

Engaging Communities to Address Teenage Pregnancy in South Africa:

A Summary Report from the N’wamitwa Community in Tzaneen, Limpopo 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 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. In N’wamitwa, Ibis collaborated with a local organization called the Valoyi Traditional Authority Trust. The overall project objective was to engage young women, parents and guardians of young women, and community stakeholders to actively play a role in addressing teenage pregnancy, HIV, and other sexual and reproductive health (SRH) issues in their communities. One component of the project involved participatory research designed to elicit a better understanding of the perceived contributing factors of teenage pregnancy and community members’ perspectives regarding possible solutions.

What did we do in N’wamitwa?

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 / 30
Young women aged 18-24	-Community mapping -Focus group discussions	Two, two-day sessions / 30
Parents/guardians/ community stakeholders	-Problem tree analysis -Problem ranking -Generation of potential community-based solutions -Community mapping	Four, one-day sessions / 46 (8 men, 38 women)

Table 1: Participatory research activities

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 below list 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 both young women and community members included taverns, alcohol abuse, poverty, transactional sex, and a desire for the child grant. Some causes of teenage pregnancy were emphasized more by young women than by the community, such as the reluctance (by them or their partners) to use condoms. They also said that young women become pregnant or endure abuse because they want to keep their partners. Finally, they described feeling pressure to become pregnant from friends who are having sex or who have children, and also in some cases from parents who want them to prove their fertility. Young women described a general community attitude that teenage pregnancy is “normal.”

Community members raised other issues not emphasized as much by young women, including lack of information and guidance about SRH issues. In one group, participants felt that laws that they perceive to be protecting young women’s rights, such as being able to access SRH services without parental permission after age 12, limit parental control and interfere with how parents want to raise their children.

Sessions with young women and with community members also addressed access to health care services. Young women pointed out that existing clinics close early and are not confidential, and many reported visiting traditional healers for SRH services because they do not ask as many questions and because termination of pregnancy (TOP) is not available at nearby clinics. In one group of parents/guardians and community stakeholders, and in several young women’s groups, unfriendly service delivery for young women was also mentioned. However, although important, concerns about access to services were not seen by either group to be a main contributor to teenage pregnancy in the N’wamitwa area.



Graphic 1: Root causes identified by young women



Graphic 2: Root causes identified by community

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

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

- Education and awareness raising activities, such as:
 - Workshops with parents about youth SRH and rights (SRHR)
 - Education with youth about SRHR, starting in primary school
 - Safer sex community campaign
 - Substance abuse and alcohol workshops for community members
- Better parental communication with children
- New community resources:
 - More health care facilities to decrease distance required to access services
 - Recreational facilities, cinema, parks, swimming pool, community garden, youth clubs
- Job creation, including opening small businesses
- Addressing negative influence of taverns through:
 - Reduced number of liquor licenses
 - Encouraging sobriety through reduction in types of alcohol provided
 - Enforcement of closing time (Valoyi Tribal Authority Resolution states there is a 10pm cut-off)
 - Enforcement of age restrictions
- Advocacy with government officials regarding certain SRHR-policies. Community members suggested:
 - Abolishing child grants or implementing age restrictions (e.g., only for women aged 25 years and older)
 - Reconsideration of child rights policies

What should be done now?

We applaud the N’wamitwa 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 and governmental and non-profit 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 child grant and policies protecting children’s rights and how these policies affect parents’/ guardians’ interaction with their children. Young women should be engaged in the process of implementing any proposed solutions to teenage pregnancy, and further work should be done to empower community members to organize efforts to put these ideas into place.

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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