From Stories to Action:
Looking beyond the headlines to develop effective responses to teenage pregnancy in South Africa
Teenage pregnancy: the picture

- Rates of teenage pregnancy and births have been declining since the 1980s according to successive DHS
- 1 in 5 18 year-old women has given birth and more than 40% of women have become mothers by 20
- Mean age at first birth has not increased
- Between 2002 and 2006 66,000 – 86,000 girls gave pregnancy as the main reason for interrupting schooling
- No data on disruption of boys' schooling due to teenage pregnancy.
1998 and 2003 DHS show marked social patterns in teenage pregnancy:

- 60% more likely in rural areas
- Amongst women with lower levels of education (3 fold difference between those with primary school vs matric)
- More prevalent amongst African and Coloured women (7 fold difference)
- Incidence higher among 18 & 19 year olds than earlier teen years
Some questions

- Why is teenage pregnancy a problem?
- Who is it a problem for?
- And why does teenage pregnancy happen?
- There is a public and private discourse around teenage pregnancy
- Moralism and the CSG
- Health
- Education
- Gender equality
Why teenage girls get pregnant: The research

- Having frequent sex, infrequent use of contraception, not owning a television, larger family, not living with biological father, not living in brick house

- Relationship dynamics: Boyfriends older, girls beaten more often, more likely to give fear as their reason for sex, significantly more likely to report first sexual experience as forced.

- Boyfriends also less likely to have other girlfriends, to talk more openly about sex – more important relationships for girls from emotionally-deprived backgrounds.
Research cont: Health services

- Pressure from families and male partners to have babies, prove their fertility
- Contraceptive use is not consistent or informed
- Nurses stigmatise teenage sexuality, are harsh and scolding
Research cont: Education

- 30% of girls out of school name pregnancy as the reason for discontinuing their education
- Girls 15 – 19 years girls achieving well below what is expected of their age at much greater risk of pregnancy
- Temporary withdrawal from school, grade repetition associated with girls falling pregnant
- Young women who are more invested in their educations less likely to fall pregnant and more likely to return if they do
What does this mean for programmes?

- Informed education on reproductive physiology and sexual health
- Detailed information on contraception
- Adolescent friendly health services that do not stigmatise
- Access to termination of pregnancy services
- Start teaching about reproductive health earlier – empower teenagers with information
- Interventions need to focus on boys and men
What do young women see as their options in the job market? What do they consider their alternatives?

What do relationships offer young women instead? (Their risk of economic dependency)

Programmes that emphasise gender equality, relationships, intimacy – acknowledge that abusive relationships begin during teenage years

Design programmes to reach poorly-performing girls and their families early

Ensure that all those who teach sexuality programmes are informed, comfortable with the subject and open
Supporting girls to return to school

- Child care responsibilities are unfairly distributed – girls who are the primary caregivers less likely to return to school.
- Facilities/space for breast feeding, nappy changing and child care/creche facilities are needed
- What training and policy needs to be in place to assist teachers to support pregnant girls and young mothers?