Attitudes, perceptions and understanding amongst teenagers regarding teenage pregnancy, sexuality and contraception in Taung

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Abstract

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Background: South African teenage pregnancy rates remain high by international comparison and, in the rural town of Taung, the rate of 13% is twice the national average of 6.5%. Teenage pregnancy is a risk factor for disruption of education, future unemployment, sexually transmitted infections, HIV, preterm birth and poor mental health. The aim of this study was to understand the attitudes and perceptions of teenagers in Taung regarding teenage pregnancy and to explore their understanding of sexuality and contraception. This study intended to contribute to a deeper understanding by exploring teenagers' own perceptions on the matter, to identify factors that, in their view, may influence the risk of pregnancy and suggest possible interventions. No previous studies from the Taung area have been identified.

Methods: The qualitative study entailed 13 in-depth interviews with pregnant teenagers and three focus groups: one with 10 women aged 19 to 25 years who had a baby as a teenager, one with 14 teenage girls aged 16 to 19 years who had never been pregnant, and one with 11 males aged 18 to 23 years. Qualitative data was analysed through the framework method.

Results: Factors influencing teenage pregnancy were found to be broad and complex:

1) Socioeconomic factors included poverty, the controversial influence of the child support grant, transgenerational sex and financial support from an older partner to secure income for the teenage girl or her family.

2) Substance abuse, particularly alcohol, in either the teenager or her parents was found to have a critical influence. A lack of alternative entertainment and social infrastructure made shebeens (local bars) a normal part of teenage social life.

3) Peer pressure from boyfriends and the broader social network.

4) Other factors included the right to motherhood before becoming HIV positive, poor sexual negotiation skills, the need to prove one's fertility, sexual coercion and low self-esteem.

Understanding of contraceptives and reproductive health was poor, condoms were the contraceptive method most known by teenagers and their understanding of the menstrual cycle was inaccurate.

Most teenagers perceived falling pregnant as a negative event with consequences such as unemployment, loss of a boyfriend, blame from friends and family members, feeling guilty, difficulty at school, complications during pregnancy or delivery, risk of HIV, secondary infertility if an abortion is done and not being prepared for motherhood. A number of teenagers, however, perceived some benefits and saw that it could be a positive event depending on the circumstances.

Conclusions: The study identified a number of factors that may influence the teenage pregnancy rate. These factors may influence teenagers' behavioural intentions through altering their perceptions of the personal and social consequences of falling pregnant and their self-efficacy in relation to sexual behaviour. Environmental factors may also facilitate or prevent teenagers from fulfilling their intentions. Teenagers may also vary in their ability to carry out these intentions.

Strategies to reduce teenage pregnancy should focus on building social capital for teenagers in communities, further exploring the influence of the child support grant, targeting transgenerational sexual norms, applying the law on underage drinking, making information on contraception more accessible and offering programmes that empower girls in the area of sexuality. Multifaceted and intersectoral approaches are required and it is likely that strategies to reduce teenage pregnancy will also impact on HIV and other sexually transmitted infections.

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Introduction

Teenage pregnancy is a socioeconomic challenge and an important public health problem for communities in South Africa.[1] It is a risk factor for sexually transmitted infections (STIs), including HIV, and is a reflection of inconsistent use of contraception.[1–12] In addition, the risk of dropping out of school is considerable, which results in a lack of qualifications and future unemployment.[1,4,5,7,9,12,13] Teenage pregnancy has an increased risk of preterm birth[14–17] and teenage mothers have a worse mental health state compared to their peers.[18] Teenagers who fall pregnant are most likely to live with a single unemployed parent or guardian and become an additional economic burden on the family.[1,4]

"Teenage pregnancy is defined as a teenaged or underaged girl (usually within the ages of 13–19) becoming pregnant."[19] Teenage pregnancy rates in South Africa have dropped from 7.8% in 15- to 19-year-olds in 1996, to 6.5% in 2001.[20] This drop has been attributed to a more open debate on sexuality and a more empowering approach towards youths' sexuality.[21] Nevertheless, South African rates are comparatively high when compared to the USA (5.3%), Brazil (4.5%), Australia (1.6%), Japan (0.4%) or Italy (0.6%).[19]

Teenage pregnancy has been associated with frequent sex without reliable contraception, sexual coercion, poor sexual communication between partners, the perception that most of your friends have been pregnant or that one has to prove one's fertility, poverty and promiscuity.[1,2,22,23,24] Liberal attitudes towards casual sex, alcohol consumption, fear of hormonal contraceptives and poor school-based sexual education have also been associated.[25] Reasons for not using contraception also include ignorance, fear of parents finding out, shyness in going to the clinic and disapproval from the boyfriend.[2] Pregnancy amongst older siblings has also been thought to influence the risk for younger teenagers.[26] Children born to teenage mothers are themselves more susceptible to falling pregnant as teenagers.[27] Health workers have been accused of turning away young teenagers from family planning clinics, and accusing them of being too young for sex.[13] At the clinic teenagers are offered little choice of contraceptive method and given poor explanations of the side effects and mechanism of action, which contributes to a low uptake of contraception, despite it being free.[28]

A high level of school education and family connectedness, a stable relationship with a partner and religious beliefs have been associated with protection from teenage pregnancy.[11] A systematic review of factors shaping young people's sexual behaviour has outlined seven themes that may influence them (see Table I).[23]

In general, teenagers believe that teenage pregnancy is wrong and they report a need for more information about sexuality.[9,10,13] However, positive attitudes towards teenage pregnancy are reported and a second pregnancy from teenage mothers has been associated with an absence of negative attitudes towards teenage pregnancy.[8]

Family planning and sexual knowledge, acquired from parents, health workers, teachers, priests or mass media, can help to reduce the number of teenage pregnancies.[7,10,13] Other interventions are based on abstinence, delayed sexual initiation and training in decision making or sexual negotiation skills.[29,30] Effective interventions are school-based sex and HIV education, one-on-one clinician-patient consultations, service learning programmes and intensive youth development programmes.[31–34] Several reviews also conclude that most school-based interventions worldwide have not been subject to systematic evaluation.[35] Pregnant teenagers do not represent a homogenous group and therefore it is necessary to tailor preventative interventions according to the differences among them, such as their cultural or educational background.[36–38]

The aim of this study was to understand the attitudes and perceptions of teenagers in Taung regarding teenage pregnancy and to explore their understanding of sexuality and contraception. This study intended to contribute to a deeper understanding of the issue, by exploring teenagers' own perceptions on the matter, in order to identify factors that, in their view, may influence the risk of pregnancy and suggest possible interventions. No previous studies from the Taung area have been identified.

Table I: Factors that shape young people's sexual behaviour

1. Teenagers subjectively assess their sexual partners regarding the risk of contracting sexually transmitted disease and HIV, based on their physical appearance and social behaviour.
2. Male partners strongly influence the relationship in terms of having sex and using barrier prevention.
3. Condoms are stigmatised because they are associated with a lack of trust.
4. Gender stereotyping plays a role in determining social expectations and behaviour. For example, it is acceptable for men to be sexually active, but virginity is expected of women.
5. Society gives penalties and rewards for sex. For example, transactional sex can be used to receive gifts or support from the boyfriend, while pregnancy out of marriage is stigmatised.
6. Reputation is related to social displays of sexual activity or inactivity. For example, a woman's reputation is damaged if she has many partners.
7. Social expectations hamper communication about sex. Society will not allow women to openly acknowledge their sexual desire in the relationship. Young people usually avoid speaking frankly about sex in the relationship.

Taung is a rural town in the North West Province of South Africa. It has a population of 182 164, of whom 41% are under the age of 20 years.[39] Ninety-eight percent of the population are African and most speak Setswana. The teenage pregnancy rate is estimated at 13% (Taung Hospital, Perinatal Problem Identification Programme), twice the national average. A school nurse is supposed to provide health education in schools, but in practice this is not always done. Life orientation is a compulsory subject for grades 7 to 12 and includes sexuality in the curriculum. Representatives of the local Love Life campaign assist with sexuality education in grades 10 and 11. The clinics organise their own health education on free contraception, sexual health and other health issues. This is usually delivered in the waiting room by the clinic sister.

Methods

The study aimed to triangulate four different perspectives on the issue. Three focus groups were organised in order to explore the experience of and subsequent reflections on teenage pregnancy and motherhood by 10 young women (aged 19 to 25 years) who had given birth as teenagers, and to explore the perceptions and opinions of 14 non-pregnant teenage girls (aged 16 to 19 years) and 11 young men (aged 18 to 23 years). The perceptions and opinions of young girls at risk of teenage pregnancy were seen as an important part of understanding the phenomenon and, as older male partners were often the fathers, their perspective was also seen as important. In addition, in-depth interviews were held with 13 teenagers who were currently pregnant.

Young women who had had a baby as a teenager were selected for the focus groups from the local baby clinic by the principal researcher, based on their availability and willingness to discuss the issue. Non-pregnant teenagers and young men were similarly selected from the local youth centre. The focus groups were conducted in English by the principal researcher and questions were prepared in English and Setswana. There was no official interpreter because of limited financial resources and, where necessary, the teenagers assisted each other in making their point clear; the participants' general proficiency in English was of average level. Each focus group had a different interview guide that listed open questions to explore the participants' experience of and opinions on teenage pregnancy and any recommendations for prevention.

In-depth interviews were also conducted with 13 pregnant teenagers aged 16 to 19 years during their antenatal visit or during their postnatal stay in hospital. The participants were identified by the clinic sister in the antenatal clinic and by the principal researcher in the postnatal ward. Interviews were conducted after obtaining consent from the parent or guardian as well as assent from the teenager. Women living in the city who only came back to Taung for their delivery were excluded. Interviews were conducted by the researcher in a private room in the postnatal ward or the antenatal clinic with the help of a nurse interpreter. One interview was abandoned as the teenager became upset and asked to stop the interview. She was followed up by the researcher and did not require any specific psychological help. Pregnant teenagers were also asked specific questions on their knowledge of contraception and reproductive health.

The principal researcher has lived in the area for five years, but originates from the Democratic Republic of the Congo. He considers himself as having moderate Christian and moral values and a broad understanding and acceptance of different cultures. Although he is a local doctor, none of the interviewees were his patients at the time of the interviews. He was supervised in qualitative methods by the second author, who has prior experience with qualitative interviewing and analysis. All focus group and in-depth interviews were recorded on audio tape.

All the audio tapes were transcribed and translated, where necessary, into English by one of the intern clerks at the hospital. Transcription and translation was further checked by the principal researcher, as well as a male and female research assistant who were fluent in Setswana. Analysis had five different stages: 1) familiarisation with the material; 2) formulation of emergent themes; 3) coding of different themes; 4) charting, cutting, pasting and rearrangement of data under different themes; and 5) interpretation and explanation of findings.[40,41] Because of time and human resource constraints, the analysis was performed primarily by the principal researcher with supervision from the second author, particularly with regard to the creation of the thematic index and the process of charting and interpretation. Analysis did not make use of any commercial qualitative data analysis software, as the tools provided in MS Word and Excel were seen to be sufficient for organisation of data.

Approval for the study was obtained from the Human Research Ethics Committee at Stellenbosch University.

Results

1. Poor socioeconomic conditions

The community of Taung is characterised by poor socioeconomic conditions which include unemployment, poverty, reliance on government grants/old-age pension and limited opportunities for teenagers. These conditions provided significant incentives for and pressure on teenagers to fall pregnant. All of the interviewees were Setswana-speaking, from lower socioeconomic groups, uninsured and using public health services.

1.1 Child support grants influenced choice to become pregnant

Child support grants were seen as one means of increasing the household income and an incentive for teenagers to contribute through having a baby. This is sometimes encouraged directly or indirectly by parents or other family members. An 18-year-old pregnant girl said:

> *"… another girl got pregnant because she saw her friend buying clothes with the money she receives as a grant. This other one even gave the child to the father and the father does not have a clue that the child receives money as a grant, so she buys herself clothes with that money. But she did not succeed because the father ran away."*

A young boy said:

> *"I realised that you will see teenagers getting pregnant: sometimes you find the person is struggling at home, she decides it is better to fall pregnant in order to get grant."*

On the other hand teenagers also saw the grant as a way of increasing their pocket-money for clothes or cell phones. A 17-year-old who was five months pregnant said:

> *"Some of them fall pregnant because they want child support grant. They tell themselves that grants will help them get what they want and then after they receive their grants, they go and play with that money. They don't want to support children."*

Teenagers' views on the relation between the child support grant and teenage pregnancy appeared to be only repetition of popular perceptions and ideas regarding other people; none of the participants revealed to us in their personal experience that their pregnancies were motivated by the child support grant.

1.2 Pregnancy may secure financial support from older men

Teenage girls who went out with older working men saw this relationship as a source of income and support. If this relationship included a child they believed that the likelihood of ongoing support was increased. Sometimes this relationship would provide income for the broader family, but sometimes it only benefited the teenager:

> *"Sometimes you will find that at home, you are poor and the person you are dating is rich. Once the person you are dating is rich, so people at your house will tell you that there is nothing to eat at home, for you to have a child with the rich person you are dating you must make a child as then at least there could be something that comes in, the people at your boyfriend house will help you."(Non-pregnant teenager)*

A young adult woman who fell pregnant when she was in grade 11 said:

> *"From my point of view some people benefit; they have benefits, expensive clothes, expensive cell phones from boyfriend and life goes on, yes, by having a baby with a wealthy somebody, somebody who is working so that person can give you expensive clothing, the latest cell phone and so forth and support the baby as well."*

1.3 There is no organised instructive activity during holidays

Holidays are one of the times when teenagers may be vulnerable as they have free time, may travel to visit relatives, go to taverns and need extra pocket money. A young girl in the focus group who had never been pregnant said:

> *"Doctor, the environment itself, because there is no activity after school, we don't know where to go to, we just sit at home doing nothing so we might as well as have a baby. So you mean like now during the holiday? Yes, there is nowhere to go to, maybe if there was a shopping centre mall maybe we will go to a mall."*

2. Effect of alcohol on risk of pregnancy

There is also a group of teenagers who fall pregnant while intoxicated because their judgement is impaired and they are less careful. Alcohol was seen as a way of relaxing and releasing stress. A 19-year-old girl who was postpartum said:

> *"Yes, some people take alcohol and they go and sleep with other people after taking an overdose. Then they don't use condoms. Its either you fall pregnant or you get infected."*

When teenagers allow someone to buy alcohol for them in a tavern, it may be perceived by the man as a way of asking for and agreeing to sex. A 15-year-old pregnant girl said:

> *"So when you get a boyfriend, he buys you alcohol and then you go and sleep with him. And he eventually makes you pregnant and denies it."*

Alcohol abuse by parents can also influence the occurrence of teenage pregnancy. For example, parental alcohol abuse may have a gateway effect on teenagers who then also abuse alcohol. A young girl who had never been pregnant said:

> *"And then again doctor, sometimes you find our parents drink alcohol, and then they say that we must go and buy them alcohol, and then you find that also us aside we will be drinking and then maybe you go to a tavern unaware, maybe you go with boyfriend and drink alcohol, and then it tempts you to have sex when you are not ready, just because you are drunk."*

Other substance abuse did not appear to be playing an important role in the occurrence of teenage pregnancy in Taung.

3. Peer pressure and other influential factors

Having friends or peers who have unprotected sex can strongly influence one's own behaviour. During the focus group for non-pregnant teenagers a young girl admitted that pregnant friends can influence your behaviour:

"You are five in a group and two are pregnant, you decide not to get pregnant till you get married, they will say to you that you are foolish and because of that pressure you may change you mind."

A participant in the male focus group also highlighted peer pressure:

"Girls are pressurised by their friends, telling them if they stay virgins they will get sick. So they end up having sex and sometimes unprotected."

3.1 Pleasing a boyfriend

Teenage girls are sometimes put in a difficult position in the relationship because they feel that they have to please their boyfriend to maintain the relationship, which may imply having unprotected sex if requested to do so. A male teenager said:

"My experience is they get pregnant because of being pressurised by their boyfriends. They will tell them that they have been long in the relationship, now the boyfriend wants to have sex with her, they end up having sex and sometimes they do not have condoms, then they have sex and the baby comes from there."

A young adult nurse who had a child when she was 19 years old declared during the focus group for older women:

"Because of boyfriends, when a boy wants a child by you and you don't want to, he tells you that he is going to leave you, and because you love him you end up surrendering and you have a child with him because you don't want him to leave you. I think it is to please the boyfriend."

3.2 Pregnancy seen as socially desirable

Having a pregnant classmate, a colleague at school or a friend may have a direct influence on other teenagers, who then also get pregnant without knowing exactly what they are doing or what they want. A young girl who had never been pregnant said:

"You see someone holding a baby and you say to yourself when will I hold, when is the time I was going to hold mine, that's all."

Another teenager from the same focus group, who had never been pregnant, said:

"It affect us because sometimes when a person comes to school pregnant, then you as a teenager, you will say what is this person trying to say, because people don't advise us enough. Then she become pregnant. We as the youth will make the pregnancy to look like a fashion, then we end up pregnant. By when you are sitting in class, you are going to copy your friends, and you are going to do the same thing."

3.3 Need to prove one's fertility

Older teenagers may feel the need to prove that they are able to have children before marriage. Having a child may also be a way of attaining adult status. One teenager who had never been pregnant commented:

"The reason is that you can show people that you can have children, you can show many people that you can have children while you are still young."

3.4 Poor sexual negotiation skills

Teenage girls often do not negotiate and think that saying no to sexual intercourse will end the relationship. In the focus group with non-pregnant girls a participant said:

"They are falling pregnant because they want to please their boyfriends and are afraid to tell their boyfriends that they don't want to sleep with them."

3.5 Low self-esteem

Some teenagers are unable to imagine creating a better future for themselves by staying at school, so they think 'why not have a child now'. In the focus group for teenage girls who had never been pregnant a young girl said:

"Again teenage pregnancy is caused by a low self-esteem; we don't believe in ourselves. You will have a colleague who is passing class easily and then you are struggling with studying, you may decide to go and do whatever you want, so like have giving up at school, you will say that let me enjoy my life will over do it, you are going to have baby if you don't believe in yourself."

3.6 Coercion to have sex

Some teenagers are physically forced by their partners to have sex even if they are not yet ready or not prepared in term of contraceptive precautions. Male partners may have different expectations in the relationship, especially if they are providing any kind of financial support, and they might feel that it justifies coerced sexual activity. A young girl who had never had a baby said:

"Nowadays the youth get raped…"

Some teenagers alleged that they are obliged by their boyfriend to have unprotected sex to make a baby. A 19-year-old who was eight months pregnant and in grade 7 said:

"He says that I must give him a child..."

One of the boys in the focus group told us about his friend who became pregnant after being sexually assaulted:

"My experience is about my ex school mate who fell pregnant, when I asked her why she was pregnant, she said she has been raped."

3.7 Effects of relationships with older partners

Mature adult people can easily manipulate young teenagers who are still struggling to discover their own personality. A young teenager boy said during the focus group session:

"Another thing is that you will see teenagers of 16 years or 17 going out with someone who is 26 years old, he overpowers her with his thinking, to an extent that this child cannot say no to this male, even if she says no her mind is still weak, this person overpowers her with his mind."

4. Understanding of reproductive health and contraception

4.1 Understanding of contraception

Some teenagers knew almost nothing about contraceptives. A 17-year-old from grade 12 who is five months pregnant, when asked to tell us of any kind of contraceptives that she knows of, told us:

"So that one, I don't know anything about it."

Teenagers need more information about contraceptives, as shown by a young teenage girl who had never been pregnant:

"Some of the factors that encourage teenage pregnancy is lack of information, like our parents don't speak openly to us, they see us going out with boys. We need some information from our parents or guardians just to sit down with them and for them to tell us that you are now turning into an adolescent, you have to do this and that. I think it is the lack of information."

Teenagers may also be misinformed about effective contraception, as indicated by one teenage girl:

"Wrong information, it can lead to many wrong things…. You find people telling untrue stories that when you eat leaves from some trees you will not fall pregnant."

Teenagers varied in the number of contraceptive options that they knew about, although condoms (mentioned by nine out of the 12 pregnant teenagers), injection (eight girls) and pills (four girls) were most frequently mentioned. Only three of the 12 girls had heard of emergency contraception.

4.2 Understanding of reproductive health

Poor basic understanding of reproductive health can contribute to the fact that teenagers don't take enough precautions to avoid pregnancy. The understanding of reproductive health was explored by testing their understanding of 'safe' days in the menstrual cycle and awareness of ovulation. Only three girls out of the 12 pregnant teenagers were aware of the concept of a relative safe period for unprotected sex in the menstrual cycle.

Regarding ovulation, eight girls knew that women produce an egg, but had little understanding of the role of ovulation. The different sources of knowledge on reproductive health and contraception were explored during the in-depth interview. They were found to be diverse and included school, the Love Life organisation, magazines, clinic, friends and parents. The school seemed to be the commonest source of knowledge for most of the participants, followed by friends.

5. Views of teenagers regarding the consequences of teenage pregnancy

Most teenagers perceived falling pregnant as a negative event with consequences such as unemployment, loss of boyfriend, blame from friends and family members, feeling guilty, difficulty at school, complications during pregnancy or delivery, risk of HIV, secondary infertility if abortion is done and not being prepared for motherhood.

"Being pregnant I don't think is a good idea especially if you are a teenager still at school. You start becoming tired plus it very tired, even at school I get tired and can't concentrate. Pupils at school are not good, even your friend are not nice any more because once you tell them you are pregnant, they tell you stories about books and say that you don't take care of yourself. Sometimes you feel bad because you walk with people at the same you not with them. Even at home they tell you stories that you are young, you disappointed them, things like that, so I don't advise anyone to become pregnant." (Pregnant 17-year-old girl)

"I think teenage pregnancy is bad because sometimes when you are a teenager, and you fall pregnant, and your parents take you to abortion, and when the time is right when you want to start your own family, it happens now you cannot have a baby by that time because you already have a miscarriage." (Older woman who had teenage pregnancy)

"The disadvantage again is that HIV and AIDS is very high so just imagine as a teenager being infected with this disease and we know that this disease is incurable. HIV can kill, so we are trying, we as teenagers, to build our country, to be the best, but now we are infected by HIV, we will all die." (Non-pregnant teenager)

Some teenagers, however, perceived pregnancy as a positive event as it may lead to a grant. One girl expressed the view that having a baby early may be beneficial because

later on, if you get sick with HIV, the doctors may want to prevent you from falling pregnant. Having a teenage pregnancy, before you are diagnosed as being HIV positive, may therefore safeguard your right to motherhood. This represents a somewhat fatalistic outlook on the risk of becoming HIV positive:

> *"I think teenage pregnancy in some other ways, when you are young and get a baby and when you are growing up and you are not able to have some babies, because you will get some diseases and the doctors will refuse you to have some babies." (Non-pregnant teenager)*

Teenagers may also not worry about falling pregnant as the baby will not primarily be their responsibility. There may be an expectation and tradition of the grandmother taking over responsibility for the baby:

> *"The teenage pregnancy can also be good in a strange way, because when you fall pregnant and you don't have money and you also have a baby, so in your mind that a baby is a big responsibility and you can't take care of her because you are still a baby yourself. You might as well just leave the baby and to have fun because you think that the baby you have is for your mother. She will take care of it.""(Non-pregnant teenager)*

Some teenagers' opinions were more ambivalent about pregnancy, expressing that it could be an adverse or beneficial event depending on the circumstances.

Discussion

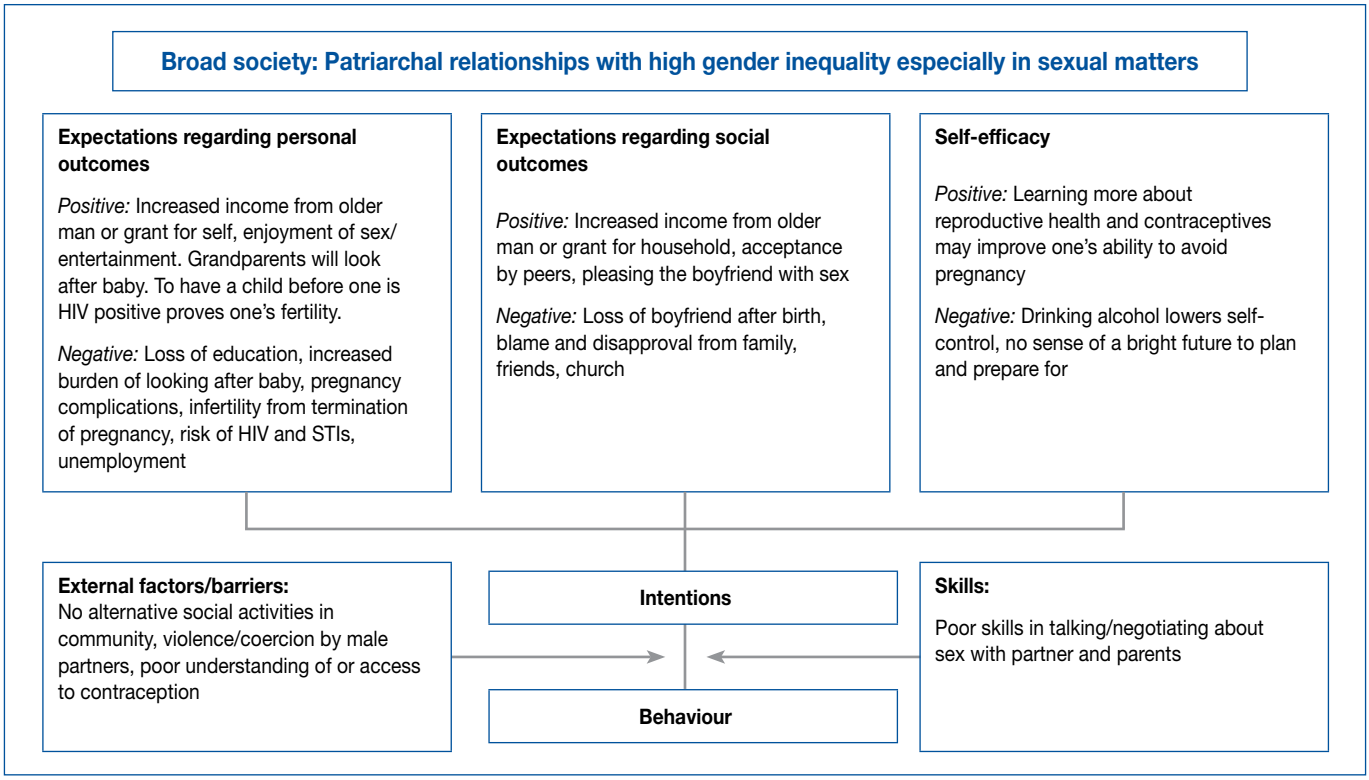
Key findings

The key findings have been summarised in Figure 1, which makes sense of the various factors and their interconnections.[42] In this conceptual framework the intentions of the teenagers, regarding behaviour likely to result in pregnancy, are seen as being dependent on their positive and negative expectations of the outcomes of this behaviour. These outcomes are conceived at both a personal and social level. Their belief in their ability to exert control over their own behaviour is also seen as an important contributing factor to the development of their intentions. Whether these intentions result in actual behaviour is also modulated by various external factors or barriers and by the actual relational skills of the teenagers. All of this is also conceived of as taking place within a broader social and cultural context.

Comparison with existing literature

The influence of the child support grant on teenage pregnancy has been a controversial topic. Introduced in 1998, it has proven to have a big impact on the enrolment of children in school and has helped unemployed people to take care of their children's needs.[43,44] Teenagers in this study reported that the child support grant is also seen as a way of ensuring some sort of income for the family or for the teenage mother herself. However, the Alliance for Children's Entitlement to Social Security argues that research has

Figure 1: Conceptual framework for understanding the emergent themes



failed to show any link between teenage pregnancy and the uptake of the grant.[45] Another study also argues that there is no support for the belief that the child support grant induces teenage pregnancy as there has been a decrease in the teenage fertility rate in South Africa over the same period.[41] The number of factors that influence the fertility rate, however, are clearly more complex than just the child support grant[46] and rates have also fallen worldwide, also in countries without such a grant.[41] The role of the child support grant on teenage pregnancy therefore remains unclear and requires further study.

Financial support from older men, because of poor socioeconomic conditions, can be a key factor in the development of transgenerational sexual relationships. The power and gender imbalance in these relationships and resultant unsafe sex leads to increased risk of STIs and HIV in teenage girls.[47–49] Young girls may have power to choose their partner and to end the relationship, but once there is sexual interaction, it is the male partner who has control over what precautions to take in terms of contraception.[50] A reduction in transgenerational sex may therefore impact on the prevalence of teenage pregnancy, STIs and HIV.

Teenagers had expressed during the study the need to have organised instructive activities for them during school holidays that would keep them away from the bar ("shebeen"). All the stakeholders in the community can play an important role in building such social capital.[51] Social capital can facilitate behaviour change in terms of sexuality, multiple partners and contraceptive use. Steve de Gruchy defines social capital as "the social resources upon which people draw in pursuit of their livelihood objectives. It includes networks and connectedness, more formal group membership and trust, reciprocity and exchange".[52] Organisations such as the Scouts, youth leagues of different churches, municipalities and different government departments can be involved in organising and coordinating different types of recreational or instructive activities for teenagers during school holidays.

Teenagers like to spend time in shebeens and alcohol, well known for its ability to impair judgement, can be a gateway to unsafe sex, sexually transmitted diseases and teenage pregnancy.[53] Alcohol may also be purchased in exchange for sex and the environment of the shebeen increases the chance of rape or assault. Therefore it is important for law enforcement to strictly apply the law in terms of underage drinking. Studies also concur with the opinions expressed in this study that alcohol abuse in the home environment can influence the occurrence of teenage pregnancy.[54] The link between higher rates of sexual violence and higher rates of teenage pregnancy has also been confirmed by a recent study.[55]

Substance abuse among teenagers remains a public health challenge and any effective intervention to prevent substance abuse among teenagers should also have an impact on teenage pregnancy.[56] However, substance abuse other than alcohol, for example marijuana or tik (methamphetamine), did not appear to be a major problem amongst Taung's teenagers.

Traditionally it was not acceptable to fall pregnant before marriage, but cultural norms have shifted and having a teenage pregnancy now is not seen as so immoral. There is also a perception that one needs to prove one's fertility by having a teenage or pre-marital pregnancy.[2] A young girl who was previously ostracised because of her teenage pregnancy may today be proud of being a mother and receive social support and acceptance from the family.[2]

This study suggests that knowledge among teenagers regarding contraceptives and reproductive health in Taung is poor. Although providing information alone is often insufficient to motivate behaviour change, access to simple, accurate and desired information can form the basis of an informed and responsible choice. Youth in rural communities may not have easy access to the internet or even libraries and may rely more on parents, schools, health workers or even initiation schools. Peer education and use of appropriate role models have been highlighted as being useful strategies for empowering youth and changing behaviour.[57]

Teenagers appear ambivalent about teenage pregnancy. On the one hand they recognise the potential adverse health (HIV, STIs) and long-term socioeconomic consequences, but on the other hand they appreciate the short-term economic benefits from grants or older partners. Teenagers that repeat grades and temporarily withdraw from school are more likely to fall pregnant and not complete their education.[58] Those that are the primary caregiver for their baby are also less likely to complete their education.[58] Interestingly in the light of the HIV epidemic there may also be an emerging sense of safeguarding one's right to motherhood by having a child before you become infected with HIV. Judith Herman, in her study on adolescent perceptions of teen birth, also found that teenagers were positive about teen birth, but early childbearing and parenting were considered hard in many ways.[59]

Several studies on teenage pregnancy have also suggested that there is no single universally effective intervention and each community should tailor their own interventions according to their own situation, conditions and environment.[36–38] A broad intersectoral strategy is needed to prevent teenage pregnancy and there is a need for all government departments to 'think health' when developing policy that may impact on teenage pregnancy.

Strengths and limitations of the study

The triangulation of multiple viewpoints is a strength of the study, although care must be taken to separate the opinions of those who have never experienced pregnancy from those who have. The study findings cannot be widely generalised, but may be transferable to similar communities in South Africa.

The principal researcher collected and interpreted the data alone, which increases the chance for prior assumptions, values and beliefs to influence the process.

Language may also have been an issue, as the study was mainly conducted in English in an area where most people speak Setswana. Participants may have felt more comfortable and have been more open with an interviewer who spoke their first language and shared their cultural background. Interviews were translated and it is possible that meaning could have been lost or distorted in the interpretation process.

Implications for future research and local policy makers

Future research could attempt to quantify some of the factors uncovered in this study and to evaluate the effects of different interventions on teenage pregnancy. Further study on the effect of the child support grant may be needed. Policy makers should consider the broad issues related to reducing poverty and building social capital, as well as specific interventions targeted at teenage behaviour and health education.

Conclusion

The study identified a number of factors that may influence the teenage pregnancy rate. These factors may influence teenagers' behavioural intentions through altering their perceptions of the personal and social consequences of falling pregnant and their self-efficacy in relation to sexual behaviour. Environmental factors may also facilitate or prevent teenagers from fulfilling their intentions. Teenagers may also vary in their ability to carry out these intentions.

Strategies to reduce teenage pregnancy should focus on building social capital for teenagers in communities, further exploring the influence of the child support grant, targeting transgenerational sexual norms, applying the law on underage drinking, making information on contraception more accessible and offering programmes that empower girls in the area of sexuality. Multifaceted and intersectoral approaches are required and it is likely that strategies to reduce teenage pregnancy will also impact on HIV and other sexually transmitted infections.

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