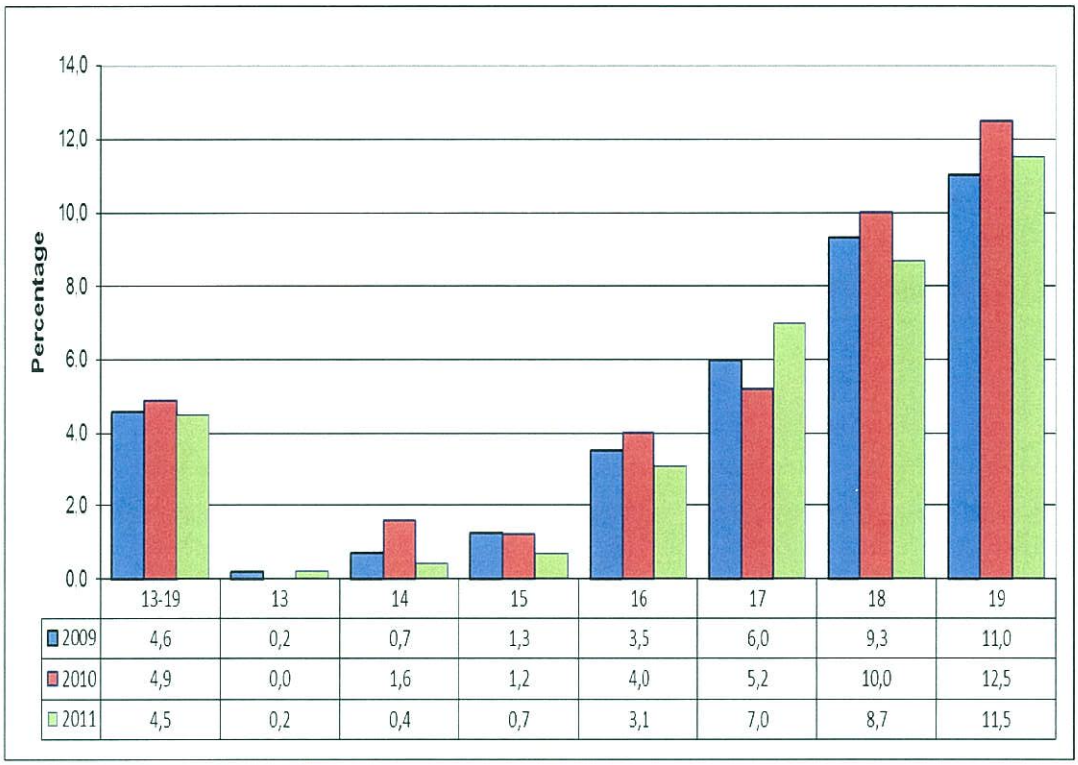
A study by Hueston, Geesey and Diaz (2008:246) demonstrated that when girls lack understanding about what kind of care is expected during pregnancy, along with their desires to hide their pregnancies, greater is the risk of them giving birth to stillborn babies. There were other risks involved. For example, teenagers who fell pregnant were found to be at risk of medical complications, more especially, if they did not receive proper supervision while they were pregnant.

In addition to psychosocial risks, the following medical complications could also result (Greathead *et al.*, 2002:157):

- difficult labour
- premature labour
- birth complications
- a great chance of caesarean section

Statistics South Africa (2011) paints a near complete picture of teenage pregnancy trends in South Africa in the below figure.



	13-19	13	14	15	16	17	18	19
2009	4,6	0,2	0,7	1,3	3,5	6,0	9,3	11,0
2010	4,9	0,0	1,6	1,2	4,0	5,2	10,0	12,5
2011	4,5	0,2	0,4	0,7	3,1	7,0	8,7	11,5

Figure 2.1: Percentage of females aged 13–19 who were pregnant during the year preceding the survey, 2009–2011 (Statistics South Africa, 2011)

The figure shows a worrying trend that teenage pregnancy occurs among girls aged from 13 to 19. It is noteworthy that higher figures of pregnancies are in the age groups of 16 to 19.

It is believed that in this era of advanced technology, young people are armed with basic information about protected sex because it is easily accessible. It is, however, sad to note that the quality of their understanding and level of awareness vary considerably, and misconceptions regarding contraceptives and the use of condoms still exist (Macleod & Tracey, 2009:IV).

A study by the South African Demographic Survey (cited in Children's Institute, 2009:2) showed that teenage pregnancy was rifer in rural areas than in urban areas. The study demonstrated that 21.1% of adolescents in rural areas fell pregnant compared to 13.7% in urban areas. Rural areas in South Africa are battling with poor service delivery and severe underdevelopment. Most of these areas were homelands that served as labour

reserves in the apartheid era. With fewer health-care facilities in rural areas, birth-control becomes difficult.

According to Allard-Hendrix (2002:159), many sexually active young people fail to use protection, and the resulting pregnancy acts as a barrier that prevents young people from achieving their academic goals. A study conducted at Khutsong has shown that most young people still have a misconception about the usage of the condom (Macleod & Tracey, 2009: iv).

Power inequalities show that women's ability to negotiate safer sex is still not well-oiled (Macleod & Tracey, 2009:iv). Health personnel at governmental health institutions appear to be an impediment which discourages young people to seek help from these parastatals (Shisana *et al.,* 2005:30). Young people involved in substance abuse are even more at risk of sexual debut without protection (Shrie, Emans, Woods & DuRant, 1996). It is further purported that it is most likely that a high number of young mothers might have a history of sexual molestation themselves (Pallitto & Murillo, 2008). In essence, youth with this history of sexual abuse are in most cases powerless in relationships and this might impact on their ability to negotiate safer sex in relationships (De Bellis, 2001).

Several young people drop out of school due to early pregnancies. Therefore, while some return to school after giving birth and manage to achieve these goals, some do not return to school and end up with lower education (Children's Institute, 2009:2; World Population Awareness, 1998:3). Teenage pregnancy will remain a threat in South Africa unless decisive measures are taken to address it by empowering teenagers with the necessary life skills, thereby reducing their vulnerability to it.

It would be prudent to look at the possible risks that cause teenage pregnancy. It should be noted, however, that no single cause can be implicated in causing a learner to fall pregnant. Instead, a combination of personal and contextual aspects may lead to a child falling pregnant. The researcher's discussing these factors, individually, should, therefore, be seen as only cosmetic.

2.3 POSSIBLE FACTORS CONTRIBUTING TO TEENAGE PREGNANCY

It is, however, prudent not to lose sight of personal factors too, that render young people vulnerable to pregnancy. Faced with an assortment of risk factors, many girls become pregnant as teenagers while others successfully overcome risks or adversity and avoid pregnancy. This phenomenon of overcoming adversity typifies resilience – the process of experiencing positive adaptation even when one is faced with significant risk or adversity (Luthar, Cicchetti & Becker, 2000). The discussion that follows focuses on risks to resilience, that expose young girls to early pregnancy.

2.3.1 Absent fathers as role models

Ideally, a developing child needs a mother and father in order to receive guidance and support. However, in South Africa and elsewhere in the world, not many fathers are actively involved in their children's upbringing due to various personal and socio-economic reasons. Furthermore, according to the Vera Institute of Justice (1990:10) males who are economically disadvantaged tend to engage in untimely sexual activity, resulting in early and absent fatherhood.

These young teenage males tend to have more academic and career difficulties both before and after becoming fathers. Many young fathers who do not have parenting skills experience personal difficulties that include depression and anxiety over concerns about the health of the teenage mother and child, their relationship with the mother, loss of their personal freedom and leisure time, possibilities of finishing school and finding work (Sullivan, 1985:25).

Teenage fathers are made to feel guilty by being blamed for experiencing anger, resentment, guilt and anxiety with respect to not being able to pay maintenance for the child due to unemployment, and they tend not to visit the child and the mother (Greathead *et al.,* 2002:158). Lack of involvement by teenage fathers deprives babies of the nurturance that they sorely need. Young teenage mothers, on the other hand, often do not comprehend the behavioural cues by their babies due to inexperience, and lack of guidance and support from their parents or caregivers (McVeigh & Smith, 2000:270).

Teenager mothers who receive social and material support from the baby's father develop better quality relationships with their babies and these relationships are characterised by improved nurturance (McVeigh, 2000:7). This amply demonstrates that the availability of teenage fathers, coupled with their active involvement in their children's upbringing enhances the chances that teenage mothers will cope with motherhood.

A lot of studies show a strong correlation of family structure with teenage pregnancy (Langille, Flowerdew & Andreou, 2004). Children growing in a single-headed household are at risk of early pregnancy (Miranda & Szwarcwald, 2007). The absence of a father figure further elevates the risk of unwanted pregnancies in the home (Vera Institute of Justice, 1990:10). Young mothers are further burdened with the role of caring for the baby single-handedly (McVeigh, 2000:7).

Families and communities play an important role in shaping the adolescent's belief systems, values and their behaviour (Gordon, 1996). Family involvement and good community modeling have shown to delay early sexual debut in the youth's life (Gordon, 1996). Adolescents are more prone to engaging in early sexual activity if parents and family members fail to provide proper modeling behaviours for their children. Lack of communication also between parents and teenaged kids on issues of sexual behaviour and childbearing has dire consequences (Siqueira & Diaz, 2004:153; Woodward *et al.,* 1998).

The low level of parent education has shown to contribute immensely in teenaged kids engaging in early sexual debut and, as a result, falling pregnant prematurely (Pranitis, 2002:2). Young people in that situation tend to gain false information from friends or are more likely to succumb to peer pressure (Whitehead, 2007:6).

2.3.2 Poverty

According to the Development Policy Unit (2008), poverty is a composite, multi-facetted socio-economic phenomenon that involves compound deprivation that is characterised by low income, and lessened access to essential services. In South Africa, the majority of the population is affected by poverty that combines in complex ways with other adverse circumstances and render young children vulnerable to poor teenage pregnancy and developmental outcomes. It has been found that poverty, homelessness and unemployment are directly related to teenage pregnancy (Russel, 2002; Theron, 2007:2).

The effects of poverty can be far-reaching and it interferes with one's ability to obtain resources needed to maintain one's family. This is all too obvious in most South African townships that are afflicted by poverty. Some of these are informal settlements that are inhabited by the lowest income earners, the unemployed and the unemployable due to poor educational attainment.

According to Kirby, Coyle and Gould (2001), the households that receive public assistance are those who are affected by teenage motherhood. This shows that, in some instances, there is a correlation between poor socioeconomic circumstances and the occurrence of teenage motherhood. This seems to suggest that an economic disadvantage can undermine the children's future career aspirations, more especially, if it acts in concert with teenage motherhood (Crane, 1991). There is some evidence that some girls may see pregnancy and subsequent motherhood as alternative life goals (East, Khoo & Reyes, 2006:189).

A further study by Shaw, Lawlor and Najman (2006:2528), demonstrated that teenage mothers seemed to originate from families where they had been raised by their younger mothers who lived in economically deprived areas. There are possibilities that young people tend to compensate for lacking care in their own lives by looking for someone who may provide them with the love and care that they did not experience as children (Chase, Maxwell, Knight & Aggleton, 2006:438).

Early motherhood is, in some instances, a way of compensating for the love and care that they did not have, and some young people achieve this by engaging in unprotected sex that leads to teen pregnancy and/or sexually transmissible illnesses. Under these conditions, the risk of pregnancy and HIV infection almost always lurks.

A comparative study of young African teenage girls' perceptions of teenage pregnancy by Jewkes and Christofides (2008:8-9) found that girls from higher socio-economic statuses had higher expectations of success in their lives and futures, and had more incentives to avoid untimely pregnancies. They also found that some of the teenagers who grew up in poverty and attended dysfunctional schools in disadvantaged areas were less motivated and at risk of becoming pregnant.

In some instances, situations of destitution that afflict teenage girls often compel them into transactional sex in which they get involved in sex in exchange for food, money or shelter (Brummer, 2002:6). Under such conditions, these girls find it hard to negotiate condom use since they already are in positions of weakness. In the absence of condoms and/or condom-use, transmissible infections and HIV frequently occur.

Poverty-stricken households, which are often found in informal settlements and townships, often have serious shortages of housing. These destitute conditions force them to have inappropriate sleeping arrangements that expose children to sexual behaviour by adults. Children who witness sex under such circumstances may experiment with it and unbeknown to them, pregnancy may eventuate.

Many African girls grow up in destitute conditions that are a legacy of apartheid, and there is very little optimism for the future among them and pregnancy becomes an option that, unfortunately, perpetuates a cycle of poverty. Teenagers who are brought up in informal settlements, often have fewer recreational facilities to take up their spare time and energy. Therefore, the circumstances characterised by poverty have everything to do with higher birth rates (Cockburn, 1994:11). The following diagram demonstrates the complex links between poverty, teenage pregnancy and other social problems.

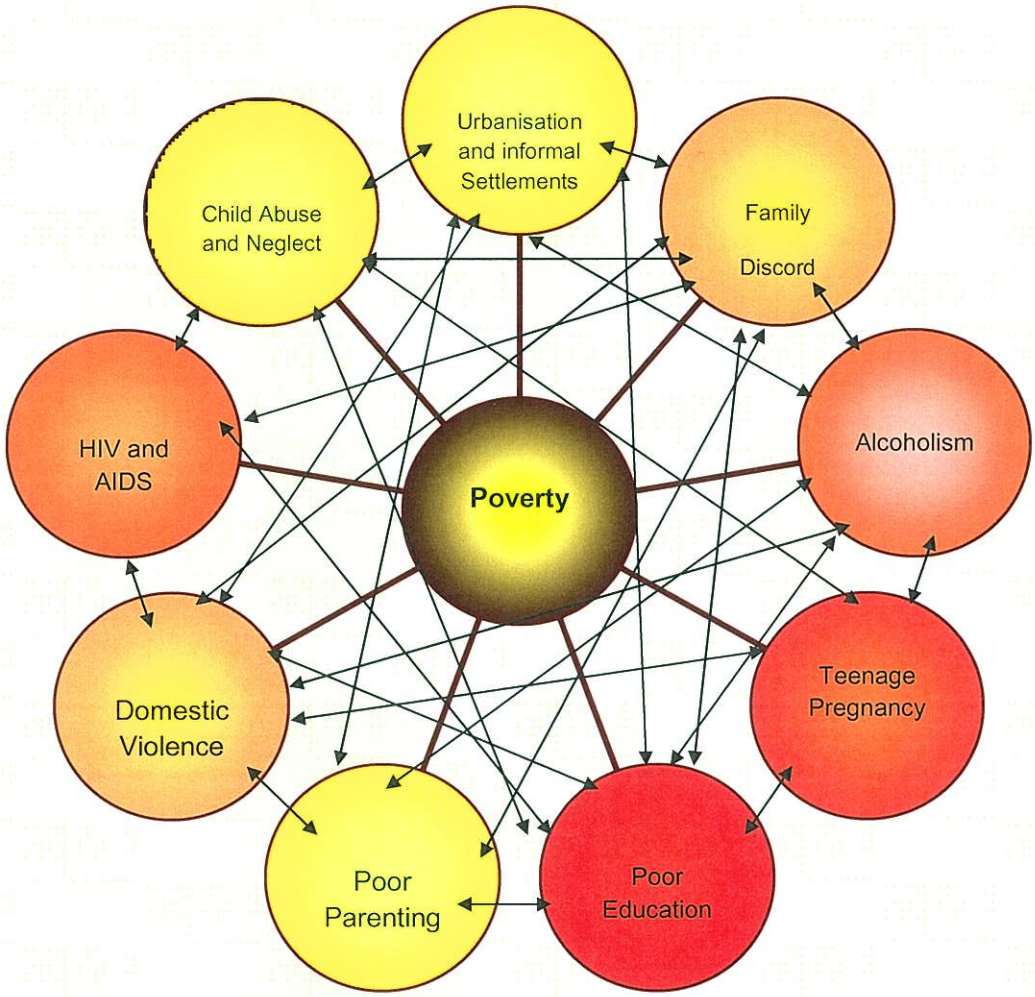


Figure 3: Complex links between poverty, teenage pregnancy and other social problems

2.3.3 Divorce of parents

Many young people are constantly confronted with challenges that relate to family discord and break-up. Stability is crucial in the life of a developing child. Unfortunately, stability is not always maintained, and evidence shows that parental separation can be linked to risks or social problems such as juvenile delinquency, psychological distress, poor self-control, low self-esteem, and social maladjustment among young people (Price, Desmond & Smith, 1991:255-256). Some of the children who are faced with

adversity resort to maladaptive ways of coping that include deliberate disobedience, staying out until late, alcohol and substance abuse, and experimenting with sex (Humphrey, 1985:89; Page & Page, 1993).

Divorce leads to children losing contact with their fathers. Boys, in particular, lose valuable role models in such cases. Some of the boys who grew up in families affected by divorce were found to be aggressive, and they tended to engage in sexual activities (Page & Page, 1993; Price, Desmond & Smith, 1991:255-256) accompanied by a real risk of teen pregnancy. This shows that divorce causes children to lack parental care and supervision and not to learn the values that guide and direct life.

The void left by divorce renders young people vulnerable to maladaptive coping mechanisms. Tan and Quinlivan (2006:203) discovered that, in the context of pregnancy, girls had perceived the relationships between their parents as violent, and factors such as low income, drug abuse and lack of support from parents were apparent. Subsequently, divorce caused young people to cohabit with boyfriends over the weekends, and they became pregnant due to engagement in sex.

2.3.4 Lack of information

Many parents and adults are either unwilling or less comfortable discussing sex with teenagers. In this regard, parents, particularly African parents, do not discuss sexuality with teenagers fearing that talking about sex might promote the sexual activities they might want to prevent. Girls and boys become curious about the physical changes taking place in their lives, and they need to be assured that their curiosity is not off the norm and parents are advised to permit them to ask questions (Siqueira & Diaz, 2004:153).

2.3.5 Incest, sexual abuse and rape

Incest is regarded as sexual intercourse that occurs between blood relatives such father-daughter, mother-son (rare) or brother-sister, and uncles. Incest occurs in all socio-economic contexts, and comparing to boys, young girls are more often victims, and they often fall pregnant (Greathead, Devenish & Funnell, 2002:271). Furthermore,

abusers of alcohol develop poor moral standards under the influence and make sexual advances on their own children, especially fathers to daughters (Kheswa, 2006:75).

Sexual abuse accounts for many incidents of teenage pregnancy.

Young women often fall victim to rapists that do not use condoms, leading to pregnancy (Avert, 2007:2). Statistics of just how many young girls are raped in South Africa are hard to confirm. However, it is common knowledge that girls get raped by young and old men. Girls are sexually harassed and made to take the blame in courts (Avert, 2007:2). Donald *et al.* (2006:231) indicate that rape, in South Africa, affects numerous teenagers and many cases of rape are not successfully prosecuted, and convictions are not secured. This means that rapists are not made to account for their deeds.

2.3.6 Commercialisation of sex

Many teenagers who grow up in poverty-stricken households are forced into having sexual intercourse in order to obtain certain favours or privileges. Teenagers who agree or are forced into sex at younger ages in exchange for gifts such as money, sometimes become sex workers (Besharov & Gardiner, 1998:1; Van Dyk, 2005:35;) with risks such as pregnancy and sexually transmitted illnesses.

A complex combination of factors drive teenagers who are already mothers into the sex industry in order to make money. Furthermore, families that are no longer capable of teaching values such as respect, responsibility and discipline, render young girls vulnerable to transactional sex in order to meet needs such as lack of security, parental love and care, and income in order to meet their educational needs (Greathead, Devenish & Funnell, 2002:49).

In a South African study that was conducted in the KwaZulu-Natal Province, De Villiers and Kekesi (2004:23) found that girls that fell pregnant had been driven into commercial sex work by contextual factors such as poverty. The participants had been raised by single, unemployed and alcoholic parents. These destitute conditions seem to have given impetus to prostitution among those girls, where safe sex or condom-use is not

easy to negotiate because of power relations that are usually in disequilibrium (International Labour Organization, 2004:12).

According to De Villiers and Kekesi (2004:23), it seems as if in some communities, proof of fertility was according to culture, to be just a norm. Therefore, there was a requirement for girls to prove their fertility by conceiving and giving birth to a child prior to getting married. In other words, teenage motherhood was seen as a passageway to adult life.

The power of culture should never be underestimated. Culture can influence adolescents' early sexual debut and or help delay the debut for later (Melby, 2006). Literature among African groups has shown that cultural beliefs play a crucial role. However, literature is death on how culture influences teenage pregnancy among other groups (Jewkes & Christofides, 2008).

According to Dlamini *et al.,* (2002:7)some cultures award men higher statuses than women, forcing women into premarital sex. For example, in the Swazi culture, men can select their virgin (wives), and unmarried women including pupils found themselves trapped into falling pregnant before marriage.

2.3.7 Mass media

According to Whitehead (2007:70), teenage girls experience pressure from their peers and are exposed to social pressures from a wide range of media that include sources, television, cinema, radio, magazines, internet and newspapers. This pressure promotes the adoption of certain ways of living, beliefs, ways of speaking and behaviour patterns that include sexual relationships (Whitehead, 2007:70). Teenagers feel that they are unique and invulnerable to harm since they erroneously believe that someone else may become pregnant after sexual intercourse, but not them (De Villiers & Kekesi, 2004:21).

2.3.8 Non-use of contraceptives

According to Chase *et al.* (2006:441), teenage girls do not find it easy to visit clinics to seek help with regard to family planning because they are accused of being immoral by health workers. Research by Makhetha (1996:1) demonstrated that of the 211

adolescents who took part in his study, 78% (n=165) felt that their falling pregnant had been influenced by their lack of capacity in using health care services since they experienced discrimination by nurses in clinics.

In the Western Cape, South Africa, De Villiers and Kekesi (2004:21) found that engagement in early sexual intercourse among those Coloureds who refused to ask for some kind of prevention led to unplanned pregnancy and that rates of sexually transmissible illnesses and abortions were high. The median age at which the young people engaged in sexual intercourse stood at 15 years.

White (2000:480) found that condoms were perceived as a nuisance and that they were seen to be interfering with passion and performance. According to the Vera Institute of Justice (1990:19), those boys from poor socio-economic backgrounds tended not to use condoms appropriately, and that reflected in the disparities between pregnancy rates in developed countries and developing countries.

2.4 DEFINING RESILIENCE

Resilience is a subjective and context specific phenomenon that cannot be consensually defined by researchers (Dass-Brailsford, 2005:575). It is, however, agreed that resilience is the capacity that enables individuals to overcome adversity and cope adaptively. According to Ungar (2006:53), this capacity goes by several names that include resilience, hardiness, coping and beating the odds.

Currently, resilience research defines resilience as the outcome of the navigation process that includes the capacity of individuals to navigate their pathways towards resources that sustain well-being; the capacity of the individual's physical and social ecologies to provide resilience resources and the capacity of individuals, families and communities to negotiate culturally meaningful ways to share resources (Ungar, 2006, 2007). This suggests that an individual must be able to exercise agency in navigating his/her pathways towards resilience resources and that the environment must be able to make these resources available in culturally meaningful ways (Ungar, 2008).

It should be noted that resilience is not an individual attribute, but rather a process that is influenced by ordinary adaptation systems (Masten, 2001) such as warm families, supportive peers, schools and communities. However, if these adaptation systems are undermined by strain, and lose their supportive potency there could be a risk for poor developmental outcomes (Masten, 2001:227; Rutter, 1999:119).

Resilience is a dynamic process that depends on the nature and quality of the interactions that occur between individuals and their ecologies. In addition to supportive ecologies, people who demonstrate resilience are those who become toughened by developing new coping mechanisms or creative ways of coping with and overcoming adversity (Luther & Zelazo, 2003). Sir Michael Rutter, one of the pioneers in resilience research, referred to this toughening process and coined the phrase *"steeling effects"* (Rutter, 1999) in explaining how current adversity may serve to equip one with skills to cope with future adversity.

Multitudes of young people subsist within environments beset with several risks that have the potential to threaten or derail their development. Researchers have for decades become interested in children who resile notwithstanding the risks and adversities that characterise their lives (Rutter, 1999).

While risks render young people vulnerable to poor developmental outcomes or psychopathology, such young people need resilience resources that will counter the harmful effects of such risks. It is particularly important to realise that resilience is dependent on what is built both inside and around the individual child at risk (Ungar, 2005:429). An individual child, therefore, depends on his or her individual resilience resources and ecological resources (family, peer group, school and community) in order to cope with adversity.

Masten (2001) argues that resilience is reliant upon ordinary, normative human resources that reside in the minds, brains as well as bodies of young people and in their communities. This presents the phenomenon of resilience as one that is bi-directional, depending on what the child and the context have to offer. According to Gilligan (2004:94), resilience is not a phenomenon or trait that only a select group of individuals

have. The best explanation for why some individuals cope resiliently while others fail to do so, is in the individuals themselves and their contexts.

Ungar (2004) refers to hidden resilience; a term that refers to young people adopting less conventional ways of coping with adversity. In the context of adversity, where conventional ways of coping are lacking, confrontations or rebelliousness against social conventions could be understood as resilience (Bottrell, 2007). In this case, resilience is typified by ways that are discouraged based on the accepted standards in a particular community.

Many young people in South Africa subsist in contexts that are characterised by risks to resilience, over and above personal risks. The following section will delve more into the risks and protective resources that have been referred to.

2.5 RISKS TO RESILIENCE

The term risk refers to processes or experiences that have the potential to increase the likelihood of negative developmental outcomes as a result of adverse conditions (Jenson & Fraser, 2005:6). These may consist of individual or ecological processes that could threaten the development of a child or influence the trajectory of such a young person's development. In other words, risks may be inborn, familial, in the neighbourhood or the society.

Risk processes describe those circumstances that make negative developmental outcomes more than likely (Armstrong, Birnie-Lefcovitch & Ungar, 2005:276). It is, therefore, important to note that risks are context specific (Ungar, 2006:58). Ungar (2004) cautions that a risk to one child may not necessarily be a risk to another; it could be protective in another.

This means that the mere presence of risks does not necessarily mean that a certain negative outcome may result. Researchers and practitioners should be mindful of the fact that no single risk may, on its own, lead to negative developmental outcome or behaviour. In fact, risks operate in concert with one another. Furthermore, the term adversity as well as risk are used interchangeably in order to characterise processes

that may increase the likelihood of negative developmental outcomes for the individual (Richman & Fraser, 2001).

According to Tusaie and Dyer (2004:4), risks usually originate from numerous stressors rather than from single, personal or ecological processes. Thus, when a teenager is facing a particular risk in his or her life, the risk only represents an increased possibility that problem behaviour might occur.

Risks can be found in the individual and the environment. Lack of or low levels of ingenuity, curiosity, frustration-tolerance, supportive relationships, self-esteem, humour, religiosity and incompetence (Boyden & Mann, 2005:7; Killian, 2004:52; Ungar, 2004b:39) can prove to be risks to young people.

Other individual factors could be sensory-motor deficits that may affect a child's ability to learn and effectively explore the environment, unusual sensitivities, having low birth weight, age, limited intelligence and poor memory (Boyden & Mann, 2005:6; Luthar, 1991:611; Rutter, 1999:125; Ungar, 2004b:39).

The risk processes that are found in social ecologies are the occurrence of familial psychiatric problems, persistent social stressors, poor socio-economic conditions, low parental academic achievements, discordant or dysfunctional families, parental harshness, armed conflict, forced relocation, environmental degradation and exploitation (Boyden & Mann, 2005:6; Masten, 2001:228; Rutter, 1999:128; Ungar, 2004b:39).

The following diagram illustrates the sources of factors that can compromise resilience in young people.

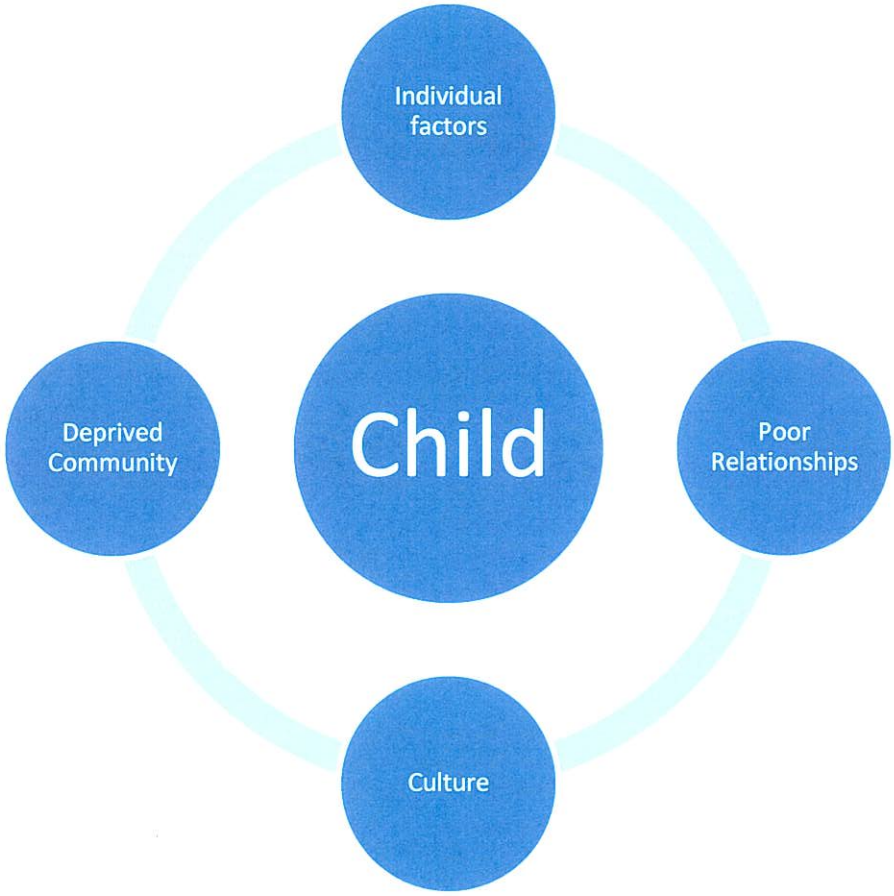


Figure 4: Sources of factors that can compromise resilience in young people

The above diagram shows the interactive nature of individual, relationship, cultural and community-based risks in compromising resilience among young people.

A young person's vulnerability may depend on the type of parenting that the teenager receives. Poor or inappropriate communication leads to children relying on their peers for information. This renders young people vulnerable to negative outcomes or maladaptive behaviour. This leads to several behavioural problems that includes substance abuse (Siquera & Diaz, 2004:150; Theron, 2007:15).

Divorce occurs in many families; parental conflict that may lead to divorce is considered stressful for adolescents (Henricson & Roker, 2000). Divorce erodes the stability that children need in their lives, thus rendering them vulnerable to emotional instability.

Poverty can have a cumulative rather than unitary effect (Carter & Murdock, 2001). More importantly, it is vital to note that poverty combines with several social problems and compound a young person's life.

2.5.1 Protective factors

According to Carbonell *et al.* (2002:395), protective factors are conditions or processes that combine in complex ways in order to mitigate the potentially negative impact of risk or adversity. According to Weed *et al.* (2000:208), protective conditions or processes serve as moderating variables or as catalysts for resilient coping to occur. An imbalance between the demands on the person and protective factors, which facilitate coping with challenges, may lead to poor functioning and stress (Siquera & Diaz, 2004:150).

Furthermore, Masten and Reed (2005:77) report that protective factors can potentially curtail risk factors in one's environment and, as a result, facilitate resilient functioning in a risk-altered context. Protection is a concept that operates, as a buffering agent to risk exposure, and is perceived as a resource that is both individual and environmental, that minimises the impact of risk (Jenson & Fraser, 2005:8).

2.5.2 Personal protective factors

Personal protective processes are strengths, conditions that combine with each other and with ecological resources in order to mitigate risks and lessen their impact (Malindi, 2009:42). These individual strengths enable a child who faces empathy to resile and function in a way that enables the child to revert to the previous level of psychological functioning. In this regard, meaningful connections are crucial. Children who develop close and fulfilling ties to significant others that include parents, peers and teachers tend to do better in the context of adversity (Siquera & Diaz, 2004:148).

Having goal-directed behaviour (Theron, 2006:207) helps young people take the initiative to tackle problems in their lives. This means that young people who are future-

focused are motivated to do well. Young people can also display resilient behaviour by developing creative ways of overcoming adversity and life's challenges (Brendtro & Longhurst, 2005:55) Humour lessens the impact of trauma; they see the comic in the tragic. This development of consciousness leads ultimately to a sense of obligation to help or serve others (Siquera & Diaz, 2004:150).

2.5.3 Family as protective factors

Secure attachment supplies the child with a reliable secure base which encourages and renders safe-exploration of the wider world (Bowldy cited in Gilgan, 2000:39).

Effective parenting skills according to Siquera and Diaz (2004:150) include the following:

- modelling competence behaviour
- providing information and access to knowledge
- providing guidance and constructive feedback
- steering children away from wasteful or dangerous abilities
- supporting the taking on of new challenges
- functioning as advocates

Families as microsystems may experience disequilibrium due an unplanned pregnancy. families that cope with premature teenage pregnancy enable young mothers cope better than those whose families disintegrate or are less supportive of the young mother.

2.5.4 The school as a protective factor

According to Gilgan (2000:41), the right school climate can foster young people's commitment to the school community. According to Fergusson and Lynskey (1996), among teen mothers who experienced high levels of family adversity during childhood, resilient adolescents are more likely to have at least an average IQ and say they enjoy

school. Teachers have a key potential role as confidants and mentors and guarantors of a child's welfare (Gilgan, 1998:42). In relation to young people experiencing adversity, there is evidence about the protective value of positive education experience (Gilgan, 1998:42).

A sensitively laid out and consistently managed primary school classroom and a warm relationship with a responsive teacher may do more for a child's craving for a secure base that elaborate efforts around engaging a child in weekly one hour sessions of therapy (Gilgan, 1998:42). Routines and rituals in family and school can help pregnant teenagers, and teen mothers to begin to recover from the effects of stress in their lives (Gilgan, 2000:40).

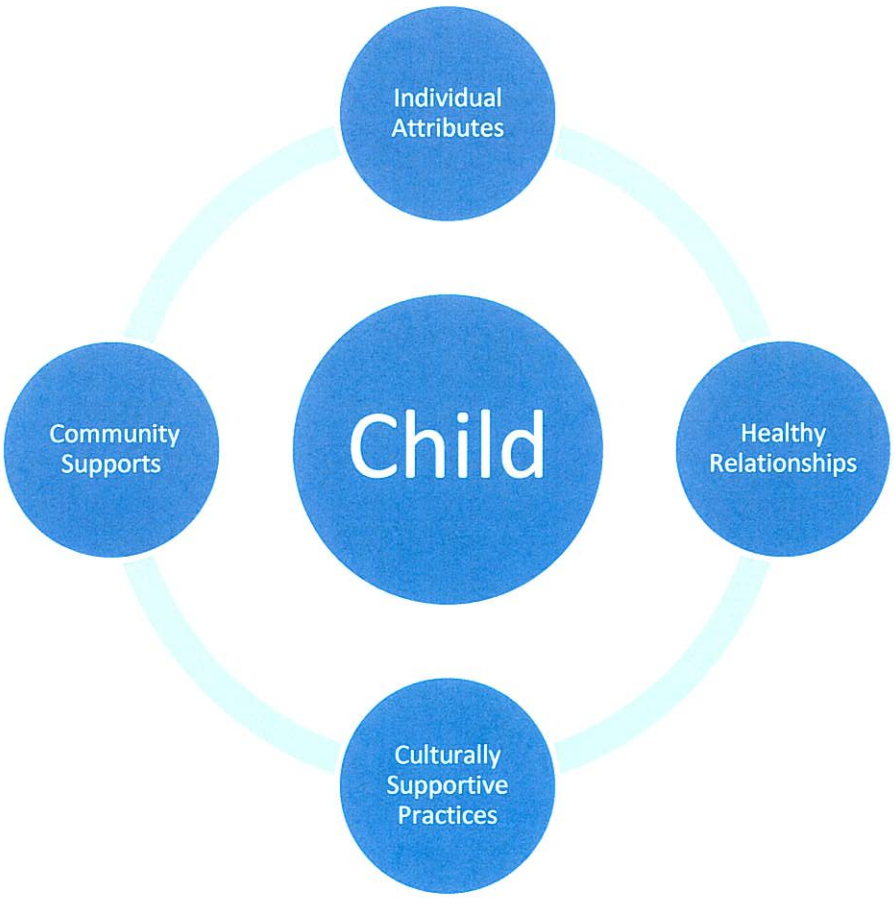


Figure 5: Coping resources that are associated with resilience

Parenting is, by nature, a challenging endeavour. It is even more so when it is adopted by a teenager who is physically and psychologically not ready for it. Many young fathers have little idea of what the father is supposed to do; they may love their baby, but not know how to behave (Santrock, 2008:218-219). There is no strong research evidence that having a child as a teenager poses a health risk for either child or mother (Lawlor & Shaw, 2002:553).

All these coping resources are associated with resilience.

2.6 INTERVENTIONS TO REDUCE TEENAGE PREGNANCY

The term *intervention* is understood to mean any course of action that buffers and/or modifies processes and circumstances that are potentially threatening to individuals and communities (Donald *et al.*, 2006:38). In other words, vulnerable people need such courses of action in order to alter the trajectories of their development. Such interventions must be informed by the youth's context in line with the ecosystemic theory (Donald *et al.*, 2006:34-46).

In South Africa, a number of intervention programmes that include television programmes such as Love Life, Soul Buddyz and compulsory subjects such as Life Orientation and Life Skills were initiated in order to empower youth at risk. However, it seems that those programmes aimed at empowering youth are not yielding acceptable outcomes in curbing the ever escalating numbers of teenage pregnancies and HIV infection in South Africa.

The following section will focus on Life Orientation as a learning area that can curb teenage pregnancy in schools.

2.6.1 Life Orientation

Life Orientation is a relatively new compulsory school subject for all South African youth. Life Orientation (LO) was developed in response to societal and educational needs in

order to equip learners with the necessary skills for life and its possibilities (Theron, 2007:4; Toddun, 2000). Curriculum changes in South Africa followed the emergence of democracy in 1994. The rationale for making it a compulsory subject is related to the conviction that not all teenagers naturally acquire the skills to cope with risk-laden circumstances and that it is, therefore, crucial to teach, inculcate and practice such skills as part of an outcomes-based curriculum (Ngwenya *et al.*, 2003). Within LO classes, youth are empowered towards optimal holistic development by focusing on the following five key areas (South Africa, 2002; Rooth, 2005):

- Health promotion, including personal, community, and environmental health.
- Social development, including positive social skills, knowledge of and adherence to constitution rights and responsibilities and appreciation of diverse cultures and religion.
- Personal development, including the acquisition of life skills to bolster personal potential to counter life challenges capably.
- Physical development and movement, including participation in and appreciation of outdoor recreation, fitness programmes and sport.
- Orientation to the world of work, including encouragement to pursue further study, accessing career and study resources, entrepreneurship, time management and awareness of career preferences.

Jewkes *et al.* (2001:735) indicate that although sexuality education in the form of Life Skills and Life Orientation is a compulsory part of the school curriculum, the implementation of sexuality education is slow. Educators are often uncomfortable about this and feel ill-equipped to deal with the relevant curricula (Car-Hill, 2003; Coombe, 2003:9).

Some educators were trained in this regard (Peltzer & Promtussananon, 2003:350), but this was not entirely successful. Many educators report that they feel they are inadequately trained (Theron, Geyer, Strydom & Deport, 2008:81). Furthermore, educators' experiences, beliefs, values and assumptions, as well as their own sexuality, influence how they cope with teaching HIV prevention and healthy sexuality. These

factors, as well as the context and culture in which they teach, need to be meaningfully reflected on, as failure to do so will render sexuality education useless and probably decrease how effective Life Orientation should be projected (Baxen & Breidlid, 2004:22).

2.7 CONCLUSION

In this chapter, teenage motherhood and psychosocial vulnerability, possible factors contributing to teenage pregnancy, defining resilience, interventions to reduce teenage pregnancy, coping with teenage motherhood were discussed.

In the next chapter, the research method used in this study is discussed.