

Engaging communities to address teenage pregnancy in South Africa:

A summary report from the Zola community in Soweto, Gauteng Province

Why did we do this research?

Teenage pregnancy is considered a serious problem in South Africa but contributing factors are not well understood. Reasons for teenage pregnancy differ depending on the situation, and decision making around sex and pregnancy is complex. Among young South African women levels of pregnancy are high: 33% of sexually experienced 15-19 year olds and 59% of sexually experienced 20-24 year olds report having been pregnant (Pettifor *et al*, 2004). Sixteen percent of sexually active 15-19 year olds and 11% of 20-24 year olds report never having used a contraceptive method (DHS 2003). In addition, HIV prevalence is affected by many of the same factors that lead to teenage pregnancy, and among 15-24 year olds it is 10.2% (Pettifor *et al*, 2004).

Building on the results of research conducted by Ibis Reproductive Health (Ibis) with young women and community members in Soweto, Gauteng Province, in 2007-2009, Ibis conducted a follow-up project in 2010-2011 in both Soweto and the N'wamitwa community near Tzaneen, Limpopo Province. The overall project objective was to engage young women, parents and guardians of young women, and community stakeholders to play an active role in addressing teenage pregnancy, HIV, and other sexual and reproductive health and rights (SRHR) issues in their communities. One component of the project involved participatory research designed to elicit a better understanding of the perceived contributing factors to teenage pregnancy and community members' perspectives regarding possible solutions.

What did we do in Soweto?

We conducted participatory assessments with young women and community members (both parents or guardians and community stakeholders). The sessions with young women included dialogue and the use of paints, materials, and magazines to create body and community maps. With community members, we used participatory methods to generate discussion regarding the problems contributing to and associated with teenage pregnancy and to facilitate development of community-based solutions to teenage pregnancy. See Table 1 for details.

Group	Activities	Sessions/ Total Participants
Young women aged 15-17	-Body mapping	Two, two-day sessions / 22
Young women aged 18-24	-Community mapping -Focus group discussions	Two, two-day sessions / 28
Parents/guardians/ community stakeholders	-Problem tree analysis -Problem ranking -Guided discussion of potential community-based solutions -Community mapping	Four, one-day sessions / 47 (all women)

Table 1

What did we find?

The assessments revealed a complex set of individual and environmental factors contributing to teenage pregnancy and HIV infection. Graphics 1 and 2 list the root causes of teenage pregnancy and HIV infection, as identified by young women and community members. The larger the word or phrase in the word cloud, the more commonly it was brought up by participants.

Root causes identified by young women included alcohol abuse, peer pressure, low condom use, lack of access to contraception, strong sexual desires, cohabitation, myths about pregnancy, desire for material things, pressure from partners, transactional sex, and intergenerational sex. Some young women said that they felt that pregnancy is "contagious" in their community.

Regarding contraception specifically, several of the young women had misconceptions or concerns about safety or side effects, for example, "contraceptives cause sexually transmitted infections" and "the injection makes you gain weight." For those young women who desired contraception, several said that it was difficult for them to go to clinics to get a method because they were scared of judgmental healthcare providers who think they are too young to be having sex. A few young women indicated that obtaining SRH services in general is challenging and that obtaining emergency contraception is particularly difficult because "it is only offered in cases of rape."

Root causes of teenage pregnancy and HIV as identified by community stakeholders and parents included disrespect for authority "because of policies which protect the rights of children," multiple partners, transactional sex, intergenerational relationships, desire for a "flashy" lifestyle, alcohol and drug abuse, a preponderance of taverns, poor information about sex, low family planning use, a lack of parental guidance, overexposure to sexual imagery in the media, and rampant poverty.

Community stakeholders and parents described the lifestyle that young women strive for as one dominated by "cars, cash, and cell phones." They indicated that this contributed to young women's dating older men.

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Graphic 1: Root causes identified by young women



Graphic 2: Root causes identified by community members

What does the community think should be done about teenage pregnancy and HIV?

During the assessments with community members, participants suggested the following ideas for addressing the root causes of teenage pregnancy at the community level:

- Education, mobilization, and awareness-raising activities, such as:
 - Workshops in the church on SRH issues and condom use
 - Awareness-raising campaigns focusing on HIV and teenage pregnancy, alcohol abuse, and consequences of the “cars-cash-cell phone” lifestyle
 - Educating young people that their rights come with responsibilities
- Improving communication and relationships between young women and parents, especially pertaining to communication on sex, partners, and financial challenges
- Support for parents/improving parenting skills
- Addressing the negative influence of taverns through stricter laws and arresting public drinkers and tavern owners’ selling alcohol to under-aged children
- Addressing what was felt as a loss of value for culture/values through projects which promote the “moral standards” of the community and divert the attention of young people away from television and the media
- Advocacy with government officials regarding certain policies and practices such as:
 - Discussions regarding changes to or revision of policies on children’s rights
 - Policies ensuring young people remain in school
 - Greater consultation of communities when government develops new policies
 - More funding opportunities from government for local NGOs that are educating young women and men about HIV, teenage pregnancy, and SRH generally
 - Better evaluation by government of NGO efforts for dealing with HIV and teenage pregnancy
- Job creation for parents and youth

What should be done now?

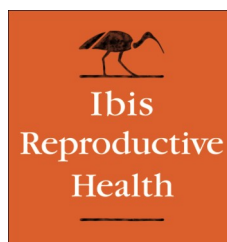
We applaud the Soweto community for their commitment to addressing young women’s SRHR issues through community-based solutions and thank them for their participation in this research project. We encourage community members, governmental, and nonprofit organizations to work together to build on these initial steps towards community-based solutions to address SRH issues, including teenage pregnancy.

There is an especially urgent need for dialogue with community stakeholders regarding the importance of the policies protecting children’s rights and how these policies affect parents’/guardians’ interaction with their children. Also important is dialogue on the “cars-cash-cell phones” life style and how parents feel that this is in part the result of a loss of appreciation for “culture.”

It is important that efforts to address teenage pregnancy and HIV address communities’ concerns, involve young women, and empower and support community members generally to prioritize their concerns and participate meaningfully in any interventions.

To learn more about Ibis’s work to engage communities to address teenage pregnancy and other SRH issues in South Africa, please contact joburg@ibisreproductivehealth.org. Ibis’s body of work on teenage pregnancy and SRH issues also includes collaboration with government, community-based organizations, and health care providers.

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Ibis Reproductive Health aims to improve women’s reproductive autonomy, choices, and health worldwide.

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