

Teenage Pregnancy in South Africa: A Challenge to Democracy

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ABSTRACT Teenagers continue to fall pregnant despite living in countries which not only guarantee their reproductive and sexual rights but also attempt to protect them. Some have argued that these teenagers are being irresponsible but this is illogical as it reflects a myopic view of society regarding teenage issues. Teenage pregnancy is a result of environment/structural issues and society's failure to protect young girls. Males of all ages make unwanted sexual advances towards teenage girls with impunity. Force seems to be the main contributor to teenage pregnancy, but myriad factors such as gender stereotypes, the efficacy and expansiveness of Adolescent Health Programmes, the inaccessibility of family planning services and inadequate knowledge about sexuality and reproduction cannot be discounted. The present paper, therefore, examines some of the issues which may contribute to teenage pregnancy. It is anticipated the paper would help clarify the problems of teenage pregnancy and also suggest effective ways to deal with the problem.

INTRODUCTION

The advent of democracy in South Africa heralded the beginning of greater things to come, such as better livelihoods, educational and employment opportunities and most of all, equality and equity. However, like most countries, the South African society is not without its problems. For instance, it is engrossed in a litany of graft and vice and teenage pregnancy is a huge problem. Adolescence is marked by great excitement in that there is optimal growth and development in all the human dimensions. This process normally occurs between the ages of 13-19. The need to be independent, taking responsibilities and experimentation characterise this phase. It is also during this phase that issues of sexuality become more pronounced and will extend for one's entire lifespan (Al-Gidney et al. 1998). Teenage pregnancy is one of the problems which beset this phase of a person's life.

Overview of Literature

Teenage pregnancy is not a new phenomenon; marriage made it more acceptable as it is not seen as a problem as long as the girl in question is married. Throughout the world marriage is perceived as a walled garden where the cultural and family values protect young girls from abuse, defilement and stigma. A study done in Nigeria revealed that the minimum age of marriage was 15 years (Alo and Akinde 2010). This

practice of marrying children while young is rooted in the belief that marriage prevents girls from having pre-marital sex and shaming the family should they become pregnant. Apart from enforcing morality, marriage offers a teenage girl, self-respect and financial stability, particularly because they are often married off to older people. In such circumstances, there is often pressure for the young bride to procreate within the first year of marriage (WHO 2007). The above statement is an illustration of female disempowerment where economic considerations, social and familial obligations drive sexuality and fertility desires of a young woman (du Plessis 2003). Subsequently, early marriage exposes the young mother to adverse physiological and psychological consequences that she is ill-prepared for.

Although, the fertility rate is stabilising; South Africa has a young fertility burden with one-sixth of all women between 15 and 19 years giving birth (du Plessis 2003). This implies that these teenagers are exposed to Sexually Transmitted Infections (STIs) including HIV. The above is supported by the HIV infection rate of 29.5% (The National Antenatal Sentinel HIV and Syphilis Prevalence Survey 2011) and that women between the ages of 15 and 24 account for the rise in the new infections (Dorrington et al. 2006). While education and age are seen as protective factors against risky sexual behaviour; the HIV infection rate at tertiary institutions is between one in four and one in five students (National Youth Commission 2009), therefore

teenage pregnancy is a reality to contend with in South Africa.

Teenage pregnancy rates are perceived to be on the increase as revealed in the 2006 figures, 5862 teen pregnancies for KwaZulu-Natal, Free-State recorded 1748, Gauteng was 2336 up from 1169 in 2005 whereas Eastern Cape recorded 5015 up from 3264. However, evidence reveals that teenage pregnancy rates have been on the decline, in 1996 the rate was at 78/1000, in 2001 it was 65/1000 and in 2007 it was at 54/1000 (Panday et al. 2009). The reasons for the dissonance between social perception and scientific evidence are two fold, firstly, the elongation of childhood and the effective reporting from the provinces (Hawkins et al. 2011).

While the society remains obstinate about teenagers deliberately falling pregnant, this notion fails to take into cognisance of the fact that women, including teenagers are not in control of their sexuality. The following rape statistics attest to their disempowerment; in 1998, 19 309 cases were reported to the South African Police Force (SAPF) and between April 2004 and March 2005 the figure was 55 114. The annual rape statistics have been hovering around the 52 600 mark; in 2002 it was 52 425 and 52 617 in 2007 (Centre for the Study of Violence and Reconciliation 2009). Regrettably, in 8 out of 10 cases the victim knew the perpetrator who was a boyfriend, current or former spouse, girlfriend or date (Friedman et al. 2006). Furthermore 20% of young men in the Eastern Cape stated that they had been involved in the perpetration of rape or sexual violence (Morrell 2007). In December 2012, 1 300 incidents of violence, which include rape were perpetrated against women and children (SABC Radio News 5/02/2013).

Another misconception surrounding teenage pregnancy is the widespread belief that girls fall pregnant in order to access the Child Support Grant (CUSG) (Biyase 2001), but a 2003 Planned Parenthood Association (PPASA 2003) study revealed that pregnancies were as a result of contraceptive failure 30.6%, failure to use contraceptives 19.5%, peer pressure 19.8% and forceful sex or sexual assault 20%. Therefore, there is a relationship between forced sex and teen pregnancy as generally teens do not wish to become mothers at a young age and they are significantly likely to have experienced forced sexual initiation and/or are beaten up to subdue them for sex. Girls are more likely than boys to

be coerced or raped or to be enticed into having sex with someone older (Dickson 2003), therefore, one in five births were unwanted or mistimed (du Plessis 2003). A recent study revealed that the average age of sexual debut was 14 in the Gauteng, Kwazulu-Natal, Mpumalanga, Limpopo and the Eastern Cape; this is way below 16 which is the legal age of consent (Khan 2013).

OBSERVATIONS AND DISCUSSION

Structural Issues Promoting Teenage Pregnancy

While teenage pregnancy statistics are on the decline, teenage pregnancy is an indicator of our democracy going wrong, as teenage girls are curtailed from exercising their sexual and reproductive health rights. The discussions below looks at some of the challenges that are overlooked when dealing with the topic of teenage pregnancy:

Gender Relations: Patriarchy strips women of their powers making them subservient to their male counterparts. These gender imbalances are prevalent in almost all spheres of society and accordingly permeate sexual relations. A study conducted among youth in the KwaZulu-Natal province in South Africa revealed that women were unable to negotiate sex and condom use (Mash et al. 2010) and those who do, might be subjected to violence (Jewkes et al. 2001). Therefore a girl is often in no position to stand up for her values and if she does, the consequences might be dire (Morrell 2007).

Family Planning Services: Although adolescent and adult men contribute to the majority of health risks women face, the health system is exclusively female (WHO 2000). Family planning services are directed at women and even the majority of staff members in this sector are women. This trend not only excludes men but perpetuates the notion that reproductive and sexual health are not for men. Therefore, boys may not have the skills necessary to promote and discuss reproductive health in intimate relationships which might curtail them from taking co-responsibility for contraception usage (WHO 2000). In addition, teenagers generally have poor knowledge pertaining to sexual and reproductive health (Mothiba and Maputle 2012; Udjo 2003; Al-Ginedy et al. 1998).

Apart from family planning services being gendered, these are rather mechanical as the focus is only on the administration of the contraceptive lacking a tangible life-skills component. As result teenage girls do not have the necessary skills to negotiate sex or even safe sex for that matter. Therefore, Adolescent Health Programmes (AHP) can only be successful when they are participatory and promote communication rather than knowledge skills (Jewkes 2010).

Cultural Stereotypes: In fact, the pressure mounts on both boys and girls to prove their fertility by having children. A teenage girl who demonstrates fertility by becoming pregnant before marriage may enhance her chances of being married (WHO 2007; Anderson 2003). This also holds true for boys who are often encouraged to impregnate girls to indicate that they are men. These utterances are often made by parents who often complain that they wish to be grandparents (Wood and Jewkes 2006).

Virginity “Double Standards”: Virginity is generally accepted as a measure for sexual purity among teenage girls, the opposite is true for teenage boys. There is an explicit consensus that young men can be involved in premarital sex (Ndinda et al. 2011). A young man who remains a virgin is at risk of damaging his reputation should his peers become aware that he is a virgin. As a result, social pressure particularly amongst African boys makes early sex and multiple partners a norm (De Genna et al. 2010) and risking pregnancy. Moreover, this pressure results in boys perceiving sex as performance oriented and objectifying teenage girls, who may be inclined to view sex as a normal part of a relationship since they are surrounded by sexual images and messages, which normalise sexual activity (Mwaba 2000).

Attitude of Health Staff: Issues of sexuality are often divorced from teenagers. This implies that teenagers are not supposed to engage in sexual activities. Thus their attempts to ensure that they get adequate information and recourse are hampered by cultural, religious and moral precepts. It is for these reasons that teenagers engage in unprotected sexual activity with even greater consequences. Youth often do not have easy access to health care, as their reproductive and sexual rights are likely not to be respected. This contravenes Section 27 Bill of Rights in the South African Constitution. According to Anderson (2003), the use of contraception depends

on the effectiveness of the health worker and the health service system. The following provinces, Mpumalanga, Limpopo and Kwazulu-Natal have less than 60% contraception usage with only 38% of the youth using contraceptives. It may seem that this attitude declined with age of the patient as health workers in health facilities were an important source of information 76.8% for those aged between 25 and 49 (Thom 2002).

Lack of Synergy between Youth Values and Programmes: Policies and programmes are often drawn from the deficit based perspective. This precludes a deeper understanding of the target group as their values are not understood. Any programme that seeks to make lasting impact needs to be based on these. A study in Malaysia revealed that teenagers who had siblings, a working mother and positive teachers, were more inclined to possess altruistic and self-achievement values (Yusof and Amin 1999).

Socio-economic Conditions: Despite South Africa having attained democracy and upholding the principles of equality and equity; there are higher levels of relative deprivation, the rise of individualism and endemic feelings of ontological insecurity (Swartz 2004). In such conditions marriage or finding a “Minister of Finance” who is often older, becomes a plausible solution. Sex with an older partner is a means of power, status and maturity and the gifts borne from such a relationship serve as a source of envy among their peers (McLaughlin et al. 2012). Although, this relationship is socially beneficial for the young woman; power imbalances make it a fertile ground for unprotected sex.

CONCLUSION

Teenage pregnancy is a complex social issue that not only poses risks for the teenage mothers but for their offspring and society as a whole. Despite this, certain sectors of society subtly promote teenage sex. This is evident in the thesis that teenage boys can engage in premarital sex as a symbol of their virility; whereas the same is not true for the teenage girls. It is such perceptions that result in teenage girls constantly being accused of getting pregnant deliberately, despite the nature of the power they exert in society including in intimate relationships. Thus, there is an increasing need to ensure that the environments, social norms, val-

ues and support uphold teenager's ability to make informed choices on reproductive health.

RECOMMENDATIONS

The health system has proved to be "man unfriendly" as services are mainly "woman friendly" and men are generally seen as "problems" These perceptions need to be dealt with as they harden negative attitudes towards young women. Therefore, concerted efforts need to be made not to ostracise teenage men but to include them as part of the solution to preventing social ills, including teenage pregnancy.

Teenagers should be made aware that adulthood implies more than being employed, having ones' own house, being married and having kids. It comes with order responsibilities and one should be ready for it. Therefore there needs to be a contemporary definition of adulthood, which is all embracive of the reality of young people.

A political platform should be provided for teenagers to express themselves without a fear of intimidation or discrimination. At such gatherings, teenagers should be free to talk about their sexuality and other related issues which hitherto are off-limits to them.

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