



Teenage Pregnancy: Children Giving Birth to Children

1. Introduction

The issue of teenagers giving birth to children is a complex one. Educators, medical practitioners and those providing psycho-social services struggle to make sense of it and to develop successful remedial measures. Teenage pregnancy can be understood as an unintended pregnancy during adolescence.¹ The Department of Basic Education (DBE) argues that poverty, poor socio-economic conditions, and peer pressure are causative factors. Currently, it is the policy of the DBE to allow pregnant girls to continue with their schooling until the child is born and to resume their education thereafter. However, some leave school and do not resume their studies once they have given birth.

It would be mistaken to focus only on the teenage girl. There are two parties to any pregnancy and the teenage boys and men who have sex with teenage girls take little responsibility for their part in the resultant pregnancy. Furthermore, they suffer few consequences. Their education continues uninterrupted, they are not the subject of stigma, and they may not necessarily be identified as the father of the child. Many of them simply move on, leaving the girl and the baby behind, with both of them impoverished and distressed.

2. Incidence

The incidence of teenage pregnancy is highest in Kwa-Zulu Natal followed by the Eastern Cape. Statistics derived from the 2013 Household Survey indicate that there were 99 041 pregnant school girls in 2013, which showed an increase of 17 363 over the previous year. DBE spokesperson Mr Elijah Mhlanga says this indicates a rate of about 271 new pregnancies for every day of that year.² He adds that research indicates that

children are becoming sexually active at a younger age than was previously thought. Journalist Palash Ghosh notes that, "the Human Sciences Research Council and the World Bank estimated that 18 percent of all students in South Africa either get pregnant or make someone pregnant each year."³

3. Contributing Factors

It is easy to dismiss the issue as teenage promiscuity. This is not helpful, and if we want to make meaningful and successful interventions to address this escalating social phenomenon it is necessary to take into account a multiplicity of contributing factors. It is difficult to discern the weight given to various contributing factors as there are no disaggregated statistics and the primary source of information is the DBE, with little input from the Departments of Health and Social Development. However, there are clear indicators and trends which highlight the need for particular interventions.

South Africa remains a deeply patriarchal society where the corporal integrity of women and girls is easily disregarded. There are a large number of contact crimes against girl children, and there is a culture of rape. The sexual abuse of girls at school by teachers and other pupils is common, but little has been done to combat it. Sexual abuse at home occurs as well. The sexualisation of popular culture and a poor sense of one's own corporal integrity, and that of others, also play a role. Girls who have grown up in an environment where violence is common are more likely to acquiesce to peer pressure.

Adolescence is a period of experimentation. Unfortunately, this frequently takes place with very little understanding of possible negative consequences. It is important to note that risky sexual behaviour often takes place when engaging

in other risky behaviours, such as alcohol and substance abuse. Many teenagers do not understand that they will become pregnant if they engage in sexual activity, so little thought is given to the possibility of a baby. Once the baby is born, teenage mothers often lack the skills and emotional maturity needed to care for an infant. The breakdown of the extended family; the high number non-marital births; female-headed households and the paucity of positive role models, all impact on the psycho-social development of adolescents. Adult family members may work some distance away and consequently leave home early and return late so the supervision of adolescent girls is poor. Young girls may be drugged at social functions and sexually assaulted. Overcrowding, boredom and peer pressure also play a role. Recreational pursuits are few, and sporting facilities in townships and informal settlements are lacking. Alcohol, substance abuse and unsafe sex with multiple partners are not uncommon among the youth.

Furthermore, the rights of teenage girls are threatened by forced marriages, the need to drop out of school due to domestic responsibilities and, in some instances, human trafficking. Teenage girls from rural areas are beguiled by promises of work in the cities and then find themselves penniless, in situations of domestic servitude. "Pervasive poverty in SA stacks these overlapping sources of risks among some young people, offering them limited information to make optimal choices and few incentives to protect themselves against pregnancy".⁴

Research conducted in the United States of America found that, "teen parenthood is associated with discontinued or delayed education, reduced employment opportunities, low wages, unstable marriages, and prolonged welfare dependency".⁵

4. Maternal Health

While adolescent girls are able to conceive they are not always physically mature enough to deliver an infant, as their pelvic area may be too small. "More than one-third (36 percent) of all maternal deaths recorded in the country comprise teenage mothers while [they account] for only about 8 percent of all births."⁶ There are a high number of caesarean section births amongst teenage mothers.⁷ However, access to emergency

caesarean deliveries in rural and deprived areas is remote.

The U.S. Centre for Disease Control and Prevention points out that teenage pregnancy may also impact negatively on the baby and "that babies born to teens may have weaker intellectual development and lower skill set scores at kindergarten. They may also have ongoing medical issues and behavioural issues."⁸ Should the pregnant child continue to drink alcohol during her pregnancy this could result in the baby being born with foetal alcohol syndrome. What happens to the teenage girl has consequences for the child she is carrying.

There is anecdotal evidence to suggest that pregnant teenagers may seek abortions rather than disclose their pregnancy to their parents. Some are thrown out of the house if they refuse to have an abortion.⁹ Others may conceal the pregnancy and abandon the baby in panic. There have also been instances of suicide. Such instances speak eloquently to the lack of support systems.

5. Preventing Teenage Pregnancy

There are various societal conventions, cultural practices, religious teachings and legislative measures which, albeit in different ways, discourage teenage pregnancy. However, the high incidence of teenage pregnancy in spite of these measures is an indication that these approaches have not had much impact. Some of these approaches are considered below.

5.1. Department of Basic Education

In 2009 the DBE issued a research document in which Minister Angie Motshekga stated that, "we are mindful of the fact that addressing teenage pregnancy is not a challenge facing only one department. Addressing teenage pregnancy is a battle that requires the active involvement of all stakeholders, if it is to be well fought. These stakeholders include other government departments, key organisations in the non-governmental sector; the research community, the religious sector, community leaders and more importantly, parents and the learners themselves".¹⁰

5.2. The role of religion

In terms of organized religion South Africa is a predominately Christian country, with small Muslim, Hindu and Jewish minorities, as well as adherents to traditional African religion. Most faith communities have programmes and events aimed specifically at the youth. The purpose of such is to accompany and support young people during the difficult years of adolescence, and to enable them to make responsible choices. However, it is very difficult to measure the success of such programmes.

5.3. The Moral Regeneration Movement

The MRM Charter of Positive Values seeks to constitute a framework of ethical and moral reference for all South Africans. The mandate is broad and includes the enhancement of family and community values.¹¹ However, it is limited in focus and offers little guidance in the matter under discussion here.

5.4. Children and access to information on health matters

Broadly, the Children's Act 38 of 2005 asserts that every child has the right to have access to information on the promotion of health and well-being as well as the prevention and treatment of ill-health and disease and matters regarding sexuality and reproduction. Furthermore, a child has a right to information regarding her or his health and treatment. There is both ignorance and disregard for the possibility of contracting HIV/AIDS or other sexually transmitted diseases. While the level of HIV/AIDS is generally in the decline it is rising among teenage girls. In total, 473 195 children between 0-14 are infected, and 669 214 of young people in the 15-24 age group are infected. Again the incidence is highest in KwaZulu-Natal.

5.5. Access to contraception

In terms of the Children's Act, and despite the objections of many in the religious community, no person may refuse to sell condoms to a child over the age of 12. Likewise no person may refuse to provide a child over the age of 12 years with condoms on request where condoms are provided or distributed free of charge.¹² The availability of these prophylactics is motivated by concern regarding the high rate of teenage pregnancy and the dangers posed by sexually transmitted

diseases. Contraceptives other than condoms may be provided to a child over the age of 12 on request without the consent of a parent or caregiver, but subject to a proper medical examination. Such a child is entitled to confidentiality in terms of the Act. These measures are introduced to accommodate those children who cannot approach their parents in these matters. However, should there be evidence or suspicion that a child has been abused in a manner causing physical injury, sexual abuse or deliberate neglect, the matter must be reported to the appropriate authorities for further investigation.

5.6. Virginity testing

Virginity Testing is a common cultural practice in KwaZulu-Natal, the purpose of which is to encourage and confirm the virginity adolescent girls and unmarried young women.

According to the amended Children's Act the 'virginity testing' of girls under the age of 16 is prohibited; it may be carried out on children over the age of 16 only subject to various criteria including the informed consent of the child; under hygienic conditions; and in private. The results of the test may not be disclosed without the consent of the child and the body of the child may not be marked in any manner.

At the time the Children's Act was before Parliament there was widespread belief that having sex with a virgin can cure HIV/AIDS. Furthermore, since it is believed that the disease cannot be contracted from a virgin it is assumed that any children born of such a union would be born without the infection. There is much anecdotal evidence to suggest that older men are marrying young girls motivated by these beliefs and that, in some instances, this is to the financial advantage of the girl's family.¹³ This renders girl children, particularly in the impoverished rural areas, vulnerable. In terms of the new Act a child "below the minimum age set by law for a valid marriage may not be given out in marriage or engagement; and that a child above the minimum age may not be given out in marriage or engagement without his or her consent".¹⁴

Earlier this year the 'Maidens Bursary' was created by the uThukela District Municipality in KwaZulu-Natal to fund higher education for young women on condition they were able to prove their virginity.¹⁵ The Gender Commission found the programme to be discriminatory and

unconstitutional, one reason being that the virginity of girls was the focus while that of boys was not of concern; this compromised the rights of the girl child to equality and dignity.

5.7. The role of the Child Support Grant

The role of the Child Support Grant in relation to teenage pregnancy has been widely debated. Some have argued that the grant is an incentive for girls to fall pregnant in order to access the cash. However, this argument has been contested by research.¹⁶ An impact assessment dismissed such arguments as myth, and further credited child grants “for reducing risky behaviour among teens, including sexual activity and pregnancy. As such, they may serve to reduce teenage pregnancy over time, rather than increase them as the myth suggests”.¹⁷ Furthermore, subsequent research confirmed this and asserted that very few teenage mothers actually access the grant.¹⁸

6. Parental Rights and Responsibilities

The biological mother of a child has, whether married or unmarried, full parental responsibilities in respect of the child. The biological father of a child has full parental responsibilities and rights in respect of the child if he is married to the child’s mother. Provision is made for the fathers of children born out of wedlock to play a major role in the lives of their children should they so choose.¹⁹ However, the biological father of a child born as a result of rape or incest has no rights in respect of such a child. Many teenage pregnancies are a consequence of sexual abuse of this kind.

7. Inappropriate Relationships

Recently there has been much press given to ‘blessor-blessee’ relationships between young girls and older men where sex is exchanged to meet material needs such as air-time, toiletries and food. Both parties may use alcohol and other addictive substances, which further compounds the vulnerability of the girl child. Such relationships are haphazard and highly inappropriate, and may involve coerced or forced sex. They also constitute a crime in terms of both the Children’s Act and the Sexual Offences Act. There is a particularly high risk of HIV infection and pregnancy in these relationships.

8. Conclusion

While focusing, and rightly so, on the infant we overlook the fact that the mother is also a child and also in need of care and protection. This realisation challenges us to nurture the corporal integrity of girl children; to protest the sexualisation and objectification of girls that is so prevalent in popular culture; to create safe places and spaces for girls;²⁰ to enable good choices; to be available to listen; to adopt a non-judgemental attitude; to be good role models; to ensure the appropriate conduct of traditional cultural practices; to provide safe educational and home environments. And of course, crucial to the success of all attempts in reducing teenage pregnancy is the reduction of poverty and the erosion of patriarchy.

**Lois Law
Researcher**

¹ In terms of the Children's Act 38 of 2005 a child is anyone under the age of 18.

² <http://www.news24.com/SouthAfrica/News/Teen-pregnancies-hit-99-000-a-year-20150905>

³ <http://www.ibtimes.com/babies-having-babies-teenage-pregnancies-destroying-lives-futures-south-african-girls-1402739>

⁴ Teenage pregnancy in South Africa - with a specific focus on school-going learners, Panday, S., Makiwane, M., Ranchod, C., & Letsoalo, 28th August 2009
28th August 2009

⁵ 'Teenage Pregnancy Prevention Programs', Pierre, Natalie MD, MPH; Cox, Joanne MD, August 1998

⁶ See 2 above

⁷ At a CPLO Roundtable Discussion on Maternal Health held in Kwa-Zulu Natal on 8th August 2013 many health care practitioners raised this as an issue. They also asserted that many of these pregnancies were the result of abuse.

⁸ <http://www.livestrong.com/article/86972-effects-teenage-pregnancy>

⁹ It was an incident such as this that was the catalyst for the 'Mater Domini Home' in Cape Town. The Home cares for women in crisis pregnancy or suffering abuse-often it is both. There are other Mater Domini Homes in KwaZulu-Natal, Gauteng and Mpumalanga

¹⁰ Teenage pregnancy in South Africa - with a specific focus on school-going learners, 28th August 2009

¹¹ <http://mrm.org.za/>

¹² Section 12 (a) and (b) of the Children's Act.

¹³ Representation made to the Public Hearings convened by the National Council of Provinces by the Alfred Nzo Girl's Club, October 2006

¹⁴ 18 is the age of majority

¹⁵ Eyewitness News, 22nd January 2016

¹⁶ South African teenagers are falling pregnant in order to cash in on child support grants. Michelle Solomon
<https://africacheck.org/2013/05/30/urban-myths-and-teen-pregnancy>

¹⁷ See 16 above

¹⁸ <http://www.702.co.za/articles/2186/grants-make-people-lazy-and-dependent-on-the-government-myth-or-fact>

¹⁹ This incorporates the Natural Fathers of Children born out of Wedlock Act 86 of 1997 as a consequence of the 'Fraser Judgement'

²⁰ "The Safe Spaces Initiative, a grassroots public art and education drive to raise awareness about the need to create safe places for girls and women in schools, at work and in communities. The idea of "eyes on the street", in the form of benches in prominent places, aims to make cases of assault more visible in communities".
<http://www.capetownmagazine.com/rock-girl-benches>

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