Teenage pregnancy in Breede River, South Africa

A contextualization of experiences and perceptions

Renee Blaise (0374660)
Educational Sciences
Master Children’s Rights
Universiteit van Amsterdam
Supervisor: Jacobijn Olthoff
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N.B.: The picture presented on the cover page was taken during a social event for pregnant ladies in Robertson. The event was organized by Eltesia, a social worker in Robertson, Andrew, a staff member of the NGO LoveLife and myself and took place at ‘Birds Paradise’ in Robertson.
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Chapter 1. Introduction

1.1 An introduction to teenage pregnancy

Becoming pregnant and having a child are major formative experiences for numerous (young) women worldwide. While some teenage women desire pregnancy, others find having a child as a teenager quite unwelcome. Teenage pregnancy is a well-known phenomenon throughout the world and the topic continues to be the centre of many discussions and debates. Although pregnancy in adolescence is by no means a new phenomenon, it has become a major health but more importantly social issue only in recent decades. This problematization of teenage pregnancy is often explained in relation to different social changes. Two events most referred to are the growing numbers of pregnancies outside of marital context (which is undesirable) and the increased numbers of adolescents attaining secondary education (with which teenage pregnancy often interferes) (WHO, 2004; Garenne, Tollman & Kahn, 2000).

Besides the influence of different social changes, the problematization of teenage pregnancy is also underpinned by particular assumptions about its impact. Much attention has been paid to describing different consequences for the young girls and their babies, as well as for society as a whole. Within these descriptions, health risks; economic and educational adversity; familial problems and possible psychological problems for the young mother and the baby are the most important ones (Duncan, 2007; WHO, 2004; Scally, 2002; Mcleod, 1999a).

Teenage pregnancy has also been the subject of a considerable amount of research in South Africa. Although South Africa’s total fertility rate is estimated to be one of the lowest in sub-Saharan Africa, the country’s teenage pregnancy rate is one of the highest in the continent. Although numbers have stabilized (or even declined) during the last ten years, with 33 percent of all births by women younger than 18 years old, teenage pregnancy is still recognized as a national priority whose numbers need to be reduced.

One of the areas in South Africa which experiences high numbers of teenage pregnancy is Breede River/Winelands (Breede River). This semi-rural region consists of five different towns (Robertson, Ashton, Montagu, Bonnievale and McGregor) and is located in the Western Cape of South Africa. There are over 81,000 people residing in the municipality, and its population is very diverse; with little over 70 percent Coloureds forming the biggest ethnic group in Breede River, followed Blacks and Whites, who both comprise little over 14 percent of the population. Christianity is the most prevalent religion, practiced by about 94 percent of the population. Income levels show great variation, whereas Whites’ income is about four times higher than that of Coloureds and Blacks (Stats, 2001).

For many years Breede River has been dealing with different (social) problems such as overall poverty, unemployment and alcohol abuse (among adults as well as youth). Also teenage pregnancy has been recognized as one of the social problems they are confronted with.

During my stay in Breede River, I learned that the municipality’s long-term objective is to reduce teenage pregnancy through different programmes and policies. Until today however, not

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1 Apartheid racial categories designated South Africa’s population to be White, Coloured, Black (African) and Indian. The use of racial categories in South African scholarship can be controversial. Lesch & Kruger (2004) describe that such categories “are socially constructed and carry important social meanings” (p.482). However, use of these categories can still be useful. Whilst apartheid no longer exists, the categories very much defined the population’s social environment that they have remained meaningful social categories.

2 These numbers are based on a 2001 census.
much is known about the group of pregnant girls and young mothers. First of all, practical issues such as numbers, ages of the girls, familial circumstances and socio-economic backgrounds are often not clear or missing and not documented. Second of all, and more importantly, very little is known about how teenage pregnancy actually affects people’s lives in Breede River. I argue that it is necessary to gain an understanding of the way adolescents make sense of teenage pregnancy, how they negotiate factors leading to teenage pregnancy and how they perform agency within those situations. This will enable people, who are (emotionally) involved, to relate to the girls’ situation, and develop (new) understandings of teenage pregnancy and to design better intervention strategies and policies.

Herefore, I argue that the way to be of help for the municipality is to create a more nuanced and comprehensive understanding of the prevalence of teenage pregnancy in their area. What role does teenage pregnancy play in people’s lives and which factors influence its prevalence. And this brings me to the objective of the current study.

1.2 Study objectives and justifications for the research design

The main objectives of the current study are to describe how teenage pregnancy and factors leading to teenage pregnancy are perceived and experienced by different social groups in Breede River. Underlying is the fact that Breede River municipality perceives teenage pregnancy in their area as problematic and wants to develop useful, preventive programmes to (ultimately) lower the numbers. Only by understanding how teenage pregnancy affects different people (indirectly) involved with the phenomenon, preventive programmes and policies can be developed fruitfully. Therefore, the following question is formulated to provide useful information for the municipality’s purposes:

*How do (future) teenage mothers and other people (indirectly) involved with teenage pregnancy perceive different aspects of teenage pregnancy and factors leading to teenage pregnancy in Breede River, South Africa?*

*Perceptions* in this research are described as ‘concepts, ideas, feelings, thoughts, images or beliefs which exist in the mind gained by the process of becoming aware through the senses and expressed through verbal and non-verbal communication and behaviour’.

*(future) young mothers* are the girls involved in this research who are pregnant or became a mother between the ages of 14 and 19. With *other people involved* I refer to parents who have a daughter who is either pregnant at a young age or a young mother; to adults who are confronted with teenage pregnancy through their work, such as nurses and teachers; to non-pregnant adolescent girls and adolescent boys who are indirectly involved with the phenomenon.

*Different aspects of teenage pregnancy* are relating issues such as the actual sexual intercourse, the age of the girl falling pregnant or being sexually active, (romantic) relationships, interference with the girl’s education, can she take care of the baby, is she acting responsible.

*Factors leading to teenage pregnancy*: factors leading to teenage pregnancy depended on which factors the respondents perceived as leading to teenage pregnancy in Breede River. Eventually I included the factors unsafe sexual behaviour, and the influence of parents, peers and having aspirations on the sexual decision-making process and teenage pregnancy. I will discuss the background of these choices more extensively throughout Chapters 4, 5 and 6.

I argue that for the municipality to develop useful preventive and functional programmes, perceptions and experiences from different people (indirectly) involved with teenage pregnancy are crucial. Teenage pregnancy does not affect everyone in the same way; individual context and experiences crucially determine the (social) meaning of teenage pregnancy, shaping the ways it is perceived by those affected. Therefore I focused on teenage pregnancy as a social construction.

To give meaning to the phenomenon, context and perceptions of different actors must be carefully considered. Only when people involved are invited to give their opinions on how teenage
pregnancy affects their lives and on which factors they think are influential, programmes and policies can be developed according to what those most involved perceive as necessary and important.

In conclusion, this research aims to provide a comprehensive framework that has been based on the perspectives of (future) young mothers and other people (in)directly involved with teenage pregnancy, on what they think are important aspects influencing the prevalence of teenage pregnancy, and on how they perceive teenage pregnancy affect their lives. The exploration of these issues should provide information to develop relevant and functional programmes and policies for all people and institutes concerned and involved with the phenomenon.

1.3 Thesis outline

The first chapter provided an introduction to the current study. Teenage pregnancy has been introduced as a worldwide phenomenon which is often perceived as problematic. Underlying assumptions of this problematization are however not universal and not necessarily present in every context. The objective of the current study is to obtain a more context specific and nuanced understanding of teenage pregnancy in Breede River.

The theoretical background of how this is going to be done is provided in the second chapter. The main topics in that chapter are the subjective meaning attached to teenage pregnancy and perceptions about different factors leading to teenage pregnancy. The theoretical background of dominant literature on teenage pregnancy in South Africa will be discussed and critiqued. The problematic nature of different underlying difficulties from these studies will be discussed and will form the basis for the theoretical point of departure in the current study. In the chapter I argue that one can only say something valuable about teenage pregnancy when it is studied within its context, that all interrelating factors which contribute to its prevalence must be considered and that it is important to include perceptions of the different people (in)directly involved.

In Chapter three the epistemological approach and methodology of the research will be discussed. A description of the research participants will be provided followed by a description of the research methods and procedure. Also the data analysis will be discussed and the chapter will conclude with important ethical considerations when studying the topic of teenage pregnancy.

Chapter four will discuss different themes which are all somehow related to teenage pregnancy and to being an adolescent girl in South Africa. Rates and trends of teenage pregnancy in South Africa will be discussed. Also other factors which both influence girls’ lives and teenage pregnancy in South Africa will be explored. Attention will be paid to the issues of sexuality and gender; both phenomena provide a context in which sexual decisions among adolescents are made. Also the role of parents and peers will be discussed; both groups of actors can very much influence the sexual decision-making process of a girl. A final theme of discussion is the importance of education and job opportunities; how can having well developed aspirations play a role in sexual decision-making and teenage pregnancy.

The findings of the actual field research will be presented in chapters five through seven. In chapters five and six the findings on the first objective of the study will be discussed; the perceptions of (future) young mothers and other people involved on factors leading to teenage pregnancy. In Chapter five the question why girls decide to engage in unsafe sexual activity (and eventually fall pregnant) will be discussed and in Chapter six I will discuss the influence of parents, peers and aspirations on this decision-making process. Chapter six will be concluded with a final reflection of all the discussed factors influencing sexual decision-making and the prevalence of teenage pregnancy.

Chapter seven will discuss the second objective of the study; how is teenage pregnancy perceived by the participants. To understand which role teenage pregnancy plays in people’s lives, and through which experiences and understandings they make sense of teenage pregnancy, people’s personal perceptions will be laid out. These perceptions will be described and the subjective meaning people attach to teenage pregnancy will be analyzed.
Chapter eight, the last chapter of the thesis, offers a final reflection. The chapter starts by pointing out the limitations of the current research. In the second section, an overall conclusion is presented, and the final section consists of recommendations which can be helpful for the municipality and other involved institutes for the development or improvement of relevant and preventive programmes.
Chapter 2. Theoretical Framework

Introduction

In this chapter, the theoretical framework will be presented. Studying teenage pregnancy brings different difficulties which are important to discuss. Firstly, I will pay attention to the definition of teenage pregnancy; where age is often used as an indicator to define the phenomenon, I argue that the definition of teenage pregnancy needs to be more context and society oriented.

After explaining the definition used in this research, I will focus on perceptions on and experiences with teenage pregnancy. Where South African literature often perceives teenage pregnancy as problematic beforehand, I would like to emphasize that just like the definition of teenage pregnancy is culturally and socially constructed, so are people’s perceptions and experiences with the phenomenon. How teenage pregnancy affects people’s lives, depends on their individual context and experiences. I will use the concept of framing to create a better understanding of people’s personal perceptions and views. After discussing the meaning of teenage pregnancy, I will focus on factors leading to teenage pregnancy.

Throughout the chapter, we will see that the majority of the South African literature in this field has a rather one-sided and quantitative character. I argue that the study of teenage pregnancy needs a more qualitative and explorative approach where attention is paid to the prevalence of teenage pregnancy within its context, to different influencing factors and to experiences and perceptions of people (in)directly involved.

2.1 Defining teenage pregnancy

There are ongoing discussions about the concept of teenage pregnancy and coming up with a clear definition seems rather complicated (McIlwaine & Datta, 2004; Mcleod, 2003; Bucholtz, 2002). Pregnancy itself is a worldwide recognized phenomenon and although its meaning can vary between different (cultural) contexts, its biological characteristics are universally recognized. The related concept of ‘teenage’ makes it more complicated however.

An often used indicator to define the concept is age. However, the use of age as a dividing line is society and context-related and the socially constructed character of ‘teenage’, adolescence or youth makes this difficult. The United Nations (UN) has established a classification and defines youth as those aged 15-24 (UN, 2002). This is not the age the majority of research on teenage pregnancy includes however. Although age ranges vary greatly between different studies, the majority of South African research (and research worldwide) focuses on an age-range of (roughly) 12 to 20 years.

It is questionable whether age is an accurate, and most of all inclusive indicator to define teenage pregnancy however. Since meaning given to age still varies between contexts, and different ages have been used in different contexts to define teenage pregnancy, a context specific approach is needed. Not only age, but broader social circumstances need to be considered.³

³ The underlying assumptions for the problematization of teenage pregnancy in the majority of South African literature will be discussed and critiqued in this chapter.

4 The concepts teenage (or teenager), adolescence (or adolescent) and youth are used interchangeably in this research.

5 Youth studies from different disciplines have rather different ideas about the conception of youth and which indicators can be used to define the concept (Bucholtz, 2002); this simultaneously has consequences for the concept of teenage pregnancy. Different authors, often with an anthropological background, question the
Chapter 2 Theoretical Framework

In the current research, girls who have become either pregnant or mother between the ages of 14 to 19 have been included. Besides the importance of age, two indicators which also defined the concept of teenage pregnancy were, firstly, the fact that girls were still enrolled in school (at the time they became pregnant) and secondly, that the girls were still financially dependent on their parents or family. In South Africa, the majority of adolescents are enrolled in school and still financially dependent on their parents until the age of 19 (Stats SA, 2005). How these two indicators very much influenced the definition of ‘teenage’ pregnancy used for this research can be clarified with an example: many of my respondents described a pregnancy of a twenty-year-old girl still enrolled in school as teenage pregnancy, where a pregnancy of a twenty-year-old working girl was referred to as a ‘normal’ pregnancy.

2.2 Problematization of teenage pregnancy

The meaning of teenage pregnancy, how it is perceived and experienced, is a dynamic issue which can change over time and between contexts. Only in recent decades, South African research on teenage pregnancy has defined the phenomenon as a problem (WHO, 2004; Rutenberg, Kaufman, Macintyre, Brown & Karim 2003; Jewkes, Vundule, Maforah, & Jordaan 2001; Mcleod, 1999a). This problematization is not accompanied by increasing rates of teenage pregnancy however (Wood & Jewkes, 2006). Interestingly, many studies show that numbers have stabilized or even decreased over the last decades. According to Moultrie and McGrath (2007) national data shows that teenage fertility (which is described as childbirth at 15-19 years of age) knows a decline of ten percent between 1996 (78 births per 1000 women) and 2001 (65 births per 1000 women). According to the 2003 Demographic and Health Survey, 27.3 percent of young women (between the age of 15-19) had been pregnant (Department of Health, 2004).

As I discussed before, despite stabilizing or even decreasing numbers, teenage pregnancy is more and more perceived as a problematic health, but also social issue. This problematization is based on certain assumptions about its prevalence, meaning and consequences. During this section I will pay attention to these assumptions and we will see that perceiving teenage pregnancy as problematic has certain implications for research about the topic. I will discuss certain difficulties that arise within this type of research. Finally I will discuss the concept of framing, which provides a theoretical framework to understand the meaning of teenage pregnancy from a more nuanced and context-related position, which focus more on perceptions of people (in)directly involved.

2.2.1 South African research

As discussed above, South African research on teenage pregnancy tends to adopt a perspective where teenage pregnancy is prescribed as a negative phenomenon (Holgate, Evans & Yuen, 2006; Mkhwanazi, 2006; Mcleod 2003 and 1999a; Jewkes et al., 2001). This research often has a credibility of the often used universal definition of teenage pregnancy which is based on dominant Western ideas about youth. Critique is expressed regarding the easy accepted assumption of the dominant construction of adolescence as a separate stage of development, in which teenage pregnancy is not desirable (Mcleod, 2003). These ongoing discussions are out of the scope of the current research, they do however show the socially constructed character of conceptions as youth and teenage pregnancy.

Unsafe sexual activity and teenage pregnancy is also present among girls younger than the age of 14, however these girls are not included in the current research because I could not find any girls who were either pregnant or mother at the age of 13 or younger. There are ongoing discussions about the problematization of teenage pregnancy in South Africa. The meaning of teenage pregnancy within a context of major social changes - such as an increasing freedom among youth; an increasing age of first marriage and therefore a growing number of premarital births among teenage girls - can change over time and context. Different demographic, political and social changes influence to what degree and how teenage pregnancy is problematized. In the current research I will not focus on changes in levels of problematization of teenage pregnancy, I will mostly focus on which circumstances and contextual factors make the problematization of teenage pregnancy probable or not in the current situation.
medical, economical or psychological background and several issues relating to teenage pregnancy are considered problematic. In the following section I will discuss these issues and its underlying assumptions.

Firstly, teenage pregnancy is often considered as closely related to poverty. Rates and trends with respect to the prevalence of teenage pregnancy show clear patterns wherein numbers are highest in low-income groups in South Africa. This is also translated in low socioeconomic status within the family and often accompanied by only a few years of education of the parents of the teenage mother. Short term financial consequences and financial burdens on the long run cause trends that young mothers are more likely to remain in greater poverty later in life (Save the Children, 2004).

A second important social and public health concern about teenage pregnancy in South Africa is its close relationship with HIV/AIDS. With 15.8 percent of pregnant women infected aged less than 20 years (Wood & Jewkes, 2006) and 28 percent for those aged 24-28 (National Health Department, 2002) South Africa has one of the highest HIV/AIDS infection rates in the world. Patterns of teenage pregnancy and HIV/AIDS infection are not independent of one another. Conditions and behaviours producing high levels of teenage pregnancy are also likely to contribute to the risk of acquiring HIV/AIDS. Reduction of both pregnancy and HIV/AIDS infection among teenagers has been recognized as a national priority (Skweyiya, 2002).

Thirdly, teenage pregnancy is perceived as problematic because of its negative consequences in general. The just discussed poverty related issues and the health issue of HIV/AIDS are important ones. Research states that consequences are not only problematic for the girl, her baby and her family but also for society as a whole. Concerns are voiced about the obstetric complications for the girl and other health related problems for her and the baby (WHO, 2004; Cameron, Richter, McIntyre, Dhlamini & Garstang, 1996), the impact on the young mothers’ schooling and job opportunities, the financial position of her family and the impact on the child of being born into relatively greater poverty (WHO, 2004).

A fourth reason for problematization of teenage pregnancy is because the phenomenon, and its different aspects, is not willingly associated with adolescence. I will discuss this issue more extensively during the next section and during the analysis of the subjective meaning attached teenage pregnancy. I can already say that there exist certain ideas in Breede River, about what adolescents are capable of and which activities are appropriate for this specific period of life. Teenage pregnancy and relating issues such as sexual activity or the care of a baby are often not seen as ‘fitting in’.

Fifthly, and this type of research often concerns a more social discipline of research, teenage pregnancy is perceived as problematic because of its underlying unequal gender relations (Jewkes, Morrell & Christofides, 2009; Varga, 2003). The role of gender has been extensively studied in relation to adolescents’ (unsafe) sexual behaviour, and teenage pregnancy is often perceived as a (negative) consequence of this. According to different authors (for example Harrison, 2008; McIlwaine & Datta, 2004; Eaton, Flisher & Aarø, 2003) unequal power relations between men and women are crucial in understanding unsafe sexual practices. Within the construction of heterosexual relationships, women often lack the power to negotiate with whom to have sex, as well as when and how. This causes little room for sexual decision-making and negotiation power among girls and enlarges chances of unsafe or unwanted sexual activity.

Another problem discussed in relation to gender, is that consequences of teenage pregnancy are often organized along existing gender lines. Besides obvious biological differences where girls actually conceive the baby, social consequences are also important. Different research emphasizes that gender specific expectations and freedoms create an environment in which girls are far more burdened by the social consequences of teenage pregnancy than boys (Varga, 2003; Kaufman, de Wet & Stadler, 2001). Masculine behavioural norms may give boys the opportunity to side step from their (financial and/or social) responsibilities as a father. It also happens that...

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8 Existing rates and trends will be discussed more extensively in Chapter 4 on teenage pregnancy in South Africa.
9 As described in Olthoff, 2006.
10 As described in Varga, 2003.
recognized or accepted paternity does not always lead to a form of support (Kaufman et al., 2001). It happens that girls are confronted with an indifferent or not supporting attitude from the father of their child, whilst in many cases parental identification is of great significance. For cultural, financial and social reasons this acknowledgement is important and girls often experience disapproval and stigmatization when she can not appoint the father of the child (ibid.).

I just described different issues which are perceived as problematic in relation to teenage pregnancy. Despite the fact that I recognize the problematic character of many of the discussed issues, I do argue that the problematization of the phenomenon as it is usually done has certain problematic consequences for research and policy-making. I will discuss these consequences in the following section.

2.2.2 Difficulties with the problematization of teenage pregnancy

The approach of teenage pregnancy as problematic discussed in the previous section has had several consequences for research. Firstly with such an approach, there is little or no room for other representations of teenage pregnancy than as problematic. As a consequence, all early pregnancies are assumed to be unwanted and undesirable (Holgate et al., 2006). This assumption automatically excludes notice of different experiences and personal situations of people (in)directly involved.

Secondly, the construction of teenage pregnancy as a social problem is underpinned by particular perceptions about adolescence and how adolescents should behave and live their lives (Macleod, 2003). Youth, or adolescence have been a central issue within the social sciences for decades. The perception of early pregnancy as problematic has often been related to dominant (Western) discourse in which adolescence is seen as a transitional period which prepares young people for adulthood. Young people are framed as not-yet-adults, missing certain characteristics and capabilities to make decisions, on, for example, sexual issues, or as responsible enough for the care of a baby (Burman, 1997). Within this frame, a pregnancy during adolescence is seen as a situational crisis that is superimposed on the adolescent’s developmental transition. An early pregnancy would be a disruption of the desired life-course, the process of becoming an adult. Teenage pregnancy and its consequences obviously do not fit within this ideal social model of adolescence (Macleod, 2003).

In line with this, a third problem is that teenage mothers are often described as a homogeneous group. There is a tendency in South African research not to distinguish older from younger mothers, wanted from unwanted pregnancies, married from unmarried, and neither to recognize different contexts in which teenage pregnancies occur. As a result, the term teenage pregnancy or motherhood is generally understood to encompass all teenage mothers and the implication is that one assumes identical outcomes, which are often perceived as negative (Mkhwanazi, 2006). Again, such an approach excludes (young) people’s own views on and perceptions about teenage pregnancy (Bucholtz, 2002).

In short, without underestimating the problematic issues in relation to teenage pregnancy, perceiving teenage pregnancy as only problematic has serious consequences for its research. The main problem is that existing research carries certain implications about the meaning of teenage pregnancy without concerning contextual factors or personal experiences and perceptions. Therefore I argue that the meaning of teenage pregnancy needs to be studied and understood from a more nuanced point of view. Two crucial issues which deserve much more attention are, firstly, the role of the context in which teenage pregnancy occurs and secondly, the importance of people’s personal perceptions and experiences. Only by recognizing these issues, there is an opportunity to search for alternative representations of teenage pregnancy, and possible problems related to teenage pregnancy will be understood within its context (O’Sullivan, Harrison, Morrell, Monroe-Wise & Kubeka, 2006; Lesch & Kruger, 2004; Bucholtz, 2002).

2.2.3 The subjective meaning attached to teenage pregnancy: theoretical point of departure
As I have discussed in the introduction of this chapter, one of the objectives of the current study is to understand how (future) young mothers and people in their environment perceive and experience teenage pregnancy. I argue that the problematization of teenage pregnancy is not an ‘objective truth’ and not common among all societies. The way a girl in South Africa experiences her pregnancy differs from the experiences of a girl in New Zealand, and a girl in a rural area may have different perceptions about teenage pregnancy than a girl in the city. Meanings we attach to the concept of teenage pregnancy are the products of social structures in which it occurs, and therefore they are socially constructed and context specific. To understand how girls and other people (indirectly) involved in Breede River give meaning to the phenomenon, the concept of framing will be very helpful.

People make sense of different social phenomena through (context specific) frames. In this way frames determine how an individual perceives the social world. Frames focus attention on specific aspects of a phenomenon and exclude other aspects of reality. Entman describes this when he defines framing as a process of ‘selection and salience’ (Entman, 1993, p. 53). A certain frame prescribes how an actor will select elements of reality, and how they will be interpreted. It seems reasonable to assume that the conception of the meaning of teenage pregnancy differs between a teacher, a parent or a teenage mother or between different teenage mothers.

Complex issues such as the social meaning of teenage pregnancy are the subject of many individual conceptualizations and the meanings that form the basis for what is to be the dominant frame are challenged in every interaction (Entman, 1993). This makes it possible that the meaning of teenage pregnancy is not fixed, but is rather the product of interaction within a social context. How people make sense of teenage pregnancy is reflected in a socially constructed frame that is (re)produced through interaction. Therefore, it is important to understand the socially constructed frames through which (future) young mothers and people (in)directly involved make sense of teenage pregnancy.

Frames can be identified by analyzing how actors communicate about teenage pregnancy. When asked about teenage pregnancy, a respondent will rely on the same set of values and ideas that shape their perception. The words they use to communicate about their perception therefore offer clues to the underlying frames.

An important note regarding these frames is that it is important to realize that the character of frames is comparable to the character of the meaning of teenage pregnancy. There does not exist just one frame through which different people make sense about a social phenomenon. The phenomenon is often interpreted through multiple frames; these frames have an interactive character and its meaning is subjective and changing over time and context.

In short, by trying to understand through which frames different people make sense of the phenomenon of teenage pregnancy, I will be able to include contextual factors (such as ideas about adolescence or education), to include personal experiences and perceptions of my respondents, and to pay attention to the interactive character of different frames.

2.3 Factors leading to teenage pregnancy

This research focuses on the subjective meanings that girls and people around them attach to teenage pregnancy, and on the views they have of the underlying ‘causes’ of teenage pregnancy; how do girls fall pregnant and how are these factors best understood. In line with the discussions in the previous sections, I argue that only when these factors are understood from a ‘contextual point of view’, good preventive programmes and policies can be developed. In the following section I will first discuss existing South African research on the causes of teenage pregnancy. Secondly I will critique these studies and eventually I will discuss what I perceive as a better and more comprehensive approach to study factors leading to teenage pregnancy.

2.3.1 South African research: the official school
A lot of research that has been done on factors influencing teenage pregnancy in South Africa comes from the ‘official school’. Mkhwanazi (2006) has introduced this term to cover the research on teenage pregnancy that has been dominant in South Africa from the 1980s to 2003. Studies carried out within this school approach teenage pregnancy as physically, emotionally and socially harmful and undesirable for an adolescent and perceive teenage pregnancy as a major problem. This negative attitude towards teenage pregnancy is drawn from the assumption that its occurrence is (always) unwanted and unplanned. Often medical professionals, demographers, psychologists and economists dominate this school. Their main concern was to reduce rates of teenage pregnancy. To achieve this goal, researchers have tried to identify the ‘causes’ of teenage pregnancy in order to target ‘at risk’ groups and in this way develop interventions for this ‘problematic’ group (ibid.).

Numerous studies have found a wide range of factors leading to teenage pregnancy. One of the factors referred to very often is low use of contraceptives (Rutenberg et al., 2003; Kaufman et al., 2001; Macleod, 1999b). Reported reasons for low or non-use of contraceptives are lack of knowledge, an ignorant attitude towards the use of contraceptives, fears for adverse health effects, lack of access and a partner who objects (WHO, 2004). Bailie states that the lack of knowledge about contraceptive use is partly explained by parents’ small role in transferring useful information to their teenage children. Another factor that, according to the official school studies can lead to teenage pregnancy is risk-taking behaviour. Risk-taking behaviour is defined as ‘behaviour that increases the chances of conception’ (Macleod, 1999b, p. 10). Engagement in sexual intercourse, the non-use of contraceptives and reproductive ignorance are increasing the chances of early pregnancy. According to Craig and Richter-Strydom (1993) the unplanned nature of the sexual encounter and the influence of the personal belief that ‘getting pregnant would not occur to them’ contribute to the prevalence of teenage pregnancy.

A variety of studies showed that also coercive sexual relations and rape are factors leading to teenage pregnancy (WHO, 2004; Macleod, 1999b; Wood, Maforah & Jewkes, 1998). Girls experience traumatizing events such as forced sex and rape both before pregnancy and upon the event of pregnancy. Teenage girls indicate they often feel mislead, coerced or intimidated into having sex, and that intercourse continued to have violent features.

The family structure and situation also plays an important role, firstly to early sexual initiation and secondly to teenage pregnancy. The absence of a father figure, domestic violence, single parents or female-headed households and having a teenage mother or sister are reported to be influential (Macleod, 1999b). Also the relationship between parents and their daughter plays an important role. Closed communication patterns (Anagnostara, 1988) and dysfunctional parenting styles have for example been mentioned as contributing to teenage pregnancy. In this context dysfunctionality is explained as poor control of behaviour by the parents and unclear ethical and social standards within the family (Blom, 1989).

A relatively strong association has been made between poverty and teenage pregnancy in South African literature (WHO, 2004; Petersen, 1996). The risk of teenage pregnancy is related to a low level of education of the parents and a low socio-economic status.

Finally, cultural factors are often mentioned to explain teenage pregnancy. A first culturally related factor is the breakdown of ‘traditional’ values and sexual control measures. This factor is seen to contribute to sexual behaviour which leads to premarital teenage pregnancy (Macleod, 1999b). Secondly, the value placed on a girl’s fertility is often mentioned as a factor leading to teenage pregnancy. The underlying theory is that because there is a high cultural value placed on fertility young women are more willing to conceive early, also in a non-marital context. According to Kaufman, de Wet and Stadler (2001) a girl could even increase her chances for marriage and improve her social status once she has proven her fertility.

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11 As described in Macleod, 1999b.
12 ibid.
13 ibid.
To summarize, the official school identified a wide range of factors leading to teenage pregnancy on different levels. The low use of contraceptives, with a lack of knowledge and an often ignorant attitude towards it increases the chances of early pregnancies among teenage girls. Also coercive sexual relationships and unequal gender relations play an important role. Other factors are family structures and poor family situations, poverty and the influence of cultural related factors such as the breakdown of ‘traditional’ values and sexual control measures.

2.3.2 A critique on the ‘official school’

A variety of factors leading to teenage pregnancy have been discussed in the previous section. However, not much is known about the role of the context in which these factors occur, about the interaction between these factors, or about the girls’ personal experiences and perceptions. Due to the type of research and its approach of teenage pregnancy, different authors articulated the just mentioned critiques;

Firstly, and this factor is already discussed regarding the problematization of teenage pregnancy in the second section, an important problem with research from the official school is that teenage pregnancy is often approached as a problem. It is seen as deviant behaviour which is not part of what is generally perceived as ‘normal’ for adolescents’ lives (McIlwaine & Datta, 2004; Macleod, 2003; Bucholtz, 2002; Kaufman et al., 2001). This approach prescribes to adolescents what is ‘appropriate’ behaviour and leaves no room for their own views on and perceptions of teenage pregnancy. Research is done without recognizing perceptions of young people or others involved with the phenomenon.

In line with the first critique, a second point that is missing is the recognition of the fundamental role that context plays in the process of shaping perceptions and views about (factors leading to) teenage pregnancy. This is of great importance since individuals actively construct their own representations of the concept of teenage pregnancy through interacting with their environment they form part of (Lesch & Kruger, 2004). In addition, adolescents’ ‘deviant’ behaviour is influenced by this same context. Not incorporating this context would mean that adolescents’ behaviour is perceived as independent from their environment and not influenced by outside happenings and events (Jewkes et al., 2009). I argue that such an approach is not realistic and desirable.

Another major critique on the South African studies of the official school is its lack of consideration of the interactive relationships between influencing contextual factors (Mkhwanazi, 2006; Jewkes et al., 2001). Research often fails to recognize the complexity and interactive character of the factors involved with teenage pregnancy. What is left out is the importance of the interplay of multiple factors that may be considered as causative; this means that the analysis of the relationships between possible risk factors and teenage pregnancy has been missing (Jewkes et al., 2001). Research often focuses on one or two factors, without taking into account the complex mixture of circumstances within which pregnancy occurs. This is apparent for example in the research on the influence of poverty. A problem with this research is that the findings point out a one-to-one relationship between poverty and teenage pregnancy. Poverty is defined through certain indicators (e.g. low socio-economic status, houses characterized as crowded and lack of privacy, level of illiteracy). Girls scoring ‘high’ on these indicators have a greater probability to become pregnant at a young age (Petersen, 1996; Boult, 1992). A far too simplistic conclusion is drawn about the relation between poverty and teenage pregnancy.

What is lacking in this approach is the consideration of other influencing factors. Stern (2004), who will be discussed more extensively in the following section, describes that only including poverty in analyzing the prevalence of teenage pregnancy, leads to generalizations about the social context of teenage pregnancy; such an approach ignores the high diversity of conditions in which (future) young mothers find themselves. Besides, teenage pregnancy does not only exist in poor sections, and not all girls living in poverty fall pregnant. Great diversity is shown.

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\(^{14}\)Boult as described in Mcleod, 1999b.
In short we can conclude that the majority of the studies conducted in South Africa have a relatively narrow approach. Most studies have not acknowledged the complexity and interactive character of the influencing factors. Although such work (quantitative research) has been important for and successful in identifying many of the demographic, socio-economic and other background factors associated with teenage pregnancy, it has failed to unravel the full picture of teenage pregnancy, and its embeddedness in the context (Jewkes et al., 2001; Vundule, Maforah, Jewkes & Jordaan, 2001).

To understand which factors influence teenage pregnancy prevalence in Breede River, and to know how the girls and people (in)directly involved perceive certain factors influencing teenage pregnancy in their environment, I opted for a different approach than the one used in the literature just discussed. In the following section I will discuss the concept of social vulnerability of Stern (2004; 2001) who studied teenage pregnancy in Mexico. His approach to teenage pregnancy emphasizes the constructed character of the concept and backgrounds of teenage pregnancy. This implies that its meaning can only be defined within the social context in which it occurs. I will discuss the approach of Stern and elaborate on his concept of ‘social vulnerability’.

2.3.3 An alternative approach to understand factors leading to teenage pregnancy: theoretical point of departure

Instead of isolating the factors leading to teenage pregnancy we need to situate and understand teenage pregnancy within its context of occurrence. The importance of seeing teenage pregnancy embedded within its social context is emphasized by Stern (2004). According to him, we have to find and analyse all interrelated factors that may be considered contributory to teenage pregnancy in order to give meaning to its occurrence. He states that factors which influence or lead to teenage pregnancy do not operate in isolation or in the same way in different social contexts, but interact with and are dependent on its circumstances and the context (ibid.). A crucial concept in Stern’s approach is ‘social vulnerability’. This concept is defined as ‘the interaction between structural and conjectural conditions and situations, within the economic, social and cultural aspects of life’ (p.193).15

Stern (2004) advocates that ‘the combination and interaction between several elements and circumstances explain why there tends to be a greater number of adolescent pregnancies in some social sectors than in others’ (p. 230). One of the important contextual factors which plays a role is poverty.16 In poor areas, poverty is recognized as one of the main factors leading to teenage pregnancy. However, as Stern emphasizes, it is not poverty as such that leads to early pregnancies; it is not a one to one relationship. Instead, the just mentioned concept of social vulnerability is a better tool to understand and describe factors leading to teenage pregnancy.

Stern’s research is conducted in Mexico, where he described school drop-out, the importance of a social network, a girl’s family situation, content of life projects and trust within relationships as factors constitutive to social vulnerability. A very important characteristic of the concept is that it tries to understand the prevalence, meaning and factors leading to teenage pregnancy within its context of occurrence. It searches for contextual factors which contribute to the prevalence of teenage pregnancy; this can be in a certain country or within certain social groups. Because of this approach, it is very well transferable to settings and contexts outside of Mexico. The descriptive and explorative character of the approach makes it very well possible to understand the role and complexity of different influencing factors, their interaction (with the context and each other) and how this influences the prevalence of teenage pregnancy within different contexts. Examining context and perceptions of people (in)directly involved is crucial.

Conclusively, I think that Stern’s approach to teenage pregnancy is useful for research on teenage pregnancy all around the world.

15 As cited in Olthoff, 2006.
16 This is also true for South Africa, a country where economic inequality is very high between different social and ethnics groups.
2.4 Concluding remarks

As we have seen, dominant South African research on teenage pregnancy often has a quantitative character and does not, at least not sufficiently, take into consideration important issues related to teenage pregnancy. What is often missing is the recognition of teenage pregnancy as being embedded within the social context of the place where it occurs and the emphasis on the interactive and complex character of the underlying factors leading to teenage pregnancy (Jewkes et al., 2001). In addition, South African research on teenage pregnancy has only paid little attention to the experiences with, views on and perceptions of teenage pregnancy of the girls themselves. As stated before, many studies perceive teenage pregnancy as a problem and they fail to integrate actual experiences with or perceptions on teenage pregnancy of people (in)directly involved (Kaufman et al., 2001).

During my research I will start from the idea that context plays a fundamental role in the prevalence of teenage pregnancy and in the process of shaping perceptions and views about the phenomenon. I will use the concept of framing to understand how (future) young mothers and people in their environment perceive teenage pregnancy and through which frames these views are formed. This approach recognizes social contextual structures as formative for our perceptions.

With regard to factors leading to teenage pregnancy and how these factors are perceived, contextual factors also play a central role. Firstly because of the role of interrelating contextual factors which influence the risks to teenage pregnancy. And secondly because it is crucial to approach teenage pregnancy as embedded within its social context in order to say something about its occurrence and meaning.

In addition, I respect youth as social actors giving them a significant and active role in constructing the meaning of teenage pregnancy. Based on this argument I want to acknowledge the importance of listening to their voices and perception to gain a fuller understanding of the meaning of teenage pregnancy within the context of which it occurs.
Chapter 3 Methodology

Introduction

In the following chapter the research methodology will be discussed. The chapter starts with a section explaining the epistemology, theoretical perspective and methodology of the current research. In the second section, a description of the research participants will be provided, followed by more information about the research methods and procedure. Also the data analysis will be discussed, and the chapter will conclude with a section on the important ethical considerations regarding social research on teenage pregnancy.

3.1 Epistemology and theoretical perspective

The methods used for this research are observations and informal conversations, semi-structured interviews and focus group discussions. These methods come from the use of phenomenological research which emphasises the search for constructed opinions and interpretations of participants. The phenomenological research methodology finds its origin in interpretivism and its interpretivist approach: phenomenology. This theoretical perspective in its turn rests on an epistemological position which is called constructivism (Gray, 2004).

Different studies on teenage pregnancy (Lesch & Kruger, 2004; McIlwaine & Datta, 2004; Kaufman et al., 2001), but also on other relating social issues such as gender relations and sexuality (Harrison, 2008; Varga, 2003) align themselves with a social constructionist perspective. This perspective also served as a theoretical point of departure for this study. Constructivism is defined by Paul (2005) as ‘an interpretative stance which focuses on meaning-making activities of active agents’ (p. 60). In this sense, meaning is constructed by subjects who form their own ‘subjective truths’. Truth and meaning are created by the subject’s own interaction with the world. This way of conducting ‘truth’ gives us insight into the way different people in different social positions construct their own realities and how they experience similar phenomena in different ways (Gray, 2004).

The phenomena to be studied here are the perceptions of different social actors about teenage pregnancy and factors leading to teenage pregnancy. It is assumed that there are multiple truths or realities; teenage pregnancy does not affect everyone in the same way, because not everyone’s life is identical and because its effect on people’s lives is not identical. Individual context crucially determines the (social) meaning of teenage pregnancy, shaping the ways it is perceived by those affected. During the research, stories of (future) young mothers and other people (in)directly involved with teenage pregnancy (such as adolescents, parents of (future) young mothers, teachers and nurses) were collected and used to answer the research questions.

Constructivism as an epistemological paradigm influences the theoretical perspective that is being used in this research. In this research the adopted theoretical perspective is interpretivism and its phenomenological approach. Following Crotty, interpretivism looks for ‘culturally derived and historically situated interpretations of the social life-world’ (p.20). This statement supports the design of this research since its aim is to identify personal perceptions of different actors about certain phenomena within its historical, cultural and especially social context. Through interaction

with their direct environment - family, community, society, culture - individuals actively construct the meaning of their own experiences; their perceptions.

Phenomenological research is based upon description and interpretation of these experiences and perceptions. It emphasizes inductive logic and focuses on subjective experiences of individuals. The collected perceptions and interpretations consist of subjective stories of (future) teenage mothers and other people (in)directly involved with teenage pregnancy (such as parents, adolescents, teachers and nurses) and its given meaning within its context.

In the previous section it has been explained that value is being given to people’s personal interpretations of their experiences. To gain more insight in how the participants interpret their experiences and how they perceive teenage pregnancy, how they perceive the factors leading to pregnancy and which underlying factors and assumptions may influence their perceptions, multiple qualitative research methods were used. Observations during the two and a half month research period in different settings, in-depth, semi-structured interviews with the individual participants, and focus group discussions with various parties have been conducted. More information about the methods will be provided further in this chapter. In the next section the participants of the research will be introduced.

3.2 Research participants

Two different groups of participants are mentioned in the research question of the current research. The (future) teenage mothers, as well as ‘other people (in)directly involved’. This group constitutes parents of (future) teenage mothers, adolescents (boys and non-pregnant girls) and people who are confronted with teenage pregnancy through their work, such as school teachers and nurses. These people all play a key role in the current research. In the following sections I will explain the selection procedure of these participants and I will give more specific information about them.

3.2.1 Selecting the participants

After my arrival in Robertson, the first week I had an appointment with two staff members of the municipality. I spoke to Celeste Matthys, who has been my contact during the preparations of the research while I was still in the Netherlands, and Daniel Baaijkes, who is head of the ‘Youth, Development and Sports’ department of the municipality. During this meeting I discussed my research proposal with them, after which I was able to plan my research activities. I originally planned to analyze available information or documented outcomes of programmes implemented by the municipality to gain information about the municipality’s perceptions and objectives in relation to teenage pregnancy. However, since the municipality did not have any documents available with information about the occurrence, causes or consequences of teenage pregnancy, nor had they someone working particularly with pregnant teenagers or young mothers, this seemed impossible. Regarding the objectives and planning of my research not much had changed though. I decided to rely on my conversations with Daniel and Celeste which gave me a clear idea about the municipality’s thoughts and concerns about teenage pregnancy. Also my time spend at the municipality’s Youth Advisory Center (YAC) gave me an impression about the municipality’s desired changes concerning issues around teenage pregnancy.

The next important step was defining my group of participants. In cooperation with Daniel I defined the target group, made a selection of schools I would visit and we set up appointments for these school visits. He also helped me searching for other places where I could find pregnant girls or young mothers to participate in my research, and finally throughout the research he also introduced me to friends who themselves had either a pregnant daughter or daughter who had become mother at a young age, or knew someone in this particular situation. During my stay Daniel also introduced me to social workers and staff members of local NGOs who could possibly help me finding respondents, or provide me with useful information about the context in which the girls lived. Meeting different people ‘from the field’ helped me exploring the environment, broadening my knowledge and expanding the useful contacts and informants for my research. I maintained these contacts very carefully during my stay, which gave me the opportunity to make
use of their social networks. Through their social networks I did not only find pregnant girls and young mothers who were willing to participate in my research, but also other respondents whom I considered useful to learn more about the constructed meaning of teenage pregnancy and to create a broader understanding of the social context in which teenage pregnancy occurs.

As a result of cooperation with the Robertson Gemeenskaps Dienste (social work department), with four secondary and combined schools, several public health clinics and the efforts of many other people I have met during my stay, I have interviewed different girls from the five different towns, various parents and stakeholders, and I have been able to conduct several focus group discussion with among others non-pregnant girls, adolescent boys and adult mothers.

Investigating these peoples’ perceptions about the social meaning of teenage pregnancy, but also about contextual factors which influence the lives of young people in South Africa, allowed me to obtain a general idea and a broader understanding of the meaning of the context in which teenage pregnancy occurs and about the current issues which play a role in adolescents’ life.

3.2.2 (future) young mothers

The main focus of my research has been on the perceptions and experiences of (future) teenage mothers. For this research, 22 young (future) mothers have been interviewed from which 12 were still pregnant and 10 were mother. The ages of the girls ranged from 16 to 23 years, with an average age of 17.9 years. All the young mothers who have been interviewed had their baby between the age of 14 and 19 and the pregnant girls I interviewed were not older than 19 years old.

Only Black and Coloured girls were included in the research, nine from the twenty two girls were Black, and the remaining thirteen girls were Coloured. Within these two ethnic groups, teenage pregnancy numbers are highest (in comparison with Whites and Indians) and the phenomenon is often recognized as a problem.

During the research I noticed that the girls’ cultural backgrounds or ethnicities were not necessarily directly correlated with their economic situations. The girls’ families’ economic situations varied greatly. The majority of the girls’ parents were engaged in either seasonal work (which often means that salary is earned approximately only eight out of twelve months) or low paying jobs. However, I have also included girls whose parents have more professional and high-earning jobs (such as teachers or managers). The majority of girls lived in one of the townships of the area, and some of the girls lived in wealthier areas of the towns.

Ten out of the twenty two girls grew up in a single parent home (mostly without a father) and eleven girls with both a mother and a father. One of the girls was raised by her aunt and older sister. Only two girls were only child, the rest of the girls had at least two but often more than two siblings. Seven girls had a sibling who had had a child during their teenage years. These were often older siblings.

Twenty from the 22 girls were still enrolled in school. All twelve pregnant girls were still going to school, and eight out of ten young mothers went back to school. Some with a one or two year delay, others within the same year of the birth of their baby. All pregnant girls planned to return to school after giving birth, to what extent this is possible was uncertain however.

3.2.3 People (in)directly involved

Besides (future) young mothers, I have included people (in)directly involved with teenage pregnancy. These other people existed of parents of (future) young mothers, different groups of adolescents and people who were engaged or confronted with teenage pregnancy through their work. Five parents (four mothers and one father) have been interviewed; four of them had their daughter participating in the research. One of the parents’ daughter was not interested in doing an interview.

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The concepts of (future) young mothers and (future) teenage mothers are use interchangeably during the research.
Also different groups of adolescents have participated in focus group discussions. Non-pregnant girls and adolescent boys, all school going, have been involved. More information on numbers of participants, amount of discussions and the procedure will be given during the section on the focus group discussion.

Finally, different adults, who experience teenage pregnancy through their work, participated in the research. During the research period three teachers, two nurses, one school principal and one NGO staff member have been interviewed. More information about these interviews and other used methods will be provided in the next section.

3.3 Research methods and procedure

During my research I perceived the participating adolescents as ‘active social agents’ who could help me gain a fuller understanding of their lives and experiences with early pregnancy by sharing their experiences and perceptions with me. Their personal interpretations of these experiences are of great value for my research. To capture these interpretations as good as possible I made use of several research methods. To gain more insight in how the participants experience and perceive teenage pregnancy and how they perceive factors leading to teenage pregnancy, communication of experiences is very important. The methods mentioned earlier such as semi-structured interviews and focus group discussions proved to be effective tools to gain this information. Also observation and informal conversations gave me the opportunity to gain a better understanding about the lives of the participants. Given its emphasis on the inductive approach and the open and flexible character of the methods it was well possible to pick up a lot of information and factors, also factors that were not part of the original research focus. The use of multiple methods was also important because it allowed methodological triangulation. Since all methods have their own strong and weak aspects, triangulation increases the credibility of the research by providing compensation for the weaker aspects of every technique (Gray, 2004). In the next sections, I will discuss the research procedure.

3.3.1 Interviews

One of the main sources of data for this research was qualitative, semi-structured interviewing. For the current research I conducted 22 interviews with either pregnant girls or young mothers. Fifteen girls were approached through schools, three girls I had met at the public health clinic in their neighborhood and four girls were approached through different contacts I had made during my stay.

All interviews except one were conducted in either separate rooms at schools or clinics, or at the girls’ homes. When the interview took place at the girl’s home I was able to get a room with enough privacy for the girl to feel comfortable to talk openly. Only one interview was conducted during a house visit where there was no possibility to talk in a separate room. During the interview the mother and sister of the girl were walking in and out of the house and the two young children of the girl were asking her attention constantly. However, it seemed this was not holding her back from telling her story and eventually the conversation felt very natural. Even though the interview did not take place in favorable circumstances, I consider it as useful because the conversation felt natural and the respondent was not reluctant to talk.

The interviews that took place at the schools were conducted during school hours, with permission of the principal or Life Skills teacher. Before the interview started I would ask the girls if they found it disturbing to miss classes or breaks, which none of them did. The interviews at the public health clinics were conducted on the ‘reproductive health and family planning’ days which each clinic schedules on one particular day during the week. During those days I would spend a whole day at the clinic and I would approach girls if they were interested in doing an interview with me. It happened that many girls either were not interested or they were interested but did not have the time or opportunity due to work or other obligations.
Regarding the issue of informed consent from different parties involved, I considered the consent of the girls most important. During my research I have put much emphasis on the value and importance of adolescent’s voices and I considered them as competent actors, capable of making responsible decisions. Besides permission of the girl, I would also discuss this matter with the schools and clinics I visited. After introducing myself at the different schools and clinics I had set up a form which included a short introduction of myself and in which I explained the purpose and objectives of my research. Six out of eight school principals of the different schools gave me their consent to interview girls through their schools. For the clinics I had to approach the head of the department of health. I introduced myself through mail and I explained the purposes of my research and my wish to interview pregnant girls and young mothers who make or made use of the services of the public health clinics. After getting his permission I could approach girls during their visits to the clinics. A third party from whom consent could be asked was from the girls’ parents. This was only necessary for the schools since the girls I have interviewed through the clinics all had reached the age of 18 years.

As I mentioned earlier I considered the girls’ consent as most important and sufficient to let them participate in the research. However, I would also discuss the importance of parental consent with the schools since the girls I used for my research were under their responsibility during the time of the interview. This is why I let the school decide whether they found it necessary to ask permission from the parents of the girls. I did not want to undermine their authority and I understood their obligation towards parents to clarify what is going on with their children during school hours. Eventually one school asked me to set up a form in which I explained the purposes of my research and asked for the parents’ consent to interview their daughter. In that school, I only interviewed those girls whose parents had given their consent.

Before starting the interview I was always careful to explain who I was, what the nature of the research was and what type of interview I planned to do. After that I would ask if they were willing to participate. If they were, I would tell them participating was on a voluntary basis, explaining them their right and the possibility to withdraw at any moment, that they would not have to answer a question when they felt uncomfortable doing so. I would also assure their anonymity and confidentiality of information. After introducing myself and explaining the purposes of the research and their rights, I asked them if they would want to fill out a short questionnaire which provided me with practical background information such as age, ethnicity and the girls’ family situation. Before we started the interview I asked the participants if they would allow me to use a voice recorder. It seemed that none of the participants had difficulties with that.

All except for two interviews were conducted in English. I discussed this with the school principal or the involved Life Skills teacher beforehand. It seemed very well possible since on Coloured schools various classes are held in English and on Black schools all classes are conducted in English. During the interviews I sometimes sensed that some Coloured participants felt uncomfortable expressing themselves in English. When this occurred, I asked them if they were comfortable if I would ask the questions in English and they could answer me in Afrikaans. Usually I would ask them in Dutch if they could speak slowly for me to understand them. I would use the Afrikaanse word ‘stadig’, which means slowly. This usually would break the ice.

A very nice thing to notice was that most girls would automatically answer my questions in English which seemed not to be an obstacle for them anymore. When girls kept on talking Afrikaans, I would translate the interviews afterwards, when necessary with a translator. For two girls I used a translator during the interview, since I knew beforehand they had withdrawn from secondary school before 8th grade. This makes it more likely that their level of English is not sufficient enough to do the interview in English. The use of a translator did not cause any difficulties or problems.

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19 Two schools did not respond on any of my attempts to make a new appointment after they had given me their consent.
20 From the ten girls I approached, five parents gave permission for me to do the interview. From what I know, two parents did not want me to interview their daughters and two parents did give their permission but due to time constraints I was not able to interview the girls.
Most of the time I had never met the participants before doing an interview with them. It is often stated that getting to know your respondents through informal conversations and spending time with your with them during informal meetings or workshops helps with building a trustful relationship which can be useful to make the respondent feel more comfortable and be more open. However, I think this was not an issue for my research. I felt my respondents had the capability to ‘sense’ the situation and form an idea about me as a researcher and their personal will of sharing their story with me. Not knowing me made it possibly even easier to share these stories. One of the respondents said before we started the interview: ‘If you don’t know the person you talk to, you feel more free to talk because they won’t think bad about you’. (Young mother, 19 years old)

Before starting the interview I would make sure I took enough time to introduce myself, to explain the goals of the research and especially what they could expect from the interview. After this introduction I usually asked some questions about school, or other topics of interest. I would again tell them that they were not obliged to participate in the interview and that it is understandable if they would not be prepared to talk to a stranger about their personal life. After they still agreed on participating in the interview and as I felt the girls were comfortable with me, with the situation and with being interviewed we started the interview.

I experienced the interviews with the (future) young mothers as positive and open. The majority of the girls were very open and honest and willing to share their experiences and opinions with me. Also I found them very well capable of expressing their thoughts and feelings.

Furthermore semi-structured interviews were held with five parents of (future) young mothers. The group of parents consisted of three mothers and two fathers who all but one had a daughter who participated in the research. I approached the parents through contacts I had made during my stay. When I approached them I would firstly introduce myself and explain the purposes of my stay and research. When they decided to participate we would usually make an appointment for the interview to take place. All interviews were held in the participant’s homes where I had access to an appropriate room with enough privacy for the parents to talk openly. Privacy was a very important requirement in order to make the participant feel comfortable and to maintain the quality of the interview because it enclosed rather personal questions. A translator was only used once.

The choice to interview parents was based on my expectation that this would give me great insight into relationships between parents and their daughters and how they view different aspects of their relationship. Since good communication and an open relationship with parents is valued as a factor which could reduce teenage pregnancy by many adolescents, I thought it was very important to gain more knowledge about how parents perceive the value of communication and openness between them and their children. Another important theme of the interview comprised parent’s perceptions about teenage pregnancy and about how they perceive their role as parents.

The parents I have interviewed were found to be very open and honest. All parents were able to look critically at their personal situation and explained me how they felt about different things. The fact that they showed me their emotions openly was a sign for me they took the conversation very seriously.

The last group of people I have interviewed were different people who were engaged or confronted with teenage pregnancy through their work, such as school teachers and nurses. Before I started my research I had not worked out yet which stakeholders I wanted to incorporate in my research. During my stay I had met several people working with youth, and some people with pregnant girls and young mothers in particular. The group of stakeholders I eventually interviewed consisted of three Life Skills teachers, two nurses, one principal of a combined school and one staff member of a local NGO. Several of them I had already been in contact with because they had helped me finding my girl respondents. After I had decided to approach them they reacted very enthusiastic and agreed to be interviewed for my research. Other stakeholders I had approached solely for an interview. If this was the situation I would first introduce myself and explain the objectives of my stay and research. I experienced that all stakeholders were willing to do the interview, as they all described the prevalence of teenage pregnancy as an important issue in need of attention. All seven

21 I will refer to this group of people as ‘stakeholders’ in the remaining part of this chapter.
interviews were conducted in a quiet room with enough privacy in order for the participants to talk openly. No translators were used because the level of English of all participants was good enough for the interview to be held in English.

I wanted to interview different stakeholders to get an impression of the overall attitude towards teenage pregnancy. I think their views on teenage pregnancy partly form the social context in which teenage pregnancy is given meaning to. During the interview I would particularly ask questions about their perceptions about youth in general, about how they see youth and what they expect from them. I would also ask questions about the context youth grow up in and how they think this influences their behaviour. Other questions were about their perceptions about different aspects of teenage pregnancy and contextual factors leading to teenage pregnancy.

Also the stakeholders were very helpful and they have provided me with very useful information. As I mentioned earlier, all stakeholders seemed very eager to contribute to the understanding of teenage pregnancy within its context and share with me their knowledge and perceptions about teenage pregnancy and its related issues.

### 3.3.2 Focus group discussions

The second research method I used was focus group discussions. Throughout the whole research period I conducted seven focus group discussions with diverse participants. Not only did I do group discussions with young mothers or pregnant girls, I also included boys, non-pregnant girls and older mothers. As my research progressed I realized talking to different social actors would complement to my research and it would provide me with information from different perspectives in order for me to place teenage pregnancy within a broader context. I have chosen for focus group discussions over one-on-one interviews, firstly because of time constraints; doing focus group discussion made it possible for me to include more people. The second reason why I preferred group discussions over interviewing was because of the greater possibility for participants to give personal input. Since I was not as familiar with some of the topics as I was with the topics during the interviews, I felt I could learn from the participants and leave the opportunity for them to raise relevant subjects which I had not thought about, and also leave enough room for them to discuss them with each other.

The seven groups consisted of two groups of boys between 16 and 19 years of age; one group from Langeberg Sekonder and one group from Zolani Ashton Combined. Both groups counted three participants. There were three groups of non-pregnant, school going girls between 16 and 18 years; one group from Langeberg Sekonder which consisted of three girls, one group of Zolani Ashton Combined which consisted of three girls, and one group from Masakheke Combined and this group consisted of seven girls. Also a research group from a local secondary school who had done research about teenage pregnancy on their school was included. This group consisted of eight girls and one boy. Their ages were between 16 and 18. The last group consisted of twelve pregnant women and mothers between the ages of 15 and 38. This group of people was selected for a social event which I had organized with a social worker from Robertson (Eltesia) and the NGO ‘LoveLife' which has been active in Robertson and its surrounding areas for several years now. They are promoting the ABC (Abstinence, Behavioural Change and Condom Use) approach to fight HIV/AIDS and teenage pregnancy. The latter might have caused reluctant attitudes towards the questions we discussed because of the message LoveLife stands for and because of its overall attitude towards sexual behaviour among teenagers and towards teenage pregnancy. However, this discussion was a good opportunity for girls and adult women to share their opinions and experiences about sexual behaviour, teenage pregnancy, the responsibility of parents and the importance of communication.

I approached most participants through the schools at which I already had done interviews with girls and teachers. The teachers would help me find suitable respondents for the group discussions. The group discussions with the boys, non-pregnant girls and the research group were conducted at the schools in private rooms. I tape recorded all but one and during the discussion I did not tape I made notes. Per group, its members shared characteristics such as age, daily activities and social position. The discussions had a structured organization with the opportunity for me to introduce different topics of my interest. However, I left enough room for the participants
to ask me and each other questions, to bring up new subjects of their own interest and for conversation.

Before starting the discussion I would introduce myself and explain the objectives of my research. I would ask them if they were interested in participating in the group discussion and if they felt comfortable talking about teenage pregnancy and relating issues. I would also assure them privacy of personal information and that I would not use the information they would give me during the interview for other purposes than my research. Also I would tell them their participation was on voluntary basis and they were allowed to withdraw at any moment of the interview. The duration of the group discussions varied between thirty minutes to one and a half hour.

For each group (boys, non-pregnant girls and the social event group) the focus of the interview was different. During the research process, the interviewing of girls, parents and stakeholders, I had identified several issues and contextual structures related to teenage pregnancy about which I wanted to talk about with different people. For example, the topics I discussed with the boys included the meaning of being in a relationship, sexual behaviour and the relationships between boys and girls. With non-pregnant girls I talked about their attitude towards different aspects of teenage pregnancy, what it means for a girl to fall pregnant and how this relates to her personal situation. With the adult women I discussed parental responsibility and the importance of communication.

Because I perceive the meaning of teenage pregnancy as socially constructed I believe it can mean different things to different people. This is the main reason why I decided to do group discussions with people in different social positions. In addition to the interviews, the group discussions have given me new insights which add to the understanding of the meaning of teenage pregnancy within its social and cultural context.

3.3.3 Observations and informal conversations

The last methods I used were unstructured observation and informal conversations. As discussed earlier, during my research I recognized context as playing a fundamental role in the process of shaping perceptions and views about teenage pregnancy. I used observations and informal conversations as tools to learn more about the environment and context in which young girls grow up and in which they have to deal with early pregnancy or young motherhood. For example, during my days at the public health clinics I could observe the interaction between staff members, older people and youth and learn about their attitude towards family planning in relation to young girls and teenage pregnancy. Another example is my time spent in different townships with the social worker I mentioned earlier. In order for us to organize the social event we approached pregnant ladies at their houses. This gave me the opportunity to see how they spend their days, to become known with the neighbourhood they live in and to make small talks with the girls, their boyfriends or family.

The different girls and their families I have approached and talked to were found to be very open and willing to share. I felt very welcome during my visits and our conversation happened to be very natural and useful.

The use of semi-structured interviews and focus group discussions has been very valuable for my research because of its opportunity for dialogue. Since I am asking for participants’ personal experiences and perceptions about teenage pregnancy and its relating issues, I wanted people to open up and let them express themselves in their own terms. It also gave me the opportunity to let the respondents ‘decide’ which topics and factors for them were most important and influential. This connects with the exploring and descriptive character of the research. The conversations gave me new insights about the meaning of teenage pregnancy, about the context in which it occurs and about how these two relate and interact with each other. This also gave me inspiration to conduct more focus group discussions than I initially had planned with different groups of respondents.

The data I have collected for this research give me insight in how different people in different social positions construct their own realities about teenage pregnancy in different ways. Contextual factors, underlying assumptions about different social issues and individuals’ own experiences all contribute to their meaning-making process.
3.4 Data analysis

During and after selecting the data through the different methods, all the conducted interviews were transcribed. After that, various steps were taken to create a good overview of the girl’s and other stakeholder’s perceptions on different aspects of teenage pregnancy and various factors leading to teenage pregnancy. The first step was a structured reading of the transcripts of the interviews and focus group discussions, and a review of important notes collected during the observations and informal meetings. Identification of core themes and important contextual factors was the second step taken to prepare a more structured scheme which eventually helped me analyzing the collected data. Through the created scheme and re-reading of the collected data I decided which themes to discuss more extensively than others. Also important and useful quotes of different respondents were selected this way.

3.5 Ethical considerations

As researcher you always carry ethical responsibilities towards every person involved in the research. Since this research is about teenage pregnancy, which is a very sensitive and personal topic, it is of great importance to pay close attention to ethical considerations. Following Alderson (2004), I understand ethics as a vital theme throughout my whole research (Alderson, 2004). According to Scheyvens and his colleagues (2003) there are three critical ethical concepts which should be included in the research. These are informed consent, privacy (especially confidentiality and anonymity) and conflict of interest. These concepts are embedded in the three main principles of doing ‘good’ research by Alderson (2004), which I followed during my research.

First there is the principle of respect and justice. This includes always respecting children and adults as sensitive human beings and trying to be fair. This covers the concept of privacy of the participants of the research. I perceived their privacy as a very important requirement in this research since it covers a sensitive and personal subject and because the outcomes of the interviews will partly be for the municipality’s purposes. Before starting the interview I would assure their confidentiality and anonymity explaining I am responsible for the information they gave me. I would also assure them that I will not use their personal names in any reports, that I will keep their identity private in all cases and that the obtained information will only be used for the purposes of this research.

Secondly, ‘good’ research incorporates rights based research, which involves respect for participation rights. The latter are crucial in doing research with young people since participation rights emphasize participants’ right to be well informed and to have their own views listened to during the research. This brings us to a very important ethical concept which is informed consent. Participants should be able to make a well informed decision about whether they want to participate or not. This meant that I informed the participants about the purposes of the research and made sure that they understood this as good as possible. I also informed the participants about their rights during the research, about the fact that participating in this research is on voluntary basis and that they could withdraw from the research at any time. Finally I informed the respondents about possible risks as well, such as the stress participation in a research on a very personal topic could give and the fact that some questions would be rather personal and therefore may be difficult to answer.

A particular issue concerning informed consent when working with adolescents is whether you decide to work only with their consent, or whether you find it necessary to obtain their parents’ consent as well. Your approach will make a statement about what you think the capabilities of the young people in your research are. I decided to only work with the consent of the respondents themselves since I perceived them as competent actors throughout the whole research, capable of making this decision. Also I think I informed them well enough about the research, about my
position as a researcher and about their position and rights as participants to make a well considered decision.

The third principle is that of best outcomes based ethics. This includes avoiding or reducing harms, and promoting benefits. In order to do no harm I have approached my participants with respect throughout the whole process. This means that I always considered the participant’s personal circumstances and I did not ask disrespectful questions to them.

An important issue which needed attention to assure the girls’ well-being during the interviews, were the underlying assumptions that came with my position as a researcher and my attitude towards teenage pregnancy. Since I am discussing a subject which is often perceived negatively by different people in the girls’ environment, I found it very important to make clear I did not view early pregnancy or motherhood as something negative and that I did not judge their behaviour or personal situation. Girls often get reminded to the negative sides of teenage pregnancy, and therefore their personal situation. Before, but also during the interview I explained them I was there to learn from them, that I was very curious about their personal stories and opinions and that I was sure they could help me to gain knowledge about their lives and experiences.

A last concern which I had considered beforehand was the possibility of sexual abuse or rape. Rape is an often mentioned cause of teenage pregnancy in South Africa. Before the fieldwork I was concerned about the sensitivity of the topic of rape or sexual abuse in relation to possible traumatic experiences of the girls. It was expected that the seriousness of the experience and consequences of rape or sexual abuse would acquire an even more careful approach, and maybe even further action. In practice however, as far as I know, I did not talk to girls who had experienced rape or abuse.
Chapter 4. Teenage pregnancy and relating issues

Introduction

After discussing more theoretical issues and backgrounds in relation to teenage pregnancy and this research, I will use this chapter to describe the phenomenon of teenage pregnancy in South Africa. In this chapter, attention will be paid to the prevalence of teenage pregnancy in the country and which (social) patterns can be discovered in its occurrence. Besides rates and trends, I will discuss different themes which are related to the subjective meaning and factors leading to teenage pregnancy. The important issues of sexuality and gender will be discussed. Both phenomena provide a context wherein sexual decisions among adolescents are made. I will also discuss the role of parents and peers in a girl’s life; two groups of people within her direct social environment who play a very important role. Within this context, I will elaborate on the role of communication in relation to sexual behaviour and teenage pregnancy. Finally, I will discuss the importance of school and a girl’s educational and life aspirations. All the discussed themes relate to the main questions of the current research; how is the social meaning teenage pregnancy perceived and which factors influence its prevalence?

4.1 Rates and trends

Statistics indicate that in South Africa, young low-income women are most vulnerable to sexual health problems like teenage pregnancy. Levels of poverty are intimately tied to the inequities in teenage pregnancy prevalence. Other indicators such as urban/rural residence, educational level, race and age are best viewed as markers for high-risk groups. This implies that being a teenage mother is more prevalent in rural areas (60 percent more likely), amongst women with lower educational attainment (a three-fold difference between completion of primary school and matric), amongst Black and Coloured women (a seven-fold difference in relation to White and Indian women) and the incidence was much higher amongst 18 and 19-year-olds than those in the earlier teenage years (Department of Health, 1999 & 2004). With roughly one in five girls pregnant at the age of 18, two-thirds of the pregnancies being unplanned or unwanted and unequal social patterns within its prevalence, teenage pregnancy in South Africa is perceived as problematic (Moultrie & McGrath, 2007).

As just discussed, unequal social patterns can be found in the prevalence of teenage pregnancy. The just mentioned indicators that mark high-risk groups mainly find their origin in the former racial segregation of Apartheid. This involved political, legal and economic discrimination against non-Whites in South Africa. The end of the apartheid era fifteen years ago has brought changes and different kinds of consequences to different racial groups. Inequality however still reflects the historical, cultural and economic legacy associated with being a member of a certain racial and age group in South Africa. Continuing poverty and inequalities between different age groups, race and gender are evident (Gelb, 2003) and still play a very important role in the prevalence of teenage pregnancy.22

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22 Access to resources, family structure, access to education and life prospects were and are still shaped by the racialized location occupied by South Africa’s various people. Although strict relationships between race
I acknowledge the role of poverty and still existing unequal chances and opportunities in South Africa as contributing to the prevalence and patterns of teenage pregnancy, however as showed and will be shown and discussed in the current research, consideration of factors other than poverty is of great need.

4.2 Teenage pregnancy in the realm of sexuality and gender

The link between unsafe sexual behaviour and teenage pregnancy is easily made. What is more complicated however, is the question why and how girls decide to practice unsafe sex. To provide a background for answering this question, the underlying issues of sexuality and gender are of great importance. Girls make sexual decisions according to what they believe is desirable or natural sexual behaviour (sexuality), and according to what they believe is normative behaviour for a girl their age (gender).

There is a growing consensus in social studies that sexualities and gender are both socially constructed and negotiated, a process referred to as social constructionism (Lesch & Kruger, 2004). The two concepts are understood in different ways by different people and they both depend upon each other. Both sexuality and gender are historically and culturally shaped concepts, which make it difficult to disentangle the two. This is best explained by McIlwaine and Dutta (2004) who describe the relationship as follows: ‘sexualities are a central resource in the construction of gender identities, while sexualities themselves are fundamentally shaped by gendered power relations’. Teenage pregnancy as a key issue in the realm of gender relations and sexualities makes it necessary to discuss the two phenomena. I argue that both gender and sexuality are not static phenomena, vary across culture and context and have the ability to respond to changing social, political or economic landscape. Here fore, it is important to pay attention to social, cultural and historical dimensions of sexuality and gender. It is within this context that multiple and changing constructions of sexuality and gender are negotiated and formed. Because sexual behaviour and attitudes often reveal wider social constructions of sexuality, it is important to understand its history and development.

South Africa’s recent history has known two important sexuality discourses that have had a profound influence on sexual practices and teenage pregnancy rates (Jewkes et al., 2009, p. 676). The first discourse, which is historically rooted in African culture, recognizes sexuality as a normal and healthy feature not only in relation to adults, but also in relation to adolescents. Within this discourse, adolescent’ sexuality is acknowledged and even celebrated (Delius & Glaser, 2002). There existed certain restrictions such as penetrative sex or private ‘get togethers’ between couples, but through youth structures and facilities for communal sexual activity (in buildings and on top of the blankets), sexual behaviour could be regulated. Youngsters who ignored these existing rules, got punished by their peers (Mager, 1999). This sexuality discourse is based on historical sources from 1930s-1950s and authors state that during the second half of the century, sexual socialization among adolescents changed. Due to political and demographic changes the regulating social structures disappeared, parents’ opportunities to take over this role were scarce and sexual attitudes of adolescents changed. Penetrative sex became to be seen as ‘modern’ and a lack of use of contraceptives resulted in unsafe sex and early pregnancies (Delius & Glaser, 2002).

The second discourse, which has its roots in ‘Victorian ideas in Christian morality’ (Jewkes et al., 2009, p. 677) is that sexual activity is highly stigmatized, especially for girls. Within this discourse, dominant sexual ideologies include ideas such as that sex is wrong and shameful, that sex should not be spoken about and that abstinence is highly favorable. ‘Good behaviour’ is expected and sex before marriage is disapproved. This second discourse is usually the framework from which teenage pregnancy or sexual activity among adolescents is understood. It often

and wealth are breaking down, it is still the case that the poorest of South Africa’s population are Blacks and Coloureds and it is within these populations that teenage prevalence is highest.

23 As described in Jewkes, 2009.
influences parents’ and other adults’ messages and responses towards sexual activity, which in turn influences adolescents’ construction of sexuality (Jewkes et al., 2009).

Also gender can be perceived as a socially constructed concept. As I described before, gender is closely related to sexuality and it is difficult to untangle the two; therefore constructions of gender influence ideas and decision-making about sex. The term gender is often used to refer to the ‘social construction of roles, responsibilities, and obligations associated with being a woman or a man’ (O’Sullivan et al., 2006, p. 100) and these roles can be practiced or considered in sexual relations and decision-making. O’Sullivan and colleagues (2006) describe (the content of) gender roles through scripts, which are ‘culturally stereotyped, sequential interactions between two people who are responding to each other’s cues and actions’ (p. 100) and these scripts ‘characterize the ways in which gender and sexuality are negotiated at different levels’ (p.100). A script often used in South African research on the influence and outcomes of gender dynamics is the ‘traditional sexual script’. This script prescribes different roles for men and women in relation to sexuality, and sees men as initiators of sexual interactions chasing all sexual opportunities, while women need to accept a more modest or passive attitude and adopt the role of a gatekeeper.

According to Morrell (2002), this script finds its origin in the influence of apartheid and colonialism. He states that ‘masculinity and power have been yoked together in South African history’ (p. 12). He refers to the influence of (firstly) the workspace and rural life in which a gender system in which men dominated at all levels was legitimized. Later, this pattern became also present in urban settings. Although gender power relationships in relation to sexuality already existed, Morrell describes that they became more strict and violent after the transition to democracy during the 1990s. The visibility of sex and sexualities in relation to growing violence led to high levels of gender based violence and increasing power for men. Within the construction of heterosexual relationships, women often lack the power to negotiate with whom to have sex, as well as when and how. Within this context, violence, coercion and male control are assumed to be part of normal sexual relationships (Wood, Maforah & Jewkes, 1998).

While some authors state that this script has been predominant in South Africa for many decades (Seal & Ehrhardt, 1999; Byers, 1996), different other authors state that this script is by no means a universal or definite one. Just like constructions of sexuality, constructions of gender need to be understood within sociocultural context and they can be challenged, changed or replaced for new scripts (for example Mantell et al., 2009; Harrison, 2008, Reddy & Dunne, 2007). For example, Mantell and colleagues (2009) found that young women students in South Africa resist and actively challenge existing unequal gender norms. Also O’Sullivan and colleagues (2006) recognized and emphasized the dynamic character of beliefs about gender regarding to sex. They show that both young men and women perceived the decision to negotiate or refuse sex for young women as normal or even preferable, and different men wanted women to feel free to be sexual beings. Also negotiating condom use was seen as something normal and open for both men and women.

As we see, norms and beliefs regarding gender and the position of (young) women in sexual relationship are changing. Their position grows stronger and both men and women become more aware of a woman’s position within a sexual relationship. There remain difficulties however.

Although perceptions about gender norms are changing, whether (young) women actually feel empowered and capable of negotiating personal beliefs and wishes within sexual relationship stays difficult. This is still very much dependent on the structure of persistent gender relations and how power dynamics between men and women are practiced and negotiated within the community and social context. For example, within a context where female passivity or male assertiveness regarding sex is still expected, gender roles as a result of accepted and dominant social norms can continue to exist (O’Sullivan et al., 2006). Herefore it is crucial to understand and describe general perspectives in which personal beliefs are formed and decisions are made.

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24 This definition also concerns other social issues such as work or social relationships but for the current research I will focus on the role of gender in a sexuality-related context.
As I just discussed, sexual decision-making occurs within a context of existing beliefs about sexuality and gender. These beliefs influence or guide the ways in which young people form their own views, negotiate sex and make sexual decisions. Therefore, to understand how sexual decision-making takes place among adolescents in Breede River, I want to describe personal understandings and beliefs about sexuality and gender within its context of occurrence. Existing social norms about sexuality and gender both influence these understandings and to what extent these understandings can actually be practiced. The socially constructed and dynamic character of both constructions shows the importance of a context specific understanding of sexualities and gender.

4.3 A girl’s social environment: the role of parents and peers

In this section I want to pay attention to a girl’s direct social environment, and in particular to the role of her parents and the role of peers. Research states that both are important actors in young girls’ lives, and as we will see later in this thesis, this corresponds with my own findings. Research shows that girls spend a lot of their time within their home, which often means that they spend a considerable amount of time with their parent(s). Another important social setting where many girls spend a great deal of their time is at school. Within this context, they interact with peers, and girls recognize them, besides their parents, as an influential group of people in their lives (Shelmerdine, 2006; Rutenberg et al., 2001). Through the relationships girls have with their parents and peers, both groups can influence and determine girls’ views and ideas about different issues (amongst others sexuality and gender).

This phenomenon is explained by Valentine (2000) through the processes of familialisation and individualism. He describes youth on the one hand as vulnerable and a-sexual beings in need of parental protection and care. Familialisation conceptualizes youth as still dependants, defined in opposition of adults. Within this frame, a big responsibility of care is assigned to the parents. On the other hand, the process of individualization is apparent. This process allows adolescents to break away from the just called (dominant) constructions of what it means to be an adolescent. This approach derives from conceptualizations of rights and entitlements and recognizes youth as meaning making and independent social actors. Within this process, parents are not the main or only characters anymore. Meaning making about different issues such as education and church, but also sexuality and teenage pregnancy is also influenced by peers. Valentine (2000) states that ‘peer group cultures emerges as an important force in shaping alternative [italics added] views as it enables youth to manage the tensions between conformity and individuality’ (p. 485).

It is within the processes of familialisation and individualization that youth face different influences and messages from different social groups, which include their parents, peers and people in wider social society. This is where adolescents will be confronted with a variety and often contradicting messages about sexuality and teenage pregnancy.

In the current research, I perceive parents as well as peers as influencing actors in youth’ lives. Both groups of social actors influence the process of meaning-making and sexual decision-making among adolescent’ girls. How this occurs will be discussed in the following chapters.

An important means within these social relationships is communication. Communication has been subject of considerable South African research in relation to (unsafe) sexual behaviour and indirectly to teenage pregnancy (see for example Namisi et al., 2009; Phetla et al., 2008; Lesch & Kruger, 2005). Different studies show that communication between parents and adolescents about sexuality is of vital importance in how adolescents behave sexually, but especially in the sexual decisions that they make. This can go different ways. On the one hand it seems that parents can influence their daughter’s sexual behaviour in a positive, or protective way, as in that girls are less likely to become pregnant under the age 18 when they talk to their parents; in such situations girls are more likely to consider and discuss contraceptive use with their partner (Ogle, Glasier & Riley, 2010).

I perceive the concept of communication as rather broad, and as you will see in Chapter 6 I also include parental and peer messages and communication does not necessarily has to be a conversation.
On the other hand, a study of Lesch and Kruger (2005) showed that mothers can also play a harmful role in how young women construct their own sexuality. They state that the relationship and communication between a mother and her daughter contributed to limited sexual agency during a girl’s sexual experiences. A mother’s (negative) influence on her daughter’s agency was exercised through the used ‘discourse of danger’ which labels sex as dangerous and undesirable. Because of this attitude not much room was left for girls to ask questions or share thoughts about sexuality or relationships (Lesch & Kruger, 2005).

It is important to mention that the majority of research on communication about sexuality focuses on the relationship between daughters and their mothers. Not much research is done about the role of the father. This is probably because there still exist ideas that it is the role of a mother to communicate with her children and different research on parental communication state that girls often talk more easily with their mother than to their father (Namisi et al., 2009; Phetla et al., 2008).

Many girls of the current research often have been raised by their mother, and three out of five parents who participated in my research were single mothers. So when I talk about communication with parents it often constitutes mothers. However, I do want to focus on the role of mothers as well as fathers. First of all because a proper amount of girls mentioned the importance of their father in relation to communication about personal issues. And secondly several fathers I have interviewed perceived communication as a responsibility of both parents. To educate their daughter about sexuality related issues and to create a safe place for their daughter to discuss personal issues are also important matters for fathers.

Another important comment is that the majority of the research done thus far in the South African context focuses on sexual behaviour and knowledge of youth, and only little attention is paid to its relation with teenage pregnancy. Teenage pregnancy is often perceived as an (unwanted) outcome of youth sexual practices. As will come clear in the following chapters, I partly discuss early pregnancies from this perspective also. However, I also want to pay attention to the prevalence and meaning of teenage pregnancy itself in relation to the relationship and communication between a girl and her parents.

Communication within peer groups is another important factor in a girl’s life. South African studies have focused both on positive and negative outcomes (for example Selikow, Ahmed, Flisher, Mathews & Mukoma, 2009; MacPhail & Campbell, 2001). Communication in relation to peers is often translated into sharing experiences and transmitting knowledge when it involves positive outcomes. When it concerns negative outcomes of communication among peers however, it is often referred to as ‘peer pressure’. Expressed messages within a peer group influence girls’ meaning making and reasoning about certain topics. Within a context where peers play an important role in adolescents’ lives, gaining knowledge, developing views and sexual decision-making are processes which will be influenced by peer norms and communication (Selikow et al., 2009).

4.4 Education and aspirations

Education and having aspirations and opportunities are related to the prevalence and meaning attached to teenage pregnancy. These relationships can take different forms and can be explained in different ways.

Firstly, education can be related to teenage pregnancy in two ways. On the one hand, the importance of education and the belief that an early pregnancy highly interferes with educational success, influences the meaning attached to teenage pregnancy in a negative way. Here teenage pregnancy is perceived as an important cause for school drop out. On the other hand, education is perceived as an important factor influencing the prevalence of teenage pregnancy. Different research has shown that educational achievement can affect adolescents’ sexual debut, contraceptive use and therefore teenage pregnancy (Chigona & Chetty, 2008; Grant & Hallman, 2008; Flaake, 1993).

26 These were two male teachers and the interviewed father.
Teenage pregnancy becomes less likely when girls follow several years of education and get good results at school. Simultaneously, fewer years of education and bad results increase chances of early sexual debut and teenage pregnancy.

Secondly, along the same line, having well developed (educational or work related) aspirations can also influence the prevalence of teenage pregnancy. This idea comes from Stern (2004) and he states that ‘girls who have aspirations for the future that are well developed and that go beyond motherhood and marriage are considerably less vulnerable to pregnancy than girls who do not have such aspirations’ (p. 195). Within this context, aspirations can have a positive influence on sexual delay, contraceptive use and teenage pregnancy.

Conclusively, both educational success and having well developed (educational and work related) aspirations can thus operate as protective factors.

Educational success and aspirations are closely linked to educational and employment opportunities within the area. Herefore, I will firstly discuss educational and job opportunities for youth in South Africa, then I will elaborate on the role of education in relation to teenage pregnancy and finally I will describe the influence of having well developed aspirations on sexual decision-making and teenage pregnancy.

Youth, or adolescents form a large part of the South African population with 22.9 percent of people between 15-24 years old (Stats SA, 2005) and their development and contribution to society has been given high priority in a variety of sectors. Over fifteen years into democracy now, South Africa offers an ideal context in which to examine youth’s opportunities with optimism, with more educational and employment opportunities for all groups (Madhavan & Thomas, 2005). A high value is placed on the outcomes of education and education is perceived as the most important way for youth to enlarge their changes later in life regarding further schooling and job opportunities. The educational achievements of youth through the secondary school years lay the foundation for post school attainments, influence the type of work someone can undertake, and the type of lifestyle he or she may consequently live. Formal education is perceived as the key to upward mobility for young people, and indirectly for society as a whole (Grant & Hallman, 2008; Madhavan & Thomas, 2005).

Nowadays, the rates of educational attainment for boys and girls in South Africa are one of the highest in Sub-Saharan Africa. Overall, education aspirations have risen in the post apartheid era. However, while enrollment in primary school is almost a hundred percent, there is still enormous variation in the rate of children and adolescents attending, progressing and completing secondary school. In post apartheid South Africa, there has been an enormous increase in the number of young people among all ethnicities who get their matric certificate. But despite increasing numbers, many young people have trouble completing this level. In 1999, only 36 percent of 20-24 years old matriculated (Stats SA, 2001). According to statistics in 2005, among 24 year olds, 48 percent completed secondary education. However, there was a considerable difference between population groups with only 31,6 percent of Blacks completing their secondary education, 36,2 percent Coloureds, and Whites had the highest score with 48,9 percent. The percentage of adolescents with at least some level of secondary education is much higher though. At the age of 17, 69,7 percent have at least some secondary education (Stats SA, 2005).

Clear differences are also found in job opportunities and employment between different ethnic groups among youth. In a study of Mlatsheni (2002) she states that in 1999, according to the definition of unemployment of the International Labour Organization (ILO), 58 percent of young (economically active) South Africans could not find a job. There are clear patterns of inequality between age groups, race and gender (Mlatsheni, 2002). Especially in rural and semi-rural areas, job opportunities in general, but also for youth are scarce. This is what I have noticed in Breede River as well.

As explained in the beginning of this chapter, there are different reasons to discuss the role of education, aspirations and existing educational and job opportunities for youth in relation to sexual

\[27\] As cited in Olthoff, 2006.
activity and teenage pregnancy. A relation that I briefly mentioned was that of teenage pregnancy as interfering with school enrollment and educational attainment. Since school enrollment among youth in South Africa is relatively high, many of the early pregnancies that occur concern girls who are still attending school. This contributes to the problematization of teenage pregnancy. This issue will be discussed in the following part. I also stated that it is both educational achievement and the presence of well developed educational and work related aspirations that can affect sexual delay, contraceptive use and teenage pregnancy.

To start with the first relation that has been discussed; the (negative) influence of teenage pregnancy on educational enrollment and attainment. This finding has been recognized in research worldwide, both in developed as well as developing countries, including different South African studies. Sexual activity and pregnancy as a consequence are described as dangerous factors which (negatively) affect grade attainment and subsequently employment. Pregnancy is perceived as highly interfering with education and often perceived as an important cause of school drop out or delay (Grant & Hallman, 2008; Marteleto, Lam & Ranchhod 2008; Eloundou-Enyegue & Stokes, 2004). There are some important points of discussion regarding South African research however.

Firstly, most studies on school drop out in South Africa focus on school drop out more in general rather than pregnancy-related. Factors such as family structures and household economic resources and labour demand are mentioned as influential (Grant & Hallman, 2008; Edmonds, 2004). Additionally, other than in many developing countries, school continuance is a realistic option for pregnant teenagers and young mothers in South Africa. The availability of financial resources and care giving assistance are influencing factors (Madhavan & Thomas, 2005). According to Kaufman and colleagues (2001) this opportunity is also strongly related to a long delay before the birth of a second child. In South Africa, early childbearing does not mean rapid or continuous subsequent fertility. It seems that early age in childbearing is associated with a pattern of a delay in fertility after the first birth.

As discussed earlier, the second type of relationship between education and teenage pregnancy concerns the influence of education on the prevalence of teenage pregnancy. The interconnections between education, sexual initiation and early childbearing have been subject of considerable research in South Africa. It seems that school enrollment and years of schooling are positively associated with age of sexual debut and postponement of teenage pregnancy (Lloyd & Mensch, 2008). In addition, a study of Grant and Hallman (2008) shows that girls who invest more time in their education were less likely to fall pregnant. Intrinsic motivation and having aspirations is perceived as an important (protective) factor.

A point of discussion regarding the influence of education on the prevalence of teenage pregnancy is in line with one of the critiques mentioned earlier; not much attention is paid to other influencing factors. Many studies describe the protective role of education as a direct relationship, where factors such as familial support or outside school activities can also play a role.

In line with the previous, also the idea of Stern that having well developed aspirations can motivate girls to postpone teenage pregnancy has briefly been discussed. I have not found much South African research on this topic but an article which relates most is of Kaufman et al. (2004). In her study, which was conducted in South Africa, she describes the influence of community related contextual factors on sexual behaviour of adolescents. She tries to place sexual risk (HIV/AIDS and pregnancy as a consequence of unsafe sex) in the context of community life and states that the extent to which adolescents perceive community opportunities - and then take advantage of them - will shape their sexual risk-taking behaviour. Kaufman uses the following quote to clarify her hypothesis: ‘The opportunity structure and the normative context [of local communities] are posited to affect sexual contraceptive behaviour indirectly through their influence on the young woman’s beliefs … [and her motivations] to avoid the possible consequences of unprotected intercourse’ (Brewster, 1994, as cited in Kaufman, Clark, Manzini & May, 2004, p. 263). Kaufman

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28 Possibly with one or two years of school disruption.
has tried to understand the influence of (perceived) opportunities regarding *education*, *work* and *activities* on sexual decision-making.\(^{29}\) She explains that more time invested in daily activities, or opportunities to get involved in activities diminishes the changes on sexual risk behaviour. Also within an environment where education is common and perceived as a necessary instrument to find a job or to achieve future goals, adolescents will be less likely to engage in risky behaviour. The article concludes that these community variables, which represent structures of opportunities, indeed make a difference in sexual behaviour of youth in South Africa. High levels of education and good job prospects shape young people’s future plans and expectations and as a result their sexual behaviour (Kaufman et al., 2004).

How teenage pregnancy and its consequences are considered by these girls is not clear however. This, and which role education and future aspirations play in the meaning and factors leading to teenage pregnancy in Breede River will be extensively discussed in later Chapter 6.

The following chapters will provide the findings of the actual field research. Different factors leading to teenage pregnancy will be presented and analyzed, and the subjective meaning attached to teenage pregnancy will be described and analyzed. The discussed findings of both subjects are based on experiences and perceptions of (future) young mothers and other people (in)directly involved, and are described and understood alongside different contextual factors in Breede River.

\(^{29}\) I will not elaborate on the influence of existing daily activities on sexual behaviour. I do want to emphasize that several respondents, adolescents and adults, perceived lack of daily activities and consequently boredom among adolescents as a factor leading to teenage pregnancy. They stated that in Breede River, girls, or adolescents in general do not have enough daily activity to engage in. Creating and stimulating daily activities such as sports or theatre can be recommended as responsible learning and spending time.
Chapter 5: Unsafe sexual behaviour
An analysis of people’s experiences and perceptions in Breede River

Introduction
Questions as to the factors leading to teenage pregnancy can be approached from different angles. Starting from the idea that girls get pregnant because they have unprotected sex, the question arises why girls or youth in general get involved in unsafe sexual practices. Answering this question is complicated. Decision-making about sexual behaviour and safe sex is influenced by different factors on different levels. A distinction can be made between more practical reasons on the one hand (knowledge and access of contraceptives), and more overarching ones on the other (meaning of contraceptives, ideas about youth sexuality). Both types of reasons interact with each other. I also argue that making a decision about getting sexually active and practice safe sex is not a rational one. It is not one where we can assume that correct knowledge invariably leads to safe sex. Moreover it is influenced by numerous interrelating meanings, norms and aspects of sexuality, gender, contraceptives, being an adolescent and more.

In this chapter I will give a comprehensive description of patterns of (unsafe) sexual behaviour among adolescents and which factors influence decision-making about sexual behaviour. In the first part of this chapter I will discuss more practical considerations about knowledge, access and use of contraceptives. In the second part of this chapter I will discuss sexual decision-making within its context and therefore elaborate more overarching meanings of girls’ sexuality. And I will also pay attention to the influence of contextual factors such as constructions of sexuality and gender and existing social (gender) norms. But I will start with an overview on sexual behaviour among youth in Breede River.

5.1 Sexual behaviour in Breede River
Adolescents’ sexuality and sexual behaviour are extensively discussed and studied phenomena in South Africa. In relation to teenage pregnancy, unsafe sexual behaviour plays an important role as it is a direct cause of many early pregnancies in South Africa. Teenage pregnancy as a consequence of unsafe sexual behaviour is a phenomenon I also found in the area of Breede River.

South African research shows that premarital sexual activity among adolescents is quite common. Although accurate figures are missing, many studies agree that sexual activity starts during the mid-teens (Marteletto et al., 2008; Eaton et al., 2003; Jewkes et al., 2001). With respect to the age at which girls have their first sexual experience, different studies suggest that at least 50 percent of adolescents are sexually active by the age of 16, and probably 80 percent by the age of 20 (Eaton et al., 2003).

These findings roughly correspond with the findings of my study where all girls had their first sexual experience between the ages of 14 and 18 years old and twelve out of twenty two girls by the age of 16. The mean age on which girls had their first sexual experience is 16 years and four months. Regarding to the use of contraceptives, South African studies show that the majority of sexually active adolescents use contraceptives irregularly and only between 20 and 55 percent of these adolescents use contraceptives at every sexual encounter. An overall estimate of 50 to 60 percent of sexually active adolescents between the ages of 14 and 35 years report never to use contraceptives at all (Eaton et al., 2003). With respect to my own research, the majority of the girls
(eighteen of total twenty two) did not use contraceptives on a regular basis or did not use them at all. Two of the girls reported that during sex their boyfriend had removed the condom without permission of the girl and two girls told me that the condom broke during sex. These findings correspond with national patterns of sexual behaviour and numbers of the use of contraceptives.

With regard to contraceptive use, my findings are somewhat biased since I mainly interviewed girls who were either pregnant or already mother. Among the group of non-pregnant girls who participated in the group discussions, I have noticed that a small group (about five or six of about twenty girls) were sexually active. 30 However I do not have sufficient information about the exact age of sexual initiation and I do not know whether they used protection or not. Only two girls talked openly about their sexual experience. On the ages of 15 and 16 they became sexually active and both girls were involved in a relationship. They also both used a condom, this was the only contraceptive they used. Another source were boys who talked openly about their personal sexual experiences, and none of them used contraceptives on a regular basis.

Even with insight information from different adolescents, it remains difficult to draw conclusions about overall numbers of sexually active youth and contraceptives use. But overall, looking at the numbers of early pregnancies and based on my conversations with (sexually active) adolescents, it is fair to conclude that many adolescents engage in unsafe sex. Two questions that naturally arise are ‘why do adolescents, or girls decide to become sexually active’ and ‘why do adolescents, or girls do not use contraceptives’. As I have stated before, this is influenced by different factors on different levels. In the following section I will pay attention to earlier discussed ‘practical issues’ such as the role of knowledge and access of contraceptives.

5.2 The role of contraceptives

The role of contraceptives in discussing teenage pregnancy, or in this case unsafe sexual behaviour is obviously a crucial one. Contraceptives are essential in practicing safe sex and therefore it is very important to understand what is known about contraceptives, but also how adolescents negotiate and perceive its use in certain situations. Knowledge about the risks of unsafe sex and about pregnancy prevention is important because this can affect their individual behaviour and it gives them agency to make careful decisions. 31 Therefore in this section I will discuss the amount of (correct) knowledge girls have about contraceptives. I will then focus on methods and access, and I will end with discussing different sources of knowledge.

5.2.1 Knowledge

Different studies on unsafe sexual behaviour among South African youth state that lack of knowledge and the existence of taboos and misconceptions about contraceptives are main practical problems which cause low contraceptive use (Jewkes et al., 2001; Swart-Kruger & Richter, 1997). Also lack of access is seen as an important factor (MacPhail & Campbell, 2001). During my interviews, I have noticed that levels of knowledge of girls vary greatly. On the one hand, a proper amount of my respondents (adolescents as well as adults) stated that levels of knowledge of girls are quite accurate. Common answers to the question whether they thought girls in general have enough knowledge about these issues were:

I think they do, because for years now they [adults] have been telling you; use contraception, use condoms, use this, use that. It’s foolish when girls say they really don’t know. (Group discussion girls Zolani)

A pregnant girl stated: Information about contraceptives is all over so a teenager can’t tell me she never heard about a condom. Or a clinic or a LoveLife book. There is plenty of

30 It is difficult to say whether this is the real number of girls. It is very well possible that some of the girls did not want to tell me during the group discussion because they thought the information was too personal or they felt uncomfortable or embarrassed to share the information.

31 Although this is not as simple but this will be discussed in later sections.
Chapter 5 Unsafe sexual behaviour

information, everywhere you turn your head. It’s more about if a girl wants to know. When she doesn’t know, for me it means she doesn’t want to know. (Pregnant girl, 19 years old)

Respondents not only thought that there were enough opportunities to obtain knowledge, they also stated that often when girls practice unsafe sex this not necessarily mean they do not know the risks. Different people stated that girls do realize the risk of pregnancy even when they have unsafe sex:

When you’re not using a condom when you have sex you know the risks. Not only for pregnancy but also HIV/AIDS and other things. (Young mother, 17 years old)

Adolescents know about safe sex and contraceptives, it’s about the use. They have to use them. Everything is in their power to prevent pregnancy, and they know it. (Life Skills teacher)

Two types of contraceptives which were mentioned repeatedly during the interviews by the girls as well as the other respondents were condoms and injectables. Among adolescents these were the most used and well-known contraceptives. During some interviews and group discussions with boys and girls, I have discussed the use of these types of contraceptives. Also observations during Life Skills classes at schools and interactive programs organized by LoveLife gave an impression of the levels of knowledge of (the use of) contraceptives. For me it seems that many girls are well informed and that awareness of the risks of unsafe sex (not only pregnancy but also risks of HIV/AIDS and other STDs) is present. Different girls could tell me the purpose of condoms and injectables and they could explain when a person is protected against pregnancy and HIV/AIDS and STDs.

On the other hand however, still a number of people (girls as well as some adults) found that inaccurate knowledge could be seen as a factor leading to teenage pregnancy. What is often missing they stated, is more practical information about the use of certain contraceptives. One girl explained to me that she knew the purpose of certain contraceptives but she found it difficult to actually use them: ‘You talk about the use of condoms and sex with people at school or at home, but they don’t explain it in detail’. (Young mother, 17 years old) There also are still serious misconceptions about the risks of unsafe sexual behaviour and use of certain contraceptives. Knowledge was sometimes incomplete and surrounded by taboos. For example, one girl told me that she had been told by her boyfriend that she could not fall pregnant because she was still a virgin:

I trusted my boyfriend when he told me we didn’t have to use protection.
- Why didn’t you have to use protection then?
Because I was still a virgin and then you can’t get pregnant. (Young mother, 17 years old)

Another misconception was in relation to the use and functioning of injectables. Often girls experience menstrual irregularities which often means missing your period. By many people (not only girls but also by parents and some nurses) this is perceived as damaging and causing infertility. One girl explained the following:

Injectables influence your hormones which is a bad thing. It’s more for older women who don’t want to have children anymore.
Why?
Because if you use it, it’s possible you can’t get children anymore.
How does that work?
Because of your menstruation. It makes it stop and that’s bad for you. It’s unhealthy for your hormones and body. (Pregnant girl, 19 years old)

This term will be discussed later on in this section.
These consequences, as well as the hassle of going to the clinic every month to get the actual injection, cause that a group of girls do not perceive the injectable as a pleasant or safe contraceptive. I have talked to girls who had used injectables as a contraceptive for a period of time, but decided to stop the procedure for different reasons. One of the girls found the injection itself very unpleasant. Another girl told me that her younger sister had found her clinic-card and felt so ashamed that she decided to stop going to the clinic for injectables at all. Also weight gain was a mentioned reason for girls to stop with the injectables. A last important reason was the uncomfortable feeling of going to the clinic. Many girls experience going to the clinic for contraceptives or sexual advice as shameful since there is still a general idea, especially among adults, that young girls should not get involved in sexual practices. The chance they will run into a relative or friend, which is reasonable, is a motive for them to stay away from the clinic.

A second contraceptive which was mentioned frequently by adolescents were condoms. Although a condom is often recognized as a reliable contraceptive and as a useful way to prevent pregnancy and HIV/AIDS, there are different factors which make its use unlikely. An often used phrase (especially by boys, otherwise referred to by girls as something often said by boys and men) is that sex is better ‘flesh to flesh’. Besides this preference, condoms often have a negative stigma, are seen as uncomfortable and are associated with promiscuousness (especially for girls) and HIV/AIDS. Another belief which makes condom use more unattractive is their association with unfaithfulness within a relationship. I will discuss the latter more extensively in a later section.

Despite certain misconceptions and sometimes incorrect knowledge about safe sex and the use of contraceptives, I think the overall knowledge of girls about these issues is quite accurate. Girls realize the importance of this knowledge and often they perceive it as a responsibility of their own to obtain enough knowledge to make decisions: ‘When you’re in a relationship or you become sexually active, or just because you’re a girl, you must ask the questions you have about sex. You need to know how it all works’. (Pregnant girl, 17 years old) On the other hand, it can be difficult for girls, firstly to obtain knowledge, and secondly to practice their knowledge. There certainly can be put more effort into improving levels of knowledge among girls, adolescents, or people in general. Different people (adolescents as well as adults) stated that there is never enough knowledge about these kind of things.

In the next section I will briefly discuss the access to contraceptives and then I will focus on different sources where girls can obtain knowledge about (the use of) contraceptives.

5.2.2 Access

Not many practical difficulties in obtaining contraceptives were mentioned. Girls, or adolescents in general could name many places where to obtain condoms, such as at the clinic and schools, and also stores was an often heard answer. The fact that often condoms were free made it more accessible as well. What gave more problems however, was the social aspect of obtaining contraceptives, especially for girls. As I will discuss later, general ideas about girls’ sexuality are rather conservative and sex is often not associated with adolescent girls. It is perceived as inappropriate for girls to carry condoms or use injectables because this suggests that they actively ‘plan’ or practice sex. Abstaining from sexual activity is preferred, and if a girl is sexually active, a rather passive and receiving attitude is still the norm.33

5.2.3 Sources

School

I noticed that there are a variety of sources for information on sexual issues. The most common one and most referred to during the interviews was school. Schools in this area (are forced to) spend a lot of time on developing accurate programs to educate youth, but also children, about sexuality

33. I will discuss this more extensively later in this section of sexual decision-making and during the section on the role of parents.
and relating subjects such as sexual relationships and the use of contraceptives. This is practiced through one of the biggest initiatives of the government, the development of the Life Skills programme. Due to growing numbers of HIV/AIDS and pregnancy among adolescents, South African government took responsibility to find strategies to stop this development and reduce the numbers. This reduction of both pregnancy and HIV infection among teenagers has been recognized as a national priority. A key strategy to achieve this is the implementation of the Life Skills program.

All schools are obligated to implement a Life Skills programme into their existing curriculum. The way the course is implemented however, is quite random (Rutenberg et al., 2001). Guidelines about the content of the Life Skills programme are provided by the government, however the school is to decide which topics they find most important and how these are to be taught. Which and when subjects are discussed during classes, how much time is devoted to it and what exactly is being told differs per school, curriculum and teacher.

Perceptions about the quality and effectiveness of the Life Skills classes differed among learners as well as teachers.

In Breede River I noticed various problems with the content and implementation of the course. This has different causes. A first factor which influences the content and quality of the course is the attitude and willingness of the teacher. The way sexual education is approached by teachers is often very value-laden and has strong links to their own or the schools moral beliefs. This influences which subjects are perceived as relevant and to what extent certain subjects will be discussed. This makes that relevance and inclusiveness of given information varies greatly and can be quite subjective to the teacher. The latter is shown in an interview where a girl talks about the effectiveness or relevance of the information given during Life Skills. She explained to me that at school she learned that contraceptives exist and where you can get them, but how to actually use them was not being told.

The hesitation teachers feel when it comes to actually explaining things clearly is probably (strongly) related to their personal perceptions about what they think adolescents should know about contraceptives or sex. This causes that some schools provide only limited information. An example comes from a Life Skills teacher in Ashton:

_In my perspective it’s [information about the use of contraceptives] an individual thing. I’m not the one who should explain that to adolescents. I don’t think talking about this to them is appropriate._ (Life Skills teacher)

Due to the type of sexual education that is provided and its sometimes conservative messages, it is possible that adolescents find it difficult to relate to the given messages. Therefore it is possible that they perceive the given information as irrelevant and as distant from their personal realities (Department of Education, 1997). Uninterested or not listening adolescents were mentioned as problematic issues by girls as well as by teachers during the interviews. As already mentioned this is partly due to the character of sexual education and the messages that are being told. Different girls mentioned indifferent attitudes of learners. Some girls find it nonsense to learn about these things: _I never paid attention because I was not interested_ (Pregnant girl, 17 years old) or have the feeling that they already have enough knowledge: _many children do not listen because they think they know everything already_. (Pregnant girl, 17 years old) Others feel it is an uncomfortable subject to discuss: _children don’t listen because it’s funny for them_. (Pregnant girl, 19 years old) Whether the last two explanations are actually experienced this way by the girls is not clear, but in

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34 Since the mid 90s South African government gave highest priority to establishing a Life Skills and HIV/AIDS education course in secondary schools (grade 8-12), with the expectation that the course would be implemented nationwide by 1998 (Department of Education, 1997). The goal of the programme is to increase knowledge, develop skills, promote positive and responsible attitudes and provide motivational supports for children and youth. Part of the programme is meant for adolescents to demonstrate, amongst others, a clear understanding of sex, sexuality, gender and the risks of unprotected sex. Since 2001 measures have been taken to implement the program in primary schools as well.
their eyes these are general patterns how girls, or youth in general perceive Life Skills classes and communication about sexuality-related issues.

Lack of knowledge and uncomfortable feelings to communicate about sexuality-related issues from the teacher’s side are other important and more than once mentioned reasons. Often teachers are supposed to transmit information that they themselves do not possess, or feel uncomfortable to share this information with learners. According to a principal of one of the schools I worked with, this was a big problem. He stated the following:

*Often teachers are incapable for the job that they are occupying [regarding teaching about sexuality during Life Skills]. And often a teacher doesn’t want to expose his or her inability by telling they actually don’t have the knowledge.*

A last matter which influences the content of sexual education is the attitudes of parents. It happens that they complain about the fact that schools are too open and informative about sexuality, relationships and sexual behaviour. They blame the schools that their children approach them with questions about the human body, fertility and sex which they find too personal and direct to answer. Parents state that it is not the responsibility of the school to educate their children about topics which they perceive as not suitable for them. A Life Skills teacher explained that this was a reason for the school to adapt their program:

*It’s against peoples beliefs to inform children about sex. As a school we decided to leave this decision to the parents, it’s their personal decision. But it’s a difficult issue.*

Asking what then does the school educate their learners about sexuality she answered:

*We don’t promote sex or the use of contraceptives. We tell our learners they have to wait until they are married or older, when they are able to make good decisions about it. As a school you don’t promote anything like that.* (Life Skills teacher)

After discussing several problems with the content of the course and why sexual education is not always appreciated by different parties, there are certainly positive changes as a result of the implementation of Life Skills. First of all, the course certainly helps adolescents to obtain knowledge about sexual behaviour and contraceptives. The majority of the respondents perceived school as one of the most common and reliable sources to gain knowledge. A second positive change is that in some circles of the community there is more awareness regarding the subject now. It is more openly talked about by people, also on intergenerational levels. The subject receives more attention which makes it sometimes, for some people easier to discuss.

Another positive development is that some teachers changed their attitudes about sexual education. Some of the teachers and schools I have talked to explained me that they more and more understand the need for girls to possess sufficient knowledge, and also to teach girls, or adolescents in general about sexuality and relating issues to enhance their position as a girl, or individual within the community. This is expressed by a school principal:

*We can’t deny them [girls] knowledge. Knowledge is one of the things we can give them which will help them to make better decisions. It makes their position stronger.*

**Clinics**

A second possible source of information about sexuality, sexual behaviour and the use of contraceptives are the public health clinics. In theory, these clinics are accessible for everyone. However, from what I have seen the size and quality of the clinics vary between the different towns in Breede River. This means that some clinics lack capacity which causes that some girls can not be helped on time or makes it practically impossible for girls to visit the clinic during opening hours. Another barrier for girls to attend the clinic for family planning is disapproving attitudes by nurses, but especially by the public. Many girls perceive the clinic as an uncomfortable
Chapter 5 Unsafe sexual behaviour

place to obtain information and to access contraceptives. A study of Wood and Jewkes (2006) state that nurses’ attempts to stigmatize girls’ sexuality and harsh treatment of girls as undermine effective use of contraception by girls.

My own experience is that attitudes towards girls’ sexuality of people working at the clinics vary greatly. One of the girls I interviewed had a negative experience with a nurse when she asked for advice about contraceptives: ‘The nurse told me I was too young to be interested in that kind of stuff, her attitude was annoying me’. (Pregnant girl, 17 years old) On the other hand, attitudes of nurses have improved in Breede River over the last years. Different girls stated that their experiences with the nurses of the clinic were pleasant and they felt free to discuss their personal questions and problems. Also one of the Life Skill teachers I have interviewed acknowledged that girls are more positive about the attitudes of the clinic nurses lately: ‘I never hear negative stories about the personnel anymore. This used to be different, girls could feel really uncomfortable when they had to go to the clinic because of disapproving attitudes of the nurses’. One of he nurses confirmed this change. She stated that their policy and attitudes changed during the last years. They spend more time on youth’ sexuality and are more open and helpful towards girls and youth’ family planning: ‘It is case to inform young people as much and good as possible. We have to improve their position as a girl within their relationships and towards boys’. The public clinic of Montagu for example, has developed a fast line of family planning for adolescents. This programme gives girls the opportunity of obtain information and contraceptives quickly without spending a whole day at the clinic because of long waiting times. Adolescents can ask questions and there are nurses available to give girls their injection when needed. A disadvantage is that not all girls know about this fast line and during busy days at the clinic, people coming for family planning do not get priority over other visitors.

With these changes and improvements, clinics certainly have improved access for girls to obtain information and contraceptives over the last couple of years. However, adolescents’ family planning practices are not approved by anyone. Stigmatization of adolescents’ sexuality and unwillingness to acknowledge adolescents as contraceptive users are much experienced attitudes by girls who attend the clinic for information, advice or contraceptives. These general ideas and attitudes make it uncomfortable for girls to openly ask for information on sexuality or contraceptives. Different reasons were given why girls find it uncomfortable. Firstly they are scared to ‘walk into someone’ they know, that they will be recognized by other people visiting the clinic that day. There exists a danger that the girl’s parents will be informed about her visit (the visit often happens without knowledge or approval of her parents). A pregnant girl explained the following:

*It’s uncomfortable to go to the clinic because what happens if you see someone you know, you can be sure you parents will know eventually. (Pregnant girl, 16 years old)*

Also the feeling of shame and humiliation when confronting older people at the clinic itself is holding girls back from paying a visit. The majority of people react disapproving when a girl comes to the clinic on a family planning day. Although family planning is rather common and generally accepted in South Africa, it is still highly associated with adult women, especially by older people (Wood & Jewkes, 2006). This was confirmed during a day I spent at one of the clinics during a family planning day. Due to extreme busyness and long waiting times one of the nurses called the group of adolescents who were there for contraceptives up to the front. With a loud voice she explained to all people in the waiting room that the use of contraceptives was nothing to be ashamed of, because we all do it. What was meant as a nice gesture, turned out to be rather uncomfortable for the girls. Only two girls walked up to the front, looking a little uncomfortable, accompanied by disapproving looks and noises from the audience. I heard older women agreeing on how these girls are too young to be involved in things like that. As you can see, going to the clinic as a girl for sexuality-related issues can be an uncomfortable experience which not all girls are willing to be confronted with.

*Parents*
Chapter 5 Unsafe sexual behaviour

A third possible source for information is the girl’s family, specifically her parents. In many cases however, parents find it difficult and uncomfortable to talk about sexual issues with their daughter and therefore often do not provide sufficient answers, if they provide answers at all. There is a great possibility that parents do not always have enough knowledge to educate their children, or that they do not have the capabilities to discuss such a sensitive, value-laden subject. Sometimes girls do not even want to initiate the subject because they are scared their parents would find it offensive or inappropriate.

Open communication and exchange of information about sex-related issues is often experienced and described as difficult, by girls as well as parents. Different experiences and views were expressed during the interviews. A small majority of the girls did not perceive their parents as a common source to obtain information about contraceptives or ask their questions. A small group of girls could talk about sex-related issues and felt free to ask questions. Another possibility is that parents are rather open about their daughter’s sexuality, but experience hesitation from her side. During the interviews with parents I heard different sounds as well. Three out of five parents explained that they found it rather difficult to initiate the subject of sexuality. They had difficulties to decide which information they found suitable for their children, how to start such a conversation, but moreover parents found their daughters often too young to inform them about such issues. Only one parent explained me that she always talked very openly about her daughter’s sexuality. She felt it was necessary to inform her daughter about sexual behaviour and the use of contraceptives for her to make well considered decisions.

Often communication about youth sexuality is accompanied by unwillingness and discomfort, experienced by both adolescents and parents. The often repressive culture regarding youth sexuality, and even more regarding girls’ sexuality causes hesitative attitudes towards communication about the issue. Consequently this hinders open communication and information sharing and good sexual education.

The importance of communication between girls, or young people in general, and their parents about sexuality (and other issues) will be discussed more extensively in Chapter 6.

Peers
Another source for information and advice about sex and contraceptives are peers (mostly peers of the same sex). There are different situations in which girls ask peers for advice or share experiences with them. First of all this can be a consequence of the difficulties often experienced when communicating about sexuality-related subjects with adults. This can make peers one of the most easy accessible and most comfortable sources of information. Although adolescents believed adults were a more trustworthy source of knowledge about sex than their peer group, often they preferred communicating with peers because this was experienced as much more comfortable and safe:

_I prefer talking to my friends over my parents when it’s about sex. It’s weird to talk about sex with your parents and I know they wouldn’t appreciate it. My friends are more relaxed._

(Group discussion girls Zolani)

Another possibility why girls would talk to their peers about sexuality-related issues is more led by feelings of pressure. Communication here is not so much informative but rather sharing experiences and ‘brag’ about what you have accomplished sexually so far. Girls can feel ‘obligated’ to talk to their peers about it because they feel pressure to be part of the group.

Again, I will discuss the role of peers in decision-making about sex more extensively during Chapter 6.

LoveLife
A last source of information for children and adolescents is the organization LoveLife. This nation wide NGO tries to target as much youth as possible for their projects. Not only school going youth is approached, but also adolescents not enrolled in a school programme. Through media, clinics, community houses and schools, LoveLife uses the ABC approach as a strategy to inform youth
about HIV/AIDS and sexual behaviour: delayed age at sexual debut (Abstinence), reduction in the number of partners after sexual debut (Behavioural change) and condom use when sexually active (Condom use) (LoveLife, 2009).

Girls in Breede River often mentioned LoveLife in relation to educational projects about HIV/AIDS and issues related to sexuality and also as a supplier of informative pamphlets and books. As seen on their informative posters, but also through my own experience with the organization, they have a strong message about adolescents and sexuality. Their main and most important suggestion to is abstain from sex.

There are some difficulties in regard to their messages and strategies however. First of all, their message can be perceived as quite conservative and therefore is not always recognized or supported by youth. Secondly, a disappointment concerning the work of LoveLife is that often their projects are temporary and do not offer structural or sustainable changes. This is supported by a school principal who stated that ‘often people who are involved in some kind of project are doing their jobs for the money, not from their hearts. So when they are done, the project will disappear and everything will change back as how it was’.

Despite certain difficulties I do want to emphasize the importance of such initiatives and the work LoveLife has done nationwide is of great importance to improve and maintain good sexual health in South Africa.

5.2.4 Reflection

Knowledge and access to contraceptives are very important factors for girls, or youth in general, to be able to practice safe sex. Levels of knowledge among my respondents was accurate, however there still exist misconceptions about its working and use. I have not noticed much difference between knowledge levels of younger and older girls, but this is also possible because the youngest girls I have discussed these issues with were not younger than 16 years old. Often studies only find considerable differences in knowledge about safe sex and contraceptives with girls aged from 12 to 15 or 16 (Jewkes et al., 2001).

It is not always easy for girls to obtain knowledge or contraceptives however. Within a context where girls’ sexuality is still perceived as a taboo, such issues are often not openly talked about. Moreover, girls are confronted with rejecting and disapproving attitudes when their sexual activity is out in the open. This makes it difficult for them to learn about safe sex and to actually obtain and use contraceptives.

Knowledge and use of contraceptives are not the only factors influencing the sexual decision-making process however. To gain a better understanding of this process, also other contextual factors have to be considered. And this will be done in the following part of the chapter.

5.3 Sexual decision-making within its context

Many South African studies on youth and their use of contraceptives have focused on youth’ knowledge about contraceptives and the risks of unsafe sexual behaviour (Fishbein, 2000; Schwab Zabin & Kiragu, 1998). These studies often rely on the assumption that correct information about the use of contraceptives would lead to desired behavioural change, from practicing unsafe sex to safe sex. However, supported by different literature on high-risk sexual behaviour, I found that high levels of awareness and knowledge about the use of contraceptives does not always lead to this desirable behavioural change and has little impact on the intended sexual behaviour of young people. Decision making about sexual behaviour is not a rational process which occurs within the individual, but is rather a process which is influenced by social discourse; a variety of beliefs, values and expectations about what it means to be a girl and how she should behave (sexually). Ideologies of masculinity and femininity (or gender norms) and ideas about youth sexuality, or girl sexuality more in particular as factors influencing sexual decision-making are extensively described (Jewkes et al., 2009; Kelly & Ntlabati, 2002; Leclerc-Madlala, 2002; MacPhail & Campbell, 2001).
Firstly, ideas about girls’ sexuality play a role. As will be discussed, I noticed that general notions about girls’ sexuality are quite conservative and the idea exists that girls should not be engaged in sexual behaviour outside the context of marriage or when she is still in school. Within this context, communication and openness about the subject are often absent. These findings correspond with different South African studies on youth and girls’ sexuality (for example Mantell et al., 2009; Harrison, 2008; Reddy & Dunne, 2007). For example, Harrison states that ‘girls’ sexuality is often highly stigmatized and dominant sexual ideologies centre on good behaviour of the girl’ (p. 175). Through the transmission of concepts about ‘appropriate’ sexual behaviour for girls or adolescents, general notions within the social context can influence girls’ perceptions about their personal sexuality. These notions however, often explain adult views about the role sexuality should have in girls’ lives.

Secondly, ideas about gender play a role. The terrain of gender roles in South Africa is both complex and diverse and gender inequalities persist on many levels of society, also in sexual partnerships (Mantell et al., 2009). Many studies perceive existing power relations between men and women as causes for (unwanted) sexual relations. Within the construction of heterosexual relationships, women often lack the power to negotiate whether, when and how to have sex. These vulnerabilities are further compounded by age and limited prevention choices such as condom use (Harrison, Xaba & Kunene, 2001), poor communication about sexual matters between partners, fear of rejection if behavioural ideals are not met and the gender-based differences in the motivation to become sexually involved (Machel, 2001; Vundule et al., 2001). Also limited sexual decision-making power is linked to the vulnerable position of girls, particularly in relationships with older men (Wood et al., 1998). These vulnerabilities are mentioned in relation to gender inequalities. In this study, I have not found coercive or direct (physical) pressure from boys against girls to become sexually active.

So which contextual factors influence girls’ sexual decision-making in Breede River. I want to use this section to describe the direct environment and messages in which girls develop personal ideas about sexuality and in which they decide (not) to engage in (unsafe) sex. Therefore, I will pay attention to firstly general sexuality norms within the community. As we have seen in the previous section, youth sexuality is still perceived as a taboo by many people. I will elaborate on this a little more in order to understand which sexual messages girls receive and how these influence their notions about their own sexuality. Secondly I will discuss existing social (gender) norms among youth. Phenomena such as romantic relationships, sexual behaviour and condom use will be discussed. I will also elaborate on the role of gender in this. Thirdly I will discuss girls’ behaviour and decision-making within a relationship. When do they decide to become sexually active, how do they decide about contraceptive use and how do their notions of gender norms play a role.

5.3.1 General beliefs and attitudes about youth sexuality

Sexuality, both for adults as for youth is a sensitive topic. As we have seen in the section on contraceptives, youth sexuality is still approached with caution and often perceived as something that is not appropriate (yet) for adolescents to be actively involved in. Still the majority of adults, but also adolescents have rather conservative believes about the role of sexuality in adolescents’ lives. Especially when it comes to girls, the general idea is that sexuality (or sexual activity) should not be part of adolescents’ experience and by different people it is still closely related to marriage.

Due to this attitude there is not much room for communication or openness regarding the subject. Embarrassment and discomfort but also aversion are emotions associated with youth sexuality and

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35 I want to stress the fact that the girls I have interviewed were engaged in a relationship with a partner with no more than a three years age difference and no economic interests played a role. I did hear many stories about coercive and violent relationships where males forced their partner to engage in sexual relations though. Respondents have told me this was a common phenomenon within Breede River. Various types of coercive behaviours were common, especially pressure to engage in sexual activity.
communication about (youth) sexuality. These difficulties and uncomfortable feelings articulated in, for example, the fact that when the subject of sexuality or sexual behaviour came up during the interviews, many expressions referred to other people’s experiences and problems rather than that of their own. It is interesting to see that it was much easier to talk about sex related issues with girls who were already pregnant or mother and with boys, than with girls from whom it was not ‘obvious’ or ‘known’ whether they had had sex yet. Non-pregnant girls who participated in the group discussions at the schools (which means this was never more than seven female participants from the same age group) were often shy and reluctant to talk about their sexual experiences. Only two girls (out of six sexually active girls of the group discussions) opened up and talked about their personal sexual experiences with their boyfriends. Before they ‘admitted’ they had been sexually active they described their relationship in detail and in this way ‘justified’ their choice to have sex with their boyfriends:

I did have sex but it was protected sex, that’s what we decided both of us when we decided to have sex. We waited for the right time. I’ve waited for a year before I had sex, but I trust this guy. He’s done everything for me, he supports me when I need him and he is there for me always and that’s why I decided to have sex with him. It wasn’t just a quick decision, I’ve waited for the right time and I trust him. (Group discussion girls Zolani)

The second girl explained the following:

For me it was also with my boyfriend, we have only been together for three months but I know I can trust him. I know he only sees me and we’re serious about each other and he supports me. He is not just a boy. (Group discussion girls Zolani)

Their eagerness to explain, or rather justify their decision to have sex with their boyfriends shows the significance of the act and how this decision is negotiated by the girls. It is obvious from these answers that certain criteria should be met before a girl decides to become sexually active with a boy. More importantly, sexual activity was initially described as something you should avoid as a girl. But if a girl decided to become sexually active, it was clear that different considerations and requirements play a role in the decision-making process. During the interviews, but also in listening to the way adolescents generally talk about sexual relationships, I noticed that ‘knowing the guy’ but much more preferable ‘being in a serious relationship’ are important requirements. Another important factor is age. The majority of the interviewed girls agreed that girls are getting younger, and more important, too young to become sexually active. Some girls, both (future) young mothers and non-pregnant girls, had strong opinions about when is the right time to become sexually active with a boy:

Having sex at a young age is a negative thing, girls of 13, 14, 15, they don’t realize what they are doing. (Young mother, 17 years old)

Another pregnant girl stated: I think it’s disgusting when girls have sex with someone they don’t know. You have to at least know the person you have sex with. But it’s best to be in a relationship. (Young mother, 18 years old)

As you see, girls have clear ideas about when it is ‘appropriate’ to get involved in sex. An often heard minimum age was the age of 21, ‘because then you’re a grown up’ or only when a girl had finished her school, ‘because then it won’t distract you from what’s important’.

However, if you look at actual behaviour of adolescent girls you see that girls do not always live up to their personal standards. There is a gap between expressed ideas and norms about whether and when to start sexual relations as a girl, and what they practice. As I have discussed earlier, the majority of girls I interviewed were younger than 21 years of age when they became sexually active.

More from non-pregnant girls and stakeholders than from pregnant girls or young mothers.
active. What is important to realize now, is that within a context where social discourse and general messages about female sexuality are still very strict, girls tend to take over these messages without actually agreeing or living up to them. So the question is to what extent the messages and rules the girls express for themselves are reflections of their own perceptions, or of what their parents have passed on to them. Another possibility is that in a sense the girls do agree on those messages, but are not always in a position to live up to them due to existing social norms among peers.

I perceive these peer norms about sexuality and gender roles as another factor which influences sexual decision-making. Not only sexuality-related messages adults provide to girls influence their sexual identity and decision-making, also messages and expectations within the girl’s peer group play an important role.

For that reason, in the following part I want to discuss different peer norms. I will discuss perceptions of young (future) mothers and my other adolescent respondents about the importance of being in a relationship, getting sexually active and the use of contraceptives. Also I will pay attention to constructions of gender in relation to these topics.

5.3.2 Social (gender) norms: expectations and ideas regarding relationships and sexual behaviour among youth

Although sexuality is not something easily or openly talked about with parents or other adults, I have noticed that sexuality is a lively subject among adolescents. For many adolescents, being involved in a (sexual) relationship is an important part of adolescence. During interviews and focus group discussions I noticed excitement when the subject of boys (or girls in case of group discussions with boys) came up. Many adolescents are involved in a relationship, either publicly or secretly, and there was a lot of talking about the subject. I have noticed that within peer groups it is quite important to be involved in a relationship, and once committed it is important, as a girl, to maintain your relationship. The latter is also found by Jewkes and colleagues (2009), who studied girls’ sexual agency in relation to teenage pregnancy in South Africa and stated that ‘relationships are very important to young women in their evaluations of femininity and processes of exploration of their identity and power as women’ (p. 678).

All youth described aspects such as trust, respect, sharing, communication and love as important ingredients of a good and serious relationship. These descriptions embody the much mentioned concept or wish of ‘good behaviour’, which was expected from boys as well as from girls. Many girls emphasized ‘being faithful’ and ‘being serious’ as important aspects of a relationship and expectations from boys:

- You need a guy that behaves well, someone you want to bring to your family when the time is right. I want my parents to think: that’s the right man for my daughter, he will give her a good life. (Young mother, 18 years old)
- Your boyfriend needs to be serious about you. He must listen to the things you have to say and respect the things you want. (Pregnant girl, 19 years old)
- You need to share the things you think. Even when it’s a bad thing, as a girlfriend you have the right to know what’s going on. (Pregnant girl, 18 years old)

Also boys emphasized these aspects as important:

- One of the most important things about a girlfriend is that you can talk about your problems and help each other, you can tell all the problems you have on your heart. (Group discussion boys Langeberg)

As you can see in these excerpts, and from what I have noticed during the discussions, about the sexual part of the relationship, girls, especially non-pregnant girls, remained reserved. It seems that within a context of strict rules about sexual behaviour and relationships, where both boys and girls
are preferred not to be engaged in, adolescents are quite reluctant to talk about this. During the focus group discussions, sex initially was not described as a necessary component of a relationship. Explaining why, boys mostly emphasized more practical reasons. One of the boys (who himself was involved in a sexual relationship though) explained to me that he perceived sex as not a necessary part of a relationship:

*I don’t think there is a need for sex. At this age you are still young and sex can affect your homework, your schoolwork and other things that are important.* (Group discussion boys Langeberg)

Girls in general gave more emotional explanations. These involved feelings about doubt and insecurity, especially regarding the period of after having sex with your boyfriend:

*It’s difficult as a girl to make the decision whether to have sex with your boyfriend or not, because you never know what his intentions are. Sometimes boys just want sex but they don’t really care. They make you think they care, but they don’t.* (Research group girls)

*After I had sex with my boyfriend I didn’t worry about pregnancy, I was scared he was going to leave me now he had what he wanted.* (Young mother, 19 years old)

It seems that adolescents initially express careful ideas about the role of sexual activity within a relationship, however during interviews with (future) young mothers and the group discussions with boys, I have heard different stories about sexual behaviour within a relationship. As we have seen in earlier discussed literature, and looking at my own study, sooner or later many young people decide to start a sexual relationship with their partner, regardless different expressed messages. Sexual activity among adolescents, for both boys and girls, is high. So which factors make them decide to start a sexual relationship after all?

Girls’ perceptions about the importance of sex within a relationship and how boys play a role in this vary greatly. On the one hand, sex can be perceived as something ‘more for boys’ and as just something to satisfy his needs and expectations. These girls perceive sex as something that is more important for boys, and also predominantly initiated by boys. I have noticed that their attitudes were rather passive and receiving, and they describe sex as something that ‘just happens’. It seems that they do not always have a personal need for sex:

*When I had sex with my boyfriend, it was something that just happened. We were at his house and we were just talking, not about sex or anything. After a while we started kissing and then I knew what he was trying and I let him.* (Pregnant girl, 17 years old)

On the other hand, there are girls who have more assertive or ‘positive’ beliefs about the role of sex and its meaning for boys and girls. They state that sexual activity within their relationship is something they approve of and see it as a next logical step. A few girls stated that they feel they are able to actively negotiate sexual activity with their boyfriends. They do not describe sex as something that only boys want or desire. However, when I asked about whether they think there is a difference in the meaning of sex for boys and girls, it is often still perceived as something to ‘please the boy’. Sex was often associated with satisfying a boy’s needs and living up to certain expectations. There was a stronger sense of agency however:

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37 It is very well possible that differences in stories and expressions can be explained by the fact that some of the non-pregnant girls were younger than pregnant girls or young mothers. They seem to remain rather close to the parental discourse, maybe because they have not much experience with boys and sexuality (yet), or because their sexual activity is not ‘known’ by other people.
Chapter 5 Unsafe sexual behaviour

My boyfriend would never force me to have sex with him but he does let me know when he wants to have sex. I think he wants sex more often than I do but most of the time I feel I can say no to him. (Young mother, 18 years old)

The context in which social (gender) norms among youth are developed and practiced

Despite different perceptions about the importance and meaning of sex and the role gender in this, there are some general beliefs about sex and gender which are generally recognized and often accepted.

First of all, girls did identify different sexual standards and expectations for boys and girls. These double standards and different expectations are derived from general social constructions about masculinity and femininity, and are also (re)produced and expressed by boys and girls themselves (Reddy & Dunne, 2007). There is a tendency to believe that sexual activity is something more appropriate for boys than for girls. As we have seen earlier (and I will discuss this more extensively later on) adults prefer adolescents (girls more than boys) not to engage in (sexual) relations. Different (gendered) reasons are given why they should not be sexually active.

For boys less strict rules are applied and more practical reasons for not having sex are given. Objections such as ‘being in a relationship or investing time in a girl would distract them from education’ are examples. For girls on the other hand, sex is associated with the more social aspect of what it means to be a ‘good girl’. Becoming sexually active at a young age does not constitute this concept and therefore she could be judged because of her inappropriate behaviour. A girl has a much bigger chance to get stigmatized and excluded from social or personal spaces than a boy when becoming sexually active. And when a girl is engaged in a sexual relation, it is seen as appropriate to adopt a rather receiving and sometimes indifferent attitude towards sex and sexual encounters. Actively negotiating sexual behaviour and contraceptives is not appropriate.

Boys themselves often believe that sex inextricably is a component of being an adolescent male: ‘I think that as a boy it is normal to have sex. Plus I’m young, I want to experience things!’ (Group discussion boys Langeberg) Also girls recognized these interpretations of boys about their own sexuality. A young mother explained the following: ‘Boys feel they can sleep with everybody. When girls do so they find it a problem, but when it’s them it’s ok’. (Young mother, 19 years old) I also recognized that boys find sex within a relationship very important. Not only is sexual activity important, some boys also feel that their girlfriends should have a valid explanation to refuse to have sex once a sexual relationship has already started. During the focus group discussion (Zolani), one of the boys explained the following: ‘If my girlfriend doesn’t want to have sex with me I understand, but she has to tell me a good reason. She must always have an explanation’.

It also happens that a boy justifies his decision to leave his girlfriend when she does not want to engage in a sexual relation with his idea that boys always have the ‘need for sex’. In this way, a boy can perform indirect pressure on his girlfriend to become sexually active. An important remark however, is that the boys I have interviewed did not have bad intentions towards the well-being of their girlfriend. I think these patterns of sexual behaviour and the role of boys and girls reflect existing, strongly held beliefs about sexuality, gender and relationships.

Another perceived difference between the position of boys and girls regarding sexual activity is the level of vulnerability. Girls often find themselves more vulnerable than boys in relation to sex, in a sense that they fear the chance of being left by the boyfriend after sexual intercourse.

Just as there are different perceptions about gender norms and boys’ and girls’ sexuality, there are also different perceptions about how these norms influence sexual decision-making. Various girls, especially girls who have not yet been sexually active but also young (future) mothers, described the process of becoming sexually active as mainly leaded or initiated by the boy. Expressions such as ‘boys talk girls into having sex’, ‘they play with a girl’s mind’ and ‘in the end a girl will give in’ were often heard descriptions of how sexual initiation takes place. These girls often perceived boys as more powerful than girls regarding sexual decision-making, and explained that sexual activity was decided and negotiated at the boy’s terms. They stated that they often feel they have not much

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38 I have not noticed significant differences between the discussed views and girls’ ages.
control over whether and when sex is practiced and often feel incapable or powerless to make decisions about this. They recognized the boy’s role in the process of becoming sexually active as rather important in a sense that decision-making is often at his terms:

Boys feel superior to us [girls], they think that what they want is important and don’t really care about what a girl wants. They have a whole different idea about the concept of a relationship and I think they have to change their expectations. (Group discussion girls Zolani)

For me personally, I think I wasn’t ready yet, to have sex. But my boyfriend kept on asking and I think I found it hard to say no. (Pregnant girl, 17 years old)

There were also a significant number of girls who perceived power relations between boys and girls as more equal or less existent. They state that decisions about sexual activity are often discussed and approved by both the boy and the girl. A key aspect in relation to sexual decision-making which came up was communication. One of the girls I have interviewed explained to me that communication was an important way to know each others expectations and wishes:

Within a relationship you must agree on things, this is only possible when you communicate about the things you want. Tell each other what you want from a relationship, only then it can work. (Pregnant girl, 18 years old)

Not all girls perceived communication with their boyfriend about sexuality issues as easy though:

Sometimes I feel uncomfortable to talk about such issues [sexuality] with my boyfriend, it’s not natural to talk about to each other. (Pregnant girl, 17 years old)

But they did think it was necessary:

It is very important to communicate with your boyfriend about that [sex]. You should talk about things and make sure you understand each other. For example, you should tell him if you don’t want to have sex yet, your boyfriend should understand. Otherwise he has to leave. (Pregnant girl, 18 years old)

Whether sexual decision-making in the end is an actual joined decision, is not easy to answer. Perceptions about whether a girl has the right to say no to sex, youth in Breede River were all on the same page however. Girls definitely have the right to say no to sex. Both boys and girls think sexual activity is something both need to agree on and pressuring or forcing a girl to have sex is taboo.

Sexual activity: love and trust

Before a girl decides to become sexually active, there are a number of considerations and influences which play a role in this decision. As discussed before, within peer groups there seems to be an agreement that sexual activity, at a certain time, is seen as a norm within a relationship. As far as the girls I have interviewed, I have seen that within their relationships, they (as well as boys) are generally active and willing participants in their sexual relationships. There exist nuances (between different girls) of course. Some girls were more willing to start a sexual relationship than others, and some girls practiced more agency than others.

In the following I will discuss how girls (within a relationship) make the decision to become sexually active and in addition how they consider condom use. As I will discuss, decisions are often guided by certain social norms and gender rules that exist within the context in which the decision-making takes place.

Two concepts that play an important role in the decision-making about sexual engagement within a relationship were love and trust. For many girls their relationship had to be perceived as loving and
trustful in order for her to begin sexual relations. This is consistent with other South African studies (Harrison, 2008; Varga, 2003) that suggest that female teenagers link sexual activity and love, and in which love, or being in a serious relationship is a legitimate reason for becoming sexually active. Many girls in this research described that their decision to become sexually active was based on their own perceptions of her relationship as a trustful or serious one: ‘I see sex as something serious. So before I decided to have sex I was sure I trusted my boyfriend, and I did’. (Young mother, 17 years old) Another possibility was that the boy would suggest to call their relationship trustful and therefore implicitly implied the next (logical) step; becoming sexually active: ‘My boyfriend would ask me if I loved him, or if I trusted him. I knew when my answer would be yes that we were going to have sex’. (Young mother, 16 years old)

Of course these scenarios should be viewed with some caution. The way I describe the process of sexual initiation here, it seems that perceptions of love and trust are the only influencing factors. First of all this is difficult because these perceptions are rather personal and subjective. One’s notion of love is not the same as the other’s notion of love. Also the meaning of sexual initiation differs for different girls. It is possible that some girls perceive sexual initiation with her boyfriend as the ultimate way to prove your love to each other, while for others girls sexual initiation can be less guided by notions of love but more by peer pressure and social expectations. Secondly, it is possible that not all girls experience the moment of decision-making as such a conscious one but they rather see it more as a (next) logical step in their relationship. Thirdly, other factors can play a role. There is, for example, a possibility that girls do not only consider the concepts of love and trust in their decision-making process, but also think about possible consequences of refusing sex. Many girls clarified their decision to have sex with their boyfriends by explaining that if they would not, they feared the possibility their boyfriend would end the relationship:

   Boys say to you that he will find another girl to sleep with when he has to wait too long, that’s how it goes. (Young mother, 18 years old)

I would say there are different factors that encourage the will or motivation of girls to be involved in a relationship, and thus which influence the decision to become sexually active. First of all, there is the ‘normal curiosity’ about attention of boys and feeling of love. There is always a possibility for young people to get interested in each other and maybe fall in love. Secondly, I have talked to girls who really wanted to be in a relationship. Many girls found it very important to have someone to share problems with, or just to have someone to ‘hang out with’. The romantic notions related to a relationship can also play a role. Thirdly, girls can feel pressure to be in a relationship. Within many peer groups, it is a (social) norm to be involved in a relationship as an adolescent:

   All my friends are in a relationship, it would be weird if I wouldn’t. I think it’s just part of being young. (Young mother, 17 years old)

Also boys can be determined about ‘winning a girl over’. One of the non pregnant girls explained it as follows:

   Boys don’t leave the girls alone at our school. As a girl you need to be strong not to end up in a relationship, because boys will try again every day. (Group discussion girls Nkqubela)

The need for love among girls and the will or pressure to be in a relationship in combination with the general understandings among peers to become sexually active once the relationship gets serious, can reduce the girl’s voice in decision-making and negotiation of (safe) sex.

**The use of condoms within a relationship**

The influence of social (gender) norms is also present in decision-making about the use of contraceptives. As I have discussed in the beginning of this section, many adolescents practice
unsafe sex. Obviously also the young (future) mothers I have interviewed. In the following part I will describe different factors which contribute to unsafe sexual behaviour, with a focus on the non-use of condoms.\footnote{In this part I will not focus on the use of injectables or birth control pills. I have discussed this briefly during the section on contraceptives. Not many girls use these type of contraceptives regularly; there are different constrains regarding its use and accessibility.}

During the interviews and group discussions I noticed that both boys and girls perceive it as a joined responsibility to have protected sex. In regard to condoms, adolescents expect boys to carry a condom when it is likely he is going to be sexually active. Where this used to be seen as only a responsibility for boys, nowadays girls are also expected to take this responsibility. Different girls state this attitude has changed over time within peer groups:

\textit{Nowadays as a girl you have to take care of yourself, and this also means protecting yourself when you decide to have sex. I do not see it only as a boy’s responsibility to use condoms, as a girl you are there and you have to be responsible.} (Pregnant girl, 18 years old)

Despite changing and more progressive ideas about joined responsibility of condom use and the role of communication in this, social circumstances are not organized as such that girls always have this freedom or possibility. First of all, initiating condom use is still perceived as the boy’s domain. Feelings of embarrassment and discomfort are often mentioned by girls in relation to initiating condom use. Simultaneously, within the environment in which decision-making takes place, girls are often expected to adopt a more receiving and passive attitude towards sex. Actively negotiating sexual activity and condom use is associated with masculinity rather than with femininity.\footnote{These norms are expressed by adults as well as adolescents themselves. This is, again, an example of the discrepancy between expressed messages and practiced behaviour.} This paradox makes negotiation possibilities for girls difficult.

The actual use of condoms is dependent on several factors. One factor was the \textit{perception of low personal risk} on consequences such as STDs or pregnancy. Low risk perception reduces the motivation to use, or communicate about sexual protection (Eaton et al., 2003). A school principal mentioned this problem when I asked him about attitudes of youth towards (un)protected sex and contraceptives: ‘\textit{There are still those girls who have been living in a cave and they still think pregnancy is not going to happen to them}’. The way he expresses the problem may make it sounds like a problem which is funny or not too serious. However, I noticed that still many girls do perceive their personal risk of falling pregnant as very low.\footnote{It is also possible that girls told me this because they did not want me to think that they maybe wanted to fall pregnant or desired a baby, or knew the risks but acted irresponsible.}

I will use one of the girls I have interviewed as an example. During the interview she told me that she was aware of the possible consequences of unsafe sex, but she stated there was no need for protection because she was convinced she would not fall pregnant. She explained the following:

\textit{You see that teenagers start to experiment with sex and they don’t use protection because they think, ach it won’t happen to me, it will only happen to someone else. But then when you least expect it then you find out you’re pregnant. I didn’t think it would happen to me and now I have a child.}

- But did you know the risks of getting pregnant when you don’t use protection?

\textit{Yes I knew the risks but all my friends did it without a condom and they didn’t fall pregnant. I just thought that I would never fall pregnant, so I never worried about protecting myself.}

(Young mother, 17 years old)
Chapter 5 Unsafe sexual behaviour

So often it is not a case of not knowing the risks of unsafe sex, because many girls who explained to me ‘it just happened’ and ‘I didn’t expect I would fall pregnant’ were aware of a pregnancy as a possible consequence. However, it seems that these girls do not apply these consequences on themselves. One of the interviewed nurses explained it in a nice way: ‘Girls recognize teenage pregnancy as a problem, but just not as theirs. They believe they won’t fall pregnant, others do but they don’t. That’s how they think’.

A second important factor relates to the meaning of condoms more in general. By many adolescents, condom use is associated with promiscuousness, unfaithfulness and/or disease. It seems that condoms symbolize limited trust in one’s partner and undermine the seriousness of the relationship. Suggesting the use of condoms within a relationship can be perceived as a sign for overplay or disease or as an attempt to ensure the partner’s health (in case of STDs or HIV/AIDS). These associations make it difficult for girls, or adolescents in general to negotiate condom use:

My boyfriend didn’t want to use a condom.  
- Did you tell him you wanted to use protection?  
Yes I did tell him but I was scared he was going to ask me why. And he told me that we were in a relationship so that we didn’t have to use protection. (Young mother, 17 years old)

Suggesting condom use often implies either that you mistrust your partner or that you can not be trusted yourself. In this sense, condoms are often associated with infidelity or disease. As the girl in the excerpt above expressed, she was scared her boyfriend was going to ask her why she wanted to use a condom.

A last important determinant which influences decisions about condom use are the concepts of love and trust. I have discussed these already in relation to decision-making about sexual activity, and as you will see, they also play an important role in relation to condom use. These concepts are closely related to existing social (gender) norms which are taken into account when a girl (or a boy) makes a decision about sex and the use of condoms:

You think about whether you want to use a condom or not, it’s your own decision. But if you trust each other it isn’t necessary [to use a condom]. But you know whether you want to have sex with or without a condom, it’s your own choice.  
- And how was it with you?  
Actually I didn’t want to use a condom. I felt like I didn’t need to use a condom because we were in a relationship and basically I felt I didn’t want to use a condom. We trusted each other. (Pregnant girl, 19 years old)

I was scared my boyfriend would go to someone else if I would want to use a condom. That’s what happens. When you’re in a relationship and you love each you don’t use condoms. (Young mother, 23 years old, with a 6-year-old child)

As you can see from these excerpts, the issue of love and trust often prevent adolescents from using condoms in relationships. It seems that the act of leaving condoms behind symbolizes (a new level of) commitment, love and trust within the relationship. There are differences in how girls come to this decision however.

The girl in the first excerpt did not actually feel the need to use a condom with her boyfriend. It is possible that girls do not have the need to challenge or change existing social (gender) norms. In this way, both boys and girls reproduce and regulate sexual norms without questioning its meanings and outcomes. You could say that girls have internalized social (gender) norms and possible negative or dangerous outcomes are often not questioned.

The second excerpt however, shows that the girl would probably not decide for herself to practice unsafe sex. She feels (indirect) pressure to practice unsafe sex in order not to risk the continuation of her relationship. I think this is a situation a lot of girls of my research faced. In many cases, girls do recognize unequal standards and contradicting messages (see previous
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section) but do not feel they have the power or agency to challenge them. Social peer norms, such as the importance of being in and maintaining a relationship, to become sexually active and low condom use, in relation to perceived unequal gender relations, make girls vulnerable to boys’ power and diminishes their negotiation possibilities.

In both situations, as a result of implicit or assumed expectations and social norms, sexual intercourse within a relationship is often unprotected. The discourse of love and trust can become contradictory to the discourse of safe sex. This makes the risk of a pregnancy as very realistic one, and many girls are very much aware of this. However, often they do not consider this risk a reason to refrain from a sexual relation or to negotiate condom use, either because they do not want to or because they lack agency to do this. Instead girls ask themselves the question what a boy would do in case the girl becomes pregnant.

A fair amount of the pregnant girls I have interviewed perceived pregnancy as a realistic consequence, and questioned whether their boyfriend would be a good and responsible father. If she would decide so, pregnancy was not perceived as something impossible to deal with:

I knew my boyfriend was going to be a good father for my child. And he is, he helps out great. (Young mother, 17 years old)

Another option is that the boy would promise the girl to take full responsibility when the girl would fall pregnant. Whether he would actually live up to his words is a second question. What I have noticed is that several girls agreed with unsafe sex because they thought her boyfriend would keep his promises:

I didn’t really worry about a pregnancy because my boyfriend promised me he would help me and take care of the baby if I would fall pregnant.
- But didn’t you worry about your own life?
Well it’s not that I wanted a baby but at least I wouldn’t be by myself. (Young mother, 19 years old)

It seems that, rather than making a conscious decision to get pregnant, girls who decide to have (unsafe) sexual intercourse, take the risk of becoming pregnant into account as an important factor in making this decision. Their (final) decision is partly leaded by their perceptions about how responsible her boyfriend is going to be.

I think it is important to mention that there are also girls who consciously challenge the discussed norms and expectations. During my research I have talked to several girls who did practice safe sex (by means of condoms) with their boyfriend, and who did feel they could practice agency. For them the possible consequence of for example early pregnancy did make them decide to negotiate condom use. Since I have focused on girls who were already pregnant or mother however, it is very difficult to estimate how (nonregnant) girls in Breede River practice their agency. But I do want to stress the importance of understanding how girls, or adolescents in general resist existing norms. Rather than only focusing on sexual health risks due to dominant (gender) norms it is very useful to understand how rejection sometimes leads to alternative and less risky sexual norms and behaviours (Harrison et al., 2001).

5.4 Conclusion: Why do girls decide to engage in (unsafe) sexual behaviour?

The question that I have tried to answer, or tried to understand in this chapter, is ‘why do girls decide to engage in (unsafe) sex’. I have argued that it is important to understand the process of sexual decision-making within its context and as influenced by many (interacting) factors. In Breede River, girls are confronted with different, and often contradicting beliefs and expectations about sexuality and gender which are all related to ‘being an adolescent girl’. Firstly, sexual decision-making takes place within a context of secrecy and stigmatization regarding adolescents’
girls’ sexuality. It is expected from girls not to engage in sexual relations and if they do, a passive or indifferent attitude is expected. Actively negotiating sexual behaviour and contraceptives is not appropriate. Secondly, girls’ constructions of sexuality and decision-making are shaped within a context where strong social norms exist among peers. Sexual activity within a relationship is often a norm among peers and contraceptive use is often discouraged. A third important contextual factor is the influence of gender relations. Perceived gender inequalities in sexual decision-making and in one on one sexual negotiation, often influence negotiation opportunities and agency to practice safe sex for girls in a negative way.

Great variations exist in how social gender norms play a role in girls’ sexual decision-making. Within the just described context, I recognized roughly three ways of (sexual) decision-making processes which I think the majority of adolescent girls in Breede River can identify with.

A first possibility is that girls internalize, reproduce and regulate sexual norms without questioning its meanings and outcomes. Within this situation girls get engaged in unsafe sexual behaviour which is, from their viewpoint, normative behaviour for a girl their age. Possible negative (health) outcomes are not or hardly considered, and when they are they do not always play an influential role within the decision-making process.

A second possibility is that girls do recognize unequal standards and contradicting messages but do not feel they have power or agency to challenge them. I think that many of the girls I have interviewed are situated in this situation. Social peer norms and expectations and perceived unequal gender relations make girls vulnerable to boys’ power and diminish their negotiation possibilities. In addition, many girls feared certain consequences when refusing sex or negotiate condom use. Loosing one’s boyfriend, accusation of infidelity or stigmatization were often heard risks. Within a context of demanding social (gender) norms and (sexual) expectations regarding girls in combination with an overarching repressive and condemning culture regarding girls’ sexuality, it is very well possible that girls get involved in unsafe sex (with their boyfriend). Girls either lack power to negotiate safe sex, or girls perceive engaging in unsafe sex as easier than negotiating condom use or sexual activity at all:

Sometimes it’s just easier to have unprotected sex. Negotiating safe sex with your boyfriend can be difficult so in the end you just go with the possible consequences. (Young mother, 17 years old)

A third possibility I want to describe is one in which girls’ views and behaviours challenge dominant norms and expectations in order to ensure their personal sexual health. During my research I have talked to several girls who did practice safe sex with their boyfriend, and who did feel they could practice agency. Since I have focused on girls who were already pregnant or mother however, it is very difficult to estimate how (non-regnant) girls in Breede River practice their agency.

As we have seen, due to general norms and expectations it is difficult for girls to actively negotiate (safe) sex and make individual choices. The sexual decision-making process of girls is not only influenced by factors on an individual level (such as knowledge) but also by general social constructions of sexuality and gender. The overarching culture of stigmatization of girls’ sexualities is very much influential. Also peer norms play an important role in sexual decision-making as girls, or youth in general, use these norms as guidelines to interact with boys (peers) and to make sexual decisions. Boys and girls together reproduce and regulate norms and expectations and these norms undermine safe sex and therefore make the risk of an early pregnancy a very realistic one.
Chapter 6. Actors and factors influencing teenage pregnancy
An analysis of people’s experiences and perceptions in Breede River

Introduction

The prevalence of teenage pregnancy has to be explained and understood within its context of occurrence. In the previous chapter I described teenage pregnancy as a consequence of unsafe sexual behaviour and tried to understand why girls decide to engage in (unsafe) sexual relationships. Besides unsafe sexual behaviour, there are also other factors which play an important role. In this chapter I will discuss different actors and factors which influence the prevalence of teenage pregnancy in Breede River. In the first two sections I will discuss the role of different actors (parents and peers) within a girl’s direct social environment in relation to a girl’s sexual decision-making and teenage pregnancy. In the third section I will discuss teenage pregnancy in relation to having well developed aspirations. Aspirations and life goals can be perceived as a protective factor. Finally I will conclude this chapter with a final reflection of the influencing factors discussed in the previous and current chapter(s).

6.1 Role of parents

In this section I want to describe teenage pregnancy and sexual decision-making in relation to the relationship a girl has with her parents. Parents often play an important role in the lives of girls in Breede River. Girls spend a great deal of their time in and around their homes and often stay there until they get married or until they finish matric and start college or university outside the area of Breede River. Many of my girl respondents mentioned their parents (or mother or father in case of single parenthood) as important actors in their lives, and as the first (and sometimes only) people to go to in difficult circumstances.

In relation to teenage pregnancy, or sexual decision-making, parents can play a big role. Parental messages and parenting styles regarding a girl’s sexuality and (love) relationships can influence girls’ perceptions, behaviour and decision-making regarding these subjects. According to girls, and to a less extent parents, (open) communication seems to be perceived as the key aspect in a parent-daughter relationship to reduce chances of teenage pregnancy and unsafe sexual behaviour.

In this section I will describe the influence of the role of parents in relation to teenage pregnancy and sexual decision-making. Firstly I will pay attention to familial circumstances of my respondents and how these circumstances could play a role in relation to teenage pregnancy. Secondly, I will discuss parents’ perceptions and messages regarding their daughter’s well-being and the issues of teenage pregnancy, sexual behaviour and the role of (love) relationships. Thirdly, I want to describe girls’ perceptions about parental messages and parenting styles and describe how they perceive these can influence chances of teenage pregnancy and sexual behaviour among girls.

6.1.1 Family characteristics influencing teenage pregnancy

In relation to the family situations girls grow up in, several factors where mentioned by girls as well as adults which they thought could influence the prevalence of teenage pregnancy. Factors such as single parenthood, having a mother who was a teenage mother herself or having a teenage
mother sister were mentioned. Also lack of love and attention from parents due to for example long working days were perceived as influencing factors. In different South African studies on the role of family or parents in relation to teenage pregnancy (and sexual behaviour), these family characteristics are indeed mentioned as factors which enlarge chances on teenage pregnancy within the family (Macleod, 1999b).

In the current research, a little less than fifty percent of the young (future) mothers (ten out of twenty-two) grew up in a single parent home (mostly without a father) and the other half of the girls (eleven) with both her father and mother raising her. Six out of girls twenty-two were daughters of teenage mothers or parents themselves and seven of the girls had a sibling who had had a child during their teenage years.

During the interviews I have discussed these family circumstances as possible or influencing factors leading to teenage pregnancy. It hardly happened however, that respondents perceive single-parenthood or being confronted with early pregnancies within the family as direct causes. This does not mean that the above discussed factors do not play a role at all. A stable or safe family environment is more favourable for a child to grow up in at any time. Due to single or early parenthood it is for example less likely that parent(s) have time to communicate with their children on a regular basis because of work, or a mother’s social messages become less convincing in her daughter’s eyes because she fell pregnant at a young age herself. Several girls have mentioned these type of difficulties during the interviews. One of the pregnant girls described her situation:

*How can I take my mother serious when she made the same mistake?*
- What do you mean?
*Well she was seventeen herself when she had me, how can she be mad at me for something she has done herself as well?* (Pregnant girl, 19 years old)

Another problem which has been mentioned is that of the idea that a lack of attention and love from parents leads to teenage pregnancy. There are different explanations how this can lead to pregnancy. Firstly girls describe the lack of parental love as a factor leading them into the arms of a boy in search for love. A pregnant girl explains that ‘your boyfriend becomes your life, because you feel he is the only one who loves you. And you don’t want to loose that love’.

Another consequence of lack of love and attention is that girls get pregnant to ask for attention. One of the girls whom I asked about the circumstances that lead to teenage pregnancy explained how factors within the home could lead to teenage pregnancy:

*Sometimes within the home, factors can lead to teenage pregnancy. When parents are never there or they don’t show love to their children, they [their daughters] feel like ‘if I get pregnant, maybe my parents will treat me better’.* (Pregnant girl, 19 years old)

Some parents themselves also take responsibility for their daughters’ pregnancies. One of the parents, a mother of four girls from which three became pregnant at a young age has told me she feels responsible for her daughters’ pregnancies:

*Most of the parents are drinkers, or they have sex in front of their children. And what happens is that their children will do the same. And when children fall pregnant, then they will talk about it but then it’s too late. It’s what happened with me. I did things in front of my kids which they have seen and they started doing the same. And only after I saw there was a pregnancy, I started to talk. But then it’s too late, so I’m the one to blame.* (Parent 1)

In this story the respondent describes a family situation, which in her eyes is common in the neighbourhood: parents do not take enough responsibility to give a good example to their children.

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43 One of the girls grew up with her sister and aunt.
The above discussed problems were regularly mentioned by my respondents in relation to teenage pregnancy. I do recognize these kind of problems as influencing factors, I think reality however is more complex than these examples suggest.

A factor which I think is very important and has not been sufficiently addressed in discussions on teenage pregnancy in South Africa is the relationship between girls and their parents, and in particular the role of communication. Communication and responsibility were mentioned as important aspects of parenting in relation to teenage pregnancy by my respondents as well:

*I think it’s important as a girl to communicate with your parents. Then they will encourage you, guide you to do what’s best for you. They tell you what is wrong and right and help you to achieve things. If you don’t have a good relationship with your parents then maybe you will tell yourself: ‘ach my parents don’t care about me so I do whatever I want, whith whomever I want’. It’s up to parents to take this responsibility.* (Young mother, 19 years old)

Also openness in communication was perceived as an important aspect of good parenting:

*Parents need to be open, they need to talk more. Only they can explain us youth how to make wise decisions.*
*And what is a wise decision?*
*Not to fall pregnant.* (Group discussion girls Nkquela)

Open communication in this quote is associated with being able to make a ‘wise decision’, in this case not to fall pregnant. Many girls, and other respondents, see open communication as a way for girls to gain knowledge about sexuality related issues, but also as a way to create a trust-relationship. Within such a relationship girls perceive it as more easy to share personal sexuality-related experiences or questions. Before I elaborate more on this, I will discuss parental perceptions on their daughter’s sexuality and on the role of open communication. I will focus on parental messages and parenting styles in relation to sexuality, relationships and early pregnancy. What do parents want for their daughter and how are they trying to reach this? After that, I will discuss girls’ perceptions about parental messages and parenting styles and how these factors influence sexual decision-making and eventually can lead to teenage pregnancy.

6.1.2 Parents’ perceptions: desires, messages, restrictions and open communication

One of the topics I have discussed with parents was how they viewed their daughter’s future. And one of the most heard answers was ‘I want my daughter to succeed in life’. What parents mostly meant with ‘succeeding’ was their daughter to get an educational degree of some sort (preferably college or university) and then get a decent job. I noticed that messages contain a serious focus on education, because this is often perceived as a key instrument to social and eventually financial improvement:

*I always tell my children how important education is. My biggest fear is that they would not make in to tertiary education, they are in a position where this is a possibility and it would be such a waste if they wouldn’t go.* (Life Skills teacher and father of two children)

What I found remarkable is that most parents with a teenage mother daughter still concede these desires for their daughter. Although they do realize that their daughter’s future has changed and that having a baby can jeopardize her future chances tremendously, most of the parents still hope (and expect) their daughter to attain an educational degree and eventually earn money for herself and her baby’s maintenance.

Moreover parents who had the facilities to realize this expressed these desires or expectations.
Influencing actors and factors

The reason why I discuss parents’ aspirations for their daughters is because possibilities of succeeding and teenage pregnancy are closely related. Parents perceive early pregnancy as one of the most important factors which could very much interfere with their daughter’s future possibilities. This fear strongly influences parental messages and parenting styles.

**Teenage pregnancy, sexual behaviour and (romantic) relationships: parental messages and perceptions**

One of the biggest fears parents have regarding their daughter’s future and well-being is that she falls pregnant. Both respondents who had a daughter who had become pregnant at a young age, as well as teachers and nurses who had a daughter who was not pregnant (yet), explained to me that the chance of an unplanned pregnancy is a constant worry for a parent. Parents would often describe teenage pregnancy as a problem, something that they would not want for their daughter at a young age. With regard to the pregnancy itself, parents named the interference with school as a main negative consequence. Different respondents expressed their concerns about teenage pregnancy as a factor affecting a girl’s educational opportunities and life chances in general in a negative way:

> **When a girl falls pregnant it becomes difficult for her to go back to school or to find a job. But she has to do something with her life. My daughter is lucky because we as parents help her. Not all girls get help from their parents.** (Parent 3)

> **As a parent, I wanted my daughter to succeed in life. By succeed I mean finish school and secure a future. Now she is mother it’s hard, she has other priorities now.** (Parent 2)

A Life Skills teacher (who has a non-pregnant daughter) formulated it in the following way:

> **Girls are getting mother at a very young age. It’s sad, because the teenagers don’t have the future they must have. Matric, study, work. To grow up normal, be a child or a teenager as long as possible. But they carry the responsibilities that come with a baby, it’s a lot.**

In this quote you also see another consequence which is maybe a more abstract one, one that is not articulated in practical problems or consequences but more in the idea that being pregnant or having children does not fit within the general ideas of what it means to be a teenager. In Breede River, it is expected, or at least wanted that adolescents finish at least their matric before they get involved in a relationship or get sexually active. An early pregnancy would be worst case scenario. Another difficulty for parents is just accepting the fact that their young daughter is actually pregnant or mother. One of the parents could not do the interview because it was too emotional for her to talk about the subject. Despite the fact that the familial and financial circumstances were very good and her daughter and the baby were in good health, her daughter’s pregnancy was extremely difficult for her. She described her emotions as follows:

> **As a mother you feel you have done something wrong when your baby daughter falls pregnant. It is very hard to understand how this could have happened. I feel like I have failed as a mother. Even though it brought so many good things in the family, and even though my daughter and her boyfriend and also my husband are very happy, it still breaks my heart. I just can’t get used to it.** (Mother of a teenage mother, after this excerpt we stopped the interview because it was too emotional)

Many adults also share the thought that adolescents can not be good parents for their children because they are too young and have not enough experience yet to raise a child. More importantly, one of the main and most heard arguments about why adolescents should not have children before they have a certain amount of stability financially as well as relationship-wise, is because they are not capable to offer their new baby a steady home. A Life Skill teacher explained it as follows:
Consequences of teenage pregnancy are not only affecting young mothers and their babies, also parents themselves have to make adjustments in their lives. Although parents initially have problems accepting their daughter’s pregnancy and often feel disappointed or betrayed, usually after some time these feelings will give way to resignation and greater acceptance. A majority of parents decide to stand by their daughter during the process of pregnancy and early motherhood. All five parents who participated in this research help(ed) their daughter during pregnancy and early motherhood, and are still helping their daughter raising her child. They give financial as well as emotional support, and often it happens that parents stay with the child when their daughter is at school or work. Families, young mothers as well as their parents, become very practical and creative when it comes to the care of a new family member. During the interviews I got the impression that this was something parents perceived as almost natural. However, a girl still needs to understand that bringing an extra baby in her parents’ life is not something to be proud of. Parents often blame the girl for the undesirable consequences it had for their daily lives. A single mother with a daughter who became mother at the age of sixteen described her situation:

I think girls who fall pregnant are too young. Most of the girls are still in school and they don’t work so everything relies on the parents. For me as well, I have to support her child most of the time. It becomes the parent’s problem. It’s a step backwards. (Parent 4)

Messages from parents about teenage pregnancy to their daughters are very clear. As became clear earlier, parents have a constant worry about the possibility of their daughter falling pregnant. Due to different negative consequences for the girl as well as her parents, such as school-drop out or delay and financial problems, but also concerns about the well-being of the baby and the ability of a young girl to raise a child, according to parents, early pregnancy is not favourable at all.

Parental messages directed only on pregnancy are often very strict and usually contain threats and warnings about what would happen when a girl actually would fall pregnant. Parents mostly focus on the consequences of an early pregnancy, firstly on what it means for a girl to actually have a child:

I always told my daughter that her life would be over when she would get a child: No more friends, no more fun days, no more free time, it’s all about the child. It’s a big responsibility. (Parent 1)

Secondly, parents explain to their daughter what it means for their (parent-daughter) relationship when she would fall pregnant:

When you fall pregnant, I don’t know how I’m going to react, I can not tell you. But I do know that I’m going to be very disappointed, and that’s going to take a while because every time I see the child I’m going to be reminded at what you have done. (Parent 5)

Also parents tried to warn their daughter saying that in case of pregnancy, the disappointment probably would be too big to still take responsibility for her. A young mother explained to me how her parents would always warn her for the consequences of a possible pregnancy:

My parents would always tell me: ‘when you ever fall pregnant don’t come to us, after all we have done for you it would be the worse thing for us. And don’t expect we would still take you in the house’. (Young mother, 17 years old)

Another interesting characteristic in parental messages about pregnancy is that they would often use examples of other girls who have fallen pregnant already. Many examples are given to girls,
about the girl next door ‘who is just sitting at home wasting her future’ and about the daughter of the principal ‘who put their parents ashamed’. The following example comes from a teacher who himself has a daughter who is not pregnant or a mother:

_Open it happens that I give examples to my daughter, to show her how hurtful some things are. For example, my close friend’s daughter recently had a baby and he is devastated. I show her that a pregnancy can happen to anyone, and that you put people in misery when it happens._ (Life Skills teacher)

Another important concern of parents regarding their daughter is sexual activity. Many girls who become sexually active get pregnant within a considerable amount of time. Parents are aware that both many male and female adolescents are engaged in sexual relationships and they acknowledge that relatively few young people use contraceptive methods, with pregnancy as a possible consequence. In other words, sexual activity and pregnancy are directly linked by parents. However, this is not the only reason why sexual activity among youth is not appreciated much. As we have already seen in the previous chapter on sexual behaviour, general discourse shows that sexuality is not easily associated with young people, especially not with adolescent girls. This is why these girls often are being confronted with rather conservative thoughts and reluctant attitudes of adults. Sexual abstinence for girls is highly preferred, not only to avoid pregnancy but also because many parents still perceive sexual activity as something not suitable for girls. Parents often have a negative image of girls’ sexuality and depict sexual initiation as a particularly unhappy event which does not fit within the ideas they have about the meaning of sex and what it means to be a decent girl. A father explained his feeling about his daughter’s sexual behaviour:

_When I found out my daughter had been sexually active, I was very disappointed. It felt something had changed, her innocence disappeared. As a father you’re devastated when you realize your daughter has been sexually active._ (Parent 5)

Parents’ socializing messages regarding sexuality are often rooted in the concerns discussed above. Many parents believe that adolescents are too young to initiate sexual activities and especially for girls it is on the one hand inappropriate, and on the other hand it can be dangerous. The latter is explained in terms that young girls are not able to make ‘wise’ or deliberate decisions about sex. What constitutes a ‘wise decision’ is very arbitrary or subjective though. A wise decision is often perceived by parents as ‘not having sex’, or ‘not giving in’ when boys initiate sex. In order to discourage sexual behaviour among girls, parents present sex as a negative, or dangerous activity. The most used ‘approach’ is to refer to negative consequences of sexual activity, such as their own disappointment (see excerpt above) and consequences as stigmatization or teenage pregnancy (see excerpts earlier on teenage pregnancy). Most of these parental messages seemed to be in the forms of warnings:

_I told my daughter it’s better for her not to have sex yet, for her own good. Not only me, but also other people with think different about her._
- What do you mean by different?
_Negative, people don’t like it when girls are sexually active._ (Parent 4)

Parents hardly talk to their daughter explicitly about the meaning of sex, they rather focus on possible or ‘inevitable’ negative consequences of sex. What is missing in their messages or ‘communication’ about sex is an emphasis on feelings or experiences which come with sex. There is often no room for girls to express their first discoveries, experiences or emotional well-being regarding (their) sexuality. Parents, within a context where youth sexuality is (highly) stigmatized, put more emphasis on the dangers of sex. This matter is very well described by Lesch and Kruger (2005), who state that many parents use a ‘discourse of danger’ in relation to sexual behaviour and through this approach try to hold back their daughters from having sex.
Another interesting trend which can be discovered in parental messages about their daughter’s sexuality is the role they assign to boys. Boys are often being portrayed as not trustworthy and as always seeking for sexual relations and would do anything in order to get this. Parents often perceive boys’ sexual perceptions and intentions different than that of girls:

*I think having sex is a major step for a woman, and more important than for a man. Girls are more vulnerable because it means more to them. When girls have sex but afterwards her boyfriend breaks up with her she will be devastated.* (Life Skills teacher)

And in order to protect their daughters, parents expressed clear (and sometimes very explicit and negative) messages about boys:

*I have told my daughter to be careful with boys. Especially the older ones, they affect the young girls’ minds. They make sure the girl thinks he is interested in her and then they only want one thing. Afterwards they’re gone.* (Parent 4)

Unlike perceptions about sexual activity and pregnancy, parents’ thoughts about the role of boys and (romantic) relationships in relation to sexual activity and pregnancy are more diverse. There are cases in which girls’ social spaces regarding boys are rather limited. Girls are usually not allowed to have a boyfriend, or even to interact freely with a boy. In these cases, parents still have very clear thoughts about whether a girl should be involved in a relationship. A pregnant girl described her parents’ opinion about her being in a relationship:

*I would offend my parents if they knew I had a boyfriend, as a Xhosa-girl it’s expected from you not to have a boyfriend. I have to follow the rules, when I would tell my parents I had a boyfriend they would say that I don’t show respect to them.* (Pregnant girl, 18 years old)

On the other hand, there were also parents who perceive relationships during adolescence as acceptable. They stated that young girls can learn from a relationship and that it is a good way to socialize:

*Being in a relationship gives them [boys and girls] the opportunity to work together. It gives them an idea of what it means to stand your grounds and about giving without expecting something in return. Two individuals are working for common good.* (Life Skills teacher)

Another Life Skills teacher also understood that relationships are important within adolescents’ lives:

*I tell girls that there is nothing wrong with being in a relationship with a boy, as long as there so no intimacy involved. I tell them to wait with sex until you have a certain age, when you know you are ready and make the right decision.*

This teacher already made the link with sexual activity within a relationship. I have noticed that a very important requirement of adults to approve relationships among adolescents is that there is no sexual activity involved. So the type of relationship is very much defining whether parents agree on their daughter’s relationship or not.

However, parents realize this is not (always) a very realistic image of the type of relationships youth are involved in nowadays. Parents have the idea (or experience) that many young people perceive practicing sex as an unconditional part of a relationship. This is why parents often perceive having a boyfriend and sexual activity as invariably linked. Relationships lead to sex, which often means teenage pregnancy.

Parents can and do not always reject the idea of a relationship however. What I found interesting about parental perceptions about the role of relationships and its consequences is that these very much depended on their personal situation. It seemed that when a parent’s own daughter was not
involved in a relationship, or at least when parents did not know about their daughter’s relationship, relationships were perceived and described as dangerous and inevitably leading to for example teenage pregnancy. However, when parents did know about (and acknowledged) their daughter’s relationship, there seemed to be alternative options.

Regarding the parents I interviewed, three of them accepted that their daughter had a boyfriend. Often this was only after a long period of firstly secrecy, secondly problems and thirdly negotiations. In the end parents decided it would be best to accept the situation.

In this situation there are different scenarios possible. First of all, the fact that parents sometimes accepted that their daughter had a boyfriend, does not mean that they also expected them to be sexually active. One of the parents who accepted his daughter’s boyfriend explained the following:

After a period of constant fighting, we went so far that we called her boyfriend and her in and we talked to both of them. I said to him that my daughter is still very young and that we were not actually approving the relationship at such an early stage in their lives. We told him he must take care of her.

A bit later in the same interview he explained that although it was in the back of his mind the chance of pregnancy was present, he never expected that his daughter would actually fall pregnant:

(My wife and I did not expect that they would be sexually active, she was too young for that. (Parent 3)

As stated before, for different parents being in a relationship does not immediately means sexual activity. The main message is still sexual abstinence and often the use of contraceptives was not mentioned or discussed. As you see in the excerpt above, the only way the boy and girl got some information about the parents’ wishes were implicit messages such as ‘we expect you to take care of our daughter’.

Other parents would approve their daughter’s relationship more easily. They state that youth at some stage tend to experiment with different things, also with relationships and even sexuality-wise:

I don’t have a problem with it when young girls are in a relationship, they learn from it. I know that at some point every young girl and every young boy wants to be in a relationship, but it’s their own responsibility. As a parent you have to give the knowledge they need, but then it’s their own responsibility. (Parent 2)

This mother told me that she prepared her daughter for a possible sexual experience with her boyfriend by explaining her about the use of contraceptives. However, she did not expect her daughter to fall pregnant, especially because (in her mother’s eyes) she was very well prepared. Such openness however, is not very common among parents.

**Control and restriction**

Within a context of high rates of early pregnancies and school leaving, parents have the desire to protect their daughter from different forms of danger, such as teenage pregnancy. With strict messages, warnings and emphasizing negative consequences of sexual behaviour and teenage pregnancies, parents want to prevent an early pregnancy and ‘teach’ their daughters about what is best for them. But these were not the only methods parents used to influence and control their daughter’s sexuality and prevent teenage pregnancy. Another strategy was actual physical control of the girls’ lives. Parents tried to function as what I would call ‘gatekeepers’ and in this way tried to minimize girls’ contact with boys and tried to control girls’ direct environment.
This form of parental control is described by De Waal, who studied teenage pregnancy in the Netherlands, and is exercised through ‘confinement’. Confinement, as Olthoff describes, refers to ‘a restriction of the girl’s social and physical space and takes place with respect to space, time, activities and social contacts’ (p.179).

An example is given by one of the parents who did not allow his daughter to spend alone-time with her boyfriend:

At one point, I didn’t let her spend time with her boyfriend somewhere else but here. She wanted to go to his house but we as parents said she wasn’t allowed. Also when she wanted to go out at night we wouldn’t let her. We knew she was going to him instead.

While this parent explained his strategy to protect his daughter from danger and to ensure the type of life and future they had in mind for her (as parents), he was questioning the chosen approach:

Ach maybe we were too strict for her, keeping her in the house when she wanted to go out. Our daughter grew up in a house where the rules were very strict, for all of our children and still it [early pregnancy] happened. (Parent 3)

I have not heard many personal stories from parents or girls about (very) strict control practices from parents however. Restrictions with respect to having a boyfriend and sex were mostly exercised through strict messages and warnings about possible consequences. To what extent a girl’s time, space and activities were actually controlled became less clear.

Opening up: the role of (open) communication

Parents communicate with their daughters in a variety of ways. Strict messages and to a much lesser extent controlling parenting styles are much used strategies to protect girls from outside harm. These strategies are also used to teach girls about what is expected from them by their parents, sexuality and future-wise. Parents admit however, that these methods may not be the only or best ways to do this. Parents who participated in this research recognized that their strategies did not have the desired effect since their daughters had fallen pregnant anyway. Also parents with daughters who were not pregnant (yet) realized that within an environment with high teenage pregnancy numbers, new alternatives were desirable.

‘Open(ing) up’ was a much heard alternative. Parents recognize communication about sexuality-issues as their responsibility, and they realize that, within a context of relationships, sexual activity and low condom-use among youth, their messages or strategies should change. Forbidding things is not the solution and instead more communication and openness was needed. Parents find it important to open up more, to communicate more openly with their daughter:

A lot of responsibility lies with the parents. I think it’s important to have an open relationship with your child so she feels free to come to you when she has a question or a problem. In my case, I feel I haven’t talked to my daughter enough and that’s why she was scared or uncomfortable to come to me in the first place. (Parent 4)

The process of ‘opening up’ or open communication has been described in different South African literature. For example Ogle and colleagues (2008) describe that a more open relationship and communication can positively influence a girl’s sexual behaviour and contraceptive use. It seems that parents can influence their daughter’s sexual behaviour in a positive, or protective way, as in that girls (under the age 18) are less likely to become pregnant when they talk to their parents. In such situations, girls are more likely to consider and discuss contraceptive use with their partner. Also Phetla et al. (2008) describe positive consequences of more open communication. They found positive relationships between, on the one hand, parental communication about sex and safer

45 As described in Olthoff, 2006.
behaviour among adolescents through sharing of knowledge, and on the other hand, more trust in relation to sharing sensitive topics.

A difficulty regarding ‘open communication’ or ‘openness’ between parents and daughters however, is its rather subjective character. This difficulty is recognized by Phetla and colleagues (2008) who state that ‘openness is a poorly defined concept, likely to vary across contexts and even within parents child relationships’ (p. 505). This is also what I noticed when discussing notions of ‘open communication’. An example is that I noticed different perceptions about what could be recognized as an open relationship between a mother and her daughter. The mother referred to their relationship as open and believed that her daughter felt she could bring up every subject for conversation. The girl however, referred to the relationship with her mother as rather closed and did not feel they could discuss certain sexuality-related topics at all. Shame or fear for disapproval were reasons which explained the girl’s reluctance.

Despite certain difficulties, more open communication was mentioned by many girls (as well as parents and other adults) as a desirable and improvable aspect of a parent-daughter relationship. And some parents responded to this call. It seems that in some cases the content of communication with girls has shifted from strict admonitions about the dangers of sex and repeated warnings to not to engage in sex at all (as discussed before), to more concrete messages about practicing safe sex. One of the girls I interviewed told me that her parents were really open with her and her brother and sister:

My parents talk to all of us, they tell us we must go to the clinic and that we must protect ourselves. My mother explained to me that I need injections for pregnancy and condoms for HIV/AIDS. When my brother wants to go out and drink alcohol, every time my parents sit with him around the table and talk to him about the things that can happen. (Young mother, 17 years old)

Another example is that of one of the parents I have interviewed, who told me that she explained her daughter how it all works:

My daughter has an older boyfriend so I asked her if she was ready for sex if he wanted to. When she said yes I told her she had to use protection. Not only for pregnancy but also for HIV/AIDS. I sent them both to the clinic to do a test to see if everything was alright. (Parent 2)

In practice however, not all parents found it easy to talk so openly about sexuality-related issues with their daughters. Both parents and daughters seemed to struggle with the idea they had to open up. A feeling that many parents described in relation to parent-daughter sexuality communication were feelings of reservation. So an often heard reason why parents would not express more clear messages instead of just forbidding sex or tell their daughter to ‘protect herself’ was shame:

I always thought by myself, what is my daughter going to think when I talk to her about these type of things [sexuality-related issues]. I felt I’d loose my dignity when I’d do so. (Parent 4)

It also happens that parents themselves are not sure about whether they are equipped enough to educate their daughter about (their) sexuality. First of all parents are insecure about their personal knowledge and sometimes they even feel that their daughter knows more about certain topics than they do. Secondly, not all parents know how to introduce or start a conversation about sexuality-related issues. Phetla et al. (2008) describe that parents rarely have ‘adequate experience or skills for broaching sexual topics’ (p. 506). This is confirmed by some parents I interviewed who stated that it is difficult to talk about these kind of topics because they never negotiated it with their parents. One of the parents explained it as follows:

It is difficult for us as parents because for me, I never had that type of relationship with my mother. She would just tell us ‘you mustn’t do this and you mustn’t do that’. When I started
Another difficulty that is expressed by parents is that they feel talking about sexual behaviour and the use of contraceptives actually means approval of sexual behaviour and that discussing the issue implies encouraging girls to actually become sexually active:

We as parents, it’s difficult to talk to your children as far as contraceptives. Sometimes your children tend to think that when you talk to them about contraceptives, you encourage them to actually use them, to go out there and have intercourse. Teaching girls about sex is the same as to allowing them to go ahead with sexual activities. (Parent 3)

A last issue which makes it difficult to communicate more openly about sexuality issues is unwillingness among girls. This can be expressed in different ways. First of all, girls can act very indifferent:

Some girls think they know it all. When you try to tell them something, for example why it is important to use protection, they are laughing at you, they have an attitude like they are on top of the world. (Life Skills teacher)

A second difficulty can be that a girl does not respect her mother or father enough to listen to them. According to one of the girls, her parents did not take enough responsibility raising them, or did not give the right example during her life-course. She feels rather defensive to listen to or accept messages from her parents because they have not been a good role model for her.

It is also possible that a girl denies that she has any form of contact with a boy. They might be afraid of their parents’ reaction or foresee possible problems, so they deny they have a boyfriend or are sexually active. One of the parents experienced this:

When I tried to talk to my daughter, she told me there was nothing for me to worry about. (Parent 1)

But it also happens that girls are too shy or reluctant to communicate with their parents, or about sexuality in general. As I discussed earlier, youth sexuality is still not openly talked about, and communication about these issues inter-generationally is even more difficult. Even when parents want to be open about sex-related issues and boyfriends, they may be confronted with reluctance on the part of their daughter:

My parents always tried to talk about it but I was too shy. It just feels not right to talk about your boyfriend or about sex with your parents. (Young mother, 17 years old)

6.1.3 Girls’ perceptions: role of parents and sexual decision-making and teenage pregnancy

After discussing parents’ perceptions and messages regarding their daughters’ sexuality and teenage pregnancy, I now want to turn back to the girl respondents. In the interviews, all girls stressed that they saw communication with their parents as very important. Moreover, they perceived the lack of communication and openness as important factors leading to teenage pregnancy however. The answer to my question how lack of communication could lead to teenage pregnancy varied. Some girl mentioned the importance knowledge and how parents could play a role in this:
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I wish my mother would have talked to me more, then I would have known. When your parents don’t talk to you about such issues how are you supposed to make the right decisions? (Pregnant girl, 19 years old)

However, transmitting knowledge is not the only purpose of communication and more openness between a girl and her parents. Girls also related openness to trust and the importance of sharing.

My parents didn’t know anything about my boyfriend because I knew they wouldn’t be happy with it. I felt I couldn’t talk to them about him or ask questions about my relationship. He was the only one I talked to about everything. (Pregnant girl, 16 years old)

Communication and interaction regarding sexuality-related issues is often complicated. In the following part I will elaborate on certain critiques from girls toward their parents. First of all, girls state that parents often do not take enough responsibility to open up about sexuality-related issues and therefore communicate too less with their daughters. Secondly, girls state that parental messages and parenting styles that are used to teach girls about sexuality are often not sufficient and satisfying.46 I will conclude this section with several consequences of the lack of communication and restrictive attitudes toward boyfriends and sexual behaviour from parents (in relation to sexual decision-making and teenage pregnancy).47

Responsibility, parental messages and parenting styles: a critique of the girls regarding parental communication

Girls as well as different teachers complained about the lack of communication about sexuality-related issues with parents. A Life Skills teacher I interviewed explained to me that there is not enough communication and parents do not take the responsibility to know what is going on with their children and to educate them about important issues:

One of our biggest problems in Breede River is parental involvement [regarding their daughter’s sexuality]. It is from their homes that children do not learn about sex and relationships, there is not enough communication. And I understand that because we grew up with different morals and values so it’s difficult to talk about things like that with your children, but they have to. Parents shift their responsibility to the schools, they come to the school and are expecting from us teachers that we will educate their children. But this is too much, we become frustrated. (Life Skills teacher)

Another example is that of one of the girls (non-pregnant) of the group discussion. She explained to me that her parents do not communicate about her sexuality with her at all. When I asked her if she thought it was the parents’ responsibility to talk about issues such as sex and relationship she answered:

Yes but they [parents] are scared, scared they give you the wrong idea. For instance with me, my parents never talked to me about sex. I had to find out everything by myself. When my period started my parents never told me what to do, I had to ask friends. My mother never sat down with me and told me what to do.
- And do you ever ask questions to her?
No I don’t ask questions, I just sit down and shut up. I go to my cousins if I want to know something.

46 I do want to emphasize that, first of all, this is not what I found with all the girls who did not talk about their sexuality with their parents, and second of all, I mainly discussed parent-daughter relationships with girls and parents who already were pregnant or had a young (future) mother daughter. This means I do not know much about parent-daughter relations of non-pregnant girls.

47 I do want to emphasize that there exists great diversity between the homes young people grow up in. Not all girls perceived the relationship with their parents as too close, and not all girls wanted an open relationship with their parents. They could not see how this could benefit them.
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- How do you feel about that?
I think my parents don’t care about me, that’s what I think. This is because there are also parents who sit down with their daughter and tell her the things she needs to know about her period and relationships, but I didn’t have that talk. (Girl group discussion Zolani)

A girl who was four months pregnant at the time of the interview told me that her parents did not communicate about sexuality-related issues with her:

I never talked to them about it. I couldn’t ask questions to them, they would be shocked if I did, they would go mad.
- Why?
It’s not something parents want to talk about. All they do is shouting when you ask a question about these issues: why are you so rude, you can’t say something like that to me!
(Pregnant girl, 17 years old)

But also when parents did take responsibility to communicate with their daughters, girls still had critiques. Conservative thinking about girls’ sexuality, feelings of embarrassment to communicate about it but mostly concerns about their daughter’s well-being and future, make that parental messages and parenting styles can be rather strict and intrusive. Girls’ perceptions about these messages, ways of communication and parenting styles differ however. Some girls understand why it is difficult for parents to introduce the topic. They realize that many parents have not known this type of communication, and acknowledge the influence of general discourse where people state that sexuality issues are not appropriate to discuss with your daughter when they are too young. Also parental messages are strongly influenced by public discourse, where sexual relations are only allowed within marital context, and assertiveness from girls regarding sex is not appropriate.

On the other hand, girls state that parents should realize the importance of communication, and the need for girls to be well informed about sex-related issues:

When your mother doesn’t talk to you, who will? Who is going to take the responsibility to explain sexual issues such as contraceptives and boyfriends and stuff? This is important information for a girl. (Pregnant girl, 19 years old)

Another important point of critique of girls referred to parents’ attitudes towards ‘having a boyfriend’. The majority of girls I interviewed did not tell their parents about their relationship and complained about the (necessary) secrecy around their relationships:

It is not nice to be secret about having a boyfriend. It makes it difficult to spend time with him, you’re always worrying about that no one can see you because you’re scared that your parents will find out. (Group discussion girls Langeberg)

Hiding a relationship is not only undesirable because of practical problems (see excerpt above), girls also explained that they were rather disappointed that they could not share their experiences with their parents. Boys or relationships can play a rather important role in girls’ lives and what I noticed is that many girls did want their parents to know and accept their boyfriends. Girls often want their parents to open up, they want them to take their relationships serious and to have trust in the boy. Not only more communication is desirable, also more freedom in regard to boyfriends is a wish from girls.

Many girls also complained about the content and style of parental messages. They described them as rather ‘judgmental’ and ‘too strict’ and girls often could not relate with their parents’ messages or restrictions. A consequence was that girls often only play a role as passive listeners during conversations, and in the end do not get the information and freedom (regarding boys) they want and need. Moreover, I think that the type of messages and communication parents demonstrate give girls a rather one-sided image of the role or meaning of sexuality. The construction of sex as
dangerous and inappropriate, and most of all not allowed has different consequences for a girl’s behaviour and personal constructions of sexuality. These will be discussed in the following part.

**Limited space, negotiation skills and agency**

The lack of communication or the type of messages parents give to their daughter contribute to limited space to develop ‘healthy’ or personal constructions of sexuality and limited negotiation skills among girls. First of all, girls are not given much space and opportunities to talk about their sexuality with their parents. Second of all, the communication which does take place is often rather one-sided and sex is often represented as something inappropriate for the girls. These processes influence girls’ perceptions about what sex represents (something negative or dangerous) and it leaves out on what emotions and feelings to base sexual decisions:

*It [sex with her boyfriend] just happened, it’s not that I wanted it but it’s also not that I didn’t want it. When he asked me I told him it was ok. It had to happen at one point because we were in a relationship.* (Young mother, 23 years old)

A girl’s personal feelings and individual experiences and views play a role in their sexual decision-making. However, these views and feelings are partly influenced by the relationship they have with their parents. South African literature shows that parents and their messages and attitudes regarding sex often play an important role in sexual decision-making of the girl. Lesch and Kruger (2005), who conducted a qualitative study in South Africa on the role of mother-daughter relationship and communication in relation to sexual decision-making and agency, state that this is practiced through a lack of certain agency and skills among girls. Both limited communication between girls and mothers and the construction of sex as inappropriate, contributed to limited sexual agency during a girl’s sexual experiences. A mother’s (negative) influence on her daughter’s agency was exercised through the used ‘discourse of danger’ which labels sex as dangerous and undesirable. Because of this attitude, not much room was left for girls to ask questions or share thoughts about sexuality or relationships. This in its turn contributed to lack of skills and agency in a girl’s (sexual) relationships (Lesch & Kruger, 2005). I recognized this process in a young mother’s description of her sexual experience with the father of her unborn baby:

*It can be scary to say no to your boyfriend when he wants sex.*
  - How can it be scary?
  - Well if he asks me for sex, it is difficult to say no.
  - What do you find difficult then?
  - Because when you’re in a relationship at one point you decide to have sex, it’s what your boyfriend expects. When you say no he will ask why and when you don’t have a real reason what do you say? It’s just easier to have sex, I was scared he would ask questions. (Young mother, 17 years old)

Within a context where girls’ perceptions about sexuality are often influenced by existing social (gender) norms and where sexual decision-making is guided by these same norms and expectations (see chapter 5), sexual agency is very important. Lack of or very little communication with parents and sex depicted as something dangerous will not help girls to gain a stronger, self conscious position in their relationship or decision-making. Moreover, limited sense of sexual agency and rather limited sense of ‘healthy’ sexual constructions can weaken a girl’s position and therefore make her more dependent on others. I will describe this situation more extensively in the following part.49

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48 This study only focused on the role of communication in relation to the mother. As I explained in Chapter 4, not much research is done on the role of the communication in relation to the father. In the current research, communication between a girl and both her mother and father are perceived as playing an important role.

49 Just as I described three different situations in the previous chapter, I now also want to emphasize girls’ variety in sexual decision-making and reasoning and the role of their parents in it. Not all girls are so much
Relationship between parents and daughter: the role of the boy

As already discussed in the previous chapter, romantic relationships can play a very important role in girls’ lives. What I have experienced in Breede River, both in cases of rejection and acceptance of a daughter’s (romantic) relationship, most of the parents remained rather closed and distant and sometimes disapproving. Many girls therefore hide their relationship all together, or at least their sexual activity. Either way, girls do not openly talk about it and not much openness is involved.\(^{50}\)

As a consequence of the hidden nature of the relationship and the lack of openness and communication with parents, a girl’s (love) relationship with her boyfriend increasingly becomes a very important, if not the most important thing in her life. This phenomenon diminishes the amount of people in a girl’s direct environment to communicate with, and her boyfriend becomes an important source of information for the girl. She will, amongst others, rely on his perceptions of sexuality. Stern (2004) refers to this process as ‘social isolation’ of the girl and states that this may lead to higher vulnerability to teenage pregnancy.

Since the boy plays such an important role in her life now, it is possible that certain decisions will be made according to his wishes and desires (instead of according to that of her parents for example). Possible consequences of these decisions will also be considered along these lines. Including the decision and possible consequences of (unsafe) sexual behaviour. A girl often understands that a possible consequence of refusing (unsafe) sex or negotiating condom use is loosing her boyfriend.\(^{51}\) On the other hand, the consequence of pregnancy in relation to her parents most likely means great disappointment from her parents’ side.

Many girls however, will choose continuation of her love relationship and risk possible disappointment of her parents. Because her relationship plays such a big role in her life at the moment, she would not make any decisions which could risk her relationship.

Additionally, another important aspect which is likely to influence a girl’s sexual decision-making and behaviour is the earlier discussed limited sense of sexual agency. Lack of sexual agency as a consequence of little communication and openness among parents and girls diminish a girl’s chances to make a deliberate decision or choice about her sexual behaviour. I think that the combination of these factors make girls very vulnerable to unsafe sex, and (more indirectly) to teenage pregnancy.

There are some important nuances to make however. The just discussed decision of unsafe sex can also be influenced by other factors. Girls’ ideas about concepts such as having a boyfriend, pregnancy within a relationship and the (trust) relationship with her parents are important.

First of all, I noticed that girls could have rather romantic ideas about love relationships and pregnancy within such a relationship. The idea of having a baby with your boyfriend, who plays such an important role in your life, seems rather attractive. More over, one of the criteria that girls use when assessing (unsafe) sexual behaviour is how responsible and mature the boy would be in case of a pregnancy. It seems that the risk of a pregnancy has been taken into account.

A second important nuance is the meaning or importance that can be ascribed to trust girls express regarding their parents. It seems that despite their fears regarding their parents’ reaction in case of pregnancy, girls know and almost expect that their parents will end up supporting them in whatever way they possibly can.\(^{52}\) One of the pregnant girls explained to me the following:

dependent or their parents, some girls have good relationship with their parents, some girls do not want to communicate about such issues with her parents.

\(^{50}\) The majority of young mothers and pregnant girls I interviewed hid their relationship from their parents. Only when they became pregnant they had to tell their parents they were involved in a relationship.

\(^{51}\) For a more detailed and nuanced description see Chapter 5.

\(^{52}\) I do want to emphasize that many pregnant girls and young mothers experienced great difficulty and feelings of embarrassment towards their parents when they had to tell them they were pregnant. More about these experiences in the next chapter.
What do you choose for? You know your parents are going to be there for you, but your boyfriend might break up with you if you don’t sleep with him. (Pregnant girl, 19 years old)

Another girl, who was five months pregnant at the time of the interview, said the following:

Some girls don’t have supporting mothers, so they will be worried thinking about who is going to help them when they get the baby. So they really can’t get pregnant. (Pregnant girl, 16 years old)

It is possible that the issues discussed above make the step to pregnancy, or at least unsafe sex, smaller. In this situation, teenage pregnancy should not be seen as a conscious choice, but rather as a possible risk or consequence.

6.1.4 Conclusion

In this section I have tried to understand teenage pregnancy and sexual decision-making among adolescent girls in relation to the relationship the girls have with their parents. Parenting styles and parental attitudes and messages regarding teenage pregnancy, sexual behaviour and (romantic) relationships seemed rather important.

Parental attitudes and messages towards teenage pregnancy and sexual behaviour showed much resemblance. Both teenage pregnancy and sexual behaviour were seen as undesirable, and messages regarding these issues were rather strict and one-sided. Attitudes toward the role of a boyfriend in a girl’s life showed more variation; where some parents did not accept their daughter’s relationship and expressed strict messages, others could understand the positive role of a relationship and accepted it. Ideas about sexual activity within a relationship were rather unanimous however. Most parents did not allow their daughter to be sexually active, also not in a relationship.

A majority of the girls I have interviewed perceived lack of communication and openness with parents regarding sexuality as factors which contributed to unsafe sexual behaviour and teenage pregnancy. First of all, many girls stated that parents often did not take enough responsibility to open up about sexuality-related issues and therefore not communicated enough with them. In addition, according to the girls, parental messages and parenting styles that were used to teach them about sexuality were often not sufficient and satisfying. This resulted in, firstly, a lack of space for girls to develop ‘healthy’ or personal constructions of sexuality, and secondly, limited sense of sexual agency and negotiation skills among girls.

Another consequence of rather restricted attitudes of parents toward their daughter’s sexuality and relationship, was that not much openness regarding a girl’s boyfriend was involved. As a result of the hidden nature of the relationship and the lack of openness and communication with parents, the relationship with her boyfriend increasingly becomes a very important part of the girl’s life.

Within this situation - where girls often lack healthy sexuality norms and sense of sexual agency and where their relationship becomes a very important part of their lives and very much rely on their boyfriend’s perceptions of sexuality - a girl’s decision-making position becomes rather weak. She will rather prioritize her boyfriend’s wishes and norms over her personal safety, needs and desires.

6.2 The role of peers (peer pressure)

Another factor which was mentioned by many girls and other respondents that can contribute to the prevalence of teenage pregnancy is peer pressure. Many of the girls I interviewed identified peer pressure as linked with ‘trying to fit in’. Along this way, peers have a unique type of influence on fellow peers which differs from the influence parents or other adults have (Selikow et al., 2009).
What the specific role of peers is in the process of adolescent girls’ sexual decision-making, I will discuss in the following section. I want to pay attention to the question how girls perceive the role of peers in relation to firstly (unsafe) sexual behaviour and secondly to teenage pregnancy. Which mechanisms make peer pressure possible? I will discuss this using existing literature, girls’ perceptions and examples of expressed messages.

6.2.1 Existing peer norms

Existing sexual (gender) norms among peers are very important when discussing the influence of peer pressure on sexual decision-making. As I have discussed in Chapter 5, girls (or adolescents in general) use these norms as guidelines for their interaction with boys and sexual decision-making, therefore it is very important to explore which norms are valued, expressed and practiced by youth.

Since I have discussed sexual norms among peers extensively during the previous chapter, I will only discuss them briefly now. First of all, being engaged in a relationship is an important aspect of being young. For adolescent girls, there is great social pressure to have a boyfriend and once engaged in a (steady) relationship it is important to maintain this relationship. Often becoming sexually active is one of the ways to do this. Sexual activity in general, either within or outside a relationship, is also perceived as an important aspect of adolescence. From boys as well as girls is expected to engage in a sexual relation and for boys more than girls to even have multiple partners. Thirdly, clear ideas about the use of condoms exist. Condoms are often associated with disease or promiscuousness, plus the notion that condoms are not necessary in a trustful relationship undermine chances of condom-use. As a consequence, negative peer norms undermine consistent use of condoms in sexual relations. Not confiding with these norms can have certain consequences for girls, such as termination of a relationship or exclusion from a certain group.

6.2.2 How does peer pressure operate?

Now that I have discussed existing peer norms I want to elaborate on how it is possible that peers have such a great (and unique) influence on adolescent girls or youth in general, especially in comparison with parents.

As we have seen during the previous sections, peer norms are not the only norms girls are confronted with. Parents and other adults also try to teach girls about ‘healthy sexuality’ and want to prevent girls to get involved in (sexual) relationships. By expressing strict messages about sex and (romantic) relationships parents tried to influence and sometimes control their daughter’s (sexual) behaviour. It also seemed that girls often found it difficult to communicate with their parents about sexuality related issues.

Many girls perceived their peers as an easier source to approach for information or a conversation, and preferred them over their parents to share personal sexual-related information with.53

No way am I ever going to talk about these things [sexuality-related issues] with my parents.
They would get angry.
- Would you prefer to talk about it with your peers?
Yes that’s easier. With peers you understand each other, my parents wouldn’t understand me. (Group discussion girls Nkqubela)

So besides parents, peers also play an important role in the (sexual) socialization processes of youth. Girls often experience it as easier to discuss such issues with peers. However, this is not the only explanation why peers play an important role. The ‘pressure part’ of peer influence stem from

53 Girls would not always mention peers as trusting because they stated that peers can give you the wrong advice or influence your behaviour in a bad way. So it is important to understand that not all girls use their peers as a source of information or to communicate about sexuality-related issues, or at least do not perceive them as the most preferable source.
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the fact that often adolescents feel the need to be part of a social group. A qualitative study of Selikow et al. (2009) focuses on the influence of peer pressure on sexual risk behaviour in South Africa. The authors state that besides internalized (harmful) social norms, also the strong need adolescents feel to belong to a social group facilitates peer pressure. Adolescents who do not conform to dominant peer norms may be excluded from friendship circles or other peer groups. This combination of factors make girls very sensitive to peer notions and expectations and therefore make them often pay more attention to their peers’ opinions and behaviour than to those of their parents or other adults (Selikow et al., 2009).

This is a finding that I recognize in my own research. I noticed that girls indeed perceive peers as important actors regarding sexual decision-making. The influential role of attitudes and beliefs of peers in combination with the strong will to belong to a social group influences girls’ thinking process and (sexual) behaviour in different ways. Firstly it influences the way girls construct their own realities about the meaning of sexuality and teenage pregnancy and secondly it influences girls’ behaviour and decision-making. These processes are described in the following excerpts:

When all the girls from your class for example have a boyfriend, or they all have sex it seems like this is the thing to do. It makes girls think it’s normal to have a boyfriend or to have sex. (Young mother, 19 years old)

The way peer pressure works is that when there is one girl in a group, or just a group you want to be part of, and they always do certain things you want to do those things as well. There is a chance that you see certain things and copy this behaviour. And this can be a negative thing because you do things you normally wouldn’t do. (Pregnant girl, 19 years old)

When you’re in a group and the other girls are having sex, they pressure you to have sex as well. So this is when you do stuff you’re not sure about so you can join them. (Pregnant girl, 18 years old)

6.2.3 Messages regarding sexual behaviour and teenage pregnancy

In order to understand how certain messages within a peer group actually lead to certain behaviour of girls, it is important to take a closer look at the nature, content and style of these messages. What do they exist of, and more importantly, how are these messages expressed. In the following I want to discuss messages regarding sexual behaviour as well as teenage pregnancy and I want to discuss differences in how a message can actually influence behaviour and decision-making.  

The majority of messages within peer groups contain of or relate to either expectations or consequences. Firstly the messages encourage girls to engage in (unsafe) sexual behaviour and secondly they express negative consequences when the expected behaviour is not practiced. Since sexual activity is often seen as a norm among different peer groups (see previous chapter) messages often contain a persuading or convincing tone to girls (or youth) to engage in sexual activity:

Friends tell you it’s a good thing to have sex with your boyfriend. A girl said to me once something like: ‘You have been going out with your boyfriend for how many months now, and you still haven’t had sex? Why not?’. She thought it was weird I hadn’t have sex yet with my boyfriend. (Young mother, 18 years old)

54 Although I primarily focus on negative peer pressure, it is important to note that there are also examples of positive peer influences. I have seen examples in my own research and for more research on the positive role if peers I recommend studies of Eaton, Flisher & Aarø, 2003 and MacPhail & Campbell, 2001.
Expressed messages about either personal experiences or expectations from others seem to contain a certain tone. Adolescents’ messages and attitudes are recognized as ‘showing off’ or ‘bragging’, or they were described as ‘trying to impress your friends’:

*Some boys just brag about with how many girls they have slept with. It’s almost like a competition.* (Group discussion girls Langeberg)

*Boys and girls nowadays, they often want to beat one another. So they want to show their friends they can get what they want. This often means sex, so when you’re in a relationship you are going to have sex with your boyfriend to show your friends you get what you want.* (Young mother, 17 years old)

According to parents and stakeholders, youth nowadays are very occupied with sex and sexual relationships. Because this plays such an important role within peer groups, peer pressure is easily practiced:

*I think sex is too important for youth, I have the feeling it controls their lives. This makes peer pressure even more present, because many boys and girls find it so important that you’re engaged in sexual relationships. When I come at school on Monday it seems to me that they are telling each other with how many people they had sex during the weekend, they brag about it.* (Parent 3)

When girls are not (openly) sexually active, they can experience different consequences within her peer group, ranging from being teased to being excluded from her peer group. It happens that girls who are not sexually active are called or perceived as childish:

*Sexually experienced girls call inexperienced girls children. And you don’t want to be called a child.* (Pregnant girl, 19 years old)

Also teasing is common:

*It happens that your friends make fun of you because you haven’t have sex with your boyfriend yet, or because you’re still a virgin. That’s when they’ll make fun of you. So you feel pressure from the group and you do it because then you can talk about it with them.* (Pregnant girl, 19 years old)

But it is also possible that peers are being excluded from their peer group:

*Sexual activity is normal nowadays. Especially if you have friends who tell you what they have done and put pressure on you. Sometimes they tell you they don’t want to hang out with you anymore because you don’t ‘fit in’. This is what makes you do things you otherwise wouldn’t have done.* (Pregnant girl, 19 years old)

Often the feeling of fear of being excluded from a peer group is enough for girls to adapt or change behaviour in order for her peers to accept her. One of the girls explained to me that ‘many girls will do anything to fit in, you’ll make sure you’ll fit in’ (Pregnant girl, 18 years old). As a consequence girls make decisions which they might not have taken when she would not have been influenced by expectations of peers. 55 One of the parents I have interviewed recognized this behaviour with her daughter:

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55 I think it is important to mention that when girls actually meet with certain peer norms, such as practicing (unsafe) sex, there is no guarantee for lifelong and unconditional friendships however.
Girls talk to each other about their experiences and telling they are telling each other what they should try now. I think my daughter felt excluded from her group of friends and that why she did it [became sexually active with her boyfriend]. (Parent 5)

Besides more ‘direct’ pressure of peers, which contains risks such as being excluded from a group or experiences of teasing, I have noticed a more ‘indirect’ form of peer pressure. Girls do not necessarily feel direct pressure from peers to become sexually active through their messages, neither do they feel immediate concerns of being excluded from their peer group, they rather are influenced by general norms among peers. I have discussed this phenomenon in the previous chapter, where I explained that girls use these norms as guidelines for sexual decision-making and often perceive them as their personal reality.

In this way, girls do not always feel direct pressure from their peers to become sexuality active, but within an environment where many of their peers are sexually active and perceive this as the norm, they recognize this behaviour as something they should do as well:

*I know my friends have sex so I wanted to experience it as well.* (Young mother, 17 years old)

*When you see that people around you are talking about sex or relationships you feel you have to experience it so that you can also talk about it.* (Pregnant girl, 19 years old)

I would argue that peer pressure in relation to teenage pregnancy has a similar effect and can be perceived as ‘indirect pressure’. Not so much direct messages or pressure cause girls to become familiar with the phenomenon of early pregnancy, more over it is what they see and hear within their environment. It is not so much that girls receive messages from peers which state that a pregnancy is a way to derive status or something that is expected or normal, I think the way girls receive information and messages about teenage pregnancy happens in a more implicit or subtle way. It can happen that within an environment where teenage pregnancy numbers are high and where young mothers receive some form of attention, or where some young mothers still succeed in school, the idea of becoming pregnant and having a baby comes to be seen as something competitive, positive or exciting:

*Since there are so many pregnancies in our community, some girls want to follow their friends and think: if they have a child, why don’t I have one? I’m older than that girl and she has a child, so why don’t I have one? Girls don’t use protection for that matter.* (Young mother, 17 years old)

*Some girls think it’s fun to have a baby, they think babies are cute, or they see other girls on the street with a baby and they get all the attention. They only see the glamour side of having a baby.* (Young mother, 18 years old)

‘Fashionable’ or ‘a way to hold on to your boyfriend’ were also described reasons to become pregnant. The latter was mentioned quite regularly and is a good example of the indirect pressure I just described. Since having a boyfriend, and especially ‘holding on to your boyfriend’ are important and highly valued norms within peer groups, girls find ways to make this happen. And one of the ‘easiest’ ways to do this is to fall pregnant. Whether the boy actually takes responsibility for the child is very doubtful however.

6.2.4 Conclusion

It has become clear that there is a combination of factors which cause peer pressure. A first important factor is the fact that girls perceive peers as an important source of information when it comes to sexuality-related issues. Many girls stated that, besides parents, they often ask questions to their peers and more importantly they state that their decisions are often influenced by peer notions and norms. As I have discussed earlier, girls are often guided by notions about sexual
activity and condom use in their sexual decision-making. These norms often enlarge the chances of unsafe sexual behaviour among adolescents. The second and most essential factor is the will of girls to belong to a social peer group. The way to belong to a group, and how to maintain this position often depends on to what extent girls live up to these norms. In order to do so, girls often undermine norms of safe sex and perceive consequences of (unsafe) sexual behaviour as less important than short term consequences such as exclusion from their peer group.

How these messages eventually are expressed and therefore operate varies. Firstly, girls explained the influence of more direct messages. Direct calls for sexual behaviour, and especially consequences of not being engaged in sexual behaviour, such as exclusion from a peer group, influence girls’ behaviour. Secondly, a more indirect form of pressure is present. Here girls do not feel direct pressure but because of what they see in their environment and through indirect and more implicit messages, they make sexual decisions which are influenced (indirectly) by their peers.

6.3 The role of (having) life goals and aspirations

A last factor I want to discuss as influencing the prevalence of teenage pregnancy is the (protecting) role of a girl’s aspirations in life. This idea comes from Stern (2004) and is one of the five factors which constitute the earlier discussed concept of social vulnerability. The idea is that ‘girls who have aspirations for the future that are well developed and that go beyond motherhood and marriage are considerably less vulnerable to pregnancy than girls who do not have such aspirations’ (p. 195).\(^56\) Within this context finishing education and having a job are aspirations which can be seen as realistic and achievable.

Whether girls perceive having aspirations as a protective factor is influenced by different factors. Firstly, it depends on how important and realistic girls perceive their aspirations are, and secondly on whether they think an early pregnancy interferes with these aspirations. This is why I will discuss the role of girls’ aspirations extensively. I will start discussing actual aspirations and goals of my girl respondents. Then I will pay attention to whether they feel they can accomplish these aspirations. Afterwards I will discuss girls’ perception on what role teenage pregnancy plays in relation to future aspirations. After discussing these themes I will pay attention to how my respondents think well developed aspirations can or can not prevent teenage pregnancy. I will conclude with potential problems about why it is difficult to determine whether aspirations can actually make girls decide to delay pregnancy.

6.3.1 Girls’ aspirations in Breede River

The girls’ aspirations in Breede River seem to conform to the kinds that Stern identified as helping to prevent early pregnancy. Within an environment where education is highly valued and understood to be the key to obtaining good jobs, finishing matric (secondary education) and starting university after that, are often heard aspirations of all of my respondents. Eventually finding a job, or earning money were also often mentioned:

My first goal is to finish matric and go to university. The only way here to become someone is to get your education. (Group discussion girls Zolani)

Becoming a mother was definitely a significant part of aspirations of girls also, however this wish was often balanced against more immediate (short-term) concerns such as education, work and pressure of social expectations. Many (non-pregnant) girls stated that education had a higher priority than becoming a mother. A non-pregnant girl explained to me that her wish for children was a long-term one and stressed the importance of education and money before having children:

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\(^56\) As cited in Olthoff, 2006.
Both pregnant girls and young mothers describe their pregnancy or motherhood as something that would have been easier or more preferable in a later stadium of their lives. They describe they wanted to have children eventually, but not before certain requirements were met:

*I did want to become a mother eventually, but not at such a young age. I only wanted to have a child when I knew I was ready for it, relationship-wise but also financially.* (Pregnant girl, 18 years old)

*I did want to become a mother eventually, but not at such a young age. I only wanted to have a child when I knew I was ready for it, relationship-wise but also financially.* (Pregnant girl, 18 years old)

My boyfriend and I talked about having children and we definitely wanted to, but not in such an early stage in our lives. It is too early now because we haven’t finished school yet and we do not have an income to support the baby. (Pregnant girl, 17 years old)

An important note to make is that there is a possibility that girls formulate the now discussed aspirations because they realize that social expectations often include educational success and finally (financial) independence. They understand that having a baby at a young age is not seen as preferable for them. So the question is to what extent their expressed messages are what they really aspire, or whether they are influenced by parental or social expectations and desires.

Only one of the girls I have interviewed explained to me that she did not have any aspirations in a sense of educational or work-related success. She described her aspirations as being a good wife and mother, and does not perceive her pregnancy as unexpected. She felt that her pregnancy was a next logical step in her life and did not have any aspirations to finish her school.

Another relevant note is that there are many complaints about lack of aspirations among youth. Different adults, but also girls themselves perceived youth as lazy or indifferent. Lack of aspirations and indifferent behaviour were words used to describe adolescents’ attitudes:

*Youth don’t care. Many of them don’t have plans for the future, they don’t go to school, they drink and they act very irresponsible. They just don’t have goals.* (Life Skills teacher)

Despite complaints from stakeholders and adolescents, I think that the girls I have interviewed certainly had and have serious (and achievable) aspirations. To what extent they perceive their aspirations as influential for teenage pregnancy and sexual decision-making will be discussed below.

**6.3.2 Role of aspirations**

Before I discuss whether having aspirations can be seen as a preventive factor for teenage pregnancy, I want to elaborate on two important related issues. Firstly I will discuss the question whether girls perceive their aspirations as achievable or practicable. And secondly I will discuss whether girls perceive pregnancy as interfering with their aspirations. I have noticed great differences between the answers from my respondents. It also seems that the actual event of a pregnancy can change perceptions on the role of aspirations drastically. This shows that the role of aspirations is rather dynamic which, firstly, is different for different people, and secondly, affects people in different ways.

**Do girls feel they can actually accomplish or achieve their aspirations?**

It is important to determine whether having aspirations can be seen as an influencing factor. When girls would not perceive their aspirations as realistic or achievable, even when these are reasonable aspirations such as finishing education or finding a decent job after matric or university, there is no sense in perceiving them as influential in the first place, or at least without questioning. So the just
discussed question partly determines the value one can ascribe to the role of aspirations as an influencing factor.57

Girls’ opinions about existing opportunities and the possibility to achieve aspirations in Breede River vary greatly. Answers vary from ‘if you work hard you can achieve all your goals’ to ‘in Breede River many girls can not go to university, or even finish matric because of money problems or their home situation’.

Girls who perceive their aspirations and goals in life as achievable state that there are many opportunities for girls in Breede River; as long as you take your live serious and work for it. I have been told many stories about girls who lived in a bad family situation, with lack of money and many responsibilities that still were able to finish matric or even study further all because of hard work and determination. On the other hand I heard examples about girls who did not know such difficulties but did not finish matric and took life less seriously than their peers.

Existing facilities such as scholar ships, arranged courses and the municipality’s Youth Advisory Centre can be very helpful tools to reach your aspirations. The girls’ conclusion was that there is a great need for will-power and determination to achieve your goals, and this is often missing among adolescents:

> Young people are just not trying hard enough. For example people from my school know they can get a bursary to go to university, but they are not trying. They don’t want to work to reach their goals. (Pregnant girl, 19 years old)

Other girls perceived achieving personal aspirations as more difficult. They emphasized difficult (personal) circumstances as one of the most important factors which make it harder to achieve your goals. Responsibilities at home and lack of money are often heard examples. Going to university after matric is only possible for a small group of people. Due to the fact there is no university in the area of Breede River, and high tuition fees make it very difficult for youngsters to get involved. There are possibilities to receive a scholar ship but many girls then still perceived university as impossible because of the need for additional money for housing, books and transport.

A last problem that is recognized as a missing component to be able to be successful and achieve your goals is a lack of suitable jobs for educated people:

> My sister got her university degree but she is still working on a farm. It is not possible for her to find a job, in Breede River there are no possibilities. I think she has to search outside of Breede River to find a decent job. (Group discussion girls Zolani)

So whether a girl could achieve her aspirations was very much dependent on her personal circumstances and (financial) support she got from for example family. Contextual limitaions such as the absence of a university and lack of job opportunities are serious shortcomings in order for girls to achieve their goals and aspirations. However, many girls still perceived their aspirations as realistic and were willing to work hard.

**Do girls feel that pregnancy interferes with their aspirations?**

A second important question is whether girls perceive an early pregnancy as interfering with their aspirations or future. Like the previous question, this aspect also (partly) determines whether aspirations can be seen as a preventive factor. When girls perceive pregnancy as not interfering with their future, not much value can be ascribed to the importance of aspirations in this sense. So do girls feel they can still accomplish their aspirations when they have a child?58

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57 It is important to emphasize that when girls do not perceive their aspirations as realistic this does not necessarily mean that chances of early pregnancy get bigger. Therefore too many factors play a role in the process of sexual decision-making and teenage pregnancy.

58 Again it is important to emphasize that when girls do not feel teenage pregnancy interferes with their aspirations, this does not mean changes of teenage pregnancy get bigger.
All non-pregnant girls and some of the pregnant girls and young mothers perceived early pregnancy as definitely interfering with future goals and aspirations. Many girls see pregnancy as a reason to drop out of secondary school, and definitely as a reason to let go of or rethink potential aspirations to go to university. These perceptions are supported by general notions where pregnancy is seen as a step backwards and often associated with school leaving or disruption. On the question whether pregnancy would be problematic to achieve your aspirations, girls explained the following:

_Everyone has goals, but when you get pregnant everything falls apart. I had a goal, but that’s not for me anymore because I’m pregnant now and I have to take care of my baby._ (Pregnant girl, 18 years old)

_When you have a baby you are not able to achieve the things you wanted, as a mother you have different priorities, and number one is bringing money in for your child. Then it’s not the time to think about studying._ (Group discussion girls Zolani)

Circumstances exist wherein these perceptions are confirmed. Some of the pregnant girls and young mothers I interviewed had to rearrange or adapt their life goals and aspirations because they will or have become a mother. Young mothers carry great responsibility and care to provide a safe environment to raise their baby, and without financial, practical or emotional support of her family and/or boyfriend, this can be even harder. This probably leads to less time, opportunity and facilities to achieve your aspirations. As a consequence, girls often reset their aspirations and adapt them to their new situation. For many girls this meant they could still finish secondary education but they had to let go on their wish to go to university. This was due to financial reasons, but also because these girls did not want to leave their babies for so long. A young mother I interviewed explained to me that she could still go to university because she would get help from her mother but she refused:

_I can’t leave my baby for so long. I would have to go to a university outside Robertson and than I wouldn’t see my baby for many months. I’m his mother and I have to take that responsibility, a baby needs to grow up with his mother._ (Young mother, 17 years old)

Some girls could not even finish secondary school because they had to provide for an income and care of their baby. Being a good mother was their main goal in life now, since educational aspirations became less important now they were much harder and unlikely to achieve.

On the other hand, there are girls, mainly young mothers, who still perceived their aspirations as realistic, even with a child. What is more interesting however, is whether these girls perceived teenage pregnancy as interfering before they fell pregnant. I have not extensively discussed this issue, but I do know that there were a few girls who did perceive pregnancy as interfering with their future aspirations. They had just as strong opinions about this as many non-pregnant girls.

I do want to emphasize that many girls still held on to their aspirations after having a child. Many girls emphasized that only one child was not such a terrible burden in the end. This made a return to school often still possible and the majority of girls felt they could still achieve their goals in life. Their aspirations mainly consisted of finishing secondary education and finding a job. Some of the young mothers wanted to go to university and felt this was an reasonable desire. They stated that with the right support of their family and maybe boyfriend, accompanied with hard work and determination, they strongly believed that university was a realistic possibility.  

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59. There are examples of girls who became mother are a young age still finished university and now obtain high quality and well paid jobs.
Chapter 6 Influencing actors and factors

Everything is possible. My child is two years old and my parents don’t have any money, but I still want to go to university. I’ll make sure I get a bursary, and my parents will take care of my baby girl. I will visit her as much as possible. But I think it’s best for my child for her mother to get good education so I can earn money, plus this way she gets the right example. (Young mother, 18 years old)

Does having future aspirations protect girls from getting pregnant?
On the question whether girls perceive well developed aspirations for the future as preventing teenage pregnancy, I can not give a consistent answer. All non-pregnant girls stated that having aspirations definitely helped them to postpone early pregnancy. They explained me that thinking about the importance of education and what is expected from them by for example their parents helps to set goals and stay focused. Pregnancy here is perceived as making progress difficult and therefore it is deliberately postponed:

I would not want to fall pregnant right now, there are so many things I still want to achieve and that’s not possible when you’re at home with a baby. (Research group girls)

Within this context, girls also made a link with postponing sexual behaviour, or practicing safe sex with their boyfriend. One of the girls explained the following:

I explained to my boyfriend that it is important for me to be free from the care of a baby. And he doesn’t want a baby now anyway. We realize we’re both young and we still go to school and that’s not really possible with a baby.
- And do you have sex with your boyfriend?
Yes but only safe sex. (Group discussion girls Zolani)

For pregnant girls and young mothers it is more complicated however. Their perceptions about whether life aspirations can prevent teenage pregnancy varied. Some girls did not believe these two could be associated with each other and stated that having aspirations or future goals would never hold girls back from having unsafe sex or becoming pregnant. Sometimes girls have aspirations but these do not hold them back from risky behaviour. It is also possible that girls do not have educational aspirations or such:

Once a girl has something in her head she goes for it, nothing will stop her. So when she feels like drinking alcohol or having [unsafe] sex she will. School isn’t going to stop her. (Pregnant girl, 19 years old)

For some girls it’s their desire to become a mother, they don’t want to go to school they just want to have children. (Pregnant girl, 18 years old)

However, the majority of these girls showed a more nuanced view. They stated that they understand how well developed aspirations could prevent girls from getting pregnant, but it clearly did not work for them. Most of these girls did have realistic aspirations and were in a position to work towards them, however personal circumstances and decisions caused different. Having a baby at a young age was not how they had pictured their own future and they realized this was jeopardizing it. Some of the girls told me that before they fell pregnant, their aspirations were an important factor in their lives and actually used them as a reason not to fall pregnant. However, also other factors play a role. Focusing on the complexity of the process of sexual decision-making, with teenage pregnancy as an outcome of unsafe sexual behaviour, many more factors than just the role of aspirations play a role. One of the girls exactly explained the point:

Your goals are just not always on your mind. In the heat of the moment you’re not thinking about how to raise a baby when you’re still in school. (Young mother, 17 years old)

6.3.3 Conclusion
I tried to understand the role of aspirations in relation to teenage pregnancy in a girl’s life in Breede River. We have seen that many of the girls I interviewed have set certain well developed aspirations for themselves. A majority felt these goals were realistic and very well achievable with a right amount of hard work and determination.

Teenage pregnancy was perceived as interfering with these aspirations by many of my respondents. On the other hand, girls who already experienced young motherhood perceived their aspirations still as realistic and stated that with the right support, many things were still possible. What is interesting however, is that many of them did perceive teenage pregnancy as an interfering factor before they fell pregnant.

So the question is why, although many girls understand the relationship between aspirations and delaying teenage pregnancy, these girls fell pregnant anyway. I think there are two important factors we have to keep in mind. First of all, this is because the connection or relationship between daily decisions and living up to your aspirations is not always clear. Long-term aspirations often lack short-term planning designed to help work toward attaining them (Olthoff, 2006). A second difficulty is the complexity of sexual decision-making. Because of the abstract and more long-term character of aspirations, it is difficult to understand how this can influence such a concrete and immediate decision of having sex. You can say that for many girls engaging in unsafe sex, at the moment of the decision, is not directly linked to pursuing your aspirations.

Despite the just discussed problems with perceiving well developed aspirations as a protective factor for teenage pregnancy, I think it is very important to emphasize the importance of creating opportunities for girls and to help them develop reasonable aspirations for the future. My findings show that girls say they postpone teenage pregnancy in order to live up to their aspirations and to ‘become someone’. At the same time it is important to understand why there are girls, who recognize the importance of aspirations and the negative influence of teenage pregnancy, still fall pregnant. More research about this thinking process is needed.

6.4 Final reflection: Factors influencing the prevalence of teenage pregnancy in Breede River

Different factors have been discussed which influence the prevalence of teenage pregnancy in Breede River. Unsafe sexual behaviour has been extensively discussed. Also attention has been paid to the role of different social actors in the direct environment of the girl. Girls’ parents, peers and boyfriends were the most important ones. Also the influence of having well developed aspirations has been discussed. Each of these factors somehow play a role in explaining the prevalence of teenage pregnancy. There are some final remarks I want to make however.

First of all, I would like to emphasize that it seemed that not teenage pregnancy but rather sexual behaviour was a key issue for many girls in Breede River. The risk of an early pregnancy was not something that was dealt with as such. Instead, decisions of girls were more in terms of sexual activity and behaviour. Teenage pregnancy was considered, by some girls more than others, as a possible or sometimes inevitable consequence of a sexual relation.

As becomes clear in the chapter about (unsafe) sexual behaviour among girls in Breede River, the issue plays a rather important role in the girls’ lives. Overarching believes, existing norms and social messages in relation to issues such as sexuality, gender and (romantic) relationships all very much influence a girl’s sexual decision-making. These processes have a rather complex character and all occur within a context of existing social structures and relationships. The role of parents, peers and a girl’s boyfriend - within a context of existing sexuality and gender structures - in relation to a girl’s sexual decision-making have been described.

A second remark involves the earlier discussed importance of considering context, the complex and interactive character of influencing factors and perceptions of people involved when studying factors influencing the prevalence of teenage pregnancy. In the current research, all these issues
have been touched upon. Through interviews, group discussions, informal conversations and
observations I have learned that sexual activity is a rather important issue within the girls’ lives,
and their decision-making is very much influenced by the earlier discussed actors in their social
environment. Also aspirations and life prospects play a role in this.

Although these issues cover a rather broad area of the factors influencing sexual behaviour
and teenage pregnancy, the description can not be called inclusive or covering all influencing
factors. Due to the importance ascribed to context and to incorporating all different factors in
understanding the prevalence of teenage pregnancy, it happens that all contextual factors become
significant. This means that many aspects (on different levels) of a girl’s life play somehow a role
in sexual decision-making and teenage pregnancy. These aspects can be found within the person,
such as a girl’s confidence, social skills and personality; within a girl’s (direct) social environment,
such as socioeconomic status, education and recreation opportunities; and within the wider context,
such as norms within the community, shared beliefs and values but also more structural factors
such as poverty and educational or work opportunities.

Because it is not possible to incorporate all these factors, and because this would
negatively influence the quality and credibility of the research, I described those factors which
were most determining for the girls in Breede River.
Chapter 7. The subjective meaning attached to teenage pregnancy
An analysis of people’s experiences and perceptions in Breede River

Introduction

To understand how teenage pregnancy affects the lives of people in Breede River, it is important to take a closer look at how the phenomenon is perceived, both by the girls as well as people within their environment. In the current chapter the second objective of the study will be discussed; how do (future) teenage mothers and other people (in)directly involved perceive teenage pregnancy.

We have seen that teenage pregnancy is described as a health but also social problem in much South African literature. Problematic causes and consequences and related issues such as youth sexuality and unequal gender relations contribute to the negative image of the phenomenon. Earlier discussed critiques on existing research is that - with an approach where teenage pregnancy is perceived as a problem beforehand - there is little or no room for other representations of teenage pregnancy than as problematic. An early pregnancy is assumed to be always unwanted and undesirable and this assumption automatically excludes notice of personal experiences and perceptions of people (in)directly involved. Due to the socially constructed character of the meaning of teenage pregnancy, I argue that multiple representations of teenage pregnancy do exist and that a more nuanced approach is needed.

To understand how girls and other people (in)directly involved in Breede River give meaning to teenage pregnancy, the concept of framing is used. As discussed earlier, frames reflect the meaning that actors attach to social phenomena (in this case teenage pregnancy). The meaning of social phenomena is not fixed, but is rather the product of interaction within a social context. In developing perceptions about teenage pregnancy an individual will consult personal experiences and views regarding the phenomenon. In this way, one respondent may emphasize values of love and romance, while another respondent may associate teenage pregnancy with the strain it puts on educational opportunities.

In the following chapter I will describe experiences and perceptions of people in relation to teenage pregnancy. In the first section, attention will be paid to actual experiences of different people. During the second section I will discuss the subjective meaning that is attached to teenage pregnancy. Attention will be paid to three different themes which are related to the problematization of teenage pregnancy. After describing different experiences and perceptions regarding teenage pregnancy, I will use the third section to discuss different nuances in relation to this problematization. In this chapter, mainly data presented in the previous two chapters will be used, and where possible supplemented with new findings.

7.1 Experiences with teenage pregnancy

Experiences with early motherhood of the young mothers who participated in this research, and the experiences of some of their parents, were rather positive. Also pregnant girls (girls who were pregnant for a longer time more than girls who were only pregnant a few months) expressed positive feelings towards their pregnancy. In the current section I will discuss different (positive) experiences and perceptions regarding different aspects of teenage pregnancy, starting with (positive) changes for the girls themselves and within their direct environment.
An important aspect of (young) motherhood mentioned by the girls, as well as by parents, was the joy and love their babies often bring in the families. One of the parents described that the new baby strengthened the bond between his two daughters and brought his family as a whole closer together. Also girls themselves described positive experiences. A young mother described her two-year-old daughter as a great motivation and as a reason for her personal happiness:

*Because of my daughter I feel so much stronger, I would do anything for her. I’m back at school now, I want to matriculate and after that I want to go to university. All because I want to give her a good future, and as a mother you have to give the right example. I also feel ... strong, I feel like nobody can hurt me, doesn’t matter what my class mates or other people say, I know who I am and I am happy.*  (Young mother, 18 years old)

Also a mother with a nine-months-old son described her happiness. She was one of the few girls who was still in a relationship with the father of the child and they very much enjoyed their early parenthood. Because of great support of the parents and sufficient financial opportunities this girl returned to school and still has opportunities to go to university. She describes her motherhood as ‘very satisfying and a wonderful experience’.  (Young mother, 17 years old)

All the young mothers who participated in this research acknowledged the responsibility over their child and took the care of their baby very serious. Often with help of their parents and sometimes boyfriend. In Breede River this responsibility often means primary and unconditional care of the baby, and going to school or work where possible. Financial or emotional help from the fathers’ side is very often not there.

With the birth of the baby, girls recognized different difficulties and changes than prior to the birth. Most of the girls find being a mother very hard and tiring, especially in combination with school. Lack of sleep, physical pain and stress were mentioned difficulties. Loosing friends was also a consequence, either friends did not accept the pregnancy, or because girls themselves did not have time anymore to go out and spend time with them. A last mentioned difficulty was experience of stigmatization within their environment, for example on school or in their neighbourhood. On the other hand, girls also described positive changes. Especially the joy and love the baby brings to the homes were very much mentioned and appreciated.

Many young mothers explained to me that they experience having a baby as a big responsibility and that many commonalities such as (more) freedom and time disappear because of this. It seems that the girls very well realize which responsibilities come with a child, and therefore they had to make some changes to adjust to their new lives. Many of the girls described their motherhood, or their thoughts about their future motherhood, as the end of adolescence and would refer to themselves as ‘almost adults’: ‘I’m not a girl anymore, I’m a mother now so I have to act like one and be responsible’. And some of the girls actually experienced this as a positive thing. One of the pregnant girls explained that she is looking forward to her motherhood:

*I think being a mother is a good thing. And being young doesn’t have to mean that you can’t do it.*  (Pregnant girl, 18 years old)

Also one of the parents emphasized positive outcomes of her daughter’s young motherhood:

*It is good to see how my daughter takes responsibility. She is growing as a person. Although I think this pregnancy might hold her back in some things, I see that being a mother has*

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60 Again I want to emphasize the selective character of my group of respondents. I have heard many stories during my interviews about girls who did not take care of their child and had a rather indifferent attitude about their child and the relating responsibility.

61 It is out of the scope of the research to discuss the topic of the role of the young father in the responsibility of the care of the child, but for similar findings I recommend studies of Jewkes, Morrell & Christofides (2009) and Kaufman, de Wet & Stadler (2001).
Another positive point to mention is that a majority of the young mothers have, firstly, returned to school, and secondly, most of them are doing very well. The girls explained that they want to be a good example for their child, and to be able to offer their child a good future, the girls state that having an educational degree is of great importance. Since education is such an important issue in relation to teenage pregnancy, I will discuss the girls’ personal situations more extensively.

From the 22 young (future) mothers I interviewed, 12 were still pregnant and 10 were mother. Twenty from the 22 girls were still enrolled in school. All twelve pregnant girls were still going to school, and eight out of ten young mothers went back to school. Some with a one or two years delay, others within the same year of the birth of their baby. Looking at these numbers you would say that teenage pregnancy not necessarily leads to school leaving or disruption. It is important to mention however, that I mainly selected my respondents through schools. During my interviews I heard different stories about girls who had to leave school as a consequence of early child bearing. Many girls had friends who were in this position, and also teachers and nurses confirmed these stories. The majority of my respondents however, could go back to school. It seems that early pregnancy not necessarily prevents a girl from returning to or even completing her education.

I have found different factors which influence the probability a girl returns to school. One of the most important factors is a girl’s familial support. Chances that girls could go back or continue their education was very much dependent on care-giving assistance and financial recourses, from her boyfriend, but most importantly from her parents. Also parents’ attitudes regarding school continuation and responsibility for the baby played a role. Most parents wanted and expected their daughter to finish at least secondary education, despite their pregnancy or young motherhood. A girl’s personal determination to resume and complete schooling is another important factor. All the pregnant girls, and a majority of the young mothers expressed a desire to continue and eventually complete secondary education. A determined attitude is also necessary to overcome possible social stigma in relation to teenage pregnancy. Many pregnant girls I interviewed experience(d) difficulties with friends and classmates which makes it difficult to continue classes during a pregnancy, especially when the pregnancy becomes visible.

A last important factor is schools’ attitudes. Since 1996, South Africa formalized a policy which prohibits schools to deny learners because of pregnancy or young motherhood (Education Act 1996). As far as I have seen, the four different schools I have included in my research did not deny pregnant girls or young mothers and most of them were rather helpful to the girls. Within the 1996 policy, schools formed their own policies to help girls to continue education as long as possible during their pregnancy and (sometimes) to return within a considerable amount of time. At one of the schools girls can attend classes as long as possible, and can come back as soon as their health is good enough to come back. In such as case, a doctor informs the school about the girl’s health and decides when it is responsible for the girl to continue classes again. Another school does not allow girls to attend classes anymore as soon as the pregnancy becomes visible. These girls are provided help outside school hours however. Through individual projects, or additional classes and tests, girls can continue their education during their pregnancy.

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62 It is important to keep in mind that this is why my findings can be biased. One of the girls who did not return to school did not have sufficient support from her family because of lack of money and other facilities. This girl had to work. The other girl did not go back to school because her mother wanted her to stay at home to take care of the child. This girl soon had a second child and is now married to the father of her children. She did not regret her decision not to finish school, although she does think this is a bad example for her children. She plans to go back to school to be able to obtain a good job and be a role model for her children.

63 This was a combined school, which means that learners between the ages of 6 until 18 are attending this school. This policy is to avoid younger children to get confronted with teenage pregnancy at school.
Not much help is offered after the pregnancy though. As far as I know, schools do not have programmes to encourage girls to continue schooling after giving birth and there are no extra tools or money available such as day care or additional help.

Although girls experience many difficulties to continue education or return to school, we have seen that an early pregnancy not necessarily has to lead to school drop out. Improved school results and sense of responsibility have been described as positive changes after being confronted with the issue of teenage pregnancy. Other positive aspects such as the love and warmth a baby brings were also very much cherished.

7.2 The subjective meaning attached to teenage pregnancy

Despite the just discussed (positive) experiences, during the interviews and conversations in Breede River I noticed that many people, adolescents as well as adults, perceive teenage pregnancy as a problematic issue. A variety of reasons were given, ranging from practical issues such as lack of time and facilities to raise a child, to more subjective issues such as lacking abilities of adolescents to take responsibility for the care of the child. I selected three themes, which were referred to most by my respondents, which make early pregnancies problematic.

7.2.1 Adolescence

A first theme which is important to discuss in relation to the problematization of teenage pregnancy is adolescence. Specific ideals about adolescence sexuality, specific ideas about their capabilities and perceptions about the role of education in adolescents’ lives are dominant frames within the community of Breede River. These sets of context-specific values and ideals about the concept and meaning of adolescence and expectations about how adolescents should live their lives shape and contribute to the problematization of teenage pregnancy. This will be discussed in the following.

A first issue which is perceived as problematic in relation to adolescents is youth sexuality, and in particular sexual behaviour. In chapters 5 and 6 it has become clear that many adults, but also adolescents have rather conservative ideas about what role sexuality should play in adolescents’ lives. Sexuality is not willingly associated with adolescents, and especially not with adolescent girls. They are rather not perceived as sexual beings and sexual activity is still much more associated with reproduction and marriage than with (romantic) relationships between adolescents. Most of the parents, but also most teachers and nurses I interviewed find that youth nowadays have different (or incorrect) ideas about the meaning of sex and they state youth are not careful enough regarding sexual decision-making. In this respect, youth’ behaviour is perceived as high-risk and dangerous, with not enough knowledge of what sex actually means. Some adults perceive youth as not capable to make such decisions yet.

In this situation, teenage pregnancy is closely related to sexual activity within a context where youth sexuality is not accepted or desirable. This automatically contributes to the problematization of teenage pregnancy.

Another problematic issue in relation to teenage pregnancy, which is somewhat in line with the previous one, derives from the much heard phrase ‘children are having children’. This can be interpreted in different ways. Firstly many respondents found it hard to accept the actual image of ‘a young girl with a big stomach’. These two phenomena (a young girl and a pregnancy) were

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64 To what extent these are representations of what they hear or what they really think is difficult to understand, this will be discussed later in the current chapter.

65 What sex means in parents’ or other adults’ eyes is difficult and not comprehensive or inclusive however. Their main message is sexual abstinence and views about meaning of sex are often lacking or not satisfying for adolescents. This is where the socially constructed and negotiated character of sexuality comes in.
difficult to relate to each other. On the question why this was difficult to see or accept, respondents often emphasized the age of the girls; adolescent girls were not old enough to be a mother, and certainly not old enough to have sex. This is very well expressed in the following excerpt of one of the Life Skills teachers:

*A girl needs to be a girl. She can’t have a child at a young age, she can’t be involved in sex at a young age. These are issues for older people, for grown ups. It feels just wrong.*

This subjective argument emphasizes age when perceiving adolescence, associating it with being not yet mature (and thus not yet capable of making sexual decisions). This may suggest underlying values of innocence in childhood or young adulthood. As sexual behaviour is incompatible with this conceptualization of childhood or young adulthood innocence, teenage pregnancy as an outcome of (unsafe) sexual behaviour is perceived as a deviance from what is ‘right’.

‘Children are having children’ was also mentioned in relation to (lack of) responsibility. Many adults stated that adolescent girls were often not able (yet) to take care of a child. Adults did not only refer to practical issues such as lack of money or other facilities, but they also referred to the actual mental capability of the girl. A Life Skills teacher emphasized the fact that ‘children who are being raised by children, do not get the right example and have bigger chances to become teenage parents themselves’. This is because girls would lack the emotional capabilities to raise a child: ‘how can a child take care of a child?’ or because girls do not understand what it means to raise a child: ‘it’s a huge responsibility to raise a child, how can a young girl know what’s waiting for her?’, or because girls would not want to take this responsibility: ‘girls of that age don’t care, they get a child, give it to their mother and go on like nothing happened’.

Again, these arguments emphasize age when perceiving adolescence, associating it with being not yet mature (and thus not yet capable of the care for a child and its responsibility). This may suggest underlying values regarding cognitive, emotional or social development of adolescents. Here adolescents’ capabilities and notions of responsibility are perceived as lacking to be able to deal with the consequences of teenage pregnancy and to be responsible for the care of the child.

A last issue which is very much associated with adolescence, and which plays an important role in shaping experiences and the subjective meaning attached to teenage pregnancy, is education. In Breede River, it is often expected from adolescents to attain and complete secondary (and sometimes tertiary) education within a certain amount of years. To reach maturity and attain a role in society (economically as well as socially), one is expected to be instructed by and finish education. Teenage pregnancy diminishes this chance and therefore is perceived as problematic. Because the importance and expectations regarding education play such a big role in shaping ideas about teenage pregnancy, I will discuss this topic in a separate section.

7.2.2 Education

As we have already seen in the previous chapter(s), the problematization of teenage pregnancy is closely related to the importance of education. Therefore, two considerations must be emphasized. First of all, the high value that is ascribed to education. All my respondents, including adolescents, parents and teachers, perceived school as very important. When I asked girls about the value of education, there was unanimous agreement on its role as the key to further education or training, good job opportunities and financial and social betterment. Also pregnant girls and young mothers continue to express a high value for education. In addition, parents and other interviewed adults (teachers, nurses) perceived education as means of social betterment and the only opportunity to obtain good jobs or further education. The second important consideration is that teenage pregnancy is seen as causing disruption of schooling for young mothers. Many respondents stated that consequences of teenage pregnancy drastically diminish chances to succeed in school and therefore a girl loses chances for a better future. I heard many stories, especially from school teachers, of girls who were forced to leave school after they got pregnant or gave birth to their
baby. Another possibility is that girls themselves choose to leave school after a pregnancy. Lack of time and money were much mentioned factors for a girl not to return to school anymore. Also ‘having a responsibility at home now’ was an important reason.

Although we have seen in the previous section that teenage pregnancy does not always lead to school termination or disruption, education was repeatedly mentioned by all respondents in relation to the problematization of teenage pregnancy.

7.2.3 Problematic consequences

A third reason why teenage pregnancy was perceived as problematic was because of its negative consequences (and difficulties) regarding a girl’s direct environment, especially in relation to her parents. In the previous chapter I discussed parents’ perceptions about teenage pregnancy, and explained different reasons why they find it problematic. Although parental reactions in relation to teenage pregnancy can show great diversity, none of the parents of the current research seemed pleased about the pregnancy of their daughter. They expressed different reasons. In short, practical consequences such as additional costs and time constrain were mentioned. The already discussed interference with education and job opportunities was problematic for parents, but also more emotional consequences played a role. Disappointment, sadness and stress but also feelings of failure as parents were very much present.

Girls themselves found it very difficult to confront their parents with their pregnancy, which is very understandable looking at parents’ perceptions and messages about possible consequences of a pregnancy. Shame, fear and disappointment in one’s self were much described feelings. One of the pregnant girls described awful shame towards her parents as a dominant feeling after she found out she was pregnant. She stated that ‘after all your parents have done for you and after everything they taught you, it’s terrible to disappoint them like this’. (Pregnant girl, 18 year old) A young mother described her fear for her parents’ reaction telling them she was pregnant: ‘It was the hardest thing in my life, to tell my parents I was pregnant. They had warned me for this, I knew they were not going to be happy’. (Young mother, 17 years old)

The reason why girls’ emotions are so strong regarding their parents’ reaction is probably (amongst others) because parents are the main persons to help the girl with her pregnancy and young motherhood. They play a great role in the lives of the girls, and their opinion and eventually acceptance is crucial for the girls’ future lives and experiences. The young mothers and most of the pregnant girls told me that they all receive support from their parents. The parents I interviewed all supported their daughters during pregnancy and young motherhood, although it often came with great disappointment, anger, sadness and sometimes disagreements or fights. Eventually they all decided to accept the pregnancy and help their daughter to handle the new situation.

To which extent the young mother is involved in the care of the child, and to which extent she financially supports the child depends on (familial) expectations and circumstances. In most situations I have seen, parents and the young mother shared the care for the baby. Since most parents wanted their daughter to go back to school, they often took responsibility to take care of the baby personally (mainly the mother). Or when parents had a job or other activities, they would find a relative or close friend to watch the baby. This person would be selected with great care. It seems that parents believe that it is still possible for the girl ‘to make something out of her life’, even with a baby. Different respondents emphasized the fact that some parents and other family members such as grandmothers very much desire a new born baby within the family, and can be rather thrilled about the news of a new baby.

Whose parents, or mother or father, were still living at the time the baby was born or the girl fell pregnant. Whether this is possible is very much dependent on the familial circumstances of the girl. As I have explained in the first section of this chapter, one of the young mothers I interviewed did not get financial support from her mother which made it necessary for her to stop school and start working. This situation is a rather common one in Breede River.
Chapter 7 The subjective meaning of teenage pregnancy

As discussed just now and in the previous chapter, many families eventually accept their daughter’s pregnancy and motherhood, and help their daughter with the care of the child. The majority of parents however, perceive the burden of a new baby in the family as unwelcome and undesirable. Extra costs and time are practical issues which are often difficult to deal with, and more subjective aspects such as the sexual activity of a daughter is often hard to accept.

In sum, despite several positive experiences and perceptions, teenage pregnancy was often still described as problematic by adults as well as by young mothers and pregnant girls themselves. First of all, teenage pregnancy does not fit within dominant ideals and expectations people in Breede River have regarding adolescence. Secondly, it has been mentioned that teenage pregnancy becomes problematic when it causes school disruption or termination. And thirdly, besides the consequence of school disruption, other problematic consequences were described.

Because of the mixed signals I want to pay closer attention to the themes which are most often related to the problematization of teenage pregnancy. To get a better understanding of this problematization within the context of Breede River, and to understand why teenage pregnancy still is perceived as problematic whilst different people emphasize positive aspects, I think closer attention should be paid to the actual contextual circumstances regarding the discussed themes.

7.3 Problematization of teenage pregnancy: some nuances

As we have seen, positive experiences as well as problematic aspects have been expressed in relation to teenage pregnancy. On the one hand, positive experiences and perceptions have been described by young mothers, pregnant girls and some of the parents. On the other hand, many of the respondents emphasized the problematic aspects of teenage pregnancy. Regarding the reasons given in relation to the problematization of teenage pregnancy, some important nuances should be made however.

Firstly, notions of adolescence are rather dynamic and subjective; they are very much dependent on which issue is related to adolescents. For example, in Breede River it is often expected from adolescents to make an economic contribution to the household. Within this context, adolescents are perceived as capable beings from whom it is expected that they understand why this is asked and from whom it is expected to take this responsibility. On the other hand, in relation to sexuality or the responsibility and capability for the care of a child, adolescents are often perceived as ‘adults in becoming’ and still lacking necessary skills to make ‘wise’ or thought through decisions. The latter are activities which are preserved to adults and not willingly associated with adolescents. Conclusively, it is important to keep in mind that the problematization of teenage pregnancy is based on subjective notions of adolescence which are diverse and can change over time.

Other nuances to be mentioned are in relation to the importance and especially the (expected) outcomes of education. A first nuance can be made about the importance that is ascribed to the role of education. It is important to realize that education does not always brings the expected social and financial betterment, especially within the context of Breede River; the area knows high unemployment rates, not many job opportunities and continuing poverty. A second nuance is in relation to the role of teenage pregnancy in continuation and completion of secondary education and possible opportunities on tertiary education. Within the just described context, where lack of money and limited job opportunities reduce possibilities of education and therefore social and financial improvement, teenage pregnancy is not the only constraining factor. Other factors such as lack of money, time or the necessity to work can also cause school drop-out or delay. It is very well possible that pregnant girls or young mothers would have had the same qualifications in case of non-pregnancy.

Considering the just discussed contextual situations, outcomes of education do not always seem as fruitful as respondents expect or at least want them to be. Even though this problem is acknowledged by many of my respondents, this does not translate into more personal implications or modification of expectations. Early school leaving or disruption continues to be perceived as
(social) failure, from the girl’s side as well as from the parents’ side. And since teenage pregnancy is still perceived as one of the most dangerous factors which could interfere with education and life goals - even when they may not be completely realistic – this very much contributes to the problematization of teenage pregnancy.

Final attention goes to the differences between experiences and expressed perceptions. In the current chapter we saw that several girls (and parents) did have rather positive experiences with teenage pregnancy, whereas at the same time their perceptions about teenage pregnancy in general were more negative. In this situation, a reasonable question is to what extent their (negative) perceptions about teenage pregnancy are reflections of their own experiences, or whether these are reflections of what they perceive is ‘right’ to say or think about teenage pregnancy within their environment. In other words, the community’s negative associations with teenage pregnancy may influence the girl’s meaning making and perceptions regarding early pregnancies. Girls may not experience their pregnancy or young motherhood as something essentially negative, however within a context of negative attitudes it is difficult for girls to stay positive and express this. Through time, it is possible that the community’s negative attitude and reactions become more important or influencing than a girl’s actual experiences. Burbank and Chisholm explain this in the following way: ‘it is not adolescent pregnancy itself but the community’s response to it that creates the social problem’ (p.534).

Conclusively, although teenage pregnancy is often perceived as a problem, it is important to pay attention to the contextual circumstances of the different themes which are related to the problematization of teenage pregnancy. Only then we are able to develop a realistic image of how teenage pregnancy affects people’s lives in Breede River.

7.4 Conclusion

In this chapter I argued that to understand how people perceive teenage pregnancy and attach meaning to the phenomenon, personal experiences and perceptions need to be involved. Including these perceptions creates room for other representations of teenage pregnancy than problematic ones and gives people opportunities to explain how teenage pregnancy affects their lives. In this way, immediate problematization of teenage pregnancy can be avoided or at least nuanced. To understand how girls and other people in Breede River give meaning to teenage pregnancy, I used the concept of framing. Through context specific frames, people make sense of different social phenomena, in this case teenage pregnancy.

Experiences with early motherhood of the young mothers who participated in this research, and the experiences of some of their parents, were rather positive. All the young mothers who participated in this research took responsibility for the care of their baby (some received more help of parents or other family members than others), and the majority of the girls described their young motherhood as a positive experience.

Beside positive experiences however, also problematic issues have been described. These issues were shared by both the young mothers and the pregnant girls, as well as by the majority of the other people who participated in the research. The three themes that were mentioned most often in relation to the problematization of teenage pregnancy were adolescence, education and problematic consequences of teenage pregnancy. These three themes are all somehow related to each other. First of all, teenage pregnancy does not fit within dominant ideals and expectations people in Breede River have regarding adolescence. This mainly concerned sexual activity and responsibility for care the of the baby. Secondly, teenage pregnancy is seen as interfering with education by the majority of my respondents, and this is perceived as problematic. Finally, other problematic consequences were also described. These varied from practical consequences such as additional

69 As cited in Bucholtz, 2002.
costs and time constrain, to more emotional consequences such as disappointment and feelings of failure as a parent.

We have also seen that although reasons for the problematization of teenage pregnancy were given, they did not always seem to correspond with actual experiences. Therefore some nuances regarding different issues were discussed. Attention was paid to the subjective character of conceptualizations of adolescence, the value attached to education and its outcomes, and finally to the girls’ responses to the problematization of teenage pregnancy and their actual experiences. By emphasizing the contextual circumstances of the different themes related to the problematization of teenage pregnancy, a realistic view of how teenage pregnancy affects people’s lives in Breede River could be described.
Chapter 8. Final reflection

Introduction

In this chapter, a final reflection of the research process and findings will be presented. The limitations of the current research will be discussed in the first section, after which a summary of the research results will be presented. In that section, the empirical conclusions will also be linked to the theoretical framework discussed in the second chapter. The third and final section focuses on recommendations for programme and policy development in Breede River. Not only for the municipality, but also for other organizations and institutions this can be useful information.

8.1 Limitations of the current research

Before moving on to some recommendations, it is important to note some of the limitations of the current research. First of all, there are limitations with respect to the interpretation of the data because of the study design and analysis. During the research project, an interpretivist perspective has been adopted since the aim of the research was to identify different perceptions and interpretations of different actors, in this case the perceptions of (future) young mothers and other people (in)directly involved with teenage pregnancy. Through informal conversations, semi-structured interviews and focus group discussions, efforts have been made to provide realistic and descriptive data. Nonetheless, it is important to note that because of the sensitive nature of the topics discussed during the interviews, it is possible that the respondents have held back information or have not told their ‘true’ story. Teenage pregnancy is a rather burdened subject in South Africa and girls often experience negative reactions toward their pregnancy, or sexual behaviour. Within a context of a rather repressive and condemning attitude regarding girls’ sexuality (and teenage pregnancy), girls may have experienced difficulties being open and talk about their experiences. There is also a reasonable chance that girls have had difficult (sexual) experiences with their boyfriend or other people which they feel ashamed of and do not feel like talking about or telling me.

A second limitation which influenced the interpretation and representativeness of the data is the composition of the group of interviewed girls. Throughout the research I emphasized the importance of incorporating girls with different social and cultural backgrounds. Understanding teenage pregnancy from different points of views gives the opportunity to emphasize different aspects of the phenomenon and to see how it affects different people in different ways. Although the group of (future) young mothers I have interviewed has a rather varied character, the majority of the girls have been selected either through schools, or were enrolled in school. Only two of a total of twenty two girls were not enrolled in school anymore.

Although the girls who are enrolled in school do have various backgrounds and the differences between them can be rather big, whether a girl stays enrolled in school during and after her pregnancy has a great influence on their experiences with teenage pregnancy and how it affects her life. Girls who stay enrolled in school during and after an early pregnancy often have greater familial and social support and financial facilities than girls who have to leave school because of an early pregnancy. These advantages can influence experiences and perceptions in relation to teenage pregnancy, and perceptions from girls who have these opportunities may be different from girls who do not have them. Therefore, incorporating mainly school-going girls may have given a somewhat one-sided view of the experiences of the girls and it may therefore influence the representativeness of the results of this research.
A third and final point of discussion is about the importance ascribed to the role of historical, cultural and social context in constructing meaning about teenage pregnancy. One of these contextual factors is the role of a girl’s ethnicity. I have argued that through interaction with different aspects of her environment, a girl gives meaning to different experiences and social issues, in this case to teenage pregnancy. One of these environmental aspects is culture, or ethnicity. How teenage pregnancy affects a girl’s life, or how she attaches meaning to teenage pregnancy, is partly defined by her cultural and ethnic background.

The group of respondents in this research consists of Black as well as Coloured girls. Within the area of Breede River, it is within these groups that teenage pregnancy knows large numbers and is perceived as problematic. Although I argued that different ethnic backgrounds influence how meaning is given to teenage pregnancy and how it affects a girl’s life, I have not really emphasized these differences in my analysis. The main reasons for this were practical difficulties and time constraints. First of all, it is difficult to actually study how a girl’s ethnic or cultural background (and its history) has influenced and still influences the way she sees and experiences teenage pregnancy. Therefore, I have emphasized how girls give meaning to teenage pregnancy within the current context. I have tried to understand how the meaning of teenage pregnancy (and sexuality) is related to the messages girls receive within their direct environment regarding their sexuality and teenage pregnancy, and how their perceptions on teenage pregnancy are related to situations they are confronted with on a daily basis. Here the focus on the current context and the situations and messages they are confronted with every day, shape their experiences with and perceptions on teenage pregnancy. As a consequence, not much attention has been paid to the history and development of cultural or ethnic differences and how this could influence perceptions regarding different issues of sexual behaviour and teenage pregnancy. In a country such as South Africa, where cultural and ethnic diversity is very much present, more attention should be paid to this topic however.

8.2 Conclusions

The aim of the research was to provide the Breede River/Winelands Municipality with information about different aspects of teenage pregnancy in the area of Breede River. Perceptions of different social actors about teenage pregnancy and different factors leading to teenage pregnancy have been investigated. These objectives were formulated in the following research question:

*How do (future) teenage mothers and other people (in)directly involved with teenage pregnancy perceive different aspects of teenage pregnancy and factors leading to teenage pregnancy in Breede River, South Africa?*

I argued that for the municipality to develop relevant and preventive programmes, including perceptions and experiences from people (in)directly involved with teenage pregnancy is crucial. This is based on the understanding that teenage pregnancy does not affect everyone in the same way. Individual context and experiences crucially determine the (social) meaning of teenage pregnancy, shaping the ways it is perceived by those affected. I focused on teenage pregnancy as a social construction.

To understand how teenage pregnancy and its influencing factors are perceived in Breede River, stories from various social actors were collected; (future) young mothers from different socioeconomic backgrounds, ethnicities and areas were included; parents with a daughter who was either pregnant or a young mother were interviewed; non-pregnant adolescent girls and adolescent boys participated in group discussions; and people who were confronted with the prevalence of teenage pregnancy through their work, such as teachers and nurses, have been interviewed. Only by listening to different people who are all confronted with teenage pregnancy in different ways, a comprehensive understanding of how the phenomenon is perceived and how it affects people’s lives can be described.

*8.2.1 Factors leading to teenage pregnancy*
Throughout the research I argued that factors influencing the prevalence of teenage pregnancy need to be understood within its context. Before I summarize these factors, there is an important nuance to make. Due to the importance ascribed to context and to incorporating many different factors in understanding the prevalence of teenage pregnancy, all contextual factors may become relevant. Many aspects (on different levels) of a girl’s life play somehow a role in sexual decision-making and teenage pregnancy. These aspects can be found within the person, such as a girl’s confidence, social skills and personality; and within a girl’s (direct) environment, such as socioeconomic status, education and recreation opportunities; and within the wider context, such as norms within the community, shared beliefs and values but also more structural factors such as poverty and educational or work opportunities. Because it is not possible to incorporate all these factors, and because this would negatively affect the quality and credibility of the research, I described those factors that both I and the respondents themselves considered most relevant for teenage pregnancy in Breede River.

Keeping this in mind, I selected four factors which I think are particularly relevant for understanding the prevalence of teenage pregnancy within the context of Breede River. Through interviews, informal conversations and observations I learned that sexual activity is a rather important issue within the girls’ lives; further, the girls’ decision-making is very much influenced by the relationship they have with their parents and peers. Also the girls’ aspirations and life prospects play a role. Below, each of these factors will be briefly discussed.

The first factor I described was teenage pregnancy as an outcome of unsafe sexual behaviour. I tried to understand why girls make the decision to, firstly, become sexually active, and secondly, why not to use contraceptives. We have seen that these decisions are not simply rational ones which are only influenced by the girl’s knowledge or access to contraceptives; these decisions for a large part are influenced by different contextual factors such as general norms and personal believes about sexuality, gender and relationships.

Sexuality, gender and relationships play a large role in the lives of many adolescents in Breede River. Girls are often confronted with different and often contradicting messages about the just mentioned issues. On the one hand, sexual decision-making takes place within a context of secrecy and stigmatization in which it is expected from girls to adopt a rather receptive and passive attitude towards sex. On the other hand, girls’ perceptions are formed and negotiated within a context where strong social norms exist among peers. Sexual activity within a relationship is often a norm among peers, contraceptive use often discouraged, and perceived gender power relations influence a girl’s perceptions and decisions.

Girls’ constructions of relationships, gender and sexual self and their decisions about sex were played out through the just discussed dominant (and contradicting) constructions of sexuality. Inequality in sexual decision-making and one-to-one negotiation, as well as the different sexual standards regarding sexual practices for young men and women, posed difficulties for girls’ sexual decision-making and encouraged high-risk sexual behaviour.

The way girls made decisions within this context differed. The three possibilities I described were firstly; girls tend to internalize, reproduce and regulate existing norms without questioning meanings or outcomes. Secondly; girls do recognize unequal standards and gender inequalities but do not find power or agency to renegotiate or challenge them. Thirdly; girls do challenge existing norms and expectations in order to ensure their personal sexual health.

Conclusively, I argue that whichever of the just discussed situations a girl finds herself in, and whichever (sexual) decision she makes, the context in which she makes the decision plays a very important role. Dominant norms and believes about issues such as sexuality, gender and relationships influence a girl’s meaning-making and believes. Therefore preventive programmes and policies should very much focus on the influence of these underlying issues. Possibilities to create more openness and renegotiation of existing norms must be considered.

A second factor I discussed is the role of a girl’s parents. Although parenting styles and parental attitudes and messages regarding teenage pregnancy, sexual behaviour and romantic relationships
did show variation between parents, they are generally rather restrictive and one-sided. This leaves not much room for girls to discuss and develop views about their sexuality. Lack of openness and room for discussion made that girls could not or hardly communicate about their sexuality with their parents. As a consequence, girls did not get much opportunity to develop ‘healthy’ or personal constructions of sexuality, and they experienced difficulties to practice sexual agency and negotiating skills. Another consequence of the rather restrictive attitudes of parents towards their daughter’s sexuality and relationship, is that not much openness regarding the girl’s boyfriend was involved. As a result of the hidden nature of the relationship and the lack of openness and communication with parents, the relationship with her boyfriend increasingly became a very important part of the girl’s life.

Within this situation - where girls often lack healthy sexuality norms and sense of sexual agency and where their relationship becomes a very important part of their lives and very much relies on their boyfriend’s perceptions of sexuality - the girl’s decision-making position became rather weak. She would rather prioritize her boyfriend’s wishes and norms over her personal safety, needs and desires. As we will see later, we then enter the field of dominant peer norms, which often increase the chances of unsafe sex and consequently early pregnancy.

More openness between parents and their daughter (or children in general) regarding sexuality and relationships was often suggested by the interviewed girls and other adolescents to improve a girl’s position. I argued that parents could play a bigger role in the process of sexual decision-making when they would adopt a more open and understanding attitude towards their daughter. Only when a girl feels safe and comfortable to communicate about these personal issues, she may include her parents in her thinking process. For parents this means renegotiate and eventually accept changing attitudes and ideas about sex among young people. Instead of sticking to the message of sexual abstinence, aspects such love and safety in relation to sex should be discussed and reconsidered.

The third influencing factor discussed was the role of peers in a girl’s life. Existing dominant peer norms in Breede River were the expectations of becoming sexually active within a relationship, for boys as well as for girls. Another norm was the non-use of condoms, or contraceptives in general, within a relationship. We saw that peers had a unique type of influence on fellow peers which, for example, differs from the influence parents or other adults can practice on a girl. The strong need adolescents often had to be part of a social group, and the will to be accepted within this group, partly determined the influence peers can practice on their fellow peers. Adolescents who do not conform to dominant peer norms may be excluded.

This process influenced teenage pregnancy as well as sexual decisions. Girls felt (in)direct pressure to become sexually active to be able to become or stay part of the group. The will to be part of a group ‘helped’ girls to live up to dominant peer norms.

Just as discussed in the section on sexual behaviour, existing dominant sexual norms also played an important role regarding the influence of peers. Peer pressure as such did not necessarily lead to unsafe sexual practices; moreover it was the influence of dominant peer norms which guided girls’ behaviour. Again, attention has to be paid to reconsidering and renegotiating ideas about sexuality and gender and the role they play in adolescents’ lives.

The fourth and last discussed factor was the role of aspirations. The idea behind this was that having well developed and realistic aspirations could hold back a girl from a pregnancy or unsafe sex. Whether girls perceived having aspirations as a protective factors seemed to be influenced by different factors. Firstly, it depended on how important and realistic girls’ aspirations were for them, and secondly on whether they thought a pregnancy would interfere with their aspirations. The majority of the interviewed girls did perceive a pregnancy at a young age as interfering with their aspirations. The answers on whether girls felt their aspirations were achievable were more diverse. Perceived future opportunities, personal circumstances but also personality and determination played an important role.

My findings showed that girls say they aimed to postpone teenage pregnancy in order to live up to their aspirations and to ‘become someone’.
Conclusively, different factors on different levels affected a girl’s sexual decision-making and teenage pregnancy. These factors are shaped and reproduced by the environment in which they occur and they can not be seen as separate from each other. I discussed different factors which, within the context of Breede River, largely affected sexual decision-making and the prevalence of teenage pregnancy among adolescent’ girls. These factors can not be perceived as the only influencing factors, or as inclusive, but they do provide a realistic description of how adolescent’ girls in Breede River can fall pregnant.

8.2.2 Subjective meaning attached to teenage pregnancy

The second objective of the study was to describe how teenage pregnancy is perceived by different people in Breede River, and how it affects people’s lives. Because I recognized the meaning of teenage pregnancy as socially constructed, I argued that different people can perceive and experience the phenomenon differently. Through the concept of framing, I firstly described how teenage pregnancy is perceived in Breede River, and secondly which underlying ideas and experiences shaped these perceptions.

Experiences with early motherhood of the young mothers who participated in this research, and the experiences of some of their parents, were rather positive. We have seen that a baby can influence family relations in a positive way, and the majority of young mothers described their motherhood as a positive and loving experience. Also the improved school results of some of the girls were warmly welcomed. Young mothers explained that they wanted to be a good example for their child and to be able to offer their child a good future, the girls stated that having an educational degree was of great importance.

Despite these positive experiences, teenage pregnancy was often still described as problematic by adults as well as by young mothers and pregnant girls themselves. First of all, teenage pregnancy did not fit within dominant ideals and expectations people in Breede River have regarding adolescence. This concerned sexual activity; sexuality is not willingly associated with adolescents, especially not with adolescent’ girls. And it concerned responsibility; ideas about girls’ capabilities and willingness to take responsible care for the baby are often questioned.

Secondly, it was mentioned that teenage pregnancy becomes problematic when it causes school disruption or termination. Education plays an important role in the girls’ lives and expectations of the outcomes of education as well as expectations toward girls are rather high. Teenage pregnancy was perceived as interfering by the majority of my respondents. This consequence made teenage pregnancy problematic. Besides the consequence of school disruption, other problematic consequences were also described. These consisted of practical consequences such as additional costs and time constrain, but also more emotional consequences played a role. Disappointment and feelings of failure as a parent were very much present.

Regarding the reasons given in relation to the problematization of teenage pregnancy, some important nuances were made. Firstly I discussed the dynamic character of the conceptualization of adolescence. It is shown that conceptualizations of adolescence are rather subjective and they very much depended upon the (social) issue adolescence is associated with. When it concerned issues (such as sexuality or the care for a baby) which are perceived as ‘adult related’, adolescents were often referred to as children, or ‘not yet adults’. Rather than adolescents’ characteristics or capabilities, the issue an adolescent was associated with determined whether adolescents were perceived as being capable of making ‘right’ decisions.

A second nuance was made in relation to the importance and especially the (expected) outcomes of education. Education is seen as the road to betterment, while teenage pregnancy is the most feared interfering factor. However, first of all, the findings have shown that teenage pregnancy did not always lead to school drop out. Second of all, it is important to realize that education did not always bring the expected social and financial betterment, especially within the context of Breede River. The area knows high unemployment rates, not many job opportunities and continuing poverty. In addition, it is important to understand that teenage pregnancy is not the only factor which can cause school disruption or termination. Within a context of continuing poverty, factors such as lack of money or difficult familial circumstances can also play a role.
Finally, I paid attention to the discrepancy between experiences and perceptions. Different girls and parents described positive experiences with teenage pregnancy, whereas at the same time their perceptions about the phenomenon in general were more negative. An important question was to what extent the people’s (negative) perceptions about teenage pregnancy were reflections of their own experiences, or whether these were reflections of what they perceive is ‘right’ to say or think about teenage pregnancy within their environment. In other words, the community’s negative associations with teenage pregnancy may have influenced the girl’s (and other respondents) meaning making and perceptions regarding early pregnancies. Experiences with teenage pregnancy may not have been negative essentially, however within a context where attitudes towards teenage pregnancy are rather negative, it may have been difficult to remain positive and express this. Through time, it is possible that the community’s negative attitude and reactions became more important or influencing than a girl’s actual experiences.

8.3 Recommendations

The aim of this research was to provide information about perceptions on teenage pregnancy and factors leading to teenage pregnancy of different people in Breede River. This way the municipality gains a better understanding about how teenage pregnancy affects people’s lives and which aspects need attention. For the municipality to develop useful programmes, projects or policies to guide (future) young mothers and to reduce and (eventually) prevent teenage pregnancy, people’s perceptions and experiences are of crucial importance. Only by including experiences and perceptions of (young) people involved, policies can be made more relevant to the people concerned. Therefore, I argue that people’s knowledge, experiences and perceptions always need to be the starting point and main focus in the process of shaping new programmes and policies.

The current section intents to describe different recommendations for the municipality. The recommendations all relate to the earlier discussed factors leading to teenage pregnancy in Breede River. The issue of (unsafe) sexual behaviour and the role of parents and peers will be put together. In addition, the role of education and aspirations will also be included. I will start with the latter.

One of the area’s which is discussed in relation to teenage pregnancy is the role of aspirations and educational opportunities. Within a context where education plays such an important role, it is very important to explore and develop (new) opportunities to possibly influence the prevalence of teenage pregnancy. First of all, the municipality but also schools need to explore and utilize the protective role of education and aspirations. Within a context where adolescent girls feel their (educational) aspirations are realistic and attainable, a pregnancy at a young age can deliberately be delayed. Improvement of educational opportunities needs to be realized. Another important point to look at is to increase a young mother’s possibilities to stay enrolled in or return to school after their pregnancy. Therefore, opportunities to create facilities for pregnant girls and young mothers need to be explored and developed. When schools are able to provide services such as child daycare, chances to return to school are increasing. Here the municipality can make money or services available to support school’s initiatives. Such help would provide greater opportunities for girls to complete their schooling.

A second area is the area of adolescent sexuality and sexual behaviour. As described throughout the whole research, youth sexuality and gender are two crucial issues to draw attention to when discussing teenage pregnancy. I argue that greater understanding of the role of sexuality and gender in adolescents’ lives would appear vital to successful strategies and programmes to support safe sexual behaviour; more openness regarding sex, reconsideration and renegotiation of existing sexual and gender norms among youth and behavioural change are desirable objectives. In order to get to these changes, different aspects need to be addressed.

70 The given recommendations can besides the municipality’s use also be of use for schools, NGOs, public health clinics and other concerned social institutes.
Firstly, the context in which girls develop constructions of sexuality and gender, and in which they negotiate sex, needs to open up. We saw that dominant representations of youth sexuality place young girls in a position where they can not easily practice agency and where it is difficult to make safe sex decisions. One of the aims of the programmes should thus be to provide a context in which the meaning of sex and dominant behavioural norms can be revisited and revised, and in which behavioural changes among youth is possible.

Secondly, we need to gain a better understanding of how girls, and youth in general, make sense of their sexuality and how existing norms are understood and reproduced. We have seen that dominant norms often lead to unsafe sexual behaviour and leave little room for alternative representations.

To create an environment where sexuality can become a more openly talked about subject, and where renegotiation of existing dominant norms is possible, different programmes and policies need to be developed. Within these programmes emphasis needs to be placed on, firstly, encouraging participation of different people within a girl’s social environment, secondly, on incorporating adolescents’ personal views and perceptions and thirdly, on more communication and openness regarding sexuality-related issues.

A first recommendation is to organize communication sessions or group discussions with adolescents; with boys as well as with girls (either together or separately). To gain a better understanding of how sexuality and gender are understood and negotiated among youth, it is of great importance to create opportunities for them to express their experiences and perceptions. These sessions can be organized through schools, public health clinics, church or for example the Youth Advisory Centre of the municipality. During these gatherings, themes such as sexual behaviour, gender and relationships need to be discussed. In line with these issues, important topics are sexual decision making, the meaning of sex and the use of condoms or other contraceptives. Also related experiences such as girls’ visits to public clinics or communication with parents about sexuality are important topics. During these sessions, adolescents need to be stimulated to address issues of gender and sexuality and need to be encouraged to reflect critically on existing unequal sexual standards between young men and women. The final goal is to renegotiate existing sexuality and gender norms which eventually need to lead to behavioural changes. Here sexual health needs to be the starting point.

In relation to teenage pregnancy, I argue that it is useful to involve (future) young mothers who can tell other adolescents about their experiences as pregnant girls or young mothers. This way, girls will get a more realistic picture of what it means to be or become a young mother.

A second recommendation is to include parents in programmes. As described earlier, parents often still perceive sexual abstinence as preferable and they describe sex as something inappropriate and undesirable to their daughters. Within this context, it is difficult for girls to express their personal experiences and feelings. Therefore, in stead of denying girls’ sexuality or express restrictive messages, it is necessary for parents to re-examine their views on the role of sexuality in their daughter’s life. I argue that within a context where the majority of adolescents are sexually active, more open parent-child communication is needed. I also argue that perceiving sex as a rather normative experience is more helpful than continuing to advocate abstinence.

Different reasons have been described why parents often experience difficulties communicating about sexuality-related issues with their children. Therefore different programmes should be provided. Firstly, a programme which focuses on improving parents’ (sexual) knowledge. Only when parents themselves have knowledge about safe sex and sexual risks, they can inform their daughters, or children more in general. A second type of programme should focus more on parents’ attitudes regarding their children’s sexuality and sexual behaviour. To understand their children’s questions and underlying thoughts and feelings which influence their sexual decision-making, parents have to understand sexuality from more than only their own perspective. Attention should be paid to the possibilities for parents to re-examine their own values and knowledge related to sexuality, to be able to understand their children’s decisions better and to communicate about it more openly. A third type of programme should focus on parent-child communication about sexuality-related issues. The research showed that both parents and young
adolescents often feel uncomfortable discussing such issues. Therefore, the programme should include parents as well as their children, and attention should be paid to loosen up the barriers parents as well as adolescents experience when communicating about sexuality related issues.

The aim of these programmes is to create awareness and more openness regarding youth sexuality and gender issues, safe sex and teenage pregnancy among adolescents as well as people within their environment. These type of programmes are to be implemented in schools’ curriculums, or as part of different campaigns or programmes practiced by the municipality’s Youth Advisory Centre in Robertson. Also concerned NGOs, public health clinics or other social institutes can implement such communication programmes.
Bibliography


