Why the focus on Teenage Pregnancy?

According to a review of Teenage Pregnancy in South Africa (2013), 30% of teenagers reported to have been pregnant at a stage and the majority of them had an unplanned pregnancy.

Rates of teenage pregnancies are high, especially amongst 18-19 year olds and a large number of pregnant teenagers do not return to school. A significant number of girls had dropped out from school before falling pregnant.

During puberty (11-17 years) for especially the female adolescent, the feeling of being in love (which includes desire and arousal) is regarded as gaining independence and providing a sense of belonging. Males use the word “love” more casually, especially when they want to have sexual intercourse.

Although sexual intercourse has become a common adolescent experience, emotional intimacy is not associated with the majority of dating relationships. When an adolescent experiences a need for intimacy, due to neglect and abuse, they tend to participate in sexual activity.

Early sexual experimentation by teenagers correlates with poor school performance and poor economic backgrounds.
Why do teenagers fall pregnant despite access to contraceptives?

Sexual initiation in South Africa could occur as early as 10-12 years; with a median age of 17 years.

Unplanned pregnancy is driven by many factors and it is estimated that one million adolescent girls become pregnant each year. A third of these pregnancies will end in abortion and the other two thirds will result in adolescent parenthood.

Many females who become sexually involved at an early age do so for a variety of reasons: gender inequality; peer pressure, pressure from an older male partner, rebellion against parents and sexual abuse; under- or non-utilisation of reproductive health services and ignorance about contraception.

Very young sexually active teenagers tend to have been physically, emotionally or sexually abused. This may include incest and rape as a cause of pregnancy.

Other contributing factors include:

- Experimenting with sexual activity may be an act of expressing a need for intimacy due to a negative self-identity.
- Some assume a baby will strengthen a relationship or the prospect of giving up school appeals to her especially if she is struggling to cope academically.
- An older partner often provides the adolescent girl with money and gifts for sexual favours and especially girls from disadvantaged and impoverished environments will use this as an opportunity to escape her circumstances.

What are the consequences of a teenage pregnancy?
• Teenage mothers are more likely to drop out of school. Only about one-third of teen mothers obtain a high school diploma.

• Teenage girls who often do not complete their schooling and education, but also struggle to cope with schooling, adolescence and single parenting.

• Teenage pregnancies are associated with increased rates of alcohol abuse and substance abuse, lower educational level, and reduced earning potential in teen fathers.

• Eighty percent of teen mothers must rely on welfare because they lack the knowledge and skills to provide for the baby.

• The younger the teen when she gets pregnant, the more likely she will be to have another pregnancy in her teens.

• Repeat pregnancies increase when the teen is living with her sexual partner and has dropped out of school.

• Siblings of adolescent parents have found to be at higher risk for earlier sexual activity and adolescent pregnancy.

Do teenagers have knowledge about sexuality?

Teenagers do have basic knowledge, on sex and contraception; characterised by significant gaps and inaccuracies. However, information about sexuality is mostly provided by educators and teachers and not by parents.

They share the philosophy of teenage sexual activity and because of their own discomfort about the topic, are unable to provide accurate sexual and contraceptive education as part of the learning experiences.

Many parents are worried that too much information will encourage teenagers to experiment with sex.
Do teenagers have knowledge about contraception?

No, they don’t! Information on emergency contraceptives is lacking and pregnancy risk-taking has been linked to lack of knowledge about contraception in general.

Many teenagers prefer the pill or condoms and sometimes both; but many lack the knowledge and skills using the contraception effectively.

Where should they get the information from?

Many schools are reluctant to permit health professionals to provide sex and contraceptive education at schools because of the perception that it will encourage them to become sexually active.

Community clinics are furthermore adolescent and especially male-unfriendly, and young men are embarrassed to approach them for reproductive advice. They therefore rely predominantly on the advice of their peers. This situation contributes to the high incidence of teenage pregnancy.

Few teenagers understand The Choice on Termination of Pregnancy Act (No. 92 of 1996) and often ignore the pregnancy until an abortion is not an option any more.

Do South African teenagers use contraceptives?

South Africa has a high contraceptive usage when compared to other countries in the region but condom usage is still too low.

- Dual contraception is not generally used, increasing the risk for sexually transmitted diseases and HIV.
- Consistent and correct usage is furthermore a dilemma, resulting in unprotected sex and unplanned pregnancy
- Many teenage girls initiate contraception only as part of post-natal care after an unplanned pregnancy.
What are the contraceptive choices?

There are various birth control methods available for teenagers:

- **Depo-Provera** is injected into the arm muscle or buttocks every 3 months. This type of birth control requires a visit to a doctor or clinic. It prevents pregnancy by preventing ovulation, altering the cervical mucus to make it more difficult for the sperm to reach the egg, and preventing a fertilised egg from implanting in the uterus. *Side effects* include irregular periods, weight gain and tender breasts.

- **Norplant** is an implant that is inserted under the skin. This type of birth control is effective for up to 5 years. There is an increased risk for pregnancy in heavier girls. *Side effects* include changes in the menstrual cycle, weight gain and tender breasts.

- There are also a variety of **low-dose birth control pills** that are fairly safe for use in teenagers. Birth control pills also reduce menstrual cramps and blood flow, regulate the menstrual cycle, and, in some cases, reduce acne.

- **Condoms and contraceptive jelly** reduce the risk for teen pregnancy and for sexually transmitted diseases (STDs).

- **Emergency contraceptive pills**, also known as "morning-after pills," are effective if taken within 72 hours after having unprotected sex.

Why do contraceptives fail?
Many schools are reluctant to permit health professionals to provide sex education at schools for the same reason.

- **Human error:** Teenagers do not know how the contraception works, when they are fertile and the impact of incorrectly or inconsistently using the pill or how to use the condom correctly
  - Girls may miss a pill or fail to take their contraceptive pill every day at the same time, as recommended. Some pills are affected by other drugs, such as antibiotics and nullified by sickness or diarrhoea.

- **Social factors** appear to play a part in influencing the likelihood of human error when using contraceptives:
  - The teenager lacks the courage to discuss sex with her parents; she has no money and knows the clinic staff personally, making it almost impossible to access contraceptives. (And she cannot buy it over the counter at a shop)
  - There is a *gendered assumption* that girls who carry or use contraceptives, are sexually promiscuous and this result in the boy taking responsibility [or not] for pregnancy prevention.

- **Clinics** are not accessible after school hours, so the teenage girl will be unable to get her contraceptives in time leading to inconsistent usage.
  - **Health professionals** at clinics are perceived to be unfriendly and condescending, lecturing the teenager when she approach them for contraceptives

- **All contraceptive can fail,** although some are more fallible than others. Successful family planning depends on how efficiently the person uses the chosen method of contraception. Half of all unplanned pregnancies occur whilst couples are using some sort of contraception.
  - The *rhythm method* relies on a woman knowing when she is ovulating. It can fail because few women are able to detect or determine ovulation accurately.
  - The *withdrawal method,* can fail if the man doesn’t remove his penis soon enough, and there may also be a leakage of semen before ejaculation.
When contraception fails …

Most teenagers (or their mothers) do not know about the availability of emergency contraception to be taken 48-72 hours after unprotected sex (which may be consensual, forced or unexpected intercourse resulting from rape or coercion or when the person knows that the method of contraception is likely to have failed).

The “morning after” or “post-coital” pill are recommended for backup or emergency use and should not be used in place of ordinary contraceptives.

It can cause unpleasant side effects; most common are nausea and vomiting. If she vomits within 2 hours of taking the pill, she should repeat the dose as soon as possible. Other side effects are: abdominal (stomach) pain, fatigue, headache, dizziness and breast tenderness. The side effects should resolve within 24 hours.

*The emergency contraceptive pills do not cause as an abortion.*

Coping with an unplanned Pregnancy

Few teenagers are delighted to become pregnant without having planned to do so, and most feel nothing but shock, worry, and in some cases, despair:
1. The priority should be to decide whether or not to continue with the pregnancy. Although the issue should be discussed with the partner and family, ultimately the decision is the teenager’s.

2. If she decided to continue with the pregnancy, she should book an appointment with the medical practitioner or clinic as a matter of urgency.

3. If she decides not to continue with the pregnancy, she should be informed about termination (done before 12 weeks).

4. If she decides to give the baby up for adoption, she should make contact with a social worker.

5. The pregnant mother must decide whether or not to tell the baby’s father about the pregnancy.

6. She might be anxious about the partner’s and parents reactions; fears stigmatisation and regrets missing out on a carefree lifestyle.

7. Some girls continued to take the contraceptive pill, unaware that they have conceived. This may lead to worries about the baby’s health.

8. Others did not take any pre-conceptual precautions (avoiding alcohol, drugs and smoking)

9. Many do not attend ante natal care increasing the risk of high blood pressure and premature births.

10. Coping financially and emotionally puts teenagers under considerable financial pressure.

11. The teenager’s reaction to the news of the pregnancy, depend on her current family situation, her reasons for wanting the baby or not, the timing of her pregnancy and her cultural beliefs.

12. If she remains in school, she has to juggle school work with financial responsibilities.

13. The partner goes through emotional roller coasting as well: If the partner is not keen to settle down he may not feel ready to commit to raise a child.

14. If the father is still at school, her fear of him entering into new relationships brings uncertainty.
Are teenage fathers involved?

Teenage men’s reactions to pregnancy are many and diverse, and depend on his financial security, willingness to embrace change and accepting the responsibility of fathering. A man can choose to be involved in the pregnancy or to reject it.

Reasons why the farther may not feel ready for a child:

- Expenses – especially if he is still at school or college. Pregnancy itself needn’t be expensive, but the real strain on the bank balance starts when essential baby equipment must be obtained.
- Fears – to be a [bad] parent, or fears for the future
- Lifestyle – not ready to give up an enjoyable, flexible lifestyle. If the father is still at the stage where he enjoys wild nights out or needs to have at least one holiday abroad each year, having a baby will see these put on hold. Even with a great support network, time to himself and with his partner will be limited, and they may not be able to afford the activities they enjoyed before.
- Feeling pressurised – A newborn baby is a full-term commitment. Starting a family may mean missing out on career opportunities that the father will later regret. Adolescent mothers and fathers are less likely than their peers to graduate from high school and he may feel that he is not ready to take on the responsibility of raising a child as yet.
- Not the right time: he may feel there is no great hurry to have children.

It is wrongly assumed that the adolescent father is unconcerned about the pregnant girl, her safety or the well-being of the child. If he accepted the pregnancy and wants to be involved, it is important to include him in planning alternative solutions regarding the child’s future.
Choosing Single Parenting

Single (maternal) parenting is on the increase in South Africa and places a high demand on the mother: childcare is expensive; the child lacks a father figure and male role model; the mother-child relationship can suffer in years to come if she is unable to tell the child the identity of the father and it may be difficult to get financial support from the father if he rejected his responsibilities.

Teenage mothers’ experiences after discharge from a health facility

Radimo (2011) explored the experiences of teenage mothers after the birth of the baby and found that the post natal period is perceived to be stressful and overwhelming.

• It is characterised by isolation, loneliness, resentment and regret where the teenage mother is challenged with being a parent to a vulnerable depending infant.
• Physically, the recovery period is challenging and breastfeeding is experienced to be difficult.
• Cultural issues such as a restriction on visitors, or remaining indoors increase her loneliness and resentment.
• A relationship formed during the teenage years can be lasting and many young mothers cope admirably with caring for a baby. But there is no doubt that pregnancy requires a teenager to make sacrifices and accept responsibilities that require huge lifestyle changes.
• When bonding is delayed, the risk of child abuse increases. This is especially so when the mother is an adolescent, missing out on the carefree social interaction with her friends and being unable to continue her education. If the adolescent father is out of the scenario as well, the risk for abuse increases.
• Some teenagers fear and experience stigma from friends, general public, educators, health professionals and public services and this result in the decision to leave school. Lack of schooling and educational support impacts on the teenage mother’s opportunities to gain personal and financial independence.
Teenage mothers and schooling

Across South Africa, teenage pregnancy seems to lead to teenage mothers terminating schooling and only 1:3 of teenage mothers return to school. Academically, the teenage mother may find it challenging to progress and even average learners may become underachievers while trying to balance motherhood and schooling.

Challenges are aggravated by lack of support by teachers and peers and babies are not supported in schools. Teacher and school attitudes vary widely and many teenagers feel that the teachers “gave up on them”

Breastfeeding or expressing breast milk is challenging and in light of daycare fees and cost of formula, family often put pressure on the teenage mother to give schooling up.

Children born to teenage mothers

- Children born to teenage mothers are more likely to be born with low birth weight.
- *Low birth weight* is associated with several infant and childhood disorders and a higher rate of infant mortality.
- Low-birth weight babies may experience complications, such as brain bleeding, respiratory distress syndrome, and intestinal problems.
- In addition to increased health risks, children born to teenage mothers are more likely to experience social, emotional, and other problems.
- They are less likely to receive proper nutrition, health care, and cognitive and social stimulation. As a result, they are at risk for lower academic achievement.
- Children born to teenage mothers are at increased risk for abuse and neglect.
- Boys born to teenage mothers are 13 percent more likely to be incarcerated later in life.
- Girls born to teenage mothers are 22 percent more likely to become teenage mothers themselves.
Are we failing our teenagers?

Yes. It is time to acknowledge that despite advances in contraceptive advice and access, implementation of policy reforms lack implementation.

- There are no consequences where schools violate policies – resulting in denying girls the right to education.
- Teenage girls do not have access to contraceptives because the clinics do not operate after hours; there are gender inequalities and girls lack the ability to negotiate healthy sexual relationships.
- Our sexual education at school level is often haphazard, moralising and patronising; and there are no health professionals at school level to help and assist the girl who had unprotected sex by administering emergency contraceptives.
- Postnatally, the girl is expected to perform academically without consideration of the financial, emotional and physical demands of childcare.