

# **Why young unmarried women bear children? A case study of North West province, South Africa**

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## **Why Young Unmarried Women Bear Children? A case study of North West province, South Africa**

### **ABSTRACT**

Teenage pregnancy has been identified as a social problem in many countries. This study aims at describing some of the predisposing factors and consequences of young motherhood. A qualitative study was conducted in 2013 in the North West province of South Africa with young women who had a premarital childbearing experience. The results revealed that the pregnancy of the majority of the young unmarried mothers was unintentional. They claim that it happened due to ignorance. Other predisposing factors include external pressure, wrong or sporadic use of contraception and rape. Most of them were not concerned that they were pregnant because there was support available at home, mainly from their mothers. The young unmarried women had strong negative attitude towards induced abortion. The major consequence to the unmarried pregnant girls was their slow progress in school, to the extent that some had to drop out. The following recommendations resulted from this study. Firstly, lack of information on sexual and reproductive health matters among participants shows that the life orientation programme in schools is not working properly. Hence the urgent need to find out the reasons. Secondly, further research is needed on how teenagers can be motivated to use contraception properly if they are sexually active. Thirdly, there is a need for advocacy on abortion services as an option when falling pregnant. Finally, there is a need to find ways improve parent-daughter communication on sexual matters earlier in life to avoid the girls falling pregnant prematurely.

## **Introduction**

Family formation usually begins with marriage, followed by childbearing. However, in South Africa and many other countries, there are a lot of women who bear children before marriage. The extent and nature of the problem differs from one country to another. In some African countries girls marry early to bear children immediately thereafter. This is the case in high fertility countries like Niger, Burkina Faso, Mali and Uganda. In most countries girls bear children at an early age regardless of whether they are married or not. This article deals with childbearing at a young age before marriage. Many of these young women are still enrolled in school when they conceive.<sup>1,2</sup> Although the South African law permits pregnant learners to stay in school and return to school after childbirth,<sup>3</sup> many girls drop out because they fail to cope with both responsibilities, i.e. child rearing and schooling.<sup>2,4</sup> If they choose to continue with schooling, their performance is seen to deteriorate significantly.<sup>4</sup>

Empirical evidence presented in the South African literature has not addressed unmarried young mothers directly. Some consider the broad problem of teenage fertility,<sup>5,6</sup> which combines marital and non-marital childbearing. Others restrict their studies to school-going girls,<sup>4,7,8</sup> excluding out-of-school girls. As such the magnitude of the problem of young unmarried mothers is not studied comprehensively. However, the local studies indicate that pre-marital child-bearing is a massive problem in South Africa. Makiwane<sup>5</sup> presented the teenage specific fertility rates (TSFR) in South Africa and asserted that very few of those births were actually marital. In addition, North-West was the only province which showed an increase in TSFR during the period 1998–2003.<sup>5</sup>

The question arises as to why these young and unmarried girls bear children? What are the driving forces? Kaufman and colleagues<sup>9</sup> list the following reasons: ignorance of the physiology of sex especially for rural girls; curiosity; peer pressure or feeling of competition; fear of attending clinics

that are unwelcoming to young contraceptive users; and sometimes forced sex. Poor family planning services for young people accompanied by fear of side effects and infertility have been reported by various researchers to be a cause of young and unmarried women to have children.<sup>10,11,12</sup> There is also an argument that gender power dynamics in sexual control favours boys and this may influence early childbearing.<sup>13,14,15</sup> Some argue that these girls bear children as a way of seeking financial support from boyfriends, attention and love, and eventually marriage.<sup>9,16</sup> And yet there are those who feel that these girls bear children in order to access social grants<sup>16</sup> —a view which has been supported by the media, but has been contested by others.<sup>5,17,18</sup>

Common sense indicates that nothing can be done to stop all the teenagers from having sex. So promoting abstinence of sexual intercourse is likely to fail for some girls, but sex does not necessarily have to lead to pregnancy if proper precautions are taken into account. For instance, proper use of contraception can reduce the number of pre-marital births dramatically. Some South African researchers blame lack of communication from teachers and parents with teenagers on sexual matters and contraception,<sup>10,19</sup> which results in them not knowing what to do to protect themselves from pregnancy. Given that induced abortion is legalized in South Africa, one expects those girls who conceive unintentionally to choose not to deliver babies but rather seek abortions. However, some studies argue that the high value placed on children means induced abortion is not an option for many girls.<sup>20,21,22,23</sup> In fact, some researchers have argued that some girls fall pregnant intentionally to prove their fecundity.<sup>14, 24</sup>

This study aims to provide some more evidence which will assist in a better understanding of the phenomenon of childbearing for young unmarried women. We used young women and encouraged them to voice their point of view. The main objectives of this study are:

- 1) to investigate the reasons for young women to decide to be mothers before they are married,

2) to explore their attitudes and experiences of using reproductive health services before and after falling pregnant, and

3) to find out the consequences of having a child at that time young age.

Based on the findings of the study, policy recommendations are provided that will help to reduce the incidences of young unmarried mothers.

### **Conceptual Framework**

The conceptual framework developed for the study of childbearing among young unmarried women is presented in Figure 1. The framework has four board categories: predisposing factors of having a baby at young age; access and use of reproductive health services, childbearing, and consequences of childbearing while young and unmarried.

#### FIGURE 1 ABOUT HERE

1. **Predisposing factors** of young and unmarried women to have babies, are classified into six categories:

- *Lack of information* on the physiology of their body or physiology of sex and what happened thereafter. Some women accept the situation and some regret for the rest of their lives.
- *Availability of support* relates to the support received from family members, government, school, community and organizations including NGOs, FBOs, etc.
- *External pressure* relates to pressure to have a baby receives from family members (mother, grandmother, etc.) or the boyfriend wants proof of fecundity or peers who have babies look down on those who don't have.
- *Intentional* relates to a woman willingly deciding to have a baby because she is old enough to have

one.

- *Contraceptive failure* refers to a woman who was using contraceptives at the time of conception. There are also those who were using contraceptives wrongly or sporadically.
- *Raped or coerced* relates to women who conceived as a result of rape or coerced sex that resulted in conception.

2. Access and use of **reproductive health services** includes:

- *Contraception* refers to attitude and use of contraception before conception.
- *Abortion* refers to attitude and use of abortion services after conception.
- *Other reproductive health services* refer to attitude of service providers such as nurses, counselling services, provision of sex education, etc.

3. **Childbearing** which covers only child birth.

4 **Consequences of childbearing** by young and unmarried women.

- *Schooling*: Most of these women are still attending school when they first conceive. Many young women drop out of school completely. The performance of those who manage to continue with schooling is seriously affected by childbearing and the rearing of their child.
- *Health*: Since these women are still young, their body are not mature enough for childbearing and hence they are exposed to health issues.
- *Marriage prospects*: The marriage market can be affected positively or negatively. If the man wants proof of fecundity, the proof of childbearing will be a positive benefit, but some men are not willing to marry women who already have children by other men.
- *Economic difficulties or poverty* has been linked with having a baby at a young age<sup>9,16</sup>.
- *Psychosocial factors* arising as a result of childbearing at young age including stress, psychological problems, etc.

## **Data Source and Methods**

Data for this article were obtained as part of a larger study dealing with sex, contraceptive use, pregnancy and motherhood of young and unmarried women. A qualitative study was conducted in October and November, 2013 in all four district municipalities of the North West province, South Africa. North West, dominated by Setswana speakers, is one of the provinces still rooted in cultural practices. A total of 30 focus group discussions (FGDs) and 49 individual in-depth interviews (IDIs) were used in the analysis. Generally, the intention of IDIs is to collect information on personal experiences, whereas FGDs collected general information on perception and norms. Altogether, 325 participants aged between 15 and 30 years took part in this study. All participants had a premarital childbearing experience. Eight field assistants (FAs) were recruited for data collection purposes, two for each district. The minimum requirement for FAs was a degree in social sciences. The FAs attended a training workshop and pilot study before the fieldwork commenced.

Participants were recruited in each district through snowball sampling. A written informed consent form was used for each participant before the interview commenced. Participants were allowed to stop if they were uncomfortable with the questions or did not want to continue with the interview. All interviews were conducted in Setswana, except one which was conducted in English. All interviews were recorded. The interviews were transcribed and translated to English. More transcripts (73.4%) were from urban participants. Data were coded and analysed using Atlas.ti version 7. Narrative analysis was the methods used to analyse the data<sup>25</sup>.

## Results

### Lack of Information

The majority of young unmarried mothers did not intend to fall pregnant with their first child. The participants who became pregnant unintentionally were requested to explain exactly what had happened. One of the main reasons given is lack of information and hence unaware that they will fall pregnant. The excerpt presented below, a typical response for many, indicates that these girls were either ignorant of the physiology of their body and/or physiology of sexual intercourse. Many participants did not have any idea on what was going in their body. Some were not feeling well and went to hospital thinking that they have ‘gall’ (gallbladder) disease, instead they were told that they were pregnant. It is unfortunate to note that the girls are not aware of the pregnancy until they are already in advanced stages of their pregnancy.

By the way, I found out that I can do something about it. I was already six months pregnant. That’s when I also found out that I’m pregnant—at six months. I did not show any signs on my body because I had a big body. I just saw myself as being beautiful by day. I only found out from my neighbour when she said to me that it is not right for me looking like this. So she suggested taking me to the clinic and I got to know about my condition during that time, so did my mother.

*IDI20, DKK\*, Urban*

Some girls did not know even if they use protection all the time, the day they do not use contraception, for whatever reason, may lead to them falling pregnant. Some participants thought they were still very young to fall pregnant or thought they cannot fall pregnant because their boyfriends are young and never had any children.

Maybe it was because I was with boyfriends that did not have children, I don’t know.

*IDI 17, RSM, Urban*

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\* DKK stands for Dr Kenneth Kaunda, RSM for Dr Ruth Segomotsi Mompati, NMM for Ngaka Modiri Molema, and BOJ for Bojanala district municipalities.



Some believed that they will not fall pregnant because they had sexual intercourse rarely. Some thought they would not fall pregnant because they had sexual intercourse before without using protection and did not fall pregnant. Some girls were waiting to show signs of pregnancy the morning after having unprotected sex, before taking morning after pills.

No, let me tell you, we slept together and didn't use protection, but I was just ok the following day, nothing at all and I said to myself that maybe I am not pregnant because he ejaculated on me before and I didn't fall pregnant, so I told myself that I was also not pregnant that time, I lied to myself by believing that.

*IDI 14, NMM, Rural*

There are cases where girls are told by their peers that if they remain a virgin they will die. In addition to the responses showing ignorance as explained above, there is a long list of participants who reported that they never planned to fall pregnant, but their first pregnancy just happened. It seems most of them had knowledge about contraceptives.

I went on holiday in September in Gauteng, and when I came home I was missing him and I went to see him thinking that he had condoms because he always had them. I didn't have time to buy condoms that day, because I was in a rush and when I got there he didn't have them, we only realised that we didn't have them when we were busy having sex, and our feelings were high, and we couldn't stop and he said that he will withdraw when the sperms come. But I told him that it was not ok because he enjoys me more when he is about to ejaculate.

*IDI14, NMM, Rural*

Almost all of the girls, who fell pregnant unintentionally, were shocked with disbelief when they realised that they were pregnant. With the exception of a few, these girls were still in school. They were not planning to have a family soon, and they were still under care and guidance of their parents or guardians. Most of the girls settled after a while and moved on with their lives. Some participants acknowledged that they did not choose to be pregnant, but they did not mind continuing with the pregnancy.

I accepted it, I did not like it. From the beginning I did not like it, but I had to accept that I am a mother, a parent, I have a child.

*IDI15, RSM, Rural*

For me to accept it my mother discussed with me that I was not the first one who has fallen pregnant, there were many who do that. And also that my having a child would not mean that was the end for me. I would have just to stay at home for a while. She said that after having my child I would go back to school and that she would help me with the child.  
*ID117, RSM, Urban*

### Availability of Support

The participants reported two types of support they received during pregnancy and after delivery. The first is the support they got from family members, especially the mother, and the other is from the government in the form of the child support grant. The support from the family is crucial to the extent that those who do not get or those who get less support struggle to raise the child and more serious consequences are experienced later in life. It all starts when the news of pregnancy is announced. The participants reported about the mixed feelings of their mothers. Some were very happy that they are going to have a grandchild and some did not show their emotions, i.e. they just accepted what happened. Most mothers were very angry when they received the news of pregnancy. The participants reiterated that their mother shouted and in some cases did not talk to them for an extended period of time, but after sometime they calmed down and accepted the pregnancy. Later on they were the ones that provided support in different forms. Mothers of participants provided counselling services when life was too tough, they provided moral support and more importantly they provided economic support. Most mothers were raising their grandchildren to allow the participants to go back to school. The participants had a lot to say about their mothers' support, as indicated in the following excerpts.

My mother, you know how women are. She was only angry for a week, but after that she told me the things I should do when one is pregnant. She just told herself that if she abandoned me who was going to be there for me.  
*ID113, NMM, Rural*

Yes, they didn't say anything but they helped with everything. They bought baby clothes and paid for the transport to the hospital.  
*FGD17, BOJ, Rural*

The participants also pointed out the mixed feelings on how the father and other family members reacted. Some fathers were very happy, some were very angry and some did not show any signs of

emotion, but most of them eventually gave support to their daughter. Those fathers who did not support them were not able to do so, i.e. because they are very poor.

I was not expecting the reaction from my dad, I thought he would be angry at me but he was happy and said he wanted the child to be a boy. He treats the child well, he loves him, and he spoils him and doesn't even want him to fall down.  
*FGD19, BOJ, Urban*

...but my dad (pause), I was once in an accident I think when I was still in grade 1 or 2, so my dad thought that I will never be able to have children, that's what my dad thought, so when he heard that I was pregnant, he said thank God, at least I will be able to get grandchildren.  
*FGD2, DKK, Urban*

The Child Support Grant (CSG) established in the late 1990s by the South African government has been critical in assisting children from poor backgrounds.<sup>26</sup> The parent or guardian of a child who qualifies for CSG gets a flat rate of SA R 310 (approximately US \$30) per month, and this rate is revised every year. Surprisingly, the participants of this study did not say much about provision of CSG. Although there was no direct question on CSG, it was expected that these girls who fall pregnant, most of them still in school and from poor backgrounds, will value CSG and must be their main source of income. Very few of them mentioned this service.

My aunt registered the child because I didn't know anything, and I told them that I don't need to be queuing for the money when I am supposed to go to school. I told them that they should register the child and they'll use the money for the child.  
*IDI35, RSM, Urban*

The support the girls get during pregnancy and after giving birth from their family, especially from mothers, needs to be scrutinized because it might influence the choice of these girls to fall pregnant knowing that there is support available for them. However, the link revealed by this study between CSG and teenage pregnancies seems to be weak. The responses from the participants do not indicate that these girls were influenced to fall pregnant in any way by the provision of CSG.

### External Pressure

Another reason for unmarried girls to have children is failure to resist pressure from people surrounding them. Three different groups of people have been identified in this study namely peers,

family, and partner/boyfriend. Out of these groups, partner pressure came out very strongly from the participants. Some participants conceived because they were under enormous pressure to have a baby or risk the relationship. In fact there are those who were promised marriage if they prove their fecundity, as found out by Preston-whyte<sup>14</sup> in KwaZulu-Natal. Some just agreed casually to have a baby to satisfy the needs of the partner, but some were tricked. For example, their partner says that they will put on a condom, but they don't or a hole is made in the condom so that sperm can still be transferred. Here is what participants had to say about their boyfriends

You know, when the baby's father asked me to have a baby with him I didn't refuse because he did Everything for me like buys my uniform. He did everything for me, he supported me. *IDI23, DKK, Urban*

I slept with my boyfriend with a condom and I ended up being pregnant. When I found out I was pregnant, I called him and asked him why I was pregnant. In fact, I didn't call him, my parents called him because my parents were asking me [name] what happened, you are pregnant? I cried and said I am not pregnant. And they said, you crying for nothing because you came from the clinic and they said you are pregnant. What happened? So they called him. And my mother asked him, I hear [name] saying she is pregnant, I went with her to the clinic and she said she slept with you with a condom. He said that is what she thinks; she thinks I used a condom, but I didn't. My mother asked him why you did that for. He answered; I wanted a child with her. *FGD10, RSM, Urban*

During the interviews peer pressure also came out very clearly as an external factor. Many participants fell pregnant because of pressure from their friends and colleagues or just copying what they observed. Some participants are pressured by their parents to have a child. For instance, the parents of an 18-year-old girl were calling her names to pressure her to conceive, until she went to church to seek help to conceive and satisfy her parents (see excerpt below). However, not that many participants revealed a push from the family members. Although the majority of parents did not pressurize their daughters to fall pregnant, those who were happy that their daughters are pregnant need to be scrutinized. It is possible that they might have influenced the daughters indirectly.

My parents had written me off and I had left school because of them. So the boyfriend was pushing and pushing. You see the leather school bags, I couldn't get them at home, but he was buying me such things. [group laugh] He pushed and pushed and we were staying under the same roof. So he moved to Dobsenville, so he wasn't around anymore. And my mother wasn't getting involved. When we were back home...I was 18 years, and they were saying you are barren...you are barren. It was tough. I was having sex but I couldn't catch [conceive]. Then I got help from church and I got pregnant. *FGD12, BOJ, Rural*

### Intentional

It has already been indicated that there are participants who fall pregnant intentionally because of peer pressure, partner pressure, family pressure, etc. This sub-section looks at other reasons that made participants decide to have a premarital birth at an early age. Although most participants decided that it was the right time to have a child, partners/boyfriends are usually implied. So sometimes there is a thin line between participant's decision and partner pressure. In some cases participants reiterated that girls fall pregnant intentionally in order to keep their partners; they believed that a child will make a man love you more. There are cases where boredom contributed to falling pregnant. This happens to girls who finish or drop out of school and find themselves at home without much to do. As alluded to by a 24-years-old, who had finished grade 12:

-I was sitting at home doing nothing and I thought having a child|| (FGD23, NMM, Rural).

### Contraceptive Failure and Forced Sex

There are only a few participants who were using contraception at the time of conception and those were either using injection or condom. The main problem for failure of the condom is that it broke before ejaculation when they were having sexual intercourse. In some cases knowingly, but in others they were not aware that the condom had broken. The finding that participants fell pregnant, while using injection needs further research as it might be due to following instructions wrongly. There are also unfortunately incidences of rape. Surprisingly, the participants who became pregnant as a result of rape still decided to continue with the pregnancy to term and deliver a baby.

### Use of Contraception

The discussion on experience and attitudes towards using contraception before the first pregnancy has revealed that use of contraception is rare for nulliparous women in this province. Some participants reported that they did not know anything about contraception, it was first introduced to

Them when attending antenatal clinic or after giving birth. Contraceptive methods used by the few participants who ever used contraception before they had their first child include condom, injection and the Pill. It is quite obvious that use of condoms is sporadic. Many stopped using condoms because the participant experienced a rash, it was hurting the partner, the partner refused to use it or because it reduced sexual pleasure. There was one assertion in a focus group that couples stopped using a condom because they used it for too long and were afraid that it will therefore pass to the intestines. There are cases where the condom was broken during the sexual act, but they knowingly did not bother to replace it. The injectable used were of two kinds i.e. Depo-Provera and Nur Isterate. However, the participants had a lot of negative issues to talk about them because of high failure rates. There were specific discussions about morning after pills or emergence contraception. The overwhelming majority of the participants did not know about them and very few ever used these pills.

### Abortion

South Africa is one of the few countries in sub-Saharan Africa where induced abortion is legal. The 1996 Choice on Termination of Pregnancy Act of South Africa states that a pregnancy may be terminated either upon request of a woman during the first 12 weeks of the gestation period. After the 12<sup>th</sup> week the pregnancy can still be terminated, but with a number of listed conditions. All participants were asked if they are aware of abortion services and those who fell pregnant unintentionally were asked if they thought of using these services. The main finding is that very few participants were positive about abortion. The overwhelming majority knew about abortion services, some of them struggling to differentiate between \_backstreet 'abortion services and the legal services offered in health centres and hospitals. It was surprising to note that even those who fell pregnant as a result of rape or contraceptive failure did not consider abortion as an option. A lot of reasons were

given by participants for not seeking abortion services after realising that they were pregnant with their first child (see the Appendix). Obviously, judging from the responses, ignorance plays a crucial role. It is clear that abortion is very unpopular and childbearing is very important in this society.

It is very clear that most of these pregnancies were mistimed and many young mothers were not going to deliver them if it was not for myths and misconception they have about abortion. There was a lack of information for some participants who attempted to do something about their pregnancy. They attempted to have self-induced abortion by drinking: coke; grandpa; vinegar, stay soft; jik; paraffin; sleeping pills; dip, traditional herb; laxatives, life essence, boiled water with cents, mixtures of jik and stay soft; a mix of stameta, jik and stay soft; a mixture of stameta and water; and a mixture of water, coke and disprins. Some isolated cases reported that they actually visited the service providers, but the foetus did not come out. This shows a serious need for advocacy targeting young women in as far as the termination of pregnancy act is concerned and the safety of the procedure itself. There were few participants who supported abortion, especially if there is a good reason to do it, but at this particular time they wanted a child.

#### Other Reproductive Health Services

Compared to other sub-Saharan African countries, South Africa is much advanced in terms of provision of health services in general and reproductive health services in particular. So there were no serious concerns about the services rendered to these young women. However, some participants complained about bad treatment from nurses. Nurses were either yelling at the girls or did not pay much attention in taking care of them. One participant reported about a cousin who went to the clinic with her friends.

She said they were yelling at them, and asked them why they wanted to use contraceptives when they are still at school and young? And they should know that the injection might make them not to have children. But they got the injection and gave them the condoms. *IDII, NMM, Rural*

### Childbearing

Information on the experience of giving birth to the first child was collected during in-depth interviews. Participants were asked to give as much details as possible on their experiences of giving birth, beginning from the time they started to feel pain. A closer analysis of the responses does not indicate any extraordinary problems facing these girls as compared to general population of women in childbearing age in a typical South African setting. During labour, all participants were able to get transport to take them to a health facility. The majority were transported by ambulance (even in rural areas), some by private cars, and a few used mini bus taxis (combis). Almost all deliveries were done in a hospital or a Health Centre. The few that happened at home were not by choice, but only because the babies came very fast. The mother and child were sent to a health facility immediately after delivery. Most of them were vaginal births. Only six participants indicated that they gave birth by caesarean section, which is approximately 12% of the participants. There were reports also of few complications to the mothers such as going beyond the normal gestation period, bleeding heavily, and high blood pressure. On the other side, few babies were reported to be premature or having abnormalities, but one died after a few months. As found in the general population, these complications were isolated cases.

### Schooling

The majority of the participants were still in school when they fell pregnant. As stated earlier, these girls are legally allowed to stay in school until they deliver and may also return to school after delivery. So legally, only minimum disruption is expected in their school attendance for girls who fall pregnant. However, the study reveals that this is not the case. Schooling for almost every participant who was still enrolled was affected in one way or another. The main intervening factor is availability of support from the family. Having other family members (e.g. grandmother of the baby) to take



Care of the baby had a crucial role in determining whether the mother of the baby was able to go back to school or not and when that was going to happen. There were cases where the family took away the baby immediately after birth so that the mother could go back to school. Hence there was a minimal effect on their schooling, but these were the few fortunate ones. The majority of participants were in the other extreme of dropping out of school because there was no one to look after the baby, and for some that was not a big deal. Here are some examples of what participants had to say.

My mother fell sick just before the June exams and I was stressed ....I decided to take my baby to Pudumong where her father's family is .... In Pudumong they were never around, they travelled frequently attending churches. Yes, my children's grandmother was always away and I felt that she would carry my child everywhere she went and would not feed her properly. So I decided it was better I stayed at home and took care of my child myself. I left school and decided to take care of my child. It was 2009 and I was in standard nine.

*IDI17, RSM, Urban*

No, I never went back to school. Before I had my child, my mother passed away. Yes while I was still pregnant. So I was thinking about who would I leave my child with, because my older sister also had a child, then when I went back to school? So I decided that I would stay at home and raise my child. Yes I never went to school in my grade ten as my belly had already grown big, so I quit.

*IDI30, RSM, Urban*

Some participants dropped out of school for different reasons to child rearing. Some just could not be focused in school anymore and others were due to stigma. Surprisingly there are participants who were refused back in school after delivery.

I had to drop out of school. Yes and after the pregnancy when I am at school I could no longer hear anything and I was not interested in anything. No I missed a step, I realised I was at risk and I spoke to my teacher and told her what was going on.

*IDI19, DKK, Urban*

## **Discussion and recommendations**

It is high time we accept that the battle on young girls and boys to make them abstain from sex has been lost. To make things worse, Shisana and colleagues<sup>27</sup> have reported that the number of teenagers who report a sexual debut before age 15 is increasing in South Africa. If this is the case there is a need to make sure that these teenagers understand clearly the issues about sex and its

consequences. This study has shown that young women who took part in the study were very ignorant on sexual matters when they had their first pregnancy, and this has made them vulnerable to unintended conception. Mkwanazi<sup>22</sup> found the same in Nyanga, Western Cape province. Evidently the teenage mothers lack information about the physiology of their body, physiology of sex, prevention of pregnancies, access and reliability of abortions services, etc. This is a good indication that the Life Orientation Programme provided in schools is not adequate to inform these youngsters about sexual and reproductive health matters. It is important to reassess this programme and also find out what else can be done to equip these women.

Among the initiatives which need to be considered seriously, is how to increase the use of contraception. Although the Children's Act of 2005 (as amended in 2007) allows girls as young as 12-years-old to access reproductive healthcare services including contraception, in practice this is not the case. The study has shown cases of nurses scolding school girls who seek these services indicating that the mentality of abstinence is still in service providers' mind regardless of the new policies. This gap needs to be addressed urgently. In addition, supply factors such as accessibility, availability and affordability need to be taken care of as well.

One of the major finding of this study is the negative attitude of young women to induced abortion. One expects that having the Termination of Pregnancy Act in place and offering those services in the Health Centres are adequate conditions to make women seek those services. This is not the case in this study. The participants had a lot of negative things to say about abortion, some of which are based on myth. Even those who conceived as a result of rape and those who definitely did not need a child at that stage of their life still did not consider abortion as an option. In other countries, even those where abortion is illegal, a school girl will do anything to terminate the pregnancy so that she can continue with schooling. This study shows that there is need for advocacy on abortion services.

The advocacy should deal with change of mind set, benefits, safety, and all other issues that were mentioned as a hurdle to these services.

Parents were very angry when they first received the news of their daughter being pregnant. However, this did not last for long as mothers in particular provided support to young women in raising their children. Other scholars have also alluded that although parents may be angry and in some cases chastise or beat their daughters for falling pregnant<sup>9,14</sup> they are still the main pillar in support their daughters during pregnancy and after giving birth. Some young women are able to go back to school after delivery because of this type of support. This is excellent because without such support most of them will struggle a lot. But what if mothers shift their effort to be earlier in their life before they fall pregnant? In other words, if parent-daughter communication on sexual matters is improved at the early stages of their life, girls will be informed about prevention of pregnancies and this will reduce teenage premarital pregnancies. There is a need to assist parents to see the bigger picture by working hard to stop pregnancies as the majority also do not approve their school girls to fall pregnant.

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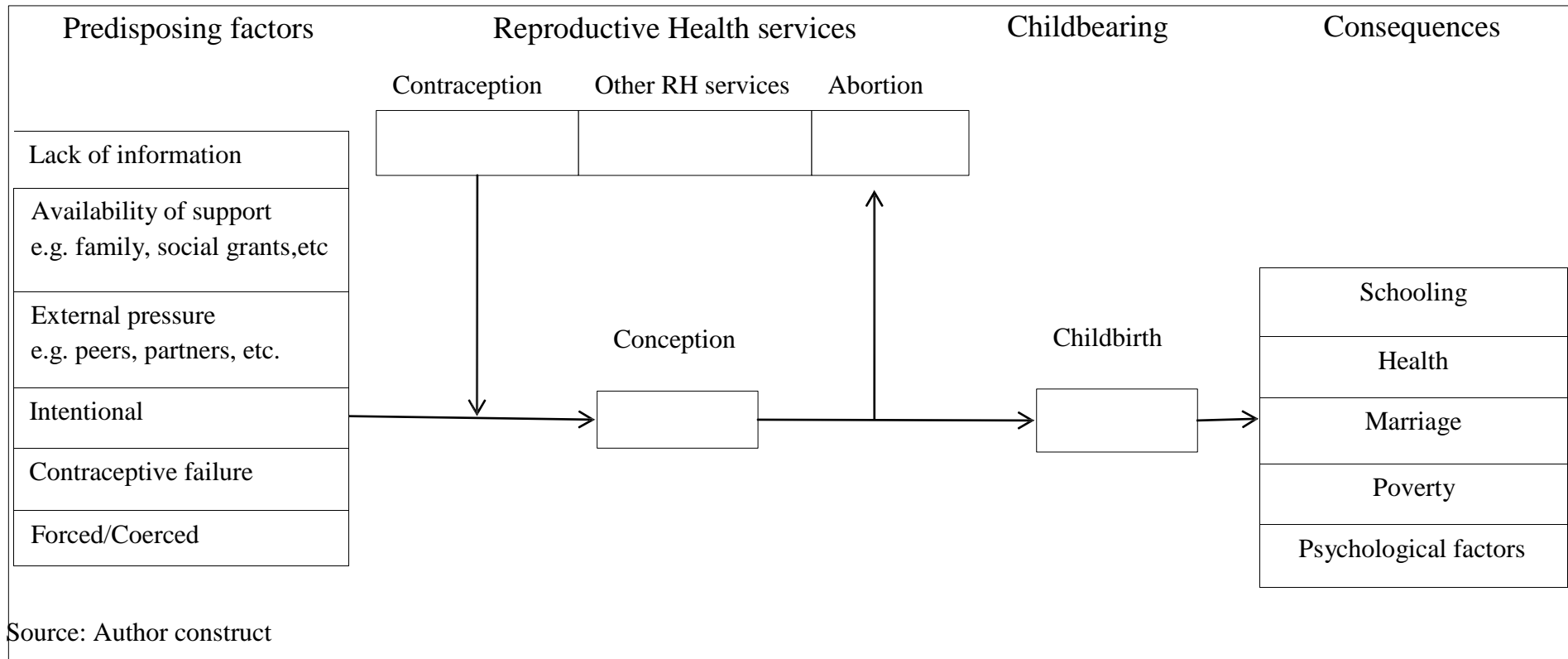
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Figure 1: The conceptual framework for the study of childbearing among young unmarried women.





#### **Appendix: Reasons for not seeking abortion services after conceiving at first pregnancy**

1. You may end up not having children when you need them./What if it is the only child I will have?
2. You may become sick./Abortion causes many illnesses/You can have cancer.
3. I am scared to die.
4. I did not want to kill a child./Imagine killing an innocent child./I can't kill a child of God.
5. I want to see my child./I love children.
6. It is against the word of God./It is a sin before God.
7. My mother didn't terminate me so why should I terminate my child?
8. I am just scared of it./I was scared to go to the clinic.
9. My partner was against it./If you kill my child I will kill you!
10. If the child is here, it is here./If the child came it came./What had happened had happened.
11. You can make yourself weak.
12. You can die and the child survives.
13. My mother said I should never have an abortion.
14. I am scared because I do not know what they do to you.
15. At home they did not want me to do it.
16. I fear it because I know a girl who did it who almost died.
17. My mother said she does not want a corpse in someone's stomach in her house.
18. You can damage your womb.
19. You might catch other infectious diseases.
20. You might lose certain things in your body.
21. My grandmother said no matter what I shouldn't do abortion.
22. I was scared because I know a lady who passed away because of abortion.
23. For me it is not where the child comes from, it is what is ahead of me.
24. I did not want to take the risk, I am a Christian.
25. Maybe that child can be an angel in your life.
26. A child is a gift from God.
27. There are some people who need children out there, but cannot get them.
28. They say they insert big pipes that suck the child out, and those who did it say it is painful.
29. The community will be treating you like trash.
30. You are not going to smell nice.
31. In my family children are scarce.
32. If I have it I might lose a lot of blood./What if I lose a lot of blood?
33. Parents nowadays hate a child who does abortions....they will hate you!
34. It is too expensive.
35. Maybe you are murdering a lawyer or a teacher.