

## CHAPTER 2

### THE INCIDENCE OF TEENAGE MOTHERHOOD

#### 2.1 INTRODUCTION

The trend of teenagers falling pregnant at younger ages is noticeable worldwide, more especially in developing countries like South Africa (Greathead, Devenish & Funnell, 2002: 154). Teenage girls continue to fall pregnant even though it is believed that they are equipped with knowledge with regard to the risks of having unprotected sex (World Population Awareness, 1998). On the other hand, many young people are enticed into having sexual intercourse while many others are either raped or sexually abused. This suggests that teenage mothers are a heterogeneous group of girls who have either been raped, abused, enticed with gifts into sex or combinations of two or more of these processes.

The majority of teenage pregnancies are unplanned and bear the hallmarks of ignorance, misinformation and abuse. A closer look at the number of pregnancies resulting from experimentation with sex means that teenage pregnancy and teen motherhood can safely be considered to be serious problems that impair healthy development in young people (Greathead, Devenish & Funnell, 2002:154). A small number of teenage mothers resume school after giving birth. There seems to be a serious lack of knowledge about what a school can do to support teenage mothers in schools. This chapter will focus on the following aspects: teenage motherhood and psychosocial vulnerability, possible factors contributing to teenage pregnancy, defining resilience, interventions to reduce teenage pregnancy and coping with teenage motherhood.

#### 2.2 TEENAGE MOTHERHOOD AND PSYCHOSOCIAL VULNERABILITY

In South Africa, teenage pregnancy and motherhood are escalating, and a third of all pregnancies are related to girls under the age of 19 (Anon., 1999:7). Duncan (2007) regards teenage motherhood as catastrophic because of the negative impact it has on

the life of a teenage mother. It is worrisome that the numbers of girls that fall pregnant in schools are increasing irrespective of the fact that the fertility rate has dropped all over the world.

Young, pregnant girls find themselves having to make the following statements too often:

*Teens are bored and have nothing to do but hang out. There is no community centre close by and the high school has cut back on after school activities. Most families can't afford vacations or money for sports and recreational activities. There is always a party somewhere, at someone's house or in a local park, and drugs and alcohol are usually available. When teens drink or use drugs they often don't use birth control (SIECCAN, 2008).*

A closer look at this statement demonstrates that teenagers are bored and lack places where they can spend time doing things that are constructive. Schools have reduced extramural activities while several families are not in a position to afford holidays. The issue of substance abuse is mentioned and all the above factors render children vulnerable to teenage pregnancy. The scenario painted above is typical of South Africa. Several young people are raped, abused or pressured into sex and subsequently fall pregnant. This further suggests that microsystems such as families and schools fail in initiating discussions around sexuality and life skills education.

Teenage pregnancy and the resulting motherhood can, therefore, safely be considered to be serious problems that impair healthy development and threaten the futures of many young people in developing and developed countries (Greathead, Devenish & Funnell, 2002:154). Likewise, in South Africa, schools and families witness an increasing number of girls under the age of 19 who fall pregnant while they are still in schools (Anon, 1999:7).

Teenage motherhood renders young girls vulnerable to the psychosocial risks that threaten their resilient coping; needless to point out that they are less prepared for

motherhood. The question that comes to mind would be: *What is psychosocial vulnerability?*

There is no consensual definition for the construct *vulnerability* since it is a phenomenon that is context specific, therefore, lending itself to several definitions. For example, Eloff, Ebersöhn and Viljoen (2007) cite Kelly (2001) who offered a broad definition of vulnerable children as follows:

*“... children who have been exposed to trauma (such as violence, abuse, death), children living in compromising and adverse socio-economic circumstances, girls, children from rural areas, street children, children with disabilities, children from urban slums or high-density areas, abandoned children, children in high-risk homes (especially those run by single parents), and social offenders.” (p. 79)*

The above description of vulnerable children leaves out groups of children who are in difficult circumstances that render them vulnerable. One such group involves teenage mothers. The psychosocial risks that, according to Kelly (cited in Ellof *et al.*, 2007), render children to psychosocial vulnerability combine in complex ways and lead to teenage pregnancy and the resultant motherhood. This, therefore, suggests that no single factor can act alone in causing teenage motherhood.

No single factor can cause any two girls to fall pregnant since the systems that affect child development have unique ways of dealing with threats. It is also essential to realise that teenage motherhood combines with other psychosocial risks and lead to more difficulties for young people. This threatens young people's resilience.

The contextual factors that appear in Kelly's definition (cited in Ellof *et al.*, 2007) are risks that commonly afflict many South African communities. These contextual factors have the potential to compromise resilient functioning and cause school dropout (Lippman & Rivers, 2008). Schools that are found in disadvantaged communities should put at-risk learners on the road to success by providing support mechanisms that enable learners to cope resiliently (Mampane & Bouwer, 2011). According to Martin and Marsh (2006), schools should create environments that are anxiety-free, promote self-

efficacy and joy in being at school, and maximise classroom interaction. Children who are engaged in school are less likely to engage in maladaptive ways of coping with adversity.

Teenage pregnancy and the resulting motherhood have reached epidemic levels because of the reportedly high numbers of teenagers who fall pregnant worldwide. Teenage pregnancy and motherhood disrupt the futures of young people and perpetuate the cycle of poverty and low literacy levels. It is even more disturbing that in the context of the HIV and AIDS pandemics (UNAIDS, 2008:13) young people experiment with unprotected sex, fall pregnant and become parents before they are physically and psychologically ready.

Teenage pregnancy is by no means confined only to developing countries because of slow economic development, compounded by other social problems. In fact, developed countries are also wrestling the phenomenon of teenage pregnancy and the resultant motherhood. A few examples will suffice. In the United States of America and Australia, developed countries, teenage girls aged 15 to 19 increasingly fall pregnant (Bennet & Assefi, 2005:72; Martin, Hamilton, Sutton, Vera, Menacker & Munson, 2003:3; McVeigh & Smith, 2000:270).

In the United Kingdom, young girls who are aged between 16 and 19 continue to fall pregnant (Ashby & Longley, 2008:1; Peterson, Atkins, Petrie, Gibin, Whitehead, 2007:2). At the ages mentioned above, young girls are usually ignorant and most vulnerable since they sexually active (Roye & Black, 1997:153). They are even more vulnerable if parents are absent due to long working hours or have passed away. Unprotected sex not only results in pregnancy, but it also leads to young people contracting sexually transmissible illnesses that include syphilis, gonorrhoea, genital herpes or AIDS (Mwamwenda, 1995:74).

South Africa is yet to reduce levels of poverty and underdevelopment that affect a large majority of South Africans. Poverty combines in complex ways with other social problems, including teenage pregnancy, and harms the development of young people. In South Africa, the fact that young people of school-going age worryingly fall pregnant,

is a source of grave concern especially in communities beset by HIV (Children's Institute, 2009:1; Jewkes, Vundule, Maforah & Jordaan, 2000:733).

Many of these girls are allowed to remain in schools until they are due. In this regard, policy states that

*"In a rights-based society, young girls who experience early pregnancy should not be denied access to education and this has been entrenched in law through the Constitution and Schools Act of 1996, but has largely been the practice before the transition to democracy. However, without policy to govern practice, implementation has been uneven and some girls continue to be stigmatized, suspended, or expelled from school when they experience an early pregnancy. Schools, require guidelines on how to uniformly and optimally prevent and respond to early pregnancy such that the right of the adolescent to education is protected and equally balanced against their need to access healthcare and support, and to maintain the focus on learning within the school environment."* (Panday, Makiwane, Ranchod & Letsoalo, 2009:9)

It is crystal clear from the above excerpt that the rights of these girls to education remain paramount and that they should not be denied such rights. The excerpt also shows that these children are stigmatised and that schools tended to have dissimilar policies in dealing with teenage mothers. It demonstrates further that the health-care and support needs of these mothers were on the periphery. It does seem as if schools are not able to deal with teenage mothers because they are not able to prevent teenage pregnancy in the first place.

A cursory look at the EMS data for 2004 to 2008 shows that the teen pregnancy problem does not abate. The following table provides a sad picture of the incidence of teenage pregnancy in the nine provinces of South Africa.

Table 3.1: EMS data for 2004 to 2008

Province	No of pregnant learners/1000 register	Number of learners captured
Eastern Cape	68.8	11852
Free State	53.6	2837
Gauteng	34.2	4866
KwaZulu-Natal	62.2	15027
Limpopo	60.4	12848
Mpumalanga	55.7	5015
Northern Cape	59.4	1070
North-West	55.9	3211
Western Cape	34.4	2710
<b>Total</b>	<b>58.2</b>	<b>59436</b>

**Source: Harrison (2008)**

According to Table 3.1 above, KwaZulu-Natal, a mostly rural province in South Africa, contributed the highest number of pregnant teenagers between 2004 and 2008 as

compared to other provinces. Limpopo and the Eastern Cape occupying the second and third places, respectively. Northern Cape seems to be the least affected; however, this is the province with the smallest population in South Africa.

The picture below is an example of a learner who is still in school, in South Africa, while she is pregnant.



**Picture taken by Esa Alexander [www.timeslive.co.za](http://www.timeslive.co.za)**

Many in different communities scapegoat ignorance for teenage pregnancy and motherhood. It is, however, common knowledge that rape and abuse can be implicated in young girls falling pregnant. Several studies demonstrate how early pregnancy can harm teenagers. For example, a study by Chen, Wen, Fleming, Yang and Walker (2008:689) showed that an increased risk of neonatal deaths among younger mothers was common. Another research by Klein (2005:118) showed that low birth-weight, and low weight gain during teenage pregnancy results in birth defects and infant deaths because of poor prenatal care.