FACTORS ASSOCIATED WITH TEENAGE PREGNANCY IN THE EASTERN CAPE PROVINCE
The Eastern Cape Department of Social Development and Special Programmes produces population and research information for planning, monitoring and evaluation of development in the province. This research is part of a National study on Factors associated with Teenage Pregnancy. The study was conducted by a team of researchers led by Keith Muloongo and Ndumiso Tshuma from Community AIDS Response (CARe). Special thanks to Dolores Tatchell and Nosiphiwo Macaula, Eastern Cape Department of Social Development and Special Programmes Team, National Population Unit (NPU) Pretoria, TouchPoll South Africa and other partners.

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List of Acronyms

AIDS - Acquired Immuno-Deficiency Syndrome
CHWs - Community Health Workers
DHIS - District Health Information Systems data
DoBE - Department of Basic Education
DoH - Department of Health
DSD - Department of Social Development
GHS - General Household Survey
HIV - Human Immuno-deficiency Virus
HSRC - Human Sciences Research Council
ICPD - International Conference on Population and Development
KAPP - Knowledge, Attitudes, Perception and Practice
M2M - Mothers 2 Mothers
NGOs - Non-Governmental Organizations
NPU - National Population Unit
PIs - Principle Investigators
PPU - Provincial Population Unit
SADHS - South African Demographic and Health Survey
SGBs - School Governing Bodies
Stats SA - Statistics South Africa
STIs - Sexually Transmitted Infections
WHO - World Health Organization
Abstract

Background: In line with international trends, current South African policy and plans identify sexual and reproductive health, including the prevention of unplanned and unwanted pregnancies amongst teenagers and the provision of support to those who do conceive, as a key priority area for health intervention. Since it has been shown that a majority of young women’s pregnancies are unplanned and unwanted, and because prevalent research contains various gaps on teenage sexual reproduction/sexuality, the aim of this study is to contribute to an enhanced understanding of the nature, extent and factors associated with teenage pregnancy in the Eastern Cape Province. By doing this, it will be possible to identify, as well as to suggest areas of intervention needed to prevent unplanned and unwanted teenage pregnancies.

Methods: In order to harness evidence on the causes of teenage pregnancy, triangulation of quantitative and qualitative methodologies was done. The study was to understand factors associated with teenage pregnancy in the Eastern Cape Province. Knowledge, attitudes, practices and perceptions (KAPP) survey among teenage mothers and service providers was conducted. Focus group discussions were conducted with parents and teenagers in general. The study had a total of 294 teenage mothers and 68 service providers surveyed as well as 39 focus group discussions held with parents and teenagers in all seven districts of the Eastern Cape Province.

Results: The study showed that teenage pregnancy in the Eastern Cape Province is a problem, with both unplanned and unwanted pregnancies among teenage mothers being exceptionally high. The explanatory factors identified to be the most significant ones, are related to four categories, 1) the exposure to sex; 2) cultural factors; 3) psycho-social factors, and; 4) economic factors.

Early sexual debut increases incidences of unwanted pregnancies and the proportion of teenage mothers engaging in sex for pleasure was significant in the province. The result showed that rape, either statutory or explicit, though not significant factor it is high in the Eastern Cape Province. The cultural practise of proving one’s womanhood influenced teenage girls to fall pregnant. Complementary to this was “partner wanting a baby” which also influenced teenagers to get pregnant. Ukuthwala, though not significant most teenage mother and service providers identified it as a practice exposing girls to sex. When looking at psycho-social factors, early marriages contributed to unwanted pregnancies. The study recognises that teenagers from the African group population are more likely to have unwanted pregnancies than other population groups. Experimenting with sex also increased incidences of teenagers falling pregnant.

Lastly, the research highlights the perception among teenagers that having multiple partners as a means of alleviating poverty is widespread in the Eastern Cape Province. While there is a myth that teenagers fall pregnant because they want to access the child support grant, the results show that the proportion of teenagers who fell pregnant to access the CSG was low. Also, by investigating which sources of knowledge teenagers use to receive information on sexual issues, the study reveals that there still exist many barriers, keeping the vicious cycle of ignorance as well as unplanned and unwanted teenage pregnancies alive in the province.

Conclusion: In order to reduce the high number of unplanned and unwanted pregnancies in the Eastern Cape Province, there is a need to adopt a multi-stakeholder, institutional capacity building approach, inclusive of schools, hospitals and clinics, traditional leaders, family members as well as non-governmental organisations and the government. The strategies used must cover multiple issues, such as the understanding and enforcement of relevant law, economic empowerment, improved accessibility to services and public awareness campaigns.
CHAPTER ONE: INTRODUCTION

Background to the study

In line with international trends, current South African policy and plans identify sexual and reproductive health as a key priority area for health intervention. Both the prevention of unwanted pregnancies amongst teenagers and the provision of support to those who do conceive contribute to the overall aim of enhancing reproductive health. A human rights-based approach requires that we reduce incidences of unplanned and unwanted pregnancies for which a majority of young women’s pregnancies are unplanned and unwanted (Macleod and Tracey, 2009). This study endeavours to identify factors associated with teenage pregnancy in the Eastern Cape Province.

In South Africa, the percentage of teenage girls aged 15–19 years who have ever fallen pregnant, dropped from 16.4 percent in the 1998 SADHS to 11.9 percent in the 2003 SADHS. This was a reduction in teenage pregnancy of about 25.0 percent. Provinces with the highest rates of teenage fertility in 1998 were Mpumalanga, Limpopo, Eastern Cape and Northern Cape with 25.2, 20.0, 18.2 and 18.0 percent respectively. However, by 2003, the provinces with the highest rates of fertility were Limpopo (16.6 percent), Northern Cape (15.4 percent), Free State (15.1 percent) and Eastern Cape (13.9 percent). Significantly higher rates of pregnancies were observed among Black and Coloured adolescents. Fertility among the White and Indian adolescents mirrored that of developed countries (Panday et al 2009). This difference could be accounted for by the wide variation in the social conditions under which young people grow up, related to disruptions of family structure, inequitable access to education and health services, as well as the concentration of poverty and unemployment in Black and Coloured communities (Panday et al 2009: 105).

Various traditional practices such as male circumcision, polygamy and virginity testing are practiced across the Eastern Cape Province (Yezingane Network, 2010). Given the backdrop of the cultural, socio-economic realities of the Eastern Cape Province, the study explores the nature, extent and reasons causing teenage pregnancy. Although the percentage of teenagers aged 15 to 19 years who had a pregnancy fell from 18.2 percent to 13.9 percent in 2003, and further down to 12.1 percent in 2007 (Makiwane and Chimere-Dan, 2010). This is a drop of 23.6 percent between 1998 and 2003, and 12.9 percent between 2003 and 2007. This represents a reduction of 33.5 percent among teenagers between the ages 15 and 19 who had a pregnancy in the last ten years. However, on the obverse, when age specific fertility rates are considered, the inverse is true. Table 1 below shows age specific fertility rate percentages of motherhood among teenagers in the Eastern Cape Province by district between 2001 and 2007. The results show that teenage fertility among those who became mothers has increased from 58 births per thousand teenage mothers to 64 births per thousand teenage mothers, an increase of 10.3 percent births among teenage mothers between 2001 and 2007. The highest rates of fertility were observed in Joe Gqabi, Alfred Nzo, Chris Hani and OR Tambo districts.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>ASFR per thousand 2001</th>
<th>ASFR per thousand 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfred Nzo</td>
<td>71</td>
<td>83</td>
</tr>
<tr>
<td>Amathole</td>
<td>39</td>
<td>53</td>
</tr>
<tr>
<td>Cacadu</td>
<td>78</td>
<td>56</td>
</tr>
<tr>
<td>Chris Hani</td>
<td>56</td>
<td>72</td>
</tr>
<tr>
<td>Nelson Mandela Bay</td>
<td>42</td>
<td>40</td>
</tr>
<tr>
<td>OR Tambo</td>
<td>74</td>
<td>72</td>
</tr>
<tr>
<td>Joe Gqabi</td>
<td>70</td>
<td>87</td>
</tr>
<tr>
<td>Province</td>
<td>58</td>
<td>64</td>
</tr>
</tbody>
</table>
The Eastern Cape Province is one of the poorest and rural provinces. The rate of unemployment in the province in 2010 was 29.6 percent and a quarter of households in the Eastern Cape had a monthly income of R400 or less in 2007. In 2008, there were 71.2 percent children in the Eastern Cape Province who were living in households with monthly income less than R350 per person and 20.2 percent were living in households with hunger. In 2008, 52.8 percent of all children in the Eastern Cape have tried to travel for more than 30 minutes to get to the nearest clinic. More than a quarter of children in the Eastern Cape Province are orphans. There were 27.2 percent orphaned children in 2008, with 4.6 percent maternal orphans, 16.8 paternal orphans and 5.8 dual orphans (Yezingane Network, 2010).

The province spans an area of some 169 580 square kilometres (13.9 percent of the total area of South Africa), before 1994, the Eastern Cape consisted of three legally independent countries, the Transkei, the Ciskei and parts of the Republic of South Africa. The capital of the province is Bisho, the former Ciskei capital. In 2009, the total population of Eastern Cape Province was 6 648 600 and predominantly African (87.6 percent), with Coloureds, Whites and Asian population groups constituting 7.5, 4.7 and 0.3 percent respectively. Children below the age of 18 years of age comprised 44.8 percent of the total population of the Eastern Cape Province (Makiwane and Chimere-Dan, 2010). Of these the majority are African Xhosa-speakers (87.8 percent) with the remainder being made of 6.4 percent ‘coloured’, 5.6 percent ‘white’ and 0.2 percent Indian. Women constitute 54 percent of the provinces population (Vincent, 2008).

Rationale of the Study

Based on the research available in South Africa, various gaps in current literature have been identified. These include the paucity of information available regarding male adolescent sexuality and barriers to service provision, including the perceived attitudes and treatment received from healthcare workers. Scholars have identified a tendency for research to focus predominantly on adolescent sexuality in urban areas, as well as in provinces like Limpopo, Kwa-Zulu Natal and Gauteng (Lesch and Bremridge, 2006). This study though focusing entirely on Eastern Cape, would form part of a future larger study to be conducted in the entire nine provinces in the country.

Secondly, many studies exclude details about teenagers’ perceptions and attitudes concerning pregnancy (Pattinson, 2009; Department of Health, 2003). This implies that most strategic interventions are based on anecdotes. Studies seem to concentrate broadly on pregnancy without concentrating on pregnant teenagers. They focus on teenagers’ sexual and reproductive health in general and with a limited focus on pregnancy as such (WHO, 2007). To date, qualitative studies tend to be micro (i.e. focusing on a locality or context, without being diverse) hence being difficult to generalize.

This study acknowledges the above limitations, hence employs multiple research paradigms that take into account varying localities such as Municipalities and Districts in the province using both quantitative and qualitative methodologies. In addition, this study recognizes that teenagers are not a homogeneous group and their situation and needs vary greatly by socio-economic status, education, geographical location and setting. The study also acknowledges that the context of teenage pregnancy is impacted upon by the perceptions and attitudes of other social groupings in their communities (e.g. other youth and adults). Therefore, in this study different age groups will be investigated as well.
Purpose of the study

The purpose of this study is to contribute to an increased understanding of factors associated with teenage pregnancy in the Eastern Cape Province. The results of the study will assist in designing appropriate intervention programmes.

Objectives of the study

The objectives of the study are to:

- understand the psycho-social, economic, cultural and household factors associated with teenage pregnancies
- identify barriers to information and service delivery contributing to teenage pregnancies
- identify programmes that are in place to prevent teenage pregnancy
- propose possible areas of intervention (policies and/or services needed) to prevent teenage pregnancies.

Conceptual frameworks

The study adopts the Bronfenbrenner’s Ecological Systems Theory and the Health Belief Model to explain the phenomenon of teenage pregnancy in South Africa, particularly the Eastern Cape Province.

Bronfenbrenner’s Ecological systems theory

Figure 1 below shows the Bronfenbrenner’s ecological systems theory. The theory places emphasis on the quality and context of the child’s environment. Bronfenbrenner (1979 cited in Berk, 2000)\(^1\) argues that as a child develops the interaction within these environments becomes more complex, especially as the child’s physical and cognitive structures grow and mature (Berk, 2000). These interactions and their resulting experienced complexities are facilitated through various ‘systems’ that surround the child. These are: (1) microsystem; (2) mesosystem (3) exosystem (4) macrosystem and (5) chronosystem.

The **microsystem** looks at individual personal relationships, including friends, sexual relationships, familial issues and household factors. The **mesosystem** is more structural in nature and includes schools, workplaces, safety issues, neighbourhood service delivery and communal norms and beliefs and practices. The **exosystem** is broader and looks at the contextual issues, such as the public...
health, education and economic system. The *macrosystem* exposes national beliefs and values enshrined in the constitution, legislation, policies and programmes. The *chronosystem* is global in nature and is seen as an overarching structure over the systems that lie beneath it.

The Ecological Systems Theory has been identified as a suitable framework (in view of the project being a KAPP study) in order to deconstruct, organise and understand the factors associated with teenage pregnancies in the Eastern Cape Province.

**The Health Belief Model**

Recognising the context in which individuals operate and rationalise their behaviours through the ecological model, the health belief model further explains how these factors are processed for an individual to come up with likelihood behaviour. The health belief model is a psychosocial model that accounts for health behaviours by identifying factors associated with individuals’ beliefs which influence their behaviours. The model was originally developed by four psychologists, Hochbaum, Kegels, Rosenstock and Leventhal in the 1950s as a way to examine the reasons that prevented people from using free programs, which would detect or prevent diseases. According to this model, individuals who perceive themselves as susceptible to a certain disease (perceived susceptibility), who perceive that the disease has potentially serious consequences (perceived severity), who believe that preventive actions will cause positive outcomes (perceived benefits), who perceive that barriers to taking preventive actions are outweighed by the benefits, and who believe that they are able to engage in a certain preventive health behaviour (self-efficacy), are more likely to engage in that health behaviour. Figure 2 below illustrates how likelihood behaviours are a result of individual perceptions and modifying factors.

![Figure 2: The Health Belief Model](image)

The model offers the ability to understand the different behaviours or attitudes people may develop under the same condition by following or not following certain guidelines or requirements. The health belief model attempts to explain the widespread failure of people to participate in programs to prevent or detect asymptomatic disease, people’s responses to experienced symptoms and their behaviour in response to professionally diagnosed illness, particularly compliance with medical regimens. The health belief model has therefore been identified as a suitable framework in order to deconstruct, organize and understand the factors associated with teenage pregnancy in the Eastern Cape Province.
CHAPTER TWO: LITERATURE REVIEW

The Problem of Teenage Pregnancy in South Africa

The study adopted the definition of teenage pregnancy by Makiwane and Udjo (2006) who defined it as the percentage of women aged 15 to 19 who are mothers or who have ever been pregnant. This is an inclusive definition using all teenagers as the denominator of comparison. Moultrie and McGrath (2007) however, distinguish between teenage fertility as pregnancies which result in a live birth and adolescent pregnancies which are just a result of conception but may not result in a live birth. The study therefore is interested in identifying teenage pregnancies, whether they result in a live birth or not.

Much concern has been expressed in recent years, particularly in the media, regarding the perceived increase in pregnancies amongst teenagers. Statistic SA (2006:5) indicates that “In South Africa teenage pregnancies have been on the increase”. National statistics paint an interesting picture that negates the popular opinion of burgeoning rates of adolescent pregnancy. The 1998 South African Demographic and Health Survey (SADHS) indicates that by the age of 19 years 35 percent of women have had a child, while in the 2003 SADHS survey this had decreased to 27 percent (Garenne et al, 2001). In a nationally representative household survey, Pettifor et al (2005) found that 15.5 percent of 15 to 19 year old women reported having ever been pregnant, thus seemingly pointing to a decline in pregnancy rates amongst young women. Nevertheless, Makiwane and Udjo (2006), using census data, the October Household Surveys, as well as both of the 1998 and 2003 SADHS, believe that rates of adolescent pregnancy decreased in the 1980s, increased somewhat in the mid-1990s, and have remained relatively stable from the mid-1990s to 2003 (Makiwane and Udjo, 2006). Moultrie and McGrath (2007) also stated that teenage fertility fell by 10 percent between the 1996 and 2001 censuses.

An important aspect in understanding pregnancy among teenaged women within a rights-based perspective is the degree of planning that is associated with the pregnancy, as well as the extent to which it is desired by the woman. Despite the established reductions in the prevalence of teenage pregnancy in South Africa, there still remains high concern over high incidences of unplanned and unwanted pregnancies in achieving enhanced reproductive health among teenagers (Macleod and Tracey, 2009). Some research has pointed to the fact that only a small minority of young women plan their pregnancies. Using the 1998 SADHS data, Ibisomi and Odimegwu (2007) found that just over 13 percent of teen-aged respondents planned their pregnancy. In the surveys conducted by Manzini (2001), Garenne et al. (2001), PPASA (2003), and Pettifor et al. (2005), 29.0, 24.6, 9.2 and 33.0 percent of respondents respectively planned their pregnancies. For the rest pregnancy was unintended. With the 1998 South African Demographic and Health Survey (SADHS) putting the incidence of unintended pregnancy among the South African youth for the five-year period preceding the survey at 67 percent while another national survey conducted by the Reproductive Health Research Unit (RHU) of the University of the Witwatersrand (2003) reported that 67 percent of youth surveyed had had unplanned pregnancies. Ninety-seven percent of all unmarried women who had born children in a study by Makiwane (1998) said they wish they had not had them while 71.1 percent of the adolescent girls in Kwa-Zulu Natal surveyed in the 1999 survey on transition to adulthood in the context of AIDS did not want the pregnancy (Manzini, 2001).

In order to understand teenage pregnancy and related problems of unplanned and unwanted pregnancies, several factors have been identified. The Department of Health (2001) locates gender considerations as fundamental to the health of young people. In the Policy Guidelines, the disadvantage of young women in terms of sexual health, hence high levels of unplanned and unwanted pregnancies, is recognised and sexual exploitation, sexual abuse, gender-based violence, coercive sex and gang rapes are listed as areas of concern. Research that speaks to the extent of the problem indicates that there is a significant occurrence of gender-based violence and coercion. In an exploratory study to investigate factors associated with teenage pregnancy amongst sexually active African adolescents recruited from township areas of Cape Town, Jewkes et al (2008) found that having frequent sex (once a week or more) without injectable contraceptive behaviour, forced sexual initiation, lack of TV ownership, having a larger household size, not living in a brick house, not living with biological father are some of the factors that were strongly associated with pregnancy in their
study population. Craig and Richter-Strydom (1983) in a study of 212 pregnant girls and 1311 schoolchildren of both sexes in three high schools found that peer pressure, sex socialisation, widespread ignorance about contraception, its effect on enjoyment of sex, its possible side effect as well as negative attitudes towards most forms of contraception were associated with unintended pregnancy. Other factors are poor socio-economic status, breakdown in religious and moral attitudes and lack of recreational facilities.

**Causes of Teenage Pregnancy**

**Rape and coercion**

Adolescents’ sexual health is threatened by early age at first intercourse (average age 15 years) and unprotected coitus, leading to high risk of Human Immuno-deficiency Virus (HIV) and other sexually transmitted diseases (Department of Health, 2001). Teenage pregnancy, with a rate quoted as 16.4 percent for South Africa increases the risk of maternal death, doubles 0-1-year mortality, and is associated with increased school dropout rates, poverty and child abuse (Stefan and van de Merwe, 2008). The average teenager in South Africa has sex for the first time at the age of 14. At this age, many young people think that pregnancy cannot happen to them. Twenty percent of all young women who become sexually active get pregnant within the first month of sexual activity, and 50 percent become pregnant within the first six months (Umsobomvu Youth Fund, 2003). Of specific concern in the context of unwanted teen-aged pregnancy is the extent of forced sexual debut. Research indicates that gender-based violence and coercion in sexual relationships are significant factors in early unwanted pregnancies. Data from Macleod and Tracey (2009) indicates that earlier first intercourse is likely to be forced, and that teenagers are exposed to high levels of sexual coercion.

In a paper on the epidemiology of rape and sexual coercion in South Africa, Jewkes and Abrahams (2002) report that, ‘Forced sexual initiation is reported by almost a third of adolescent girls. This plethora of data from a variety of sources indicates that earlier first intercourse is likely to be forced, and that female teenagers are exposed to high levels of sexual coercion. Wood, Maforah and Jewkes (1996:186) found in their qualitative study of 24 pregnant adolescent Xhosa girls that “violence emerged as a major issue with respect to teenage pregnancy”. They go on to say that most of these teenagers indicated that they were deceived, coerced or intimidated into having sex initially, and that intercourse continued to have violent features. Buga, Amoko and Ncayiyana (1996:33), in their quantitative study indicate a somewhat less pervasive occurrence of coercion. They proved that by indicating that 28.4 percent of the sexually experienced respondents in the survey of rural school pupils first had sex because they were forced to by their partners. Richter (1996:56) found a similar ratio in her survey. In both these studies the word **force** has various connotations, from rape to verbal persuasion. One survey of pupils in rural schools in the Transkei found that 28.4 percent of sexually experienced respondents first had sex because they were forced to by their partners (Buga et al, 1996). Maharaj and Munthree (2007) discovered that 46% of sexually experienced female participants in their study in KwaZulu-Natal had experienced forced first sex.

Understanding the dynamics that underpin gender-related violence and coercion in sexual relationships is important. Wood, Maforah and Jewkes (1997) conducted research among young pregnant women in a township in Cape Town and found that the nature of coercion in sexual relationships varies. On the weaker side of the spectrum there are particular constructions of love in which having penetrative sex is viewed as an essential aspect of love. In other words, the sentiment is ‘if you love me, you will have sex with me’. The coercion here is verbal and emotional, drawing on expectations of what is ‘normal’ and how others will see the couple. On the other side is assault or the threat of assault. They report that violent practices described by the young pregnant women included forcing legs apart, tearing off clothes, punching with fists and locking the door (Macleod and Tracey, 2009). Wood, et al. (1996) argue that violence against women has been widely neglected in health research and intervention, and more especially so in the adolescent sexuality arena. There is an urgent need to open up new avenues for intervention in the area of adolescent sexuality, in particular focusing on violence, if it is to be possible to create a space in which young women can empower themselves to control their sexuality, sexual experiences and reproductive health.
Economic factors

Although there is anecdotal evidence that poverty is linked to teenage pregnancy, there are no studies that have systematically explored the association of early fertility and lower socio-economic status in South Africa (MacLeod and Tracey, 2009). A second explanation for the high teenage pregnancy rate should be sought in prevailing high conditions of poverty and unemployment, most notably in those provinces that reflect high teenage birth rates (Andre, 1998). According to some respondents girls fall pregnant so that they can get the Child Support Grant (CSG) (PPASA 2003:29). Hassim (2005:19) says CSG is responsible for increasing teenage pregnancy, women having babies because they know they can get this CSG. Biyase, 2005 revealed that financial constraints contribute towards teenage pregnancies among most families. This was reverberated by the media. Quoting from the report in the Herald of 19 October 2005 which identified “the poor home conditions and unemployment of parents as contributory factors that increase the rate of teenage pregnancy”, some of these teenagers become pregnant in order to access the CSG issued by the government. In South Africa an unknown percentage of teenagers are falling pregnant to get financial support from the government so as to be financially secure. This concern could be supported by PPASA research in which it was found that 12.1 percent of pregnant teen-aged women who had deliberately conceived cited the CSG as the reason (MacLeod and Tracey, 2009)

The assertion that the CSG provides a ‘perverse incentive’ for young women to bear children has been disproved by a number of studies. In response to concerns regarding the perceived ‘perverse incentive’ of the CSG, Makiwane and Udjo, (2006) conclude that there is no evidence that the CSG leads to an increase in welfare dependency. The rates of teen-aged child-bearing were high prior to the introduction of the CSG with a decrease in early fertility after its introduction. In addition, only 20 percent of teen-aged mothers are beneficiaries of these grants, and older female relatives who take over the care of the child are often beneficiaries rather than the teen-aged mothers. Of those who would qualify for the grant, the proportion of teen-aged mothers taking them up is considerably lower than those in older age groups. Furthermore, during the period in which the CSG has been offered, rates of termination of pregnancy have increased. Biyase (2005) also argues that as the CSG has increased in value, so fertility rates have decreased. CSG increased from R 100 in 1998 to R 160 in 2003. While, fertility rate decreased from 26.43% in 1998 to 16.87% in 2003. It can be inferred that the finding provides no support whatsoever for the belief that CSG induces teenage pregnancy.

Psychosocial factors

The inter-generational age-disparate sexual relationships are usually based on the economic dependence on older men by the younger females (Pettifor et al., 2004). A growing number of studies indicate that even relatively well-off young women will seek older male partners for ‘top-up’ income, or for social and emotional reasons (Leclerc-Madlala, 2008). It is however suggested that the stereotypical affluent “sugar daddies” are not the only players here, and that even impoverished men play a larger role than often recognized. Passwana-Mafuya et al., (2009) indicated that “16 percent of a sample of 2000 teenagers confessed to having sex for money and 20 percent of teenage boys from the same sample indicated that they had given their girlfriends money in exchange for sex”. The role that money or a lack thereof plays in sexual exchanges, which might result in teenage pregnancy, can be traced back many years. Studies also find that other teenagers fall pregnant as a way to move out of their step-parent’s houses, or to unbind themselves from parental control, with the hope of being cared for by their boyfriends. Other rebellious teenagers, by using drugs may intentionally or unintentionally fall pregnant because they seek release from their frustrations and anger by indulging in sexual activity (Kaiser, 2000:20).

The peer group is also noted as a factor influencing a teen's decision to engage in sexual activities. When it comes to the first source of influence, the peer group has been noted as a factor influencing a teen's decision to engage in sexual activities. This also increases the chances of teenagers experimenting with sex, the outcome of which is sometimes an unwanted pregnancy. Peer communication is both a source of positive information and a way of mystifying and perpetuating silence around sex (MacLeod and Tracey, 2009). Preston-Whyte and Zondi (1992:226) mention that “peer pressure plays a role in teenage pregnancy”. Buga et al. (1996:528) found that “20 percent of girls and 10 percent of boys respectively indicated that they had initiated sexual activity because of peer pressure”. Wood, Maforah and Jewkes. (1996:197) say “peer pressure takes a form of exclusionary practices (e.g. sending sexually inexperienced teenagers away when having discussions concerning sexual matters)’. Therefore sex is a strategy to avoid peer ostracism; (Wood et al., 1996).
Again Mfono cited by Preston-Whyte and Zondi (1992:246) indicates that one of the dynamics operative in sexual relations is that boys and young men are under pressure to demonstrate that they are sexually capable, which also leads us to the second source of influence.

Knowledge related factors

Many young people do not know enough about sex and about their bodies to make the proper precautions (Umsobomvu Youth Fund, 2003). Boult and Cunningham (1992:120) reported that “two-thirds of black pregnant teenagers in South Africa respectively were ignorant concerning relationship between menstruation, coitus, fertility and conception during sexual intercourse”. Buga et al (1996:78) explains that “this lack of knowledge concerning reproductive biology has been found to be a feature among the general teenage population”. Although teenagers seem to have the basic facts concerning protected sex, the quality of their understanding and the level of their awareness vary considerably and some misconceptions still abound. Teenagers are exposed to messages regarding sexuality and contraception from, inter alia, elders, peers, the mass media, and formal, institutional sources such as life skills programmes and family planning services. (Macleod and Tracey, 2009)

Cultural factors

Research indicates that it is generally difficult for parents and elders to talk about sex with their children (Macleod and Tracey, 2009). An article of the Sunday Times 9 March 2007 says “teenage pregnancy continues to rise yet only one in five parents discusses sex with their children. It’s time to dispel some myths and start the conversation”. This confirms the issue of lack of information about sex as a contributing factor to teenage pregnancies Macleod (1999:17), says “parents play a very small role in transferring information to their teenage children”. They mention various possible reasons such as “reluctance to discuss sex with their teenage children, including shyness, parents not receiving sexuality education at school themselves, religious reasons or fear that this may encourage early sexual engagement”. Caldas in the United States cited by Macleod (1999:18) mentions that “parents’ ignorance plays a huge role, because parents believe that sex should only be taught by educators to teenagers”.

The difficulties for parents to discuss sex with their children can also be seen by a research conducted in Limpopo, revealing that older women provide little or no information regarding menstruation or sexual intercourse to young women, although there are indications that they will assist in taking a young woman to the family planning clinic (Department of Social Development, 2011). While some young women were informed of a link between menstruation and pregnancy, the nature of the association remained vague. Most often young women were informed to protect themselves from and to stay away from boys, and many did not understand that sexual intercourse could result in pregnancy, meaning that abstinence rather than contraception was emphasised (Macleod and Tracey, 2009). In other settings in South Africa, it is a cultural taboo to speak about sexual matters, as well as the perception that speaking about sex gives young people permission to have sex, have been cited as reasons why elders might avoid such discussions (Wood et al., 1997). MacPhail and Campbell (2001) even suggest that adult surveillance actively impinges on contraceptive knowledge and use. They found that in the Khutsong area adults pass on information to relevant others about youths’ visits to family planning clinics, and about their suspected relationships and other indicators of suspected sexual activities. Adults may then reprimand or otherwise prevent youths from seeking contraception or reproductive health information.

Research conducted in Kenya (Mbugua 2006:1083) describes society in parts of sub-Saharan Africa as having similar cultural barriers deterring members of one age group (parents) from discussing sexual matters with members of another age group (children or immediate juniors) or people of the opposite sex. In some of these cultures sex is a subject that is never discussed with teenagers. The same study mentioned that this practice also existed in modern, educated families who had been knowledgeable about HIV and AIDS. European Christian values reportedly also influenced sex education. This was the case because some mothers in the study believed that a good Christian should use clean language in explaining sexual matters and therefore used metaphors which they hoped their children would understand (Mbugua, 2006:1088).

While the school is doing its best to address the issue of teenage pregnancy, it has been clear that parents are not at all discussing the issue with their teenage girls at home. The reason might be the cultural values and norms, or socioeconomic problems, which in the end exacerbate the problem.
Girls are still becoming pregnant in increasing numbers; even after all the interventions the school has introduced, such as HIV and AIDS education and the introduction of Love Life counsellors during Life Orientation periods. Despite barriers to intergenerational communication, involvement of parents in sexual health interventions include the PPASA's parent education programmes, which aim to sensitise elders to the need to speak with their children about sexual matters as well as Love Life's Born Free dialogues that encourage frank discussions between teenagers and parents (Macleod and Tracey, 2009). Such programmes are important since the home remains a major source for learning about sexuality. Parents should ensure that children grow up capable of making informed decisions about their sexuality. Parents should not only act as role models, but also communicate freely on sexuality, development and sexual behavioural patterns. Communication is essential for increasing responsible sexual behaviour among adolescents.

Nevertheless, parents reluctance to discuss sex with their teenagers simultaneously as teenagers, encountering physiological and other changes in their bodies, also find it difficult to bring up the issue, is one reason why they turn to other sources of information and influence instead. Data has shown that teenagers’ main source of information and influence about sexual health comes from: (1) peers, family members or friends, (2) cultural contexts – such as ukwaluka and intonjane and (3) media

Constructions of masculinity in part rely on sexual performance. Jewkes and Christofides (2008) suggest that paternity is so important to masculinity, that some young men might actively seek an opportunity to father a child. In some cases, this is the reason that young men prevent their partners from using contraceptives, sometimes making use of violence to force a young woman to ‘show her love’ to him. Concomitant to this construction of masculinity is the value of fertility among most African women. In the African context, teenagers and girls sometimes feel pressured to get pregnant to avoid the label of being “barren” and to prove their maturity (Jewkes and Christofides, 2008). Preston-Whyte (1999) indicates that women of all ages in most African societies experience pressure to have children and this cultural demand may further contribute to a young woman falling pregnant. Even women who are not married and who have been in a long term relationship may feel the need to conceive. Importance is placed on fertility and procreation, such that young women may be labelled as ‘barren’ if they do not conceive.

Pregnancy is understood as the epitome of womanhood. Childbirth may be regarded as a rite of passage, and thus raises the status of a young woman (Jewkes and Christofides, 2008). As such, the cultural value placed on motherhood is likely to influence the experience of young women as they begin sexual activity. Jewkes and Christofides (2008) suggest that pregnancy is valued by young African women for the meaning it imparts to relationships, aside from the cultural ascriptions described above. In the context of multiple relationships, an acknowledged pregnancy may strengthen bonds between partners. Securing a male partner of great importance to constructions of femininity, and as such pregnancy is a significant means to ensure the continuation of a relationship. This could also involve financial support for the mother and the child if the father has economic means. Women also comply with male sexual demands, a course of action partly derived from a perception that ‘everybody does it’; parallel to this was the fear that their partner would lose interest (Wood, et al., 1996).

Marriage in South Africa is not a precursor to fertility, as only 3 percent of women younger than 20 years old are married or live with a partner, 35 percent have been pregnant or have children (Umsobomvu Youth Fund, 2003). In the Eastern Cape Province, the prevalence of married teenagers was constant at 2.5 percent from 1996 to 2007 (Makiwane and Chimere-Dan, 2010). This is despite the media outcries that the traditional practices like ukuthwala, ukwaluka and intonjane are high in the Eastern Cape. The Herald newspaper of 17 April 2009 which reported that, in the Eastern Cape, more than 20 school girls are forced to drop out of school every month to follow the traditional custom of ukuthwala. Girls as young as 12, are forced to marry men who are old enough to be their fathers. Their parents play a role in their abduction. Koyana and Bekker (2007) elaborated the ukuthwala practice by contending that the intending bridegroom , together with one or two friends, would waylay the intended bride in the neighbourhood of her own home, quite often late in the day and they would forcibly take her to the young men’s home. Sometimes the girl would be caught unaware, but in many instances she would be caught according to plan and agreement between her parents and the groom’s parents. On the same day of ukuthwala, those who had implemented the ukuthwala custom were required to report to the girl’s home that her parents need not to be worried as the girl was safe with them. They also then had to indicate how many cattle they proposed to pay and how soon that could be done. A friendly relationship would then be established between the two families and the
status of the girl was immediately elevated to that of a young wife. Sooner or later some cattle would be paid to the girl’s father as “lobola”. Where ukuthwala took place and there was no offer of marriage a fine of one beast, known as the “thwala” or the “bopha”, was imposed by custom and in those cases the “thwalaed” girl would be returned home to her parents and there would be no marriage. It was against customary law for the young man who “thwalaed” the girl to have intercourse with her. She was immediately placed in the care of the womenfolk and was treated with the utmost kindness and respect. This was one of the inducements for her to wish to go ahead with the marriage and be part of the caring family that “thwalaed” her. Although ukuthwala is recognised under the Constitution Sections 30 and 31 which entrench respect for cultural diversity, this accommodation and toleration of traditional customs has been contested, given the rights based approaches in safeguarding the sexual and reproductive rights of children, with ukuthwala found to be unlawful in that it violates the Children’s Act17, the Criminal Law (Sexual Offences and Related Matters) Amendment Act18 and the Recognition of Customary Marriages Act.

Male initiation rites, (ukwaluka) acts as the instrument for the transition from boyhood (ubukhwenkwe) to manhood (ubudoda). The South African amaXhosa, majority of who live in the country’s Eastern Cape Province, are one of several ethnic groups in southern Africa that practice the ritual of circumcision as part of a rite admitting boys to manhood. Xhosa boys are aware from a young age that initiation is regarded as an inevitable part of male life. Some 10 000 Xhosa males are circumcised annually in the Eastern Cape. Ritual circumcision is the gateway to legitimate marriage and marriage in turn makes it possible for a male to achieve the status of a fully-fledged member of the community. Not only may he participate in his family’s activities and or the chief’s court but his word now carries more weight (Momoti, 2002:51). The cultural imperative to be circumcised is sustained and nourished by a variety of social practices which serve to entrench and reinforce its obligatory nature. These imperatives range from pull factors such as access to women, sex and material resources to push factors including social isolation, name-calling, the allocation of menial tasks to uncircumcised males, being labelled as irresponsible and blamed for things that go wrong in the community. Importantly, in contemporary society, circumcision is seen as a gateway to accessing sex rather than the moment at which sexual restraint is taught (Vincent, 2007). This behaviour can contribute to teenage pregnancy.

Initiation among the girls of the Nguni tribe is known as ‘Intonjane.’ intonjane was the female rite of passage at the onset of first menses, marking the passage from girlhood to adulthood and eligibility for marriage (Mills, undated). Puberty is marked off by the intonjane ceremony which brings a change in the females’ social status. Initiation for girls is a period spent in seclusion during which the girls receive tuition on womanhood from elderly experienced African women. The duration of the period varies from two weeks to four, but generally not more than a month. It is a transition period from girlhood to womanhood and is similar to the passage of boys from boyhood to manhood during circumcision. During the period of seclusion, a girl rests in a hut partitioned with a reed screen behind which she sleeps with two companions. Her other companions sleep with their lovers on the other side of the partition and the greater part of the evening is spent on dancing and singing. (Momoti, 2002)

The other source of influence has, during interviews, also been cited as the main source of information on sexual health, especially during the new era of democracy in South Africa, since 1994, where there is freedom of expression and easy access to television, magazines and even pornographic films or videos. The participants reported learning about sexual health from the media in, (1) television and films and (2) magazines and pornographic pictures. Television and radio programmes have great potential for disseminating sexual information. Television is not the only source of sexual information available to adolescents, but is an accessible and compelling one. Television can portray human sexuality in a socially responsible manner or as degrading and high-risk. Television can also make irresponsible sex behaviours appear glamorous or without negative consequences for the parents, teenagers and/or teenagers’ children (Briggs and Blinkhorn, 2002:57)

Programmes Addressing Teenage Pregnancy

A consistent theme reported in literature was that families were exercising insufficient supervision over their children, or providing inadequate love and affection. In some cases, particularly in urban districts, parents were characterized as being poor role models of appropriate behaviour, but most characterizations were of parents being "too busy" to provide sufficient care or supervision.
Almost all educators noted that "dysfunctional families" played a very large role in tacitly encouraging teenage sexual activities either by their distance or discomfort in talking about sex and sexuality with their children. Many educators noted the relative absence of "family activities" in the lives of pregnant teenager (Netshikweta, 2007).

Life skills-based education is a good method that deals with HIV prevention. Educators agree that life skills-based education enhances the practice of positive values, attitudes, behaviours and these could be extended to other people, in the community. These skills are needed for behaviour change. Educators’ positive attitudes enhance success in the behaviour changes and in the negative attitudes fostering failures and disasters (Tlakula, 2011). This is a self-evident fact and must be deleted.

The main objective of the life skills-based education programme is to empower and develop the life skills of educators and learners through curriculum and other school-based activities which involve learners in participatory ways; to impart knowledge about HIV and AIDS and to live safe, balanced and meaningful lives enabling HIV-affected and HIV-infected learners and educators to cope with and live with the impact of the HIV pandemic. This life skills programme has been divided into six topics that are taught independently or are integrated into regular classes. The topics are: self-esteem, understanding sexuality, preventing unwanted pregnancies, negotiation within relationships, preventing Human Immunodeficiency Virus and Sexually Transmitted Infections. Life skills are the skills for successful living and learning. They are coping skills that can enhance the quality of life and prevent dysfunctional behaviours. They are skills that enable a person to interact meaningfully and successfully with the environment and with other people. They are the competencies needed for effective living and participation in communities. The greater the range of skills one possesses, the more alternatives and opportunities are available to one, improving one’s potential for meaningful and successful interactions. Dialogues with teenagers about sexual health are global concerns. This absence of sexual dialogues might be influenced by cultural values, beliefs and norms of teenagers. Culture might significantly influence which and how sexual health issues could be discussed between teenagers and adults (Vandana, 1995).
CHAPTER THREE: RESEARCH METHODOLOGY

The study employed data triangulation. Multiple approaches, instruments, sampling strategies and analytical techniques were used in the study. This methodology enabled the researchers to understand the experiences of the participants and derive meanings from their context. For quantitative methods, a survey was conducted among teenage mothers and service providers. A semi-structured questionnaire was loaded into the TouchPoll system for the participants to complete. These individual interviews constituted a phase for quantitative data in this study. For the qualitative data, focus group discussions were conducted among teenage mothers, teenage learners who at times constituted boys and girls, service providers and parents. A questionnaire schedule was employed for the focus group discussions. The instruments used in the quantitative and qualitative approaches enabled the researchers to gather information about individual and collective experiences around the issue of teenage pregnancy and community perceptions on teenage pregnancy. The schedule of questions covered a broad range of issues related to early childbearing, termination of pregnancy and barriers to information and service delivery.

Research design

The study on the factors associated with teenage pregnancy in the Eastern Cape Province involved conducting quantitative and qualitative studies among teenage mothers, boys and girls, service providers and parents. The teenage mothers were recruited from schools, as most teenagers are still in school even during and after pregnancy. All the seven districts of the province were covered in this study, with a total of 294 teenage mothers in the study, and 39 focus group discussions and 68 individual interviews completed.

Preparatory phase

The preparatory phase of the study was conducted by the service provider CARe, the National Population Unit and the Eastern Cape Provincial Population Unit. The sample was verified with the Provincial Department of Education in the Eastern Cape Province. Social Workers and researchers did the training of the field workers. The training covered criteria for selection of the sites, recruitment of participants, interpretation of the questionnaire and schedule guides, handling of the TouchPoll system, administration of data, confidentiality and ethical issues, referrals of special cases and quality assurance procedures.

Sampling

Research population

The focus of the study was on:

- Teenage mothers and Pregnant teenagers (referred to as Teenage Mothers in the study)
- Teenage learners (neither pregnant nor mothers)
- Parents
- Service providers (teachers, nurses and social workers)

These prototypes formed the target population in order to understand factors associated with teenage pregnancy. In all the procedures of the study, nothing unique would identify a participant in the study, as no names were required, except for the prototype group, district or municipality, which were to be used to show variations in the province.

Sampling strategy

A proportional representative sample was drawn from the selected municipalities within all districts by utilising the births registers from the District Health Information Systems data using 2009 as the reference period. The population estimates of each municipality were also obtained from the Statistics South Africa data for the year 2009, in order to calculate the age specific fertility rates per municipality and district. From these indices, three municipalities per district were identified, two of which had highest ASFR and one with the lowest. Also, using the district and municipal population estimates,
proportional representative samples were drawn. To identify the sites within municipalities, information from the Education Management Information Systems data was used to select the schools that would fall within the sample. With a list of all pregnant girls by school, these then were recruited randomly to meet the proposed samples at each site. Concomitantly, the proposed samples for focus group discussions and individual interviews were met.

Data collection

Participation in the qualitative and qualitative study was voluntary, with informed consent requested prior to participating in the study. The field staff consisted of social workers and research specialists.

The team field staff collected the data from the field, and the following processes were followed:
- Sensitizing relevant stakeholders
- Seeking permission to conduct the study from the clinic and school heads
- Scheduling and hold meetings with relevant schools, clinics and centres managers to conduct interviews
- Obtaining consent from the respondents
- Conducting FDG and IDI with the target groups

Data analysis

Data from the survey was captured using the TouchPoll system, and exported to SPSS for analysis. The data was first cleaned, then univariate, bivariate, T-tests, ANOVA and logistic regressions were carried out. This was done in order to describe the profile of the teenage mothers and to understand factors associated with unwanted pregnancy in the province at a district level. The qualitative data was recorded using digital tape recorders and transcribed. The analysis entailed content analysis and Constant Comparative analysis Method (CCM) using NVIVO software. CCM involved making systematic comparison across units of data (for example, interviews, statements or themes) to develop conceptualizations of the possible relations between various pieces of data. The idea behind the use of these two qualitative data analysis methods was to identify the key themes emerging from the data and to be able to compare the data from different stakeholders in the study on their knowledge, attitudes, perceptions and practices on teenage pregnancy.

Variables in the study

Several variables were used in this study. However, there are certain variables that need further explanation of how they were constructed. The following are the variables:

Population group: The variable on population group had two categories, the African population group and the other population group. The African population group had the entire black population group, while the other population group comprised of Whites, Asians and Coloured population groups. These were combined because they were few in numbers, and however, Eastern Cape Province is predominantly African.

Marital status: This variable had two categories, the ever married and the never married. The ever married are those who are currently married or are cohabiting, the divorced, separated or widowed. The never married are none of the above, and they have always been single.

Parental survival status: This variable had four categories, those who both biological parents are alive; the paternal orphans, those whose biological father is dead or not known; maternal orphans, those whose biological mother is dead or not known; and dual orphans, those who both biological parents are dead or not known.

Caregiver: This variable had four categories:
1. Parent (s): those who stay with biological parent (s)
2. Alone: those who stay alone or with a friend
3. Other relatives: those who stay with any other relative whether maternal or paternal
4. Partner: those staying with spouse, married or cohabiting.
Housing categories: Housing is categorized as formal, informal, traditional and other. Formal housing consists of dwellings or brick structures on separate stands; flats or apartments; cluster houses; town houses; semi-detached houses; and rooms, flat lets or servant's quarters. Informal housing comprises informal dwellings or shacks in backyards or in informal settlements. Traditional housing is defined as 'traditional dwelling/hut/structure made of traditional materials'. The other category refers to caravans and tents. Formal housing is generally considered a proxy for adequate housing.

Multiple sexual partners: This refers to teenagers in concurrent sexual relationships of two or more partners.

Lifetime partners: Refers to the number of sexual partners from sexual debut to present.

Intergenerational relationships: In this study this refers to teenagers in sexual relations with partners who are ten years or older than them.

Rape: This is categorised into two, statutory rape and explicit rape. Statutory rape is whereby a sexual encounter is with a minor who is below 16 years of age. Explicit rape is whereby a sexual encounter is coerced or without the consent of a teenager involved, and was not willing.

Self-reported rape: This was constructed from the question on whether teenage mothers were willing or not willing to engage in sex at sexual debut. Included in this was when a teenage mother discloses having been raped.

Teenage mother: Teenagers who are pregnant or have given birth in the past

Lifetime pregnancies: this is the number of pregnancies a teenage mother has had up to the time of the interview

Incestuous relationship: Is a relationship involving a relative, whether paternal or maternal.

Planned pregnancy: Is a pregnancy which was planned by the teenager involved. If not, it is unplanned.

Unwanted pregnancy: Is a pregnancy that occurred and was not wanted by the teenager.

The other variables used in the study were self-explanatory.

Research ethics

The study dealt with minors and hence had to adhere to the guidelines of the National Health Act and the Children’s Act 42 of 2005, by adhering to the following ethical considerations:

Informed consent

Informed consent was obtained from research participants before the commencement of the research. Either written or verbal informed consent was obtained from every participant. Verbal consent, (where the participant was illiterate) was obtained in the presence of a literate witness who verified in writing and duly signed that informed verbal consent had been obtained.

Participants were free at any time to withdraw their participation in the research, without having to face any unfair negative consequences or disadvantages. Means were in place to ensure informed consent and privacy, to prevent teenagers from being ‘persuaded’ or coerced to participate, to safeguards and protect the interests of minors. Researchers also respected participants’ rights in research and to change their decision or to withdraw their prior informed consent, at any stage of the research without giving any reason and without incurring any penalty whatsoever. It was an ethical imperative that the fieldworker/interviewer should recognise and respect each person’s choice of decision, which may be that of informed refusal rather than consent. Also, the approach was to treat the securing of consent as a gradual and emerging process, and one in which adolescents /teenagers participating are capable of making an informed decision on the basis of experience and particular information.
Disclosure

The participants involved in the study were informed in advance that the researchers have a mandatory reporting obligation that is not dependent on their consent if issues of rape, assault and exploitative sex arise. These cases were to be reported to relevant authorities. The sites included in the study were under the Provincial Population Unit, in the Department of Social Development that have qualified Social Workers who were responsible for the referrals of cases.

Privacy and Confidentiality

The researchers endeavoured to keep the personal information gathered from the participants private and confidential, by keeping the names of participants anonymous in the reports or publications. While this process was guaranteed in the one-on-one interviews, those participants in the focus-group-discussions were made aware that although confidentiality would be encouraged in-group discussions it could not be guaranteed. Although the research team adhered to confidentiality and ensured anonymity of the data and reports, the team could not guarantee that other participants would regard the information as confidential, but they were urged to do so.

Inclusion and Exclusion Criteria

The quantitative study convenience sampling was done on teenage mothers at school on the day of the interview. The study excluded out of school teenage mothers since the sampling was from the Provincial Department of Education data. The service providers included Life Orientation teachers and other teachers directly involved with extra curriculum activities. Service providers at the hospitals and clinics were nurses and social workers at the antenatal clinic. The parents included were those who had responded to the invitation and showed up for the interviews.

No person was inappropriately or unjustly excluded on the basis of race, age, sex, sexual orientation, disability, education, religious beliefs, pregnancy, marital status, ethnic or social origin, conscience, belief or language as long as they were teenage mothers

Limitations of the Study

The constraints associated with the study are mainly methodological, especially with regard to the sampling techniques. Given that the study dealt with pregnancy issues, it was anticipated that the teenage mothers who had utilized termination of pregnancy services would be difficult to identify because of the sensitivity of the issue.
CHAPTER FOUR: FINDINGS

Description of the Sample

The study collected information from 294 individual interviews with teenage mothers, 68 individual interviews with service providers, 24 focus group discussions with teenage boys and girls, and 15 focus group discussions with parents in The Eastern Cape province. Figure 3 below shows the range of service providers who participated in the study, with 44.1 percent of the stakeholders from education, 25.0 percent from health, 29.4 percent were NGOs/CBOs, and 1.5 percent were private companies.

Figure 3: Service providers by sector

There were a total of thirty-nine focus group discussions held in the seven districts of The Eastern Cape province. The breakdown of the focus group discussions were as follows:

- Alfred Nzo: 4 FGDs (1 FGDs with teenage learners; 2 FGDs with teenage mothers; 1 FGD with parents);
- Amathole: 4 FGDs (2 FGDs with teenage learners; 1 FGDs with teenage mothers; 1 FGD with parents);
- Cacadu: 7 FGDs (3 FGDs with teenage learners; 1 FGD with teenage mothers; 3 FGDs with parents);
- Chris Hani: 4 FGDs (3 FGDs with teenage learners; 0 FGDs with teenage mothers; 1 FGD with parents);
- Joe Gqabi: 5 FGDs (2 FGDs with teenage learners; 1 FGD with teenage mothers; 2 FGDs with parents);
- Nelson Mandela Bay: 9 FGDs (3 FGDs with teenage learners; 2 FGDs with teenage mothers; 4 FGDs with parents);
- OR Tambo: 6 FGDs (2 FGDs with teenage learners; 1 FGDs with teenage mothers; 3 FGDs with parents).

Characteristics of the teenage mother sample

For the 294 teenage mothers interviewed, a total number of 494 pregnancies were noticed, out of which 355 resulted in live births. Table 2 below shows that the sample comprised mainly teenage mothers from the African population group (90.8 percent), whiles the rest (9.2 percent) were of other population groups. In terms of sexual debut, more than a third (38.1 percent) and more than a quarter (29.3 percent) of the teenage mothers in the Eastern Cape Province initiated sex and had a first pregnancy respectively before the age of 16. However, the majority (87.4 percent) of first pregnancy was reported as unwanted. Most of the sample was collected from the district of Chris Hani, constituting 29.6 percent, OR Tambo with 20.1 percent, and Joe Gqabi constituting 15.0 percent. Amathole, Cacadu and Nelson Mandela Bay districts contributed 10.2, 8.8 and 8.5 percent to the sample respectively, with Alfred Nzo having the lowest contribution of 7.8 percent. Although ever
pregnant and with a child (ren), 86.1 percent of the teenage mothers were never married, and 13.9 percent of them ever married. About 41.8 percent of the teenage mothers had both their biological parents still alive, while paternal orphans were almost double the maternal orphans, 20.1 and 11.8 percent respectively. There were 26.2 percent dual orphans in the sample. The characteristics of the sample show that 8.2 and 10.2 percent of the teenage mothers stay alone and with a partner respectively. Half of the teenage mothers still stay with their parent(s), while 31.6 percent stay with other relatives. The median and mean household size of the teenage mothers in the Eastern Cape Province is 4.0 and 4.5 respectively. Only 25.5 percent have access to piped water in their households while 66.7 percent have access to electricity.

Table 2: Background Characteristics of the Teenage Mother Sample

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
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<td>Other</td>
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</tr>
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<td>Below 16 years</td>
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<tr>
<td>Age at First Pregnancy</td>
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<td>16 years and above</td>
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<td>Below 16 years</td>
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<tr>
<td>Nature of Pregnancy</td>
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<tr>
<td>Unwanted</td>
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<td>Wanted</td>
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<tr>
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<td>Joe Gqabi</td>
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<tr>
<td>Nelson Mandela Bay</td>
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<td>OR Tambo</td>
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<td>Dual orphan</td>
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</table>

N=294

Causes of Teenage Pregnancy in the Eastern Cape Province

The factors associated with teenage pregnancy in Eastern Cape Province are discussed in six themes; exposure to sex; psychosocial, economic, cultural, household factors and sources of information. The knowledge, attitudes, practices and perceptions (KAPP) of the teenagers, parents and service providers are collated from the study to harness evidence on the causes of teenage pregnancy. The study which triangulates qualitative data from Focus Group Discussions (FGDs) and quantitative from Individual Interviews (IIs), is undertaken in all the five districts of the Eastern Cape province and employed in order to gain a deeper understanding of the phenomenon on teenage pregnancy.
The study confirms that teenage pregnancy in the Eastern Cape Province is a problem. Most of the various service providers (93.1 percent) who participated in the study perceived teenage pregnancy to be a problem in the Eastern Cape Province. This view was corroborated by a service provider who expressed the extent of teenage pregnancy in her area of service:

“...As of 1st September I have started working at the ANC antenatal clinic, in a day, in maybe ten clients I will be seeing, I am just making an example, I see six or seven clients (born) from 1988 to 1991 that would be pregnant. It is a problem...It affects how they think about the grant. The 210 they get will help them to buy whatever they want not knowing that the 210 will only buy a big can of milk. That is the only thing one can buy, the child has to eat, to clothes, have to go and see the doctor, everything is on that 210. They are only thinking of the money so for them to have two or three children, children I am talking about those born between 1988 and 1991. I have noticed that it’s not their first pregnancy, maybe it’s the second time or third time among those born between 1988 and 1991...” (Nurse, II, Alfred Nzo)

Although this service provider was referring to the high teenage pregnancy in her area of operation as a direct result of the ‘perverse incentive’ of the child support grant, the fact remains that 60.0 to 70.0 percent of pregnant women visiting her health facility were pregnant teenagers. However, some of the teenagers seemed not bothered about the prevalence of teenage pregnancy. As if normalising the high levels of teenage pregnancy, one teenage mother mordantly put it as follows:

“...Even if the government stops the grant, teenage pregnancy won’t stop, it started long time ago, from our grandmothers, and there was no grant at that time, but still it was happening...”

(Teenage Mother, FGD, Amathole)

The assumption underlying this statement is that teenage pregnancy is a natural phenomenon. It is a long time existing problem, and has been in the country for decades, from our grandmothers. Another fascinating factor is that the teenager alludes the fact that even if the government were to stop the child support grant now, it will not curb the problem because it started when the grant was not there.

**Exposure to Sex**

**Age at Sexual Debut**

The proximate determinants approach is based on identifying factors which bear on the various stages of the reproductive process: exposure to sexual intercourse; the probability that coitus will lead to conception; the chance that coitus will result in conception; and that pregnancy will culminate into a live birth (Bongaarts et al., 1984; Bongaarts and Potter, 1983). As such, understanding the initiation of sex among adolescents is important in a context where teenage pregnancy is high. For this reason, this section looks at how sex is initiated among teenagers in the Eastern Cape Province, and how this progresses to first pregnancy. The rationale is that exposure to sexual intercourse normally culminates into a pregnancy. Age at sexual debut has implications for exposure to pregnancy and HIV and AIDS. If sexual debut is delayed, it is expected that pregnancy and fertility will be delayed, resulting in a decline in fertility and providing more opportunities to children to pursue their education and future prospects to have a career. On the obverse, early sexual debut does not only violate children’s sexual rights, but also can permanently hinder the education, especially of the girl child. Pregnancy at early age poses a health threat contributing to maternal mortality.

The mean and median ages at sexual debut among the teenage mothers in the Eastern Cape Province were 14.1 and 15.0 years respectively. Table 3 below shows the variations in mean ages of sexual debut among teenage mothers in the Eastern Cape Province by population group and districts. Among population groups, the African population group had an earlier statistically significant mean age at sexual debut of 14.0 years compared to 15.3 years among other population groups (p=.00). The distribution of age at sexual debut among teenage mothers in the districts of the Eastern Cape province show that the mean age at sexual debut was lowest in the Amathole and Cacadu districts, at 12.8 and 12.9 years respectively, and highest in the Joe Gqabi district with a mean age at sexual debut at 15.7 years. The results also show statistically different mean ages at sexual debut between Amathole and Joe Gqabi districts (p=.00), and between Cacadu and Joe Gqabi districts (p=.02).
Table 3: Mean ages at sexual debut by population group and district.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Mean Age at Sexual Debut</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Group</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>15.3</td>
<td>.00</td>
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<tr>
<td>Black</td>
<td>14.0</td>
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<tr>
<td>District</td>
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<td></td>
</tr>
<tr>
<td>Alfred Nzo</td>
<td>14.2</td>
<td></td>
</tr>
<tr>
<td>Amathole</td>
<td>12.8*</td>
<td></td>
</tr>
<tr>
<td>Cacadu</td>
<td>12.9**</td>
<td></td>
</tr>
<tr>
<td>Chris Hani</td>
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<tr>
<td>Joe Gqabi</td>
<td>15.7**</td>
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<tr>
<td>Nelson Mandela Bay</td>
<td>13.6</td>
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</tr>
<tr>
<td>OR Tambo</td>
<td>13.8</td>
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</table>

* p=.00; **p=.02. N=294

Rape at Sexual Debut

In South Africa, a high degree of violence and coercion has been identified as integral to the environment in which expectations of and meanings attached to sex are formed. The normative violent matrix in which sexuality is embedded has implications for the increased sexual risk behaviour among the adolescents in South Africa (Zambuko and Mturi, 2005; Jewkes, 2001; Varga, 1997). Violence against women in South Africa is generally rife, and this is evidenced by the proportion of teenagers who experience coercion at sexual debut.

Self-Reported Rape among Teenage Mothers at Sexual debut

Figure 4 below shows the self-reported incidents of rape by teenager mothers at sexual debut. As long as the girls reported that they were unwilling, then the sexual encounter was considered as rape. The data show that 43.2 and 56.8 percent of sexual debut in the Eastern Cape Province was rape and consented sex respectively, irrespective of age.

Figure 4: Self-Reported Rape by Teenage Mothers at sexual debut

Rape among Teenage Mothers at Sexual debut

In South Africa, the Sexual Offences Act (2007) stipulates that minors under 16 years of age have no legal capacity to consent to sex; hence any sexual act with such minors is categorized as statutory rape. Also, by this law, those above or under 16 years of age and are forced or coerced into sexually activities constitutes explicit rape. Figure 5 below indicates that there were four categories of teenagers engaging into sexual intercourse. The four categories are as follows:

- above 16 years of age and raped (explicit rape);
- under 16 years of age and willing (statutory rape);
- under 16 years of age and raped (explicit and statutory rape), and
- above 16 years of age and willing (consent)
Figure 5: Rape among Teenage Mothers

Figure 5 above shows rape among teenage mothers. The results show that 21.1 percent of the teenage mothers sample consented to sex. These were teenage mothers above the age of 16 and willing to engage in sex. A total of 43.2 percent of the teenage mothers were explicitly raped. A total of 17.0 percent of teenage mothers were above the age of 16 and 26.2 percent were below the age of 16. Also, there were 35.7 percent of teenage mothers who experienced statutory rape. These were teenage mothers having their sexual debut below the age of 16 but were willing to engage in sex. When the category of explicit rape is combined with that of statutory rape, the proportion of the sample of teenage mothers who were raped in the Eastern Cape Province at sexual debut rises to an alarming 78.9 percent.

Nature of Sexual Debut by Population Group

Figure 6: Nature of Sexual Debut by Population Group

When nature of sexual debut is compared by population group in Figure 6 above, the results show that there is statistically no significant difference in sexual behaviours among population groups (p=.48). Rape at sexual debut was 79.8 percent among the African population group. Statutory rape was 36.7 percent while explicit rape was 43.1 percent. The other population group had 70.4 of teenage mothers raped at sexual debut. Statutory rape was at 25.9 percent while explicit rape was 44.4 percent in the other population groups. On the obverse, 20.2 percent of the African population group had consented to sex compared to a third (29.6 percent) among other population groups.
The prevalence of rape in the Eastern Cape Province was high in six of the seven districts, with Amathole (93.3 percent), Nelson Mandela bay (92.0 percent), OR Tambo (90.9 percent), Cacadu (88.5 percent), Chris Hani (79.3 percent), Alfred Nzo (69.6 percent), and lowest in Joe Gqabi (45.5 percent) (p=.00). High prevalence of statutory rape was in Amathole (70.0 percent), Cacadu (65.4 percent), OR Tambo (38.2 percent) and Nelson Mandela Bay (28.0 percent). It was moderate in Joe Gqabi (29.5 percent) and low in Alfred Nzo and Chris Hani at 21.7 and 23.0 percent respectively as illustrated in Figure 7 above.

Explicit rape was high in Nelson Mandela Bay (64.0 percent), Chris Hani (56.3 percent), and OR Tambo district (52.8 percent). It was moderate in Alfred Nzo district (47.8 percent) and low in the Amathole, Cacadu and Joe Gqabi districts at 23.3, 23.0 and 15.9 percent respectively.

Despite that 37.5 percent of service providers in the individual interviews linked teenage pregnancy to rape only 14.6 percent of teenage mothers alluded to rape as a cause of teenage pregnancy. Even in the focus groups discussions, sexual abuse or rape was not highlighted as a major problem in causing teenage pregnancy. It was just identified as a possible cause, as teenage mothers observed:

   “…A step father can sexually abuse a girl and she might end up pregnant…”
   Teenage mother, FGD: Alfred Nzo.

   “…and there are also things like rape from parents…”
   Teenage mother, FGD: Alfred Nzo

Given the high proportions of rape among the teenagers in the Eastern Cape Province, it is questionable whether they understand the definition of rape, and statutory rape in particular. This is further discussed under knowledge of sexual rights below.

**Sexual Rights**

Despite the fact that the government of South Africa has enacted a law, the Criminal Law (Sexual Offenses and Other Related Matters Act) 42 of 2007, to protect children under the age of 16 from being sexually violated, there seems to be apathy among the teenagers in the Eastern Cape Province about this law. Figure 8 below shows that only 35.0 percent of the teenage mothers knew that it was a crime for a girl below the age of 16 to engage in sex.

Figure 8 shows the results of knowledge of sexual rights by population groups, and there was no significant difference between the African teenage mothers and those of other population groups (p=.85).
When knowledge on sexual rights is examined by district in the Eastern Cape Province, the results in Figure 9 indicate that knowledge was moderate in OR Tambo, Chris Hani and Joe Gqabi districts, at 45.5, 43.7 and 40.9 percent respectively, while it was low in all other districts, Nelson Mandela Bay (28.0 percent), Cacadu (19.2 percent), Alfred Nzo (17.4 percent) and Amathole (16.7 percent) (p=.01).

With regards to statutory rape, most teenagers seemed not to worry about the age at sexual debut. They perceived it as not a concern at all if teenagers even below the age of 16 years were willing to engage in sex, especially if it was done with somebody of the same generation. Some comments that captured these views were from teenagers and parents focus group discussions. Teenagers seem to exonerate their sexual behaviour as a result of reaching puberty earlier than what parents and policy makers expect. A teenage mother had this to say:

“...Things we eat make us want to have sex, its like we now eat eggs, long ago girls didn’t eat eggs, and peanuts, yogurt and so on, these are the things that make us want sex...”

Teenage Mother, FGD: Alfred Nzo

As if not enough, a teenage father also contributed to the discussion of why teenagers engage into sex early in age. Blaming it on nature, he said:

“...There is this thing called wet dreams, I dreamt with this girl and I woke up with my underpants wet. So I decided I must do this thing so that I do not get these dreams...Then the nature plays its part...”

Teenage father, FGD: Chris Hani

Despite the urge to have sex early, teenagers were then asked if they were aware of the legal consequences of having sex before the age of 16 years. One teenage father responded to the question as follows:
“...age is nothing but a number. Young girls can tell you that if you do not sleep with them you are weak...”

Teenage father, FGD: Chris Hani

This view was even corroborated by some parents. One parent maintained that:

“...If my girl is interested in the man and she is below the age of 16, and they are in love, and marry, all I want is my dowry prize (lobola). The age of the man doesn’t matter. Marriage is between two people, as long as she has not been coerced and she has been persuaded by word of mouth, there is no problem...”

Parent, FGD: Alfred Nzo

Behind this comment is the notion that age at sexual debut does not count and at times the child below the age of 16 years can even invite one for sex. Also teenagers seemed to justify their engagement in sex before the age of 16 years by claiming that it was their right provided by the state. A teenage mother defended their right to decide to engage in sex even below the age of 16 years by saying:

“...isn’t that government who said a child under the age of 13 can have abortion, so it destroys everything. We have all the freedom now. She has given us everything, even abortion. If you are below 16 years old, and you want to do an abortion, no one advises you of anything, you just sign a form...”

Teenage mother, FGD: Alfred Nzo

Again, there were parents who concurred with the views of teenagers that the government was the institution to blame for teenage pregnancy. One parent was quoted as saying:

“...The person that has caused all these problems is government. The laws of democracy.... “

Parent, FGD: Alfred Nzo

However, they were a few who knew that it was criminal for a child below the age of 16 to engage in sexual activities. There was strong feeling among this group that the government was not doing much to protect the interests of the children. One teenager in a focus group discussion retorted that:

“...If government can offer a statement that a girl at the age of 12 can have abortion without parental consent, yet on the other hand they offer a statement that if a girl has sex before the age of 16, it is statutory rape, it is confusing.... Only if the government can take all the guys who make girls pregnant before the age of 16 to jail, maybe things will change...”

Teenage father, FGD: OR Tambo

The above observations indicate that sexuality in South Africa is still a contested terrain involving different stakeholders, but most importantly parents, children and the government. High levels of statutory rape and coerced sexual debut observed in the study could be a result of susceptibility to sexual activity which teenagers in the Eastern Cape find themselves in. These could be perpetuated by traditional customs that communities still ascribe or accepted social norms. A lot will still need to be done to counteract the societal norms, be they cultural, religious, traditional or otherwise. Knowledge of sexual and reproductive rights among teenagers in the Eastern Cape is low, which could be an indicator that the human rights approached state regulations that are intended to govern sexuality have not been distilled to the people. While the Constitution of South Africa accommodates the co-existence of traditional customs (culture) and human rights, their co-existence is complex as fusion between culture and human rights often overrides the rights of individuals, especially the vulnerable children and women. It must be understood that having laws on statute books is no guarantee that they are well understood or even accepted by those whom they seek to protect. Therefore, laws enacted must be enforced and justice should be seen as such by all when and where the laws are broken, otherwise a country risks bringing up a generation that does not take seriously, the laws of the land. In addition, laws in place must take into cognizance the cultural norms in society and remedy the gaps that may exist by raising awareness in communities.
Age at First Pregnancy

The mean age at first pregnancy among teenage mothers in the Eastern Cape Province is 16.35 years. The results from the study in Table 4 show that there is no significant difference in age at first pregnancy between African teenage mothers (16.3 years) and teenage mothers of other population groups (16.4 years) (p=.79). Considering age at first pregnancy by district, the results show that Amathole and Cacadu had the lowest mean ages at first pregnancy with 15.4 and 15.5 years respectively. The highest mean ages at first pregnancy were observed in Alfred Nzo and Joe Gqabi districts with 16.9 years. The results by district indicate that the age at first pregnancy was significantly different for Amathole and Cacadu districts, which had the lowest mean ages at first pregnancy. Amathole district was significantly different to Alfred Nzo (p=.02), Chris Hani (p=.04) and Joe Gqabi (p=.00). Also Cacadu was significantly different from Joe Gqabi (p=.01).

Table 4: Mean Ages at First Pregnancy by Gender, Population Group and Districts

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Mean Age at First Pregnancy</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Group</td>
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</tr>
<tr>
<td>Other</td>
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<td>Black</td>
<td>16.4</td>
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<td>District</td>
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<tr>
<td>Alfred Nzo</td>
<td>16.3</td>
<td>.00</td>
</tr>
<tr>
<td>Amathole</td>
<td>15.4***</td>
<td>***</td>
</tr>
<tr>
<td>Cacadu</td>
<td>15.5****</td>
<td>****</td>
</tr>
<tr>
<td>Chris Hani</td>
<td>16.5**</td>
<td>**</td>
</tr>
<tr>
<td>Joe Gqabi</td>
<td>16.9****</td>
<td>****</td>
</tr>
<tr>
<td>Nelson Mandela Bay</td>
<td>16.0</td>
<td></td>
</tr>
<tr>
<td>OR Tambo</td>
<td>16.3</td>
<td></td>
</tr>
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</table>

* p=.02; **p=.04; ***p=.00; ****p=.01; N=294

Nature of First Pregnancy

The study also shows that unwanted pregnancy among the teenagers in the Eastern Cape Province is very high, with 87.6 percent of the teenage mothers reporting that their first pregnancy was unwanted. Table 5 below shows the characteristics of exposure to sexual intercourse compared to whether the teenage mothers had a wanted or unwanted pregnancy. The results show that there was a significant difference (p=.26) among teenage mothers, having their sexual debut before the age of 16, who had unwanted and wanted pregnancies. The results show that there was a significant difference (p=.26) among teenage mothers, having their sexual debut before the age of 16, who had unwanted and wanted pregnancies (39.3 and 29.7 percent respectively). Consent to sex was low among those who wanted a pregnancy (13.5 percent) compared to 22.2 percent among those with an unwanted pregnancy. Statutory rape was higher among teenage mothers with wanted pregnancies compared to those with unwanted pregnancies, 40.5 and 35.0 percent respectively. Explicit rape among teenage mothers below the age of 16 was higher among those with a wanted pregnancy (29.7 percent) compared to those with unwanted pregnancy (25.7 percent).

Table 5: Characteristics of Exposure to Sexual Intercourse by Nature of First Pregnancy

<table>
<thead>
<tr>
<th>Characteristics</th>
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<th>Wanted</th>
<th>Sign.</th>
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<td></td>
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<tr>
<td>16 years + Below 16</td>
<td>39.3</td>
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<td>.26</td>
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<tr>
<td>Age at First Pregnancy</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>16 years + Below 16</td>
<td>70.4</td>
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<td>Consented</td>
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<td>.65</td>
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<td>Statutory rape</td>
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<td>Explicit Rape &lt;16</td>
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N= 294
Figure 10 below shows that the prevalence of unwanted pregnancies in the Eastern Cape Province was very high at 87.4 percent.

Figure 10: Nature of First Pregnancy in the Eastern Cape Province

The results in Figure 11 show that teenage mothers from the African population group experienced high levels of unwanted first pregnancies (89.5 percent) compared to 66.7 percent unwanted first pregnancies among teenage mothers of other population groups (p=.00).

Figure 11: Nature of First Pregnancy by Population Group

Figure 12 also shows that unwanted pregnancies were generally high in all the districts and there was no statistical difference in unwanted first pregnancies between districts (p=.12). Unwanted pregnancy was very high in Amathole and Alfred Nzo districts with 96.7 and 95.7 percent of teenage mothers reporting unwanted pregnancies, and slightly lower in Nelson Mandela Bay district with 76.0 percent. Unwanted pregnancies are a proxy of the state of sexual and reproductive health rights of adolescents. With such high levels of unwanted pregnancies in the Eastern Cape Province, there still are a lot of gaps for the province to fill in order to enhance the sexual and reproductive and health rights of adolescents.
Figure 12: Nature of First Pregnancy by District

Place of Sexual Debut
Table 6 below reveals that the majority of the teenagers who end up pregnant have their sexual debut at the boyfriend’s home (46.6 percent). About a tenth of first sexual encounters take place at a girl’s home (12.6 percent), and the rest are either in the bush, at school, at a friend’s home, a relative’s home or a motel (40.8 percent). The study also reveals that 25.2 percent of first sexual encounters among the teenage mothers were incestuous, and the majority (70.3 percent) of these sexual encounters happened in other places, like the relatives place, bushes, at school or at a hotel. And the rest were at home (4.1 percent), and 25.7 percent of incestuous sex took place at the boyfriend’s home.

Table 6: Location of Sexual Debut

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<th>Location</th>
<th>Percent</th>
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</thead>
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</tr>
<tr>
<td>Boyfriend’s place</td>
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</tr>
<tr>
<td>Other</td>
<td>40.8</td>
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</table>

N=294

The mean household size of the families in which teenage mothers in the sample reside in was 4.5. When size of household was compared to location of sexual debut, Figure 13 below shows that the mean household size for those who had their sexual debut at a boyfriends’ home had the highest household size of 5.0, above the average household size of the province. Those who had their sexual debut at other places had a mean household size of 4.1. The smallest household size was among those who had their sexual debut at their homes, with a mean household size of 4.0 ($p=.00$). The household size of those who initiated sex at a boyfriend’s home was different from those who initiated sex in other places.
Figure 13: Location of Sexual Debut by Household Size

Figure 14: Reasons for Engaging in Sex

The most sighted reason of why teenagers engage into sex was to prove that they love their partners (65.3 percent). The following quotes from the focus group discussion attest to this fact.

“...In general, girls are having sex because some guys are saying show your love. Prove your love and prove that you love him. Some girls are so dump and prove it by having sex. But it’s not only that you prove love by having sex, it can be that you know each other for long, you trust that person, and he is asking you, OK let’s take the relationship to the next level, and then try to have sex...”
Teenage mother, FGD: OR Tambo

“...You are in love and you enjoy the boyfriend, and you going up to two years, then you go to the next relationship to have sex and something like that...”
Teenage mother, FGD: Nelson Mandela Bay

Both reasons provided above confirm that teenagers engage in sex in order to prove that they are in love. Whether a sacrificial symbol of honouring an affair, or in the latter, as a way of cementing the relationship and indicating that the relationship is serious, sex is the sign used. Also some teenagers say that sex is a precursor of trust in a boyfriend.
“...We get influenced by our boyfriends because they will say baby, you are not faithful...you don’t trust me...”  Teenage mother, FGD: Chris Hani

Another influential factor to why teenagers initiate sex is the construction of masculinity or femininity in communities. Some other teenagers also find themselves pressured into sexual activity in order to prove that they are men or women. Those who perceived having sex as an important symbol, or that it was a means of proving one’s womanhood were 15.6 percent and 6.1 percent respectively. This at times is tainted by cultural beliefs, and that fertility herald’s womanhood as explicitly put it in the focus group discussions:

“...I think culture has an effect on teenage pregnancy. You see where we stay; it is a rural area as you can see. So there is this conception that a girl cannot enter into a marriage without proving her womanhood by having a baby, especially among the men and potential spouses - this could pressure girls into teenage pregnancy.”
Teenage father, FGD: Alfred Nzo

One service provider echoed this perception by saying:

“...Now there is this thing that before I marry her she must have a child. I must know that she must be able to bear children. Even if there is to be a big wedding, you will find that she is already 3 months pregnant...”
Service provider, II: Chris Hani

The emphasis here is that most big weddings only take place when the bridegroom has ascertained that the bride is fertile. This is how important fertility could be in some communities. However, there also concomitant pressures that build up to such values placed on fertility. One such is esteem put on being fecund and fertile. A teenage mother expressed cynic names given to girls who do not get pregnant:

“...You can see all your friends with babies, and maybe you are the only one without a baby and they call you a diolo (an infertile girl), so you want to prove that you are not...”
Teenage mother, FGD: Alfred Nzo

“...Some will ridicule those who do not have sex with their boyfriends and call them (idlolo), but this belongs to a married person who should be having a child in her home...”
Teenage mother, FGD: Alfred Nzo

So girls in the Eastern Cape Province can be pressured into sex by cultural values and expectations that they should be having sex with boys so that they can prove their fertility by being pregnant. Such cultural pressures are not limited to girls only in the Eastern Cape Province. Also boys are expected to prove their manhood. There is status in impregnating a girl for boys in some parts of Eastern Cape, as one teenage father pointed out:

“...It’s trying to prove that you are a hero (imboza) by making a girl pregnant...”
Teenage father, FGD: Cacadu

In some parts of Eastern Cape Province, it is believed that after the traditional practice of circumcision, ukwaluka, a boy is conferred the manhood status, and to prove his manhood he should get a woman pregnant.

More than half of the teenage mothers (56.1 percent) cited engaging in sex for the mere reason of pleasure. As observed in one of the FGDs:

“...We hear about sex from friends when we sit done and chat. Some will say I went out with my boyfriend today and we had sex. It is here that you also hear about styles, and here you will also get interested...”
Teenage mother, FGD: Alfred Nzo
More than a third (35.0 percent) engaged in sex to keep the boyfriend from dating other women. All these behaviours show some form of entrapment of partners into a relationship, hence a rational for teenagers to engage in sex. The attitude of entrapment is not only practice by girls, but it is predominant among boys as well. This is captured in the focus group discussions:

"...Girls want meat to meat, they don’t like condoms. So as a man I do my job. They don’t like condoms. The secret of having sex without a condom is to keep someone closer to you, like a relationship. The relationship will grow strong if we are having sex without a condom...”
Teenage father, FGD: OR Tambo

"...When a boy is in love with a pretty girl, and he thinks she has everything he wants, he will make a baby by her to keep her close to him..."
Teenage father, FGD: OR Tambo

So for boys, sex and impregnating a girl is a strategy to keep the girl they want. But the obverse is also true. Girls are of the opinion that if you do not have sex with a boyfriend, he might desert you for others who are willing to have sex.

"...Nursing feelings of your boyfriend because you think that if you do not agree, he might leave you...”
Teenage mother, FGD: Chris Hani

"...For some teenagers they go into relationships with older guys. So when they are in relationship for example, I am like on school now, I am going out with a guy who is working already, some teenagers get forced to have sex. Guys always tell you I love you, if you not gonna have sex with me I am gonna drop you. This is part of forcing...”
Teenage mother, FGD: Nelson Mandela Bay

Service providers also added voice to ascent the view that teenagers use sex as a means to keep a partner, costing them a pregnancy:

"...We are telling them to abstain, to be faithful, and to use condoms, but that is not happening. What is happening is that if this girl knows that her boyfriend has another affair, the boyfriend will come and say, ‘Oh you are my main maid; we are not going to use a condom because with other girls I am using a condom’. But the boys do not know how to use a condom, how can they say they are using a condom to other girls? And this girl says if my boy is using condoms with other girls, I am not going to use a condom because I am the special one...”
Service provider, II: Chris Hani

Others engaged into sex with the idea that everyone was doing it (15.3 percent), and so they had to. Only a small proportion (3.7 percent) of these teenage mothers believed that it was wrong for girls to engage in sex, of which 64.6 percent of them were explicitly raped at first sex.

Progression from Sexual Debut to First Pregnancy

While 61.9 percent of teenagers in the Eastern Cape Province initiate sex before the age of 16, it is notable that from figure 15 that when they get pregnant, 0.7 percent of them do so after the age of 16. The results from the study show that the mean age at sexual debut and first pregnancy is 14.1 and 16.3 years respectively, giving it the duration of 2.2 years to progress between sexual debut and first pregnancy. The study examined the duration of progression from sexual debut to pregnancy by selected characteristics as shown in Figure 16 below. When the duration between sexual debut and first pregnancy was compared by district, the results show that the duration was shortest in Joe Gqabi, with the duration of 1.4 years. Alfred Nzo had the duration of 2.0 years, while Amathole and Chris Hani had the duration of 2.3 years respectively. The longest durations of progression from sexual debut to first pregnancy were found in Nelson Mandela Bay and Cacadu, with the duration of 3.5 years and 3.7 years respectively. The duration from sexual debut to pregnancy was also found to be shorter among teenage mothers of other population groups (1.4 years) compared to 2.3 years among African teenage mothers. When nature of sexual debut is compared by progression period from sexual debut to first pregnancy, the results show that the shortest duration is among teenage mothers who consented to sex at sexual debut (0.8 years). Those teenage mothers who experienced
explicit rape and were below the age of 16 had duration of 4.4 years, while those who experienced statutory rape had duration of 3.6 years. Those who experienced explicit rape and were above the age of 16 had duration of 1.0 year. Also age at sexual debut was examined by progression from sexual debut to first pregnancy. The study indicates that those teenagers who initiate sex after the age of 16 have a shorter duration to pregnancy of 0.9 years, while those who initiate sex early before the age of 16 have duration of 4.0 years. Duration by nature of pregnancy shows that those teenage mothers who had an unwanted pregnancy had a shorter duration of 2.2 years compared to a duration of 2.5 years among teenage mothers with a wanted pregnancy. Place of sexual debut also shows that those who had their sexual debut at other places had the longest duration of 4.3 years, and those who have it at home and at the boyfriends place had a duration of 1.6 years respectively.
Figure 15: Progression from Sexual Debut to Pregnancy

- Survival Function of progression from sexual debut to first pregnancy by District
- Survival Function of progression from sexual debut to first pregnancy by Nature of Sexual Debut
- Survival Function of progression from sexual debut to first pregnancy by Nature of Pregnancy
- Survival Function of progression from sexual debut to first pregnancy by Place of Sexual Debut

Time between sexual debut and first pregnancy

Survival Function of progression from sexual debut to first pregnancy by Population Group

Survival Function of progression from sexual debut to first pregnancy by Age at Sexual Debut

Nature of pregnancy
- Unprotected
- Protected

Place of first sex
- Work place
- Home
- Other

Age at Sexual Debut
- Under 15 years
- 15 years and above
Factors Associated with Exposure to Sex

To determine the exposure to sex factors associated with teenage pregnancy, a logistic regression model was fitted and the results of a parsimonious model are shown in Table 7 below. The Omnibus Tests of Model Coefficients indicate that the ‘goodness of fit’ tests of .02, and the pseudo R square statistics indicate that between 5.0 and 10.0 percent of the variability is explained by the set of variables in the model.

The only significant variables in the sample are the duration from sexual debut to first pregnancy, engaging into sex for pleasure and knowledge of sexual rights. The results shows that for every year increase in duration between sexual debut to first pregnancy, they were 24 % teenage mothers with an unwanted pregnancy compared to those teenage mothers with wanted pregnancy (OR = 1.24, C.I. 1.08 – 1.43, p=.00). Those teenage mothers who engaged into first sex for pleasure were 40 percent more likely to have had an unwanted pregnancy compared to those who engaged into sex for other reasons (OR = 0.40, C.I. 0.18 – 0.88, p=.02).

Teenage mothers who knew that it was a criminal offence to engage into sex before the age of 16 were twice more likely to have had an unwanted pregnancy compared to teenage mothers who did not know about the criminal offence (OR = 2.09, C.I. 1.00 – 4.35, p.05).

Table 7: The Parsimonious Logistic Regression Model for Exposure to Sex among Teenage Mothers with Wanted Vs. Unwanted Pregnancies in the Eastern Cape Province

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>OR</th>
<th>C.I. (95%)</th>
<th>Sign.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration from sexual debut to first pregnancy</td>
<td>1.24</td>
<td>(1.08 – 1.43)</td>
<td>.00</td>
</tr>
<tr>
<td>Engage in sex for pleasure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>0.40</td>
<td>(0.18 -0.88)</td>
<td>.02</td>
</tr>
<tr>
<td>No (ref)</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal offence to have sex before 16 years</td>
<td>2.09</td>
<td>(1.00 – 4.35)</td>
<td>.05</td>
</tr>
<tr>
<td>Yes</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No (ref)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

+Controlling for age and reasons for engaging in sex; age, age at sexual debut and first pregnancy: (Omnibus tests of Model Coefficients = .02; Pseudo R² =5- 10%)

Discussion

The results show that close to 90 percent of first pregnancies among teenage mothers in the Eastern Cape were unwanted. Comparatively by district, the majority of the unwanted pregnancies were found in Amathole and Alfred Nzo districts, while being lower in Nelson Mandela Bay. When the category of explicit rape is combined with that of statutory rape, the proportion of the sample of teenage mothers who were raped in the Eastern Cape Province at sexual debut was 78.9 percent. A total of 43.2 percent of the teenage mothers were explicitly raped while 35.7 percent of teenage mothers experienced statutory rape. Rape is a significant factor in the process of exposing teenagers to sexual intercourse.

The study shows that if teenagers come from large household sizes, they tend to initiate sex outside the home, preferably the boyfriend’s home, while those with small family sizes would initiate sex at home or at other places. However, while there were a large proportion of teenagers raped at sexual debut, only a small proportion of teenage mothers perceived sexual abuse as contributing to teenage pregnancy.

Cultural factors

The study examines both traditional and modern acceptable practices that exist in the Eastern Cape that might have an effect on teenage pregnancy.

Traditional practices

Table 8 below shows the knowledge of a traditional practice by service providers and teenage mothers in the Eastern Cape Province. The results show that the majority of both service providers and teenage mothers knew of at least one traditional practice in their area of operation or residence.
respectively. While 82.3 percent of the teenage mothers were aware of one such traditional practice, the awareness by service providers was 73.5 percent. The service providers seem to be aware more of traditional or religious practices than modern practices in the areas they operate. The most identified traditional practices by both the service providers and teenage mothers was the practice of **ukuthwala**, (a practice of abducting girls for marriage), with 33.8 and 66.3 percent of service providers and teenage mothers reporting this practice to be exposing girls into sex. Other traditional practices that were identified by the two stakeholders were those of sleeping with a virgin and that practice involving swapping of partners. While 20.6 percent of service providers identified sleeping with a virgin as a problem in the province, there were 34.7 percent teenage mothers viewing the practice as a problem. With regards to the problems of a sibling sharing a sister’s partner and that of swapping partners, there seemed to be similar views between the service providers and teenage mothers. 19.1 percent and 17.0 percent of service providers and teenage mothers respectively found sharing of partners between siblings in the Eastern Cape a problem. Also, 10.3 and 10.2 percent of service providers and teenage mothers found swapping of partners contributing towards teenage pregnancy. However, there was a huge variation on knowledge of **umhlangeni** (a reed dance ceremony, a tradition mainly found among the Zulu people where girls gather annually at the Kings court to celebrate their virginity). While only 2.9 percent of service providers indicated to have knowledge of the practice in the Eastern Cape, 42.5 percent of teenage mothers knew of such a practice. The other two practices, which were not mentioned by the teenage mothers, were **ukwaluka** (the Xhosa male circumcision ceremony, initiation for males into adulthood) and **intonjane** (the female rite of passage at the onset of first menses, marking the passage from girlhood to adulthood and eligibility for marriage ceremony). There were 7.4 and 4.4 percent of the service providers who knew of **ukwaluka** and **intonjane** in the Eastern Cape.

### Table 8: Traditional practices exposing girls into sexual practices in the Eastern Cape Province

<table>
<thead>
<tr>
<th>Cultural Practice</th>
<th>Service Providers</th>
<th>Teenage Mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ukuthwala</td>
<td>33.8</td>
<td>66.3</td>
</tr>
<tr>
<td>Swapping partners</td>
<td>10.3</td>
<td>10.2</td>
</tr>
<tr>
<td>Sister sharing a siblings partner</td>
<td>19.1</td>
<td>17.0</td>
</tr>
<tr>
<td>Mhlangeni</td>
<td>2.9</td>
<td>42.5</td>
</tr>
<tr>
<td>Ukwaluka</td>
<td>7.4</td>
<td></td>
</tr>
<tr>
<td>Intonjane</td>
<td>4.4</td>
<td></td>
</tr>
<tr>
<td>Sleeping with a virgin</td>
<td>20.6</td>
<td>34.7</td>
</tr>
<tr>
<td>None</td>
<td>26.5</td>
<td>17.7</td>
</tr>
</tbody>
</table>

### Modern Practices

The study also explored the acceptable modern norms that allow teenagers into sexual relationships. When knowledge of modern norms that influence girls into sexual relationships are considered, the proportion increases from 78.9 percent of those who know of a traditional practice to 96.3 percent among teenage mothers who know either a traditional or modern practice, and the proportion of service providers increased from 73.5 percent to 77.9 percent. Some of the modern practices known to teenagers and service providers in the areas they reside or operate in are listed in Table 9 below. Of the identified modern practices by the teenage mothers to predispose girls into sexual relationships are school based functions (38.0 percent) and those that are related to substance abuse (26.4 percent). While service providers did not identify school functions as exposing girls to sexual activities.

### Table 9: List of modern practices that expose girls into sexual practices

<table>
<thead>
<tr>
<th>Modern Practice</th>
<th>Teenage mother</th>
<th>Service Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>School functions</td>
<td>21.4</td>
<td></td>
</tr>
<tr>
<td>Spin the bottle</td>
<td>44.9</td>
<td>23.5</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>50.7</td>
<td>86.2</td>
</tr>
<tr>
<td>Parties</td>
<td>33.7</td>
<td></td>
</tr>
<tr>
<td>Community allows sex before age of 16 years</td>
<td>26.2</td>
<td></td>
</tr>
</tbody>
</table>

Of the identified modern practices by the teenage mothers that are known to predispose girls into sexual relationships by both service providers and teenage mothers were the sex game of spinning the bottle and substance abuse. While 44.9 percent of the teenage mothers identified the sex game of spinning the bottle as exposing girls to sexual activities in the Eastern Cape, only 23.5 percent of
service providers thought as much. The inverse is seen on considering substance abuse. While only 50.7 percent of teenage mothers considered substance abuse as contributing to sexual activity among teenagers in the Eastern Cape, 66.2 percent of service providers found substance abuse to be a problem. Teenage mothers also identified school based functions, which include things like the Matric Dance, Valentine's Ball, sports, school bashes and the like, and parties, which service providers did not identify. There were 33.7 and 21.4 percent of teenage mothers who knew that school functions and parties exposed girls into sexual activities. Also, 26.2 percent of teenage mothers were of the view that their communities in which they reside allowed sex to girls before the age of 16 years.

The results on traditional and modern practices as known by service providers and teenage mothers in the Eastern Cape reveal some interesting discrepancies of what these two stakeholders perceive as factors contributing to teenage sexual activities in the Eastern Cape. Teenage mothers were more likely to know about ukuthwala, mhlangeni, the practice of sleeping with a virgin and the sex game of spinning the bottle. However, the service providers were thrice more likely to know about substance abuse as a factor causing sexual activity among teenagers compared to teenage mothers. Teenage mothers also identified more of modern practices like school functions and parties that service providers did not identify, while service providers identified more of traditional practices like ukwaluka and intonjane that teenage mothers did not identify. The variations in knowledge on possible factors contributing to sexual activities among the teenagers could cause a disjuncture in the possible intervention strategies to curb the problem of teenage pregnancy in the country.

However, although ukwaluka and intonjane were not raised as issues contributing to teenage pregnancy in the individual interviews with teenage mothers, but ukwaluka was referred to in focus group discussions, as one learner hinted:

“...When you have gone through circumcision (ukwaluka), there are less chances to get HIV, so you know you cannot get that HIV and you can take that risk and you just go flesh by flesh, yah!!...”

Teenage Boy, FGD: Chris Hani

The risk taken by young men to engage in sex without any protection has also connotations of engaging in sex for pleasure with the assumption that circumcision protects from HIV infection. This belief is also shared by some girls.

“...They say when your boyfriend goes to the mountain, HIV won’t affect you easily, so the boy would want to sleep with you without protection then you get pregnant..”

Teenage Girl, FGD: Chris Hani

This view was also expressed by parents in focus group discussions.

“...If they see a boy from circumcision (esutwini), they see a new man.”

Parent, FGD: Amathole

In the Xhosa context, a boy cannot propose love or make love to a girl before circumcision. Therefore if boys are known just to be from circumcision, there are greater chances that they have not engaged in sex hence are less likely to be infected, and when they request to have sex without protection, the girls are bound to accept.

Table 10 below shows the distribution on knowledge of a traditional practice by teenage mothers in the areas they reside. All teenage mothers in Alfred Nzo knew of at least one traditional practice, while there were 98.2 and 95.5 percent teenage mothers in OR Tambo and Joe Gqabi districts. In Amathole, and Cacadu, the knowledge of traditional practices was moderate at 86.7 and 76.9 percent, while in Nelson Mandela Bay and Chris Hani districts the knowledge of traditional practices was low at 60.0 and 58.6 percent respectively (p=.00). Among the traditional practices, ukuthwala was the most known in the Eastern Cape (66.3 percent). By district, knowledge of ukuthwala practice was high in Alfred Nzo, OR Tambo, Joe Gqabi and Amathole districts, with 100.0, 98.2, 84.1 and 76.7 percent of teenage mothers in these districts respectively knowing of the practice. Knowledge of ukuthwala was moderate in Cacadu and Nelson Mandela Bay districts with 69.2 and 52.0 percent among teenage mothers, and was low in Chris Hani district at 29.9 percent (p=00).
Identifying ukuthwala as a problem to teenage pregnancy, teenage learners in focus group discussions observed:

“...Ukuthwala is when an older man forces you to get married to him and the parents don’t say anything about it...”
Teenage girl, FGD: Chris Hani

“...Girls that are married by their parents while young...”
Teenage Boy, FGD: Chris Hani

“...I am not sure if the ukuthwala thing is cultural, but it is force, because if one abducts you, that’s it, at times teenage girls are involved and they are still virgins...”
Teenage Girl, FGD: Amathole

Two elements are highlighted by teenagers when they talk of ukuthwala. The first refers to forced marriage, either at times with the parents of the girl involved, and the second is that the woman involved is young. However, although ukuthwala is said to be common, they are people who reside in the former Transkei homeland, in which the ukuthwala was popularly practiced, but think that it has faded away. A parent in a focus group discussion in Alfred Nzo commented:

“...Ukuthwala is no longer a common practice, although it is still existent in some other places, but here in our area this practice of ukuthwala is no longer existent. They is no longer the practice of forcing a child to go into marriage, it is no longer there. The children marries out of their volition without being forced...”
Parent, FGD: Alfred Nzo

Teenagers from Alfred Nzo and OR Tambo districts also complemented the view above:

“...It happens in the far Transkei, I have no experience of that...”
Teenage mother, FGD: Alfred Nzo

“...Ukuthwala does not happen this side, but it happens near Mthatha...”
Teenage Mother, FGD: OR Tambo

However, the results from the individual interviews with teenage mothers show that ukuthwala is considerably known in the Eastern Cape Province, although it will be established below whether it is widely practiced.

The practice of swapping partners was not popular in the Eastern Cape Province, with only 10.2 percent of all teenage mothers in the sample having knowledge of such a practice in the areas they reside in. More than a quarter (26.1 percent) of teenage mothers in the Alfred Nzo district knew about swapping of partners, and there were 15.4 and 3.8 percent of teenage mothers in Cacadu and Chris Hani. There were 6.8 percent of teenage mothers who knew the practice in Joe Gqabi and OR Tambo districts respectively, and 3.3 percent in Amathole district. The practice of swapping partners was not known in Nelson Mandela Bay (p=.03). Knowledge of sharing a sister’s partner was also not popular in the Eastern Cape (17.0 percent). This practice was more known in Alfred Nzo, with 65.2 percent of teenage mothers knowing the practice. It was low in all other districts, with Nelson Mandela Bay, Cacadu, Chris Hani, Joe Gqabi, OR Tambo and Amathole having 16.0, 15.4, 14.9, 13.6, 10.2 and 6.7 percent respectively of teenage mothers knowing of teenagers getting pregnant because of sharing a siblings partner (p=.00).

The reed dance (mhlangeni) was also moderately known in the Eastern Cape Province. Knowledge of mhlangeni was high in Cacadu and Alfred Nzo, with 76.0 and 73.9 percent of teenage mothers knowing the practice, while it was moderately known in Amathole, Nelson Mandela Bay, OR Tambo and Chris Hani was 53.3, 48.0, 42.4 and 36.8 percent respectively. It was very low in Joe Gqabi district with 6.8 percent knowing of mhlangeni. Sleeping with a virgin was also moderately known. It was high in Alfred Nzo (69.6 percent), moderate in Amathole, Cacadu, Nelson Mandela Bay and Chris Hani districts, with 53.3, 38.5, 36.0 and 33.3 percent respectively. It was low in OR Tambo and Joe Gqabi districts with 25.6 and 15.9 percent respectively (p=.00). These four practices, swapping of
partners, sharing a sibling’s partner and mhlangeni were not highlighted as problems contributing towards teenage pregnancy in the Eastern Cape Province during focus group discussions.

Table 10: Cultural Practice Known by Teenage Mothers by District

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Alfred Nzo</th>
<th>Amathole</th>
<th>Cacadu</th>
<th>Chris Hani</th>
<th>Joe Gqabi</th>
<th>NMB</th>
<th>OR Tambo</th>
<th>Province</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of a cultural practice</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>No</td>
<td>0.0</td>
<td>13.3</td>
<td>23.1</td>
<td>41.4</td>
<td>4.5</td>
<td>40.0</td>
<td>1.8</td>
<td>21.1</td>
<td>0.0</td>
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<td>Yes</td>
<td>100.0</td>
<td>86.7</td>
<td>76.9</td>
<td>58.6</td>
<td>95.5</td>
<td>55.0</td>
<td>98.2</td>
<td>78.9</td>
<td></td>
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<tr>
<td>Knocks of ukuthwala</td>
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<tr>
<td>No</td>
<td>0.0</td>
<td>23.3</td>
<td>32.8</td>
<td>70.1</td>
<td>15.9</td>
<td>48.0</td>
<td>1.8</td>
<td>33.7</td>
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<td>Yes</td>
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<td>76.7</td>
<td>69.2</td>
<td>29.9</td>
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<td>Knocks of swapping partners</td>
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<td>No</td>
<td>73.9</td>
<td>96.7</td>
<td>84.6</td>
<td>86.2</td>
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<td>13.8</td>
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<tr>
<td>Knocks of sharing a sisters hubby</td>
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<tr>
<td>Knocks of mhlangeni</td>
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<td>Knocks of sleeping with a virgin</td>
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</table>

N=294

When knowledge of traditional practices was compared by population group as in Table 11, the study shows that 82.4 percent of teenage mothers of the African population group knew of a traditional practice compared to 44.4 percent of teenage mothers of other population groups (p=.00). Over two-thirds (70.0 percent) of African teenage mothers knew of ukuthwala compared to less than a third (29.6 percent) teenage mothers of other population groups (p=.00). Knowledge of swapping partners was low in all population groups, with only 10.9 and 3.7 percent of African teenage mothers and teenage mothers of other population groups respectively, knowing of swapping of partners. There were no significant differences among population groups (p=.24). Also, there was no significant difference among population groups when knowledge of sharing a sibling’s partner was compared (p=.83). Knowledge of this practice was low, with 18.5 percent of teenage mothers who knew about the practice compared to 16.9 of African teenage mothers. Although there were 44.2 percent teenage mothers who knew of mhlangeni, there was no significant difference to teenage mothers of other population groups (25.9 percent) (p=.07). This was also true for knowing of the practice of sleeping with a virgin, where there were 26.0 percent of African teenage mothers and 22.2 percent teenage mothers of other population groups (p=.15).
Table 11: Cultural Practice Known by Teenage Mothers by Population Group

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Other Population Group</th>
<th>African Population Group</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of a cultural practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>55.6</td>
<td>17.6</td>
<td>.00</td>
</tr>
<tr>
<td>Yes</td>
<td>44.4</td>
<td>82.4</td>
<td></td>
</tr>
<tr>
<td>Knows of ukuthwala</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>70.4</td>
<td>30.0</td>
<td>.00</td>
</tr>
<tr>
<td>Yes</td>
<td>29.6</td>
<td>70.0</td>
<td></td>
</tr>
<tr>
<td>Knows of swapping partners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>96.3</td>
<td>89.1</td>
<td>.24</td>
</tr>
<tr>
<td>Yes</td>
<td>3.7</td>
<td>10.9</td>
<td></td>
</tr>
<tr>
<td>Knows of sharing a sisters hubby</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>81.5</td>
<td>83.1</td>
<td>.83</td>
</tr>
<tr>
<td>Yes</td>
<td>18.5</td>
<td>16.9</td>
<td></td>
</tr>
<tr>
<td>Knows of mhlangeni</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>74.1</td>
<td>55.8</td>
<td>.07</td>
</tr>
<tr>
<td>Yes</td>
<td>25.9</td>
<td>44.2</td>
<td></td>
</tr>
<tr>
<td>Knows of sleeping with a virgin</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>77.8</td>
<td>74.0</td>
<td>.15</td>
</tr>
<tr>
<td>Yes</td>
<td>22.2</td>
<td>26.0</td>
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</tr>
</tbody>
</table>

N=294

Table 12 below shows the modern practices known by the teenage mothers to influence teenage pregnancy in The Eastern Cape province. Spinning the bottle and parties are modern practice commonly known among the other population groups, and substance abuse and school functions were least linked to teenage pregnancy. The results show that spin the bottle was mostly known in Cacadu (65.4 percent), Nelson Mandela Bay and Amathole districts with 60.0 percent teenage mothers respectively associating it with teenage pregnancy. It was moderately known in OR Tambo, Chris Hani and Alfred Nzo districts with 44.1, 41.4, and 34.8 percent respectively. It was low in Joe Gqabi with 27.3 percent of teenage mothers who knew of the practice (p=.01). The districts in which teenage social parties were said to be a problem were Nelson Mandela Bay (52.0 percent), Amathole (46.7 percent), Cacadu (46.2 percent) and OR Tambo (49.7 percent). It was low in Chris Hani (26.4 percent), Joe Gqabi (20.5 percent) and Alfred Nzo (17.4 percent) (p=.01). More than a quarter of teenage mothers in the sample felt that their communities allowed girls to have sex before the age of 16 years. This sense was high in Alfred Nzo with 73.9 percent, and moderate in Cacadu with 38.5 percent. It was low in all the other districts, with Amathole (30.0 percent), Chris Hani (25.3 percent), Nelson Mandela bay (24.0 percent), OR Tambo (13.6 percent), and 11.4 percent in Joe Gqabi district (p=.00)

Although school functions and substance abuse were said to be known to contribute to teenage pregnancy, such views were low in the Eastern Cape Province. There were 43.5 and 40.0 percent teenage mothers in Alfred Nzo and Joe Gqabi districts who thought school functions contributed to teenage pregnancy. In Chris Hani and OR Tambo districts, was low with 23.0 and 20.3 percent of teenage mothers respectively identifying school functions as contributing to teenage pregnancy. The knowledge was very low in Cacadu, Amathole with 7.7 and 3.3 respectively, and none of the teenage mothers identified school functions as a problem in Nelson Mandela Bay district (p=.00). Substance abuse was also another modern practice that was known to contribute to teenage pregnancy among the teenage mothers. The knowledge of substance abuse as a factor to the phenomenon of teenage pregnancy was high in Alfred Nzo and Nelson Mandela Bay districts, with 78.3 and 70.5 percent of teenage mothers identifying the problem. It was moderate in Amathole (63.3 percent), Chris Hani (52.9 percent) and Nelson Mandela Bay with 44.4 percent. In rest of the districts, it was low with OR Tambo and Cacadu with 28.8 and 26.9 percent of the teenage mothers respectively thinking that substance abuse contributes to teenage pregnancy (p=.00).

Focus group discussions with parents, service providers and some of the learners were unanimous in identifying alcohol as one of the major causes of teenage pregnancy in the Eastern Cape Province. A teenage mother was quoted as follows:

“...I do not agree with her when she says alcohol and drugs have no part in this. I think they have a big influence on teenage pregnancy, cause when you drunk and uses drugs, you don’t know what you are doing at the time...”

Teenage mother, FGD: Nelson Mandela Bay
Table 12: Modern Practice Known by Teenage Mothers by District

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Alfred Nzo</th>
<th>Amathole</th>
<th>Cacadu</th>
<th>Chris Hani</th>
<th>Joe Gqabi</th>
<th>NMB</th>
<th>OR Tambo</th>
<th>Province</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spin the bottle</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>65.2</td>
<td>40.0</td>
<td>34.6</td>
<td>58.6</td>
<td>72.7</td>
<td>40.0</td>
<td>55.9</td>
<td>44.1</td>
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</tr>
<tr>
<td>Yes</td>
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<td>60.0</td>
<td>65.4</td>
<td>41.4</td>
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<td>60.0</td>
<td>44.9</td>
<td>55.1</td>
<td>.01</td>
</tr>
<tr>
<td>Substance abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>No</td>
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<td>36.7</td>
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<td>47.1</td>
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<td>56.0</td>
<td>71.2</td>
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<td>.00</td>
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<tr>
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<td>52.9</td>
<td>70.5</td>
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<tr>
<td>School functions</td>
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<td></td>
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<td>96.7</td>
<td>92.3</td>
<td>77.0</td>
<td>59.1</td>
<td>100.0</td>
<td>79.7</td>
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<td>7.7</td>
<td>23.0</td>
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<tr>
<td>Parties</td>
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<td></td>
<td></td>
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<td></td>
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<td>No</td>
<td>82.6</td>
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<td>53.8</td>
<td>73.6</td>
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<td>Yes</td>
<td>17.4</td>
<td>46.7</td>
<td>46.2</td>
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<td>52.0</td>
<td>40.7</td>
<td>33.7</td>
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<tr>
<td>Community allows sex before age of 16 years</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>No</td>
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<td>70.0</td>
<td>61.5</td>
<td>74.7</td>
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<td>76.0</td>
<td>86.4</td>
<td>73.8</td>
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<td>24.0</td>
<td>13.6</td>
<td>26.2</td>
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</tbody>
</table>

N=294

Also in support of alcohol abuse as a problem, one parent in a focus group discussion noted:

“...There are no recreational facilities in this community, children go to taverns, get drunk and have sex and they get pregnant...”

Parent, FGD: OR Tambo

While teenagers seem to acknowledge that substance abuse leads to unprotected sex and hence teenage pregnancy, the underlying current is that lack of recreational facilities or development in general leaves teenagers with limited options but to indulge into substance abuse.

When knowledge of modern practices was compared by population group, the study shows that there were no significant differences among teenage mothers by population groups (Table 13 below). Spinning the bottle seems to be a practice common among the African population group (46.1 percent) compared to 33.3 percent among the teenage mothers of other population groups (p=.21). Parties were moderately identified as a problem among teenage mothers of other population groups (48.1 percent) compared to 32.2 percent among teenage mothers of the African population group (p=.10). Substance abuse was low in all population groups, with only 24.0 percent of teenage mothers of the African population group and 14.8 percent teenage mothers of other population groups identifying the problem. Substance abuse is also another problem that was said to be causing teenage pregnancy. There were 50.9 and 45.1 percent of teenage mothers of the African and other population groups respectively identified substance abuse as a problem (p=.78). There was also no significant difference between population groups on their perception that communities allowed girls to have sex before the age of 16 years. There were 27.3 and 14.8 percent teenage mothers of the African and other population groups respectively (p=.16).

Table 13: Modern Practices Known by Teenage Mothers by Population Group

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Other Population Group</th>
<th>African Population Group</th>
<th>Sig.</th>
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</thead>
<tbody>
<tr>
<td>Spin the bottle</td>
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<tr>
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<td>53.9</td>
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<td>46.1</td>
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</tr>
<tr>
<td>Substance abuse</td>
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<td>49.1</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>48.1</td>
<td>50.9</td>
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</tr>
<tr>
<td>School functions</td>
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<td>88.9</td>
<td>77.5</td>
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</tr>
<tr>
<td>Yes</td>
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<td>22.5</td>
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</tr>
<tr>
<td>Parties</td>
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<td>.10</td>
</tr>
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<td>No</td>
<td>51.9</td>
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</tr>
<tr>
<td>Yes</td>
<td>48.1</td>
<td>32.2</td>
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</tr>
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<td>Community allows sex before age of 16 years</td>
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<td>85.2</td>
<td>72.7</td>
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<tr>
<td>Yes</td>
<td>14.8</td>
<td>27.3</td>
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</tr>
</tbody>
</table>

N=294
Figure 16 below shows that the majority of teenage mothers (86.7 percent) in the Eastern Cape Province were affected by either a traditional or modern practice.

Figure 16: Teenage Mothers Affected by a Traditional or Modern Practice

Figure 17 below also shows the practices that affected teenagers into pregnancy. The most influential practice that was identified was ukuthwala (64.3 percent), mhlangeri (39.8 percent), spin the bottle (38.4 percent), sleeping with a virgin (25.2 percent), sharing a sibling’s partner (12.9 percent) and swapping partners (8.2 percent). The other practices which were known to cause teenage pregnancy in the Eastern Cape Province like ukwaluka, intonjane, parties, school functions and substance abuse were not identified as affecting teenagers into pregnancy.

Figure 17: Traditional and Modern Practices Affecting Teenage Mothers

The effect of culture on teenage mothers in the study is examined by districts of the Eastern Cape Province. The results in Table 18 show that culture affected all teenagers who got pregnant in Alfred Nzo and Joe Gqabi districts. It was very high in all other districts with Amathole (96.7 percent), OR Tambo (94.9 percent), Cacadu (80.2 percent), Nelson Mandela Bay (80.0 percent) and Chris Hani with 71.3 percent (p=.00).

Figure 18: Teenage Mothers Affected by a Traditional or Modern Practice by District

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Alfred Nzo</th>
<th>Amathole</th>
<th>Cacadu</th>
<th>Chris Hani</th>
<th>Joe Gqabi</th>
<th>NMB</th>
<th>OR Tambo</th>
<th>Province</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affected by a Cultural Practice No Yes</td>
<td>0.0 1.00</td>
<td>3.3 96.7</td>
<td>19.2 80.2</td>
<td>28.7 71.3</td>
<td>0.0 100.0</td>
<td>20.0 80.0</td>
<td>5.1 94.9</td>
<td>13.3 86.7</td>
<td>.00</td>
</tr>
</tbody>
</table>

N=294

The effect of culture was also examined by population groups in the Eastern Cape Province. Figure 18 shows that 89.1 percent of African teenage mothers were affected by a cultural practice, yet about two thirds (63.0 percent) of teenage mothers of other population groups were affected (p=.00).
Table 14 deals with the perceptions, attitudes and practices of cultural issues that had an influence on pregnancy among teenage mothers by district in the Eastern Cape. Results show that almost half (52.0 percent) of teenage mothers believe that it is the role of a man to take care of a woman. This perception was high in Alfred Nzo (87.0 percent) and Joe Gqabi (63.6 percent), and moderate in all other districts with Cacadu (57.7 percent), Chris Hani (51.1 percent), Nelson Mandela Bay (52.0 percent), Amathole (36.7 percent) and OR Tambo district with 35.6 percent (p=.00). There was however a few teenage mothers (28.2 percent), who perceived that if a boyfriend, asked for a baby, it was important to give him one. Again, this perception was highest in Alfred Nzo (82.6 percent), and moderate in Cacadu (38.5 percent) and Amathole (33.3 percent). It was low in OR Tambo (23.7 percent), Chris Hani (20.0 percent), Nelson Mandela Bay (20.0 percent) and Joe Gqabi district with 15.9 percent of teenage mothers holding the perception (p.00). This perception can have a negative effect on the power relations in sexual encounters, giving the male partner more powers to decide in a relationship. This could be worsened by the violent social contexts in which young people often find themselves.

The perception that that if a boyfriend asked for a baby, it was important for a girl to give him one was also validated in practice in this study. In practice, the study shows that more than a quarter of teenage pregnancy (25.9 percent) in the sample was a result of a partner wanting a baby in a relationship. There were 40.0, 34.8 and 34.5 percent teenagers in Nelson Mandela Bay, Alfred Nzo and Chris Hani districts respectively, who fell pregnant because the boyfriend wanted a baby. This practice was low in the rest of the districts, with Joe Gqabi (22.7 percent), Cacadu (19.2 percent), OR Tambo (16.9 percent) and Amathole with 10.0 percent (p=.03). There were also 14.3 percent teenagers in the sample who got pregnant in order to prove that one can have a baby. This practice of proving one’s womanhood was however low in all districts, and was 26.1 percent in Alfred Nzo, 23.3 percent in Amathole, 22.0 percent in OR Tambo, 11.5 percent Chris Hani, 8.0 percent in Nelson Mandela Bay, 7.7 percent in Cacadu and 4.5 percent in Joe Gqabi district (p=.04). This practice was explained how it affects teenagers in one focus group discussion:

“...If people say you are a nyumba (infertile), then you might want to prove them wrong by having sex as a teenager and then end up getting pregnant...”

Teenage mother, FGD: Alfred Nzo

Another aspect close to the issue of womanhood is the attitude that a pregnancy can earn a girlfriend respect. The idea of respect emanates from the idea that when there is a pregnancy, a relationship ceases to be secretive. If a man had a wife, the pregnant woman becomes honoured and recognised by the man, the wife and the families involved. If it were a man with several girlfriends, the pregnant mother becomes the main girlfriend among them. Many girls who think “in love do not like their relationships to be kept secretive and unrecognised. So pregnancy and a child normally elevate the status of a girl to a respectable woman either to the man, family and community.
This attitude was however not common in the Eastern Cape, as only 17.7 percent thought their pregnancy would bring them respect in their relationship. This attitude was high only in Alfred Nzo with 60.9 percent of teenage mothers falling pregnant because they want to gain respect. In all other districts it was low, with Chris Hani (20.7 percent), Amathole (16.7 percent), OR Tambo (15.3 percent), Cacadu (11.5 percent), Nelson Mandela Bay (8.0 percent) and 2.3 percent in Joe Gqabi district (p=.00).

Table 14: Perceptions, Attitude and Practice of Culture by District

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Alfred Nzo</th>
<th>Amathole</th>
<th>Cacadu</th>
<th>Chris Hani</th>
<th>Joe Gqabi</th>
<th>NMB</th>
<th>OR Tambo</th>
<th>Province</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is the role of a man to take care of a woman</td>
<td>No</td>
<td>13.0</td>
<td>63.3</td>
<td>42.3</td>
<td>48.3</td>
<td>36.4</td>
<td>48.0</td>
<td>64.4</td>
<td>48.0</td>
</tr>
<tr>
<td>A girl must have a baby when her boyfriend tells her to</td>
<td>No</td>
<td>57.7</td>
<td>51.7</td>
<td>63.6</td>
<td>52.0</td>
<td>35.6</td>
<td>52.0</td>
<td>48.0</td>
<td>71.8</td>
</tr>
<tr>
<td>Have been taken advantage of sexually after substance abuse</td>
<td>No</td>
<td>91.3</td>
<td>76.7</td>
<td>96.2</td>
<td>83.9</td>
<td>100.0</td>
<td>92.0</td>
<td>94.9</td>
<td>90.1</td>
</tr>
<tr>
<td>Partner wanted baby</td>
<td>No</td>
<td>65.2</td>
<td>90.0</td>
<td>80.8</td>
<td>65.5</td>
<td>77.3</td>
<td>60.0</td>
<td>83.1</td>
<td>74.1</td>
</tr>
<tr>
<td>Family wanted baby</td>
<td>No</td>
<td>34.8</td>
<td>10.0</td>
<td>19.2</td>
<td>34.5</td>
<td>22.7</td>
<td>40.0</td>
<td>16.9</td>
<td>25.9</td>
</tr>
<tr>
<td>Got pregnant because family wanted baby</td>
<td>No</td>
<td>91.3</td>
<td>100.0</td>
<td>96.2</td>
<td>97.7</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>98.3</td>
</tr>
<tr>
<td>Got pregnant because I wanted to prove my womanhood</td>
<td>No</td>
<td>26.1</td>
<td>23.3</td>
<td>7.7</td>
<td>88.5</td>
<td>95.5</td>
<td>92.0</td>
<td>78.0</td>
<td>85.7</td>
</tr>
<tr>
<td>Got pregnant because I wanted to gain respect</td>
<td>No</td>
<td>73.9</td>
<td>76.7</td>
<td>92.3</td>
<td>88.5</td>
<td>95.5</td>
<td>92.0</td>
<td>84.7</td>
<td>82.3</td>
</tr>
<tr>
<td>Substance abuse caused the pregnancy</td>
<td>No</td>
<td>39.1</td>
<td>83.3</td>
<td>88.5</td>
<td>79.3</td>
<td>97.7</td>
<td>92.0</td>
<td>15.3</td>
<td>17.7</td>
</tr>
<tr>
<td>Parents did not teach me about sex caused my pregnancy</td>
<td>No</td>
<td>56.5</td>
<td>60.0</td>
<td>53.8</td>
<td>51.7</td>
<td>86.4</td>
<td>64.0</td>
<td>84.7</td>
<td>66.0</td>
</tr>
</tbody>
</table>

N=294

For the perpetuation of societies, communities or families, procreation is central. The importance of procreation is embedded in almost all cultural practices, and this is honoured within families. It is therefore not an anomaly to have families pressurise a member for a child. This was confirmed by one service provider who observed that:
“...Families can pressure girls to be pregnant because they want a grandchild...”
Service provider: IDI, OR Tambo

In substantiating the above observation, one teenager in a focus group discussion noted as follows:

“...Some parents say we are not sure whether you are going to have a baby or not, and so some children take advantage of this...”
Teenage Father, FGD: Alfred Nzo

However, in this study, the issue of families wanting children from members was very low, with only 2.4 percent of teenage mothers in the Eastern Cape aware of this. This pressure was only experienced in three districts, Alfred Nzo (13.0 percent), Cacadu (3.8 percent), and Chris Hani (3.4 percent). In was none existent in all the other districts (p=.02). There were also 1.7 percent teenage mothers who went on to have a pregnancy because their families wanted a child. This was also observed in the three districts of Alfred Nzo (8.7 percent), Cacadu (3.8 percent), and Chris Hani (2.3 percent). Other districts did not experience this problem, although there was no significant difference between them (p=.11).

Substance abuse has been one other factor that has been identified as contributing to delinquent behaviours among adolescents in South Africa. The results from the study show that almost a tenth of all teenage mothers in the sample had been taken advantage of sexually after substance abuse. There were 23.3 percent of teenage mothers who were taken advantage of sexually after substance abuse in Amathole, 16.1 percent in Chris Hani, 8.7 percent in Alfred Nzo, 8.0 percent in Nelson Mandela Bay, 5.1 percent in OR Tambo and 3.8 percent in Cacadu district. Joe Gqabi district was the only province where there was no such incident (p=.01). Also, there were 21.8 percent teenage mothers who feel pregnant because of the influence of substance abuse. Although there was no significant difference among districts (p=.19), this practice was moderate in Alfred Nzo (34.8 percent) and Cacadu (30.8 percent), and was low in all other districts with Nelson Mandela Bay (28.0 percent), OR Tambo (23.7 percent), Amathole (20.0 percent), Chris Hani (19.5 percent) and Joe Gqabi with 9.1 percent.

Literature in South Africa has shown that a considerable amount of parents find discussing sexual issues with people of the younger generation taboo. The findings from the study show that over a third of teenage mothers in the sample ascribe the cause of their first pregnancy to the fact that they had not been taught about sex by their parents. These attributes were moderate in most of the districts, with Chris Hani (46.3 percent), Cacadu (46.2 percent), Alfred Nzo (43.5 percent), Amathole (40.0 percent) and Nelson Mandela Bay district with 36.0 percent. It was low in OR Tambo district with 15.3 percent and Joe Gqabi district with 13.6 percent (p=.00). However results from the qualitative data are not conclusive of whether parents really do not talk to their children about sex, although more word seem to confirm that. In more cases than not, the problem of parents not discussing sex with children was highlighted in some IDIs and FGDs. One service provider indicated:

“...Parents are not talking to their children. That is not happening. It is a problem...”
Service provider, IDI: OR Tambo

Also, highlighting the magnitude of the problem in the community, one parent observed:

“...Here parents do not worry about children and sex, they just let children find out about sex and stuff out there in the world, like sex and drugs and alcohol...”
Parent (Woman), FGD: OR Tambo

Teenagers were also of the opinion that they found it difficult to discuss sex issues with their parents. To illustrate the point, one teenager expressed:

“...It’s not easy to talk about sex with our parents, even if you are watching TV and there is a scene with sex, they just change the channel, it’s not easy...”
Teenage father, FGD: Alfred Nzo
Not only did teenagers find it difficult to talk to parents, but some found that their parents were afraid to talk to them about sex mainly due to traditional or religious reasons. The following quotes capture some of the teenager’s views on parental guidance on sex.

“...adults and preachers are afraid of telling us about sex...”
Teenage mother, FGD: Alfred Nzo

“...Families have failed because they don’t talk about teenage pregnancy...”
Teenage mother, FGD: OR Tambo

“...I have never been given a chance to talk about sex with my parents...”
Teenage father, FGD: Chris Hani

A couple of reasons behind why parents do not talk to their children have been postulated in the findings. One teenage mother citing culture said:

“...I don’t think poverty has anything to do with teenage pregnancy because while having sex with someone, in a family they don’t talk about sex, they see it as a taboo. Old people don’t talk about things like that, especially in our culture. They want their respect. we only here about it here in school and when friends talk about it...Parents do not talk about it...”
Teenage mother, FGD: OR Tambo

A parent also tried to elaborate on some of the causes by highlighting religion.

“...Not all parents talk to their children about sex, ... We come from different homes, Some parents say they don’t talk sex with children, others are religious, they don’t talk sex....”
Parent (man), FGD: Chris Hani

However, they were both teenagers and parents who cited that they were parents who tried to talk sex with their children.

“...Our parents and our teachers tell us about sex, but we ignore their advices...”
Teenage girl, FGD: Alfred Nzo

“...I always tell my child who is a boy that, my child, there are clothes called condoms, please use them, I encouraged my Samkhelo that he must take them, and I see boxes at home. I don’t get scared. He was born in 1983, 1st May. I encourage him. I first thought it were biscuits, but then later learnt that these were condoms. For my girls, I encourage them to go to the clinic for contraception; I do not encourage them to have boys. I do not give them money to go to the clinic because I do not have money, so there go there once a month. I don’t give them money but I encourage them...”
Parent (Woman), IDI: Alfred Nzo

“...Firstly, we talk to our children when they start to menstruate, you then tell them that at this age, and you cannot sleep with a boy, because if you do so, you will be pregnant. Secondly, you tell them that if you cannot resist staying without a man, you must contraceptives, but they do not listen...”
Parent (Woman), FGD: Alfred Nzo

“...Parents advise us but we as children do not listen...”
Teenage mother, FGD: Alfred Nzo

Although there is apparent evidence that parents do try to talk about sex with their children, some teenagers and parents were of the opinion that not much was being discussed. The following quotes express this.

“...Our parents just tell us that we should not have sex, but not the consequences...”
Teenage mother, FGD: OR Tambo
"...Teenage pregnancy is a result of having sex without much prior knowledge about it. Our parents do not tell us much about it, nor about prevention. All they tell us is that if you sleep with a boy you will get pregnant..."

Teenage mother, FGD: Chris Hani

"...I heard about sex at school. My parents only spoke to me when I was pregnant...I do not think parents are taking part. They only take part when it has happened..."

Teenage mother, FGD: OR Tambo

"...Maybe the parents don’t converse with the children. A child needs to know what is a penis, what is a virginal, and what is the work of it...If a child don’t know what a penis does, then an older person can take them for granted and tell them you can just rub here or do that nothing will happen, educate them about sex, educate them about your body, about the privacy of your body, discipline yourself and self-respect for yourself..."

Parent (Woman), FGD: OR Tambo

It was also indicated from the study that contributing to failure of parents to discuss sex with their children was ignorance.

"...Children can face challenges because some of us parents did not grow up knowing condoms, so us as parents could have limited knowledge to teach them about this. When the child asks genuinely, we might not have answers, and at times we even clap them, so this can be a problem..."

Parent (Man), FGD: Chris Hani

"...Our parents are afraid to talk to us about sex. They are afraid to tell us about condoms, without knowing what a condom is. In the past people used to have casual sex because they were no diseases, not these days. So all this can cause us to impregnate girls..."

Teenage father, FGD: Alfred Nzo

Despite all the above observation, there were however certain parents who absolved themselves from this responsibility by referring to the government to have caused this entire problem. They claim they would like to give guidance and control their children, but government has interfered into their familial lives and stirred all these problems. Even if parents were to educate their children, they will do as they wish because they have a lot of rights which government protects.

"...The person that has caused all these problems is government - The laws of democracy. When I am a parent, I cannot say to my child why are you coming home this hour and then take a whip to beat my child. The way the mothers were brought up being beaten when they came home at night helped them. These ones now are rotten, nothing can be done with them...Kids have a lot of rights. We cannot blame culture but the government. The freedom they have is confusing them and they are being killed by HIV and AIDS. We as parents, we don’t have a voice in their lives. If you try to discipline a child, the government puts you to prison for abuse...Government is a problem...No! No! No! ...government says we must not control them. Ukuthwala doesn’t contribute to teenage pregnancy. In Xhosa, the person who is abducted is the one who is brought for marriage and dowry prizes are paid (Lobola). Today children abduct themselves (ukuthwala) and go and sit in taverns when they are supposed to be studying, and from the tavern they sleep with boys (amankwenkwe) in the bushes. We as parents have no powers to tell them not to do it. All this disaster is because of the government..."

Parent (Man), FGD: Alfred Nzo

"...If you say something as a parent, the child can file a case that you are abusing her. There seem to be some standard..."

Service provider, II: Alfred Nzo

The cultural perceptions, attitudes and practices in the Eastern Cape Province by population group are shown in Table 15 below. There were 59.3 and 51.3 percent teenage mothers of other population
groups and African population group respectively who perceived that it was the role of a man to take care of a woman (p=.43). Among teenage mothers who were of the opinion that a girl must have a baby when her boyfriend tells her to, were 30.3 percent among teenage mothers of the African population group compared to only 7.4 percent among the teenage mothers of other population groups (p=.01). However, on the contrary, there were 44.4 percent teenage mothers of other population groups who had partners wanting a baby when they first got pregnant, unlike only 9.7 percent among teenage mothers of the African population group (p=.02). Those teenage mothers who found themselves in situations where family wanted a baby were more among other population groups (3.7 percent) compared to 2.2 percent among the African population group (p=.64). This is seen also among teenage mothers who said they got pregnant because the family wanted a baby. There were 3.7 percent teenage mothers of other population groups and only 1.5 percent African teenage mothers who got pregnant because of the pressure from family who wanted a baby (p=.40).

Table 15: Perceptions, Attitude and Practice of Culture by Population Group

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Other Population Group</th>
<th>African Population Group</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is the role of a man to take care of a woman</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>40.7</td>
<td>48.7</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>59.3</td>
<td>51.3</td>
<td></td>
</tr>
<tr>
<td>A girl must have a baby when her boyfriend tells her</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>92.6</td>
<td>69.7</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>7.4</td>
<td>30.3</td>
<td></td>
</tr>
<tr>
<td>Have been taken advantage of sexually after substance abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>88.9</td>
<td>90.3</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>11.1</td>
<td>9.7</td>
<td></td>
</tr>
<tr>
<td>Partner wanted baby</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>55.6</td>
<td>76.0</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>44.4</td>
<td>24.0</td>
<td></td>
</tr>
<tr>
<td>Family wanted baby</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>96.3</td>
<td>97.8</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>3.7</td>
<td>2.2</td>
<td></td>
</tr>
<tr>
<td>Got pregnant because family wanted baby</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>96.3</td>
<td>98.5</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>3.7</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>Got pregnant because I wanted to prove my womanhood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>96.3</td>
<td>84.6</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>3.7</td>
<td>15.4</td>
<td></td>
</tr>
<tr>
<td>Got pregnant because I wanted to gain respect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>85.2</td>
<td>82.0</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>14.8</td>
<td>18.0</td>
<td></td>
</tr>
<tr>
<td>Substance abuse caused the pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>77.8</td>
<td>78.3</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>22.2</td>
<td>21.7</td>
<td></td>
</tr>
<tr>
<td>Parents did not teach me about sex caused my pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>55.6</td>
<td>67.0</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>44.4</td>
<td>33.0</td>
<td></td>
</tr>
</tbody>
</table>

N=294

There were more African teenage mothers (15.4 percent) who got pregnant because they hold the attitude that it is important to prove one’s womanhood, and there were only 3.7 percent teenage mothers of other population groups (p=.10). Those teenage mothers who thought a pregnancy would bring respect to their relationship or to them were 18.0 and 14.8 percent among African teenage mothers and teenage mothers of other population groups respectively (p=.68). There were also more teenage mothers of the other population groups (11.1 percent) and 9.7 percent of teenage mothers of other population groups who were sexually abused after substance abuse (p=.82). However, those teenage mothers who got pregnant because of the influence of substance abuse were 22.2 and 21.7 percent among teenage mothers of other population groups and African teenage mother’s respectively (p=.95). There were also more teenage mothers of other population groups (44.4
percent) who thought they got pregnant for the first time because their parents did not teach them about sex, and there were 33.0 percent among African teenage mothers (p=.23).

Table 16 below provides results of knowledge and perceptions of cultural practices associated with the nature of pregnancy among teenage mothers in the Eastern Cape Province. There was no significant difference of knowledge of cultural practices among teenage mothers with wanted pregnancy (78.4 percent) and teenage mothers with unwanted pregnancy (79.0 percent) (p=.73).

Table 16: Knowledge and Perceptions of Culture among Teenage Mothers by Nature of Pregnancy

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Unwanted Pregnancy</th>
<th>Wanted Pregnancy</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of a cultural practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>21.0</td>
<td>21.6</td>
<td>.73</td>
</tr>
<tr>
<td>Yes</td>
<td>79.0</td>
<td>78.4</td>
<td></td>
</tr>
<tr>
<td>Knows about Ukuthwala</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>34.2</td>
<td>29.7</td>
<td>.59</td>
</tr>
<tr>
<td>Yes</td>
<td>65.8</td>
<td>70.3</td>
<td></td>
</tr>
<tr>
<td>Knows about Swapping partners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>88.7</td>
<td>97.3</td>
<td>.11</td>
</tr>
<tr>
<td>Yes</td>
<td>11.3</td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td>Knows about Sharing a sisters partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>82.5</td>
<td>86.5</td>
<td>.55</td>
</tr>
<tr>
<td>Yes</td>
<td>17.5</td>
<td>13.5</td>
<td></td>
</tr>
<tr>
<td>Knows about mhlengeni</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>56.4</td>
<td>64.9</td>
<td>.33</td>
</tr>
<tr>
<td>Yes</td>
<td>43.6</td>
<td>35.1</td>
<td></td>
</tr>
<tr>
<td>Knows about Sleeping with a virgin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>65.8</td>
<td>62.2</td>
<td>.67</td>
</tr>
<tr>
<td>Yes</td>
<td>34.2</td>
<td>37.8</td>
<td></td>
</tr>
<tr>
<td>Knows about sex games - Spin the bottle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>54.5</td>
<td>59.5</td>
<td>.57</td>
</tr>
<tr>
<td>Yes</td>
<td>45.5</td>
<td>40.5</td>
<td></td>
</tr>
<tr>
<td>Knows about Substance abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>51.0</td>
<td>37.8</td>
<td>.14</td>
</tr>
<tr>
<td>Yes</td>
<td>49.0</td>
<td>62.2</td>
<td></td>
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<tr>
<td>Knows about School functions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>76.7</td>
<td>91.9</td>
<td>.04</td>
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<td>Yes</td>
<td>23.3</td>
<td>8.1</td>
<td></td>
</tr>
<tr>
<td>Knows about Parties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>66.5</td>
<td>64.0</td>
<td>.84</td>
</tr>
<tr>
<td>Yes</td>
<td>33.5</td>
<td>35.1</td>
<td></td>
</tr>
<tr>
<td>Community allows sex before age of 16 years</td>
<td></td>
<td></td>
<td>.28</td>
</tr>
<tr>
<td>No</td>
<td>72.8</td>
<td>81.1</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>27.2</td>
<td>18.9</td>
<td></td>
</tr>
<tr>
<td>It is the role of a man to look after a woman</td>
<td></td>
<td></td>
<td>.28</td>
</tr>
<tr>
<td>No</td>
<td>46.3</td>
<td>59.5</td>
<td>.13</td>
</tr>
<tr>
<td>Yes</td>
<td>53.7</td>
<td>40.5</td>
<td></td>
</tr>
<tr>
<td>A girl must have a baby when her boyfriend tells her to</td>
<td></td>
<td></td>
<td>.08</td>
</tr>
<tr>
<td>No</td>
<td>70.0</td>
<td>83.8</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>30.0</td>
<td>16.2</td>
<td></td>
</tr>
</tbody>
</table>

N=294

Ukuthwala was the most identified cultural practice that was said to influence teenage pregnancy in the Eastern Cape. There were 70.3 and 65.8 percent of teenage mothers with wanted pregnancy and teenage mothers with unwanted pregnancy who knew of ukuthwala as exposing girls into pregnancy (p=.59). The practice of swapping partners was more known among teenage mothers with unwanted pregnancy (11.3 percent) than among teenage mothers with wanted pregnancy (2.7 percent) (p=.55). This was also true of the practice of sharing a sister’s partner, where there were 17.5 percent of teenage mothers with unwanted pregnancy compared to 13.5 percent of teenage mothers with wanted pregnancy that knew of the practice. Umhlanga was also more known among teenage mothers with unwanted pregnancy (43.6 percent) than 35.1 percent among teenage mothers with wanted pregnancy (p=.33). There were 37.8 percent of teenage mothers with wanted pregnancy who knew of the practice of men sleeping with a virgins compared to 34.3 percent among teenage mothers
with unwanted pregnancy \( (p=.67) \). More teenage mothers with unwanted pregnancy \( (45.5\%\) knew about the sex game – spin the bottle, compared to 40.5 percent of teenage mothers with wanted pregnancy \( (p=.57) \). Substance abuse was more known among teenage mothers with wanted pregnancy \( (62.2\%) \) than among teenage mothers with unwanted pregnancy \( (49.0\%) \) \( (p=.14) \). Twenty-three percent of teenage mothers with unwanted pregnancy knew about school functions as contributing to teenage pregnancy compared to only 8.1 percent among teenage mothers with wanted pregnancy \( (p=.04) \).

Among perceptions compared by nature of pregnancy were that it is the role of a man to take care of a woman, and that a girl must have a baby when her boyfriend tells her to. Findings in Table 17 show that these perceptions were higher among teenage mothers with unwanted pregnancies. There were 53.7 percent of teenage mothers with unwanted pregnancy who thought that it is the role of a man to look after a woman compared to 40.6 percent among teenage mothers with wanted pregnancy \( (p=.13) \). Thirty percent of teenage mothers with unwanted pregnancy thought that a girl must have a baby when her boyfriend tells her to, compared to 16.2 percent among those who had wanted pregnancy \( (p=.08) \). Also, there were more teenage mothers with unwanted pregnancy \( (27.2\%) \) who felt their communities allowed girls to have sex before the age of 16 years, and there were 18.9 percent among teenage mothers with wanted pregnancy \( (p=.28) \).

Table 18 shows that more teenage mothers were affected by a cultural practice in the Eastern Cape. There were 86.8 and 86.5 percent of teenage mothers with unwanted and wanted pregnancy respectively \( (p=.96) \), who were affected by a cultural practice. Ukuthwala affected 64.2 percent of those teenage mothers with unwanted pregnancy and 64.9 percent of those with wanted pregnancy \( (p=.94) \). The practice of swapping partners only affected those with unwanted pregnancy \( (9.3\%) \), yet none among those with wanted pregnancy were affected by swapping \( (p=.05) \). Almost fourteen percent of teenagers with unwanted pregnancy were affected by the practice of sharing a sibling’s partner, while 8.1 percent had a wanted pregnancy \( (p=.35) \). Mhlengeni affected 40.9 percent of those with unwanted pregnancy, and 32.4 percent of those with wanted pregnancy \( (p=.33) \). There was also no significant difference \( (p=.90) \) among teenage mothers with unwanted pregnancy who were affected by the practice of men sleeping with virgins \( (25.3\%) \) and 24.3 percent among those with wanted pregnancy. The sex game – spin the bottle, affected mostly those with wanted pregnancy \( (86.5\%) \) than 40.1 percent among those with unwanted pregnancy \( (p=.13) \).

Those who got pregnant because the partner wanted a baby were more among those with wanted pregnancy \( (64.9\%) \) compared to 20.2 percent among those with unwanted pregnancy \( (p=.00) \). While 5.4 percent of teenage mothers with wanted pregnancy were pressurized by family who wanted a baby, all of them ended up having a baby. Among those with unwanted pregnancy, 1.9 percent were pressurized by family, but 1.2 percent ended up having a pregnancy due to the pressure. The attitude to prove ones womanhood was high among teenage mothers with wanted pregnancy \( (48.6\%) \) compared to only 9.3 percent among teenage mothers with unwanted pregnancy \( (p=.00) \). This was also true for teenage mothers who fell pregnant because they wanted to gain respect. There were 32.4 percent teenage mothers with wanted pregnancy who thought they gain respect out of the pregnancy compared to 15.6 percent among teenage mothers with unwanted pregnancy \( (p=.01) \). Also, there was no significant difference \( (p=.84) \) among teenage mothers with wanted and wanted pregnancy who were taken advantage of sexually after substance abuse, with 9.7 and 10.8 percent respectively. This was also true for those who became pregnant because of the influence of substance abuse. There were 22.6 and 16.2 percent of teenage mothers with unwanted and wanted pregnancy who got pregnant because of the influence of substance abuse \( (p=.20) \). There were also 43.2 and 32.7 percent of teenage mothers with wanted and unwanted pregnancy who thought they had a pregnancy because they were not taught about sex by their parents \( (p=.20) \).
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Unwanted Pregnancy</th>
<th>Wanted Pregnancy</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affected by a cultural practice</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13.2</td>
<td>13.5</td>
<td>.96</td>
</tr>
<tr>
<td></td>
<td>86.8</td>
<td>86.5</td>
<td></td>
</tr>
<tr>
<td>Affected by <em>ukuthwala</em></td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>35.8</td>
<td>35.1</td>
<td>.94</td>
</tr>
<tr>
<td></td>
<td>64.2</td>
<td>64.9</td>
<td></td>
</tr>
<tr>
<td>Affected by swapping partners</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>90.7</td>
<td>100.0</td>
<td>.05</td>
</tr>
<tr>
<td></td>
<td>9.3</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Affected by sharing a sister’s partner</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>86.4</td>
<td>91.0</td>
<td>.35</td>
</tr>
<tr>
<td></td>
<td>13.6</td>
<td>8.1</td>
<td></td>
</tr>
<tr>
<td>Affected by <em>mhlangeni</em></td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>59.1</td>
<td>67.6</td>
<td>.33</td>
</tr>
<tr>
<td></td>
<td>40.9</td>
<td>32.4</td>
<td></td>
</tr>
<tr>
<td>Affected by sleeping with a virgin</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>74.7</td>
<td>75.7</td>
<td>.90</td>
</tr>
<tr>
<td></td>
<td>25.3</td>
<td>24.3</td>
<td></td>
</tr>
<tr>
<td>Affected by the sex games: spin the bottle</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>59.9</td>
<td>13.5</td>
<td>.13</td>
</tr>
<tr>
<td></td>
<td>40.1</td>
<td>86.5</td>
<td></td>
</tr>
<tr>
<td>Partner wanted baby</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>79.8</td>
<td>25.1</td>
<td>.00</td>
</tr>
<tr>
<td></td>
<td>20.2</td>
<td>64.9</td>
<td></td>
</tr>
<tr>
<td>Family wanted baby</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>98.1</td>
<td>94.6</td>
<td>.20</td>
</tr>
<tr>
<td></td>
<td>1.9</td>
<td>5.4</td>
<td></td>
</tr>
<tr>
<td>Got pregnant because family wanted baby</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>98.8</td>
<td>94.6</td>
<td>.06</td>
</tr>
<tr>
<td></td>
<td>1.2</td>
<td>5.4</td>
<td></td>
</tr>
<tr>
<td>Got pregnant because I wanted to prove my womanhood</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>90.7</td>
<td>51.4</td>
<td>.00</td>
</tr>
<tr>
<td></td>
<td>9.3</td>
<td>48.6</td>
<td></td>
</tr>
<tr>
<td>Got pregnant because I wanted to gain respect</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>84.4</td>
<td>67.6</td>
<td>.01</td>
</tr>
<tr>
<td></td>
<td>15.6</td>
<td>32.4</td>
<td></td>
</tr>
<tr>
<td>Have been taken advantage of sexually after substance abuse</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>90.3</td>
<td>89.2</td>
<td>.84</td>
</tr>
<tr>
<td></td>
<td>9.7</td>
<td>10.8</td>
<td></td>
</tr>
<tr>
<td>Substance abuse caused the pregnancy</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>77.4</td>
<td>83.8</td>
<td>.38</td>
</tr>
<tr>
<td></td>
<td>22.6</td>
<td>16.2</td>
<td></td>
</tr>
<tr>
<td>Parents did not teach me about sex caused my pregnancy</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>67.3</td>
<td>56.8</td>
<td>.20</td>
</tr>
<tr>
<td></td>
<td>32.7</td>
<td>43.2</td>
<td></td>
</tr>
</tbody>
</table>

N=294

**Cultural Factors Associated with Teenage Pregnancy**

To determine the cultural factors influencing teenage pregnancy, a parsimonious logistic regression model was fit and the results are shown in Table 18 below. The Omnibus Tests of Model Coefficients indicate that the ‘goodness of fit’ tests is highly significant (p=.00), and the pseudo R square statistics indicate that between 17 and 32 percent of the variability is explained by the set of variables in the model. The two significant variables in the sample were proving ones womanhood and the partner...
demanding for a baby. Teenage mothers who believed that a pregnancy is proof that one was a fertile woman were 89.0 percent less likely to have an unwanted first pregnancy compared to those who did not have the attitude (OR = 0.11, C.I. 0.05 – 0.32, p=.00). Also, those teenage mothers whose partners demanded for a child were 76.0 percent less to have an unwanted first pregnancy compared to teenage mothers who got pregnant because of other reasons (OR = 0.14, C.I. 0.08 – 0.32). This therefore is clear indication that the attitude of proving one’s womanhood among teenagers in the Eastern Cape Province has a negative effect on enhancing the sexual and reproductive health rights of adolescents in the province. Also, this is complemented by the submissive nature of girls to the demands by partners to give them children, leading to high levels of unwanted pregnancies.

Table 18: A Parsimonious Logistic Regression Model of Cultural Factors Associated with Unwanted Pregnancies among Teenage Mothers in the Eastern Cape Province

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>OR</th>
<th>C.I. (95%)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prove I can have a baby</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>0.11</td>
<td>(0.05 – 0.32)</td>
<td>.00</td>
</tr>
<tr>
<td>No (ref)</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner wanted a baby</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>0.14</td>
<td>(0.08 – 0.32)</td>
<td>.00</td>
</tr>
<tr>
<td>No (ref)</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Omnibus tests of Model Coefficients = .00; Pseudo $R^2 = 17-32\%$

**Discussion**

While it is tempting to assume that traditional practices are more likely to predispose teenagers to sexual activities that might result in pregnancy, the study shows that the norms held by teenagers have nothing to do with it. Instead, both the significant variables identified in this study, i.e., proving to have a baby and gaining respect might have secondary links to tradition in the sense that a woman can prove her womanhood through being fecund and fertile, by actually getting pregnant. Also, given the importance of fertility in Africa, a pregnant woman, it is believed, can conjure respect from their partners, relatives or family members, as a baby is believed to perpetuate the clan. Children are given a spiritual and social value, as they can be a gift from god or ancestral spirits, and hence a pregnancy respected. It is interesting to note that service providers did not ascribe these beliefs as contributing to teenage pregnancy.

**Psychosocial factors**

Fertility decisions are at times rational choices made out of a woman’s psychosocial circumstances. The study explores some of the psychosocial issues that could have influenced teenagers into pregnancy. Figure 20 below shows some identified psychosocial causes of teenage pregnancy provided by service providers in the Eastern Cape Province. The most identified psychosocial factors were peer pressure (85.3 percent) low self-esteem (50.0 percent), and substance abuse (48.5 percent). Other recognised factors were family stress (39.7 percent); teenage self-gratification (27.9 percent), and sexual abuse and loss of morals were lowly cited with only 1.5 percent of service providers respectively.

Figure 20: Psycho-social Causes of Teenage Pregnancy by Service Providers

N=68
To corroborate service provider’s perceptions of teenage pregnancy, teenage mothers provided a list of psychosocial factors that are envisaged to be associated with teenage pregnancy as shown in Table 19. Over 90.0 percent (90.8 percent) of the teenage mothers in the sample were of the African population group, and 9.2 percent were teenage mothers of other population groups. Almost two-thirds (61.9 percent) of the teenage mothers had sexual debut before the age of 16 years, and the rest (38.1 percent) had sexual debut after 16 years of age. The inverse is true when age at first pregnancy is considered, with 70.7 percent of teenage mothers having their first pregnancy after 16 years of age. However, the nature of sexual debut in the Eastern Cape is coercive, with 43.2 percent of teenage mothers raped at sexual debut. A quarter, (25.2 percent) of teenage mothers was in incestuous relationships at sexual debut. The proportion of teenage mothers who were ever married was 13.9 percent and 86.1 percent were never married. It is interesting to note that peer pressure is low in the Eastern Cape (16.3 percent). Results from the qualitative data shows that there are several ways in which peer pressure can influence teenagers into pregnancy. Although the proportion of the ever married teenagers is proportionally small, they were parents of the opinion that trying to encourage their teenagers into marriage was better in the sense that it avoids their children getting into multiple sexual partners and further exposing themselves to HIV and AIDS. A parent in one focus group discussion commented:

“...these children’s fathers are different and they are many. For instance, your girl can have a first child, and you know the father, and you know the traditions that the father can allow you, and then she has another child from another man, and you don’t know the father because the men are now many... This makes other parents think its better to have their child in a relationship with a person they know. They can even say why date someone who will not do anything for you, why not have a relationship with so and so, a person they know. All what the parents are doing is to bring dignity to their child and in-laws, so that she will then go and marry the man recommended by parents. The man will see that he cannot lose by paying damages, and prefer to take the girl as his wife instead, and so their marriage lasts. So culture can contribute to teenage pregnancy because children are being married early...”

Service provider, IDI: Alfred Nzo

Teenagers find themselves wanting to have a pregnancy because they want to fit into a group of peers. At times teenagers find themselves being excluded from a group because either they are not sexually experienced or they do not have a baby. Teenagers expressed the pressure in the following ways

“...It seems like you are out of style if you don’t know about sex....”
Teenage mother, FGD: Alfred Nzo

“...At times friends want to influence you or something, by talking about sex and something, then you feel outside and you want to fit in...”
Teenage mother, FGD: OR Tambo

This pressure at times is accompanied by mockery and ridicule, as some teenagers show:

“...You can see all your friends with babies and maybe you are the only one without a baby and they call you a dlolo, so you want to prove that you are not (dlolo)
Teenage mother, FGD: Alfred Nzo

“...When you have a friend in a relationship and you don’t have one. She will continuously mock you until you feel negative and then decide to join her and you find out it’s so nice and then you become pregnant...”
Teenage boy, FGD: Alfred Nzo

“...If you are in a relationship and you go to the clinic to get condoms, your friends can laugh at you that why use them, leave them...the problem is that friends do not give good advices. Also if you go to the clinic to prevent, nurses say what are you preventing when you are so young?"
Table 19: Psycho-social factors associated with first pregnancy among teenage mothers

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population group</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>9.2</td>
</tr>
<tr>
<td>African</td>
<td>90.8</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>86.1</td>
</tr>
<tr>
<td>Ever</td>
<td>13.9</td>
</tr>
<tr>
<td>Age at sexual debut</td>
<td></td>
</tr>
<tr>
<td>&lt;16 years</td>
<td>61.9</td>
</tr>
<tr>
<td>16+ years</td>
<td>38.1</td>
</tr>
<tr>
<td>Age at first pregnancy</td>
<td></td>
</tr>
<tr>
<td>&lt;16 years</td>
<td>29.3</td>
</tr>
<tr>
<td>16+ years</td>
<td>70.7</td>
</tr>
<tr>
<td>Nature of sexual debut</td>
<td></td>
</tr>
<tr>
<td>Consented</td>
<td>56.8</td>
</tr>
<tr>
<td>Raped</td>
<td>43.2</td>
</tr>
<tr>
<td>Incest</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>74.8</td>
</tr>
<tr>
<td>Yes</td>
<td>25.2</td>
</tr>
<tr>
<td>Planned pregnancy</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>82.3</td>
</tr>
<tr>
<td>Yes</td>
<td>17.7</td>
</tr>
<tr>
<td>Peer pressure</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>83.7</td>
</tr>
<tr>
<td>Yes</td>
<td>16.3</td>
</tr>
<tr>
<td>Loss of moral values</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>66.7</td>
</tr>
<tr>
<td>Yes</td>
<td>33.3</td>
</tr>
<tr>
<td>Got pregnant to leave home</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>97.3</td>
</tr>
<tr>
<td>Yes</td>
<td>2.7</td>
</tr>
<tr>
<td>Got pregnant because not in school</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>97.6</td>
</tr>
<tr>
<td>Yes</td>
<td>2.4</td>
</tr>
<tr>
<td>Rape contributes to teenage pregnancy</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>86.1</td>
</tr>
<tr>
<td>Yes</td>
<td>13.9</td>
</tr>
<tr>
<td>Got pregnant because raped</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>85.4</td>
</tr>
<tr>
<td>Yes</td>
<td>14.6</td>
</tr>
<tr>
<td>Got pregnant because seeking for love</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>73.8</td>
</tr>
<tr>
<td>Yes</td>
<td>26.2</td>
</tr>
<tr>
<td>Got pregnant because experimenting with sex</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>61.2</td>
</tr>
<tr>
<td>Yes</td>
<td>38.8</td>
</tr>
</tbody>
</table>

N=294

The study shows that the mocking is not just among girls, even boys do mock each other in their friendship circles. One teenage boy expressed:

“...Say you are friends, this one has a baby and the other not, he will be influenced by the other by saying awuna ngcosi wena (you don’t have a baby)...”

Teenage father, FGD: Chris Hani

Peer pressure has also been acknowledged by service providers and parents in this study. To explain the influence of peer pressure, a service provider noted:

“...They compete, they see a cousin with a baby, and they say I must also have a baby. They compete... “

Service provider, IDI: Alfred Nzo

One parent complemented this view by observing:
“...Teenage access information on sex from friends...some girls think that just because my friend has a baby, they think they also should have a baby whether its good or not...”
Parent (Woman), FGD: OR Tambo

The parents also associated teenage pregnancies as booster of low self-esteem among teenagers and a way of acceptability among peers:

“...Low self-esteem, peer pressure... the boys are proud of it, it boosts their image, their esteem. To prove to friends that you are not scared to have sex...”
Parent (Woman), FGD: OR Tambo

Also, most first pregnancies among teenage mothers were unplanned (82.3 percent). The reason for this was explicitly captured by one teenage mother:

“...You are in this relationship, everything goes wonderful...you don’t discuss it, because you don’t plan to become pregnant...”
Teenage Mother, FGD: Nelson Mandela Bay

This indicates that most pregnancies among teenagers are not intended, wanted nor planned as they just engage in sex for other reasons. However, they very were a few teenage mothers (2.7 and 2.4 percent) who got pregnant because they wanted to leave home or because they were out of school respectively. Although incomprehensible, teenagers think that having a pregnancy is a way to becoming independent from parental control. The following is what teenage mothers had to say:

“...At times its because of the pressure from parents. The parents want to control them (teenagers) and they (teenagers) end up doing irresponsible things like having unprotected sex and things like that...and they want to prove a point to feel free...”
Teenage mother, FGD: Alfred Nzo

“...If you don’t want to obey rules in the house, you say ah! ah, this is time to leave...Sometimes parents put pressure on the children, and maybe, sometimes circumstances at home isn’t all that good, now the child is feeling left out and there is no one to care for her and then she feels, OK, I am gonna go outside, I am gonna run away, I am gonna do my thing, and then and then gonna see to the consequences...”
Teenage mother, FGD: Alfred Nzo

While 13.9 percent of teenage mothers in the sample thought that teenage pregnancy was caused by rape, a considerable proportion of these teenage mothers (14.6 percent) got pregnant because of rape. There were also 26.2 and 38.8 percent of teenage mothers who got pregnant because they were seeking for love or were experimenting with sex respectively. Experimental sex seems to start at a young age among some teenagers.

“...It happens naturally. When you grow up you play families (imizi). One is a father and the other a mother. It just happens that you get feelings when growing up...I first heard of sex from friends when we were playing (imizi) families .One is a father and the other a mother and you have rooms. When you play in the rooms, some things happen there...”
Teenage mother, FGD: Alfred Nzo

“...We watch a lot of TV and we see it happen live, so you also feel like experiencing it on yourself...”
Teenage mother, FGD: Alfred Nzo

“...Peer pressure and unprotected sex cause teenage pregnancy. Friends tell you things about sex and you want to experience it. Even when parents advise you, you would prefer to listen to friends...”
Teenage mother, FGD: Alfred Nzo

Some factors were also strongly associated with seeking love from family. Teenagers in the sample demonstrated how those who would not get love from home would substitute it with sexual relationships. This is how they portrayed the scenarios:
“...And the other thing is that maybe at your home as a girl or boy, you don’t get love enough, they always ask you like how did you do at school, how did you do, how are the grades, and stuff like that. So the parents can ask you all the small things, they can ask you that, that can make you feel like cheap...yet we as children we think of all this stuff (yet) and we don’t talk. So if you do not find love at home, you will go seeking for it at school, maybe you will find a girlfriend and the girlfriend will tell you, I love you, you are so nice” and stuff like that, but your parents doesn’t tell that to you. At that point, you don’t wanna loose that person you know. You just want to keep them for love you see, (man) then it ends up with a baby...”

Teenage mother FGD: OR Tambo

“...Some girls go looking for father love because they do not get it at home. They get involved with bigger guys because they feel they get more attention from that guy...”

Teenage mother, FGD: Nelson Mandela Bay

“...divorce between parents can cause teenage pregnancy, by trying to get love outside when you can’t get it at home. Lack of parental love at home can lead teenagers to seek for love outside...”

Teenage mother, FGD: Cacadu

Also, a third of teenage mothers in the sample (33.3 percent) were of the opinion that teenage pregnancy was a result of loss of moral values in the country. This was captured by parents and teenagers who thought that teenagers are not taking good advice when it concerns sexual activities and pregnancy. Quotations below encapsulate these views. Parents hopelessly articulated the situation as follows:

“...Kids of today do not have any respect. Even if we are walking on the street now that I am old, the child will kiss each other with a boyfriend. Is that ok. We don’t know what to do about this. It is a big problem...”

Parent (Woman), FGD: Alfred Nzo

“...Teenage pregnancy is caused by lack of morals among our children...”

Parent (Woman), FGD: Alfred Nzo

“...If you see that a girl has reached puberty, you sit with her at the table and advise her that if you get tempted to meet with a boy, you will fall pregnant. She pretends to have heard yet she was not listening. When time goes on, you will find that she is pregnant because she was not listening...”

Parent (Woman), FGD: Alfred Nzo
Table 20: Distribution of psychosocial factors by district

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Alfred Nzo</th>
<th>Amathole</th>
<th>Cacadu</th>
<th>Chris Hani</th>
<th>Joe Gqabi</th>
<th>NMB</th>
<th>OR Tambo</th>
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N=294
Table 20 above shows the distribution of psychosocial factors in the districts of the Eastern Cape Province. While the African population group are the majority in the Eastern Cape Province, the sample shows that there were teenage mothers of other population groups were sampled in Alfred Nzo district, Amathole, Joe Gqabi, Chris Hani and OR Tambo districts had 96.7, 95.5, 95.4 and 94.9 percent African teenage mothers respectively. There were teenage mothers of other population groups Nelson Mandela Bay and Cacadu with 36.0 and 30.8 percent teenage mothers of other population groups respectively (p=.00). Those who initiated sex before the age of 16 years were predominantly in Amathole (83.3 percent), Cacadu (79.9 percent), OR Tambo (72.1 percent) and Nelson Mandela Bay with 72.0 percent. The proportions of teenage mothers who initiate sex before 16 years of age were moderate in Chris Hani (56.3 percent), Alfred Nzo (39.1 percent) and 38.6 percent in Joe Gqabi district (p=.00). However, when age at first pregnancy was considered, the proportion of those that had a pregnancy before the age of 16 dropped by half to 29.3 percent.

Half of teenage mothers were pregnant before the age of 16 years in Amathole and Cacadu respectively, with 40.0 and 31.0 percent in Nelson Mandela Bay and Chris Hani districts respectively. It was low in OR Tambo (20.3 percent), Alfred Nzo (17.4 percent) and Joe Gqabi district with 11.4 percent (p=.00). As observed above, the nature of sexual debut is mainly coercive among teenagers, and explicit rape was high in Nelson Mandela Bay district (64.0 percent). Explicit rape was moderate in Chris Hani (56.3 percent), OR Tambo (52.6 percent) and Alfred Nzo (47.8 percent). It was low in Amathole (23.3 percent), Cacadu (23.1 percent) and in Joe Gqabi district it was 15.9 percent (p=.00). Incestuous relationships were moderate in Cacadu (57.7 percent), Nelson Mandela Bay (44.0 percent) and Amathole district with 36.7 percent. Incest was low in Chris Hani (23.0 percent), OR Tambo (18.6 percent), Alfred Nzo (13.0 percent) and Joe Gqabi district (6.8 percent); (p=.00). Ever married teenage mothers were generally low in Eastern Cape, 19.2 percent in Cacadu, 16.1 percent in Chris Hani, 15.3 percent in OR Tambo, 13.0 percent in Alfred Nzo, 12.0 percent in Nelson Mandela Bay, 11.4 percent in Joe Gqabi and 6.7 percent in Amathole district (p=.85). Unplanned pregnancies among the teenage mothers in the Eastern Cape Province are too high. This also is an indicator that there is a lot that still needs to be done to enhance the sexual and reproductive health rights of teenagers in the province. Unplanned pregnancies are high in all districts, with Alfred Nzo (95.7 percent), Joe Gqabi (88.6 percent), Amathole (86.7 percent), OR Tambo (86.4 percent), Cacadu (84.6 percent), Chris Hani (74.7 percent) and Nelson Mandela Bay with 68.0 percent (p=.06). Peer pressure is also generally low in all the districts of the Eastern Cape.

Peer pressure was 26.4 percent in Chris Hani, 15.4 percent in Cacadu, 15.3 percent in OR Tambo, 13.3 percent in Amathole, 13.0 percent in Alfred Nzo, 9.1 percent in Joe Gqabi and 4.0 in Nelson Mandela Bay district (p=.08). Also low among teenage mothers were the causes of becoming pregnant, which were leaving home and not being in school. Those teenage mothers who got pregnant because they wanted to leave home were 8.7 percent in Alfred Nzo, 4.7 percent in Chris Hani, 4.0 percent in Nelson Mandela Bay, and 1.7 percent in OR Tambo district. This practice was not observed in Amathole, Cacadu and Joe Gqabi districts (p=.28). Those who got pregnant because they were not in school were only in Chris Hani and Alfred Nzo districts, with 6.9 and 4.3 percent of teenage mothers respectively. The rest of the districts, did not observe this behaviour (p=.05). Although teenage mothers who thought that rape contributes to teenage pregnancy was low (13.9 percent), it was moderate in Alfred Nzo (34.8 percent), and low in all other districts. It was 24.0 percent in Nelson Mandela Bay, 15.4 percent in Cacadu, 14.9 percent in Chris Hani, 10.2 percent in OR Tambo, 6.7 percent in Amathole and 4.5 percent in Joe Gqabi (p=.02). Rape as a cause of pregnancy was moderate in Cacadu (34.6 percent), and was low in Alfred Nzo (30.4 percent), Chris Hani (16.1 percent), Amathole (13.3 percent), Nelson Mandela Bay (12.1 percent), OR Tambo (8.5 percent) and 2.3 percent in Joe Gqabi district (p=.00). Those who got pregnant because they were seeking for love were moderate in Chris Hani and OR Tambo districts, with 34.5 and 33.9 percent of teenage mothers respectively, and was low in Alfred Nzo (26.1 percent), Cacadu (23.1 percent), Amathole (20.0 percent), Nelson Mandela Bay (16.0 percent), and 11.4 percent in Joe Gqabi districts (p=.06). When considering those who got pregnant because they were experimenting with sex, was high in Joe Gqabi (75.0 percent), was moderate in OR Tambo (57.6 percent), Alfred Nzo (56.5 percent), and 46.7 percent in Amathole district. It was low in Cacadu (23.1 percent), Chris Hani (13.8 percent) and only 8.0 percent in Nelson Mandela Bay (p=.00). Those teenage mothers who thought that teenage pregnancy was high as a result of loss of moral values was moderate in Cacadu, Alfred Nzo, OR Tambo and Nelson Mandela Bay districts with 53.8, 43.5, 37.3 and 36.0 percent respectively. It was low in Joe Gqabi, Amathole and Chris Hani districts with 31.8, 30.0 and 23.0 percent respectively.
Table 21 displays psychosocial factors that were related to the nature of pregnancy in the Eastern Cape Province. Just like unplanned pregnancies, unwanted pregnancies were high in the Eastern Cape Province in general. Among the teenage mothers who had unwanted pregnancy, 93.0 percent of them were of the African population group. Also among those with wanted pregnancy, 75.7 percent of teenage mothers were of the African population group (p=.00). The proportion of the ever married was moderate among those with wanted pregnancy (35.1 percent) and was low (10.9 percent) among those with unwanted pregnancy (p=.00). Those who initiate sex before the age of 16 years was high at 60.7 and 70.3 percent among those with unwanted and wanted pregnancy (p=.26). However, these proportions drop tremendously when age at first pregnancy is considered. Age at first pregnancy was low at 29.6 and 27.0 percent among teenage mothers with unwanted and wanted pregnancy respectively (p=.00).

Table 21: Psycho-social factors by nature of first pregnancy

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<td>97.7</td>
<td>94.6</td>
<td>.28</td>
</tr>
<tr>
<td>Yes</td>
<td>2.3</td>
<td>5.4</td>
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</tr>
<tr>
<td>Got pregnant because not in school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>97.3</td>
<td>100.0</td>
<td>.31</td>
</tr>
<tr>
<td>Yes</td>
<td>2.7</td>
<td>0.0</td>
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</tr>
<tr>
<td>Rape contributes to teenage pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>86.4</td>
<td>83.8</td>
<td>.67</td>
</tr>
<tr>
<td>Yes</td>
<td>13.6</td>
<td>16.2</td>
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<tr>
<td>Got pregnant because raped</td>
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<td></td>
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</tr>
<tr>
<td>No</td>
<td>88.4</td>
<td>78.4</td>
<td>.20</td>
</tr>
<tr>
<td>Yes</td>
<td>13.6</td>
<td>21.6</td>
<td></td>
</tr>
<tr>
<td>Got pregnant because seeking for love</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>72.4</td>
<td>83.8</td>
<td>.14</td>
</tr>
<tr>
<td>Yes</td>
<td>27.6</td>
<td>16.2</td>
<td></td>
</tr>
<tr>
<td>Got pregnant because experimenting with sex</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>63.0</td>
<td>48.6</td>
<td>.09</td>
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<tr>
<td>Yes</td>
<td>37.0</td>
<td>51.4</td>
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</tbody>
</table>

N=294
Given the relatively high rates of explicit rape, the results show that there was no significant difference (p=.72) among teenage mothers with unwanted and wanted pregnancy, who were 48.2 and 45.8 percent respectively. This was also true for incest (p=.90), with 25.3 percent among teenage mothers with unwanted pregnancy and 24.3 percent among teenage mothers with wanted pregnancy. The study indicates that teenage mothers who had a planned pregnancy were low among those teenage mothers with unwanted pregnancy (14.0 percent), and were moderate (43.2 percent) among teenage mothers with wanted pregnancy (p=.00). Peer pressure was generally low among teenage mothers with unwanted and wanted pregnancy, and it was 13.6 and 21.6 percent respectively (p=.20).

Teenage mothers who got pregnant because they wanted to leave home were low among teenage mothers with unwanted and wanted pregnancy, with 2.3 and 5.4 percent respectively (p=.28). Although there were a few teenage mothers who got pregnant because they were not in school, they were all among teenage mothers with unwanted pregnancy (2.7 percent) (p=.28). There was however no significant difference among teenage mothers with unwanted (13.6 percent) and wanted pregnancy (16.2 percent) that thought that rape contributes to teenage pregnancy (p=.67). There were also 13.6 percent of teenage mothers with unwanted pregnancy who got pregnant because of rape and 21.6 percent of teenage mothers with wanted pregnancy (p=.20). For those who got pregnant because they were seeking for love, there were 27.6 and 16.2 percent among teenage mothers with unwanted and wanted pregnancy respectively (p=.14). However, those who got pregnant because they were experimenting with sex were 37.0 and 51.4 percent among teenage mothers with unwanted and wanted pregnancy respectively (p=.09). It is interesting to note that 35.8 percent of teenage mothers with unwanted pregnancy thought their communities allowed sex before the age of 16 years, compared to 16.2 percent among teenage mothers with wanted pregnancy (p=.02).

**Psychosocial Factors Associated with Teenage Pregnancy**

To determine the psychosocial factors influencing teenage pregnancy in the Eastern Cape Province, a parsimonious logistic regression model was fit and the results are shown in Table 22 below. The Omnibus Tests of Model Coefficients indicate that the ‘goodness of fit’ tests is highly significant (p=.00), and the pseudo R square statistics indicate that between 15.0 and 29.0 percent of the variability is explained by the set of variables in the model. The results show that population group, planned pregnancy, experimental sex and marital status were the only significant variables in explaining first pregnancy among the psychosocial factors. Teenage mothers of the African population group were more than four and a half times to have an unwanted pregnancy compared to teenage mothers of other population groups (OR = 4.69, C.I. 1.72 – 12.71, p=.00). Teenage mothers who got pregnant because of experimental sex 65.0 percent less likely to have an unwanted pregnancy compared to teenage mothers who got pregnant due to other reasons. (OR = 0.35, C.I. 0.15 – 0.79, p=.01). The results show that teenage mothers who were ever married were 80.0 percent less likely to have an unwanted pregnancy compared to teenage mothers who got pregnant due to other reasons. (OR = 0.20, C.I. 0.08 – 0.51, p=.00). Also, teenage mothers who reported to have planned their pregnancy were 82.0 percent less likely to have an unwanted pregnancy compared to those teenage mothers who reported not to have planned their pregnancy. (OR = 0.18, C.I. 0.07 – 0.42, p=.00). Those teenage mothers who thought that teenage pregnancy was high because of loss of moral values were more than four times more likely to have unwanted pregnancy compared to teenage mothers who thought otherwise (OR = 4.33, C.I. 1.56 – 12.10, p=.01).
Table 22: A Parsimonious Logistic Regression Model of Psycho-social Factors Associated with Unwanted Pregnancies among Teenage Mothers in The Eastern Cape province

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>OR</th>
<th>C.I. (95%)</th>
<th>Significance</th>
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<tr>
<td>Population group</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>African</td>
<td>4.69</td>
<td>(1.73 – 12.71)</td>
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</tr>
<tr>
<td>Other (ref)</td>
<td>1.00</td>
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<td></td>
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<tr>
<td>Marital status</td>
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<tr>
<td>Ever</td>
<td>0.20</td>
<td>(0.08 – 0.51)</td>
<td>.00</td>
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<tr>
<td>Never (ref)</td>
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</tr>
<tr>
<td>Planned pregnancy</td>
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<td></td>
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</tr>
<tr>
<td>Yes</td>
<td>0.18</td>
<td>(0.07 – 0.42)</td>
<td>.00</td>
</tr>
<tr>
<td>Never (ref)</td>
<td>1.00</td>
<td></td>
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</tr>
<tr>
<td>Got pregnant because experimenting with sex</td>
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<td></td>
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</tr>
<tr>
<td>Yes</td>
<td>0.35</td>
<td>(0.15 = 0.79)</td>
<td>.01</td>
</tr>
<tr>
<td>No (ref)</td>
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<tr>
<td>Loss of moral values</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>4.33</td>
<td>(1.56 – 12.10)</td>
<td>.01</td>
</tr>
<tr>
<td>No (ref)</td>
<td>1.00</td>
<td></td>
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</tr>
</tbody>
</table>

(Omnibus tests of Model Coefficients = .00; Pseudo $R^2 = 15\% - 29\%$)

Discussion

The results show that more practice factors were important in determining pregnancy among teenagers in the Eastern Cape Province. The planning of teenage pregnancy can have effects on teenagers if misinformed. High proportions of unplanned pregnancies are a ubiquitous phenomenon among teenagers in all districts of the province. This, complemented by high levels of unwanted pregnancies, spells the dire need to curb the sexual and reproductive health rights of adolescents in the Eastern Cape Province. The need to reduce high levels of unplanned and unwanted pregnancies seems to be mainly located among teenage mothers of the African population group than teenagers of other population groups. The study reveals that the proportion of ever-married teenagers is low in the province. However, marriage seems to contribute to teenagers wanting pregnancy. Experimental sex, if done with less information can contribute to pregnancy. This problem has been largely identified in the Joe Gqabi district. Also the perception that loss of moral values contributes to teenage pregnancy is very significant in the Eastern Cape Province, affecting districts like Alfred Nzo, Cacadu, Nelson Mandela Bay and OR Tambo.

Economic factors

The Eastern Cape Province is mainly rural and poor, and hence it is assumed that teenagers may try to adopt several strategies in their relationships to complement their poor living standards. Service providers operating in The Eastern Cape Province identified five economic factors associated with teenage pregnancy, namely, wanting to access the child support grant, poverty, prostitution, gambling and issue of sugar daddies. Figure 20 below shows that poverty (65.3 percent) is perceived by the service providers to be the major contributor to teenage pregnancy, and the perverse incentive of the child support grant (75.0 percent) leads teenagers into pregnancy. However, the service providers place less emphasis on prostitution (42.6 percent), and only 8.8 percent of the service providers thought gambling and sugar daddies respectively contribute to teenage pregnancy. The issue of prostitution could be linked to that of multiple sexual partners as a cause of teenage pregnancy. Teenagers and parents in focus group discussions underscored poverty as an underlying cause of teenage pregnancy: One parent hinted:

“…They are parents who make money from children by trapping them into relationships. So that they can eat…”

Parent (Woman), FGD: Alfred Nzo

“…It happens in some household that if a parent sees that they are really poor, they think that they can marry a child into a well off family to cover their problems…”

Parent (Woman): Alfred Nzo

“…Other parents are verbally abusive, scolding you that you are not contributing anything to the family. In order to please her you will go and just do it and get pregnant in order to just please her…”

Teenage mother, FGD: Cacadu
While these statement suggests that some parents from poor households could influence their teenagers to engage in relationships so as to alleviate their poverty, the study also discovered that some teenage assess their household status and decide by themselves to engage either in transsexual relationships or find a relationship that would benefit the family.

“...Poverty also contributes. Let me give you an example, say a girl is still young and does not get everything, and they is a man who has money who will say my friend, if you give me something, I will give you money and things that you are short of at school I will give you. He is old but she will accept and sleep with him because of the empty promises...”

Parent (Woman): Alfred Nzo

“...It might be the social standing in your household. It might be that there is no financial or income or whatever, then you go out by being pressured into going out and finding something to try and bring back an income into your family that is where getting involved with bigger guys comes in. Then you go because you know he will support you financially and somewhere. Not that you are a prostitute or sell yourself to him, but you communicate and he can give you when you need because your mother is there, and your father is there but with no income, you are there and your sister, and you think you need to take responsibility...”

Teenage girl, FGD: Nelson Mandela Bay

It is normally assumed that girls are the ones who engage in transsexual relationships, with them being beneficiaries. The study observed that the inverse is also true as one teenage father indicated:

“...Poverty can contribute to teenage pregnancy. Now they are sugar mummies. They can be a sister who is so excited about me, and she is fancy with a car. What can you do when she says she likes you? Obviously she can support you to eat and be full and satisfied. This is what we live for to be full in stomachs because you cannot study when you are hungry at home, so when such an opportunity avails itself, you take it as a blessing, full stop...”

Teenage father, FGD: Alfred Nzo

However, although the majority of participants in the study were of the opinion that poverty contributes to teenage pregnancy, there was a handful that thought otherwise. These thought that teenage pregnancy was endemic, whether poor or rich. One parent observed:

“...No because even those who are not poor get pregnant...”

Parent (Woman), FGD: Alfred Nzo

Table 23 below shows some of the perceptions and practices that teenage mothers engage in that have economic implications and that might have contributed to their pregnancy. The results show that more than half (50.7 percent) of teenage mothers teenage pregnancy to sugar daddies. This is whereby girls fall in love with older men in order to get money and other goodies, including phones, transport, clothing and status. The “forces” that drive teenagers into intergenerational and multiple relationships are identified by teenagers as the 4 Cs namely; Cell phone, Car, Cash and Clothes. Some teenage mothers said:
“...With us girls we get mesmerised by man’s cars. When a guy says he loves you, you accept because you see the car he is driving and you know he has money. You know that if you accept, he will give you money, but after that, the guy will make you pregnant...”

Teenage mother, FGD: Alfred Nzo

“...Sometimes its not poverty of hunger, but that you want to keep up with those who are fashionable, and you see that so and so is putting on a Nike, and you also want a Nike, so I will find someone to buy me a Nike if I do not get it at home...

Teenage Mother, FGD: Nelson Mandela Bay

Also, a parent complemented the teenagers view by adding that the problem is not unique to urban areas, but rural as well:

“...Poverty is a problem because we cannot give our children pocket money of R100 each and every week, so therefore they will have to go and look for money everywhere, anyhow ...We tell our children to stop it because they will be prostitutes. You cannot follow all men with money. They must concentrate on what you give them, but they don’t listen...I think even in towns we have the problem of children who fall in love with people who drive cars. Children want their own money not that which they will ask from parents. Because at school she wants to carry R100 so that she can show off that she is given money from home though without saying it comes from the boyfriend. So here in the rural areas with have the same problem where children want to go to Mthatha, for free, and so they fall in love with the van drivers and the taxi drivers and they go to towns for free, they want to do hair for free. The cell phones they want are heavy ones, so the problem is here whether they want status or what, I don’t know... it’s not poverty, but just having needs...”

Parent (Man), FGD: Alfred Nzo

<table>
<thead>
<tr>
<th>Table 23: Economic factors associated with pregnancy among teenage mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Characteristics</strong></td>
</tr>
<tr>
<td>(P) Multiple sexual partners helpful</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>(P) Intergenerational partner helpful</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Intergenerational partner at sexual debut</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Intergenerational partner at first pregnancy</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Concurrent multiple sexual partner at first pregnancy</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Lifetime sexual partners</td>
</tr>
<tr>
<td>One</td>
</tr>
<tr>
<td>More than one</td>
</tr>
<tr>
<td>(P) Sugar daddies contribute to teenage pregnancy</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Got pregnant because of money</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Child Support Grant</td>
</tr>
<tr>
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</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

N=294

There were however 31.6 percent of teenage mothers who became pregnant because they were in need of money. It is however interesting to note that there were 13.6 percent of teenage mothers who said that they fell pregnant because they wanted to access the child support grant. Although this practice of getting pregnant in order to access the child support grant is relatively low in practice, it
seems to be high in people’s perceptions, hence labelled a myth. The following are some of perceptions that indicate that teenagers fall pregnant to access the child support grant.

“...I want to say we get pregnant not because it is nice, but it’s because of poverty. We want to get the grant to support our families...”

Teenage mother, FGD: Alfred Nzo

“...Culture has an effect because the parents can say there is no money in the household and hence would encourage it because they want to access the grant. They encourage it with the hope that they will access the grant which will assist them to put food on the table. If they see that the child is growing and about to exit the grant, they make sure that there will be another child to access the grant...”

Service provider, IDI: Alfred Nzo

“...Talking about poverty, Children now what to have money that they control themselves like the grant, which they can use anyhow without parental control. They know they cannot get R200 at home. So this is how they can get that R200 each and every month from the grant which is theirs. They use it to meet their demand s of their own outside those of the parents...”

Parent (man) Alfred Nzo

The reasons for wanting to access the child support grant range from families finding teenage pregnancy as an opportunity to raise an income into a poor family, to the situation whereby teenagers would get an income to satisfy their own demands without the control of parents. However, there were certain pockets of the sample who did not accent to the view that teenagers were getting pregnant to access the grant.

“I don’t think teenagers fall pregnant to get the grant. Teenagers do not have so many responsibilities to go for that...”

Teenage mother, FG: Nelson Mandela Bay

Though a proxy to poverty or self-aggrandizement in order to gratify their other needs, the perceptions that having multiple partners and intergenerational relationships as a safety net to cushion poverty were significantly high in The Eastern Cape Province, with 34.8 percent of the teenage mothers who thought that having multiple partners was beneficial and 41.2 percent thought that intergenerational relationships were helpful. In practice, it is apparent at the time the teenagers initiate sex, 25.9 percent of them are in intergenerational relationships, and by the time they proceed to have their first pregnancy, the percentage of those involved in intergenerational relationship decreased to 12.9 percent. Also, the results show that at pregnancy they were 36.1 percent of them who were involved in a concurrent multiple sexual partner relationship and 67.7 percent of them were involved in more than one sexual partner in their lifetime.

Table 24 below shows the results of economic characteristics of teenage mothers compared by district. The perception that multiple sexual partners were helpful was very high in Alfred Nzo district (91.3 percent), and was moderate in Cacadu and Chris Hani with 50.0 and 47.1 percent respectively, and was low in the rest of the districts with Nelson Mandela Bay, Amathole, Joe Gqabi and OR Tambo districts with 32.0, 23.3, 15.9 and 5.1 percent respectively (p=.00). It is interesting to note that a lot of teenage mothers in the sample had two or more lifetime sexual partners. Those with two or more lifetime sexual partners were high in Amathole (70.0 percent), Cacadu (69.2 percent), and Chris Hani with 67.8 percent. It was moderate in Joe Gqabi and Alfred Nzo with 61.4 and 56.5 percent respectively (p=.79). When concurrent multiple sexual partners were considered at first pregnancy, it was moderate in Joe Gqabi (61.4 percent), and 39.1 percent for Alfred Nzo and Chris Hani respectively, and 36.7 percent in Amathole district. It was low in OR Tambo (30.5 percent), 16.0 percent in Nelson Mandela Bay, and 11.5 percent in Cacadu district (p=.00). Those who got pregnant because they wanted money were high in Alfred Nzo with 69.6 percent, and were moderate in Nelson Mandela Bay with 48.0 percent, Amathole (30.0 percent), Chris Hani (28.7 percent), Joe Gqabi (22.7 percent) and 19.2 percent in Cacadu (p=.00). The perception that sugar daddies contributed to teenage pregnancy was high in Alfred Nzo (87.0 percent), 81.8 percent in Joe Gqabi, 73.1 percent in Cacadu, and 67.7 percent in Amathole district. It was moderate in Nelson Mandela Bay (52.0 percent), OR Tambo (49.2 percent) and 39.1 percent in Chris Hani district (p=.00). this view was
corroborated by the perception that intergenerational relationships are helpful, which was high in Alfred Nzo with 95.7 percent, and was moderate in Amathole (50.0 percent), Chris Hani (41.4 percent), Joe Gqabi (38.6 percent) and 34.6 in Cacadu district. This perception was low in OR Tambo and Nelson Mandela Bay districts with 27.1 and 24.0 percent respectively. However, teenage mothers who got pregnant because they wanted to access the child support grant was relatively high in Chris Hani and OR Tambo districts with 23.0 and 20.3 percent, and it was low in Alfred Nzo (8.7 percent), Cacadu (7.7 percent), Joe Gqabi (4.5 percent), (Nelson Mandela Bay (4.0 percent) and 3.3 percent in Amathole district (p=.01).

Table 24: Distribution of economic factors by district

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Alfred Nzo</th>
<th>Amathole</th>
<th>Cacadu</th>
<th>Chris Hani</th>
<th>Joe Gqabi</th>
<th>NMB</th>
<th>OR Tambo</th>
<th>Province</th>
<th>Sig.</th>
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<tbody>
<tr>
<td>(P) Multiple sexual partners helpful</td>
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<td>Intergenerational partner at sexual debut</td>
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<td>67.8</td>
<td>61.4</td>
<td>72.0</td>
<td>72.9</td>
<td>67.7</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>No</td>
<td>30.4</td>
<td>70.0</td>
<td>80.8</td>
<td>71.3</td>
<td>77.3</td>
<td>52.0</td>
<td>72.9</td>
<td>68.4</td>
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</tr>
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<td>Yes</td>
<td>69.6</td>
<td>30.0</td>
<td>19.2</td>
<td>28.7</td>
<td>22.7</td>
<td>48.0</td>
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<td></td>
<td></td>
<td></td>
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<tr>
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<td>91.3</td>
<td>96.7</td>
<td>92.3</td>
<td>77.0</td>
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<td>96.0</td>
<td>79.7</td>
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<td>3.3</td>
<td>7.7</td>
<td>23.0</td>
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<td>4.0</td>
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</tr>
</tbody>
</table>

N=294

When economic characteristics are compared by population groups, the results in Table 25 show that there was no significant difference in the perceptions that sugar daddies contribute to teenage pregnancy by population group (p=.14). There were 52.1 and 37.0 percent teenage mothers of the African population group and teenage mothers of other population groups who had this perception.
Table 25: Economic factors by Population Group

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Other Population Group</th>
<th>African Population Group</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P) Multiple sexual partners helpful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>70.4</td>
<td>65.5</td>
<td>.61</td>
</tr>
<tr>
<td>Yes</td>
<td>29.6</td>
<td>34.5</td>
<td></td>
</tr>
<tr>
<td>(P) Intergenerational partner helpful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>70.4</td>
<td>57.7</td>
<td>.20</td>
</tr>
<tr>
<td>Yes</td>
<td>29.6</td>
<td>42.3</td>
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<td>Intergenerational partner at sexual debut</td>
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</tr>
<tr>
<td>No</td>
<td>77.8</td>
<td>73.8</td>
<td>.65</td>
</tr>
<tr>
<td>Yes</td>
<td>22.2</td>
<td>26.2</td>
<td></td>
</tr>
<tr>
<td>Intergenerational partner at first pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>85.2</td>
<td>87.3</td>
<td>.75</td>
</tr>
<tr>
<td>Yes</td>
<td>14.8</td>
<td>12.7</td>
<td></td>
</tr>
<tr>
<td>Concurrent multiple sexual partner at first pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>85.2</td>
<td>61.8</td>
<td>.02</td>
</tr>
<tr>
<td>Yes</td>
<td>14.8</td>
<td>38.2</td>
<td></td>
</tr>
<tr>
<td>Lifetime sexual partners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One</td>
<td>59.3</td>
<td>29.6</td>
<td>.00</td>
</tr>
<tr>
<td>More than one</td>
<td>40.7</td>
<td>70.4</td>
<td></td>
</tr>
<tr>
<td>Money</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>77.8</td>
<td>67.4</td>
<td>.27</td>
</tr>
<tr>
<td>Yes</td>
<td>22.2</td>
<td>32.6</td>
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<td>Child Support Grant</td>
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</tr>
<tr>
<td>No</td>
<td>85.2</td>
<td>86.5</td>
<td>.85</td>
</tr>
<tr>
<td>Yes</td>
<td>14.8</td>
<td>13.5</td>
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</tr>
</tbody>
</table>

N=294

There was also no significant difference among teenage mothers by population group who thought that multiple sexual partners were helpful, with 34.5 and 29.6 percent among the African teenage mothers and teenage mothers of other population groups (p=.61). Neither was there any difference in the perception that intergenerational relationships are helpful, with 42.3 and 29.6 percent among the African teenage mothers and teenage mothers of other population groups (p=.20).

There was also no significant difference among teenage mothers by population group who initiated sex and had a first pregnancy while being in an intergenerational relationship. There were 26.2 and 22.2 percent teenage mothers of the African population group and teenage mothers of other population groups who initiated sex while in an intergenerational sexual relationship (p=.65). Also, there were 12.7 and 14.8 percent teenage mothers of the African population group and teenage mothers of other population groups who had their first pregnancy while in an intergenerational sexual relationship (p=.75). However, when teenage mothers were asked if they were in a concurrent multiple sexual partner relationship at first pregnancy, there were 38.2 percent of African teenage mothers and 14.8 percent of teenage mothers of other population groups (p=.02). Also, 70.4 percent of African teenage mothers had two or more lifetime sexual partners compared to 40.7 percent among teenage mothers of other population groups (p=.00). While 32.6 and 22.2 percent of African teenage mothers and teenage mothers of other population groups respectively got pregnant because they wanted money (p=.27), there were 13.5 and 14.8 percent of African teenage mothers and teenage mothers of other population groups who got pregnant because they wanted to access the child support grant (p=.85).

The results of economic factors were compared by the nature of first pregnancy among the teenage mothers in the Eastern Cape Province are shown in Table 26 below. The study shows that there was a significant difference (p=.00) in the perception that multiple sexual relationships are beneficial among teenage mothers with an unwanted pregnancy (37.7 percent) and those with a wanted pregnancy (8.1 percent). There was however no significant difference among teenage mothers with unwanted pregnancy (42.8 percent) to those with wanted pregnancy (29.7 percent) that thought that intergenerational relationships were beneficial (p=.13). While there were 26.5 and 21.6 percent of teenage mothers with unwanted and wanted pregnancy respectively who initiated sex while in
intergenerational sexual relationships (p=.13), there were 11.3 and 24.3 percent of teenage mothers with unwanted and wanted pregnancy who were in an intergenerational sexual relationship at first pregnancy (p=.03). There were 36.2 and 35.1 percent teenage mothers with unwanted and wanted pregnancies respectively who were in concurrent multiple sexual relationships at first pregnancy (p=.90). Also, there were 67.7 and 67.6 percent teenage mothers with unwanted and wanted pregnancies respectively who had two or more lifetime sexual partners (p=.99). There were 52.1 percent teenage mothers with unwanted pregnancy who thought sugar daddies contributed to teenage pregnancy, and 40.5 percent among teenage mothers with wanted pregnancy (p=.19). Although 31.5 percent of teenage mothers with unwanted pregnancy got pregnant because they wanted money, there were 22.4 percent of teenage mothers with wanted pregnancy (p=.91). Also 14.0 percent of teenage mothers with unwanted pregnancy got pregnant because they wanted to access the child support grant compared to 10.8 percent among teenage mothers with wanted pregnancy (p=.60). This also true for teenage mothers who had two or more lifetime sexual partners, with 67.7 percent teenage mothers with unwanted pregnancy and 67.6 percent teenage mothers with wanted pregnancy (p=.99). There were also 14.0 and 10.8 percent teenage mothers with unwanted and wanted respectively who reported getting pregnant because they wanted to access the child support grant.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Unwanted pregnancy</th>
<th>Wanted pregnancy</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P) Multiple sexual partners helpful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>62.3</td>
<td>91.9</td>
<td>.00</td>
</tr>
<tr>
<td>Yes</td>
<td>37.7</td>
<td>8.1</td>
<td></td>
</tr>
<tr>
<td>(P) Intergenerational partner helpful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>57.2</td>
<td>70.3</td>
<td>.13</td>
</tr>
<tr>
<td>Yes</td>
<td>42.8</td>
<td>29.7</td>
<td></td>
</tr>
<tr>
<td>Intergenerational partner at sexual debut</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>73.5</td>
<td>78.4</td>
<td>.53</td>
</tr>
<tr>
<td>Yes</td>
<td>26.5</td>
<td>21.6</td>
<td></td>
</tr>
<tr>
<td>Intergenerational partner at first pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>88.7</td>
<td>75.7</td>
<td>.03</td>
</tr>
<tr>
<td>Yes</td>
<td>11.3</td>
<td>24.3</td>
<td></td>
</tr>
<tr>
<td>Concurrent multiple sexual partner at first pregnancy</td>
<td></td>
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<tr>
<td>No</td>
<td>63.8</td>
<td>64.9</td>
<td>.90</td>
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<td>36.2</td>
<td>35.1</td>
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<td>Lifetime sexual partners</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>One</td>
<td>32.3</td>
<td>32.4</td>
<td>.99</td>
</tr>
<tr>
<td>More than one</td>
<td>67.7</td>
<td>67.6</td>
<td></td>
</tr>
<tr>
<td>Money</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>68.5</td>
<td>67.6</td>
<td>.91</td>
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<td>Yes</td>
<td>31.5</td>
<td>32.4</td>
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<tr>
<td>Child Support Grant</td>
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</tr>
<tr>
<td>No</td>
<td>86.0</td>
<td>89.2</td>
<td>.60</td>
</tr>
<tr>
<td>Yes</td>
<td>14.0</td>
<td>10.8</td>
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<td>Sugar daddies contribute to teenage pregnancy</td>
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<td></td>
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<tr>
<td>No</td>
<td>47.9</td>
<td>59.5</td>
<td>.19</td>
</tr>
<tr>
<td>Yes</td>
<td>52.1</td>
<td>40.5</td>
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</tr>
</tbody>
</table>

**N=294**

**Economic Factors Associated with Teenage Pregnancy**

To determine the economic factors influencing teenage pregnancy, a parsimonious logistic regression model was fit and the results are shown in Table 27 below. The Omnibus Tests of Model Coefficients indicate that the ‘goodness of fit’ tests is highly significant (p=.00), and the pseudo R square statistics indicate that between 7.0 and 13.0 percent of the variability is explained by the set of variables in the model. The results show that the perception that multiple sexual partners are helpful and being in a concurrent multiple sexual relationship at first pregnancy were the only significant variables in explaining wanted pregnancy among the economic factors. Teenage mothers who perceived multiple sexual partners as helpful were more than seven times more likely to have an unwanted pregnancy compared to those who did not think that multiple sexual partners were helpful.(OR = 7.45, C.I. 2.20 – 25.21, p=.00). The results also show that teenage mothers who were in a concurrent multiple sexual relationship at first pregnancy were 66.0 percent less likely to have an unwanted pregnancy.
compared to those who were not in a concurrent multiple sexual relationship at first pregnancy (OR = 0.34, C.I. 0.14 – 0.82, p=.02). The results could be a vindication that those who perceive multiple sexual relationships as beneficial could be in the relationships for transactional sex without wanting a pregnancy, hence are more likely not to want a pregnancy. For those who were in concurrent multiple sexual relationships at first pregnancy were less likely to have an unwanted pregnancy most likely due to the fact that they would expect to gain respect or be loved more in the relationship compared to other partners.

Table 27: A parsimonious logistic regression model of economic factors associated with unwanted pregnancies among teenage mothers in the Eastern Cape Province

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>OR</th>
<th>C.I. (95%)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P) Multiple sexual partners helpful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No (ref)</td>
<td>7.45</td>
<td>(2.20 – 25.21)</td>
<td>.00</td>
</tr>
<tr>
<td>Yes</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intergenerational partner at first pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>0.34</td>
<td>(0.14 – 0.82)</td>
<td>.02</td>
</tr>
<tr>
<td>Yes (ref)</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Omnibus tests of Model Coefficients = .00; Pseudo R² = 7.0% - 13%)

Discussion

Poverty is seems to be rife and there are no differences in the circumstances in which teenagers find themselves. As such, teenagers find themselves holding negatives perceptions that intergenerational relations and having multiple sexual partners will help them. This leads them into concurrent multiple sexual partners, and also results in them having more than one lifetime sexual partners. While these practices as strategies by the youth to alleviate poverty, they however are further exposed to STIs, in particular, HIV and AIDS. While the myth that teenagers fall pregnant because they want to access the child support grant, the results show that the proportion of teenagers with the practice is low.

Household factors

Service providers in the study identified four household factors associated with teenage pregnancy in the Eastern Cape Province. Figure 22 below shows that the most commonly cited household problem was that of family separation (91.3 percent), either because children are staying with other relatives or that the parents have divorced, separated or deceased. Household separation is largely the result of the latter, to HIV and AIDS; migration, and in South Africa, the legacy of labour migration is still strong; marital dissolutions like divorce or separation; and economic factors whereby families are forced to separate because economically they are not viable and resort to sending children to stay with other relatives. Another household factor identified was household size. About a third of service providers indicated that large household size contributes to teenage pregnancy (36.8 percent). This could be largely to the fact that in large families there is little privacy and these teenagers are exposed to adult sexual encounters. As such, lack of parental supervision has also been identified as a factor (27.9 percent) as a considerable proportion of children are under the care givers who are not biological parents. Also due to high levels of poverty in the province, lack of basic needs in households (58.8 percent) has been identified as a problem contributing to teenage pregnancy.

Figure 22: Household Factors Causing Teenage Pregnancy by Service Providers
Table 28 below provides the household characteristics of teenage mothers in the Eastern Cape and substantiates some of the observations of service providers provided in Figure 21 above. The results show that the mean household size of where teenagers are residing is 4.5 individuals, indicating that a lot of pregnant and teenage mothers come from large families. In terms of household basic needs, the findings show that a majority (74.5 percent) of teenage mothers came from household without running water, which could indicate that the Eastern Cape Province is largely rural and poor. However, the reverse is true for electricity, where almost 66.7 percent of teenage mothers have access to electricity. Also a majority of teenage mothers (79.6 percent) had access either to a landline phone or a mobile phone in their households. A relatively moderate proportion of the teenage mothers (33.3 percent, had access to a computer, while only 10.2 percent had access to the Internet despite having access to phones or computers. About half of the teenagers (49.0 percent), had access to a radio in their households. Only 5.4 percent could access a library close to their households. The sample shows that only 47.3 percent of the teenage mothers resided in formal dwellings, with almost a quarter residing in informal dwellings (24.5 percent) and traditional dwellings (22.1 percent). There were however 6.2 percent of teenage mothers who resided in other forms of dwellings.

Table 28: Household factors associated with first pregnancy

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Percentage</th>
</tr>
</thead>
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<td>Household size</td>
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</tr>
<tr>
<td>Mean</td>
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</tr>
<tr>
<td>Running water</td>
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<td>No</td>
<td>74.5</td>
</tr>
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<td>Yes</td>
<td>25.5</td>
</tr>
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<td>Electricity</td>
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<td>No</td>
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<td>66.7</td>
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<td>Phone</td>
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<td>No</td>
<td>20.4</td>
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<td>Computer</td>
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<td>No</td>
<td>66.7</td>
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<td>33.3</td>
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<td>Radio</td>
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<td>49.0</td>
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<td>10.2</td>
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<td>Library</td>
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<td>94.6</td>
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<td>Yes</td>
<td>5.4</td>
</tr>
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<td>District</td>
<td></td>
</tr>
<tr>
<td>Alfred Nzo</td>
<td>7.8</td>
</tr>
<tr>
<td>Amathole</td>
<td>10.2</td>
</tr>
<tr>
<td>Cacadu</td>
<td>8.8</td>
</tr>
<tr>
<td>Chris Hani</td>
<td>29.6</td>
</tr>
<tr>
<td>Joe Gqabi</td>
<td>15.0</td>
</tr>
<tr>
<td>Nelson Mandela Bay</td>
<td>8.5</td>
</tr>
<tr>
<td>OR Tambo</td>
<td>20.1</td>
</tr>
<tr>
<td>Parent Survival Status</td>
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<td>Both Parents Alive</td>
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</tr>
<tr>
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<td>Maternal Orphan</td>
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<td>Dual Orphan</td>
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<td>Caregiver</td>
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<td>Parent(s)</td>
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<td>Alone</td>
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<td>Other Relatives</td>
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<td>Informal dwelling</td>
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<td>Traditional dwelling</td>
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</tr>
<tr>
<td>Other dwelling</td>
<td>6.1</td>
</tr>
<tr>
<td>Lack of parental supervision contributes to teenage pregnancy</td>
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</tr>
<tr>
<td>No</td>
<td>53.1</td>
</tr>
<tr>
<td>Yes</td>
<td>46.9</td>
</tr>
</tbody>
</table>

N=294
The profile of the teenage mothers in the province show that 29.6 percent were from Chris Hani, 20.1 percent from OR Tambo, 15.0 percent from Joe Gqabi, 10.2 percent from Amathole, 8.8 percent from Cacadu, 8.5 percent from Nelson Mandela Bay, and 7.8 percent from Alfred Nzo district. A considerable proportion of the teenage mothers seem to have been affected by family separation, either through mortality or by staying away from biological parents. Almost two-thirds (58.2 percent) of teenage mothers in the province were orphaned. Of the orphans, 20.1 percent were paternal orphans, 11.9 percent were maternal orphans and dual orphans constituted 26.2 percent of the sample. In explaining the effects of parenting, one parent observed the following:

“...Maybe single parenting, because sometimes it's tough to deal alone with all the circumstances...”
Parent (Woman), FGD: Cacadu

On the obverse, half of the teenagers in the sample were under the care of someone not a parent(s). Those under the care of a parent(s) were 50.0 percent of the sample, and those who were under the care of another relative comprised 31.6 percent of the sample, and those who stayed alone were 8.2 percent, while 10.2 percent stayed with a partner. With regards inadequate care from caregivers, one teenager signified:

“...Say your parents are dead and you are staying with relatives and they are not giving you adequate money, you end up looking for money...”
Teenage boy FGD: Alfred Nzo

This condition seems often to be found whereby a child is orphaned or either where the biological parents give away a child to be fostered by other relatives. In most cases, already given the high levels of poverty among households in the province, these children find them needier and end up improvising their situations. Also 48.9 percent of the teenage mothers thought that lack of parental supervision contributed to teenage pregnancy. The messages that came through from the focus group discussions pertaining to parental supervision was that parents were so lax with regards the welfare and up bringing of their children. Simply put, one teenage mother observed:

“...Parents are not interested in their children’s social life. They don’t worry what the children do and where they are and what they doing, they don’t worry...”
Teenage mother, FGD: Nelson Mandela Bay

Household factors were compared by population group in the province as shown in Table 29 below. The mean household size of teenage mothers of other population groups was 5.1, higher than 4.5 of African teenage mothers, although there were no significant difference between them (p=.08). On household basic needs, the difference by population groups was in access to electricity and libraries. There were 68.9 percent teenage mothers of the African population group who had access to electricity compared to 44.4 percent among teenage mothers of other population groups (p=.01). There were however 18.5 percent teenage mothers of other population groups who had access to libraries from their households compared to 4.1 percent among teenage mothers of the African population group (p=.00). There were significant differences in other household basic needs between population groups. There were 37.0 and 24.3 percent teenage mothers of other population groups and teenage mothers of the African population group who had access to running water in their households. Access to phones was almost ubiquitous with 74.1 and 80.1 percent teenage mothers of other population groups and teenage mothers of the African population group who had access to phones (p=.46). Access to computers was moderate in all population groups with 40.7 percent among teenage mothers of other population groups and 33.0 percent among teenage mothers of the African population group (p=.42). The internet was lowly accessed with teenage of other population groups (14.8 percent) and 8.7 percent among teenage mothers of the African population group (p=.41).

The sample shows that 33.3 percent of teenage mothers from other population groups were from Nelson Mandela bay, 29.6 percent from Cacadu, 14.8 percent from Chris Hani, 11.1 percent from OR Tambo, 7.4 percent from Joe Gqabi and 3.7 percent from Amathole district. African teenage mothers were mostly sampled in Chris Hani (31.1 percent), OR Tambo (21.0 percent), Joe Gqabi (15.7 percent), Amathole (10.9 percent), Alfred Nzo (8.6 percent), Cacadu (6.7 percent) and Nelson Mandela Bay with 6.0 percent (p=.00). Lack of parental supervision was also identified as contributing to teenage pregnancy, with 47.9 and 37.0 percent of teenage mothers of the African population group
and teenage mothers of other population groups identifying the problem (p=.28). Also, orphan hood was high among all population groups. There were 40.7 percent teenage mothers of other population groups who had both parents alive compared to 41.9 percent among the African teenage mothers. While there were 18.5 and 14.8 percent paternal and maternal orphans among the teenage mothers of other population groups, there were 20.2 and 11.6 percent paternal and maternal orphans among the African teenage mothers respectively. Over a quarter, 25.9 and 26.2 percent of teenage mothers of the other population groups and the African teenage mothers were dual orphans (p=.97). There was also no significant difference between the teenage mothers of other population groups and the African teenage mothers when their caregivers were compared. There were 50.2 and 48.1 percent teenage mothers of the African population group and teenage mothers of other population groups who stayed with a parent(s). Those who stayed alone were 11.1 percent among teenage mothers of other population groups compared to 7.9 percent among teenage mothers of the African population group.

A considerable proportion of teenage mothers stayed with other relatives, with 31.8 and 29.6 percent of teenage mothers of the African population group and other population groups respectively. Among teenage mothers of the other population groups, 11.1 percent were staying with a partner, compared to 10.1 percent among teenage mothers of the African population group (p=.94). However, the findings confirm that more teenage mothers among other population groups resided in formal dwellings (63.0 percent) compared to 45.7 percent among the African population group. Less teenage mothers of the other population groups were resided in informal and traditional dwellings compared to teenage mothers of the African population group, with 14.8 and 7.4 percent among teenage mothers of other population groups compared to 25.5 and 23.6 percent respectively among teenage mothers of the African population group. There were however more teenage mothers of other population groups who resided in other dwellings (14.8 percent) compared to 5.2 percent of the African teenage mothers (p=.03).
When the household characteristics are then compared to the nature of pregnancy, the results are shown in Table 30 below. The mean household size of teenage mothers with unwanted pregnancy is 4.5 compared to 4.6 for teenage mothers with unwanted pregnancy (p=.88). The only household basic need that was significantly different among teenage mothers with unwanted and wanted pregnancy was access to a radio in a household. There were 46.7 percent of teenage mothers with unwanted pregnancy who had access to a radio in their households compared to 64.9 percent among teenage mothers with wanted pregnancy (p=.04). There were 21.6 percent of teenage mothers with wanted pregnancy accessing running water in their household compared to 26.1 percent teenage mothers with unwanted pregnancy (p=.56). There were also 66.5 and 67.6 percent teenage mothers with unwanted and wanted pregnancy respectively accessing electricity (p=.90). Access to phones was high for teenage mothers with unwanted pregnancy (80.2 percent) and those with wanted pregnancy (75.7 percent) (p=.53). However, access to computers was relatively low for both teenage mothers with unwanted pregnancy (35.0 percent) and those with wanted pregnancy (24.3 percent) (p=.20). Access to the internet was even lower with 10.9 and 5.4 of teenage mothers with unwanted and wanted pregnancy respectively having access to the internet (p=.30). There were 5.1 percent teenage
mothers with unwanted pregnancy who had access to a library compared to 8.1 percent of teenage mothers with wanted pregnancy (p=.45).

Unwanted pregnancies were relatively high in Chris Hani (30.7 percent), OR Tambo (18.7 percent) and Joe Gqabi (14.4 percent), and relatively low in Amathole (11.6 percent), Cacadu (8.9 percent), Alfred Nzo (*.6 percent) and Nelson Mandela Bay with 7.4 percent. On the obverse, wanted pregnancies were relatively high in OR Tambo (29.7 percent), Chris Hani (21.6 percent), Joe Gqabi (18.9 percent), Nelson Mandela Bay (16.2 percent), and was low in Cacadu (8.1 percent) and was 2.7 percent in Alfred Nzo and Amathole respectively. There were 47.9 percent of teenage mothers with unwanted pregnancy thought that lack of parental supervision contributes to the problem of teenage pregnancy compared to 40.5 percent of teenage mothers with wanted pregnancy (p=.40). There were also 41.6 and 43.2 percent teenage mothers with unwanted and wanted pregnancy who still had both their parents alive (p=.05). Paternal orphans among those with wanted pregnancy (35.1 percent) were almost twice as many compared to those with unwanted pregnancy (17.9 percent), yet there were 12.5 and 8.1 percent maternal orphans among teenage mothers with unwanted and wanted pregnancy. Also, dual orphans were more among teenage mothers with unwanted pregnancy (28.0 percent) compared to 13.5 percent among teenage mothers with wanted pregnancy (p=.01).

The housing category reflects no significant difference (p=.33) between teenage mothers with unwanted and wanted pregnancy. There were 49.0 and 35.1 percent teenage mothers with unwanted and wanted pregnancies respectively, who resided in formal dwellings. However, 23.7 percent of teenage mothers with unwanted pregnancy resided in informal dwellings, while there were 29.7 percent teenage mothers with wanted pregnancy. Also, 21.8 and 23.3 percent of teenage mothers with unwanted and wanted pregnancy respectively resided in traditional dwellings, while 5.4 and 19.8 percent of teenage mothers with unwanted and wanted pregnancy respectively resided in other types of dwellings (p=.33). Also, the findings show that 48.6 and 59.5 percent of teenage mothers with unwanted and wanted pregnancy respectively stayed with a biological parent (s). There were 8.9 and 2.7 percent teenage mothers with unwanted and wanted pregnancy, who stayed alone, and 8.6 and 21.6 percent of teenage mothers with unwanted and wanted pregnancy that stayed with a partner. A considerable proportion of the teenage mothers, 33.9 and 16.2 percent teenage mothers with unwanted and wanted pregnancy that stayed with other relatives (p=.01).
### Table 30: Household factors associated with first pregnancy by nature of pregnancy

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Unwanted</th>
<th>Wanted</th>
<th>Significance</th>
</tr>
</thead>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Mean</td>
<td>4.5</td>
<td>4.6</td>
<td>.88</td>
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<tr>
<td>Running water</td>
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<td></td>
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<tr>
<td>No</td>
<td>73.9</td>
<td>78.4</td>
<td>.56</td>
</tr>
<tr>
<td>Yes</td>
<td>26.1</td>
<td>21.6</td>
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</tr>
<tr>
<td>Electricity</td>
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</tr>
<tr>
<td>No</td>
<td>33.5</td>
<td>32.4</td>
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</tr>
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<td>66.5</td>
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</tr>
<tr>
<td>Phone</td>
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<tr>
<td>No</td>
<td>19.9</td>
<td>24.3</td>
<td>.53</td>
</tr>
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<td>Yes</td>
<td>80.2</td>
<td>75.7</td>
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</tr>
<tr>
<td>Computer</td>
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<tr>
<td>No</td>
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<td>75.7</td>
<td>.20</td>
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<td>35.0</td>
<td>24.3</td>
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<tr>
<td>Radio</td>
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<tr>
<td>No</td>
<td>53.3</td>
<td>35.1</td>
<td>.04</td>
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<td>46.7</td>
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<tr>
<td>Library</td>
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<tr>
<td>No</td>
<td>94.9</td>
<td>91.9</td>
<td>.45</td>
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<td>5.1</td>
<td>8.1</td>
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<tr>
<td>Alfred Nzo</td>
<td>8.6</td>
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<td>Amathole</td>
<td>11.3</td>
<td>2.7</td>
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<tr>
<td>Cacadu</td>
<td>8.9</td>
<td>8.1</td>
<td></td>
</tr>
<tr>
<td>Chris Hani</td>
<td>30.7</td>
<td>21.6</td>
<td></td>
</tr>
<tr>
<td>Joe Gqabi</td>
<td>14.4</td>
<td>18.9</td>
<td></td>
</tr>
<tr>
<td>Nelson Mandela Bay</td>
<td>7.4</td>
<td>16.2</td>
<td></td>
</tr>
<tr>
<td>OR Tambo</td>
<td>18.7</td>
<td>29.7</td>
<td></td>
</tr>
<tr>
<td><strong>Parent Survival Status</strong></td>
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<tr>
<td>Both Parents Alive</td>
<td>41.6</td>
<td>43.2</td>
<td>.05</td>
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<td>Paternal Orphan</td>
<td>17.9</td>
<td>35.1</td>
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<td>Maternal Orphan</td>
<td>12.5</td>
<td>8.1</td>
<td></td>
</tr>
<tr>
<td>Dual Orphan</td>
<td>28.0</td>
<td>13.5</td>
<td></td>
</tr>
<tr>
<td><strong>Caregiver</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent(s)</td>
<td>48.6</td>
<td>59.5</td>
<td>.01</td>
</tr>
<tr>
<td>Alone</td>
<td>8.9</td>
<td>2.7</td>
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<tr>
<td>Other Relatives</td>
<td>33.9</td>
<td>16.2</td>
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<tr>
<td>Partner</td>
<td>8.6</td>
<td>21.6</td>
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<tr>
<td><strong>Housing Category</strong></td>
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<tr>
<td>Formal dwelling</td>
<td>49.0</td>
<td>35.1</td>
<td>.33</td>
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<tr>
<td>Informal dwelling</td>
<td>23.7</td>
<td>29.7</td>
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<tr>
<td>Traditional dwelling</td>
<td>21.8</td>
<td>24.3</td>
<td></td>
</tr>
<tr>
<td>Other dwelling</td>
<td>5.4</td>
<td>10.8</td>
<td></td>
</tr>
<tr>
<td><strong>Lack of parental supervision contributes to teenage pregnancy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>52.1</td>
<td>59.5</td>
<td>.40</td>
</tr>
<tr>
<td>Yes</td>
<td>47.9</td>
<td>40.5</td>
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</tr>
</tbody>
</table>

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**Household Factors Associated with Teenage Pregnancy**

To determine the household factors influencing teenage pregnancy, a parsimonious logistic regression model was fit and the results are shown in Table 31 below. The Omnibus Tests of Model Coefficients indicate that the 'goodness of fit' tests is highly significant (p=.00), and the pseudo R square statistics indicate that between 7.0 and 14.0 percent of the variability is explained by the set of variables in the model. The results show that parental survival status, caregiver and household ownership of a radio were the only significant variables in explaining unwanted pregnancy among the household factors. The study shows that paternal orphans were 57.0 percent less likely to have an unwanted pregnancy compared to teenage mothers who had both their biological parents alive (OR = 0.43, C.I. 0.18 – 1.02, p=.06). There was however no significant difference in unwanted pregnancy between teenage mothers who were maternal and dual orphans compared to teenage mothers with both parents alive. Paternal orphans apparently show to be 43.0 percent more likely to have an unwanted pregnancy, they were not significantly different from teenage mothers with both parents alive (OR = 1.43, C.I. 0.36 – 5.65, p=.61). Also, dual orphans apparently showed to be 75.0 more
likely to have an unwanted pregnancy, they were also not significantly different from both parents alive (OR = 1.75, C.I. 0.54 – 5.74, p=.35). Another important factor explaining unwanted pregnancy in the Eastern Cape was caregivers of teenage mothers. The study shows that teenage mothers who stayed with a partner were 72.0 percent less likely to have an unwanted pregnancy compared to teenage mothers who stayed with a biological parent(s) (OR = 0.28, C.I. 0.10 – 0.82, p=.02). Although apparently teenage mothers who stayed alone or with another relative indicated to have more likely have had an unwanted pregnancy compared to teenage mothers staying with biological parent(s), the difference was not statistically significant. While teenage mothers who stayed alone were twice more likely to have an unwanted pregnancy compared to teenage mothers staying with biological parent(s), there was no statistical difference between them (OR = 2.38, C.I. 0.29 – 19.36, p=.42). On household assets, owning a radio was significant in explaining variations among factors contributing to teenage pregnancy. Those teenage mothers who are in households with a radio were 57.0 percent less likely to have an unwanted pregnancy compared to those teenage mothers in households without a radio (OR = 0.43, C.I. 0.20 – 0.95, p=.04).

Table 31: A parsimonious logistic regression model of economic factors associated with unwanted pregnancies among teenage mothers in the Eastern Cape Province

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>OR</th>
<th>C.I. (95%)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Survival Status</td>
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<td></td>
</tr>
<tr>
<td>Paternal Orphan</td>
<td>0.43</td>
<td>(0.18 – 1.02)</td>
<td>.06</td>
</tr>
<tr>
<td>Maternal Orphan</td>
<td>1.43</td>
<td>(0.36 – 5.65)</td>
<td>.61</td>
</tr>
<tr>
<td>Dual Orphan</td>
<td>1.75</td>
<td>(0.54 – 5.74)</td>
<td>.35</td>
</tr>
<tr>
<td>Both Parents Alive (ref)</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alone</td>
<td>2.38</td>
<td>(0.29 – 19.36)</td>
<td>.42</td>
</tr>
<tr>
<td>Other Relatives</td>
<td>1.92</td>
<td>(0.68 – 5.42)</td>
<td>.22</td>
</tr>
<tr>
<td>Partner</td>
<td>0.28</td>
<td>(0.10 – 0.82)</td>
<td>.02</td>
</tr>
<tr>
<td>Parent(s) (ref)</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>0.43</td>
<td>(0.20 – 0.95)</td>
<td>.04</td>
</tr>
<tr>
<td>No (ref)</td>
<td>1.00</td>
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</tr>
</tbody>
</table>

(Omnibus tests of Model Coefficients = .00; Pseudo $R^2 = 7.0\% - 14\%$)

However, when these key household variables are compared by district as shown in Table 32 below, and they show that the distribution of paternal orphans was low (20.1 percent) in all the districts, with Joe Gqabi (27.3 percent), Cacadu (26.9 percent), Alfred Nzo (21.7 percent) and Chris Hani (20.7 percent). It was very low in OR Tambo (16.9 percent), Nelson Mandela Bay (16.0 percent) and 10.0 percent in Amathole (p=.01). Those who stayed with a partner were 15.3 percent of the sample. And was relatively moderate in Cacadu (16.4 percent), OR Tambo (15.3 percent), Nelson Mandela Bay (12.0 percent) and 10.3 percent in Chris Hani district. It was low in Alfred Nzo (8.7 percent), Amathole (6.7 percent) and 2.3 percent in Joe Gqabi district (p=.40). Possession of a radio in households was high in Alfred Nzo (87.0 percent). It was moderate in Joe Gqabi (61.4 percent), OR Tambo (54.2 percent), Amathole (46.7 percent), Nelson Mandela Bay (44.0 percent) and Chris Hani with 37.9 percent. Cacadu (26.9 percent) was the only district with the possession of radio in households being low.

Table 32: Distribution of household factors by district

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Alfred Nzo</th>
<th>Amathole</th>
<th>Cacadu</th>
<th>Chris Hani</th>
<th>Joe Gqabi</th>
<th>NMB</th>
<th>OR Tambo</th>
<th>Province</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
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<td>Parent Survival Status</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Both Parents</td>
<td>47.8</td>
<td>43.3</td>
<td>23.1</td>
<td>50.6</td>
<td>43.2</td>
<td>40.0</td>
<td>33.9</td>
<td>41.8</td>
<td>.01</td>
</tr>
<tr>
<td>Paternal</td>
<td>21.7</td>
<td>10.0</td>
<td>26.9</td>
<td>20.7</td>
<td>27.3</td>
<td>16.0</td>
<td>16.9</td>
<td>20.1</td>
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</tr>
<tr>
<td>Maternal</td>
<td>26.1</td>
<td>10.0</td>
<td>3.8</td>
<td>10.3</td>
<td>6.8</td>
<td>4.0</td>
<td>20.3</td>
<td>11.9</td>
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<tr>
<td>Dual</td>
<td>4.3</td>
<td>36.7</td>
<td>46.2</td>
<td>18.4</td>
<td>22.7</td>
<td>40.0</td>
<td>28.8</td>
<td>26.2</td>
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<tr>
<td>Caregiver</td>
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<td></td>
<td></td>
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<tr>
<td>Parent(s)</td>
<td>65.2</td>
<td>46.7</td>
<td>34.8</td>
<td>51.7</td>
<td>56.8</td>
<td>52.0</td>
<td>44.1</td>
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<td>.40</td>
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<tr>
<td>Alone</td>
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<td>10.0</td>
<td>15.4</td>
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<td>4.0</td>
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<tr>
<td>Other</td>
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<td>15.3</td>
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<td>Partner</td>
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<td>73.1</td>
<td>62.1</td>
<td>38.6</td>
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<td>45.8</td>
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<td>61.4</td>
<td>44.0</td>
<td>54.2</td>
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N=294
Discussion

These results in general could indicate that single mothers have a positive influence in nurturing their teenagers. This could be a result of the fact that these mothers have more time with their daughters, at times even sharing the same room with them for everyday activities. This could play a big role in the supervision of these teenagers. Also, for obvious reasons of wanting to prove paternity, teenage mothers who stay with partners are more likely to want to have a pregnancy than teenagers. Ownership of a radio in a household does not normally guarantee that teenagers listen to reproductive and health programmes, although they are at a greater advantage than those who do not have radios. However, a radio can also be an indicator of higher socio-economic status.

Knowledge, sources and information barriers

Knowledge and barriers

Lack of sex and contraception knowledge can expose adolescent girls into pregnancy. Thus, misinformed perceptions, attitudes and knowledge can serve as barriers to prevention of unsafe sex and pregnancy. Approximately 60.3 percent of service providers in the Eastern Cape Province indicated that teenage pregnancy is a result of lack of proper information on sexual and reproductive health issues among the teenagers as shown in Figure 27 below.

Figure 23: Assessment of knowledge among teenagers by service providers

The teenage mothers in the sample were asked a battery of questions to test their knowledge on pregnancy. Table 33 below provides the list of questions and responses from the teenage mothers. When the knowledge on question are then scored on a scale of 0 to 6, with 6 being the highest score of knowing everything and 0 the score of knowing nothing, and the mean being 3.0. The study shows that the mean score of teenage mothers in the Eastern Cape Province was 2.6, meaning that they were below average, hence more likely not to have knowledge on sex, pregnancy and contraception issues. The results show that 10.5 percent had no knowledge on sex, pregnancy and contraception issues, and 46.3 percent of the sample was below average. Most teenage mothers (64.3 percent) knew that using condoms every time one has sex can prevent a pregnancy. Other fairly known questions were that that one can fall pregnant at sexual debut (50.3 percent), that one can fall pregnant when having sex while standing (43.5 percent), and that they had a right to termination of pregnancy (41.8 percent) knew that using condoms every time one has sex can prevent a pregnancy. Other fairly known questions were that that one can fall pregnant at sexual debut (50.3 percent), that one can fall pregnant when having sex while standing (43.5 percent), and that they had a right to termination of pregnancy (41.8 percent) knew that using condoms every time one has sex can prevent a pregnancy. Other fairly known questions were that that one can fall pregnant at sexual debut (50.3 percent), that one can fall pregnant when having sex while standing (43.5 percent), and that they had a right to termination of pregnancy (41.8 percent) knew that using condoms every time one has sex can prevent a pregnancy. Other fairly known questions were that that one can fall pregnant at sexual debut (50.3 percent), that one can fall pregnant when having sex while standing (43.5 percent), and that they had a right to termination of pregnancy (41.8 percent) knew that using condoms every time one has sex can prevent a pregnancy. Other fairly known questions were that that one can fall pregnant at sexual debut (50.3 percent), that one can fall pregnant when having sex while standing (43.5 percent), and that they had a right to termination of pregnancy (41.8 percent) knew that using condoms every time one has sex can prevent a pregnancy. Other fairly known questions were that that one can fall pregnant at sexual debut (50.3 percent), that one can fall pregnant when having sex while standing (43.5 percent), and that they had a right to termination of pregnancy (41.8 percent) knew that using condoms every time one has sex can prevent a pregnancy. Other fairly known questions were that that one can fall pregnant at sexual debut (50.3 percent), that one can fall pregnant when having sex while standing (43.5 percent), and that they had a right to termination of pregnancy (41.8 percent) knew that using condoms every time one has sex can prevent a pregnancy. Other fairly known questions were that that one can fall pregnant at sexual debut (50.3 percent), that one can fall pregnant when having sex while standing (43.5 percent), and that they had a right to termination of pregnancy (41.8 percent) knew that using condoms every time one has sex can prevent a pregnancy. Other fairly known questions were that that one can fall pregnant at sexual debut (50.3 percent), that one can fall pregnant when having sex while standing (43.5 percent), and that they had a right to termination of pregnancy (41.8 percent) knew that using condoms every time one has sex can prevent a pregnancy.
Table 33: Knowledge of Pregnancy and Contraception Issues by Teenage Mothers

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Percentage</th>
<th>Score of knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can fall pregnant at sexual debut</td>
<td>50.3</td>
<td>50.3</td>
</tr>
<tr>
<td>Know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td>49.7</td>
<td></td>
</tr>
<tr>
<td>Can prevent pregnancy by using condoms every time having sex</td>
<td>64.3</td>
<td>64.3</td>
</tr>
<tr>
<td>Know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td>36.7</td>
<td></td>
</tr>
<tr>
<td>Can fall pregnant having sex standing</td>
<td>43.5</td>
<td>43.5</td>
</tr>
<tr>
<td>Know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td>57.5</td>
<td></td>
</tr>
<tr>
<td>Have a right to TOP</td>
<td>41.8</td>
<td>41.8</td>
</tr>
<tr>
<td>Know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td>59.2</td>
<td></td>
</tr>
<tr>
<td>Contraceptives cause fertility problems at older ages</td>
<td>36.7</td>
<td>36.7</td>
</tr>
<tr>
<td>Know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td>63.3</td>
<td></td>
</tr>
<tr>
<td>Can use emergency contraception to prevent pregnancy</td>
<td>28.2</td>
<td>28.2</td>
</tr>
<tr>
<td>Know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td>72.8</td>
<td></td>
</tr>
</tbody>
</table>

| N=294                                                                           |

However, there were a lot of myths around issues of contraception and condoms among teenagers in the sample. These referred to use of contraceptives and condoms. With regards contraceptives, the two issues raised were that it wasted the body and that it would be difficult to conceive after use of contraception. Some of the highlighted myths on contraception quoted were as follows:

“...Other people say if you use injection you will grow fatter and fatter...”
Teenage mother, FGD: OR Tambo

“...Some say if you are on contraceptives (ucwangiswa) your body gets wasted, and you do become loose... and also it affects your fertility that you can fail to have children...”
Teenage mother, FGD: Cacadu

“...Injections make your body to be loose such that you can’t wear miniskirts...”
Teenage mother, FGD: Chris Hani

“...There is view that if you use injections, you can struggle to have a baby when you need it, so most girls are afraid to use injections...”
Teenage mother, FGD: OR Tambo

“...They say it destroys the ovaries and you will never conceive again...”
Teenage mother, FGD: OR Tambo

While teenagers have information on use of contraceptives, such information as shared above can deter most teenagers from using contraceptives and hence resulting in unwanted pregnancies. Also, condom use, a method that prevents against sexually transmitted diseases and pregnancy was mostly highlighted as the easiest form of contraception teenagers can use. Condoms seem to be widely distributed in the Eastern Cape Province, albeit other areas. One parent in a focus group discussion observed that:

“...Government is helping with condoms and awareness programmes, it is easy to get condoms here but children do not like them...”
Parent (Woman), FGD: Alfred Nzo

However, to confirm that teenagers prefer having unsafe sex. Although disturbing and worrying, this is what some had to say:

“...My brother we as guys don’t feel grand to use a condom because it’s like you are playing. The girls love feeling it. So I leave to the Lord to protect me otherwise that thing (condom) is unusable...” Teenage father, FGD: Alfred Nzo
“...We do not feel the sex when we use a condom, there is a difference when you put a condom, and it’s not so hot when you put a condom, so it’s better not to use a condom. The satisfaction is not the same...”

Teenage father, FGD: Chris Hani

“...Some teenagers say if you are using condoms you don’t feel it, and some say you cannot eat a sweet from the paper...”

Teenage father, FGD: Alfred Nzo

Although it is mostly the male teenagers who raised the issue that they do not enjoy sex with a condom, the female teenagers highlighted that either they are forced to have sex without a condom or male partners crack the condom without their knowledge.

“... Guys do not like using condoms so they force us to have sex without and we end up pregnant...”

Teenage mother, FGD: Alfred Nzo

Just like other forms of contraception, there are myths that are associated with the use of condoms especially among teenage girls. The following are but some of the myths that were raised:

“...Some say the condom cracks you and causes STIs...”

Teenage mother, FGD: Chris Hani

“...They say when you starting to have say, don’t use a condom because it might be more painful...”

Teenage mother, FGD: Cacadu

However, some teenagers have even blamed the government efforts in distributing condoms as contributing to teenage pregnancy. One teenager succinctly expressed:

“...Even the government has a hand to teenage pregnancy, you can’t go around giving people condoms and expect them not to have sex, so we use those condoms, but other times when you are drunk, no there is no use. In Xhosa we have a saying, “Kwaze wazingela uphete itiyo, kumele uyitshiye itiyo ngamanye amaxhesha”, (You don’t go to the jungle carrying salt when you are hunting animals), it’s like the government is saying that...Government must stop distributing condoms to teenagers, they should be age limits...”

Teenage father, FGD: Chris Hani

So some of the reasons why teenagers do not like condoms include style, none availability of supplies of contraception in clinics, and male partners cheating on teenage girls.

“...Clinics provide condoms, but nowadays children do want condoms from the clinics, they want Love, Durex, and Strawberry flavour etc., they don’t want now this choice stuff, that stuff is oily man... girls don’t like it. The clinics don’t provide information, they just put it there....”

Teenage father, FGD: OR Tambo

“...It’s not easy for us to use pills as school pupils because it means that you need not to miss some, it needs one who is used to treatment. ...”

Teenage mother, FGD: Cacadu

“...Even if you use condoms, the problem is that men break the condoms deliberately, and you might end up pregnant...”

Teenage mother, FGD: Chris Hani

“...Some people do not use condoms because they have a short penis, so they do not have a size of a condom....”

Teenage father, FGD: Chris Hani

Table 34 below shows the distribution of knowledge by district in the Eastern Cape Province. The results indicate that there was only one district whose mean score on knowledge was above average, and it was Joe Gqabi district (3.6). The rest of the districts were below average, with Amathole (3.1), OR Tambo (2.8), Alfred Nzo and Chris Hani with a score of 2.4 respectively, and Cacadu and Nelson...
Mandela Bay with a score of 2.2 respectively (p=.00). The average score was significantly different between Joe Gqabi and Alfred Nzo (p=.01), Cacadu (p=.00), Chris Hani (p=.00), Nelson Mandela Bay (p=.00) and OR Tambo (p=.05). The only province not significantly different from Joe Gqabi was Amathole (p=.64). More than half (50.3 percent) of the teenage mothers knew that a girl can fall pregnant at sexual debut. It was moderate in OR Tambo (67.8 percent), Amathole (63.3 percent), Joe Gqabi (54.5 percent), Nelson Mandela Bay (44.0 percent) and Cacadu with 34.6 percent. It was low in Alfred Nzo district with 30.4 percent (p=.01).

Knowledge that using condoms every time having sex can prevent pregnancy was high in Joe Gqabi, Amathole and Chris Hani with 88.6, 76.7 and 70.1 percent respectively. It was moderate in all the other districts with Alfred Nzo (56.5 percent), Cacadu (50.0 percent), Nelson Mandela Bay (48.0 percent) and 47.5 percent in OR Tambo (p=.00). Knowledge that one can fall pregnant while having sex standing was moderate in Joe Gqabi (63.6 percent), Amathole (60.0 percent), OR Tambo (49.2 percent), Nelson Mandela Bay (40.0 percent), Cacadu (38.5 percent), Alfred Nzo (34.8 percent) and Chris Hani district with 28.7 percent (p=.00). Those who knew they had a right to terminate pregnancy were high in Joe Gqabi (79.5 percent), and moderate in OR Tambo (52.5 percent), Amathole (50.0 percent) and Alfred Nzo (43.5 percent). It was low in Cacadu, Chris Hani and Nelson Mandela Bay with 26.9, 23.0 and 20.0 percent respectively. Knowledge about contraception and related problems at older ages was moderate in Amathole (50.0 percent), Joe Gqabi (47.7 percent) and OR Tambo (40.7 percent). It was low in Nelson Mandela Bay (32.0 percent), Cacadu (30.8 percent), Alfred Nzo (30.4 percent) and Chris Hani with 28.7 percent (p=.21). Those who knew that emergency contraception can prevent pregnancy were moderate among teenage mothers in Chris Hani (36.8 percent), and Alfred Nzo and Cacadu with 34.8 and 34.6 percent respectively. It was low in Joe Gqabi (29.5 percent), Nelson Mandela Bay (20.3 percent) and Amathole district with 28.7 percent (p=.05).

Table 34: Distribution of knowledge by district

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Alfred Nzo</th>
<th>Amathole</th>
<th>Cacadu</th>
<th>Chris Hani</th>
<th>Joe Gqabi</th>
<th>NMB</th>
<th>OR Tambo</th>
<th>Province</th>
<th>Sig.</th>
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</thead>
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<tr>
<td>Score of knowledge Mean</td>
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<td>3.1</td>
<td>2.2</td>
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<td>3.6</td>
<td>2.2</td>
<td>2.8</td>
<td>2.7</td>
<td>.00</td>
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<tr>
<td>Can fall pregnant at sexual debut</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know</td>
<td>30.4</td>
<td>63.3</td>
<td>34.6</td>
<td>43.7</td>
<td>54.5</td>
<td>44.0</td>
<td>67.8</td>
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<td>.01</td>
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<td>56.3</td>
<td>45.5</td>
<td>56.0</td>
<td>32.2</td>
<td>49.7</td>
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</tr>
<tr>
<td>Can prevent pregnancy by using condoms every time having sex</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know</td>
<td>56.5</td>
<td>76.7</td>
<td>50.0</td>
<td>70.1</td>
<td>88.6</td>
<td>48.0</td>
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<td>64.3</td>
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<td>50.0</td>
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<td>11.4</td>
<td>52.0</td>
<td>52.5</td>
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<td>Can fall pregnant having sex standing</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>38.5</td>
<td>28.7</td>
<td>63.6</td>
<td>40.0</td>
<td>49.2</td>
<td>43.5</td>
<td>.00</td>
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<td>71.3</td>
<td>36.4</td>
<td>60.0</td>
<td>50.8</td>
<td>56.5</td>
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<tr>
<td>Have a right to TOP</td>
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<tr>
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<td>50.0</td>
<td>26.9</td>
<td>23.0</td>
<td>79.5</td>
<td>20.5</td>
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<td>47.5</td>
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<td>80.0</td>
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<td>Contraceptives cause fertility problems at older ages</td>
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<td></td>
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<tr>
<td>Know</td>
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<td>68.0</td>
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<tr>
<td>Can use emergency contraception to prevent pregnancy</td>
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<td></td>
<td></td>
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<tr>
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<td>6.7</td>
<td>34.6</td>
<td>36.8</td>
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<td>28.0</td>
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<td>65.4</td>
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<td>70.5</td>
<td>62.0</td>
<td>79.7</td>
<td>71.8</td>
<td></td>
</tr>
</tbody>
</table>

N=294

When knowledge of sexual and contraceptive issues was compared by population group, the results in Table 35 below show that there was no significant difference in all but one of the questions asked. The significant difference was found in knowledge on use of emergency contraceptives to prevent pregnancy.
There were 48.1 percent teenage mothers of other population groups who knew of the contraceptive compared to 28.2 percent among the African teenage mothers (p=.02). Knowledge was generally below average for all population groups. Although more African teenage mothers knew that pregnancy could happen at sexual debut, had a right to terminate pregnancy and that emergency contraception prevents pregnancy compared to teenage mothers of other population groups, there were more teenage mothers of other population groups who knew that usage of condoms every time having sex prevents pregnancy, that one can fall pregnant when having sex standing, and that contraceptives can cause fertility problems at older ages compared to the African teenage mothers. Despite these apparent variations between these population groups, the differences were not statistically different.

Table 35: Knowledge by population group

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Other Population Group</th>
<th>African Population Group</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score of knowledge</td>
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<td></td>
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</tr>
<tr>
<td>Mean</td>
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<td>2.6</td>
<td>.65</td>
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<tr>
<td>Can fall pregnant at sexual debut</td>
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<tr>
<td>Know</td>
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<td>51.3</td>
<td>.30</td>
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<tr>
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<tr>
<td>Can prevent pregnancy by using condoms every time having sex</td>
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</tr>
<tr>
<td>Know</td>
<td>70.4</td>
<td>63.7</td>
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</tr>
<tr>
<td>Don’t know</td>
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<td></td>
</tr>
<tr>
<td>Can fall pregnant having sex standing</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Know</td>
<td>51.9</td>
<td>42.7</td>
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<tr>
<td>Know</td>
<td>33.3</td>
<td>42.7</td>
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<td>Don’t know</td>
<td>66.7</td>
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<td>Contraceptives cause fertility problems at older ages</td>
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<tr>
<td>Know</td>
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<td>37.1</td>
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<tr>
<td>Don’t know</td>
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<td>Can use emergency contraception to prevent pregnancy</td>
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<tr>
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<td>51.9</td>
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</table>

N=294

Table 36 below compares knowledge on pregnancy and contraception issues by nature of pregnancy in the Eastern Cape Province. The results also show that there was no significant difference among teenage mothers with unwanted and wanted pregnancy on these issues.

Table 36: Knowledge by nature of first pregnancy

<table>
<thead>
<tr>
<th>Characteristics</th>
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<th>Wanted</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score of knowledge</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>2.6</td>
<td>3.0</td>
<td>.10</td>
</tr>
<tr>
<td>Can fall pregnant at sexual debut</td>
<td></td>
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<tr>
<td>Know</td>
<td>48.6</td>
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<td>.12</td>
</tr>
<tr>
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<td>51.4</td>
<td>37.8</td>
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</tr>
<tr>
<td>Can prevent pregnancy by using condoms every time having sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know</td>
<td>64.2</td>
<td>64.9</td>
<td>.94</td>
</tr>
<tr>
<td>Don’t know</td>
<td>35.2</td>
<td>35.1</td>
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<tr>
<td>Can fall pregnant having sex standing</td>
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<tr>
<td>Know</td>
<td>40.1</td>
<td>67.6</td>
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<tr>
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</tr>
<tr>
<td>Have a right to TOP</td>
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</tr>
<tr>
<td>Know</td>
<td>42.0</td>
<td>40.5</td>
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<td>58.0</td>
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<tr>
<td>Know</td>
<td>36.2</td>
<td>40.5</td>
<td>.61</td>
</tr>
<tr>
<td>Don’t know</td>
<td>63.8</td>
<td>59.5</td>
<td></td>
</tr>
<tr>
<td>Can use emergency contraception to prevent pregnancy</td>
<td></td>
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<td></td>
</tr>
<tr>
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<td>27.0</td>
<td>.86</td>
</tr>
<tr>
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<td>73.0</td>
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</tr>
</tbody>
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N=294
Sources of Information and barriers

Sources of information for teenagers are categorised into three groups; community support, media and technology, and amenities.

a) Community Support and barriers

Figure 24 below provides a list of sources of information for sexual and reproductive health from communities in which they reside. The study shows that in the Eastern Cape Province, the majority of teenagers get their information from friends (71.8 percent) family members (46.3 percent) and community members (43.5 percent). There were 16.0 and 3.7 percent of service providers who reported that teenagers get information from parents and religious leaders respectively.

Figure 24: Community support as a source of Information

It is interesting to note that in the qualitative study, the teenage mothers identified all other community support sources of information except for community and family members specifically. As already shown above under peer pressure, a lot of teenage mothers cited friends as mostly influential in them getting into sex and pregnancy. Also, parents have already been discussed under culture, and the opinion is that parents are afraid to talk sex with their children due to traditional or religious reasons. It would suffice to quote a teenage mother who viewed that although parents try to talk to their children, it is in most instances too late:

“...We do not talk to our parents about sex...the first day you had sex they do not tell you anything, they wait for you to get pregnant first, and then they start telling you...”
Teenage mother, FGD: Chris Hani

The other issue that was raised concerning parents as a source of information was that if a teenager was asking more information about sex, it would raise suspicion among parents that the child was engaging or intending to engage in sex, hence parents would start to tighten supervision over the teenager. On reappraisal, therefore most teenagers would then avoid talking issues of sex so that they can proceed to indulge into sex with tight supervision.

“...Asking your parents about sex might lead your parents not to allow you to leave the house, and if you want to leave the house to visit a friend, they will think you are going to see a boyfriend, so they will take you to the friends gate and wait for you, and so will not even have time to chat to your friends, or even going to the library, just because you asked about sex...”
Teenage mother, FGD: Alfred Nzo
It is interesting to note that though they were a few teenage mothers who had religious leaders as their source, a lot of teenagers had a lot of reservations in approaching them as a source for sexual information. Comments mostly from teenagers speak for themselves:

“...In churches they say sex before marriage is a sin...”
Teenage mother, FGD: Amathole

“...In church abstinence is encouraged, they do not talk about sex and what needs to be done...”
Teenage mother, FGD: OR Tambo

“...At church we do not talk about sex, sex is considered worldly not Christians...”
Teenage mother, FGD: Alfred Nzo

“...At church you are known to be a faithful, so you get scared to talk about sex as they will question you, how a faithful can have sex...”
Teenage father, FGD: Chris Hani

“...You can’t speak about sex in church, it's disrespectful...in church we speak about God! God! God! ”
Teenage father, FGD: Chris Hani

“...If you are saved, you must not fall in love, so I will be afraid to get information from the pastor...”
Teenage mother, FGD: Alfred Nzo

The silence on sex in most places of worship is loud. There is strict reproach on teenagers who engage into sex before marriage, and it is touted among members of these places of worship. As a result, those who flout the commands are penalised, and this brings shame to members. It is this shame that seems to keep teenage members in chaste as observed above.

“...In church, when you impregnate or become pregnant, the excommunicate you (bayakusika) until further notice...”
Teenage father, FGD: Alfred Nzo

However, besides issues of faith and excommunication, teenagers also highlighted the fact that at times approaching religious leaders could invite unintended consequences upon them, as one teenage mother put it:

“...If you go to a pastor and ask him about sex, he can realise that you are old enough and want to have an affair with you, yet you just wanted information and he wants an affair...it would seem like you are interested in him if you ask him about sex...”
Teenage mother, FGD: Chris Hani

The above observation is paradoxical as the religious leaders are supposed to lead by example. However, if this is happening, it means that our teenagers do not have much public space in which they could be safe as they could be exposed to sexual activities even by people that are supposed to be trustworthy to them, and could deter them from sourcing information from places of worship. Nonetheless, some places of worship seem to have structures in place to curb such eventualities as observed above. One parent had this to say:

“...As a Christian, the first thing is that if a child wants to talk about sex, she is taken as an unbeliever who goes against the belief system, but churches are different, they are somewhere such things can be discussed. But in churches, you cannot just talk about sex, if you have a problem, there are people that you approach to talk to... in our church we have branches for women, youth, and children. We also have branches for girl youths and male youths, and men have their group as well. But I am not sure whether these structures are in all churches...”
Parent, FGD: Chris Hani

The distribution of community sources of knowledge by district is provided in Table 37 below. The findings show that there was no significant difference among teenage mothers by district who sourced information from parents and religious leaders. However, the study shows that the differences were
significant by district among those who sourced information from family members, community members and friends. Teenage mothers who got information from family members were high in Cacadu (73.1 percent) and moderate in Nelson Mandela Bay (56.0 percent), Amathole (60.0 percent), Alfred Nzo (47.8 percent), OR Tambo (47.5 percent) and Chris Hani with 41.4 percent. It was low in Joe Gqabi district with 22.7 percent (p=.00). Those teenage mothers who got information from community members were high in Cacadu (76.9 percent), and were moderate in Nelson Mandela Bay (56.0 percent), Amathole (53.3 percent), Alfred Nzo (47.8 percent), and OR Tambo (44.1 percent) and Chris Hani district with 34.5 percent. It was low in Joe Gqabi district with 25.0 percent (p=.00). Those teenage mothers who got information from friends were high in Alfred Nzo (95.7 percent), Joe Gqabi (84.1 percent), OR Tambo (79.7 percent) and Chris Hani district with 67.8 percent. It was moderate in the rest of the districts, with Amathole, Cacadu and Nelson Mandela Bay districts with 63.3, 53.8 and 52.0 percent of the teenage mothers respectively getting information from friends (p=.00).

Table 37: Distribution of community sources of information by district

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Alfred Nzo</th>
<th>Amathole</th>
<th>Cacadu</th>
<th>Chris Hani</th>
<th>Joe Gqabi</th>
<th>NMB</th>
<th>OR Tambo</th>
<th>Province</th>
<th>Sig.</th>
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N=294

The distribution of community support factors as sources of information on sexual and contraceptive issues among teenage mothers by population groups are shown in Table 38 below. The findings show that there were no significant differences by population groups among teenage mothers who got their information from religious leaders, family and community members. The results also show that there were 48.1 percent teenage mothers of other population groups who got information from parents compared to only 12.7 percent among African teenage mothers (p=.00). However, there were 74.2 percent African teenage mothers who got information from friends compared to 48.1 percent teenage mothers of other population groups (p=.00).

Table 38: Distribution of community support by population group

<table>
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<tr>
<th>Characteristics</th>
<th>Other Population Group</th>
<th>African Population Group</th>
<th>Sig.</th>
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<td>96.3</td>
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N=294
Table 39 below shows the distribution of community support as sources of information by nature of pregnancy. The results show that there were no significant differences among teenage mothers with wanted and unwanted pregnancy getting information from parents, friends and family and community members. The only significant difference was observed among teenage mothers who got information from religious leaders. There were 10.8 percent teenage mothers who had wanted pregnancy compared to 2.7 percent teenage mothers with unwanted pregnancy who got information from religious leaders (p=.02).

Table 39: Distribution of community support by nature of first pregnancy

<table>
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<th>Characteristics</th>
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<td>40.5</td>
<td>.10</td>
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<tr>
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<td>Community member</td>
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<td>59.5</td>
<td>.69</td>
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<td>44.0</td>
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</tr>
<tr>
<td>Friends</td>
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<td>73.2</td>
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</tbody>
</table>

N=294

b) Media and Technology

Figure 25 below shows the list of media and technology sources of information among the teenage mothers in the Eastern Cape Province. The results show that the most popular sources of media and technology are radio and television, and the Internet, with 43.5 and 41.8 percent of teenagers using these sources of information on sexual and reproductive issues. Books (15.0 percent) were also reported as sources of information.

Figure 25: Media and technology as sources of information

All stakeholders in the study, i.e., parents, service providers and the teenagers seem to agree that the television is the most common source of information for teenagers. More than anything, it has become clear that the TV is viewed to have negative effect in influencing teenagers into sexual activities. One service provider from an individual interview observed as follows:

"... Oh my God!! The media is killing our country. And what is happening at home, the parents just say, you are not going to watch that soapie, but the parents are not
always there. And the learners then will jump to it. Our learners like watching Television. You can’t watch them until 11, 12. And immediately as you control them, and say you are not going to watch the TV at 11, they will be curious to see why you saying that. And when you are not there they will watch. Even other learners will say what happened, what happened? My advice is that the parents should tell the learners that in that soapie, you will see people doing this and this and this, and after the soapie, you come back and say what was educational in that. What was the motive behind what was happening? Let me make some example, they like Bold and Beautiful, and in this Bold and Beautiful there is this lady called Brooke who always has children not knowing who is the father, so which means they are not using condoms, they are not abstaining, they are not faithful, so

Service provider, II: Chris Hani

Also, a parent was in support of the above, and added:

“... I think they get a lot of information on TV. If there is any event that is sexually related on TV, you hear them laugh; this also influences them to have sex...”
Parent (Woman), FGD: Alfred Nzo

Attesting to the negative effects of TV, the following is what the teenagers themselves had to say:

“... I have learnt about sex from watching porn movies...”
Teenage mother, FGD: Cacadu

“...The media, especially eTV, on Fridays late at night at 10 pm they show movies that make me sexually active....”
Teenage mother, FGD: Alfred Nzo

“... We get styles from pornography....”
Teenage mother, FGD: Chris Hani

Another source of information that was identified was the Internet. Mainly the phones as well as computers can access the Internet. This is interesting to note because although the mobile phones were not categorically specified as a source of information, the focus group discussions highlighted that they were a common medium through which information via the Internet was accessed. Referring to the Internet, this is what teenagers observed:

“...Children are downloading pornographic materials on their cell phones, and when they watch, they feel like practicing it...”
Teenage mother, FGD: Amathole

“... You go to the library or go to the internet and you get it....”
Teenage mother, FGD: Nelson Mandela Bayl

However, on the Internet, despite the fact that a lot of teenagers have access to mobile phones, some teenagers still expressed the limitation to access the Internet because they do not have access to computers. As one teenager said:

“... Not all of us have access to computers...”
Teenage mother, FGD: Nelson Mandela Bayl

Also, as part of media teenagers observed that they were a lot of negative media in the localities they reside. Mainly back door abortionists or traditional healers who claim to panel bit private parts to suit their clients distribute the negative media as posters or pamphlets. One teenager captured these ideas by saying:

“...The only things you see are those advertisements of abortion and penis enlargement. If you going to the rank you will see people taking those papers, it’s a normal thing. So they promote having sex here. I will say that just because we don’t have any programmes, say OK, we have a lot of High schools here, but there is no tournament that all the schools will play this tournament. So we don’t have anything to
The distribution of media and information sources of information is shown in Table 40 below. The findings show that TV or radio as a source of information was high in Cacadu (73.1 percent), and was moderate in Amathole (63.3 percent), Alfred Nzo (60.9 percent), Nelson Mandela Bay (52.0 percent), and 39.1 percent in Chris Hani district. It was low in OR Tambo and Joe Gqabi districts with 28.8 and 27.3 percent respectively (p=.00). Information from the internet was also high in Cacadu (73.1 percent), and was moderate in Amathole (56.7 percent), Alfred Nzo (52.2 percent), Nelson Mandela Bay (52.0 percent), and 45.8 percent in OR Tambo district. It was low in Chris Hani and Joe Gqabi districts with 32.2 and 15.9 percent respectively (p=.00). The use of books as a source of information was only moderate in Alfred Nzo (60.9 percent), and was low in all the other districts with Chris Hani (18.4 percent), Nelson Mandela Bay (12.0 percent), Cacadu (11.5 percent), Amathole (10.0 percent), Joe Gqabi (6.8 percent) and 3.4 percent in OR Tambo district (p=.00).

Table 40: Distribution of media and technology sources of information by district

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Alfred Nzo</th>
<th>Amathole</th>
<th>Cacadu</th>
<th>Chris Hani</th>
<th>Joe Gqabi</th>
<th>NMB</th>
<th>OR Tambo</th>
<th>Province</th>
<th>Sig.</th>
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</table>

N=294

When media and technology sources of information were compared by population groups, as in Table 41, the findings show that there were no significant differences among teenage mothers by population group in getting information from the TV or radio, the internet or books.

Table 41: Distribution of media and technology sources of information by population group

<table>
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<th>Characteristics</th>
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N=294

The various sources of media and technology were examined by nature of pregnancy and the results in Table 42 below also show that there were no significant differences among teenage mothers by population group in getting information from the TV or radio, the internet or books.

Table 42: Distribution of media and technology sources of information by nature of first pregnancy

<table>
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<tr>
<td>Yes</td>
<td>42.4</td>
<td>37.8</td>
<td></td>
</tr>
<tr>
<td>Books No</td>
<td>84.8</td>
<td>86.5</td>
<td>.79</td>
</tr>
<tr>
<td>Yes</td>
<td>15.2</td>
<td>13.5</td>
<td></td>
</tr>
</tbody>
</table>

N=294
c) Amenities

Teenage mothers in the study also referred to amenities such as schools and clinics as sources of information on sexual and reproductive health issues. Figure 26 below shows that there were 51.4 and 30.3 percent of the teenage mothers in the Eastern Cape Province who got their information from the clinics and schools respectively.

Figure 26: Amenities as source of Information in the Eastern Cape Province

With regards amenities as sources of information, there was a lot of mention of schools and clinics. Less was mentioned of libraries. A majority of teenage mothers seem to appreciate the information got from schools as indicated in the following quotations:

“...The children get sex education in Life Orientation and life Science. We are open because our subjects require that we be open. We also used to have peer education at our school, and awareness campaigns are there...”
Service provider, II: Alfred Nzo

“... We get information on teenage pregnancy through life orientation and other students when they are discussing issues...”
Teenage mother, FGD: Chris Hani

However, there are still some learners who are of the opinion that the teachers are not giving them adequate information about sex, as one teenager observed in a focus group discussion:

“... Our teacher is Christian she does not tell us about sex...”
Teenage mother, FGD: OR Tambo

“... Even in our school there are not telling us of pregnancies, the peer educators are concentrating on drugs alone. We don’t even get condoms at school. Clinics are nearby but if you try to get condoms, friends laugh at you and we end up not using them...”
Teenage mother, FGD: Alfred Nzo

“... In schools they don’t talk about contraception when they talk about sex. It’s the people from the clinics who talk about contraception when they come to schools...”
Teenage mother, FGD: OR Tambo

However, despite the dissatisfaction from some learners about the information received from educators, the educators have a different view. They think they are providing enough information and blame learners for not utilising the information and for not approaching them for advice. This is what some educators had to say:

“... The way to prevent teenage pregnancy is to talk to the learners, but we are failing, but we try to educate them that they will be a right time to have a man and a baby where they will also be affording, but it’s not happening...”
Service provider: Alfred Nzo
“... Our learners want to appear innocent to us. They don’t want to show us that they are engaging in sex, and they always are conscious of what we will think about them. So it is difficult because they think we will think they are disrespectful. So it won’t happen that they will come to us...”

Service provider, II: Alfred Nzo

On the obverse, the learners provided reasons that hinder them from accessing the information from educators at school. These barriers are categorised into three groups, namely, fear of appearing stupid in front of peers; fear of being embarrassed by educators in front of others; and also lack of confidentiality be educators. For fear of being embarrassed in front of peers, one teenager expressed that if you enquire a lot about sex or show too much interest in the subject:

“... The teachers can embarrass you in front of others, or they can shout at you...”

Teenage boy, FGD: Alfred Nzo

Besides the educator’s embarrassment, some learners felt that if one asked a lot of question in quest of more knowledge, it would expose their ignorance about sex and would earn the mock from other peers:

“... At school, if you ask many questions on sex, others laugh and you end up shy... They will see you as if you know nothing, (uyisibaxa).”

Teenage father, FGD: OR Tambo

Of much concern is the barrier of confidentiality. This was the most cited reason why teenagers do not approach their educators to consult about information on sex and contraception. The following quotations confine this concern:

“... We are afraid to talk to teachers because we think they will talk to other learners...”

Teenage mother, FGD: Nelson Mandela Bay

“... Teachers do not have confidentiality; they can spread the gospel that you are having sex...”

Teenage mother, FGD: Alfred Nzo

“... If you ask your LO teacher about sex, maybe there are just two of you, you will be surprised to hear it from the staff room that so and so wants to have sex, and every teacher will know that you are the child who does wrong things...”

Teenage mother, FGD: Amathole

Aggravating the situation given the above shortcomings is the lack of support of the life orientation teachers in the schools. This was eloquently addressed by a service provider as follows:

“... Once the government promised schools that there will be social workers in each school, it’s not happening in our area. Even if I phone the social worker assigned to be here, that social worker will say I am not here, I will come, whatever, whatever. If a social worker can come, because I am not a social worker, I am a life Orientate, of which I cannot be able to attend to individual problems; I have a class to run. For an example, if I find in my class that this learner has got a problem, I will send that learner to the office of the social worker...

.. they were many promises from the department of education when we went for training for Life Orientation that we will have our offices, we are staying in the staff room and learners do not come with their problems because all the teachers are there, even if they come crying... our schools are not organised in such a way that there is privacy...”

Service provider, II: Chris Hani

Another source of information to sexual and reproductive issues is clinics. Although there is a considerable proportion of teenagers who reside in areas where they can access clinics, there were a lot of barriers to accessing services within them. The following is what the participants in the study observed:
“... Government has helped us with a clinic but we are not using it...”
Teenage mother, FGD: Alfred Nzo

To explain why teenagers are not accessing the clinics, one of the reasons was that of proximity. Some teenagers indicated that the clinics were too far and hence could not access them.

“... Here in the Eastern Cape we are far from towns and clinics and we just do it...”
Teenage father, FGD: Alfred Nzo

“... Clinics are far, we take a taxi when we want to go there and at times we do not have money to go there...”
Teenage mother, FGD: OR Tambo

“...Clinics are far, your need to travel about 10 kilometres, so others are afraid to go there...”
Teenage boy, FGD: Amathole

“... also because I stay far, I might get at the clinic at 3pm and they turn you back saying they have finished work for the day...”
Teenage mother, FGD: Cacadu

Another problem identified was that of crowdedness in clinics.

“... In clinics it's always full, and we don’t get the chance. We come late from school and they close at 4:00 and we come from school at 4:00 so you can’t access the clinics...”
Teenage boy, FGD: Amathole

“... In clinics the problem is that they will have to stand in long queues with sick people before they get help, I do not think they have the patience to do so hence fail to get help on contraception...”
Parent, FGD: Chris Hani

Poor treatment of teenagers was also identified as a problem that causes teenagers not to want to seek services from clinics. Teenager’s privacy is at times violated and this is often accompanied by embarrassing or degrading comments from service providers as captured from observations from the fieldwork which were as follows:

“... Government should help by setting aside days for young people to go to clinics. In clinics nurses abuse them and these young girls are afraid of going there. They don’t speak well with them...We try to go and complain at the clinics, but still the children complain that they are being ill-treated. They should also come to schools to provide prevention measures...”
Parent, FGD: Chris Hani

“... Clinics are not far, but if you are 15 and 16 and having sex, the nurses might be surprised that you are having sex at such a small age, so they may question why you have sex at such a small age...”
Teenage girl, FGD: Alfred Nzo

“... When you go for contraception at the clinic, the nurse might ask you that whom are you married to now that you getting injections for prevention, things like that...”
Teenage girl, FGD: Chris Hani

Also featuring strongly in the study was the violation of teenagers’ confidentiality by service providers in the clinics. The participants in the study identified both overt and covert forms of breaching teenagers’ confidentiality when they are accessing services in the clinics. Either teenagers are not accorded confidential spaces in the clinics or the service providers openly talk about their clients in the community. The following expressions elaborate these concerns:

“... In the waiting room there are so many patients waiting to be helped, you can’t just go there ...”
Teenage mother, FGD: Nelson Mandela Bay
“... We are afraid of going to the clinic because the volunteers at the clinic can take you case and tell it to other people, they do not have confidentiality at the clinics...”
Teenage girl, FGD: Chris Hani

“... I got pregnant because I was shy to go to a clinic to ask for a condom or whatever, because you shy, some people here like nurses, talk about you coming in and say, look at this child so young and now asking for condoms. And even some of our parents they are known socially, everyone knows them. For example my mother is a traffic police everyone knows her, my father is a pastor everyone knows him, and now you come to the clinic and they go hey! Pastor’s daughter came to the clinic to ask. “Ah! I will never go to a clinic...”
Teenage mother, FGD: Nelson Mandela Bay

However, with all these observations brought forward by teenagers, they were still some service providers who thought that teenagers were all just making excuses for not wanting to prevent against pregnancy. One service providers allayed the above by observing:

“.. The problem is that they don’t come for prevention. I know that those who come are helped and get the services they ask for...”

“... Condoms are all over, even at the reception they just need to take them without asking. At the family planning clinic, they go in one by one with the sister, so there is privacy. Whether the sisters or nurses go out and talk about them that I cannot say...”
Service provider, II: Alfred Nzo

Another barrier that was observed concerned the non-availability of contraceptive supplies in the clinics. The following is what some teenagers had to say:

“... Clinics are there. They chase us away, they judge us. In these facilities, if you want like contraceptives, they say they are not there...”
Teenage mother, FGD: Chris Hani

“... At times you are told the injections come once a week, so you end up missing the injections...”
Teenage girl, FGD: Alfred Nzo

When the distribution of amenities were compared by district as shown in Table 43 below, the findings indicate that there were a lot of teenagers who got services from the clinics in Alfred Nzo and Joe Gqabi with 95.7 and 72.7 percent respectively. The use of clinics was moderate in OR Tambo (52.5 percent), Nelson Mandela Bay (52.0 percent), Chris Hani (43.7 percent), and Cacadu district with 34.6 percent. Use of clinics was low in Amathole district with 20.0 percent (p=.00). The use of schools was also high in Alfred Nzo with 73.9 percent. It was moderate in Nelson Mandela Bay and Joe Gqabi districts with 40.0 and 36.4 percent respectively. It was low in all other districts Amathole (30.0 percent), Chris Hani (25.3 percent), OR Tambo (20.3 percent), and Cacadu district with 11.5 percent (p=.00).

Table 43: Distribution of amenities by district

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Alfred Nzo</th>
<th>Amathole</th>
<th>Cacadu</th>
<th>Chris Hani</th>
<th>Joe Gqabi</th>
<th>NMB</th>
<th>OR Tambo</th>
<th>Province</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic No/Yes</td>
<td>4.3/95.7</td>
<td>80.0/20.0</td>
<td>65.4/34.6</td>
<td>56.3/43.7</td>
<td>27.3/72.7</td>
<td>48.0/52.0</td>
<td>47.5/52.5</td>
<td>48.6/51.4</td>
<td>.00</td>
</tr>
<tr>
<td>School No/Yes</td>
<td>26.1/73.9</td>
<td>70.0/30.0</td>
<td>88.5/11.5</td>
<td>74.7/25.3</td>
<td>63.6/36.4</td>
<td>60.0/40.0</td>
<td>79.7/20.3</td>
<td>69.7/30.3</td>
<td>.00</td>
</tr>
</tbody>
</table>

N=294

Table 44 below shows the distribution of amenities in the Eastern Cape Province by population group. The results show that the distribution of clinics was moderate among African (48.1 percent) and teenage mothers of other population groups (51.7 percent), and these differences were not significant (p=.72). Although apparently use of schools was moderate among African teenage mothers (33.3 percent), it was low among the teenage mothers of other population groups (30.0 percent) (p=.72).

Table 44: Distribution of amenities in the Eastern Cape Province by population group

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>African</th>
<th>Other Population Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic No/Yes</td>
<td>48.1/51.7</td>
<td>51.7/48.3</td>
</tr>
<tr>
<td>School No/Yes</td>
<td>33.3/66.7</td>
<td>30.0/70.0</td>
</tr>
</tbody>
</table>

N=294
Table 44: Distribution of amenities by population group

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Other Population Group</th>
<th>African Population Group</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>51.9</td>
<td>48.3</td>
<td>.72</td>
</tr>
<tr>
<td>Yes</td>
<td>48.1</td>
<td>51.7</td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>66.7</td>
<td>70.0</td>
<td>.72</td>
</tr>
<tr>
<td>Yes</td>
<td>33.3</td>
<td>30.0</td>
<td></td>
</tr>
</tbody>
</table>

N=294

When amenities were examined by the nature of first pregnancy, Table 45 below shows that there were no significant differences in the nature of pregnancy among teenage mothers who got services from clinics as well as in schools. There were 56.8 and 50.6 percent teenage mothers with wanted and unwanted pregnancies respectively who accessed information from clinics (p=.48). Also, there were 35.1 and 29.6 percent of teenage mothers with wanted and unwanted pregnancies respectively who accessed services from schools (p=.49).

Table 45: Distribution of amenities by nature of first pregnancy

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Unwanted pregnancy</th>
<th>Wanted pregnancy</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>49.4</td>
<td>43.2</td>
<td>.48</td>
</tr>
<tr>
<td>Yes</td>
<td>50.6</td>
<td>56.8</td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>70.4</td>
<td>64.9</td>
<td>.49</td>
</tr>
<tr>
<td>Yes</td>
<td>29.6</td>
<td>35.1</td>
<td></td>
</tr>
</tbody>
</table>

N=294

Knowledge and sources of information associated with teenage pregnancy

To determine the knowledge and sources of information that influence teenage pregnancy in the Eastern Cape Province, a parsimonious logistic regression model was fit and the results are shown in Table 46 below. The Omnibus Tests of Model Coefficients indicate that the ‘goodness of fit’ tests is significant (p=.00), and the pseudo R square statistics indicate that between 4.7 and 8.9 percent of the variability is explained by the set of variables in the model. The results show that those who knew that one can fall pregnant while having sex standing were 68.0 percent less likely to have an unwanted pregnancy compared to teenage mothers who did not know (OR = 0.32, C.I. 0.15 – 0.66, p=.00). This could either imply that a lot of teenagers have sex while standing, either because there is no adequate time to perform sex, or sex is hurried. Also, the results show that those teenage mothers who got information from religious leaders were 78.0 percent less likely to have an unwanted pregnancy compared to teenage mothers who got their information from other sources (OR = 0.22, C.I. 0.06 – 0.83, p=.03). This is encouraging as it implies that the role of the religious leaders should be strengthened in the society.

Table 46: A parsimonious logistic regression model on knowledge and sources of information among teenage mothers by nature of pregnancy in the Eastern Cape Province

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>OR</th>
<th>C.I. (95%)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can fall pregnant having sex standing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know</td>
<td>0.32</td>
<td>(0.15 – 0.66)</td>
<td>.00</td>
</tr>
<tr>
<td>Don’t know (ref)</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious leader</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>0.22</td>
<td>(0.06 – 0.83)</td>
<td>.03</td>
</tr>
<tr>
<td>No</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Omnibus tests of Model Coefficients = .00; Pseudo R² = 4.7 – 8.9%)
CHAPTER FIVE: PROGRAMMES ADDRESSING TEENAGE PREGNANCY IN THE EASTERN CAPE

Current services available

Table 47 below shows programmes and activities in the Eastern Cape that contribute in curbing the problem of teenage pregnancy. The results show that there are a few institutional options available. More often than not, in most areas, especially the rural areas, there were no services available. The following encapsulates some of the concerns from the study:

“... Us here in the rural areas we do not have much programmes, like social workers and the like, we hear about these activities from the radio that they happen in the urban areas, ...” Parent (man), FGD: Nelson Mandela Bay

“... Children do not have enough programmes to educate them about sex and consequences, what they should do or not ...”
Parent (woman), FGD: Alfred Nzo

“... The government doesn’t care at all. If they come here every month and count how many are pregnant but do nothing about it.... There are no programmes at all then nothing to talk about as successful...”
Teenage mother, FGD: Alfred Nzo

If there are areas where there are services available, the general perception gathered from the field seem to be that they are not being effective in reducing teenage pregnancy. Referring to the effect of programmes available in their community, one teenager concluded that:

“... NGOs, churches etc. are not working because we are seeing no changes...”
Teenage boy, FGD: Nelson Mandela Bay

Despite the widespread despondency, the most accessed service for most teenagers is in schools, is in the form of Life Orientation. There were 84.2 percent of teenage mothers who attested that they got information on sexual issues from their schools in the Life Orientation subject. The service providers, parents and teenagers all attested to the fact that the schools are the most accessed institution that provides information to teenagers. The following is what one service provider thought:

“... The children get sex education in Life Orientation and life Science. We are open because our subjects require that we be open. We also used to have peer education at our school, and awareness campaigns are there...”
Service provider, II: OR Tambo

Although there is general appreciation of what schools are providing in providing information on sexual issues, there are however some teenagers who still are of the opinion that there are some identifiable barriers that exist within schools, as indicated by one learner:

“... Schools are not supportive. The environment at school is not conducive...”
Teenage mother, FGD: Nelson Mandela Bay

Also, peer education was also another activity that was mostly used in schools, with 54.5 percent of teenagers accessing information from this activity. The doll programme, utilised by 24.6 percent of the teenage mothers is another school based programme. These programmes however were not mentioned in the focus group discussions.
Although the role of the parents is always assumed to be important in reducing teenage pregnancy, the findings from the study show that there were few teenagers whose source of information were parents. There were only 15.8 percent of teenage mothers in the sample who got information on sex or contraceptive issues from parents.

Table 47: Current services provided to address teenage pregnancy by teenage mothers

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Programmes/ Services/ Activities</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>Sex education by parents</td>
<td>15.8</td>
</tr>
<tr>
<td>Clinics and Hospitals</td>
<td>Health Talks</td>
<td>25.3</td>
</tr>
<tr>
<td></td>
<td>Counselling</td>
<td>27.6</td>
</tr>
<tr>
<td>Schools</td>
<td>Life Orientation</td>
<td>84.2</td>
</tr>
<tr>
<td></td>
<td>Peer education</td>
<td>54.5</td>
</tr>
<tr>
<td></td>
<td>Doll program</td>
<td>24.6</td>
</tr>
<tr>
<td>Places of worship</td>
<td>Sex education</td>
<td>3.7</td>
</tr>
</tbody>
</table>

The role of parents was encapsulated as follows:

“... As parents we talk to them about sex and the consequences of people who have sex. We tell them that if you at this stage, you must not engage in sex because this and that might happen, and they will pretend to listen. We also tell them about things we hear from the radios and TVs where they are messages to “condomize.” Yes our clinics are far, but we try to give advices...”

Parent (woman), FGD: Amathole

“... We advise the children about pregnancy. We tell them to go to clinics to get help, so that when they have sex with boys, they do not get pregnant. No, our children do not listen to us, they are uncontrollable...”

Parent (woman), FGD Alfred Nzo

“... Information on contraception for some children is found in the homes when mothers realise that that their children are sexually active, because even if they punish the child, the child continues to meet boyfriends, so they advise them to contraception...”

Teenage mother, FGD: Amathole

Clinics as a source of information is relatively low, with 25.3 and 27.6 percent of teenage mothers accessing information from health talks and counselling respectively from the clinics. Some of the contributing factors to the low access of clinics are proximity and confidentiality, as observed:

“... Here in the Eastern Cape we are far from towns and clinics and we just do it...”

Teenage father, FGD: Nelson Mandela Bay

“... We afraid because they will know my status, and also we afraid because they will ask us a lot of questions...”

Teenage boy, FGD: Cacadu

There were so few teenagers who got information from places of worship. Only 3.7 percent of teenage mothers in the sample used places of worship as a source of information. NGOs and CBOs were mostly said to be none existent in most communities, and were not identified as sources. In most communities, the following is what was said:

“... There are no NGOs in this community...”

Teenage girl, FGD: Cacadu

“... There are no NGOs; we only get information from the clinics...”

Teenage girl, FGD: Alfred Nzo
Proposed services to reduce teenage pregnancy

When teenage mothers proposed activities and programmes to reduce teenage pregnancy, they categorised them into four focus areas. The focus areas were the schools, public education, parents and youth. Table 48 below shows that for schools, most teenagers opted for counselling and drama should to be widely accessible in schools. They also proposed that sex education should be conducted in local languages, and also clinics and NGOs should have school outreach programmes.

Table 48: Proposed programmes to reduce teenage pregnancy

<table>
<thead>
<tr>
<th>Stakeholder/ Focus area</th>
<th>Programmes/ Activities</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Schools</strong></td>
<td>Outreach clinics</td>
<td>34.7</td>
</tr>
<tr>
<td></td>
<td>Drama</td>
<td>53.9</td>
</tr>
<tr>
<td></td>
<td>Outreach NGOs</td>
<td>44.8</td>
</tr>
<tr>
<td></td>
<td>Counselling</td>
<td>60.3</td>
</tr>
<tr>
<td></td>
<td>Sex education in local languages</td>
<td>45.5</td>
</tr>
<tr>
<td></td>
<td>Films</td>
<td>17.2</td>
</tr>
<tr>
<td></td>
<td>Dolls programme</td>
<td>5.1</td>
</tr>
<tr>
<td></td>
<td>Peer education</td>
<td>15.5</td>
</tr>
<tr>
<td><strong>Public education</strong></td>
<td>Promotional materials</td>
<td>29.6</td>
</tr>
<tr>
<td></td>
<td>Public sex education campaign</td>
<td>53.9</td>
</tr>
<tr>
<td></td>
<td>Use comedians in campaigns</td>
<td>16.2</td>
</tr>
<tr>
<td></td>
<td>Involve teenage mothers in campaigns</td>
<td>40.4</td>
</tr>
<tr>
<td></td>
<td>Radio and TV announcements</td>
<td>64.0</td>
</tr>
<tr>
<td></td>
<td>Use role models</td>
<td>41.8</td>
</tr>
<tr>
<td></td>
<td>Early sex education for children</td>
<td>17.8</td>
</tr>
<tr>
<td></td>
<td>Show films on experiences of teenage mothers</td>
<td>7.7</td>
</tr>
<tr>
<td></td>
<td>Wider distribution of condoms</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Parents</strong></td>
<td>Involve parents in sex education campaigns</td>
<td>42.1</td>
</tr>
<tr>
<td></td>
<td>Sex education by other relatives</td>
<td>14.5</td>
</tr>
<tr>
<td></td>
<td>Parents leading by example</td>
<td>58.9</td>
</tr>
<tr>
<td></td>
<td>Parent support groups on sex education</td>
<td>56.6</td>
</tr>
<tr>
<td></td>
<td>Curfew for teenagers</td>
<td>35.4</td>
</tr>
<tr>
<td></td>
<td>Cultural resources for parents</td>
<td>26.3</td>
</tr>
<tr>
<td><strong>Youths</strong></td>
<td>Youth club sessions</td>
<td>61.3</td>
</tr>
<tr>
<td></td>
<td>Promote private discussions with peer educators</td>
<td>43.4</td>
</tr>
<tr>
<td></td>
<td>Dance and music</td>
<td>52.2</td>
</tr>
<tr>
<td></td>
<td>Encourage teenage role models</td>
<td>44.8</td>
</tr>
<tr>
<td></td>
<td>Drama, poetry, debate and dialogue</td>
<td>39.1</td>
</tr>
</tbody>
</table>

Discussion

With public education, teenagers proposed that they should be campaigns to changes social norms that promote teenage pregnancy. This could be done with the spread of materials and films shown to teenagers in the province. Radio and TV could also be effectively used for information sharing with teenagers. Teenagers also called for a wider distribution of condoms in the province. For parents teenagers proposed involvement of parents in education campaigns, and the formation of support groups on sex education in communities, with cultural resources established for parents to utilise. For teenagers, the establishment of youth club sessions was encouraged. While art was seen as instrumental in information sharing among the youth, dance and music, and drama, poetry, debate and dialogues were preferred as sources of information. Peer educators even in communities were opted as better sources.
CHAPTER SIX: DETERMINANTS OF TEENAGE PREGNANCY

To determine the significant factors influencing teenage pregnancy in the Eastern Cape Province, a parsimonious logistic regression model was fit and the results are shown in Table 49 below. The Omnibus Tests of Model Coefficients indicate that the 'goodness of fit' tests is significant (p=.00), and the pseudo R square statistics indicate that between 33.6 and 63.4 percent of the variability is explained by the set of variables in the model. The results show that the only significant variable explaining unwanted pregnancies were exposure to sexual intercourse, cultural, psychosocial, and economic factors. Household and knowledge based factors were not statistically significant in explaining unwanted pregnancy in the Eastern Cape Province

Exposure to sexual intercourse

Among exposure to sexual intercourse factors, only duration from sexual debut to first pregnancy and engaging in sex for pleasure were the two significant in explaining unwanted pregnancy among teenagers. The results show that those who delayed a pregnancy by every single unit year from sexual debut to first pregnancy were 29.0 percent less likely to have an unwanted pregnancy. This means that the more teenagers delayed having a pregnancy from sexual debut, they were more likely to want the pregnancy (OR = 0.71, C.I. 0.56 – 0.91, p=.01). Those teenagers who engaged into sex because of pleasure were three times more likely to have unwanted pregnancy compared to those who engaged into sex because of other reasons (OR = 3.01, C.I. 0.99 – 9.22, p=.05). This is obvious that these teenagers were not intending any pregnancy but just needed the fun of it.

Cultural factor

Among the cultural factors, the practice of proving to have a baby, a partner wanting a baby, marital status and getting pregnant because of experimental sex were significant in explaining unwanted teenage pregnancy in the Eastern Cape Province. The results show that the teenage mothers who fell pregnant because they wanted to prove that they can have a baby were 96.0 percent less likely to want to have an unwanted pregnancy compared to teenage who fell pregnant because of other reasons (OR = 0.04, C.I. 0.01 –0.14, p=.00). This also means that those teenagers who fall pregnant in order to show that they are fertile are more likely to want the pregnancy.

Psycho-social factors

Among the psychosocial factors, the study shows that population group, marital status and experimental sex causing a pregnancy were significant in explaining why teenagers in the Eastern Cape Province. The findings show that African teenage mothers were more than 23 times more likely to have unwanted pregnancy compared to teenage mothers of other population groups (OR = 23.88, C.I. 5.17 – 110.34, p=.00). However, teenage mothers who were ever married were 89.0 percent less likely to have unwanted pregnancy compared to teenage mothers who have never been married (OR = 0.11, C.I. 0.03 – 0.34, p=.00). Obviously, from the findings in the study, the ever married would have wanted to prove fertility in a marriage hence more likely to have wanted a pregnancy. Those teenage mothers who got pregnant because of experimental sex were 96.0 percent less likely to have had an unwanted pregnancy compared to teenage mothers who got pregnant due to other reasons (OR = 0.04, C.I. 0.01 – 0.14, p=.00). This could be for the reason that they were prepared for the consequences.

Economic factors

Among the economic factors, the only perception that having multiple sexual partners was significant in explaining teenage pregnancy. The results show that those teenage mothers who thought that having multiple sexual partners was helpful were 15 times more likely to have an unwanted pregnancy compared to teenage mothers who did not think that having multiple sexual partners was helpful (OR = 15.25, C.I. 3.17 – 73.27, p=.00). A plausible reason for this attitude is that these teenagers could have engaged into these sexual relationships for financial gains, not commitment. Also, most likely having multiple partners, it would have been difficult to acknowledge the biological father of the child. These teenagers would then not have been ready to have a pregnancy.
Table 49 The parsimonious logistic regression model for determining factors associating with teenage unwanted pregnancy among teenage mothers in the Eastern Cape Province

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>OR</th>
<th>C.I. (95%)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exposure to Sexual Intercourse</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration from sexual debut to first pregnancy</td>
<td>0.71</td>
<td>(0.56 – 0.91)</td>
<td>.01</td>
</tr>
<tr>
<td>Engage in sex for pleasure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>3.01</td>
<td>(0.99 – 9.22)</td>
<td>.05</td>
</tr>
<tr>
<td>No (ref)</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cultural Factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prove I can have a baby</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>0.04</td>
<td>(0.01 – 0.14)</td>
<td>.00</td>
</tr>
<tr>
<td>No (ref)</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner wanted a baby</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>0.06</td>
<td>(0.02 – 0.20)</td>
<td>.00</td>
</tr>
<tr>
<td>No (ref)</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Psycho-Social Factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African</td>
<td>23.88</td>
<td>(5.17 – 110.34)</td>
<td>.00</td>
</tr>
<tr>
<td>Other (ref)</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever</td>
<td>0.11</td>
<td>(0.03 – 0.34)</td>
<td>.00</td>
</tr>
<tr>
<td>Never (ref)</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Got pregnant because experimenting with sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>0.04</td>
<td>(0.01 – 0.14)</td>
<td>.00</td>
</tr>
<tr>
<td>No (ref)</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Economic Factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple sexual partners helpful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>15.25</td>
<td>(3.17 – 73.27)</td>
<td>.00</td>
</tr>
<tr>
<td>No (ref)</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Omnibus tests of Model Coefficients = .00; Pseudo R² = 33.6 – 63.4%)
CHAPTER SEVEN: DISCUSSION

This section discusses the results by giving a summative account of the problematic districts in the Eastern Cape Province and elucidating the problem tree using the conceptual framework adopted for this study.

Problematic Characteristics by District

The Table 50 below is a summary of the problematic characteristics by district. The table indicates that the priority districts for teenage pregnancy interventions are Cacadu, OR Tambo and Chris Hani districts. Unwanted and unplanned pregnancies were high in all districts. Rape was also high in all districts except for Joe Gqabi district where it was moderate. Age at sexual debut is also low in Amathole, Cacadu, Nelson Mandela Bay and OR Tambo districts. These are areas also most problematic of statutory rape incidences. Knowledge of sexual and contraceptive issues is also low in the province, although just moderate in Joe Gqabi districts. Cultural issues like proving womanhood and giving a partner a baby when they ask were high in Alfred Nzo, Amathole, and Chris Hani. Nelson Mandela Bay and OR Tambo districts. Perceptions of intergenerational partners and multiple sexual partners as helpful were high in Alfred Nzo, Cacadu and Chris Hani districts. The problem of teenagers getting pregnant in order to access the child support grant was prevalent in Chris Hani and OR Tambo districts. The practice of ukuthwala was high in all other provinces besides Chris Hani and Nelson Mandela Bay districts.

Table 50: Problematic Characteristics by District

<table>
<thead>
<tr>
<th>Causes</th>
<th>Alfred Nzo</th>
<th>Amathole</th>
<th>Cacadu</th>
<th>Chris Hani</th>
<th>Joe Gqabi</th>
<th>Nelson Mandela Bay</th>
<th>OR Tambo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure to sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nature of Pregnancy (wanted/unwanted)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age at Sexual Debut</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nature of Sex (rape/ consented)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To prove I can have a baby</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner asks for a baby</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ukuthwala</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psycho-social</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of moral values</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planned pregnancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experimental sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support Grant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple sexual partners helpful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intergenerational partner at first pregnancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paternal orphan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staying with Partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have a Radio</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sources of information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious leader as a source</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex while standing misinformation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legend:</td>
<td>High</td>
<td>Moderate</td>
<td>Low</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Conceptual Framework

Bronfenbrenner’s Ecological Systems Theory was used to further aid the understanding of the factors associated with teenage pregnancy. It outlines proximal and distal factors associated with teenage pregnancy. The inextricable linkages between the factors cited in Figure 27 below are crucial for understanding teenage pregnancy within the Ecological Systems Theory particularly in the Eastern Cape Province. The model places emphasis on the quality and context of the teenager’s environment.

The study on factors associated with teenage pregnancy mirrored against the Bronfenbrenner’s Ecological Systems Theory under the microsystem, brought out issues of individual personal relationships, comprised of family pressure, peer pressure, schools, clinics, and places of worship. Under the mesosystem, which is more structural in nature came out issues of cultural norms and beliefs, modern cultures and initiation schools. The exosystem, which is broader and looks at the contextual issues, subjects such as government, child support grant, life skills and life orientation teaching in schools, termination of pregnancy, initiation schools and places of worship came out prominently. The macrosystem depicted national beliefs and values enshrined in the rules around termination of pregnancy, the Sexual Offences related Act, the Children Act and the National health Act. The chronosystem, global in nature and is seen as an overarching structure over the systems that lie beneath it reflected that globalisation of culture was the main imperative in this section. Thus, in this study, the Ecological Systems Theory proved to be a useful framework to deconstruct, organise and understand the factors associated with teenage pregnancies in the Eastern Cape Province.

Figure 27: Bronfenbrenner’s Ecological Systems Theory

Linking the above model to the Health belief model is the fact that the social matrixes in which teenagers engage for sexual relations make them susceptible to pressures that disempowered them to have control of their fertility. With sexual debut more often violent than not; peer and family pressures demanding for babies; the cultural values that valorise fertility; the teenagers have no recourse to these pressures but to rationalise their fertility.
CHAPTER EIGHT: RECOMMENDATIONS AND CONCLUSION

Recommendations

Proposed interventions to address identified factors associated with teenage pregnancy

Table 51: Problematic Characteristics and Proposed Interventions

<table>
<thead>
<tr>
<th>Causes</th>
<th>Characteristics</th>
<th>Proposed Interventions</th>
</tr>
</thead>
</table>
| **Exposure to sex**     | Nature of Pregnancy (wanted/unwanted)  | Adult child communication, Sex and sexuality  
Information kiosks , Peer education/ counselling, Arrest perpetrators, Human rights education |
|                         | Age at Sexual Debut                    | Peer education/ counselling, Human rights education                                    |
|                         | Nature of Sex (rape/ consented)        | Human rights education, Peer education/ counselling, Arrest perpetrators, Support rape victims |
| **Cultural**            | To prove I can have a baby             | Encourage fertility testing, Radio and TV discussions on pregnancy and child caring     |
|                         | Partner asks for a baby                | Human rights education, Radio and TV discussions on pregnancy and child caring          |
|                         | Ukuthwala                               | Traditional/ modern culture education, Human rights education                           |
|                         |                                        | Radio and TV discussions on pregnancy and child caring                                  |
| **Psycho-social**       | Loss of moral values                   | Traditional/ modern culture education                                                  |
|                         | Planned pregnancy                      | Curtail Porn Distribution, Radio and TV discussions on pregnancy and child caring     |
|                         | Experimental sex                       | Curtail Porn Distribution, Family Planning, Contraception distribution                 |
|                         | Marital status                         | Human rights education, Recreational facilities, Family Planning, Contraception distribution |
| **Economic**            | Child Support Grant                    | Targeted poverty alleviation projects, Food parcels, CSG education, health education, Public Private Partnerships |
|                         | Multiple sexual partners helpful       | Role Modelling, Radio and TV discussions on pregnancy and child caring                  |
|                         | Intergenerational partner at first pregnancy | Role Modelling, Peer education/ counselling                                        |
| **Household**           | Paternal orphan                        | Role Modelling, Parenting skills, Parent support groups                                |
|                         | Staying with Partner                    | Radio and TV discussions on pregnancy and child caring                                 |
|                         | Have a Radio                           | Radio and TV discussions on pregnancy and child caring                                 |
| **Sources of information** | Knowledge score                        | Adult child communication, Sex and sexuality  
Information kiosks, Peer education/ counselling, Human rights education |
|                         | Religious leader as a source           | Increase involvement of Religious Leaders in disseminating information on sex and sexuality |
|                         | Sex while standing misinformation      | Information kiosks, Peer education/ counselling                                         |

The interventions that are currently being provided in the Eastern Cape Province have not effectively curtailed teenage pregnancy, it is necessary to buttress them as outlined in Table 52 Below. The proposed intervention will involve multi-stakeholders and will demand a holistic and targeted approach so as to ensure the reduction in teenage pregnancy. In view of teenage pregnancy, parents have surfaced as the key stakeholders to resolving teenage pregnancy as they instil the formative values. Hence, the need for them to work conjointly with schools, clinics, NGO/ CBOs and government.
## Proposed interventions to address teenage pregnancy

### Table 52: Interventions by Service Provider

<table>
<thead>
<tr>
<th>Activities</th>
<th>Family</th>
<th>Clinics and Hosp</th>
<th>Schools</th>
<th>Initiation school</th>
<th>Places of worship</th>
<th>Traditional Leaders</th>
<th>NGOs and CBOs</th>
<th>Government</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create Awareness</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Reproductive health talks</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Adult child communication</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Human rights</td>
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<td></td>
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<td>X</td>
<td>X</td>
<td></td>
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<td>Rape and Substance Abuse education</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Sex and sexuality</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Service provider-parent partnerships</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Radio and TV discussions on pregnancy and child caring</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>Campaigns</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Peer education/ counselling</td>
<td>X</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Posters and banners</td>
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<td></td>
<td></td>
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<td>School visits</td>
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<td></td>
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<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Drama, music, dialogue and debate</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Traditional/ modern culture education</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>Reality Doll</td>
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<td>X</td>
<td></td>
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<td></td>
<td>X</td>
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</tr>
<tr>
<td>Accessibility of Services</td>
<td>Contraception distribution</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Messaging in local languages</td>
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<td></td>
<td></td>
<td></td>
<td>X</td>
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<td>TOP</td>
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<td>X</td>
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<tr>
<td>Family planning / Fertility testing</td>
<td>X</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>Recreational facilities</td>
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<td>Increase staffing</td>
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<td>Consider funding</td>
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<td></td>
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<td>X</td>
<td></td>
</tr>
<tr>
<td>Rules/ Law Enforcement</td>
<td>Report rape</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Arrest perpetrators</td>
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To reduce teenage pregnancy there is a need to adopt a multi-stakeholder approach that will include schools, hospitals and clinics, traditional leaders, NGO/CBO, family members and government. Figure 27 below shows the most influential stakeholders who together could reduce the levels of teenage pregnancy in the Eastern Cape Province.

**Figure 28: Schematic Diagram Illustrating a Comprehensive Approach to Curtailing Teenage Pregnancy**

Below are some of the strategies that could be employed by the various stakeholders:

- **Rules/ Law Enforcement**: There is a need to enforce the Child Sexual Rights so as to reduce the prevalence of rape and tightening law enforcement on perpetrators. This needs to be coupled with the support of rape victims and rape education. Families need to ensure that their teenagers are closely monitored and are not exposed to pornographic material on cell phones, TV or print media.

- **Improved Accessibility to Services**: Service providers need to strengthen community outreach services so as to increase accessibility and market their services that are targeted at reducing teenage pregnancy. The Department of Social Development and Special Programmes must consider the implementation of school social work programmes as a preventative strategy for teenage pregnancy. Social workers are often involved when the teenagers are already pregnant or when financial assistance is needed to care for the baby yet they could be involved prior to pregnancy.

- **Increased Public Awareness**: There is a need for awareness campaign to promote teenage sexual rights and to change traditional, religious and modern norms that violate their rights with specific emphasis on rape. Multiple methods need to be used to educate, inform and empower
communities on issues that relate to teenage pregnancy. Health workers need to conduct forums where they capacitate other services providers so that they may assist in cascading the relevant information to the teenagers and communities. Teenage mothers could play a role in campaigns.

- **Teenage Mentoring**: Teenagers require mentors and role models so as to have some motivation and inspiration. This will deter them from indulging in sexual practices and keep the focused on school. Parents need to be encouraged to openly express love to their children.

- **Community Development/ Economic Empowerment**: Government in partnership with private sector needs to create jobs for impoverished communities to reduce poverty so that incidences of intergenerational and transactional sex are reduced.

- **Stakeholder Capacity Building**: Parents need support and training on how to raise teenagers in the modern world. There is also a need to sensitise other stakeholders on human rights. Parents also need resource materials in English and local languages on how to articulate sex education to teenagers. Traditional leaders and initiation schools need to be trained on sex and sexuality related issues.

**Conclusion**

All the stakeholders in the Eastern Cape Province concur to the fact that teenage pregnancy is a problem in the province. This view is supported by the results of our study, showing that both unplanned and unwanted teenage pregnancies are exceptionally high in the province (see Figure 11). In comparison to earlier research done, stating that a majority of teenage pregnancies are unplanned but not unwanted (Macleod and Tracey, 2009), the Eastern Cape Province stands out as an exception, worth taking highly into regards.

The study has identified some of the factors contributing to teenage pregnancy in the Eastern Cape Province. Interesting to note is that the practice of *ukuthwala*, highly associated with child abuse and unwanted teenage pregnancies, was not significant in explaining variations among teenagers with wanted and unwanted pregnancies, since the majority of teenage mothers were affected by this cultural tradition. Also, the child grant support, usually believed to have an influence on teenage pregnancy, was another insignificant factor in the Eastern Cape Province. Nevertheless, looking at the districts per se, the issue of teenagers getting pregnant in order to access the grant seems to be a concern in OR Tambo and Chris Hani.

Another factor important to highlight regards the nature of sexual debut. The findings show that statutory rape is relatively high in the province (see figure 5). This is a result of the substantial number of teenagers engaging in sex before the age of 16 years. Similarly, explicit rape is relatively high too, portraying a violent matrix in which teenagers are forced or forces each other to initiate and practice sexual encounters. This scenario is exacerbated by lack of sexual and reproductive health knowledge among the teenagers in the province. Concomitantly, there are a few programmes available to capacitate teenagers to become aware of their rights in most of the districts in the Eastern Cape Province. It also seems as if the individual rights given to teenagers by law are poorly understood and accepted, with many arguing in favour of under-aged sex. The widely accessed sources of information like the TV and radios, friends, schools and clinics have their own barriers. Social forms of sources information like the media are proving to contribute negatively to teenage pregnancy, by encouraging teenagers to have sex.

The most significant factors identified to contribute to unwanted teenage pregnancy are related to the exposure to sex as well as to cultural, psychosocial, and economic factors in nature. When considering how teenagers in the Eastern Cape Province were exposed to sex, the result shows that teenagers who delayed having a pregnancy from sexual debut were less likely to have unwanted pregnancies. It could also be seen that teenagers who engaged in sex for pleasure were more likely to have unwanted pregnancies and it is obvious that these teenagers were not intending any pregnancy but just needed the fun of it. When instead considering the cultural factors, it is seen that the value of fertility, where teenagers
fall pregnant in order to prove their womanhood, is still important in the Eastern Cape Province. This is one reason why teenage mothers would fall pregnant if for example a partner asks them for a baby. Here, an interesting dilemma can also been seen, since on the one hand, girls who wants to prove their womanhood are more likely to want a baby, while, on the other hand, womanhood is usually connected with puberty/fertility, hence you must fall pregnant in a young age.

Turning our gaze to psycho-social factors, the study shows that other population groups, teenagers who were ever married and teenagers who experimented with sex were less likely to have unwanted pregnancies. While it can be argued that the former (ever married) is logical since if you are married you are more likely to have a stable relationship and maybe even common plans for the future, the latter might seem more surprising. One reason could be that they are ready for any outcome including pregnancy. However, this would need further investigation.

One of the economic factors identified of making teenagers susceptible to unwanted pregnancies, is the perception that having multiple partnerships is helpful as a means to alleviate poverty. This is a problem since in most instances women find themselves in a worse financial situation as they end up pregnant or with a baby, resulting in more needs, leading to a perpetual cycle of transactional sex. To make it worse, having multiple partners’ further exposes the teenage mothers to STI’s, especially HIV and Aids.

With knowledge of sexual and reproductive health being low among teenagers in the Eastern Cape, although acquiring knowledge from different sources such as the media, peers and parents, teenage pregnancy is still unacceptably high. The multiple service providers expected to address the issue related to teenage pregnancy still have barriers of confidentiality and insensitivity towards those they are supposed to help. Many young people are met with an unfriendly increasing their reluctance of seeking help and information needed. This is a huge issue that must be dealt with in order to break the vicious cycle of unplanned and unwanted teenage pregnancy. The study therefore recommends that there be an expansive multi-stakeholder institutional capacity building approach to address these challenges. Among the identified intervention programmes would be awareness campaigns to change the social norms related to rape, teenage pregnancy and abuse. This could be complimented by enforcing the law, in particular the Sexual Offences and Related Matters Amendment Act (SORMA, 2007). To reduce teenage pregnancy, there is a need to adopt a multi-stakeholder approach inclusive of schools, clinics and hospitals, traditional leaders, NGO/CBO, government and members of civil society. The approach requires focusing on law enforcement, improved accessibility to services, increased public awareness, teenage mentoring, community development, economic empowerment and stakeholder capacity building.
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