a later stage. But all information is kept strictly confidential and no person's identity will be released.

I will now briefly explain how this interview will be conducted. I will pose questions to you and you can share your personal experiences, your thoughts and opinions. Please feel free to voice your opinion. Remember that there is no right and wrong answers in the responses you will give, it is just your opinion that we would like to hear. Since the session is being recorded, please speak out your mind. Before we can start, there are some consent forms that were handed out to you by _____(Mentors/Teachers) for you and your parents signatures, can you please hand it back to me now. Are there any questions you may have before we begin?

LETTER OF ASSENT

LETTER OF ASSENT (To be completed in conjunction with the Participant consent form)

I hereby agree for my child to participate in research on Adolescence learner's pregnancy in South Africa. I understand that she/he will be participating freely and without being forced in any way to do so. I also understand that she/he can stop participating at any point should she/he not want to continue and that this decision will not in any way affect them or myself negatively.

I understand that this is a research project whose purpose is not necessarily to benefit him/her personally in the immediate or short term.

I understand that her/his participation will remain confidential.

_____ Signature of Guardian / Parent Date: -

_____

…….. Signature of participant

Date……..

I hereby agree to the tape-recording of my child participation in the study.

…….. Signature of participant

Date……..

_____ Signature of Guardian / Parent Date: -

_____

FGD GUIDE WITH TRANSLATION

Research Title:

An exploration of modifiable psycho-socio-economic risk factors of adolescent learner pregnancy in KwaZulu-Natal, South Africa

Imibuzo.

1-4: Demographic Information Questions.

5. Do you think teenage pregnancy is a problem in this area.

Kungabe kukhona inking yokukhulelwa kule ndawo?

6. What cultural practices in this area contribute to teenage pregnancy?

Kungabe akhona amasiko angaba nomthelela ekukhulelweni kwezingane kulendawo?

7. What household factors contribute to teenage pregnancy?

Kungabe zikhona izimo zase khaya ezinomthelela noma ezingaba nomthelela ekukhulelweni kwezingane?

8. What psychosocial factors contribute to teenage pregnancy?

Yiziphi izimo zase mphakathini ezingaba nomthelela ekukhulelweni kwezingane.

9. What economic factors contribute to teenage pregnancy?

Sesibheka izimo zomnotho, kungabe zikhona ezinomthelela noma indima ekukhulelweni kwezingane.

10. What other factors contribute to teenage pregnancy?

Yikhuphi okunye eningaku cabanga ekungaba nomuthelela ekukhulelweni kwezingane.

SECTION C: Teenage Pregnancy Intervention Stratergies including MPLMP.

: Izinhlelo Zokugweba ukukhulelwa kwezingane.

11. What programmes deal with teenage pregnancy in this community or organisation?

Yiziphi izinhlelo ezilwisana noma ezibekelene noku khulelwa kwezingane kulo mphakhathi.

12. What teenage pregnancy challenges does this community or organisation face?
Kungabe yiziphi izinqinamba ezibekelene nalo mphakathi noma lenhlangano?

13. What success have you had in dealing with teenage pregnancy?
Njoba sesikhulumile ngezi nqinamba, Kungabe kukhona imiphumela enibe nazo ekulwiseni ukukhulelwa kwezingane?

14. What can be done to reduce teenage pregnancy?
Yini engenziwa ukukwehlisa izinga lokukhulelwa kwezingane?

15. Give other ways to reduce teenage pregnancy.
Kungabe zikhona ezinye izindlela ezingalwisana nokukhulelwa kwezingane?

16. What school activities can reduce teenage pregnancy?
Kungabe zikhona izinhlelo eskholeni ezingazi nqanda ukukhulelwa kwezingane.

17. What public education activities can reduce teenage pregnancy?
Yiziphi izinhlelo zomphakathi zemfundo ezingalekelela ekunqandeni ukukhulelwa kwezingane?

18. What activities can parents be involved in to reduce teenage pregnancy?
Yiziphi izinhlelo abazali abangazi bandakanya nazo ekunciphiseni ukukhulelwa kwezingane.

19. What activities can youths be involved in to reduce teenage pregnancy?
Njengentsha yiziphi izinhlelo ezingalekelela ekunqandeni ekwehliseni ukukhulelwa kwezingane.

20. What forms of media are negatively contributing to teenage pregnancy?
Yiliphi indima edlalwa zokuxhumana ezinemi thelela emibe ekukhulelweni kwezingane.

21. What forms of media contribute to the reduction of teenage pregnancy?
Yiziphi izinhlelo zokuxhumana ezinomthelela omuhle ekulwiseni ukukhulelwa kwezingane.

22. What should the country do to reduce teenage pregnancy?
Yini engenziwa uhulumeni kanye nomphakathi wase ningizimu afrika ekulwiseni ukukhulelwa kwezingane.

23. What is a youth friendly service?
Yini usizo lwentsha elinomthelelaomuhle?

POLICY MAKERS/ IMPLEMENTERS QUESTIONARE

Province:

District:

Municipality:

Date of interview:

POLICY MAKERS/ IMPLEMENTERS QUESTIONARE

Section A: Demographic Information

1. Are you male or female? M/F
2. How old are you? _____
3. What is your population group?
   - Black
   - White
   - Asian
   - Indian
   - Coloured

4. Which Stakeholder are you?

_____

_____

_____

Section B: Factors contributing to Teenage Pregnancy

5. Do you think learner pregnancy is a problem in this area? Yes/ No
6. What cultural practices in this area contribute to learner pregnancy?

_____

_____

_____

7. What household factors contribute to learner pregnancy?"

_____

_____

_____

8. What psychosocial factors contribute to learner pregnancy?

_____

_____

_____

9. What economic factors contribute to learner pregnancy?"

_____

_____

_____

10. Which other factors contribute to learner pregnancy?"

_____

_____

_____

Section C: Teenage Pregnancy Intervention Strategies

11. What programmes deal with learner pregnancy in this school

_____

_____

_____

12. What policies in place to address learner pregnancy?

_____

_____

_____

13. If any are they effective to reduce learner pregnancy

_____
_____
_____

14. What learner pregnancy challenges does this school face?

_____
_____
_____

15. What successes have you had in dealing with learner pregnancy?

_____
_____
_____

16. What can be done to reduce learner pregnancy?

_____
_____
_____

17. Give other ways to reduce learner pregnancy?

_____
_____
_____

18. What school activities can reduce learner pregnancy?

_____
_____
_____

19. What public education activities can reduce learner pregnancy?

_____

_____

_____

20. What activities can parents be involved in to reduce learner pregnancy?

_____

_____

_____

21. What activities can youths be involved in to reduce learner pregnancy?

_____

_____

_____

22. What forms of media are negatively contributing to learner pregnancy?

_____

_____

_____

23. What forms of media contribute to reduction of learner pregnancy?

_____

_____

_____

24. What should the country do to reduce leaner pregnancy?

_____

_____

25. What do thing should be done by government to reduce/ prevent learner pregnancy?

_____

_____

Thank you for your participation

DRAFT INTERVIEW GUIDE

YOUNG MOTHERS AND YOUNG FATHERS - (13 – 25 YEARS OLD)

FACTORS ASSOCIATED WITH TEENAGE PREGNANCY STUDY

DRAFT INTERVIEW GUIDE

YOUNG MOTHERS AND YOUNG FATHERS - (13 – 25 YEARS OLD)

SEXUAL EXPERIENCES

1. When *(age)* and where *(place: e.g. school, at home)* did you have sex for the first time?
2. Were you ready *(i.e. mentally, physically)* to have sex?
3. With whom *(i.e. relationship*) did you have sex?
4. How old was the person with whom you had sex?

EXPERIENCE OF PREGNANCY

1. How old were you when you fell pregnant?
2. Did you fall pregnant the first time you had sex?
3. If no; when *(i.e. how soon after becoming sexually active*) did you fall pregnant?
4. How old is or was the person (at that time) who impregnated you?
5. Was the person who made you pregnant, your first sexual partner?
6. Was the person at school/unemployed or working (occupation)?
7. Did you plan the pregnancy (i.e. together with your partner)?
8. If yes; why did you want to get pregnant?
9. What did you think might happen in your relationship if you got pregnant?
10. What happened in reality?
11. When and how did you find out that you were pregnant?
12. How did you feel when you found out when you were pregnant?
13. How did the father *(i.e. of your pregnancy/child)* react when he first discovered that you were pregnant?

14. Did you consider terminating your pregnancy?
15. What did you decide about that pregnancy?
16. Did the father *(i.e. of your pregnancy/child)* have another partner *(i.e. affair, married)* at the time of your pregnancy?
17. Was the father *(i.e. of your pregnancy/child* the person whom you really wanted to have a child with, or if you had a choice would you have preferred someone else?
18. Is there anyone who encouraged you to get pregnant? Why?
19. Were any of your peers or siblings pregnant, gave birth or already mothers at the time of your pregnancy?

KNOWLEDGE

1. What did you know about family planning before pregnancy?
2. When did you first hear about family planning?
3. How much did you know about pregnancy when you realized you were pregnant?
4. Did you discuss family planning with your partner?
5. Did you know of any youth friendly clinics in your area before your pregnancy?
6. Did you utilize these services?

AWARENESS OF LEGISLATION

1. How well do you know about the laws *(i.e. Children's Act, Sexual Offences Act)* in your country?
2. Have you heard of statutory rape? What do you know about statutory rape?
3. Did you try to take the father *(i.e. of your pregnancy/ child)* of the pregnancy to court?

CULTURAL, SOCIETAL AND LIFESTYLE FACTORS

1. Do you know of any cultural or religious practices that allow girls into sexual relations?
2. Are such practices in your area?
3. Where you affected by these practices?

4. How did your family (father, mother, siblings, and extended family) react to your pregnancy?
5. Whom did you talk to about boys/girls before and during your pregnancy?
6. What issues would you discuss with that person before and during pregnancy?
7. After your pregnancy were there any cultural or religious processes (i.e. formalizing a martial union) initiated by the father (*i.e. of the pregnancy/ child)* or by your family *(i.e. in terms of 'damages' as a consequence of the pregnancy?*
8. How do you provide for your child financial?

CONCLUSION

1. If you look back, would you have prevented the pregnancy then? Why?
2. What advise would you like to give to teenagers who would like to get or are pregnant today?

YOUNG MOTHERS QUESTIONNAIRE

Province:

District:

Municipality:

Date of interview:

Section A: Demographic Information

1. Are you male or female? Male /Female
2. How old are you? _____
3. What grade are you in? _____
4. What is your population group?
   - Black
   - White
   - Asian
   - Indian
   - coloured
5. What is your marital status? (Select one)
   - Married
   - Cohabitating
   - Single
   - Never married
   - Divorced
   - Widowed
6. Is your biological father still alive? Yes/ No/ Don't Know
7. Is your biological mother still alive? Yes/ No/ Don't Know

Section B: Household Information

8. How many people live in your household? (include yourself) _____
9. Who is responsible for your upkeep now? _____
10. Who do you stay with? _____

11. What type of dwelling unit do you live in? (Select one)

- House or brick structure
- Traditional dwelling/ hut
- Flat in a block of flats
- Town house
- Informal dwelling/ Shack
- Squatter camp
- Room/ flatlet NOT in backyard but on shared property

12. Which one of these do you have? Choose (by drawing an x?) as many as apply/applicable?

- Running water inside the dwelling unit?
- Electricity inside home / dwelling unit?
- A radio at home
- A telephone / landline at home
- A cell phone
- Access to a computer
- Access to internet
- Access to a library

Section C: General Questions

13. Where did you hear about sex for the first time? Choose as many as apply / applicable?

- Parent(s)
- Family member(s)
- Friends
- School teacher(s)
- Religious leader(s)
- Community member (s)
- Clinic staff
- No one (I don't know about sex)
- The internet

- TV/Radio
- Books
- Other (please specify)

14. Where did you learn about contraception?

- Parent(s)
- Family member(s)
- Friends
- School teacher(s)
- Religious leader(s)
- Community member (s)
- Clinic staff
- No one (I don't know about sex)
- The internet
- TV/Radio
- Books
- Other (please specify)

15. If you were to talk/learn more about sex related topics, who would you prefer to talk to? Choose as many as apply / applicable?

- Parent(s)
- Family member(s)
- Friends
- School teacher(s)
- Religious leader(s)
- Community member (s)
- Clinic staff
- No one (I don't know about sex)
- The internet
- TV/Radio
- Books

- Other (please specify)

Section D: Accepted norms for sexual behaviour

16. What do you think are the reasons of having sex with your boyfriend?

_____

17. When a girl falls pregnant what should they do? _____

Insert a tick or an x in the following table indicating your choice

	Agree	Disagree	Don't Know
18. Having more than one sexual partner as a girl is necessary			
19. It's helpful to have a much older boyfriend than one my age			
20. It is the role of a man to look after a woman			
21. It's necessary for a man or boy to have many girlfriends			
22. A girl must have a baby when her boyfriend tells her to			
23. Community accepts boys to have sex before the age of 16			
24. Community accepts girls to have sex before the age of 16			

Section E: Sexual experience

25. How old were you when you had sex for the first time? _____

26. Did your partner have to persuade you to have sex for the first time?

Yes/ No

27. Were you willing to have sex for the first time?

Yes/ No

28. With whom (relationship) did you have sex with for the first time?

_____

29. How old was the person you had sex with when you had sex for the first time?

    _____

30. What was the occupation of the person you had sex with for the first time?

    _____

31. What does your partner insist on using for protection /contraception every time you have sex?

    _____
    __

32. What do you insist on using for protection /contraception every time you have sex?

    _____
    ___

33. Have you ever been taken advantage of sexually when you had used alcohol or other drugs?

    Yes/ No/ don't use alcohol

Section F: Knowledge of reproductive health issues

Insert a ticking or an x in the following table indicating your choice

34. Why won't a girl use the contraception pills?

- Makes one dizzy
- It makes girls fat
- They are for old women
- You won't have children when old
- Girls use contraception
- Gives pimples
- I don't know
- Other Reason

	True	False	Don't Know
35. You cannot fall pregnant the first time you have sex			
36. To prevent pregnancy, you need to use condoms every time you have sex			

	True	False	Don't Know
37. To prevent STIs such as HIV you need to use condoms every time you have sex			
38. You cannot fall pregnant when having sex while standing			
39. I have the legal right to request an abortion or terminate pregnancy without the consent of my parents			
40. I have the legal right to request that my baby be put up for adoption"			
41. I have the legal right to decide to keep and raise my baby			
42. Using contraceptives will cause me not to be able to have children when I am older			
43. There are emergency contraceptives that I can take to avoid falling pregnant when I **didn't** use any protection during sex.			
44. Using contraceptives like the injection does not protect me from HIV and other STIs.			

Section G: Pregnancy Experience

45. How old were you when you fell pregnant for the first time? _____
46. What was the age difference between you and **the person** who impregnated you when you fell pregnant? _____
47. What was the occupation of the person who impregnated you?

    _____
48. Did you plan the pregnancy together with your partner? Yes/No
49. Who wanted the pregnancy when you fell pregnant?

    _____
50. Now that you have this pregnancy or child, do you still want it? Yes/ No
51. Why did you want to get pregnant?

    _____

52. What caused your pregnancy**?**

    _____

53. What did you think would happen in your relationship if you got pregnant?

    _____

    _____

54. After you got pregnant, what happened in reality?

    _____

55. How did you feel when you found out that you were pregnant?

    _____

56. How did the **father** of your pregnancy/child react when he first discovered you were pregnant?

    _____

57. Did you consider terminating your pregnancy?

    Yes/No

58. If you considered terminating your pregnancy before why did you decide not to?

    _____

    ___

59. How many babies/children do you have? _____

60. Have you ever terminated a pregnancy?

    Yes/No

61. At the time of your pregnancy, what other relationships did father of your pregnancy/child have? _____

62. Was the father of your pregnancy/child the person you really wanted to have the child with Yes/No

63. When you got pregnant, was it because any of the following people were pregnant?

    - Peer friends
    - Sister
    - Relative
    - No one close to me was pregnant

64. Who was supportive of your pregnancy?

    _____

Section H: Knowledge of Rights

65. If a girl falls pregnant before the age of 16 what are the consequences

- Nothing
- They are abandoned
- Chased from school
- It's a crime
- They get married
- It's okay
- Don't know

66. What happens if a girl has sex before the age of 16?

- Nothing
- They are abandoned
- Chased from school
- It's a crime
- They get married
- It's okay
- Don't know

67. Do you know that you have a right to protection under the Sexual Offences Act? Yes/No/Don't know

Section I: Policy and Prevention Measures

68. Are you aware of any school learner pregnancy policy? Yes/No
69. If yes, what is the name of the policy? Is it effective?
70. In the school/department of education/community: are there any prevention methods in place? Yes/No
71. If any what are those prevention measures?
72. Are they working or not working?
73. What do you think can work/assist to reduce early pregnancy?

Section I: Cultural, societal and lifestyle factors

74. Do you know of any cultural or religious practices that allow girls into sexual relations? Yes/No
75. Are there such cultural or religious practices in your area? Yes/No
76. Were you affected by cultural or religious practices in your area that allow girls into sexual relations? Yes/No
77. What other practices in your area allow girls into sexual relations?
78. Any cultural practise can assist to reduce early pregnancy?

Section J: Conclusion

79. Did you fall pregnant so as to get the child support grant Yes/No
80. If you look back, would you have prevented the pregnancy? Yes/No
81. In looking back, why would you have wanted to prevent the pregnancy? What advice would you like to give to teenagers who would like to fall pregnant today?

Thank you for your participation

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Annexure

To Whom It May Concern:

Date: 04/3/2020

Re: **DOCTOR OF PHILOSOPHY IN SOCIOLOGY** Thesis: Title: **ADOLESCENT LEARNER PREGNANCY IN KWAZULU-NATAL, SOUTH AFRICA: AN EXPLORATION OF MODIFIABLE SOCIOECONOMIC RISK FACTORS**

Client name: MS NOLWAZI.C. DLAMINI

This serves to confirm that the above identified doctoral thesis was edited and finalised by Academic and manuscript Editing services for language and format adherence in line with the Harvard (version 6.1) manuscript formatting requirements.

This was in preparation for submission Submitted in accordance with the requirements for the degree of **DOCTOR OF PHILOSOPHY SOCIOLOGY at** the **UNIVERSITY OF SOUTH AFRICA.**

Dr Sunil Sagoo

Director “feraPhase Academic and manuscript editing services”.