

## Knowledge, Attitudes and Perception of Students on Teenage Pregnancy: A Case Study of Rural Based University Students in South Africa

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**ABSTRACT** Pregnancy among teenagers especially those that are at tertiary institutions seem to be an increasing problem. Teenagers and adolescents have been observed to be sexually active, with about 85 percent of teenage girls being sexually active at the age of 19 years, some of them experiencing their first intercourse at a low age of 12 years. The purpose of the study was to explore and describe knowledge, attitudes and perception of tertiary students towards teenage pregnancy. A qualitative, explorative and descriptive design was used. The population included all tertiary students from one selected institution. Non-probability convenience sample was used to sample 110 participants (58 females and 52 males) for focus groups discussions. Purposive sampling was used to select 17 female students, ten (10) pregnant and seven that delivered a baby whilst at university for in-depth interviews. Data was analyzed qualitatively through open coding. Four sub-themes emerge, that is knowledge about pregnancy, participants' views about pregnancy at the university, factors influencing pregnancy and participants' experiences of pregnancy whilst studying. Results emanating from the themes were used to propose recommendations on the best strategies that could reduce pregnancy rate at the selected institution. Trustworthiness was ensured by applying Lincoln and Guba's model to ensure ethical considerations.

### INTRODUCTION

Pregnancy among teenagers especially those that are at tertiary institutions seem to be an increasing problem with serious health implications for young mothers (Anyawu et al. 2013). This issue is worrisome on different fronts. First, given the alarming trend of HIV/AIDS pandemic and other sexually transmitted diseases, the health of these teenagers is put to threat. Second, they are exposed to psychological torture and in some cases, their schooling is adversely affected. According to the United States Center for Disease Control and Prevention (2008), 329 772 births were recorded among teenagers between 15 and 19 in 2011. About 70 000 teenagers in developing countries die annually of causes related to pregnancy and child- birth (UNICEF 2008). The United Nations Population Fund Report shows that every 4 million Indian girls aged from 15-19 give birth. They account for 16 percent of all births in India and 9 percent of maternal deaths. These girls' pregnancies are the result of lack of education and sexual coercion (UNFPA 2013a). In India it was also found that every year 7 – 8 million girls under the age of 18 years give birth (UNFPA 2013b)

According to the UNFPA report (2013b) about 19 percent of young women in developing countries become pregnant before the age of 18 years, and 95 percent of the world's births to teenagers occur in developing countries. The report also shows that the underlying causes of teenage pregnancy include child marriage, gender inequality, and obstacles to human rights, poverty, sexual violence and coercion, national policies restricting access to contraception, age, and appropriate sexual education, lack of access to education and reproductive health services and under- investing in adolescent girls' human capital. What is common in every region however is that girls from poor families living in rural or remote villages and not educated or having limited education are more likely to become pregnant than teenagers in urban areas who are rich, educated and literate. This report also shows that girls have little or lack information and also lack access to sexual and reproductive health services which include contraceptive information and services are also at risk of getting pregnant. According to estimates for 2010, 36.4 million women in developing countries between the ages of 20 and 24 report having had a birth be-

fore the age of 18, and from that number 17.4 million are in South Asia (UNFPA 2013a).

A report on facing challenges of adolescent pregnancy, 2013, also shows that 15 million girls could still be at risk of being married before their 15<sup>th</sup> birthday or below. In this decade, 1 in 9 girls in developing countries is forcefully married before the age of 15. In Bangladesh, Chad and Niger, more than 1 in 3 girls are married before their 15<sup>th</sup> birthday. In Ethiopia 1 in 6 girls is married by the age of 15. Of the annual, 13.1 million birth to girls ages 15-19 worldwide, 680 000 occur in developed countries (UNPA 2013b).

In Ghana, studies conducted by the Alan Guttmacher Institute, (Awusabo-Asare et al. 2004) on sexual and reproductive health found that most teenagers in Ghana among the most sexually active group do not use contraceptives. Among teenagers aged 15-19 years old, 80 percent of the females and 63 percent of the males currently do not use any modern contraceptive and teenagers do not feel confident insisting on condom use. The same study also shows that one in 10 births occurs among teenage mothers and teenagers in rural areas are more than twice as likely as those in urban areas to have a child. The Guttmacher Institute study also mentions that 16 percent of women and 11 percent of men aged 12-24 years reported being involved in a termination of pregnancy and 30 percent of women and 39 percent of men aged between 12-24 years old said that the last abortion that they were involved in took place at home (Croce-Galis 2004).

In Uganda studies carried out by Neema (2006) found that most teenagers have a wrong perception on how pregnancy occurs, whereby 25.9 percent of girls and 25 percent of boys believe that a girl cannot get pregnant the very first time she has sexual intercourse. About 33.3 percent of girls and 30.6 percent of boys believe that girls cannot get pregnant if she has sex while standing up. About 24.8 percent of girls and 20.8 percent of boys believe that a girl cannot get pregnant if she washes herself thoroughly immediately after sex. It is also found that 38.3 percent of girls and 58.0 percent of boys believe that a girl cannot get pregnant if the boy withdraws before ejaculating or coming (Neema et al. 2006). The same study also found that, abortion in Uganda is allowed only if the woman's life needs to be saved; hence most teenagers are forced to use herbal drinks, tablets or pills,

insertion of herbs, and use of anti-malaria medications for abortion. A teenager gets these services from traditional /spiritual healers, drug shops/ pharmacies, private clinics/hospitals/ doctor, government clinic/hospital and private nurse or midwife.

A study conducted in Umlazi, KwaZulu-Natal showed that lack of information appears to be the most significance factor resulting in adolescent pregnancy. It is clear when respondents indicated that, "you cannot get pregnant if you have sex days after you have your period". "You will not get pregnant if you drink much water after sex (Ntombela 1992). Although these misconceptions are not exclusive to adolescents, lack of access to reliable information compounds teenagers' problems. Students at tertiary institutions are no exception. Studies in Republic of South Africa (RSA), USA and SSA indicate that peers are the most common source of information about sex and contraceptives. Parents are said to be distant second and third resources for sexual information, followed by schools, ministers and health professionals (Beake and Zimbizi 1996). A study by Manu et al. (2015) found that whereas some parents do speak about sexual health with their children, their conversions usually avoid using condoms and contraceptives as preventative strategies against pregnancy.

Anecdotal evidence indicates that peer pressure has great influence on teenagers in relation to pregnancy. Teenagers were said to entertain the idea that being sexually active is fashionable, and being sexually inactive, is a sign of abnormality. They may therefore, become sexually active and conceive merely to be accepted by peers. Cultural factors may also play a role in teenage pregnancy. In most rural areas in the RSA, there is a belief that a girl has to prove her fertility to a boy before he will marry her (Dlamini and Mckenzi 1991).

Pregnancy among teenagers is increasing despite the link that exists between pregnancy and HIV. An observation within the rural based university mirrors that many of the undergraduate female students are carrying pregnancy.

An unpublished HEADS reported that more undergraduate students were pregnant at university during 2009 survey. This scenario begged for questioning. What are the likely causes of these pregnancies among undergraduate students at the university? Are the students aware

of the dangers of unprotected sex, especially in this era of HIV/AIDS pandemic? This constituted the problem of this study. In the light of the above, an investigative study into the knowledge, attitudes and perception of university students towards teenage pregnancy seems imperative.

Therefore, the purpose of this study was to explore the knowledge, attitudes and perception of university students towards teenage pregnancy, with a view of diagnosing the likely contributory factors to the problem.

### **METHODOLOGY**

A qualitative exploratory descriptive research design was used. The qualitative approach using focus groups and in-depth interviews to collect data from students concerning pregnancy rate in the university. The qualitative approach was used because it allowed the participants to describe and share their knowledge, experiences and attitudes towards pregnancy whilst at the university.

#### **Population and Sampling**

The population included all registered UNIVEN students within the eight University of Venda Schools. Non-probability sampling was used to conveniently sample 110 participants (58 females and 52 males) for focus groups discussions. Purposive sampling was used to select 17 female students, ten (10) pregnant and seven that delivered a baby whilst at the University for in-depth interviews.

#### **Data Collection and Analysis**

Data was collected through focus groups with homogeneous groups (males and females), and in-depth interviews with pregnant students and those that had delivered. Data collectors involved were two lecturers and five students from the School of Health Sciences. A special training workshop was organized for these individuals to enable them become conversant with aspects of qualitative data collection method using focus groups and interviews. Participants were informed about the purpose of the study and procedures involved. Participant willing to participate in the study provided a written informed consent.

A semi-structured interview instrument was used. The interview schedule contained demo-

graphic information of the students (such as age, sex, and school) and questions related knowledge, attitudes and experience. The average time spent on focus-groups discussions was about one hour and fifteen minute and one hour and thirty minutes on in-depth individual interviews. Data was audio-taped to supplement the notes compiled and were later transcribed verbatim. Data was collected over a period of six months and data collection was stopped when data saturation was reached. Techs eight steps of qualitative data analysis were used.

#### **Ethical Considerations**

All participants were informed about the nature of the study and were given the option of withdrawing from the study or to omit answering certain questions without any negative repercussions. Anonymity and confidentiality were assured. Ethical approval for the study was obtained from the Research and Publications Committee (RPC) UNIVEN before data collection. Participants also concerted to informed consent.

### **RESULTS AND DISCUSSION**

#### **Distribution of Participants**

Sixteen focus groups were conducted (six to ten participant per focus group), seven with males and seven with females and in-depth interviews with 17 female students, ten pregnant and seven delivered a baby while at the university. The participants comprised of one hundred and ten participating in focus groups, fifty two (47%) males and fifty eight (53%) females participating in focus groups and seventeen (17) in in-depth interviews. The group comprised of students from all the seven schools of the university and aged between 18 and 27 years. Table 1 reflects the distribution of the participants according to the data collection method and schools.

Three main themes emerged from the analysis of data, knowledge of sexual development, participants' attitudes towards pregnancy, and perceptions about factors influencing pregnancy and experiences regarding academic activities and pregnancy as shown in Table 1.

**Table 1: Distribution of participants according data collection method and schools**

School	Focus groups		Total
	Females (%)	Males (%)	
Agriculture	6	7	13
Environmental	9	7	16
Health	10	9	19
Humanities	10	8	18
Management	7	7	14
Law	9	6	15
Education	7	8	15
Sub-total	58 (53%)	52 (47%)	110
In-depth interviews purposefully selected female students	17		
<b>Total</b>			<b>127</b>

### Knowledge of Sexual Development

The participant's knowledge of what pregnancy is was found to be lacking especially among the focus groups from other schools than Health Sciences. Differing explanations were given in relation to their own understanding of the physical changes that occur at puberty. The discussion also included maturity in both girls and boys. Pregnancy was described by some of the participant as being fusion between the sperm and the egg. This was said to occur during intercourse. Pregnancy was also said to involve human development as the baby grows in the women womb for a period of nine months. One female participant said *'You know mam this occurs when there is a union between the sperm and egg. It occurs during intercourse. When this union occurs the baby will start growing until nine months when it is delivered'*.

Pregnancy was associated with physical, emotional, psychological changes in women. These changes were said to confirm pregnancy as most pregnant women were said to change physically by showing a growing tummy. Pregnant women were said to emotionally unstable as sometimes they are harsh and cry easily. One female participant said *'when one is pregnant you can see because they gain weight and after sometime they show by having a bulging stomach. The person becomes short tempered and cries a lot. People say that they are hot and when you have a pregnant person in class all the people in class always slumber and sleep'*

### Participants' Attitudes towards Pregnancy

The participants' views about pregnancy among University students varied as follows: teenage pregnancy as a problem; levels most affected and the effects of pregnancy which were said to be either positive or negative. Most of the participants in all focus groups viewed pregnancy as being high at the University. In explaining this high occurrence some of the participants said that in their stay at this University they had more than three to four people falling pregnant in the classes. They explained that each year there girls who become pregnant in their classes which according to them is an indication that the prevalence of pregnancy is high. To emphasise these views one of the female participant said *'since I arrived here at the University there is no year that our class do not have a pregnant person. During our first year I think we had four pregnant people in our class. This is very high and when you are walking around campus you are also bound to come across a pregnant person.'*

According to the participants views the most affected levels were said to be level 1 and 4. Participants said that most of the level one students become pregnant because they are new in the campus and are exposed to freedom for the first time away from parents. It was said that these makes them to want to experiment and become involved in relationships without sufficient knowledge of contraception and sound decision making. First year students were said to fall pregnant during their first semester when they are still getting used to varsity life. One male participants said *'These 1<sup>st</sup> years are still finding their feet in the University. You must remember mam that they are free for the first time in their lives where there are no parents to tell them what to do or not to do. They fall in love with the first person they meet and sleep with them without protection or condoms. Hey it's a pity!!!'*. In contrast to this some of the participants said that the 4<sup>th</sup> level is mostly affected. Fourth level students were said to have high number of pregnant students because they had been in a long stable relationship. It was said that as they complete they fall pregnant to secure marriage to the person they had been involved with for a long time. This is supported by the following statement from a male participant *'level four students have a high rate of*

*pregnancy as well. They want to trap their boy-friends into marriage as they were involved in a relationship for a long time and do not want to lose their spouses. Hey it is a mechanism of keeping the relationship.*' Mutinta et al. (2012) identified that university students in pursuit of long term relationship (marriage) tend to engage in risky sexual relationships as a means of securing life partners. However the same study identified that the majority of the participants regarded having one relationship as being outdated and restrictive.

Pregnancy was said to have a negative effect on the student, parents to the student and the born child. Participants described how pregnancy affect the student negatively as the student may sometime be rejected by the boy who impregnated her. The same boy might also fall in love with other girls which may affect the pregnant girl emotionally and psychologically. It was also said that most of those in relationships separate whilst still in the University and thus mean that the child which was born will be cared for by the step-parent.

One of the male participants said *'this according to my view is the most trying time for the pregnant girl, as she needs to deal with the pregnancy, the boyfriend who sometimes is not supportive and angry parents'*. Parents to the pregnant student were also said to be affected by the pregnancy. Pregnancy was said to be disturbing to parents as their expectations were said to be focusing on having their child educated and obtaining a degree. Some of the parents were said to be poor and cannot afford to have a child that repeats a level.

One female participant said *'parents are always having high expectations when they send their children to varsity, so when a child becomes pregnant I think it is a blow to them. With poor students this is worse as the bursary will be withdrawn and this might be the end of their future.'* It has however been observed that pregnancy was also viewed by some of the participants as having positive effect on the students. Pregnancy was said to be good if planned by both parties, this was said to be good if the parties involved were going to work and plan to get married. It was also said to be good if the student concerned is a married woman who has full support of her husband and both parents. Another male participant said *'when both parties agree and plan together there is no prob-*

*lem, especially at 4<sup>th</sup> level when the people involved want to get married.'*

Another male participant said: *'this is good especially with married students in advanced ages like 35, they can plan to have a baby as the years of child bearing age might pass them, they have support of their husbands, in-laws and so forth. They also come to school from home so they see their children everyday I think they bond with their children.'*

Exposure to abortion is another factor that came up from discussion with participants. Participants explained how the strain that these pregnant students go through makes them to resort to abortions which were said to be medical and criminal. Participants indicated that a lot of fetuses are discovered in the student's residences almost every month which indicate that most of the pregnant students do terminate their pregnancies. It was also explained that student frequently use the clinic for morning after pill which to them was the same as abortion. One male student said: *'you know it is embarrassing each month fetuses are discovered in the bathrooms and dustbins. The rate of abortions is also high. I don't know why, maybe it is because the boy-friends do not support them.'* The study conducted in Goma, Democratic Republic of Congo, identified that majority of the participants did not know about induced abortion but the minority who knew had induced abortion legally or illegally. These participants had knowledge about the possible complications which could be death, infertility, infection and bleeding (Paluku et al. 2010).

In the study conducted in Uganda on the use of contraceptives by participants also reflected poor levels of knowledge related to different contraceptive methods. Most of them were skeptical about the use of common contraceptives, such as condoms or birth-control pills. Students were said to be aware of the effectiveness of condoms in preventing STIs but they still were putting themselves in danger by not using them (Chacko et al. 2007). This might mean that knowledge about contraceptives does not always mean that the person will do the right thing. Poor levels of knowledge among females were also identified by Pearson et al. (1995) in their study on knowledge of female participants on morning after pill. This is an indication that more work needs to be done to inform the public especially women on issue related to sexual

health. These results related to limited information is supported by studies conducted by Lebesse et al. (2011) and Gordon et al. (2000) where it was indicated that information dissemination to teenagers on issues related to sexual health is limited. The use of contraceptives is also said to be viewed negatively by society as it is thought that the use of contraceptives promotes promiscuity (Hayes et al. 2000). In order to solve some of these concerns, Awopetu et al. (2013) suggested adoption of a broad-based intersectional strategy as a mechanism to prevent pregnancy amongst teenagers.

In Ethiopia and other developing, countries unwanted pregnancies also pose major health problems among students at tertiary institutions as their educational development is usually jeopardized. These pregnancies are reported to be unplanned and end up being terminated legally or illegally. These teenagers are said not to be using any form of contraception at the time of conception (Manena-Netshikweta 2007; Byamugisha 2007; Yoseph and Gossa 2004). According to Tadesse (1994), pregnancy among the teenagers is at an alarming state with more than 60 percent of the pregnancies being unplanned and unwanted as they end up with unsafe abortion. This scenario occurs despite the availability of affordable contraceptives. On the other hand, Byamugisha (2007) attribute unplanned pregnancies to inadequate guidance to use contraception effectively and inability of these teenagers to address these feelings and poor attitudes towards contraceptives. Meanwhile to emphasise these aspect several studies indicates that there is poor levels of knowledge, negative attitudes and practices related to contraception use (Byamugisha 2007; Seife and Fikre 2007; Aziken et al. 2003).

### **Perceptions about Factors Influencing Pregnancy and Academic Difficulties Experienced**

Participants described the different factors that contribute to pregnancy among University students as: lack of knowledge regarding contraceptives; indulgence in risky behaviour; poverty; use of resources; external and internal pressure and cultural beliefs. From the data it is evident that lack of knowledge regarding the use of contraceptive is one of the factors contributing to pregnancy among the University students.

Participants explained how most of the female students often use the morning after pill because they are not using any contraceptives. It was also highlighted that morning after pill is used widely by the students and this was said to be an indication that they lack knowledge of other forms of contraceptives.

The use of the morning after pill is disturbing as this is an indication that students are not practicing safe sex or use of condoms. This exposes them to Sexually Transmitted Infections (STIs) including HIV which may also influence the rates of HIV infection at the University. One female informant said *'We normally go the clinic for the pill, the one that you use after having intercourse. The nurse at the clinic normally asks you if you need the pill before you even tell her. This shows that most of the female students go there for the pill every time.'* The participants in this study indicated that they do have facilities within campus that offer contraceptive services unlike the study conducted by Gage (2000) where it was identified that there was lack of facilities that offered students sexual health services. In a study conducted in Ghana, university students while using emergency contraceptives also used herbs, broken bottles mixed with Guinness and medication for the relief of stomach ulcers and pain to prevent pregnancy after sexual intercourse which is a sign of poor knowledge about how to prevent pregnancy (Appiah-Agyekum and Suapim 2013).

Indulgence in risky behaviour was cited as one of the contributory factors to pregnancy at the University. Participant described risky behaviour as use of alcohol and drugs. Participants described how students indulge in alcohol and drugs especially during weekends when they have bashes and parties. It was explained how boys use alcohol and drugs for girls. Most of the girls were said to lack self-control and are lured by boys to unprotected sex. These girls were said not to know who impregnated them. One male participant said *'Ma'm!! During weekends there are parties in this campus. You will find a girl being drunk like nobody's business. Sometimes you can see that she has used drugs by the way she is dancing. The following day you will see her coming out of the boys room and cannot look you in the eye. You find that you are aware that the girl who shared the night with that boy is not his.'*

On the contrary in the study conducted at the University of Zululand it was identified that use of alcohol was not regarded as the main source of unplanned pregnancy among university students. The use of drugs and alcohol as the factor contributing to unplanned pregnancy was said to be at 33 percent whilst 77 percent believed that unplanned pregnancy also occurred when people were sober (Gama 2008). Risky sexual behavior by university students is also confirmed by Mutinta et al. (2012) in their report on the individual determinants of students risk behaviour at South African university where they identified different factors that make the students at the university to indulge in risky sexual behaviours. These factors ranged from students' pursuit of long-term goals of marriage; personal beliefs; attitude towards sex; drive for material wealth; lack of sexual satisfaction; nagging and arguing in relationships; lack of trust and attention in relationships; and HIV denialism.

The sexual risk behaviour is also said to be associated with the decreased use of condom and an increase in multiple and concurrent sexual partners. Poverty was also described by participants as a contributory factor to pregnancy in the University. Participants described how poor female students are used as sex toys by boys serving in the Students Representative Association (SRA). It was said that these boys use the privilege that they have like having a meal card. These students were said to sleep with these boys in exchange of food or co-habiting in their rooms. Another factor that was raised was that because of poverty they do not stay on campus and this makes them to experience problems when they use the library until late. It was said that when they leave the library late they are often offered a room to sleep in which they share with a person offering them who will in turn ask for sexual favour. In emphasising this one male participant said *'poverty is a problem and contributes to pregnancy. Some of the students do not want to be pregnant but their circumstances push them to do things that will not benefit them at the end. Because of poverty they find themselves succumbing to well to do male students so that they can use the library or get food to eat'*

Forced sexual intercourse was also identified in the study conducted by Maluleke (2010) where participants reported to have been sexually assaulted more than once. The perpetrator

was said to have power over the victim who usually younger women making it difficult for them to negotiate condom use. Teenagers use of condom was said to be at 51.7 percent which means that about 48.3 percent did not use the condom. In the same study it has also been noted that about 75 percent unmarried women used condoms compared to 51.4 percent who were married women. Condom non-use was also higher amongst respondents who had received life skills or life orientation education during formal education (76.7%) when compared to those who had not. Although condom use was identified as being used by some of the respondents the use of contraceptives was found to be low among the respondents (Maluleke 2010).

University students both female and males were said to have internal and external pressure. In explaining internal pressure participants said that male students often want to prove that they can make somebody pregnant. It was said that this makes them to suggest this idea to their girlfriends and on the other hand the female students also fall pregnant because of age thinking that if they don't give birth before 35 years they will never have children afterwards. One participant said *'Ma'm you can see that we are old as we came here late in our years, this things should go together, school and giving birth or otherwise time will run out and we won't have children.'*

External pressure was also cited as one of the factors influencing decision to become pregnant. It was revealed that if the company that students keep has children it influences the one that is childless to contemplate having a child as the discussions are always focused around their children. This was said to make the childless person to have feeling of not belonging. In order to belong one normally falls pregnant. In emphasising this one female participant said *'most of the time our friends talk about their children and you find that you don't have anything to say. It makes you to decide to have a child so that you can belong.'*

Culture also dominated as a factor that influences students to fall pregnant or impregnate a female student. Participants explained how after 23 years boys are encouraged by their families to have children as proof of manhood. A male participant said: *'parents and relatives sometimes influence us as they always ask us about having kids because we are old. To some of us*

*our parents are illiterate and they envy their neighbours children who have given birth. So if they are not yet grandparents they normally feel small.*' The study conducted by Gage (2000) also identified peer pressure and lack of knowledge as factors contributing to unplanned pregnancy among teenagers. On the other hand Zungu and Manyisa (2009) cite cultural and socio-economic factors as contributors to teenage pregnancy.

A study conducted in Kenya revealed that ethnicity is one of the contributory factors to unintended pregnancy. Teenagers belonging to Luo or Luhya were said to most likely have unintended pregnancy compared to people belonging to Kikuyu ethnic group. Kikuyu ethnic group is to have access to education and contraceptive and also paying employment (Ikamari et al. 2013). These findings does not concurs with the findings of this study as the participants have access to contraceptives and education but still have unintended pregnancies. Bearman and Brückner (1999) also identified that having a high risk female friend increases the likelihood of sexual debut whilst high-risk members in a girl's peer group also increases the likelihood risk of sexual debut. Jewkes et al. (2009) describe in their study how culture embraces what it means to be a man in South Africa and was said to be contributing to sexual aggression by man and lack of voice from women to negotiate sex.

### **Experiences Regarding Academic Activities and Pregnancy**

Participants also shared their opinions in relation to experiences of pregnancy whilst studying. The opinions shared ranged from difficulties associated with pregnancy; support received when pregnant; exposure to abortions and poor antenatal attendance. In explaining the difficulties encountered by pregnant student's participants described pregnancy as being a difficult time for the student affected as focus on the studies is jeopardised by either the pregnancy or the child. The pregnant individual was said to be affected health wise and physically as sometimes the student need to run between classes and arrive on time in the next class to can always have a chair to sit as standing might be problematic. The difficulties were also said to be experienced by their class mate as there is need to take note for them when they go to the clinic for an-

tenatal visits or ill. It was also mentioned that these pregnant individuals makes the other students to sleep in class which is a belief the makes them to worry as they claim to lose a lot information as they sleep and therefore fail the level. One student said *'Ma'm when there is a pregnant person in your class I don't know what happens but you will find that half of the class is asleep, this makes us to fail with this person it is a problem to us.'* Another female participant said *'Pregnancy is difficult especially when one is still studying. The person is expected to go to the clinic for check and the classes are also continuing. Sometimes you will find that the person is ill. She expects other people to give her notes and keep her informed about tests and so on. You end up working for this person.'* This is supported by a study conducted in the Cape Peninsula University of Technology where it was reported that teachers were unwilling to go through the lessons that girls had missed due to motherhood. These teenagers were said to be referred to their friend to help them catch up with their missed work. The same study also identified that teen mothers come back to school without going through counseling to prepare them to deal with their stigma, parenthood, and schooling simultaneously. It was identified that these teen mothers become overwhelmed resulting in them dropping out of school (Chigona and Chetty 2008).

According to participants there is need for support to the pregnant person from friends, family and boyfriend. It was highlighted that most of the time support given to these individuals is insufficient as the boyfriend might have deserted this person, the family being angry as they were not expecting it from their child and class mates who are not willing to help. Participants are of the opinion that pregnant students are more than often under enormous stress because of lack of support. One male student said *'these people are under enormous pressure as they do not get the necessary support. Ma'm if it was your children will you support that person. I think they are to be blamed. They expect us to copy notes and give them; phone them when there is a test.'* Poor support from significant others was also described in the study by Maputle (2006) where more (71% ) of teen mothers reported to be receiving social and emotional support from their parents whilst 28 percent reported to have received minimal support from



their mothers who were reported to be upset. On the other hand support of teen mother from their boyfriend was also reported to be minimal if not absent. Their relationship is said to be characterized by intimate partner violence, cohabitation, and sexual abuse to poverty (Kheswa and Pitso 2014).

Poor bonding of student parent with their new born children was said to be another problem described by participants. Participants felt that the student parents does not have time to bond with the baby as they often come back early like after a week of giving birth to continue with their studies. The parents were said to be the ones remaining with the baby and provide necessary care. This was emphasised by one female participant who said that *'after giving birth the student parent comes back immediately because they do not want to be left behind in their studies. Coming back early after delivery interferes with bonding between the mother and the baby. This is also worsened by the absent father who might have denied impregnating the girl. Hey this is complex.'*

Participants are of the opinion that support given to pregnant students can either be available and not available. In describing the availability of support participants described how fellow students support a pregnant student by taking notes for them when they are absent and notifying them when there are tests and assignment. This was said to be a mechanism of enabling them to cope with their studies. It has however been noted that some participants are of the opinion that pregnant students lack support from their boyfriends who abandon them and look for new girlfriends. It was also explained how friends also reject the pregnant student and refuse to assist them with their educational demands. One of the female participants said *'Pregnant student are sometimes supported especially in class as their friend sometimes take notes for them and phone them when there are tests and assignments, this enable them to cope with the work. Support from boyfriend most of the time is lacking as boys always jump to the next girl when one is pregnant and this frustrates a lot to see your boyfriend who is the father of your child with someone else.'* This is confirmed by a study conducted by Madhavan et al. (2013), young men were said to cut contact with their daughter and more than often pay damages as a sign of not intending to marry the

teen mother. The teen mother is described as being psychological affected and feeling worthless.

## CONCLUSION

The main purpose of this study was to respond to a question that sought to uncover the likely causes of pregnancies among students at a particular rural based South African university. Specifically it sought to unravel the level of awareness of students regarding the dangers of unprotected sex, especially in the era of HIV/AIDS pandemic. The findings of the study were quite revealing especially that there are many causal factors for pregnancies amongst university students. Key to these were lack of knowledge regarding preventative measures such as the use of condoms, indulgence in risky behaviour that was perpetuated by poverty as attested by many students that were used as sex toys by their counterparts in leadership positions, cultural practices that encouraged girls to fall pregnant immediately after turning twenty years and lack of support from university authorities. These are critical points of intervention that need to be effectively targeted by both university management structures and parents.

## RECOMMENDATIONS

This paper advances the following recommendations:

- ♦ The finding that many students were aware of pregnancy and its causal factors, and their reluctance to apply appropriate preventative measures is a cause for serious concern. The latter calls for an intervention strategy that needs to be implemented earlier on as students enter university, commencing at registration where selected peers could expose especially girls about wayward senior students with destructive intentions such as demanding sex for preferential treatment. Also critical could be the incorporation of a compulsory sexual health module in all first year university programmes to be taken during the first semester.
- ♦ Students from rural set-ups are characterized by high level of poverty, especially as most of their parents are either unemployed or surviving on government social grants. Any situation therefore that would appear

- to offer a higher standard of living will be attractive to learners emanating from such backgrounds. University authorities should prioritise these as students at the echelon of risk and develop appropriate strategies such as funding formulae that would provide sufficient coverage of day-to-day expenses. The funding provided by the South African government could specifically be structured to target learners based on their poverty risk profiles.
- ♦ Whereas culture is the cornerstone of human existence, certain cultures need immense modification and adaptation to new developments. As custodians of culture, parents need not only be thoroughly exposed to the dangers of unprotected sex but also the trauma that results from its consequences. It will be critical for university authorities to develop mechanisms that would profile the background of parents specifically to identify those that may need to be exposed to the potential challenges that their children could face at university, including unplanned pregnancies and transmission of dreadful diseases.

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