

**The Impact of Communal Child-Rearing Approach on the  
Prevalence of Teenage Pregnancy in Vhembe District, Limpopo  
Province**

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## ABSTRACT

The purpose of this study was to critically determine the impact of communal child-rearing approach on the prevalence of teenage pregnancy in Vhembe District, in order to develop facilitation tools from which the parents can be empowered on the constructive parenting approaches, specifically for a girl-child and teenage girls against the prevalence of teenage pregnancy. This study further empowers the teenage girls in particular growing-up in Vhembe District with the chance of healthy development and future favourable womanhood. A combination of quantitative and qualitative approaches was used to conduct the study, with a quantitative description and exploratory study design. A total of 400 participants, mainly teenage girls, participated in a quantitative approach. Then 16 pregnant teenage girls, 19 teenage mothers, 6 key informants and 23 parents of pregnant teenage girls and mothers participated in a qualitative approach. The participants for the quantitative approach were sampled using the stratified random sampling technique because of the age-specific (13-19 years). Close-ended questionnaires were administered to them. The participants for in-depth interviews were sampled using the purposive and snowball non-random sampling technique. They were high school principals, teachers, and community leaders, pregnant teenage girls and teenage mothers, and their parents.

Data collected through close-ended questionnaires were analyzed using the Statistical Package for Social Sciences (SPSS) programme. Frequencies tables were created to categorize variables and cross-sectional frequencies tables were further created to show associations between the variables. The data collected through structured interviews, matrices were created using content thematic analysis. The responses were grouped thematically and, with the emergence of sub-themes, broad categories were generated to differentiate and explain the thoughts expressed by the participants. The study findings suggest that the prevalence of teenage pregnancy is purely a social behavioral problem develop through critical parenting practices and approaches. The study concluded that the total blame for the prevalence of teenage pregnancy is in the way parents raise the teenage girls, whether influenced by their socio-economic status, cultural values, availability or absence of the other parent, etc. the primary lack of sensitive parenting recognition of the prevalence of teenage pregnancy, critically placed the teenage girls in Vhembe District in the prevalence of teenage pregnancy.

**Keywords: Culture, socio-economic, parental practices, poverty, sexual habits, and beliefs**

## DECLARATION

I, BASSEY, AUGUSTINE INYANG hereby declare that the thesis for the fulfilment of the requirement of Doctorate degree in Sociology at the University of Venda, hereby submitted by me, has not been submitted previously for a degree at this or any other university, that it is my own work in design and execution, and that all reference materials contained therein have been duly acknowledged.

Sign.....

Date.....

## DEDICATION

This degree is dedicated to my parents Elder and Mrs. F. I. Bassey and my siblings. I also dedicate this degree to my entire family at large, their general support as a family got me this far.

## ACKNOWLEDGMENTS

This study has been a motivating and inspiring opportunity for me to learn as well as to expand my understanding on the impacts of childrearing on the prevalence of teenage pregnancy. This would not have been possible without the contribution of countless people and my department. I thank the department for accepting my research proposal, and its support throughout my studies. I acknowledge the University of Venda for its research assistance which saw me through the process of this study. I acknowledge further the precious lessons learned from the participants of Vhembe District. To all the participants, I say thank you for your participation without which this research would not have been a success.

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## List of acronyms

HCWs	Healthcare Workers
HIV/AIDS Syndrome	Human Immunodeficiency Virus Infection/Acquired Immune Deficiency Syndrome
IDPs	Integrated Development Plans
LO	Life Orientation
NCPTUP	National Campaign to Prevent Teen and Unplanned Pregnancy
NICHD	National Institute of Child Health and Human Development
PIMS	Planning Implementation and Management Support
PHC	Psychiatric Hospital Community
PPASA	Planned Parenthood Association of South Africa
SA	South Africa
SRH	Sexual Reproductive Health
SNS	Social Networking Sites
SPSS	Statistical Package for social sciences
STIs	Sexually Transmitted Infections
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nation Children's Fund
UK	United Kingdom
USA	United States of America
WHO	World Health Organization
YRBS	Youth Risk Behavior Survey

## CHAPTER ONE

### ORIENTATION OF THE STUDY

#### 1.1 Background of the study

This study posits that the prevalence of teenage pregnancy in Vhembe District, Limpopo Province, is the outcome of the communal child-rearing approaches. The prevalence of teenage pregnancy as a child-rearing concern is the pregnancy that befalls a girl-child, who is still growing under the caring purview of her parents. Hence, the concern for teenage girls continuously falling pregnant under their parents is definitely a clear expression of their critical parenting approaches that seek a meaningful understanding and deliberation. Owing to this view, thus, forms the main focal point of the background of this study.

The social context of child-rearing in South Africa has never been easy to describe or understand, to say the least. This is because child-rearing within South African families have a history of violence experienced particularly because black family members were separated by laws, so mainly single mothers raised their children (Roman, Makwakwa & Lacante, 2016). The black ethnic group of South Africa was historically socio-politically subjected to violence, separation, and segregation in the apartheid era. Therefore, a typical child of an African ethnic group is raised by her mother in a single-parent household, most of which were unemployed (Roman *et al.*, 2016).

South Africa has a number of exceptional circumstances that affect child-rearing approaches arising from socio-economic deprivation as the legacy of the apartheid regime. The effect of apartheid rules greatly affects the black family life and their inability to provide quality parenting outcomes for their children, and subsequently placed an additional burden mostly on a growing girl-child facing a lack of welfare resources. Hence, considering the diverse nature of South Africa, with its history of separatism and segregation, and weighing the impact of the child-rearing approaches within the black communities can benefit the understanding for the basis of the prevalence of teenage pregnancies.

The Statistics South Africa Household Survey estimated her total population at 56.5 million people. Approximately half (51%), which is 28.9 million of the population, is female (Statistic South Africa, 2017). According to the 2017 Survey, children comprise 38 per cent of the total population. About half of all these children live and are raised in only three of the nine provinces of South Africa: Eastern Cape (15%), KwaZulu-Natal (23%), and Limpopo (12%) (Statistics South Africa, 2017). These three provinces have the most rural-dominated population, with very few employment opportunities occasioned by the apartheid era. Therefore, it is not uncommon for children in the rural provinces to live separately from their biological parents, as a result of labour migration and parenting arrangements that involve extended families.

The dissemination of children across the rural populated provinces is to some extent different from that of adults, who are mostly parents. The greater proportions of adults from the rural populated provinces massively live in the metropolitan provinces (Statistics South African, 2010). This is evident in Gauteng Province: despite being the smallest province in the country, it accommodates nearly a quarter (24%) of all adults, and 25% of households, but only 17% of the children (Statistics South African, 2010). This is because of the relatively large number of adult-only households in the province, most of which are parents migrating from the rural provinces without their children, or separating from their children.

South Africa has a long history of family breakdown as well as children not living consistently with their biological parents. This is due to labour migration involving parents from the rural regions and provinces (Holborn & Eddy, 2011). The migrant labour system situations contribute significantly to children experiencing a sequence of different caregivers and/or raise without fathers at home. The system of parenting in the rural black-dominated provinces is the potential factor hampering the eminent development of teenage girls that critically placed them to early pregnancy. Therefore, the critical factors driving the prevalence of teenage pregnancy in black ethnic communities are more palpable from child-rearing practices to other related factors, which are also heavily affected by the lack of primary parents in their communities, responding sensitively to the livelihood of the young girls.

In 2013, Statistics South Africa revealed that more than 99 000 schoolgirls fell pregnant, a daily rate of about 271 for that year. The figures, released by Stats SA, as part of its General Household Survey focusing on schools, triggered a panic among education officials, who called it an “alarming crisis,” due to the dramatic increase from the 81 000 teenage school girls who fell pregnant the previous year and 68 000 in 2011. The 2013 survey shows that in the Eastern Cape Province some 20 698 teenage girls were pregnant. The figures for the other provinces were as follows: Free State Province, 4 309; Gauteng Province, 9 428; KwaZulu-Natal Province, 26 428; Limpopo Province, 13 941; Mpumalanga Province, 11 854; North West Province, 7 359; Northern Cape Province, 1 173 and Western Cape Province, 3 811. The education authorities conceded that the sex education programmes (part of the life orientation curriculum) are not yielding dividends. The authorities further emphasized that the outrageous teenage pregnancy rate shows that parents are not guiding, supervising and monitoring their children adequately. Based on the statistical report above, the teenage pregnancy rate in Limpopo Province stands at 13 941, just second to the Eastern Cape Province and third to KwaZulu-Natal Province, which is the highest.

Basically, teenage pregnancy occurs in girls essentially still under parental-care. Therefore, the incidence of teenage pregnancy emanates from critical parenting practices. Parenting is the basic mechanism through which a child learns appropriate and inappropriate behaviour, experiences right and wrong choices in decision-making, acquire skills; and understands the roles and norms of the community (Carr & Springer, 2010; Perez & Cumsille, 2012). Parenting plays a major part in child socialization, providing an early understanding of the self (Latouf & Dunn, 2010). Thus, optimal parenting is associated with general adjustment towards adulthood (Lamborn & Groh, 2009) and psychological well-being, as well as a healthy self-esteem and satisfaction with life (Roman, Mwaba, & Lens, 2008). On the other hand, suboptimal parenting is associated with externalizing behaviours, such as anti-social and inappropriate behaviour.

As child-rearing basically takes place within the context of a family, in the deliberation of main issues concerning child-rearing, it is impossible to overlook the functions of the family. That is because the family is the main source of the basic necessities of life, which are made possible by the socio-economic, cultural and environmental conditions (Degbey, 2012). Growing up in a stable family for most teenage girls in Vhembe District, as one of South Africa rural region, is an

impossible dream. The situation is a major concern for the teenage girls raised in those communities, where living with both biological parents, in a stable family is a treat for few. Gould and Ward (2015) identified that the absence of parents or a parent when growing up has a significant effect on children's social development and attitude to sexual relationships. So the extensive impacts of unstable parenting for the teenage girls and their social welfare triggered teenage pregnancies tendencies.

The prevalence of teenage pregnancy is undisputedly considered as a social problem mostly because of the detrimental socio-economic and emotional burden it places on the entire family and the community at large. Pregnant teenage girls and teenage mothers are more likely to drop out of school, have no or low qualifications, be unemployed or low-paid, live in poor housing conditions, suffer from depression, which may result in suicide, and live on welfare (Fonda, Eni & Guimond, 2013; Kirchengast, 2009; Solomon-Fears, 2013; UNICEF, 2008). Furthermore, the child of the teenage mothers is more likely to live in poverty, grow up without a father, become a victim of neglect or abuse, perform poorly at school, become involved in crime, abuse drugs, and alcohol, eventually become a teenage parent and begin the cycle all over again. The younger siblings of a teenage mother are also more likely to accept sexual initiation and marriage at a younger age and place less importance on education and employment.

The prevalence of teenage pregnancy is conceptualized as a multidimensional phenomenon because the dynamic incidence is driven by household poverty, poor access to contraceptives and termination of pregnancies, gender inequalities, sexual taboos (for teenage girls), inaccurate and inconsistent contraceptive use, judgmental attitudes of many health care workers, high levels of gender-based violence, and poor sex education (Jewkes, Morrell & Christofides, 2009; Panday, Makiwane, Ranchod, & Letsoalo, 2009). Given these multiple contributors to teenage pregnancy, it is imperative to address its prevalence at both individual and structural level.

## **1.2 The research problem**

One of the common explanations of teenage pregnancy in South Africa is the socio-economic deprivation of the black population by the apartheid regime. The occasioned lack of social welfare

resources caused household and child poverty, which are the main driving factors on the prevalence of teenage pregnancy. The prevalence of teenage pregnancy is a profoundly rooted social phenomenon (Flanagan, Lince, Duraõ de Menezes & Mdlopane, 2013; Fonda *et al.*, 2013). It is interrelated to poor social conditions of the teenage girls' families. Regardless of the fact that teenage girls contribute to shaping the prevalence, their attitudes and actions are critically shaped by the environment in which they are raised and socialized, including the relationships they develop with their parents.

The prevalence of teenage pregnancy is not just a concern with teenage girls having unprotected sex; rather it is wrapped up in unequal-gendered norms which influence their decision to engage in sex. The critical drivers that placed teenage girls at heightened risk of early pregnancy include economic barriers and/or growing up in areas of entrenched poverty (Jewkes, *et al.*, 2009; Panday *et al.*, 2009). In addition, there are few opportunities to discuss sexuality due to the high levels of stigma about teenage sexuality. This leads to gaps in knowledge and access to contraceptives, with men making decisions about sex in situations where, for instance, teenage girls are involved in relationships of unequal power, often result to unprotected and coerced sex; poor teenage girls having often to make trade-offs between health and economic security, which often leads to staying in abusive relationships, inter-generational relationships and multiple partners (Panday *et al.*, 2009). These situations usually reduce a young woman ability to negotiate when and how to have safe sex.

Thus, child poverty remains a substantial societal problem in South Africa, particularly among black children from the deprived socio-economic environment. Half the children (50%) in South Africa are growing up in poor households (Eddy & Mphaka, 2013), over a third (34%) are under the age of 18 living in households with no employed adult (Holborn & Eddy, 2011). This implies that two-thirds of children are growing up living in households in which no family member earns a salary/wages, except perhaps a social grant. Approximately 12.3 million children in South Africa live in households with a reported income of less than R1 200 per month (Children's Institute, 2008). The majority of children experiencing household poverty come from South Africa's rural populated regions. In 2014, the Acting District Manager for the Department of Health in Vhembe District, Robert Sirwali, in an Annual Provincial Report, indicated that poverty is the main factor

fueling the prevalence of teenage pregnancy. Some (12%) of the households live on an annual income below R4, 800 or less than R400 per month in Vhembe District (Community Survey, 2012). Such low levels of income incapacitate the quality of livelihood, particularly for teenage girls. Parents in these situations are more likely to leave their children unsupervised (in other words to monitor them less) (Gould & Ward, 2015), that is the situation that heightened the likelihood of the children abusing drugs and alcohol, engaging in risky sexual behaviour and becoming involved in early pregnancy.

Furthermore, about a third (35%) of the children in South Africa live with both biological parents; about 40% lived with their mother only, and 2.8% lived with their father only. This leaves 22.6% of children living with neither of their biological parents (Holborn & Eddy, 2011). The trend also shows that about half (52%) of all single-parents are black parents, and a third (31%) are unemployed. The incidence of black single-parenthood is part of the apartheid era legacy, involving migrant labour system that saw limited employment opportunities in rural black-dominated regions. On average, children raised by single-parent fare worse on a host of social and economic measures than children raised by both parents (Macleod & Tracey, 2010). Parenting that is suitable for teenage girls holds great promise when both parents are present in the child-rearing performance. That is because single-parenthood offers children less social development and economic competences (UNICEF, 2014). The concerns for teenage girls' attitudes to sex, most risky sexual behaviour, including unprotected sex with multiple partners, is one potential outcome of being raised in a single-parent home (Gould & Ward, 2015). Eventually, the preceding factors are the main attributes of the prevalence of teenage pregnancy.

The negative health and social consequences for a teenage mother and her baby, both during pregnancy and afterwards, can be harmful. Furthermore, teenage mothers' inexperience of looking after themselves and their children contributes to negative child development, particularly towards adulthood (Lemos, 2009). Parental immaturity affects the ability to moderate negative social behaviour, such as substance use among children and seeking positive child behaviour (Lemos, 2009). The prevalence of teenage pregnancy is more common among teenage girls from young parenthood or teenage motherhood experienced. This is because of poor childcare provision

(Akella & Jordan, 2015; Neiterman, 2012). Inappropriate social behaviour is one critical social problem assumingly instrumental to the prevalence of teenage pregnancy among teenage girls.

Nevertheless, the prevalence of HIV/AIDS pandemic among parents leads to a striking increase in child-headed households in South Africa. There are 98 000 children in child-headed households where all members of the family are younger than 18 years old (Holborn & Eddy, 2011). Teenage girls in child-headed homes are at a significantly higher risk of living in households that have less food security and they would have to trade-off their bodies for economic security (Gould & Ward, 2015; Flanagan *et al.*, 2013). A major concern for the prevalence of teenage pregnancy is that of teenage girls falling victim to pregnancy while trying to escape household adversities. Hence, the prevalence of teenage pregnancy is associated with poverty as well as the unstable family background.

### **1.3 Statement of the problem**

The prevalence of teenage pregnancy in Vhembe District is a social problem which results from the critical child-rearing practices of the teenage girls. Teenage pregnancy is a child-rearing problem befalling teenage girls due to the approach and condition in which they were raised. The parents of the teenage girls' in Vhembe District are mostly not available (due to labour migration) or incapable to deliver optimal parenting of the teenage girls because of poor living conditions in Vhembe. Therefore, vulnerable teenage girls facing household adversities in the unstable homes often fall victim to early pregnancy, which further supplements parenting adversities and challenges. The efforts of the government to protect vulnerable children and their families are worthless in Vhembe District, considering the continuous exposure of teenage girls to pregnancies. The prevalence of teenage pregnancy as a parenting concern implies that the Parenting Intervention Act mandated in Chapter 8 of the Children's Amendment Act No. 41 of 2007 do not yield the intended outcomes in Vhembe District.

The Children Amendment Act section 144 emphasizes on developing the capacity of parents to act in the best interests of their children, by strengthening positive relationships within families; improving the caregiving capacity of parents, therefore providing the legal basis and framework

for the provision of parenting programmes to address parental challenges. In addition, South African Integrated Programme of Action for Women and Children (2013–2018) also provide support policies to strengthen and capacitate families especially in relation to parenting responsibilities; which eventually decreases the vulnerability of children to abuse, neglect, and exploitation. Given the understanding and profiling of the prevalence of teenage pregnancy as a result of structural socio-economic inequality, the thoughtful government programmes do little or nothing to address the underlying factors contributing to the prevalence of teenage pregnancy in Vhembe District.

Although, section 144 subsection (3) propose that: Prevention and early intervention programmes must involve and promote the participation of families, parents, caregivers, and children in identifying and seeking solutions to their problems. Yet, the manner in which the prevalence of teenage pregnancy perseveres in Vhembe District indicates that there are still gaps in the Act. There is a lack of the recognition and prevention of the prevalence of teenage pregnancy in the Government Act. The current Act, as stipulated, places zero priorities on parenting approaches under certain conditions and the approach and practice in which a girl-child should be raised, in order to prevent teenage pregnancy. The lack of the preceding factors in addition to the prevailing unstable family effective of the migrant labour system, are subjecting teenage girls growing-up in Vhembe communities to heightened early pregnancy.

#### **1.4 The rationale of the study**

The study was seen as worth undertaking because it contributes to the gaps identified in the problem statement, such as the lack of recognition for the prevalence of teenage pregnancy in the Children Amendment Act No. 41 of 2007. Although the Act focused on developing parents' capacity to act in the best interests of their children, it did so with zero priorities on the parenting approaches and practices which hinders the parents from tackling and addressing early behaviours related to the prevalence of teenage pregnancy. Another rationale to undertake this study was that parenting support policies do not take the dynamics of the diverse socio-economic environment of parents in South Africa into consideration; therefore, a community-based approach to parenting should be initiated for teenage girls in Vhembe District, mainly for the teenage girls in unstable

families. Another rationale for undertaking this study was that cultural practices in Vhembe District are contributing to the prevalence of teenage pregnancy; therefore, this study also sought to probe the cultural practices responsible for the prevalence of teenage pregnancy.

### **1.5 The significance of the study**

Scholars on child-rearing within the African context have theorized that child behaviour and development is the product of nurturing and upbringing (Bonnie, Stroud & Breiner, 2015; Bornstein, 2013; Hofferth, 2015). Gould and Ward (2015) and Roman *et al.* (2016) explained that in South Africa, the child-rearing approach determines the development of a child. This suggests that child-rearing goals are set around the development of a child's appropriate social skills and behavioural values. The child-rearing context in Vhembe District has peculiar difficulty arising from the legacy of the apartheid regime, subjecting the development of the girls to early pregnancy. This study adds to the literature on communal child-rearing approach in economically deprived areas and its impact on the prevalence of teenage pregnancy. This study would help parents (particularly very young and very old parents, as well as working parents in the metropolis) and the teenage girls, on the approach to avoid and/or reduce the prevalence of teenage pregnancy. The study would also benefit government departments, particularly the Department of Social Development, in designing future parenting programmes and policies, that places priorities to the socio-environmental background of parents, and due recognition of the prevalence of teenage pregnancy, as well as researchers in view of the findings.

### **1.6 The purpose of the study**

The purpose of this study was to critically determine the impact of communal child-rearing approach on the prevalence of teenage pregnancy in Vhembe District, in order to develop facilitation tools from which the parents can be empowered on the constructive parenting approaches, specifically for a girl-child and teenage girls against the prevalence of teenage pregnancy. This study further empowers the teenage girls in particular growing-up in Vhembe District with the chance of healthy development and future favourable womanhood.

### **1.7 Research hypothesis**

There is a correlation between communal child-rearing approach and the prevalence of teenage pregnancy in Vhembe District.

### **1.8 Research questions**

- ❖ What is the role played by the socio-cultural environment on the prevalence of teenage pregnancy in Vhembe District?
- ❖ What is the impact of teenage girls' sexual attitude and behaviours on the prevalence of teenage pregnancy in Vhembe District?

### **1.9 The objectives of the study**

- ❖ To examine the correlation between communal child-rearing approach and the prevalence of teenage pregnancy in Vhembe District;
- ❖ To examine the role played by the socio-cultural environment on the prevalence of teenage pregnancy in Vhembe District; and,
- ❖ To examine the impact of teenage girls' sexual attitude and behaviours on the prevalence of teenage pregnancy in Vhembe District.

### **1.10 Assumptions of the study**

The collective assumption regarding the impact of communal child-rearing on the prevalence of teenage pregnancy needed to be tailored in the context of child-rearing practices and approaches.

Therefore:

- ❖ The study assumes that the child-rearing practices and approaches of teenage girls in Vhembe District contribute to the prevalence of teenage pregnancy.
- ❖ The study assumes that the socio-cultural practices and values in Vhembe District plays a substantial role in the parenting practices and approaches of the teenage girls and further contribute to the prevalence of teenage pregnancy.

- ❖ The study assumes that the socio-economic conditions of parents in Vhembe District play a role in their inability to provide early quality parenting outcome for teenage girls, thereby leading teenage girls to early pregnancy.
- ❖ The research study further assumes that the sexual attitude and behaviours of the teenage girls in Vhembe District contribute to the prevalence of teenage pregnancy.

### 1.11 Limitations of the study

In Vhembe District relatively very few documented evidence of research has been carried out on communal child-rearing approaches. There is, therefore, limited secondary information on the subject to enable pre-insight. The major limitation of this study was the unwillingness of most households to partake in the study because of a lack of incentives. Another limitation of the study was that sexual-related topics cannot be openly discussed in the Venda cultures. Therefore, the researcher could not obtain all the necessary information related to teenage girls' sexual attitude and behavioural beliefs. The study period was slated for 3 years. Therefore, the study population was limited to 400 teenage girls, 16 pregnant teenage girls, 19 teenage mothers, 6 key informants and 23 parents of pregnant girls and teenage mothers, to accommodate the study contract. Although validity and reliability were ensured through abiding by the triangulation method, errors might still have been committed during the interpretation and translation processes.

### 1.12 Glossary of terms

**Communal child-rearing** from a global perspective refers to the collective process of promoting the physical, emotional, social, financial and intellectual development of a child from early stages to adulthood (Halpenny, Nixon & Watson, 2010). Communal child-rearing in the African context are those practices, patterns, and beliefs based on a culturally-bound understanding of what children need and what they are expected to become (Bornstein, 2013). Nevertheless, child rearing in South Africa context is shared early child-care activities that a parent provide to promote optimal development of a child and protection of young children (Roman *et al.*, 2016). This study defines communal child-rearing as the process that negotiates cultural values and norms which form the

structure of it conduct for the developmental need of children that assures their survival towards adulthood.

**Community** from a global perspective is an informally organized social entity which is characterized by a sense of identity (Hart, 2012). In African, community means a group of people living in the same defined area that shares the same basic values, organization, and interests (Adinlofu, 2009). The term community from a South African perspective, means a group of people who constitute a community at local levels or grass-root levels of government (Mulaudzi & Peu, 2013). Thus, this present study regards a community to be a geographic area, such as a neighbourhood or small city united by ethnic or tribal identity that shares a communal social goal.

**Culture** from a universal perspective is everything humans perceive, know, think, value and feel through participating in a cultural system (Spencer-Oatey 2012). In Africa, culture signifies the total way of life of any society (Ajayi, 2013). From a South Africa perspective, culture consists of those values that the members of a given society hold, the norms, and values that they follow, all of which are reflected in the way of life of that society (Degbey, 2012). This present study considers culture as a pattern of behaviour learned from parents, teachers, peers, and the society at large with putative beliefs and attitudes.

**Parent** refers to all natural (biological) parents, whether they are married or not, who takes of a child ('child' not necessarily age) (Moullin, Waldfogel & Washbrook, 2014). Another definition of a parent refers to people that hold care-taker responsibilities of a child regardless of the age (Patrikakou, 2008). Parent in the South Africa context means an individual who provides protective care to a child for the child survival and who a child lives with (Holborn & Eddy, 2011). This present study regards a parent to be a caregiver to a child and/or an older person to a child who plays the role of caretaker responsibility for the particular child.

**Sexual attitude** from a global perspective refers to the beliefs an individual holds about sexuality and sexual behaviours (Martin-Donald, 2010). From the Africa context, sexual attitude refers to one's sexual behaviour or a social group (Kennair, 2009). From South Africa perspective, sexual attitude is individuals beliefs about sexuality revealed by individual's behaviour and are built on

cultural opinions and preceding sexual experience (Ismail, Shajahan, Sathyanarayana Rao & Wylie, 2015). This study considers sexual attitude to be a social norm towards sexuality from a previous shared behavioural experience.

**A social group** from a global perspective is a collection of people who interact with each other and share similar characteristics and a sense of unity (Lubell, Lofton & Singer, 2008). From an Africa context, a social group consists of two or more people who regularly interact and share a sense of unity and common identity (Makwakwa, 2011). From South Africa perspective, a social group is a group of people who see each other frequently and consider themselves a part of the group (Eddy & Mphaka, 2013). This study considers a social group to be a crew of persons who share mutual interest and motive for being together.

**Socio-economics** is a branch of economics that focuses on the relationship between social behaviour and economics (European Union Commission, 2012). From an Africa perspective, socio-economic refers to social norms, ethics and social attitudes that influence individual behaviour, shape an economy, and uses history and politics to the change the society (Pallitto & Murillo, 2008). From a South Africa perspective, socio-economic is an aspect of economics that examines social and economic factors to better understand how the combination of both shapes the society (Smith, 2007). This study regards reveal socio-economics to be a branch of economics that influences human behaviour through social norms, ethics, and attitudes that shape a society.

**Teenage pregnancy** is formally defined as a pregnancy that occurs in a young girl aged 13 to 19 years old (Akella & Jordan, 2015; Kirchengast, 2009; Morand, 2009; UNICEF, 2008). The present study considers teenage pregnancy to be the pregnancy that befalls a growing girl-child before she reaches her 20th birthday, consequential of her critical parenting experience.

### **1.13 Outline of chapters**

**Chapter 1** – Orientation of the study provided details of the background of the study, the research problem, the statement of the problem, the rationale of the study, the significance of the study, the purpose of the study, the objectives of study, the study hypothesis, the research questions, the

assumptions and limitations of the study, glossary of terms, outline of chapters and summary of the chapter.

**Chapter 2** – Literature review provided the chapter introduction, then the perception of communal child-rearing, the prevalence of teenage pregnancy and motherhood in developed nations, the prevalence of teenage pregnancy and motherhood in developing nations (Africa) and South Africa, and the summary of the chapter.

**Chapter 3** – Theoretical framework provided the chapter introduction, the overview of attachment theory, an overview of social learning theory and a summary of the chapter.

**Chapter 4** – The research site provided the chapter introduction, then the establishment and history of Vhembe District, the governance and administrative structures of Vhembe District, the Makhado Municipality, the Thulamela Municipality, the Musina Municipality, the Mutale Municipality, Socio-economic and geographic history of Vhembe District and summary of the chapter.

**Chapter 5** – Research methodology provided the introduction of the chapter, then the research design and approach, the sampling procedure and recruitment, the study population, the data collection methods and procedures, close-ended questionnaire, the structured interviews method and procedures, reliability and validity, data analysis, ethical consideration and summary of the chapter.

**Chapter 6** – The impact of parenting approach on the prevalence of teenage pregnancy provided the introduction of the chapter, then the parenthood characteristics in Vhembe District, the teenage girls' sexual attitude and behaviour, the lack of parenting communication with teenage girls' and summary of the chapter.

**Chapter 7** – The impact of family socialization on teenage pregnancy, provided the introduction of the chapter, then the sociology of the family, the impact of child-rearing values and norms on the prevalence of teenage pregnancy and summary of the chapter.

**Chapter 8** – The impact of socio-cultural factors on the prevalence of teenage pregnancy provided the introduction of the chapter, then the impact of teenage girls' sexual behavior on the prevalence of teenage pregnancy, the impact of teenage girls' social attitude on the prevalence of teenage pregnancy, the impact of cultural practices and beliefs on the prevalence of teenage pregnancy, the impact of peer pressure on the prevalence of teenage pregnancy, the impact of teenage girls' parents' educational attainment on the prevalence of teenage pregnancy, the impact of parent's occupation on the prevalence of teenage pregnancy and summary of the chapter.

**Chapter 9** – Findings, recommendations, and conclusion provide the summary of the findings, recommendations based on the findings and the conclusions that the study carry.

### **1.14 Summary**

Chapter one addressed the perception of the impact of communal child-rearing on the prevalence of teenage pregnancy in Vhembe District. It entailed the study background and provide the study problem and statements of the problem that provides the focal point of the study. The chapter further provides the study rationale, significance, purpose and objectives/questions, stipulating that it is critical parenting practices of teenage girls that often contributes to the prevalence of teenage pregnancy. Thus, the child-rearing approach and parenting approach both imply the same thing and were used in contexts where the word fits appropriately. The chapter addressed the definition of various terms as regarded or considered by the present such as communal child-rearing, community, culture, parents, sexual attitude, social group, socio-economic and teenage pregnancy, were all provided under the glossary of terms.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

The literature review chapter addresses the perception of communal child-rearing as the attention given to children and their need for protection and control; obligations of parents to care and shape their children development according to some predetermined parenting approaches and cultural patterns. The subjects of parenting approaches (such as authoritative, authoritarian, permissive and uninvolved parenting) were reviewed, as well as the role played by each approach on children behavioural development and the prevalence of teenage pregnancy. The literature review further addresses the socio-cultural environment of the prevalence of teenage pregnancy. Another subject addressed in this review is the impact of teenage girls' sexual attitude and behaviour on the prevalence of teenage pregnancy. Furthermore, the literature review objectively addressed the prevalence of teenage pregnancy in developed nations, in Africa, and South Africa, following a critical summary of published research literature on teenage pregnancy. Fundamentally, the review compiles and evaluates the research available on each topic or issue.

#### 2.2 Perception of communal child-rearing approach

The perception of communal child-rearing reflects the collective child-rearing practices of a given community. The systems of influence that surround communal child-rearing practices are, to a large extent, shaped by shared social norms. The potential influences on child-rearing behaviours include community and cultural values, with the associated social policies in which they are embedded (Halpenny *et al.*, 2010). The understanding of communal child-rearing begins with the awareness of how children are collectively raised within a culture of a given community, including the beliefs and practices surrounding the conduct of young children. Children are raised in a wide variety of different physical, social and cultural circumstances, which play an active role in defining individualism as an adult (van IJzendoorn, Jesus Palacios, Sonuga-Barke, Gunnar, Panayiota Vorria, McCall, *et al.*, 2011). Therefore, a child that experiences the complex interaction

between his inherited potentialities and the influence of his social and physical environment faces minor to serious emotional instabilities later in life.

Accordingly, early child-rearing experiences are critical in preparing a child for a self-sufficient role in the society. Communal child-rearing practices, patterns, and beliefs define the ways in which children are raised and socialized (Bonnie, Stroud & Breiner, 2015). Communal child-rearing perceptively refers to the collective process of parenting practices, patterns, and beliefs, grounded on a culturally-bound indulgent of what children are expected to become (van IJzendoorn *et al.*, 2011). Child-rearing consists of practices which are grounded in cultural patterns and beliefs. The pattern and beliefs ultimately affect the approach and quality of caregiving. Child-rearing practices are rooted in culture and determine, to a large extent, the behaviours and expectations surrounding the child's development (Brooker & Woodhead, 2010). Consequently, a child's general well-being and optimal development are strongly correlated with her child-rearing approach.

Thus, communal child-rearing practices mainly include the collective activities that guarantee the child's physical well-being, such as keeping the child safe and free from social problems, providing shelter and clothing, preventing and attending to illness. These practices also promote the child's psycho-social well-being such as providing emotional security, socialization, nurturing and giving affection (Hong & Park, 2012). Child-rearing practices are geared towards supporting a child's physical development, promoting the child mental development and facilitating the child interaction with others within the society. At a more specific level, what is done to help a child grow and or develop, merge with how it is done, which often define and distinguish the child-rearing approaches that determine the different developmental behaviours of children. So, the different behavioural development resulting from the different approaches, play different roles in teenage pregnancy.

Furthermore, child-rearing patterns of a culture are the child-rearing norms. The norms thereof, include the communally-accepted styles and types of care expected of parents in response to the needs of children in their early months and years (Hofferth, 2015). Child-rearing patterns define child-rearing in a way that assures the survival, maintenance, and development of the child as well

as the culture (Bornstein, 2013; Neingo, 2012). Then communal child-rearing patterns are the cultural practices that govern the community as a whole. Even if the patterns may not be followed by some individuals, there are variations in the particular circumstances in which a child is raised and individual parents differ in their beliefs and knowledge of child-rearing patterns. The variation in which parents handle their child-rearing patterns is the sole reason that creates the gap for the prevalence of teenage pregnancy.

Thus, the understanding of why particular child-rearing approaches and practices are used in a given community comes from the traditional beliefs and practices that underlie their culture. The beliefs are the mere response to the demands of the culture as well as the needs of individuals (Manganyi & Buitendag, 2013). Owing to those beliefs, the community implements specific child-rearing approaches and practices which they consider will, ensure the survival and health of a child, including the development of the child's reproductive capacity to continue the lineage and society, develop the child's capacity for economic self-maintenance at maturity, ensure the survival of the social group by assuring that children assimilate, embody and transmit appropriate social and cultural values to their children (Nsamenang & Tchombe, 2011). This posit that children in any given community are raised through the processes of cultural values to become who they are in adulthood.

However, a child is highly reliant on her parents for meeting her needs such as nutrition, health, security, and protection. A growing child has no control over her environment and may suffer due to the actions of her parents and the people around them (Vijayalakshmi, Kumar, Rajamanickm & Cherian, 2007). Consequently, each moment of a child's life that s/he spend with her parents has an effect on not just her present behaviour but also her potential future actions, which also further suggest that teenage pregnancy behaviour can as well develop from an early childhood stage.

Characteristically, the family serves as a unit for child-rearing practices through which the child gains self-knowledge. Through family, a child also learns about other people, develops an interpersonal relationship, experience pleasure, give and receive affection. Therefore, the family environment and child-rearing practices linked to consistency, and the interaction between family members help the child to become a productive member of the society (Vijayalakshmi *et al.*, 2007).

The environment, along with the family background of a child all, plays important role in the development of a child to become a competent member of the society.

In view of that, the environment in which children grow up in has a powerful impact on their well-being and development towards adulthood. The environment in addition to socio-economic conditions plays an important role in child-rearing approach (Chang, 2007). The children who are given an early optimal child-care have remarkable similar developmental potentials. A study found that children are like wet cement; whatever falls on them makes a lasting impression (Vijayalakshmi *et al.*, 2007). Hence, family values and their child-rearing practices play a vital role in shaping children behaviour and the personality of the individual. This also implies that every individual behaviour is the product of their child-rearing experienced. In this manner, based on the child-rearing experienced a teenage girl does develop teenage pregnancy behaviour.

Different child-rearing approaches and practices have brought about a number of conclusions as far as the impacts on children are concerned. Most intrinsic is the fact that actual child-rearing practices take place within a family background and almost every family has a parent figure in it. One basic duty of parents in a family system is to train up a child in the way they deem the child should grow, also that during adulthood s/he will not depart from the trained behaviour (Kerr, Stattin & Ozdemir, 2012; Latouf & Dunn, 2010). Carr and Pike (2012) identified that child-rearing provides vast evidence of different approaches and the effect of each approach in the child behaviour. Amongst early studies on child-rearing, Baumrind (1967) acknowledged the effects of child-rearing styles or approaches on children's behaviour and to the degree of their well-being and subsequent adult modification. These approaches/styles reflect the patterns of parenting values, practices and behaviours as well as a distinct balance of responsiveness and demandingness the yield different expectations for children behaviours.

The bases of parenting approaches are warmth and control. The warmth part aims to foster self-reliance, individuality, and self-assertiveness on the child (Cheah, Leung, Tahseen & Schultz, 2009). The control part integrates children into the whole family, through disciplinary and supervision methods applied by parents (Roman *et al.*, 2016). Therefore, a child who experienced a lack of parenting warmth and control element apparently exhibits problematic behaviour.

Nevertheless, parents play a role in how child develop; giving to the type of child-rearing approach they follow. The same phenomenon also applies to teenage pregnancy development. Because, parenting style influences behaviour, so do the experiences children have outside the home with peers and other adults in the community. According to the American Psychological Association, all three factors act together to determine how children develop and behave. The factor which parents can control is their parenting approach/ style, of which there are four basic types.

Parents of the authoritarian parenting style or approach favour strict discipline with their parenting approach. Such parents have many household rules which they expect their children to obey and at the same time consistent with punishment if the child misbehaves. Unlike the authoritative parents, who explain the reason for the punishment, authoritarian parents do not believe they need to offer a reason (Agadoni, 2014). An authoritarian parent is less affectionate and some withdraw love to get the child to obey (Bahr & Hoffmann, 2010). One of the impacts for children raised by authoritarian parents is a tendency to be moody and anxious, but typically well-behaved and are withdrawn at the same time, discontented and distrustful, and present with maladaptive behaviour as they grow older (Agadoni, 2014). Authoritarian parenting style is the parenting style that shapes, controls, and evaluates the behaviour and attitudes of the child in terms of established standards (Roman *et al.*, 2016). This parenting style also features very little communication between the parent and the child (O'Conner & Scott, 2007). The nature of an authoritarian parenting style does not allow a child the freedom for individuation. This implies that the child learns more from parent's behaviour. The problem usually is that if the parent exhibit inappropriate or problematic behaviour, the child grow's up with the same behaviour.

Furthermore, parents of authoritative parenting approach favour the right balance of warmth and control. They are responsive to a child's needs and explain the reasons that discipline might be in order (Agadoni, 2014). In other words, authoritative parents are affectionate and engaged with their child but they also set limits and enforce consequences when the child misbehaves. The children raised by authoritative parents are most likely to be happy, kind children who can solve problems on their own and who are self-motivated and confident. An authoritative parenting style establishes autonomy, self-will, and discipline towards children. One of the most apparent features is the manner in which discipline is achieved. Authoritative parents use both power and reason,

which allows children to be aware of what they have done wrong in order to amend their behaviours (Roman *et al.*, 2016). This parenting approach is followed by setting structured guidelines and allowing the child some freedom at the same time as conforming to discipline. The outcomes for children raised by authoritative parents are a social responsibility, independence, self-confidence, higher self-esteem and adaptive behaviour (O'Conner & Scott, 2007). The children who grow up with positive social behaviour usually experienced an authoritative parenting style. Children from this parenting background assumedly would hardly fall victim to inappropriate behaviours.

Unlike authoritarian and authoritative parents, permissive parents demonstrate more warmth and less control. With permissive parents, the balance tips the opposite way from that of others parenting styles. Permissive parents typically display a lot of love and affection for their children but maintain and enforce few if any rules (Agadoni, 2014). Children raised by permissive parents tend to be demanding and whiny, they show a lack of self-control and are egocentric (Maynard & Harding, 2010). They become easily frustrated when things do not go their way, and they lack empathy and kindness for others. This form of parenting style lacks structure for children and instead portrays more responsiveness and tolerance with their children's needs and wants without setting proper limits (Roman *et al.*, 2016). The outcomes for children raised by permissive parents include high self-esteem; however, they are at risk of using drugs and alcohol, and often display problematic behaviours (Davids, Roman & Leach, 2015). Inappropriate parenting approach is associated with maladaptive behaviour for children. Since inappropriate or problematic behaviour is associated with the use of drugs and alcohol. Therefore, children raised by permissive parents are more likely to fall victim to social behavioural problems during their growing up.

Uninvolved parents favour a dysfunctional parenting style. They are low on being responsive to a child's needs and low on control and discipline (Agadoni, 2014). Parents on the worst extreme of this style neglect their children or reject them completely. Uninvolved parents have no strong emotional bond with their children because they are not involved in their lives, and if they provide discipline, they are inconsistent and unpredictable (Agadoni, 2014). Perceptively, uninvolved parents have few or no expectations or demands for children behaviour, for the reason that they are often too overwhelmed with their own problems other than their children (Cherry, 2017).

Therefore, children raised by uninvolved parents learn to provide for themselves, they avoid reliance on other people; they are often emotionally withdrawn and tend to exhibit more delinquency during teenagehood (Cherry, 2017). They also feel stressed due to the lack of family support and have an increased risk of substance abuse (Bahr & Hoffmann, 2010). In addition, children from this suboptimal parenting approach generally perform poorly in nearly every area of life (Santrock, 2007). Due to the lack of emotional responsiveness and love from their parents, children raised by uninvolved parents often exhibit difficulty forming attachments later in life. The complete lack of boundaries in the home makes it difficult to learn appropriate social behaviours and other social situations, which is why children are more likely to misbehave and fall vulnerable to social problems as well as teenage pregnancy. Usually, parents who exhibit an uninvolved parenting style were often themselves raised by uninvolved and dismissive parents (Cherry, 2017). As adults, they are bound to find themselves repeating the same patterns they were raised with.

Child-rearing approaches are the mechanism through which a child basically learns appropriate and inappropriate behaviour. They experience right and wrong choices in decision-making, acquire skills; understand the roles and norms of the community (Carr & Springer, 2010; Perez & Cumsille, 2012). Child-rearing approach plays a major part in a child socialization, which also provides an early understanding of the self (Latouf & Dunn, 2010). The quality and approach of child-rearing are, however, associated with the general development of the child towards adulthood (Lamborn & Groh, 2009) and psychological well-being, including a healthy self-esteem and satisfaction with life (Roman *et al.*, 2008). On the contrary, suboptimal child-rearing is associated with externalizing behaviour, negative social initiative and inappropriate decision-making (O’Conner & Scott, 2007). Through parenting, parents play a crucial role in providing environments which could either enhance or hinder the satisfaction of the basic psychological needs and subsequent well-being and personal growth for their children into well-adjusted adults.

In the deliberation of major issues regarding communal child-rearing, it is always appropriate to consider the collective functions of the extended family or the environment. The extended family represents the typical family in an African context. The extended family is made up of the nuclear family; in addition are the uncles, aunties, grandparents, and cousins. In an ideal African family system, the extended family is habitually practised. A study by Adinlofu (2009) explained that the

extended family unit is a makeup of several generations, including cousins, uncles, and aunts living in the same compound or close to one another. Therefore, it is common knowledge that family in an African context is not just a nuclear family, but the extended family (Degbey, 2012). The family itself is a fundamental unit in the organization of social life. So, the impact of communal child-rearing approach on children's behavioural development and the degree of their well-being and subsequent adult modification go beyond children of a small family unit to children of the entire community. The remarkable thing about an extended family with respect to child-rearing is that the responsibility of child-rearing is not only to the biological parents. Therefore the extended family system typifies a perfect fit for children of small families to collectively share behavioural problem such as teenage pregnancy behaviour. The prevalence of teenage pregnancy is a significant issue often associated with communities, therefore, the next section would review the socio-cultural environmental determinants of teenage pregnancy.

### **2.3 Socio-cultural environment of the prevalence of teenage pregnancy**

The socio-cultural environment of the prevalence of teenage pregnancy views the development of teenage pregnancy from social structure, social customs and habits, beliefs and values, codes of conduct, lifestyle, cultural traditions, population size and geographical distribution. Teenage pregnancy may be planned or unplanned, regardless of the outcome, the socio-cultural environment played a significant role in the development. Thus, socio-cultural environment provides the critical understanding of the myriad complex factors that help explain why teenage pregnancy rates are higher when compared with other cultural groups. The study by Aparicio, Pecukonis, and Zhou (2014) explained that there are shared traditional values and experiences that affect teenage pregnancy, such as the value of motherhood, the influence of family and family communication, the impact of religion, and broader social factors such as the process of acculturation. Social and culture values clearly plays a critical role in decisions regarding parenthood, particularly with motherhood and their caregiving role of women and girls held in high regard (Allen, Syetaz, Hardemnan & Resnick, 2008). So, the environment in which teenage girls develop strongly have an impact on the rate of teenage pregnancies and motherhood.

Therefore, the larger community-based value of motherhood communicated through families appears to enhance teenagers' individual attitudes about the timing and the effect of their pregnancies in a powerful way. For instance, Latinas in the United States of America are more likely than other teenagers to report a desire to become a mother as a teenager (CDC, 2009), with an estimated 52 per cent of Latinas nationwide becoming pregnant at least once before reaching 20 years of age (Sabatiuk & Flores, 2009). Sabatiuk and Flores study survey found that 47 per cent of Latino teenagers believed that being a teenage parent would simply delay (not prevent) them from reaching their goals. This value of motherhood, particularly early motherhood, may be difficult for other cultural groups to understand.

Teenage pregnancy and parenthood are not new phenomena worldwide; however, the circumstances in which young girls become sexually active, conceive, and give birth, as well as the consequences of these behaviours, have a variant consideration across cultures. In many traditional kinship-based societies, such as in South Asia, the Middle East, North Africa, West Africa, and East Africa girls are married as soon as they reach menarche and begin childbearing soon after (Nguyen, Shiu & Farber, 2016; Kirchengast, 2009). Teenage pregnancy in this environment of early marriage has been culturally syntonetic, indeed typically planned, and thus historically not considered to be a problem for the young girls or her children. In contrast, in Western Europe and North America, young girls are not married at young ages as it occurs in the nations mentioned above and were strongly discouraged from having premarital sex; however, when conception occurred, marriage quickly followed (Farber, 2009). Early pregnancy legitimized by marriage are not considered problematic for teenage girls, even if the pregnancy was unplanned. The prevalence of teenage pregnancy in the preceding environment cannot be considered a social problem due to the cultural practices.

The social and cultural environment of teenage pregnancy toll a different line in Southern Africa, since it is not related to early marriages as a result of ethnicity, tribe or religion. Teenage pregnancy in South Africa is notably influenced by socio-economic factors that affect the livelihood of predominant rural dwellers (Jewkes *et al.*, 2009; Panday *et al.*, 2009). Regardless of the fact that teenage pregnancies are driven by early marriages and socio-economic factors, there is also no doubt in the perception that the occurrence is a cultural phenomenon related to the development

and reinforcement of norms (Mollborn *et al.*, 2009). The range of contextually based norms on teenage pregnancy is often tied to the livelihood experience and the environment in which teenage girls socialized in. Therefore, what actually constitutes teenage pregnancy social norms, might just not only be limited to what they do and practice, but also how they think and feel about it.

Nonetheless, family influence and lack of communication as a result of cultural taboos relating to teenage sexuality increase the odds of teenage pregnancies. The narratives of the impact of socio-cultural environment on the prevalence of teenage pregnancy have never devoured sexual taboos as a factor. The studies by Hoffman-Wanderer (2013) and Morrell *et al.* (2012) demonstrated the role of sexual taboos as a fundamental determinant of early pregnancy among teenage girls. Panday *et al.* (2009) noted that the critical drivers that place teenage girls at heightened risk of teenage pregnancy are factors that include the lack of opportunities to discuss sexuality where high levels of stigma about teenage sexuality abound, which leads to lack of sexual awareness; and, men making decisions about sex in situations where for instance teenage girls are involved in relationships of unequal power often resulting in unprotected and coerced sex. The study by Jewkes *et al.* (2009) explained that the prevalence of teenage pregnancy is a social occurrence whose causes and consequences are rooted in women's gendered social environment.

Therefore, in order to achieve healthy development of teenage girls, the most basic needs of the teenagers are for accurate and complete information about their body functions, sex, safer sex, reproduction, and sexual negotiation and refusal skills (Bearinger, 2007). Without such information, teenagers are forced to make poor and unthoughtful informed decisions subjecting them to early pregnancies and teenage motherhood. In this manner, parents have a very strong influence and role to play in the sexual behaviour of teenage girls. In a recent study, 49 percent of Latino teenagers reported that their parents have the strongest influence on their decisions about sex, compared with 14 percent who identified friends, 6 percent who identified other family members, 3 percent who identified religious leaders, 2 percent who identified teachers, and 2 percent who identified the media as the strongest influence (Sabatiuk & Flores, 2009). However, the major reason why Latina teenagers avoid pregnancy is that they perceive that they have a key role within their families and they desire not to bring dishonour to their family (Martyn, Smrtka, Fernandez, & Martyn, 2006 cited in Nguyen *et al.*, 2016). Teenage girls may struggle with how to

merge these values with the value of motherhood, owing to the ways in which families communicate the value of motherhood (particularly early motherhood) and what is considered honorable or dishonorable within their particular family and community are likely to have great influence on a teenage girl's decisions related to early pregnancy.

When teenage girls receive adequate amounts of supervision from their parents and or family, they are less likely to engage in risky sexual behaviour (Minnis, Doherty, vanDommelen-Gonzalez, Cheng, Otero-Sabogal & Padian, 2010). Research shows that such parents tend to focus their discussions related to sex on puberty; the negative consequences of sexual behaviour; and sexual morals, attitudes, and values (Guilamo-Ramos & Bouris, 2008). The more open a parent is about talking about sex, the less risky their child's sexual behaviour will be (Pittman, Feldman, Ramírez, & Arredondo, 2009; Trejos-Castillo & Vazsonyi, 2009). But, a critical observation in these studies, in spite of all of the topics those parents tend to gear discussions on are relevant to adolescent sexuality, none give clear guidance on what to do if teenagers are seriously considering having sex or are already sexually active.

Thus, family communication about sex tends to increase as parents perceive or know their teenager is sexually active (Guilamo-Ramos & Bouris, 2008). However, sex is not discussed equally with boys and girls. The study by Sabatiuk and Flores (2009) explained that 74 per cent of Latino teenagers in the United States reported believing that parents send different messages to their sons and daughters about sex. Despite parents being more likely to discuss the dangers of sex and pregnancy with girls, boys are often more accepting of their own earlier sexual initiation (CDC, cited in Guilamo-Ramos & Bouris, 2008). Similarly, most studies have concentrated on maternal messages to teenage girls, rather than paternal messages (Trejos-Castillo & Vazsonyi, 2009). It is unclear why this parental dynamic occurs. While contraception has a well-documented ability to prevent teenage pregnancy, the most common reason cited by teenage girls for not using contraception is the fear that their parents would find out (Sabatiuk & Flores, 2009). In addition, Biggs, Ralph, Minnis, Arons, Marchi, Lehrer *et al.* (2010) noted that most teenage girls often report receiving incorrect information regarding the side effects of hormonal contraception, including the myth that it leads to future infertility. All these social and cultural factors complicate teenage girls sexual attitudes and behaviour and the prevalence of teenage pregnancy.

## **2.4 The impact of teenage girls' sexual attitude and behaviours on the prevalence of teenage pregnancy**

Teenage girls' sexual attitude and behaviours often play a critical role in the prevalence of teenage pregnancy. The risky sexual attitude and behaviour responsible for the prevalence of teenage pregnancy remain a self-conscious or unconscious sexual dialogue of the teenage girl. Aparicio *et al.* (2014) explained that teenage pregnancy is a reflection of a risky sexual attitude and behaviour. The reasons why teenage girls fall pregnant are complex. The South African teenage pregnancy prevalence of 47 births per 1 000 girls aged 15–19 per 1000 far surpasses that of high-income nations such as the UK and the USA, where the prevalence is 15 births per 1 000 girls and 24 births per 1 000 girls respectively (World Bank, 2015). The South African Youth Risk Behavior Survey (YRBS), reported that among teenage learners who had ever had sex, (16.4%) had been pregnant (Reddy, James, Sewpaul, Sifunda, Ellahebokus, Kambaran & Omardien, 2013). This prevalence increased to (19%) YRBS and showed a slight decrease to 18% in recent YRBS (Reddy *et al.*, 2013). The worry remains that the high rate of teenage pregnancy hints at high rates of unprotected sexual behaviours. Therefore, interventions aimed at reducing teenage pregnancy rates should rather target the factors associated with teenage pregnancy, such as reducing early sexual debut, reducing unprotected sexual behaviour by promoting consistent condom and other contraceptive use, providing access to comprehensive life skills and sexual health education, equipping teenagers with skills to negotiate safer sex with their partners, and creating a social norm of responsible womanhood so that girls perceive getting pregnant as unfavourable to their future progress.

The factors known to influence the attitude and behaviour of teenage girls in the prevalence of teenage pregnancy are associated with frequent sexual activities without reliable contraceptive protection, sexual coercion, poor sexual communication between partners, the perception that most of your friends have been pregnant, poverty and promiscuity (Kanku, 2009). The reproductive health ignorance among teenage girls, such as the basic understanding of a pregnancy possibility as a consequence of unsafe sexual intercourse, contributes immensely to the prevalence of teenage pregnancy (Macleod & Tracey, 2010). Risky or unsafe sexual attitude and behaviour among teenagers is common and is known to result in a number of unpleasant health and social consequences and teenage pregnancy is on top of the list of consequences, following HIV and

AIDS, and other STI's (Grant & Hallman, 2008). Sexual risk behaviours and substance use often occur in combination with one another, both in developed countries as well as in Low and Middle-Income Countries (Cavazos-Rehg, Krauss, Spitznagel, Schootman, Cottler & Bierut, 2011). Substance use, particularly marijuana and cocaine, continue to represent individual-level risk factors associated with teenagers' sexual attitude and behaviours, including the use of contraception, safe sex practices, and teenage pregnancy.

Furthermore, substance use among adolescents, especially alcohol and drugs have been reported to influence what teenagers do sexually and makes them less likely to practice safe sex (Cavazos-Rehg *et al.*, 2011). Substance use behaviours in general, independently contribute to an increased risk in sexual intercourse experience with a long history on the prevalence of teenage pregnancy. A dose-response relationship between an increased likelihood of a teenage pregnancy and both marijuana use and daily cigarette smokers who initiated use at age 12 or younger were reported among adolescents in the United States (US) (Cavazos-Rehg *et al.*, 2011). In contrast, substance use in SA has been associated with higher odds of lifetime sexual intercourse (Palen, Smith, Flisher, Caldwell & Mpofu, 2006). High school teenagers who used alcohol or smoked cigarettes were found two to three times more likely to be sexually active in the KwaZulu-Natal province (Cavazos-Rehg *et al.*, 2011). Therefore, the contextual range of sexual beliefs and practices are significant in the prevalence of teenage pregnancy.

Most literature on the impact of teenage girls sexual attitude and behaviours on the prevalence of teenage pregnancy, but its scope is limited to the causes of teenage pregnancy (Macleod & Tracey, 2010), the implications of pregnancy to the young mother (and her baby), and to school dropout related factors (Jewkes *et al.*, 2009). There are, however, very limited studies published that report on child-rearing trends and the impact of teenage girls sexual attitude on the prevalence of teenage pregnancy. Therefore, analysis of teenage pregnancy trends and the associated sexual beliefs and practices factors is of paramount importance, as it will help to understand fully the factors surrounding teenage pregnancy in SA.

## **2.5 The prevalence of teenage pregnancy and motherhood in developed nations**

The prevalence of teenage pregnancy and teenage motherhood in developed nations is quite low compared to developing nations. Although, teenage girls, by classification, meet all the criteria required to be considered a vulnerable group regardless of environmental background. They are incapable of protecting their own interest due to their immaturity; they are exposed to potential social harm, and they are economically needy. Teenage girls characteristically demonstrate emotional vulnerability (Beauchamp & Childress, 2009). They are far more ‘sexual’ and in recent times tend to be sexually active earlier than ever before (Nkwanyana, 2011). The ongoing prevalence of teenage pregnancy and motherhood is seen as the result of early sexual activeness. Therefore, the vulnerabilities associated with teenage girls subject most of them on the prevalence of teenage pregnancy.

The teenage girls in the United States of America (USA) are far more likely to give birth than in any other industrialized country in the world. USA teenage girls are two and a half times as likely to give birth as compared to teenage girls in Canada, around four times as likely as teenage girls in Germany or Norway, and almost 10 times as likely as teenage girls in Switzerland (Kearney & Levine, 2012). Among developed countries, Russia has the next highest teenage birth rate after the USA, although an American teenage girl is still around 25 per cent more likely to give birth than her counterpart in Russia (Kearney & Levine, 2012). Differences also exist across states in the USA with the teenage birth incidence. A teenage girl in Mississippi is four times more likely to give birth than a teenage girl in New Hampshire, and 15 times more likely to give birth as a teenage girl compared to a teenage girl in Switzerland (Wise, Geronimus & Smock, 2017). This suggests that the prevalence of teenage pregnancy is a social problem that is not only shaped by the economic environment of the nations.

Studies seeking meaningful understandings as to why the rate of teenage pregnancy and motherhood is so unusually high in the USA as a whole, and higher in some states in particular, suggest that, explanations which economists researchers lean towards are unable to account for any substantial share of the variation in teenage pregnancy and motherhood rates across place (Green, Musci, Matson, Johnson, Reboussin & Ialongo, 2017). Recent studies describing empirical

work on teenage pregnancy and motherhood variation tend to demonstrate that variation in income inequality across states in the USA and other developed countries (mentioned above) help to explain a substantial portion of the geographic disparity in teenage pregnancy and motherhood. To a large extent, income inequality is associated with a lack of economic opportunity and heightened social marginalization for those at the bottom of the distribution. This empirical finding is theoretically consistent with the ideas that some social scientists have been promoting over three decades, but which have been largely unconfirmed with large data sets and standard econometric methods (Kearney & Levine, 2012). The study by Sipsma, Canavan, Gilliam, and Bradley (2017) concluded that being on a low economic trajectory in life leads many teenage girls to have children at their teenagehood and unmarried and that poor outcome envisage later in life (relative to teenagers who do not have children) are simply the continuation of the original low economic trajectory. This implies that teenage pregnancy and motherhood is explained by the low economic trajectory but is not an additional cause of later difficulties in life. Therefore, there is no silver bullet, such as expanding access to contraception or abstinence education to solve the prevalence of teenage pregnancy and motherhood in economically marginalized areas, except the improvement of the social welfare.

The prevalence of teenage pregnancy and motherhood is still high in the USA particularly because of underlying social and economic problems. This reflects a decision among a group of girls to drop-out of the economic mainstream; they choose nonmarital motherhood at a young age, instead of investing in their own economic progress because they feel they have little chance of advancement (Wise *et al.*, 2017). Based on that, to address the prevalence of teenage pregnancy and motherhood in America, require addressing the most difficult social problems: in particular, the perceived and actual lack of economic opportunity among those at the bottom of the economic ladder. While the teenage pregnancy incidence is commonly associational with the unstable socio-economic environment of the developing nations, the conditions and such impression appears to be a universal phenomenon particularly with the incidence ratio of the social and economic problem associated with the black race.

Thus, data reporting and profiling on the prevalence of teenage pregnancy and motherhood vary drastically in terms of incidence ration among developed nations. There is a high-level lack of

consistency with respect to the variation in the industrialized countries. The study by United Nations (2012) reported that Australia has the third-highest rate of teenage pregnancy in the developed world, following the United Kingdom and the USA. Although the fundamental argument concerning the incidence of teenage pregnancy and motherhood rates varies considerably due to data sources, what has been consistent is the highest ratio of the USA. Despite the 40 per cent decline in the profiling of teenage pregnancy and motherhood rate in the USA over the last two decades (Kearney & Levine, 2012), differences across individual states remain intense. This suggests that the differences in the incidence of teenage pregnancy and motherhood are to a large extent triggered by factors that affect teenage girls and their families in particular.

The prevalence of teenage pregnancy and motherhood vary widely by race and ethnicity in the developed world. In the USA, the teenage pregnancy rate for non-Hispanic white teenagers was 43.3 per 1,000 women 15-19 years of age; the pregnancy rate for Hispanic teenagers was 106.6; for African-American teenagers, it was 117 (Kost & Stanley, 2012). The study by Solomon-Fears (2013) suggests that in developed countries, factors that appear to be associated with the prevalence of teenage pregnancy are low socioeconomic status, academic underachievement, and ethnic minority group status. Hence, the socio-economic factors appear to be almost universal, despite the fact that teenage pregnancy itself portrays a multidimensional portent. The study by East, Reyes, and Horn (2007) argued that sisters and daughters of childbearing teenagers have disproportionately high teenage pregnancy rates and birth rates. This makes it obvious that a family history of teenage pregnancy increases the risk of pregnancy during teenage-hood for younger siblings.

This session of the literature review places more emphasis on the USA teenage pregnancy and motherhood context, because of its uniqueness of the high ratio in spite of the common assumption of disadvantaged socio-economic conditions of developing nations associated with it, the literature on teenage pregnancy rates still characterized the prevalent rate as highest among developed nations (Guttmacher Institute, 2011). When it comes to teenage pregnancy and motherhood, the USA remains an international outlier, although, since the 1990s, teenage pregnancy rates and motherhood among American teenagers have declined significantly. While the rate of teenage prevalence and motherhood have, for the most part, declined over the past two decades, the rate of

abortion and adoption among teenagers also dropped (Kost & Stanley, 2012). The reason is that, while fewer teenagers fell pregnant in the 1990s and early 2000s, those who did get pregnant were increasingly likely to carry the child to term and raise the child by themselves (National Campaign to Prevent Teen and Unplanned Pregnancy [NCPTUP], 2011a). Over 90 per cent of teenage girls in the United States who gave birth keep their children (NCPTUP, 2011b). However, the main problem emerges in their skills and capability of parenting. Teenage motherhood itself is more appropriate to be considered a marker of a social problem rather than a direct cause of the prevalence of the pregnancy. This viewpoint should be maintained, particularly for teenage mothers coming from an area of entrenched social and economic difficulties. Equally, because the children born to teenage mothers immediately experience social and economic disadvantage in life. Therefore, while it is appropriate to assume that solving the issue of teenage pregnancy and motherhood may not have large impacts on poverty rates or other social problems, it is equally true that children are off to an optimal start in life if they are born to older mothers. On the other hand, addressing the fundamental problems that teenage mothers face that lead to the prevalence of pregnancy would not only help the child but perhaps also the mother herself.

One factor that fundamentally increases the vulnerabilities of teenage pregnancy is the age at first sexual encounter, which is an important determinant of pregnancy risk. Planned Parenthood (2013) reported that 46 per cent of teenage girls who engage in their first sexual experience before the age of 15 have been involved in a pregnancy. For teenage girls who engage in their first sex experience at age 15 or older, the risk declines to 25 per cent. Then teenage girls who use contraception during their first sexual experience are less likely to experience a pregnancy (Planned Parenthood, 2013). A lower proportion (22%) of teenage girls who used contraception at first sex have been involved in a pregnancy and for teenage girls who do not use contraception at first sex, 43 per cent have been involved in a pregnancy (Planned Parenthood, 2013). The main impact contributing to the prevalence of teenage pregnancy in recent time is the concern for the early sexual debut of teenage girls.

Furthermore, teenage girls who are sexually involved with older partners are more likely to become pregnant than those with partners closer in age. A study established that 6.7 per cent of teenage girls between 15–17 years have partners six or more years older than they are (Weiss & Correia,

2012). The pregnancy rate for this group is 3.7 times as high as the rate for those whose partner is no more than two year's older (Darroch *et al.*, 1999 cited Guttmacher Institute, 2011). In addition, teenage girls who had sex before age 16 with a partner three or more years older were more likely to have a teenage birth (41-46%) than teenage girls 17 to 19 years old (19-34%). Most studies also found that the greater the number of sex partners a teenage girl is involved with, the more likely she is to be involved in a pregnancy (Weiss & Correia, 2012). Some 37 per cent of teenage girls with three or more partners have either experienced or have been involved in a pregnancy. When the number of partners drops to less than two, only 25 per cent of teenage girls have experienced or were involved in pregnancies. Therefore, teenagers with fewer sexual partners stand a lesser risk of pregnancy, compared to the great risk they face becoming pregnant with multiple sexual partners.

Every so often, the USA teenage birth rate is the highest amongst developed countries. The reasons for the lower rates of teenage pregnancy and motherhood in these developed countries include mandatory medically accurate sexuality education programmes that provide comprehensive information and encourage teenage girls to make responsible sexuality choices (United Nations, 2012). Others reasons are, there is easy access to contraception and other forms of reproductive health care, including abortion, social acceptance of teenage sexual expression as normal and healthy, straightforward public health media campaigns and finally government support for the right of teenagers to accurate information and confidential services (Weiss & Correia, 2012). Above all, teenage girls from the developed nations faced lesser social and economic challenges due to their national socio-economic stability, compared to the teenage girls from the developing world with unstable social and economic conditions.

In 2011, teenage girls in the USA accounted for only 18 per cent of all births outside of marriage, a decline from 50 per cent in the past two decades. The decline in teenage birth rates is linked almost exclusively to improvements contraceptive use (Guttmacher Institute, 2011). While there was no significant change in sexual activity, including early sexual debut among teenage girls, the use of hormonal contraceptive increased from 37.3 per cent to 47.5 per cent in recent times (NCPTUP, 2011b). The use of more than one contraceptive method also increased from 16.1 per cent to 23.2 per cent, as did use of long-acting methods such as IUDs, growing from 1.4 per cent

to 4.4 per cent (Guttmacher Institute, 2011). The use of programmes and policies in developed nations to reduce the prevalence of teenage pregnancy and motherhood indicates that there is a growing acceptance of teenage girl's early sexual debut. The only aspect which is clearly not gaining acceptance globally is the prevalent rate of teenage motherhood because of the social cost it passes along.

Accordingly, it is more appropriate to classify teenage motherhood as a cause of poverty because teenage mothers fare worse compared to their peers who delay motherhood. Their family incomes become subsidiary once child-rearing responsibilities set in and they are more likely to continue living in poor conditions and seek reliance on public assistance. On the worse extreme, they are less likely to be married and their children lag in standards of early development (Breheny & Stephens, 2007). The children of teenage parents face severe health, economic, and social consequences. Pregnant teenage girls are less likely to receive adequate prenatal care (Willan, 2013). So their babies are often to have a low-birth-weight; they are most probably to have childhood health problems and to be hospitalized than those children born to older mothers.

In 2007, the USA infant mortality rate for children born to teenage mothers was significantly higher than the national infant mortality rate. The trend for the mortality rate was higher for teenage mothers younger than 15 years, with infant mortality of 14.53 per 1,000 live births (Mathews & MacDorman, 2011). Likewise, the rate for infants of mothers aged 15–17 years was 10.27. The children of teenage mothers suffer from abused or neglected than those of women who delay childbearing, and they are bound to receive less proper nutrition, health care, and cognitive and social stimulation (Hoffman & Maynard, 2008). Over and over again children born to teenage mothers live in poverty, which makes them more likely to become teenage parents themselves than those born to women who delay childbearing.

## **2.6 The prevalence of teenage pregnancy and motherhood in Africa**

The prevalence of teenage pregnancy in Africa varies tremendously from that of developed nations. In many traditional African communities, early marriage for teenage girls is more commonly and socially desired. After these marriages occur, there is often strong cultural and

family pressure to reproduce as soon as possible. Despite the obstetric risks caused by maternal immaturity or lack of medical facilities associated with African nations, an early pregnancy by a married teenage girl is still an indicator of success (Dahl, 2010; Kirchengast, 2009). Unlike most countries of Africa, teenage fertility in countries such as Cameroon, Chad Republic, Niger, Liberia, Nigeria, and basically all northern Africa countries most of which dominantly practice Islamic religion, occurs mainly within the context of marriage (Dahl, 2010). As a result of that early marriage in these countries, about half of all teenage girls are sexually active by the time they are 18; and almost one in five by the time they are 15 (Patra1 & Singh, 2013). Thus, marriages at a very young age have serious health consequences for both child brides and their children (Mathews & MacDorman, 2011). Women married as minors are more likely than those married as adults to report early, frequent and unplanned pregnancies (typically as a consequence of non-contraceptive use), which have been consistently linked to increased risk of maternal and infant morbidity and mortality (UNICEF, 2008). Therefore, the practice of early marriage in Africa as a result of religion and ethnicity is one common factor that makes teenage pregnancy rate more alarming in the continent.

The situation for the prevalence of teenage pregnancy outside of marriages is completely different, which occurs mainly in the southern region of Africa. The World Health Organization [WHO] (2014) estimated that about 16 million teenage girls between 15 to 19 years and 2 million teenage girls under the age of 15 give birth every year. The majority of the childbirths occur on the African continent. Globally, one in five girls has given birth by the age of 18 (WHO, 2014). But in core African nations, the figure rises to over one in three girls. Almost 95% of the overall teenage births occur in low and middle-income countries (WHO, 2014). South Africa also falls under the middle-income classification (Macleod & Tracey, 2010). Hence, in these countries, teenage births are more likely to immensely occur among the poorest, less educated and rural populated regions. The concern for the prevalence of teenage pregnancy and motherhood is universally acknowledged, because it excessively affects young women around the world on many levels, and often limits future opportunities for young girls. Teenage childbearing rates stand at 121 per 1,000 in sub-Saharan Africa (WHO, 2014). Teenage pregnancy undermines future opportunities for many young women (Panday *et al.*, 2009), and all young women who experience pregnancy are subject

to social disadvantages due to gender-based discrimination and limited growth opportunities in education and occupation in Africa.

### **2.6.1 The prevalence of teenage pregnancy and motherhood in South Africa**

The prevalence of teenage pregnancy and motherhood in South Africa is still alarming. South Africa is not plagued by early marriages that account for high rates of teenage pregnancy and motherhood in the rest of the Africa countries mentioned above; yet, the incidence remains a huge alarming problem. An estimated (30%) of teenage girls in South Africa report ever having been pregnant, the majority, are unplanned (Ardington, 2012; Flanagan *et al.*, 2013; Jewkes *et al.*, 2009; Holt, Lince, Hargey, Struthers, Nkala, McIntyre *et al.*, 2012; Lince, 2011). The above figure is for all teenage girls (13-19 years old), nonetheless, motherhood for an 18 or 19-year-old has very different implications than for a young teenage girl around the aged 15. Of all teenage girls who do fall pregnant as students, only around a third stay in school during their pregnancy and return following childbirth, with the highest return rate among those in Grade 12 (Grant & Hallman, 2008). Despite the efforts of the teenage girls (30%) to keep schooling, the majority of them, falling pregnant has a devastating effect on their secondary schooling, with consequent negative impacts on their livelihood.

Thus, the prevalence of teenage pregnancy is not just about teenage girls having unprotected sex, it is wrapped up in societal gendered norms, sexual taboos (especially around teenage sex) and gender inequalities within the societies which influences how, when and why teenagers have sex. Teenage pregnancy is not only an issue of reproductive health and children welfare but, rather one in its causes and consequences that is rooted in women's gendered social environment (Jewkes *et al.*, 2009). The study by Panday *et al.* (2009) presents an outstanding summary of the critical drivers that place teenage girls in South Africa at a heightened risk of early pregnancy. These factors are young girls dropping out of school early on, often because of economic barriers and poor school performance; young girls growing up in areas of rooted poverty; not many opportunities to discuss sexuality where high levels of stigma about adolescent sexuality abound, leading to gaps in knowledge and access to contraceptives; men making decisions about sex in situations where for instance young women are involved in relationships of unequal power often

resulting in unprotected and coerced sex; young women who are poor having often to make ‘trade-offs’ between health and economic security, which can lead to staying in abusive relationships, inter-generational relationships and multiple partners. These situations usually reduce a young woman’s ability to negotiate when and how to have sex.

Furthermore, given that sexual activity among teenage girls is a common and normal bridge to adulthood. Hence, it should not be stigmatized nor condemned but rather, recognized as moving into a period of sexual discovery and be supported to ensure they are informed, to be able to have healthy and safe sex (Flanagan *et al.*, 2013; Willan, 2013). The areas that are succeeding in the fight against teenage pregnancy advocated for teenage sexuality to be recognized as another strategy to reduce teenage pregnancy (Kearney & Levine, 2012). It is common knowledge that African socio-cultural practices are wrapped up in sexual taboos, which leads to failures to create opportunities to discuss sexuality where high levels of stigma about teenage sexuality abound, leading to cavities for pregnancy.

Nevertheless, regardless of common assumptions that sexual debut in South Africa is high, there are indications from a body of literature that age at first sex is equally consistent globally. For most young women in Africa, sexual debut occurs at ages 17-20 (Pettifor, O’Brien, MacPhail, Miller & Rees, 2009). The common age at first sex among young women in South Africa ranges from 16-, depending on the age and type of sample (Pettifor *et al.*, 2009). With respect to girls having sex at a younger age, only 8% of young women reported having sex for the first time at age 14 or younger (Pettifor *et al.*, 2009). Other profiling was that teenagers’ first partners were generally 1-4 years older than them and most of them indicated their first sex happened with the main partner. While 7% of 15-19-year-olds reported their first sex as coerced when asked ‘whether they had been willing participants in their first sex only three in five reported they had been willing. They also noted that ‘teenage girls who had had their first sexual debut at an early age were more likely than other young women to report that their first partner had ever physically forced them to have sex’ (Pettifor *et al.*, 2009). The study by Jewkes *et al.* (2009) noted that by 17, half of all teenage girls in South Africa are sexually active. The early sexual debut among teenage girls is one potential impact on the prevalence of teenage pregnancy and motherhood because of their immaturity to negotiate safe sex and the lacking preventive experience associated with younger teenagers.

Accordingly, the prevalence of teenage pregnancy and motherhood is an indicator of unprotected sex, and therefore higher rates of pregnancy triggered other related high-risk factors involving sexual encounters. It is of particular concern as South Africa has one of the highest HIV prevalence figures globally: 30.2 per cent of 15-49-year-old women were living with HIV in 2010 (Bhana, Clowes, Morrell & Shefer, 2008; Morrell, Bhana & Shefer, 2012; South African Department of Health Study, 2012). The impact of early sexual debut heightens HIV risk and further that sexual behaviours at the time of early coital debut (e.g. non-use of condoms) may set a precedent for future behaviours that elevate HIV risk.

Additionally, there is a common agreement between unprotected sex, teenage pregnancy, HIV, and school dropout as the many vulnerabilities that teenage girls in South Africa face. Panday *et al.* (2009) noted that incomplete schooling (school drop-out among teenage girls) is a contributing risk factor for both teenage pregnancy and HIV in South Africa. Therefore, such intervention to lessen teenage pregnancies, through addressing both structural issues and individual behavioural change, will also impact on reducing STIs and HIV and leading to improved health outcomes. Thus, investment against the prevalence of teenage pregnancy will not only improve the health of teenagers today but also ensure that the next generation of children is healthier.

The prevalence of HIV/AIDS pandemic itself has a striking impact on the prevalence of teenage pregnancy and motherhood through an increase in orphans and child-headed households. In South Africa, there are 859 000 'double orphans' (children both of whose parents have died), 2 468 000 paternal orphans, and 624 000 maternal orphans in 2008 (Holborn & Eddy, 2011). Evidently, orphanage children are at a significantly higher risk of missing out on schooling, living in households that have less food security, suffering from anxiety and depression, being exposed to HIV infection and recycling teenage parenthood (Gould & Ward, 2015). The experience of orphanhood is compounded for some children who do not have caregivers and lived in child-headed households that are considered to be a critical driver of teenage pregnancy (Jewkes *et al.*, 2009). In 2008 some 98 000 children in South Africa were living in child-headed households, where all members of the family are younger than 18 years old (Holborn & Eddy, 2011). Given this dual crisis of both high levels of teenage pregnancies and high levels of HIV among teenagers in South Africa, it is pertinent to rekindle the need for continuous efforts of prevention services.

Because on a longer-term, children belonging to teenage parents living with HIV/AIDS are exposed to similar prevalence.

Furthermore, the prevalence of teenage pregnancy in South Africa is affected by a number of social factors including race, socio-economic status, geography, and education. South African Demographic and Health Surveys showed that teenage pregnancy displays marked social patterning. Becoming a teenage mother was more prevalent in rural areas (60% more likely), amongst women with lower educational attainment (a three-fold difference between completion of primary school and matric) and amongst African and Coloured women (a seven-fold increase between African and Coloured women on the one hand and White and Indian on the other (Jewkes *et al.*, 2009). The study by Ngabaza (2011) establishes that while there is a general decline in teenage pregnancy across South Africa, rates are still higher in certain provinces such as Mpumalanga, Northern Cape, Limpopo and the Eastern Cape, which is reflective of historic apartheid divides, and poorer black communities. Therefore, teenage girls coming from Limpopo Province are subjected to higher likelihoods of becoming pregnant.

In addition, the rural regions of South Africa have a different trend, despite the general trend of declining teenage births, 'the proportion of teenage girls who gave birth has remained higher in rural areas over time. Ardington (2012) noted that rural teenage births increased slightly between 2008 and 2012, the increase was driven by births to older teenage mothers and the proportion of younger teenage births almost halved. The study by Flanagan *et al.* (2013) buttressed the above by stating that teenage pregnancy was higher in rural areas than urban areas, with 14% of rural teenage girls becoming mothers as compared to 11% in urban areas. The Department of Basic Education (DBE) suggested that the difference between urban and rural childbearing rates is due to increased access to education, economic development and more access to contraceptive services in urban areas (Flanagan *et al.*, 2013). Ultimately, the lack of access to education commonly associated with rural regions and fewer economic opportunities plays a substantial impact on the prevalence of teenage pregnancy.

In addition to socio-economic status and geography, teenage pregnancy is still more common among Black African and Coloured teenage girls, reflecting the complex inter-connectedness of

these factors with race. The studies by Marteleto and Lam (2008), Mkhwanazi (2010), and (Panday *et al.* (2009) indicated that teenage pregnancy rates are significantly higher among Black Africans with (71 per 1000) and Coloured (60 per 1000) adolescents, whereas fertility among White (14 per 1000) and Indian (22 per 1000) teenagers was approximately that of developed countries. Although, no viable studies yet have explored how these issues of geography, socio-economic status, education and race intersect, indeed it is likely that geography, socio-economic status, and education may well explain the rates of pregnancy among different race groups of South Africa through the legacy of Apartheid rule.

The prevalence of teenage pregnancy in South Africa is motivated by many factors, which includes gender inequalities, gendered expectations of how girls should act, sexual taboos (for girls) and sexual permissiveness (for boys), poverty; poor access to contraceptives and termination of pregnancies, inaccurate and inconsistent contraceptive use, judgmental attitudes of many healthcare workers (HCWs), high levels of gender-based violence, and poor sex education (Bearinger, 2007; Chigona & Chetty, 2007; Jewkes & Morrell, 2009; Panday *et al.*, 2009). The diagram below offers a worthwhile illustration of these inter-connected factors, emphasizing how sexual activity and contraceptive-use subject girls at immediate risk of teenage pregnancy, which is influenced by structural and contextual factors.

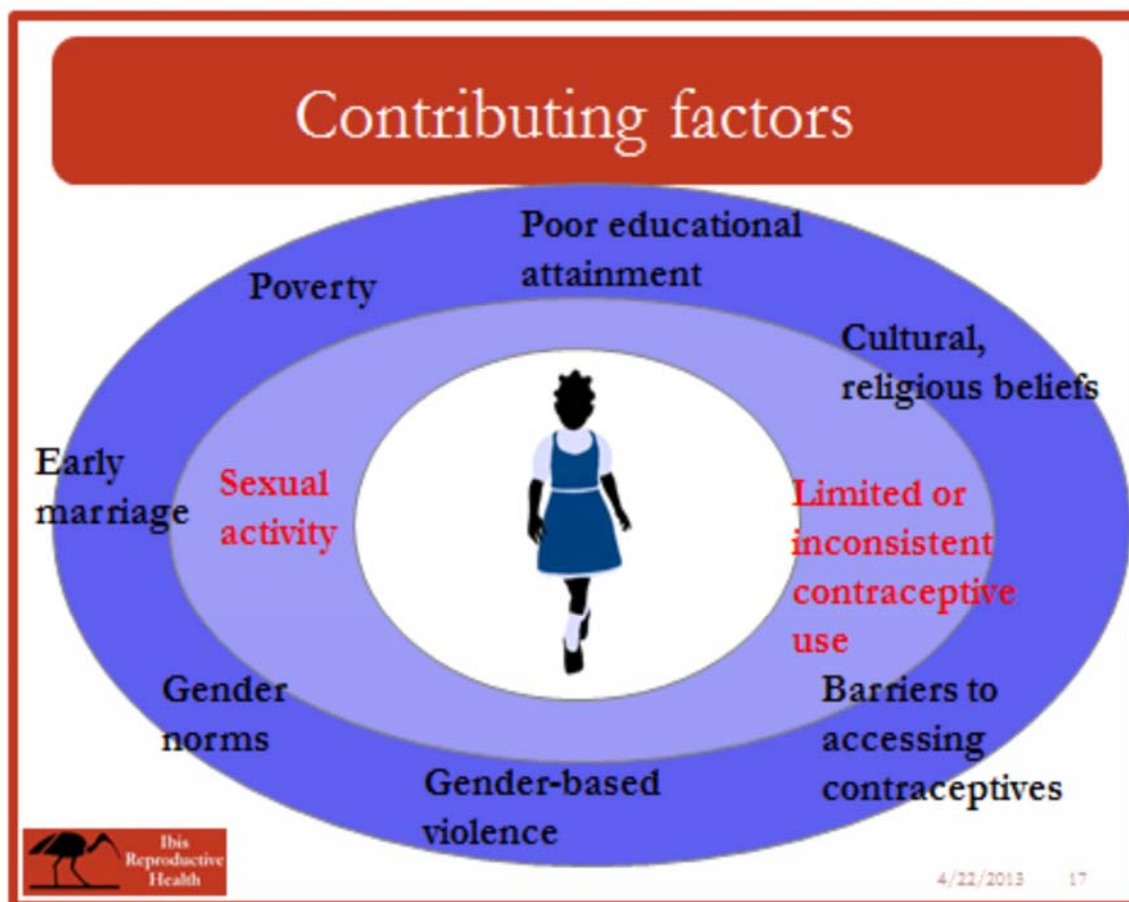


Diagram: 1. Critical factors driving the prevalence of teenage pregnancy

Source: Teenage pregnancy in South Africa (Flanagan *et al.*, 2013)

The numerous motivators for the prevalence of teenage pregnancy suggest that an effective rejoinder cannot just be judgmental, technical, focused on individual behavioural change, or simply increasing contraceptive supplies. The response needs and have to be all-inclusive, they also need to address structural factors that disempower teenage girls from being in control of when, how and with whom they have sex; it must also ensure improved accessibility, acceptability attitudes and appropriateness of contraceptives and clinics, and above-all nurture and breed individual behaviors that will lead to teenage girls being able to, and choose to protect themselves against early pregnancies.

Thus, girls subordinate position in the gender and social hierarchy curtails their ability to make real choices pertaining to pregnancy. Inequities in gender power shape young women's first and subsequent sexual experiences and make many of these encounters risky for them (Pettifor *et al.*, 2009). A study reflected on the teenage years as a key time for exploring and establishing one's gender identity, noted that for boys 'in a context of poverty and limited alternatives, securing and maintaining sexual relationships are critical to self-evaluations of masculine success as well as peer group positioning' (Jewkes *et al.*, 2009). However, for girls, this includes expectations around 'sexual naivety' and compliance to male 'authority' (Willan, 2013). The cultural inabilities of teenage girls to negotiate safe sex further expose them to the vulnerabilities of early pregnancy.

There are mixed messages sent out to teenage girls. Gendered norms discourage teenage girls from being 'sexual' and encourage them to be sexually innocent. On the other, they are told they must protect themselves from pregnancy and are blamed should they fall pregnant, and they are also expected to be 'sexually ignorant' and subject to the view that carrying condoms jeopardizes a girl's respectability (Mkhwanazi, 2010; Willan, 2013). Several kinds of literature frequently point to teenage girls not always being in control of when and how they have sex. In South Africa, studies cite unequal decision-making about sex between partners, where girls lacked autonomy, thus hindering the practice of safe sex (Varga, 2003 cited Willan, 2013). Similarly, healthcare workers (HCWs) found that gender dynamics in relationships played a factor in determining young women's risk of early pregnancy (Holt *et al.*, 2012). They went on to note that peer pressure to have sex and the culture of submission to male partners often led to unprotected sex. Fundamentally, societal gender norms in favour of male partners play a role in the prevalence of teenage pregnancy.

Regardless of these gender norms and power imbalances, there is the prevalence of gender-based violence, where both teenage boys and girls are generally active and willing participants in their sexual relationships. Nonetheless, the high levels of gender-based violence in South Africa are also critical to consider, because teenage girls under 19 years who were pregnant were 14 times more likely to report forced first sex than their peers (Jewkes *et al.*, 2009). Forced sex is associated with an early sexual debut in South Africa. Teenage girls who reported that their first partner had ever forced them to have sex were more than twice as likely to have had sex before the age of 15

as opposed to those who had not been forced (Pettifor *et al.*, 2009). In addition, the studies by Flanagan *et al.* (2013) indicated that teenage girls whose first sexual intercourse was forced are significantly more likely to get pregnant. Forced sex and/or gender-based violence particularly with younger teenager girls put most girls in South Africa to their early pregnancies.

Nonetheless, other major social issues such as fear of adult biases, peer norms, concern about parent and boyfriend disapproval and even concern for confidentiality, were all factors that limit teenage girls from accessing and using contraceptives (Flanagan *et al.*, 2013). These social concern attested to the fact that the issues are not as simple as knowing where to get contraceptives and clinic official hours for teenage girls to prevent pregnancy. A study noted the stigmatization of teenage sex as a significant barrier to accessing contraceptives, because asking for contraceptives was seen as a public admission of sexual activity which is frowned upon by nurses (Hoffman-Wanderer *et al.*, 2012). Most studies explain that for some nurses, requesting for contraceptive would result into lectures about ‘being too young for sex, etc’, and often they receive no contraceptives despite coming in for those (Hoffman-Wanderer *et al.*, 2012; Holt, 2012). Because of this stigma towards teenage sexuality, teenagers often report they do not access sexual and reproductive health (SRH) services due to fear of being reprimanded, stigmatized or punished for sexual involvements (MIET, 2012). Therefore, the uncommunicativeness in discussing topics that are generally known to be taboo, and not something a girl should talk about, and inhibition over being seen by community and family members to be asking about these things, create further barriers and risk pregnancy prevalence.

Teenage mothers have limited career advancement chances that might result from incompleteness of schooling, which usually leads to poverty, not just for the teenage mother but, also the child who might recycle the prevalence. Several kinds of literature have arguably shown that there are more than a few critical factors that influence whether pregnant teenagers and teenage mothers remain and then return to school. Contrarily of the indication that teenage pregnancy leads to teenage mothers terminating schooling across Africa. In South Africa, the evidence suggests only delay in completing schooling rather than dropout (Morrell *et al.*, 2012). Similarly, a study by Marteleto, Lam, and Ranchhod (2008) buttress this argument that ‘in South Africa, unlike in most other African countries, teenage girls usually continue their education after giving birth, but in the most

situation only about one-third of teenage mothers return to school. Typically, teenage pregnancy, childbirth, and motherhood alter the context in which teenage girls live and make decisions, mostly with respect to household and individual time allocation, including parenting responsibilities. So resources availability within a household, both economic and social play a role in determining whether or not a teenage girl resumes her education following childbirth.

There are four critical factors which affect the impact of pregnancy on a girl's education. The first factor is demographic, the second is education, the third is cultural and the fourth is economic. These critical factors are determined by the stages of societal development of a community (Eloundou-Enyegue & Stocks, 2004 cited by Willan, 2013). Eloundou-Enyegue and Stocks assumptions can be used to understand why South African teenage girls' experiences are quite different from many others across Africa. Because, of the four stages of societal development mentioned in the study by Eloundou-Enyegue and Stocks, South Africa has already passed two, which explains the comparatively high rates of returning to school even as a teenage mother. The third and fourth factor reflects in South African communities, are both about gendered norms and inequalities; namely, 'where communities and families still favour boys' education over girls, and where economic hardship still persists. This hypothesis assists the understanding of why South Africa still have around two-thirds of teenage mothers not returning to school following childbirth.

On the other hand, while it is critical for girls to return to school, the evidence shows that they must return as soon as possible following childbirth because a relatively short interruption in education has an impact on the teenage mother futures, which is not healthy for their offspring. The study by Morrell *et al.*, (2012) suggested that a delay in returning to school after childbirth reduces the likelihood of ever pursuing further education and reduces school performance accordingly. The same applied to the likelihood of failing a grade increases with the prevalence of pregnancy (Willan, 2013). Being a teenage mother is a further struggle upon returning to school as most schools continue to place the burden of parenting on the learner-parents and in particular the mothers. The gendered response to teenage pregnancy, that makes mothers (not fathers) responsible, is both driven by gender inequalities and perpetuates them to further hardship and teenage pregnancy prevalence. Managing to care for a child and devote adequate time to schoolwork is a great challenge for teenage mothers.

In line with provincial trends, current Limpopo Province teenage pregnancy rate is alarming and pale among the top highest in South Africa. The prevalence of teenage pregnancy in Limpopo Province is a complex issue with many reasons for concern; it is an important parenting problem as well as a socio-economic challenge to society (Kyei, 2012). The high rate of teenage pregnancy in Limpopo Province, is attributed to factors such as, family instability, early sexual debuts of teenage girls, lack of knowledge of sexuality, peer group influence, lack of knowledge and/or ineffective use of contraceptives, low socioeconomic status, and cultural permissiveness (Department of Social Development, 2011; Mushwana, Monareng, Richter & Muller, 2015). All the above-mentioned factors that contribute to the prevalence of teenage pregnancy and motherhood in Limpopo Province can be grouped under the same social patterning in other provinces.

However, the implications for the prevalence of teenage pregnancy can also be very diverse. The impact in Vhembe District at large cannot be termed differently. The studies profiling the prevalence of teenage pregnancy in Vhembe District suggested that teenage girls attitude towards sex have a tremendous impact on the prevalence rate of teenage pregnancies (Kyei, 2012). Among the teenage girls' sexual attitude, the impact of the early sexual debut, lack of sexual awareness, and intergenerational sex, together play a role in the prevalence of teenage pregnancy.

Among another impacting factor on the prevalence of teenage in Vhembe District is the teenage girls' risky sexual behaviour. The studies by Kyei (2012) and Ramulumo (2014) noted that factors that contribute to the prevalence of teenage pregnancies in Vhembe District comprise of lack of education and information about reproductive sexual health, including lack of access to tools that prevent pregnancies; peer pressure to engage in sexual activity, incorrect use of contraception; sexual abuse that leads to rape; exposure to abuse, violence and family strife at home; low self-esteem; low educational ambitions and goals. These factors stated above as contributors to the prevalence of teenage pregnancy in Vhembe District are the same common social factors responsible for the prevalence of teenage pregnancy in other regions.

In Vhembe District, poverty is both a contributor and a consequence of the prevalence of teenage pregnancy and motherhood. In most cases, it leads to intergenerational sex, transactional sex or

simply sexual relationships which are not ideal but provide them with some benefits and rewards (Kyei, 2012; 2009; Ramulumo, 2014). The dynamics of poverty experienced in Vhembe District decreases a girl's ability to negotiate condom use, and can keep her in abusive relationships, and creates a further layer of unequal power relation (Ramulumo, 2014). In supporting the concern about the risks associated with inter-generational sex, age differences between partners are associated with early sexual debut among teenage girls. Ultimately, gender inequality, structural poverty, gender-based violence and power inequalities all play a critical role in limiting teenage girls' choices about when, and how to have sex, leading to a situation of the prevalence of teenage pregnancies in the district.

## **2.5 Summary**

This chapter addressed the impact of child-rearing practices and approaches on the development of teenage girls. There are certain child-rearing practices and approaches that are found critical to a healthy development of teenage girls' that consequently placed them vulnerable to the prevalence of teenage pregnancy. The chapter further addressed the prevalence of teenage pregnancy in developed nations and the different social context of the incidence in the different developed nations. Though, there are peculiar as well as similar characteristic teenage girls' from developed and developing nations shared on the prevalence of teenage pregnancy. However, the characters are heavily centred on the teenage girls' social and economic background. Although, in Africa, issues that have to do with religion and ethnicity (mostly within the context of early marriages) heighten teenage pregnancy prevalent rate, however, South Africa is not plagued to these social settings contributing to the prevalence of teenage pregnancy in the rest of Africa nations. Teenage pregnancy in South Africa commonly occurs to unmarried teenage girls.

## CHAPTER THREE

### THEORETICAL FRAMEWORK

#### 3.1 Introduction

This chapter presents the theoretical framework that guided the study. The theories herein are introduced and explained accordingly to their perspective. A theoretical framework for the impact of communal child-rearing on the prevalence of teenage pregnancy, necessitate theoretical underpinning of early childhood development and behavioural development and outcome. This research study was guided by the attachment theory and the social learning theory.

The choice of these theories was informed by the theories views to explain, holistically the subject matter. However, Bowlby's (1969) ethological attachment theory provides an essential framework for the understanding of the impact of early socio-cultural and emotional relationships on cognitive-affective structures used by the child to construct views of self. Although, Mead's (1934) theory of the social 'self', which he presented in his well-regarded and much-taught book *Mind, Self and Society*, also gave a sociological account of the prevalence of teenage pregnancy from the teenage girl's social activities. Mead's theory of the social 'self' upholds that the conception a person holds of themselves in their mind emerges from social interaction with others. The social 'self' theory offered an explanation of dialogue that pregnant teenage girls have with themselves, consciously or unconsciously.

Whereas, Bandura and Walters (1963) social learning theory helps in understanding the key tenets behind the influencing behaviour among members of a social group. These three theories, which were used in the study intertwiningly help the study, make contributions in the understanding of the impact of communal child-rearing approach and the prevalence of teenage pregnancy, and further provide possible interventions and recommendations that would circumvent the social problem of teenage pregnancy in the study area.

### 3.2 The overview of attachment theory

The ideas that guided attachment theory have a long developmental history. Indications from literature proved that Bowlby and Ainsworth worked independently of each other during their early careers. However, they were both influenced by the early work of Sigmund Freud theory and other psychoanalytic thinkers directly in Bowlby's work, indirectly in Ainsworth's; which, therefore, documented the origin of the philosophy that became central to attachment theory. So the attachment theory became the combined work of John Bowlby and Mary Ainsworth, drawing their ideas from ethology, cybernetics, information processing, developmental psychology, and psychoanalysts, that formulated the basic tenets of the theory.

Bowlby's work in that way transformed the rationale about a child's tie to the mother and its disruption through separation, deprivation, and bereavement. On the other hand, Ainsworth's ground-breaking methodology not only made it possible to test some of Bowlby's ideas empirically but also helped expand the theory itself and is responsible for some of the new directions it is now taking. Thus, the work of Ainsworth introduced the concept of the attachment figure as a secure base from which an infant can use to explore the world. Nonetheless, Ainsworth formulated the idea of maternal sensitivity to infant signals and its role in the development of infant-mother attachment patterns. Hence, the prevalence of teenage pregnancy has much to do with the nature of the teenage girl-mother attachment pattern, mostly where teenage motherhood experience abound.

Attachment theory addresses social-emotional development from the perspective of both process and outcome and identifies a variety of markers predictive of later social competence of the child. Specifically, attachment theory looks at the specific outcome of early child-rearing practices (Moullin *et al.*, 2014); given to the relationships with parents, children develop an internal working model of social relationships competence (Bowlby, 1979); suggesting that if the child experiences her parent as a source of warmth and comfort, the child is more likely to hold a positive self-image of the parent.

Parenting goes beyond caring and taking responsibility for a child to being a role model for that child. For the sole purpose that children model their parents, the fundamental goal for an effective parenting is the child's development from dependency and external control to internalization, which is the ability of parents to take initiative and for them to be socially responsible; given that children gradually adopt social standards and expectations (Lieblich, 2010), which subsequently manifests to a process that facilitates their greater self-regulation skills and responsibility for their own behaviors (The St. Petersburg-USA Orphanage Research Team, 2008). Attachment theory upholds the views that early infant-mother social relationships equally impact on the child's views to construct and shape other social behavioural codes in future.

The ideas that drive attachment theory are very much related to socio-emotional skills and resilience. Where resilience is the child capacity to withstand stressors or risks for poor development, or bounce-back from difficult child-rearing experiences (Moullin *et al.*, 2014). This implies that, for each developing teenage girl, the extent to which she becomes resilient to stressful life events is determined to a very significant degree by the pattern of attachment developed during the early years of parenting. Therefore, a teenage girl who experienced care responsiveness to their emotional needs from childhood is better able to manage her own feelings and behaviour (Moullin *et al.*, 2014). This implication goes further to suggests that a teenage girl who was properly raised with parent's love and care, feel surer of herself, and because she feels surer of herself, she can be better able to relate to others and behave responsibly. This is the aspect that cues on the quality of child-rearing approach and practices importance on teenage girls' development. So, parenting social competences (most commonly within family relationships), such as parental warmth, lack of conflict, control, and monitoring, play an important role in developing a girl child social skills, which also includes their sense of self-worth.

The main purpose of attachment theory in this study focus is that good social and emotional development of teenage girls depends on sensitive and consistent parenting from infancy and early childhood. Therefore, whenever a parent responds to a child in a warm, sensitive and responsive way, the child feels secure that the parent can meet her needs (Grossman & Grossman, 2009). The child, when distressed, knows what to do and how the parent will respond. The child can safely express negative emotion, and seek proximity to the parent, and can expect to feel better. This is

what is known as a secure attachment. The study by Andreassen and West (2007) indicated that about 60 per cent of the general population is securely attached, suggestive of the fact that securely attached children learn through sensitive and responsive care to manage feelings effectively, leaving about 40 per cent of the population insecurely attached. Ultimately, a teenage girl with a securely attached experienced can manage her behaviour including her teenage sexual habits effectively and avoid the prevalence of teenage pregnancy.

Secure attachment is pragmatically based on the quality of parenting experience. Parenting plays a fundamental role in attachment, which suggests that an improvement in parenting sensitivity is necessary for an improvement in attachment security (Berlin, 2005). The central role of parenting is rooted in both social psychology and human biology, confirmatory in disciplines, ranging from sociology and anthropology to economics. From an observational point of view, there is a common association that exists in the interaction between the psychosocial and the biological processes that link early parenting experiences to child development. Therefore, parents desirous to avoid the prevalence of teenage pregnancy for their girl-child, opt to begin practice early and it should be gear towards preventing the occurrence of teenage pregnancy even from birth.

Attachment theory supports the idea that children internalize the experience of warm, responsive care from their parents, and use them to regulate their feelings and guide their behaviour, as they grow older, and when their parents are no longer there for them, the same experience still has an impact on their behaviour. This is what attachment theorists call the 'internal working model' of relationships (Moullin *et al.*, 2014). Later relationships, with other caregivers, peers, teachers, and partners, can and do change these expectations and behaviours, but they themselves are influenced by the first attachments experienced. This further suggests that the basic tenet to the development of secure attachment is the quality of early childhood parenting experienced.

The experience of positive parent-child relationship that fosters secure attachment bond for the child comes from the instinct of natural parenting. The theoretical assertion of attachment bond is found on the premise that often natural parenting, such as the day-to-day interactions between infants/young children and their parents help drive their emotional, physical, and intellectual development (Brazelton & Cramer, 1990; Bowlby, 1969). When parents are sensitive and

responsive to children's cues, they contribute to the coordinated back and forth of communication between parent and child (Tronick, 1989). These interactions help children develop a sense of self (Tronick & Beeghly, 2011) and model various emotional expressions as well as emotional regulation skills (for instance, self-esteem and self-control skills). The relevance of secure attachment suitable for teenage girls is the inculcation of self-regulation skills and high self-esteem develop through the processes of parenting. Through parenting process, parents build trust in a child, which reassure them that they are capable of making appropriate right decisions for themselves. The literature profiling the prevalence of teenage pregnancy hinge more or attribute the prevalence to the inappropriate behaviours of teenage girls themselves.

The prevalence of teenage pregnancy from a theoretical perspective is deemed a social behavioural problem that can develop out of the processes of upbringing. In support of this empirical perspective, the studies by Akella and Jordan (2015), Jewkes *et al.*, and Neiterman (2012) suggested that the prevalence of teenage pregnancy is critically driven by the teenage girl previous parenting background. Therefore, positive parent-child relationships provide or build the foundation for children's learning against the prevalence of teenage pregnancy. With parents' sensitive, responsive, and predictable care, a child develops the skills she needs to succeed in life. Early parent-child relationships have powerful effects on a child emotional well-being (Moullin *et al.*, 2014), their basic coping and problem-solving abilities, and their future capacity for relationships (Lerner, Rothbaum, Boulos & Castellino, 2002). Through these interactions, a teenage girl can learn the skills they need to engage with others and to succeed in vulnerable situations. They learn how to manage their emotions and behaviours and establish healthy relationships with adults and peers. They also learn how to adjust to new situations and to resolve other social encounters confronting them on daily basis.

The attachment theoretical assertion ties the appropriate behaviour of teenage girls (where inappropriate behaviour leads to the prevalence of pregnancy) to a secure attachment bond with parents; assuming such parenting approach is sensitive and responsive in it early practices and also authoritative in approach. With respect to parenting approach, parents of authoritative parenting approach strive the right balance of warmth, sensitive, responsive, predictable care and control (Agadoni, 2014). Where predictable would be if I do this and that as a parent, my daughter would

not fall victim to the risks of teenage pregnancy. An authoritative parent is affectionate and engaged with their child but they also set limits and enforce consequences to avoid the child misbehaviour (Roman *et al.*, 2016). The outcomes for children raised by authoritative parents are a social responsibility, independence, self-confidence, higher self-esteem and adaptive behaviour (O'Conner & Scott, 2007). This indicates that children with positive social behaviour usually experienced an authoritative parenting style and they would hardly fall victim to pregnancy during their teenage years.

The attachment itself is the process through which mothers and baby sensitively interact with each other from birth. Satter (1990) found that sensitive and responsive feeding such as breastfeeding or bottle contributes to reciprocal parent-child relationships and fosters the development of secure attachments. They use visual gaze, facial expressions, body language, and vocalizations to build powerful, lasting ties (Bowlby, 1969). For example, when a tired baby cries, if a parent responds with quiet rocking and a lullaby, the baby reinforces the parent's response by relaxing and falling asleep. Through the attachment process, parents grow confident and deeply dedicated to their child's well-being. The understanding for the development of secure attachment, suggest that parents committed to fostering secure attachment whether knowingly or unknowingly would also completely devoted to not tolerating their teenage girls fall victim to early pregnancy.

Furthermore, parents that are committed to their children succeed, foster the quality of their parenting towards academic succeed from early childhood. The study that stresses the importance of social and emotional skills to succeed in school (levels of academic achievement) and workplace tend to trace the success to secure attachment in early childhood (Tough, 2012). Thus, attachment theory emphasizes warmth, closeness, and recognition of the infant's bond with dependence on a specific parent. The same emphasizes the idea of a 'secure base' from which children explore and learn resilience and self-reliance, including what might be called positive 'character' traits. For infants, the attachment bond is made with a specific individual and is reflected in the need to stay close to that individual (Moullin *et al.*, 2014). However, one of the consequences of secure attachment is the development in the child a sense of self-confidence, and the ability to strive for success instead of failures in their endeavours. Primary scholars on the theory of attachment-focused completely on the idea that secure attachments tend to foster self-sufficiency or autonomy

rather than dependency. Ultimately, parents to teenage girls that foster secure attachment uses the bond as a mechanism whether unknowingly or knowingly to protect the girls from vulnerabilities and also ennoblements.

In addition to directly improving children's development and well-being, secure attachment also appears to protect children against certain risks in early childhood, including low-income, maternal depression, parenting stress, lack of social support, experience of single parenting, lack of maternal psychological support, and ethnic minority status (Belsky & Fearon, 2002). Hence, for children with insecure attachment, these risks factors have a substantial effect on expressive language and behavioural problems in the future. Accordingly, the narratives of the prevalence of teenage pregnancy collectively associate the same risk factors that are responsible for the behavioural problems of insecurely attached children as the critical determinants of teenage pregnancy. Thus, the insecure attachment is associated with a heightened risk for social and behavioural problems in later childhood (Belsky & Fearon, 2002). There is a particular link amongst children in poverty and insecurely attached children. That is because parents who lived in poverty are overwhelming with pressure arising from a lack of resources, therefore, parenting duties are confronted with inconsistency.

Parenting according to attachment philosophers from its advocacy, is a dynamic, ongoing process, which is interactive with the child. While attachment is particularly important to a child development, studies find secure and insecure attachment classifications are stable at 77 per cent of the time, with attachment styles lasting into teenage-hood (Hamilton, 2000). In this manner, the social construction of teenage pregnancy roots more towards the type of attachment outcome of the teenager. While ongoing parenting and life experiences can improve or worsen social and emotional development, an early insecure attachment appears to have a lasting negative effect on children's outcomes (Berlin, Cassidy & Appleyard, 2008). The theory of attachment, from its inception, has been associated exclusively with the externalizing inappropriate behaviour of the youths (O'Connor, Collins & Supplee, 2012). Therefore, the central idea behind attachment assertion helps to explain the type of attachment outcome of teenage girls' with their parents with respect to the social construction of teenage pregnancy.

From a distinctive perspective, the workings of insensitive and unresponsive parenting that foster insecure attachment bond is also attributed to the level of hormonal changes and brain development (Moullin *et al.*, 2014). For instance, an infant's biological systems are immature and particularly sensitive; their ability to manage stress develops gradually and takes up to a particular age to fully emerge. However, strong emotional immunity comes from being helped to recover from stress, pacified, held and made to feel safe in those early years by their parents (Gerhardt, 2004). In contrast, a child can be flooded with very high levels of the stress hormone, cortisol, if no one is responding to them (Gerhardt, 2004). Therefore, managing stress biologically matches the psychosocial management of feelings. In such a situation: the secure child is able to tolerate whatever feelings come and find ways of dealing with them before they become devastating. The insecure child will try to find ways that compound the stressful situation, such as the use of drugs and alcohol, which are fundamental factors responsible for the prevalence of teenage pregnancy.

Furthermore, in life sciences, neuroscientists also point to the importance of early parenting in the development of the infant brain (Shonkoff & Garner, 2012), that foster secure or insecure attachment bond. The study by Shonkoff (2010) explain that the prefrontal cortex (that mediate decision making or responsible for complex behavior), and specifically the orbitofrontal cortex (one critical structure responsible for cognitive decision making behavior), in the brain it is thought to be especially important in emotional regulation, processing and expressing feelings, reading social signals and behavior, and working memory, attention and decision making. Most literature proved that almost all of these areas develop immediately after birth. Between six and twelve months, in particular, there is a burst of brain development when attachment bonds are made (Gerhardt, 2004). A study found that toxic levels of stress, defined as prolonged activation of stress response in the absence of protective relationships can affect the infant's developing brain (Shonkoff, 2010). While the first years of brain development are not make-or-break, they have been found to affect the child's ongoing brain development in important ways, shaping both their social-emotional and cognitive development.

With respect to insecure attachment, there are characteristically two main types of insecure attachment. Some parents consistently respond to their child's distress in insensitive or rejecting ways, such as ignoring or becoming annoyed with them (Moullin *et al.*, 2014). With such

experienced, about 25 per cent of children learn to minimize expressions of their negative emotions and needs and avoid the parent when distressed, thereby displaying avoidant attachment (Andreassen & West, 2007). Other parents are inconsistent and unpredictable, overwhelmed by their own or the child's needs and emotions, they expect the child to meet their needs so they respond harshly or amplify the child's distress. With such experiences, about 15 per cent of the infant population do learn to exaggerate the expression of their emotions in an attempt to engage the parent, resisting them, or they simply cannot learn a way to manage their distress and feelings (Moullin *et al.*, 2014). Such nature of bonding leads children to display disorganized attachment (Andreassen & West, 2007). The children that display avoidant attachment or disorganized attachment often externalize anti-social or maladaptive behaviour. A girl-child vulnerability to the prevalence of teenage pregnancy is emblematic with externalizing anti-social or inappropriate behaviours.

Nonetheless, the proportions of children with insecure attachment often vary by measures used for the empirical study. A study found that generally between a third and a half of children are insecurely attached (van Ijzendoorn, Schuengel & Bakermans-Kranenburg, 1999). Usually, in very high-risk populations, where families face multiple social problems, up to two-thirds of children have an insecure attachment to their parents (Moullin *et al.*, 2014). The children who also have experienced abuse in their childhood are nearly always insecurely attached (van Ijzendoorn *et al.*, 1999). The rate of disorganized attachment, perhaps the highest-risk category, is 25 per cent among low socioeconomic status and teenage parent families, compared to 15 per cent in the general population (van Ijzendoorn *et al.*, 1999). This indicates that pregnant teenage girls and teenage mothers who come from households facing poverty ultimately experience avoidant and disorganized attachment. Children who have an avoidant or disorganized attachment with their parents are more likely to have low self-esteem and more likely to abuse drugs and alcohol (van Ijzendoorn *et al.*, 1999). Consequently, the teenage girls with avoidant or disorganized attachment are ultimately placed on the vulnerabilities of the prevalence of teenage pregnancy.

The strongest predictor for teenage girls being insecurely attached is having a parent who was not securely attached themselves. This implies parents who are living in poverty, parents with poor mental health, single-parenthood, and teenage motherhood struggling with parenting

responsibilities have insecurely attached children (Moullin *et al.*, 2014). It is, therefore, the development of an insecure attachment bond that also drives teenage girls coming from the experience of single-parenthood, vulnerable to the prevalence of teenage pregnancy. Thus, single-parenthood characteristically feature inadequate parenting outcome for teenage girls (Neiterman, 2012), and the prevalence of teenage pregnancy has a long and continuous history of association with single-parenthood (Akella & Jordan, 2015; Weiss & Correia, 2012). The social construction of teenage pregnancy often starts with the narrative of single-parenthood consequences. Therefore, the critical drivers of the prevalence of teenage pregnancy partly result from the experience of single-parenthood as well as an insecure attachment bond.

The working of insensitive and unresponsive parenting approach that foster insecure attachment is usually developed out of the household experience. The characteristic of single parent home offers a teenage girl insensitive and unresponsive parenting practices (Gould & Ward, 2015). A body of literature found that teenage girls coming from unresponsive parenthood that faced less food and economic security often trade-off their bodies for food and economic security (Jewkes *et al.*, 2009; Panday *et al.*, 2009). The concerns for teenage girls' sexual attitudes, most risky sexual behaviour, including unprotected sex with multiple partners, are the potential outcome of being raised in a household with the experience of inadequacy (UNICEF, 2011). Hence, the preceding factors are the main attributes for the prevalence of teenage pregnancy. A single parent household offers teenage girls less social development and economic competences and those are the fundamental elements that foster insecure attachment and place them vulnerable to the prevalence of teenage pregnancy.

However, that does not neglect the fact that a teenage girl, if raised by two parents, escapes the vulnerability of the prevalence of teenage pregnancy. Financial poverty unquestionably matters in parenting responsiveness, but other kinds of poverty are far more corrosive such as poverty of affection, of education, of aspiration, or of self-worth. This goes back to the point that, the prevalence of teenage pregnancy is not an essentially-linked consequence of single-parenthood, but of the parenting responsiveness and competences. Perhaps, the argument that teenage girls raised by single-parents fare worse on a host of social and economic measures is valid. However, it is also a fact of an assumption because those are the same variables that make parenting (even

in a couple parents' household) difficult and most parents struggle due to the lack of resources. They are often caught in-between to attend to their teenage girls' social needs. The cogency of opposing views to the particular nexus between parenthood variables (such as single or couple parents) and the prevalence of teenage pregnancy definitely rest on parenting responsiveness to teenage girls social needs, which to a large extent is not only related to single-parenthood conditions but rather, the socio-economic backgrounds of the families.

Nonetheless, the impact of parenting and the prevalence of teenage pregnancy from an attachment perspective highlight the weak parenting-bond fostered during early childhood. Among the several vulnerabilities associated with teenage-hood, the most pervasive of them is the social-emotional-behavioral risk that is usually developed as a consequence of weak parenting-bond as a result of insensitive and unresponsiveness to their needs (Flanagan *et al.*, 2013; Moullin *et al.*, 2014; Ogori *et al.*, 2013). The theory of attachment supports the idea that teenage girls who were not shown love and affection by their parents during childhood stage eventually seek love and affection with their peer during their teenage-hood (Ogori *et al.*, 2013). Consequently, the most prevalence of teenage pregnancy often occurs in the process as a result of the failed parenting-bond. In this sense, the notion of parenthood variable is not insignificantly highlighted on the prevalence of pregnancy outcome. Rather, the failed or weak nature of the parent-child bond, that played an influential role in the prevalence of the pregnancy. Thus, the pattern of parent-child attachment or bond, as proven by most studies (Andreassen & West, 2007; Grossman & Grossman, 2009), relates very much to early parenting approachability and responsiveness. What researchers called a child's attachment style develops in particular through the parent response when the infant is distressed as heightened above, particularly when the child is emotionally upset (Bowlby, 1988). As early as six months, a child is able to anticipate her parents' responses to their distress (Bowlby, 1988). They adapt their behaviour, in turn, finding ways to manage their feelings. Consequently, a child's psychological need for security, drive attachment that is responsible for future behaviours.

Accordingly, attachment theory upholds the assertion that there is little in either the social-psychological or biological account to say a child's attachment has to be to their birth mother. Some empirical studies proved that a child can attach securely to whoever provides sensitive, responsive and consistent care to them. There is also little or no indication in either the gender of

a parent for the account of attachment. The study by Hrды (2011) indicated that there is zero gender-specific about who can provide the care responsible for attachment. In spite of the fact that several emerging studies measure attachment to the mother, few studies also show that attachments can be made with fathers and that father-child attachments are also associated with child behavioural outcomes (Brethenton, 2010). Although, when it comes to behavioural risk factors and externalizing problems, a secure attachment with one parent can balance the effects of an insecure attachment with another (Kochanska & Kim, 2013). This implies that having a secure attachment to both parents does not necessarily bring added benefits. Even if the privilege of growing up with both parents boost healthy development and well-being, with respect to attachment, the benefits are the same as a single parent.

Nonetheless, when children have an insecure attachment to both their mother and father, they are at particularly higher risk. The studies specifically focusing on childhood risky behaviours have found that attachment to fathers is relatively more important for boys, while attachment to mothers is more important for girls (Hoeve, Stams & van der Put *et al.*, 2012; Kochanska & Kim, 2013). Driving this point into perspective, the study by Akella and Jordan (2015) found that the teenage girls raised by their mothers in a single parent household are more vulnerable to the prevalence of teenage pregnancy than the ones raised by their fathers. In a similar outcome, the study by Hoeve *et al.* (2012) indicated that the boys who were raised by their mothers in a single parent household were also found vulnerable to juvenile delinquency act than the boys raised by their fathers. This implication suggests that the factors that threaten the prevalence of teenage pregnancy in a single parent home headed by the mother are not related to the gender, but rather the social welfare. Given what is known (see the literature review) about household poverty experience that it is gender-specific in favour of men, so female-headed homes struggle with parenting. The theory of attachment holds prominence when researchers traced behavioural problems which involved teenagers to too little or highly disrupted parental care in early childhood. The disrupted parenting care is the extreme factor that threatens the prevalence of teenage pregnancy.

Furthermore, previous parenthood experienced also count on fostering ongoing parenting and attachment. Parents' perceptions of their own childhood attachments significantly predict their children's classification 75 per cent of the time (Tough, 2012). Based on attachment philosophy,

a teenage girl whose parents had an insecure attachment to their own parents are most likely to experience insecure attachment or bonding. An insecurely attached teenage girl externalizes the social behaviour that leads to the prevalence of teenage pregnancy.

In most situations where teenage girls parents themselves face insecurity whether economic or emotional, they find it harder to provide the parenting needed for secure attachment. The study by Tough (2012) acknowledged that for those parents living in poverty, it takes a superhuman quality to provide the conditions for secure attachment. Both social and psychological literature identifies poverty as a factor that threatens sensitive and responsive parenting and secure attachment for infants. Poverty makes parenting harder (Mesman, van IJzendoorn, & Bakermans-Kranenburg, 2012; Ramchandani, Domoney, Sethna, Psychogiou, Vlachos & Murray, 2013). The study by Stansfeld, Head, Bartley, and Fonagy (2008). found that adults who, retrospectively, reported material deprivation in their childhood were more likely to also report less warmth from their mothers and fathers and were less likely to have secure attachment styles as adults. Though, it is believed poverty does not affect attachment directly but rather indirectly through the high levels of stress it creates for children and their parents. Parents in poverty are more likely to be depressed, and experience family instability, poor health, and poorer quality services. All these affect parents' ability to provide good early parenting. The study by Kiernan and Huerta (2008) estimated that parenting explains about 40 per cent of the total effect of poverty on young children's externalizing and internalizing problems. Poverty is clearly linked to poorer parenting, and hence insecure attachment, their relationship with a socio-economic status more broadly is less strong.

The other factor that hinders sensitive and responsive parenting and fosters insecure attachment is maternal depression. Though attachment theory advocates zero gender-specific. However, when mothers are depressed, their children are at increased risk for insecure attachment and externalizing problems particularly if their depression is persistent on a daily basis (Kiernan & Huerta, 2008). The effect of the depression does not merely reflect the correlation between poverty and depression in fostering parenting (Kiernan & Huerta, 2008; Teti, Gelfand, Messinger & Isabella, 1995). Depression just makes it harder to be responsive and sensitive as a mother and is often a response to other issues the family faces (Diener, Nievar & Wright, 2003). The study by Moullin *et al.* (2014) estimated that approximately one in ten new mothers, experience depression. In addition,

the other psychological risk factor for insecure attachment includes a group of problems that psychologists call ‘unresolved states of mind’ issues to do with how parents were parented themselves; which are linked in particular to disorganized attachment (Madigan, Bakermans-Kranenburg, Van Ijzendoorn, Moran, Pederson & Benoit, 2006). These are continuous factors if experienced by a teenage girl that constantly contribute to the construction of teenage pregnancy and motherhood.

Nonetheless, teenage mothers often experience higher degrees of stress related to parenting and have a tendency to be less responsive and more detached with their infants. Characteristically, teenage motherhood lacks emotional and/or economic security to provide the conditions for sensitive and responsive parenting and secure attachment (Flaherty & Sadler, 2011; Kiernan & Huerta, 2008). Therefore, these effects are more significant than other factors associated with the prevalence of teenage parenthood, such as education, family structure and income (Berlin, Brady-Smith & Brooks-Gunn, 2002). So basically teenage motherhood itself foster insecure attachment for their children that gives expression to recycle the prevalence.

The National Institute of Child Health and Human Development [NICHD] two decades ago conducted a study that assessed the effects of early childcare on children’s attachment showed that early non-parental childcare, in general, does not affect children’s attachment. The children who are already at risk by virtue of not having received sensitive maternal care, low-quality early childcare did increase the risk of insecure attachment at early years and also led to the heightened risk of risky behaviour and externalizing problems as late as teenage years (Belsky & Pluess, 2011). Hence, children with the experience of low-quality early care, are more at the risk of externalizing behavioural problems that regularly subject them to the vulnerabilities of teenage pregnancy.

Attachment theory describes the basic assumption of anthropological approaches, that child-rearing is essentially context-bound in at least two ways: (i) bound to a specific time-frame and (ii) bound to a specific cultural context. Early child-care practices tie attachment theory to a specific time-frame as well as the cultural context. However, the basic assumption of attachment theory is that an infant has no instinct that direct their actions, therefore, their behaviour is based

on guidelines that are learned. Culture has two essential qualities: firstly, it is learned; secondly, it is shared (Haralambos & Holborn, 1995). To a large extent, culture determines how individuals of a society think and feel; it directs their actions and defines their attitude toward life (Haralambos & Holborn, 1995). Several studies have associated the prevalence of teenage pregnancy with a cultural attitude. The study by Mollborn, Domingueb, and Boardman (2009) explained that the prevalence of teenage pregnancy is linked to a cultural occurrence related to the development and reinforcement of norms. It is through cultural socialization processes that teenage girls learn teenage pregnancy behaviour. Primary socialization which is the first and very vital stage of the socialization process, takes place during infancy, usually within the family. But socialization itself is not just limited to childhood, it is always a lifetime process thereof. The socialization processes that take place within the family fundamentally shape the learning of inappropriate behaviour reinforcing the prevalence of teenage pregnancy.

Nonetheless, it is undoubtedly established that each culture encompasses a large number of guidelines that direct their conduct in particular situations which are known as the norms. The norms are a specific guide to action that defines acceptable behaviour in particular situations (Haralambos & Holborn, 1995). Unlike norms, that offer precise directives for behaviour, values offer more general guidelines. A value, therefore, is a belief that something is good and desirable (Turkkahraman, 2014). In terms of the behaviour of teenage girls, a teenage girl composes her social life through role-taking governed and/or guided by the society prevailing norms and values.

The central idea of attachment theory rests on the notion that parenting plays the most significant part in a child socialization that develops an early understanding of the 'self'. Through the development of attachment and socialization process, a teenage girl develops a sense of 'self' that is a prerequisite for thought. George Mead theory of the social "self" (in Haralambos & Holborn, 1995) explains that it is through the process of role-taking that an individual develops a concept of 'self'. According to Mead's theory, the 'self' is not there from birth, but it is developed over time through social experiences and activities. Mead's theory of the social 'self' is based on the perception that the self-emerges from social interactions, such as observing and interacting with others, responding to others opinions about oneself, and internalizing external opinions and internal feelings about oneself. The prevalence of teenage pregnancy has been linked to this same

sociological activities through peer influences. The studies by Akella and Jordan (2015) and Morand (2009) found that peer influences in high schools contribute to the prevalence of teenage pregnancy through desires of rewards derive from teenage motherhood.

Mead's narrative of the social 'self' is that the development of 'self', is constructed from three activities: language, play, and games. The language develops 'self' by allowing individuals to respond to each other through symbols, gestures, words, and sounds. It is the language that conveys others attitudes and opinions toward a person. Emotions, such as anger, happiness, and confusion, are conveyed through language. The profiling on the prevalence of teenage pregnancy classified pregnant teenage girls as an emotionally vulnerable group. Teenage girls characteristically demonstrate the emotional vulnerability, leading them incapable of protecting their own interest due to their immaturity, exposing them to potential social harm, and make them economically needy (Beauchamp & Childress, 2009). Mead's description of 'self' is also fundamentally based on the fact that language develops others' attitudes and opinions concerning a person. Several studies found that the prevalence of teenage pregnancy results from early sexual attitude among the teenagers. The study by Nkwanyana (2011) found that teenage girls are far more 'sexual' and in recent times tend to be early sexually active than ever before, which is leading to the high ratio of teenage pregnancies.

The development of 'self' that is constructed from 'play' activities develops 'self' by allowing individuals to take on different roles, pretend, and express expectation of others. Play develops one's self-consciousness through role-playing. With respect to role-play, a person is able to internalize the perspective of others and develop an understanding of how others feel about themselves and others in a variety of social situations. Similarly, the development of 'self' that is constructed from games activities develop 'self' by allowing individuals to understand and adhere to the rules of the activity. The 'self' is developed by the understanding that there are rules through which one must abide by in order to be successful in an activity. This is similar to the findings of a study that the prevalence of teenage pregnancy was a societal expectation. Despite the fact that the prevalence of teenage pregnancy has been regarded as a social problem globally, there are still regions where teenage pregnancies are socially expected. A study conducted by Mushwana,

Monareng, Richter, and Muller (2015) in Swaziland found that the teenage girls were expected to bear children at young ages in order to compete for men's love they have to bear children.

The basic assumption of the concept of social 'self' describes the sociological context revolving around the prevalence of teenage pregnancy from "self" introspective and retrospective perception. According to Mead, the 'self' represents the sum total of people's conscious perception of their identity as distinct from others. The fundamental theory of the social 'self' is shaped by the overall view of socialization as a lifelong process. The prevalence of teenage pregnancy has a long history of association with socialization processes, spanning from teenagers sexual attitude, to family and peer influences (Altonji, Joseph & Iain, 2010; Anand & Kahn, 2013; Fletcher & Yakusheva, 2011). Mead's advocate that the "self" is the social product rising from relations with other people. The development of 'self' suggests that an infant is unable to interpret the meaning of people's behaviour. When she learns to attach meanings to people behaviour, they step out of themselves. When they can think about themselves, the same way they might think about someone else, they begin to gain a sense of self.

Thus, teenage years are defined as the developmental phase in the human life cycle that is situated between infantile and adulthood (Gouws, Kruger & Burger, 2008). Teenage years is also characterized by rapid physical growth and development, with notable emotional and social changes (Gouws *et al.*, 2008). A great challenge within this stage of development is that new feelings emerge, friends assume the greater importance of influences, and interest in the opposite sex increases (Gouws *et al.*, 2008; Shaffer & Kipp, 2007). In midst of all the psychosocial development, teenagers from 13 onwards may face a psychosocial crisis known as identity versus role confusion that often leads to the experienced of teenage pregnancy (Shaffer & Kipp, 2007; Stanhope, Lancaster, Jessup-Falcioni & Viverais- Dresler, 2008). The 'self' concept sociologically describe a pregnant teenage girl experienced through those developmental stages within the society.

The concept of social 'self' has two phases; the 'me' and the 'I'. The 'me' is considered the socialized aspect of the individual. The 'me' represents learned behaviours, attitudes, and expectations of others and of the society. This is sometimes referred to as the generalized other.

The 'me' is considered a phase of the 'self' that is in the past. The 'me' is been developed by the knowledge of society and social interactions that the individual has gained. Whereas, the 'I' can be considered the present and future phase of the 'self'. The 'I' represents the individual's identity based on response to the 'me'. For instance, the 'I' says, okay. Society says I should behave and socially interact one way, and I think I should act the same (or perhaps different), and that notion becomes 'self'. It is the basis for the high rate of the prevalence of teenage pregnancy in most regions that the pregnancies are considered a cultural occurrence (Mollborn *et al.*, 2009). The 'me' and the 'I' have a moral relationship, like a system of checks and balances. The 'me' exercises societal control over one's self. The 'me' is what prevents someone from breaking the rules or boundaries of societal expectations. The 'I' allows the individual to still express creativity and individualism and understand when to possibly bend and stretch the rules that govern social interactions. The 'I' and the 'me' make up the 'self'.

Additionally, the concept of 'self' provides the foundation for cooperative action in the society. An individual becomes aware of what is expected of them and will tend to modify their actions accordingly with the concept of 'self'. It is also through the self-medium that a person tends to be conscious of the general attitudes of the community, and judge and evaluate themselves base on the generalized other. Subsequently, that thought becomes an inner conversation going on between the generalized other and the individual. However, individuals are constantly asking what other individuals will think and expect when they reflect upon themselves. In this manner, conduct is regulated in terms of the expectations and the attitudes of others. Mead's argument is that it is in the form of the generalized other that the social process influences the behaviour of the individuals involved in it and allow the community to take control over the conduct of its individual members. Thus, the prevalence of teenage pregnancy has been shown in several kinds of literature as a social occurrence that influences the behaviour of its immediate social circles.

Mead's assessment of the society is that every society has a culture and that culture suggests appropriate types of behaviour for particular social roles. Hence, individuals in the society tend to act in ways that are consistent both with the expected behaviour in a particular role and with that person's concept of 'self'. In spite of the fact that the existence of a culture and social roles shape human behaviour to an extent, humans still have considerable choice as to how they behave.

Considering that social roles are not permanently fixed or unchanging or static, naturally, they are regularly being modified in the course of interaction. It is on this premise that the impact of communal child-rearing on the prevalence of teenage pregnancy cannot only be understood by attachment theory and ‘self’ concept perspective alone.

### **3.3 Overview of the social learning theory**

While the attachment theory ties the focus of this study basically to parenting experiences, and the social ‘self’ to teenage girls socialization development; the social learning theory helps in understanding the development of the behavioural learning model on the basis of context. The early work of Albert Bandura on learning processes that occurred in interpersonal contexts and was not adequately explained by theories of operant conditioning. Bandura advocates that “the weaknesses of learning approaches that discount the influence of social variables are nowhere more clearly revealed than in their treatment of the acquisition of original responses (Bandura, 1963). The social learning theory assumed a hierarchy of existing responses and thus did not account for a response that had not yet been learned. Out of the quest for learning acquisition let Albert Bandura conduct studies of the rapid acquisition of new behaviours via social observation, the most famous of which was the Bobo doll experiments.

Thus, the social learning theory assimilated behavioural and cognitive theories of learning in order to provide the comprehensive model that accounts for the wide range of learning experiences that occur in the society. Based on Bandura advocacy, the key tenets of social learning theory were advance on the basis that (i) learning is not purely behavioural; rather, it is a cognitive process that takes place in a social context; (ii) learning can occur by observing a behaviour and by observing the consequences of the behaviour (vicarious reinforcement); (iii) learning involves observation, extraction of information from those observations, and making decisions about the performance of the behaviour (observational learning or modeling). Hence implying that learning can occur without an observable change in behaviour; (iv) reinforcement plays a role in learning but is not entirely responsible for learning, and finally (v) the learner is not a passive recipient of information. Cognition, environment, and behaviour all mutually influence each other (reciprocal determinism). Hence, most studies profiling the prevalence of teenage pregnancy found all these social factors

such as cognition, environment, and behaviour playing a role on the incident rate of teenage pregnancy (Jewkes *et al.*, 2009; Panday *et al.*, 2009). The study by Jewkes *et al.* (2009) explained that the prevalence of teenage pregnancy is a deeply entrenched social phenomenon. While teenage girls contribute to shaping it, their attitudes and actions are critically shaped by the environment in which they are socialized and the relationships that they develop.

With respect to observation and direct experience, typical stimulus-response theories rely completely upon direct experience of the stimulus to inform behaviour. However, Bandura unwraps up the scope of learning mechanisms by introducing observation as a possibility (Bandura, 1977). Bandura's arguments to the observation are the ability of modelling, which he implies to be the process by which humans represent actual outcomes symbolically. Hence, these models, cognitively mediated, allow future consequences of having as much of an impact as actual consequences would in a typical stimulus-response theory. An important factor in social learning theory is the concept of reciprocal determinism.

The principle of reciprocal determinism stipulates that just as an individual's behaviour is influenced by the environment, the environment is also influenced by the individual's behaviour. This suggests that an individual behaviour, environment, and personal qualities all reciprocally influence each other. Most empirical studies on the prevalence of teenage pregnancy are supported by the fundamental principle of reciprocal determinism, where pregnant teenage girls account for becoming pregnant were completely environmental influences (Mollborn *et al.*, 2009). An empirical study showed a direct link between teenage girls' behaviour and environmental influence on the prevalence of teenage pregnancies (Akella & Jordan, 2015). The study suggested that pregnant teenage girls observed the behaviour of their parents who were teenage parents, including peers and siblings who were teenage mothers, and the society around them and then absorbed behaviours. This strongly supports the theoretical assertions of Bandura's (1977) social learning theory. The social learning theory is based on principles that work together to form the value social competence of life reality. The prevalence of teenage pregnancy as a social phenomenon occurs specifically in influencing behaviour. The study by UNICEF (2008) explains that the consequences of teenage parenthood are not only limited to the children of teenage parents,

but also to the younger siblings with the likelihood of easy acceptance of sexual initiation at the same younger age.

Then with regards to the concept of modelling and fundamental cognitive processes, the social learning theory draws heavily on the concept of modelling as described above. However, Bandura also demarcated three different types of modeling stimuli such as (i) live models, where a person is demonstrating the desired behaviour; (ii) verbal instruction, in which an individual describes the desired behaviour in detail and instructs the participant on how to engage in the behaviour; (iii) symbolic, in which modeling occurs by means of the media, including movies, television, Internet, literature, and radio. Stimuli can be either real or fictional character. Whatever information precisely gathered from observation is influenced by the type of model thereof, as well as a series of cognitive and behavioural processes, together with: attention, which states, in order to learn, observers must attend to the modelled behaviour (Bandura, 1977). The awareness of what is being learned and the mechanisms of reinforcement greatly boost learning outcomes. Attention, therefore, is impacted by characteristics of the observer, for instance, perceptual abilities, cognitive abilities, arousal, past performance and characteristics of the behaviour or event such as relevance, novelty, affective valence, and functional value. Bandura's theoretical assertion strongly supports the studies proclaiming that the use of social media and erotic movies by teenagers is contributing to the prevalence of teenage pregnancy. The study Kimemia and Mugambi (2016) posit that parents and the general community have pointed fingers to the modern technology for exposing the teenagers to sites that accelerate sex activities among them, thus, leading to the prevalence of teenage pregnancy.

Nonetheless, the functional value of modelling behaviour is the characteristics impacted by the observer. A very important influence contributing to early sexual initiation in teenagers is exposure to sexually explicit content especially in electronic media (Kimemia & Mugambi, 2016). Teenagers use electronic media in large numbers and are therefore uniquely positioned to be particularly vulnerable to its effects. They usually use television, radio, the Internet, and Social Networking Sites (SNS) such as Facebook and Twitter for information and another usage. Over half of all Internet-using teenagers are content creators who create websites or blogs, share original media such as photos and videos, or remix content into new creations (Lenhart & Madden, 2009).

A strong source of influence on teenage attitudes, intentions, and behaviours is the media (Kimemia & Mugambi, 2016). Social media are a form of media created by teenagers, and thus they combine both peer and media effects. Through a single website such as Facebook, millions of teenagers are now linked to other teenagers online. Each of these ties represents a potential tie of influence. A study found that displays of sexual material on Facebook are associated with the reported intention to become sexually active among teenagers (Connell, 2009). A study in the United State found that teenagers who perceived sex to be normative based on others Facebook profiles were more likely to report an interest in initiating sex (Litt & Stock, 2011). Dunton, Liao, Intille, Spruijt-Metz, and Pentz (2010) found that teenage sexual behaviours on social media and teenage pregnancy posit that teenagers were more likely to display references to sexual behaviour if a peer displayed similar references.

The other concern of the influence of electronic media to teenage pregnancy is sexting which involves sending, receiving, or forwarding sexually explicit messages or pictures via a cell phone or over the internet via email or a social networking site. Dowdell, Burgess, and Flores (2011) in their study among American teenagers on the effects of sexting on teenage initial sex experience and teenage pregnancy emphasize that sexting does not typically represent a random or anonymous event; rather it usually takes place in the context of existing offline relationships. He also argues that in most cases of sexting, the sexual photos were intended to be viewed by only a romantic partner, such as boyfriend. In another American study among teenage girls, sexting was associated with an increased likelihood of having engaged in sexual behaviour and been at risk of teenage pregnancy (Temple, Paul, van den berg, McElhany & Temple, 2012). In this sense, social factors contribute to attention, and then, the prestige of different models affects the relevance and functional value of observation and therefore modulates attention.

Another model is retention, in order to reproduce an observed behaviour; observers must be able to remember features of the behaviour. Once more, this process is influenced by observer characteristics (cognitive capabilities and cognitive rehearsal) and event characteristics (complexity). The cognitive processes underlying retention are described by Bandura as visual and verbal, where verbal descriptions of models are used in more complex scenarios. Additionally, Bandura included another model called reproduction, with the model reproduction, He denotes not

to the propagation of the model but the implementation of it. This, therefore, requires a degree of cognitive skill, and may in some cases require sensorimotor capabilities. Motivation has been the last model of influence is on the basis that the decision to reproduce (or refrain from reproducing) an observed behaviour is dependent on the motivations and expectations of the observer, includes anticipated consequences and internal standards.

Bandura's description of motivation is also fundamentally based on environmental and thus social factors because motivational factors are driven by the functional value of different behaviours in a given society. Thus, cultural values and traditional practices contribute to the prevalence of teenage pregnancy (Jewkes *et al.*, 2009). Consequently, the pregnancy that occurs in teenage girls resulting from traditional practices is culturally motivated values on the sexual habits and behaviour. Cultural values mediate the sexual practices of the teenage girls (Ardington, 2012). From a sociological point of view, there is no uncultured society or individual. However, culture itself is a phenomenon that requires comparative practices in the society, while most practices can be deemed right or wrong only depending upon what the culture values (Bornstein, 2012; Pojman & Fieser, 2011). The social learning theory advocates that value rewards are not the sole force behind creating motivation. Thoughts, beliefs, morals, and feedback all together help to motivate an individual (Bandura, 1963). The three other ways in which an individual learn are vicarious experience, verbal persuasion, and physiological states. Eventually, modelling or the scenario in which an individual sees others behaviours and adopt that behaviour on themselves, aide the learning process as well as mental states and the cognitive process.

The social learning theory is also based on four practical fundamental principles such as differential association, definitions, differential reinforcements and imitation (Akers & Sellers, 2004). These principles basically operate in human society. A person's cognitive abilities, physical characteristics, personality, beliefs, attitudes, and so on influence either his or her behaviour. A person's behaviour can affect her feelings about herself and her attitudes and beliefs about others. Likewise, much of what a person knows comes from environmental resources, particularly parents. Whatever a person observes can powerfully influence what she does. But a person's behaviour also contributes to his environment. Several studies suggest that the incidence of teenage pregnancy are heavily influenced by environmental condition (Kearney & Levine, 2012; Wise *et*

*al.*, 2017; Green *et al.*, 2017). Therefore, the prevalence of teenage pregnancy is reflective of the fundamental lack of economic opportunity in a deprived environment.

With respect to the differential association as a fundamental principle of social learning theory, the individuals with whom people are in contact with, both directly and indirectly, expose them to acceptable and unacceptable behaviours as well as a variety of behavioural models (Akers and Sellers, 2004). An individual's immediate social circle generates behavioural models, which become a source of imitating behaviour. The immediate social circle includes family, friends, teachers, neighbours and church groups among others. These social groups communicate attitudes, views, and values that an individual can adopt and inculcate. They also spell out appropriate social behavioural codes of conduct.

The other fundamental principle of the social learning theory is definitions. Definitions are what an individual interprets to be acceptable behaviour and correct values and attitudes for themselves. This is a self-judgment principle of social learning theory. Definitions are usually developed and reinforced through the process of differential association (Akers and Sellers, 2004). If definitions conform to conventional and traditional values, then certain behaviours such as the teenage pregnancy behaviour and actions would automatically be encouraged or reduced. For instance, if definitions conform to traditional and/or cultural practices the lead to teenage pregnancy, it would still encourage other teenage girls to adopt the path of the tradition. Thus, studies profiling the prevalence of teenage pregnancy in Limpopo Province suggested that teenage girls' attitude towards sex have a tremendous impact on the prevalence rate of teenage pregnancies (Kyei, 2012). Among the teenage girl's sexual attitude, the traditional fertility initiation school was found as a contributing factor in the prevalence of teenage pregnancy (Kyei, 2012; Kyei, 2011; Ramulumo, 2014).

Differential reinforcement is another fundamental principle of social learning theory. It is the process by which individuals experience and anticipate the consequences of their actions. If the consequences are unpleasant, it might hinder the future occurrence of the same behaviour (Akers and Sellers, 2004). Reinforcement of values, attitudes, and beliefs acquired through differential association and imitation can be either positive or negative. Positive reinforcement increases the

likelihood of the same behaviour through pleasant outcomes and rewards, while negative reinforcement tries to remove or reduce behaviour from occurring through punishment and harsh negative consequences. Reinforcement thus contributes towards the repetition of a behaviour. Reinforcements usually come from society and outside surroundings, that is, their interactions with peer groups and family members (Akers & Sellers, 2004). The fundamental principle of reinforcement particularly support the assertion by National Campaign to Prevent Teen and Unplanned Pregnancy [NCPTUP] (2011), and Patel and Triegaardt (2008) that most teenage girls plan their pregnancy and motherhood for rewards of child-care maintenance and child support grant.

The last fundamental principle of social learning theory is imitation. With respect to imitation, individuals engage in behaviours previously witnessed by others. People observe characteristics of the models, their behaviour and the aftermath of that behaviour, and then imitate them. To a large extent, the people with whom an individual is in immediate contact with will become a source of imitations (Akers & Sellers, 2004). Imitational social learning behaviour particular supports the prevalence of teenage pregnancy resulting in teenage motherhood experienced (Akella & Jordan, 2015). The prevalence of teenage pregnancy as an experience of teenage parenthood is due to the fact that the social behaviour is learned and imitated by the mother. Social learning theory can be commendably used to understand the occurrence and reoccurrence of teenage pregnancy. The concepts of differential association, definitions, imitation and differential reinforcement can be used to explore the different aspects of a pregnant teenage girl and teenage mother life and their decisions to become a mother early. Social Learning theoretical framework would be helpful in explaining the inception of early sexual and motherhood behaviour and further confirmation of this behaviour code.

### **3.4 Summary**

This chapter presented the theoretical framework that guided this study. The theories are the attachment theory, the social 'self' theory and the social learning theory. The attachment theory offered the explanation of the entire developmental stages of a teenage girl that shaped the behaviour responsible for the prevalence of teenage pregnancy. The fundamental ideas of

attachment theory advocacy completely focus on early child-care and ongoing parenting sensitivity and responsiveness. The attachment theory application traces the prevalence of teenage pregnancy of the teenage girl's to their parenting experience. Attachment theory offers and explained the holistic understanding of the role of parenting from the perspective of secure and insecure attachment. This theory addresses the social-emotional development of the teenage girls from the perspective of both parenting processes and their behavioural outcome.

The theory of the social 'self' offered the explanation of the theoretical assertion of teenage pregnancy to sociological activities. The concept of 'self' as a dialogue of the "me" and the "I", was used to explain the basic part of the conscious and unconscious mental life of every pregnant teenage girl. Thus the theory of the social 'self' focuses on the peculiar individuality (teenage girl) in the shaping of teenage pregnancy. The social 'self' presented the understanding that each pregnant teenage girl participates in the social process and development of their perceived pregnancy. The factors that drive the concept of the 'self' are completely based on the teenage girls' sociological background.

The social learning theory presented this study the externalizing and internalizing behavioural influences on the prevalence of teenage pregnancy through observation, imitation and modelling processes. The account for social learning theory helped to understand the occurrence and reoccurrence of teenage pregnancy from a learning behavioural perspective. The basic rules of social learning are advance on the basis that, learning the teenage pregnancy behaviour was not purely behavioural, rather, it is a cognitive process that takes place in a social context. It is evident that learning a teenage pregnancy behaviour also occurs by observing the behaviour and also the consequences of that behaviour. The learning processes involve observation, extraction of information from those observations, and making decisions about the performance of the observed behaviour, hence, implying that learning can also occur without an observable change in behaviour. But, in the learning process, the learner is not a passive recipient of information. Cognition, environment, and behaviour all mutually influence each of the processes. Thus, the attachment theory and the social learning theory were more psychologically inclined in approach, while the theory of the social 'self' provided this study with the understanding that the prevalence of teenage pregnancy also occurs because of the teenage girls' social activities.

## CHAPTER FOUR

### THE RESEARCH SITE

#### 4.1 Introduction

This chapter presents detail information about the location where the field study was carried out. The information presented here helps give a reader an insight view on while the research site was used for the present study. Therefore, Vhembe District was selected purposively for the present study's suitability. Vhembe District is located in the northern part of the Limpopo Province, South Africa. It shares borders with Zimbabwe and Botswana in the north-west and Mozambique in the south-east through the famous Kruger National Park. The Limpopo River valley forms the border between the district and its international neighbours. It includes the Northern Province, and areas that were previously under Venda and Gazankulu Bantustan's administration. Vhembe District comprises four local municipalities, namely Musina, Mutale, Thulamela, and Makhado. Vhembe means Limpopo River in the Venda language. The District Municipal offices, as well as the Thulamela Local Municipality offices, are located in the town of Thohoyandou. It covers a geographical area that is predominantly rural. It is a legendary cultural hub which makes its one favourite location for a study of this nature, and also a catalyst for agricultural and tourism development.

#### 4.2 The establishment and history of Vhembe District

The formation of Vhembe District flowed across from the northwest and framed the northern border of Limpopo Province. The district covers 18,569 square kilometres. It is one of 5 Districts in the Limpopo Province. Vhembe area is a fertile region where baobabs guard the varied countryside and where rockart and caves entice the visitor to uncover its romantic past. One of the main geographical features of Vhembe region is the Limpopo River, which is the South Africa third most important river that forms its border. The life-giving river provides sustenance to the predominantly hot, dry lands through which it meanders and its many tributaries support several small, thriving farming villages in the region's northern areas. In Vhembe District, tourists treasure

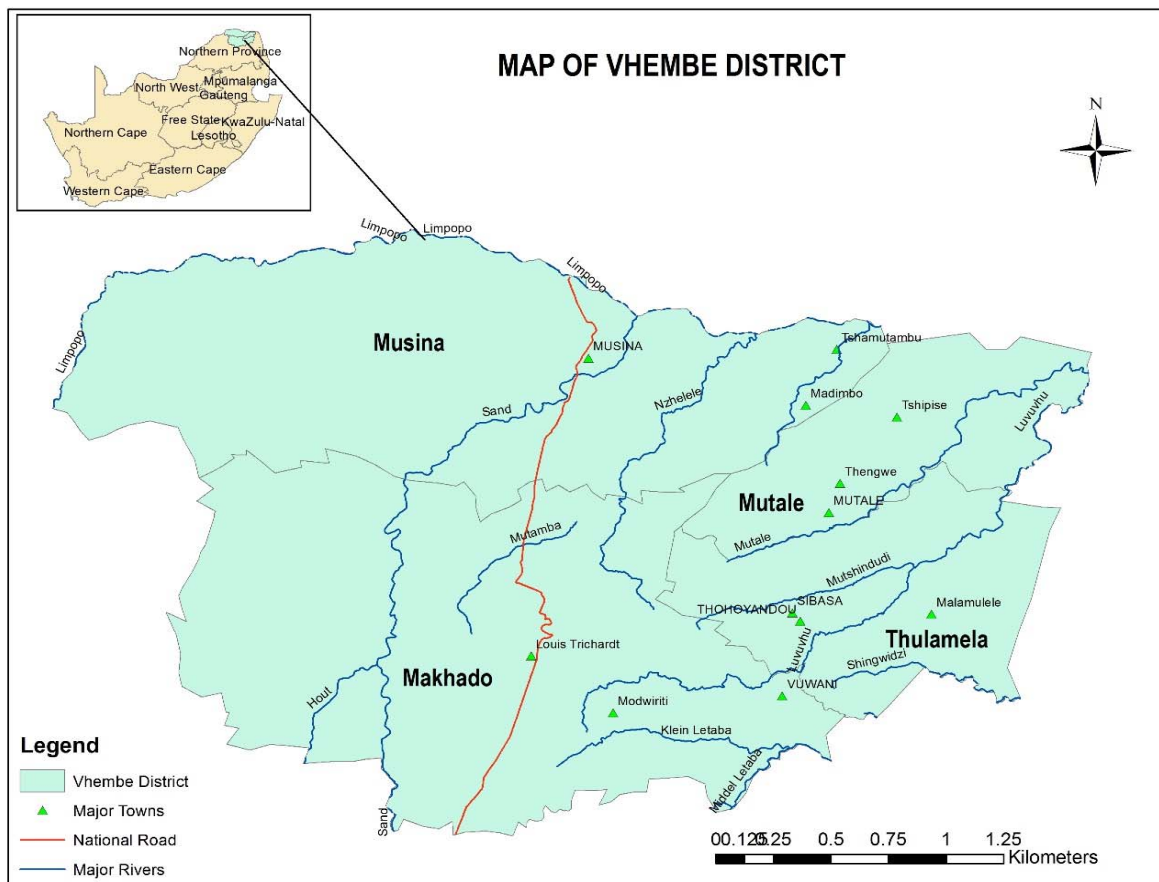
the former homelands of Lebowa, Gazankulu, and Venda where traditional African cultures thrive. In fact, the fertile valley of the Vhembe area has been home to cultures dating back to the Iron Age. The western section of the region is framed by the rocky spine of the awe-inspiring Soutpansberg (Salt Pan Mountain) range. The range, with a width in some parts of 30km, features a fertile, well-watered plateau receiving high rainfall and supporting a wide range of crops and cultivated lands. The Vhembe area also boasts many historical locations, from the relics of Stone Age San and their inimitable rock of artwork to the marks left by the ancestors of the Venda to the track of the Voortrekker wagons which carried European migrants into an unknown land and housed their cultures (Vhembe Voice, 2015). Vhembe District is remarkably noticeable, with splendid scenery, and an abundance of nature reserves and a thriving people, that constitute the prevalence of an untouched nature.

Vhembe was originally settled by now-expired tribes of Khoisan peoples. Then later settled by the Venda people (recently migrated from what is now Matabeleland South in Zimbabwe), who constitute the majority of the population of Vhembe today. Oral history has it that around 1820 onwards, the VaTsonga people started to invade the south-east and today they are the majority in the whole southern and eastern part of Vhembe District, which is known today as Malamulele (in the east of Vhembe) and Hlanganani (in the south of Vhembe). That was the same period, the Boer colonialists arrived in Vhembe, at around 1836. Venda communities are only found in Vhembe District and as a result, there are no other existing Venda communities or villages outside Vhembe District. Before the renaming of Limpopo Province in 2002, the name Vhembe was submitted to the Limpopo legislature as one of the desired names for the new Province but the majority of the members of the Legislature voted against the name Vhembe in favour of the name Limpopo (Vhembe Voice, 2015). The Dzata ruins in Thulamela local municipality (under Vhembe District) once served as the main settlement and capital of the Venda Empire which had dominated the area during the 18th century.

Boer settlement of the territory began in the late 18th century and gradually upsurged throughout the 19th century. By the turn of the century, the Soutpansberg was taken by the Boers from the Venda rulers, making it one of the last areas in the future Republic of South Africa to come under white rule (Vhembe Voice 2015). During the apartheid era, the Bantustan of Venda (declared

independent in 1979) was established in the eastern part of the Vhembe area and was reintegrated into the country (South Africa) in 1994. The former Bantustan capital, Thohoyandou was named after a chief that had led the expansion of the Venda Empire in the 18th century is the current capital of the Vhembe district. The Vhembe region became the Vhembe Biosphere Reserve in 2009, which was officially declared a biosphere reserve in 2011 (The official launch of Vhembe Biosphere Reserve 2011). The reserve includes the Blouberg Range, the Kruger National Park, the Makgabeng Plateau, the Makuleke Wetlands, the Mapungubwe Cultural Landscape and the Soutpanberg (UNESCO Biosphere Reserve Information 2011). The main geographic feature of the Vhembe District is the Soutpansberg Mountains. Vhembe District is surrounded by; the Republic of Zimbabwe to the north; Mopani District (DC33) to the south; Capricorn District (DC35) to the south-west and Waterberg District (DC36) to the west.

Vhembe District is largely rural and the households are mostly headed by females (South Africa Census, 2011a). The area faces infrastructural backlogs of water, sanitation, and electricity, and this impacts negatively on the health of these communities. The governance of Vhembe District is both tribal and elected local government officials. The District relies on subsistence farming, which is mostly dependent on rain. The District has a very high unemployment rate of above 24%. The deprivation index is high at 3.6 and also, according to the Community Survey (2012), 12% of households live on an annual income below R5, 000 or less than R400 per month. The District has a total population of 1,302,113 with 53.3% being females and 46.7% males (SA census 2011b). The distribution of the population across age groups shows that 10-19-year-olds are significantly higher than all the other age groups. The population density is 70.1/km<sup>2</sup>. It has an uninsured population of 93.6% which is also dependant on the public health sector for care (Community Survey 2007). The racial makeup of the District is 98.2% for Blacks, 0.1% coloured, 0.4% Indian/Asian and 1.1% White (SA Census, 2011). Figure 1 below shows the map of Vhembe District.



**Diagram: 2. Vhembe district Map**

Source: *Geographic Information System*

The sub-district population of Vhembe is detailed as followed: Makhado 534, 531; Musina 45, 002; Mutale 88, 726 and Thulamela 625, 524. With respect to the age household-head, the age of household head who are 19 years and younger 3.3%; 20-24 years old 4.6%; 25-39 years old 19.8%; 40-64 years old 57.8% and 65 years and older 19.0% (Community survey, 2007). However, the unemployed rate within all the ages of the household heads stands at 18.6%; the percentage of traditional and informal dwelling, such as shacks and squatter settlement 17.7%, the percentage of households without access to improved sanitation 14.9%; the percentage of households without access to piped water 8.0%; the percentage households without access to electricity for lighting 20.9%; and, the percentage of households without refuse removal by local authority/private company 85.7% (Community survey, 2007).

The health service delivery system still pose a challenge in some of the municipality. The health services are delivered by 1 Regional Hospital, 6 District Hospitals, 1 Specialized Psychiatric Hospital, 8 Community Health Centers, 112 clinics and 22 mobiles (Community survey, 2007). The health facilities are run and managed by the Province. However, Makhado and Thulamela appear to have well distributed PHC facilities whereas Mutale based on its population seems to be in need of additional facilities, with only 16 clinics, 1 community health centre, 1 district hospital, 6 mobile services and no satellite clinic. As against Makhado Municipality with 44 clinics, 4 community health centre, 3 district hospitals, 16 mobile services and no satellite clinic. Thulamela Municipality has 49 clinics, 3 community health centres, 2 district hospitals, 15 mobile services and no satellite clinic. The municipality with very low health service delivery system happens to be Musina Municipality. Although the municipality has a low population and the available facilities stands at 3 clinics, no community health centre, no district hospital, 2 mobile services and no satellite clinic. Worthy of note is that Musina experiences an influx of foreign nationals, which require additional health care services to be delivered.

#### **4.2.1 The Makhado Municipality**

The Makhado Municipality is located at the foot of the Soutpansberg Mountain Range. It is 100 km from the Zimbabwean border along the N1 Route. The Makhado Municipality is made up of six areas of the Transitional Local Councils, which amalgamated in 2000. The Makhado Municipality is made up of Makhado, Vleifontein, Waterval, Vuwani, and Dzanani formal towns. Its administrative office is in Makhado town (Makhado IDP Review for 2010 /2012). Makhado Municipality is demarcated into 37 council wards.

The Makhado Municipality is named after a 19th-century Vhavenda king, Makhado, who led his people in a war against the attacks of Boer trekkers. His statue stands along the N1 in the town of Louis Trichardt (Makhado Local Municipality 2010). The name Makhado has made history in South Africa. In 2003, the Minister of Arts and Culture approved the recommendation for the name change from Louis Trichardt to Makhado. The new name was published in the Government Gazette of June 2003. There were objections made against the name change; and at the Pretoria High Court, Judge Legodi dismissed the appellant's objection in 2005. The appellant took the

matter to the Appeals Court in Bloemfontein, where the name Makhado was reviewed, and set aside in 2007 (*The Chairpersons' Association vs Minister of Arts and Culture 2007*). The new consultative process was embarked upon, and in the Government Gazette 2011 No. 851, the Minister approved the name Makhado for the town Louis Trichardt.

The Makhado Local Municipality has powers and functions assigned to it in terms of the provisions of Sections 84 (1) of the Municipal Structures Act, 117 of 1998. Among those powers and functions, it has to prepare an integrated development plan for the whole municipal area (Makhado IDP Review for 2010 /2012). Makhado Municipality has 24 Traditional Authorities, who are represented by 11 Traditional Leaders in Council. In recent time, four of the traditional leaders died, and only one has been replaced. Therefore, eight individuals now represent the traditional authorities in the Council (Data provided by Makhado Municipality).

#### **4.2.2 The Thulamela Municipality**

Thulamela is one of the four local municipalities that make up Vhembe District. It shares borders with Musina Municipality in the North-Eastern part, Makhado in the South, and South-Western side. Thulamela was established in 2000, in terms of the Local Government Municipal Structures Act, 1998 (Act 117 of 1998). Thulamela is a rural local municipality situated in the North-Eastern part of Limpopo Province. Thulamela is made up of five areas of the Transitional Local Councils, which were amalgamated in 2000.

Thus the name Thulamela was derived from the Karanga language of Zimbabwe. The name means “Place of giving birth”. The ancient settlement was declared a national heritage site, which was situated in the North of the Kruger National Park at the Punda Maria Gate. The present Thulamela is a municipal area that covers a combination of some tribal areas and the town of Thohoyandou, which was the capital of the former Venda Bantustan. The Thulamela Municipality is demarcated into 38 council wards (Thulamela IDP Review 2007 /2008-2011 /2012). Furthermore, Thulamela has nineteen traditional authorities, who are represented by nine traditional leaders (Data provided by Thulamela Municipality).

Thulamela Local municipality has powers and functions assigned to it, in terms of the provisions of Sections 84 (1) of the Municipal Structures Act, 117 of 1998. Among those powers and functions, it has to prepare an integrated development plan for the whole municipal area (Thulamela IDP Review for 2010 /2012). Thulamela Municipality has eleven traditional leaders in Council. In recent time, four of the traditional leaders died, and only one of them was replaced. Therefore, there are now eight traditional authorities represented in Council (Data provided by Makhado Municipality).

#### **4.2.3 The Musina Municipality**

Musina was first known as Messina, until 2002, when it was renamed Musina. It is formed by four portions of Transitional Local Councils. Musina Municipality does not have any Traditional Authorities in its area of jurisdiction. As such, there is no traditional Leader serving in its Municipal Council. Musina local municipality is named after a town that was called Messina during the apartheid era. This Northern-most town borders Zimbabwe just across the Limpopo River, which is also known as Vhembe. It is clear that this region is very significant, as both the district and the province derived their names from this municipality. This town was popular for its great copper deposits and the ancient Vhavenda tribesmen who lived there some decades ago mined the copper for trade. They called the copper they mined there ‘Musina’. It is a historically significant municipality because of the famous Mapungubwe heritage site, which is situated some few kilometres from the town of Musina.

The Musina Local Municipality has powers and functions assigned to it in terms of the provisions of Sections 84 (1) of the Municipal Structures Act, 117 of 1998. Among those powers and functions, it has to prepare an integrated development plan for the whole municipal area (Musina IDP Review for 2010 /2012).

#### **4.3 The governance and administrative structures of Vhembe District**

Within the governance and administration of Vhembe District, there are Traditional Authorities who participate in carrying out the affairs of the local municipalities. The role of such Traditional

Authorities is limited to the implementation of the municipal integrated development plans (IDPs) in line with the promotion of democracy at the local and municipal level. The participation of Traditional Authorities is promoted by all the municipalities, as required by Section 152 of the Constitution of the Republic of South Africa 1996. The traditional authorities are encouraged to participate in the affairs of municipalities, and particularly in their areas. The traditional authorities represent their subjects in a particular area. The public participation is an element of decentralization, and Vhembe District Municipality has a decentralized system of administration.

The political structure of the Municipality comprises the Executive Mayor, the mayoral committee, the council and the portfolio councillors/committees. All these structures are held responsible for the carrying out the policies and decisions taken within the IDP policy process in the municipality. The administrative structure is headed by the Municipal Manager. There are heads of departments, IDP steering committees, IDP progress committees, project task teams, and cluster conveners. These individuals are all required to perform their functions in terms of the IDP process plan. The IDP office and the Planning Implementation and Management Support (PIMS) centre personnel are responsible for the coordination of the process of compiling the IDP policy and the reviews.

The IDP Representative Forum and ward committees at local municipalities carry the mandate for public participation at the community level. Stakeholders, such as traditional authorities are members as well, and they also can take part in the IDP Representative Forum and ward committees. The compilation of an IDP is a legislative mandate for each municipality in South Africa. The Municipal Systems Act, 2000 (Act 32 of 2000) mandates the implementation of the IDP. Effective implementation of the IDP requires that traditional authorities, who control the crucial resources, such as land, be involved in the planning and implementation of government policies, such as IDPs, in order to achieve the Municipality policy goals. The lack of traditional authorities' involvement or recognition may resort to them withholding the land, which is crucial for IDP implementation. There are two models of their public participation, and these are delegated power and partnership.

The municipal council is the political decision-making body that plays a significant role in participatory democracy. The council also decides and adopts the process plan and framework for

the development of IDP, which therefore ensures that all the relevant actors are involved. It further ensures that the planning process is undertaken, in accordance with the agreed timeframes. In addition, the council ensures that the planning process is focused on priority issues and that it adopts the IDP Review Document. The Executive Mayor usually decides on the planning process. With the assistance of the Mayoral Committee, the mayor also recommends to the Council the approval of the reviewed IDP. The mayor tables the District Framework and Process Plan to the Council for approval, and he also tables the final reviewed IDP to the Council for its approval.

The Portfolio Committee Development and Planning Department is therefore responsible for interrogating and considering IDP review drafts. The other responsibility is that of recommending to the Mayoral Committee for its approval of drafts of each phase during the IDP review process. The Municipal Manager prepares a programme for the planning process. S/he is also responsible for the overall management, coordination, and monitoring of the planning process, ensuring that all relevant actors are involved. The manager is also responsible for ensuring that all processes are participatory, strategic and implementation-oriented.

The Vhembe District Development Planning Forum focuses on intergovernmental development planning and facilitation within the context of the Intergovernmental Relations Framework Act, 2005 (No 13 of 2005) between the district, the local municipalities, the State-owned enterprises, and the sector departments in the district. The development Planning Forum is chaired by municipal administrative officials. This forum comprises, among others, representatives of the Traditional Leaders (Vhembe District Municipality IDP Training Guide: 13-15).

Thus, the Vhembe District Municipality IDP Representative Forum is chaired by the Executive Mayor. It is composed of traditional leaders, local municipalities, a youth council, and the Vhembe District Municipality, among others (Vhembe District Municipality IDP Training Guide: 17). The powers and functions of the district are assigned by Section 84 (1) of the Municipal Structures Act, 1998 (Act 117 of 1998). They are: Integrated development planning for the district; Supply of bulk electricity; Supply of bulk water; Bulk sewerage purification; Solid waste disposal; Municipal roads; Regulation of passenger transport services; Municipal airports; Municipal health services; Fire-fighting services; Fresh produce markets and abattoirs; Establishing and managing cemeteries

and crematoria; Promotion of local tourism; Municipal public works; receiving, allocation and distribution of grants; and, Imposing and collecting of taxes and duties.

From the above powers and functions, it is clear that District municipalities have a huge challenge of providing the various services, which take place in the area of jurisdiction of traditional authorities. In order to properly provide these services, stakeholders, such as the traditional authorities, are involved because they represent their communities. The participation of traditional authorities guarantees the legitimization of the projects by traditional communities.

#### **4.4 Socio-geographic history and economy**

Due to the on-going communal skirmishes and crisis between Malamulele and Vuwani, Vhembe District covers an Area: 25 597km<sup>2</sup>. The Vhembe District Municipality is a Category C municipality located in the northern part of the Limpopo Province. Currently, the district includes the Transvaal, and areas that were previously under Venda and Gazankulu Bantustans' administration. It still comprised of four local municipalities: Musina, Thulamela, Makhado and Collins Chabane and the district municipal offices are still located in the town of Thohoyandou. The main cities/towns: Makhado, Malamulele, Musina, Thohoyandou. The table below presents the main social and economic background of Vhembe District.

**Table: 1. Social and Economic Background of Vhembe District**

<b>Population</b>	<b>2016</b>	<b>2017</b>
	1 393 949	1 294 722
<b>Age Structure</b>		
Population under 15	34.2%	34.9%
Population 15 to 64	61.0%	58.9%
Population over 65	4.7%	6.3%
<b>Dependency Ratio</b>		
Per 100 (15-64)	63.8	69.9
<b>Sex Ratio</b>		
Males per 100 females	85.8	84.1
<b>Population Growth</b>		
Per annum	1.68%	n/a
<b>Labour Market</b>		
Unemployment rate (official)	n/a	38.7%
Youth unemployment rate (official) 15-34	n/a	50.6%
<b>Education (aged 20 +)</b>		
No schooling	14.4%	17.7%
Matric	25.0%	21.6%
Higher education	9.6%	9.9%
<b>Household Dynamics</b>		
Households	382 357	335 276
Average household size	3.6	3.8
Female-headed households	51.0%	52.6%
Formal dwellings	86.3%	87.7%
Housing owned	76.9%	64.0%
<b>Household Services</b>		
Flush toilet connected to sewerage	16.0%	13.9%
Weekly refuse removal	16.5%	13.7%
Piped water inside dwelling	7.4%	15.4%
Electricity for lighting	94.6%	87.2%

**Continuation of table 1.**

<b>All values: R'000</b>	<b>2015/16</b>	<b>2014/15</b>	<b>2013/14</b>		<b>2012/13</b>
<b>AUDIT OUTCOME</b>	n/a	Adverse audit opinion	Disclaimer of audit opinion		Disclaimer of audit opinion
<b>FINANCIAL PERFORMANCE</b>					
Property rates	-	-	-		-
Service charges	91 761	87 646	87 011		80 234
Investment revenue	38 306	11 664	11 244		8 676
Transfers recognized - operational	986 783	1 057 013	931 546		581 818
Other own revenue		3 403	35 430	1 257	94 757
<b>Total Revenue (excluding capital transfers and contributions)</b>		<b>1 120 252</b>	<b>1 191 754</b>	<b>1 031 059</b>	<b>765 486</b>
Employee costs		411 084	407 626	678 095	362 745
Remuneration of councilors		11 400	-	11 307	9 131
Depreciation & asset impairment		114 792	77 043	6 590	122 264
Finance charges		-	1 068	-	-
Materials and bulk purchases		-	162 535	72 346	53 696
Transfers and grants		-	-	-	-
Other expenditure		406 294	279 184	262 720	116 982
<b>Total Expenditure</b>		<b>943 570</b>	<b>927 456</b>	<b>1 031 059</b>	<b>664 818</b>
<b>Surplus/(Deficit)</b>		<b>176 682</b>	<b>264 298</b>	-	<b>100 667</b>

**Continuation of Table 1**

<b>Surplus/(Deficit) after capital transfers &amp; contributions</b>	<b>176 682</b>	<b>264 298</b>	<b>-</b>	<b>100 667</b>
<b>Surplus/(Deficit) for the year</b>	<b>176 682</b>	<b>264 298</b>	<b>-</b>	<b>100 667</b>
<b>CAPITAL EXPENDITURE &amp; FUNDS SOURCES</b>				
<b>Capital expenditure</b>	<b>-</b>	<b>374 923</b>	<b>818 129</b>	<b>385 822</b>
Transfers recognized - capital	-	374 923	818 129	385 663
Public contributions & donations	-	-	-	160
Borrowing	-	-	-	-
Internally generated funds	-	-	-	-
<b>Total sources of capital funds</b>	<b>-</b>	<b>374 923</b>	<b>818 129</b>	<b>385 822</b>
<b>FINANCIAL POSITION</b>				
Total current assets	565 411	483 140	471 029	311 980
Total non-current assets	2 290 393	3 456 818	3 478 174	2 949 670
Total current liabilities	775 630	676 266	534 489	420 240
Total non-current liabilities	-	904	2 156	693
<b>Community wealth/Equity</b>	<b>2 080 175</b>	<b>3 262 788</b>	<b>3 412 557</b>	<b>2 840 717</b>
<b>CASH FLOWS</b>				
Net cash from (used) operating	846 620	392 451	(88 008)	465 917
Net cash from (used) investing	(850 946)	(374 923)	(655 180)	(380 495)
Net cash from (used) financing	-	(3 334)	-	715
<b>Cash/cash equivalents at the year end</b>	<b>81 557</b>	<b>85 884</b>	<b>(651 950)</b>	<b>91 239</b>

**Table: 2. UNAUTHORISED, IRREGULAR, FRUITLESS & WASTEFUL EXPENDITURE**

Unauthorized expenditure	n/a	258 008	112 414	-	
Irregular expenditure	n/a	204 975	38 195	139 747	
Fruitless & wasteful expenditure	n/a	31 132	6 096	695	
	S71 Audited	S71 Audited	S71 Audited	S71 Audited	
Employment Costs (R'000)		407 626	678 095	362 745	318 852
Remuneration of councilors (R'000)		-	11 307	9 131	8 593
Total Employee Positions		2 289	1 821	2 141	1 984
Total Vacant Employee Positions		78	69	90	47
Total Vacancy Percentage		3.41%	3.79%	4.20%	2.37%
Managerial Positions - S57		6	6	6	6
Vacant Managerial Positions - S57		4	1	1	1
Managerial Positions - by organogram		37	37	38	36
Vacant Managerial Positions - by organogram		7	4	0	10
Community And Social Service Positions		156	169	230	11
Vacant Community And Social Service Positions		1	3	69	1
Finance And Administration Positions		278	174	241	69
Vacant Finance And Administration Positions		6	61	8	18
Electricity Positions		0	0	0	0
Vacant Electricity Positions		0	0	0	0

**Continuation of Table 2**

Environmental Protection Positions	0	0	0	0
Vacant Environmental Protection Positions	0	0	0	0
Health Positions	28	0	0	37
Vacant Health Positions	7	0	0	11
Public Safety Positions	135	0	0	137
Vacant Public Safety Positions	11	0	0	5
Road Transport Positions	0	0	0	3
Vacant Road Transport Positions	0	0	0	0
Sport And Recreation Positions	2	0	0	1
Vacant Sport And Recreation Positions	1	0	0	0
Waste Management Positions	0	0	0	0
Vacant Waste Management Positions	0	0	0	0
Waste Water Management Positions	0	0	0	126
Vacant Waste Water Management Positions	0	0	0	0
Water Positions	1 647	1 435	1 626	1 542
<b>Water</b>				<b>2014/15</b>
<b>2013/14</b>	<b>2012/13</b>	<b>2011/12</b>		
Blue Drop Score	n/a	39.33	n/a	74.85
Is the municipality responsible for provision?	Yes	Yes	Yes	Yes
Does the municipality have the infrastructure to provide it?	Yes	Yes	Yes	Yes
Does the municipality actually provide it?	Yes	Yes	Yes	Yes
Is the service outsourced/commercialized?	No	No	No	No
Number of households and non-domestic customers to which provided	249 824	249 322	249 322	253 030
Number of domestic households/delivery points	249 824	249 322	249 322	253 030
Inside the yard	71 298	70 796	70 796	46 433
Less than 200m from yard	150 292	150 292	150 292	167 419

**Continuation of Table 2**

More than 200m from yard	28 234	28 234	28 234	39 178
Domestic households with access to free basic service	140 098	140 098	140 098	58 181
<b>Electricity</b>				
Is the municipality responsible to provide it?	No	No	No	No
Does the municipality have the infrastructure to provide it?	No	No	No	No
Does the municipality actually provide it?	No	No	No	No
Is the service outsourced/commercialized?	No	No	No	Yes
Number of households and non-domestic customers to which provided	0	0	0	0
Domestic households with access to free basic service	0	0	0	0
<b>Sewerage and Sanitation</b>				
Green Drop Score	n/a	n/a	0	0
Is the municipality responsible to provide them?	Yes	Yes	Yes	Yes
Does the municipality have the infrastructure to provide them?	Yes	Yes	Yes	Yes
Does the municipality actually provide them?	Yes	Yes	Yes	Yes
Is the service outsourced/commercialized?	No	No	No	No
Number of households and non-domestic customers to which provided	127 994	123 489	117 529	113 028
Number of households using				
Flush toilet - public sewerage	51 465	48 620	46 660	45 499
Flush toilet - septic tank	0	0	0	0
Ventilated pit latrine	76 529	74 869	70 869	67 529
<b>Solid Waste Services</b>				
Is the municipality responsible to provide them?	No	No	No	No
Does the municipality have the infrastructure to provide them?	No	No	No	No
Does the municipality actually provide them?	No	No	No	No

### Continuation of Table 2

Is the service outsourced/commercialized?	No	No	No	No
Number of households and non-domestic customers to which provided	0	0	0	0
Domestic households with access to free basic service	0	0	0	0

Source: *Vhembe District Municipal Watch*

### 4.5 Summary

This chapter presented the research site used to carry out the study. Vhembe District was identified. Vhembe District covered a geographical area that is predominantly rural and a legendary cultural hub that is very fertile for traditional practices. It is evident that the district is still in worth socio-economically deprived and the households in the district are mostly headed by females, which further represented a perfect fit for the research site of this nature. The area faces infrastructural backlogs of water, sanitation, and electricity, and for that reason, it played a negative impact on the social well-being of the district communities' members. The district also relied heavily on subsistence farming, which is mostly dependent on rain. It is evident that Vhembe District lacks employment opportunities. The District also has a very high unemployment rate compared to other District in Limpopo Province.

## CHAPTER FIVE

### RESEARCH METHODOLOGY

#### 5.1 Introduction

This chapter presents in detail the research methodology that was used to carry out this study. The research methodology provides information on the research design and approach, the study population, the sampling procedure and recruitment, the data collection methods and procedures, data analysis, and the ethical considerations. Each section provided details information, thereby allowing the study to have its logical and scientific flow that helped achieve the study purposes. A research methodology provides a description of the precise techniques that were used, as well as the measuring instruments that were utilized and the sequence of activities that were carried out in making the measurement (De Vos, Strydom, Fouche, & Delport, 2011). The research method is a systematic plan for conducting the research. Basically, the methodology focuses on the study processes and the kind of tools and procedures used in the conduct of this study.

The research methodology chapter designs the approach of this study into quantitative and qualitative approaches because they are information required in the study that involves quantifying and also narrative. The deductive and inductive nature of this study design enables the research outcome to complement each other approaches. Given the sensitivity of the study themes and subjects, teenage girls were preferred to be approached through the use of questionnaires which allow them to complete the information at their discretion and timing. But in most cases, teenage respondents would demand that the researcher should wait and collect back the questionnaire after completion. This waiting situation revealed a dimensional outcome in the data collection process. For instance, friends collaborated and smiled at each other in the process of filing the questionnaire. They even argued with each other with some of their answers. This gave the researcher the impression that they might be providing some false information.

They were old women who were parents to the pregnant teenage girls. Most of them were grandmothers who did not have a clear understanding of teenage-hood and the social consequences of being a teenage mother. All these instances played out in the field study. The subject teenage pregnancy and mother did not seem to be an issue of great concern to most of the respondents during data gathering. The following session provides detail of the research methodology.

## **5.2 Research design and approach**

This section presents the research design and approach used to conduct the study. This study is an empirical study design. The design used to conduct this study was a quantitative description and exploratory, which goes beyond a simple description of the correlation between variables (impact child-rearing on the prevalence of teenage pregnancy), to further model empirically, the social phenomena under inquiry. Thus, the research design is the overall strategy that a researcher chooses to integrate the different components of a study in a coherent and logical way, to ensure that the design effectively addressed the study problem. It also constitutes the blueprint for the collection, measurement, and analysis of data (Neuman, 2011). Because this study combined deductive and inductive approaches to research (quantitative and qualitative method), each method is empirically designed to follow the steps that were appropriate and/or suitable for it conduct. The descriptive aspect of this study design asked questions beginning with: how many or what is the; which also established the correlation hypothesis that exists between child-rearing approach and teenage pregnancy, follows and/ or adopted the quantitative approach. The quantitative descriptive purpose of this study dealt with the research hypothesis (see section 1.7 of chapter one above). On the other hand, the exploratory aspect of the study design asks questions beginning with: what are the; or why; that also inquired about behavioural reasons, or questioning critical parenting factors, and distinguishing features in the field study, adopted the qualitative approach. The exploratory purpose of this study dealt with the research questions (see section 1.8 of chapter one above).

Thus, the spectrum of the descriptive purpose of the study solely lies in emphasizes of frequencies with which specific characteristics or variables of parenting practices and experienced, lead to the prevalence of teenage pregnancies. It was based on these the study adopted the quantitative approach to research. The quantitative approach of this study abides by the design of description,

significantly because of the description range in the context in which the research questionnaires were formulated, including the retrospective reconstruction of numbers of the cases and the use of multivariate descriptive statistics such as contingency tables, correlations, and regression analysis. Nonetheless, this descriptive aspect of the study also aimed at indicating the causality between parenting variables and its impacts on the behavioural development and events of teenage girls. This research was a well thoughtful empirical study designed to approach some aspect of the subjects with a self-administered questionnaire that would enable them to provide answers comfortably and reliably.

Thus, among the reasons for the adoption of a quantitative approach to complement the qualitative approach, is the justification to provide a greater uniformity of responses, which can offer an easier process into the different types of child-rearing approaches. This study design was planned to gather a larger number of teenage girls' direct opinions about their parental experiences from both the category of girls who were not pregnant and the category of pregnant girls and teenage mothers, in order to ascertain the contributing parenting approach. In addition, some of the topics might appear to be uncomfortable for the teenage girls to share verbally, particularly among the girls who were not sexually active and may become shy to provide honest answers. Therefore, a quantitative study approach that offers the opportunity for responses to be gathered from these vulnerable subjects who are hindered by social and/or cultural reasons to provide honest responses was adopted.

The exploratory purpose of this study design was appropriate for the more persistent occurrences of teenage pregnancy behaviour. Besides, the exploratory purpose that employed qualitative approach, was planned to lead the study to insight and comprehension through in-depth and key informant interviews on the prevalence of teenage pregnancy from the impacts of child-rearing approach rather than the collection of detailed, accurate, and replicable data (descriptive). Thus, the combination of both approaches was necessitated particularly because concern for teenage pregnancy is sensitive in its themes of study, a consequence of the fact that teenage girls are undergoing a life-changing process to motherhood and may not be comfortable to share direct experiences. Therefore, in order to understand their lives, their situations, their difficulties, and issues, it becomes pertinent for the researcher to employ both qualitative and quantitative research

approach. The qualitative approach enhances the shortcoming of the quantitative instrument, through the structuring of responses and making meaning of them. Thus, the qualitative research approach allowed the study participants to share their views and experiences to expand theoretical and practical knowledge and suggest possible interventions for positive parenting practices and circumvent the prevalence of teenage pregnancy. The quantitative approach, on the other hand, sought to understand the meaningful relationships through the interpretation of social knowledge and quantifying experiences.

This study relied on interpretive, but the more critical approach, to collect qualitative data through interviews. Because there are some social variables that require quantifying to ascertain a definite stance, such as the social demography of the teenage girls and their parents, and another quantifiable variable to buttress the study purpose, the quantitative approach therefore complemented. Both approaches were chosen for the purposes of triangulation and to complement each other (Husley, 2011). Nevertheless, the study focused only on primary data. The next session provides the study population.

### **5.3 The study population**

The participants for this study consisted of teenage girls, parents of pregnant teenage girls and teenage mothers, community leaders, and high school staffs in Vhembe District. A study population is the hypothetically specified aggregation of study elements or the aggregation of the subset from which the sample is actually selected. Population in research is the abstract idea of a large group of many cases from which a researcher draws a sample and to which results from a sample are generalized (Neuman, 2011). Research target population thereof, refers to the actual specified large group of many cases from which a researcher draws a sample and to which results from a sample are generalized (Husley, 2011). Thus, in order to define a research target population, a researcher specifies the unit being sampled, the geographical location, and the temporal boundaries of the population.

A total of 400 teenage girls from the population of the district were sampled to participate in this study through a quantitative approach. Because Vhembe District has 4 municipalities, teenage girls

were drawn from 3 of the municipalities. Other targeted populations were the parents of pregnant teenage girls and teenage mothers, the community leaders, high-schools staffs and pregnant teenage girls' and teenage mothers' participated in the study through a qualitative approach. The targeted population that participated through the qualitative approach were 4 community leaders, 5 high schools principals and 5 high schools life orientation teachers, 19 parents to pregnant teenage girls and teenage mothers, 13 pregnant teenage girls and 11 teenage mothers respectively.

#### **5.4 Sampling procedure and recruitment**

Sampling is the process of selecting observations (Husley, 2011). A sample is a smaller set of cases selected from a large pool and generalizes to the population (Neuman, 2011). The research site (Vhembe District) was selected using purposive sampling because of its peculiar characteristics regarding teenage pregnancy. Thus, given that this study combined quantitative and qualitative approaches, the sampling procedure was based on probability and non-probability sampling. The reason was that a probability sampling recruitment enhances each element an equal opportunity of selection independent of any other event in the selection process. A non-probability sampling recruitment enhances selected elements to be selected using a procedure other than mathematically random process (Neuman, 2011). The quantitative approach of this study was designed to recruit participants through probability procedure. The qualitative approach was designed to recruit participants through the non-probability procedure, because of the researcher's quest to understand the fairly regular patterns of attitudes and behaviours through further examination.

Thus, the participants that were recruited for this study were drawn from different categories in the Vhembe District. The recruitment of the participants who participated through close-ended questionnaires was selected using the stratified sampling procedure. Stratification procedure represents a possible modification in participant's recruitment (Husley, 2011). The stratified sampling procedure is a random sampling procedure typically affiliated to a quantitative approach of a research study, in which the researcher first identifies a set of mutually exclusive and exhaustive categories, divides the sampling frame by age categories, and then uses random selection to select cases from each category (Neuman, 2011). Thus, this study abides by the

principle of stratifying sampling procedure, because the stratum of interest (teenagers) constitutes a percentage of the study population. The choice for the stratification procedure in recruiting participants for the study is justified by the fact that the subject of the study was gender, with a specific age group. However, stratified sampling procedure was used to recruit 400 teenage girls aged 13-19 years across 3 municipalities in Vhembe District.

Nevertheless, the recruitment of the participants who participated in an unstructured interview was selected using the snowball sampling procedure. Accordingly, snowball sampling procedure, also called network, chain referral, or reputational sampling, is a non-random sampling procedure used for sampling cases in a network (Neuman, 2011). This sampling procedure is based on an analogy to a snowball, which started small but became larger as it revolved on and pick up additional cases. The snowball sampling procedure was appropriate for study recruitment, in which the members of the special population were difficult to locate. The snowball sampling procedure is particularly associated with the qualitative approach of research in which the researcher locates an individual or two from the population, and then ask those individuals to provide information needed to locate other members of that population, who they happen to know. The participants who were recruited using snowball sampling procedure were the parents of pregnant teenage girls and teenage mothers, and pregnant teenage girls and teenage mothers. All the participants were recruited through the abiding principle of snowball sampling. Eventually, the snowball sampling procedure recruited 19 parents of pregnant teenage girls and teenage mothers, 13 pregnant teenage girls and 11 teenage mothers from the field study.

The participants who were selected for the key informant interviews were recruited using purposive sampling procedure. Purposive sampling is a non-random sampling procedure in which the researcher uses a wide range of methods to locate all possible cases of a highly specific and difficult to reach population (Husley, 2011). The choice for the purposive sampling procedure is justified by the fact that qualitative study is often particularly interested in studying deviant cases. Usually, the understanding of objectively regular patterns of attitudes and behaviours is further improved by examining those cases that do not fit into the regular patterns. In addition, the purposive sampling procedure is mostly associated with the qualitative approach to research, in which the researcher selects a unique population that is especially informative. Based on the

judgment of the researcher, the participants recruited for the key informant interviews were specifically purposive in mind. The participants were 4 community leaders, 5 high schools principals, and 5 high schools life orientation teachers. Among other reasons for the inclusion of this category, is the justification that sexual themes of discussion with the teenagers' particular in the presence of their parents (given to ethical consideration) would not always produce honest responses. Apart from the fact that it may seem to intrude; the unwillingness of the respondents to share their sexual experience that led to the prevalence of pregnancy is culturally motivated taboo. So, in order to garner vital answers to the research questions and achieve the purpose of this study, this informative category was included.

### **5.5 Data collection methods and procedures**

This study was a survey study that goes beyond collecting statistical data to collect data that seek discovery of the respondent subjective understanding of the realities that surround the subject under investigation. Basically, this study collected data that borders on the respondent's behaviours, attitude, beliefs, opinions, characteristics, expectations, self-classification, and knowledge. So, the prepared questionnaires and interview questions place priorities on these preceding topics. All the respondents that were sampled for this study answered the questions which were appropriate for the different study approaches and their categories.

The fieldwork itself involved activities such as observing ordinary events and the activities as they happen naturally, in addition to any unusual occurrence. We (the project leader and research assistant) developed a direct connection with the respondents and personally experience the process of daily social life in the field setting; acquired an insider's point of view at the same time maintaining the analytic perspective or distance of an outsider. We used a variety of procedures and social skills in a flexible manner as the situation demanded, and produces data in the form of extensive written notes to provide detail descriptions. We look at the events from a holistic perspective (as a whole unit, not in pieces) and individually in a social context. We understood and developed empathy for the respondents and not only record cold objective facts, but also notices both explicit (recognized, conscious, spoken) and tacit (less recognized, implicit, unspoken) aspects of the culture. We observed the social process without imposing an outside

point of view; and, manage the high levels of personal stress, uncertainty, ethical dilemmas, and doubts.

Thus, research data collection is the empirical evidence or information gathered carefully according to established rules and procedures (Husley, 2011). Due to the fact that this study required the participation of the inhabitants from the different municipalities of Vhembe District, a letter of request to conduct the study was written to the district municipality, requesting for study permission (see attached Appendix 4). After that process was achieved, a consent form and an approval letter by the municipality was then issued to several high schools and community leaders for entry permission to carry out the study. Prior to the entry, two research assistants and two interpreters were appointed through the University Research and Innovation Directorate to assist the researcher in the field work. The interpreters helped translate English into the local languages. The help of these research assistants was immeasurable. However, they made the data collection procedure easier.

Essentially, the study used a range of data collection approaches. The use of a combination of methods was intended to improve the reliability and validity of the results and for triangulation purposes. Qualitative tools helped the field work to collect data through unstructured interviews and unstructured observations. The quantitative tool was used to obtain data through a close-ended questionnaire. With respect to the qualitative approach, the participants were interviewed face-to-face, in order to gauge their experiences and further shed light on the factors responsible for teenage pregnancies. The interviews also allowed the discovery of the inner life of the participants, and their wordless everyday experiences, which provided more insights into the various events taking place in their lives (Neuman, 2011). The qualitative approach gave room to step into the real life of the participants, whereby insights, emotions, and understandings were suggested and evoked from mere words in the interviews; where reading these words is seeing, touching, feeling, hearing, and smelling another's lived experience, with the interview questions that were used (Husley, 2011; Neuman, 2011).

With respect to the quantitative approach that involved self-administering standard-format questionnaires, the exercise was only conducted with the teenage girls of the various

municipalities. The research questions were approached with either qualitative or quantitative tool, as explained in the research approach section above. Thus, listening to the voices of all the categories that were approached with qualitative instruments allowed a proper understanding of the common phenomenon in today's teenage pregnancy/motherhood culture. It was important for the participants to voice out their own stories to bring alive their experiences, lifestyles, and problems. Meanwhile, questionnaires provided the evidence of patterns amongst large populations, qualitative interview data gathered more in-depth insights on participant attitudes, behaviours, thoughts, and parenting practices. The data collection started in January 2015 and ended in September 2015.

### **5.5.1 Close-ended questionnaire**

A close-ended questionnaire was the data-collection method used to gather information from the teenage participants. The choice of the close-ended structured questionnaire considered for the teenage girls' (respondents) was most appropriate for the purpose and practical limitations of the study. Although not all the respondents in this category were literate, a great deal of enlightenment helped in the process of administering the questionnaires. After the brief explanation to the participants on the research purpose and the importance of their participation, consent forms were then issued to them. They were assured that their participation was strictly voluntary. Thus, close-ended questionnaires are those types of survey research questions in which participants choose answers from the list of answers provided in the questionnaire (Neuman, 2011). The constructed questionnaires were administered to the teenage girls in the 3 out of the 4 municipalities. The exercise lasted for several months until the researcher had completed the 400 participants intended for the quantitative design. The questionnaire below was self-administered to 400 teenage girls in Vhembe District.

S/n	Question		1	2	3
1	Age	13-14		15-17	18-19
2	Occupation	Student		Working	N/A
3	Educational attainment	Matric		Matric in view	N/A
4	Marital status	Married		Single	Divorce
5	Religion	Muslim		Christian	N/A
6	Municipality	Makhado		Musina	Thulamela
7	Who are you living with?	Biological parents		Grandparents GrandMa.... Grandpa.....	Others Relatives...Chil d-headed...
8	Are your two parents living together?	Yes		No	
9	If your answer is no to question 8, who are you living with?	Mother		Father	
10	What is the occupation of your parent?	Working		Retired	Never worked... business...
11	Do your parents, the ones you live with have any formal education?	Yes		No	
12	Are you sexually active?	Yes		No	
13	Have you been pregnant before?	Yes		No	
14	Are you presently pregnant?	Yes		No	
15	Are you a teenage mother?	Yes		No	
16	Did any of your siblings fall pregnant at an early age?	Yes		No	
17	Did your mother give birth as a teenager?	Yes		No	
18	Have you ever had a sex-related conversation with your parents?	Yes		No	
18	If yes, who did you hold the conversation with?	Mother		Father	Friends
19	Have you attended any sexual awareness campaign or lessons before?	Yes		No	
20	Do you use protection during sexual intercourse?	Yes		No	Others (Not applicable)
21	Does non-condom use sexual relations makes you his main girlfriend?	Yes		No	
22	Who will you prefer to have sexual discussions with?	Mother		Friend	
23	Were you influenced by your peers to start dating?	Yes		No	

### **5.5.2 The unstructured interviews method and procedures**

The unstructured and semi-structured interviews method and procedures were the face-to-face interview session that gave the highest response rate and also permitted the longest questions asked. The exercise was a short-term, secondary social interaction with the explicit purpose of obtaining viable and suitable information from the respondents. The unstructured interview allowed the information obtained in the unstructured conversation as prearranged and the answers were provided and recorded in the same unstructured manner. The execution was difficult particularly because most of the respondents were unfamiliar with their role and they often sought a clear conception of what was expected of them. The procedure for data collection was challenging, due to cooperation and build rapport, yet remaining neutral and the objective was maintained. To encroach on a respondent time and privacy for information that might not directly benefit them was the first lesson learned. This necessitated the need to reduce embarrassment, fear, and suspicion, so that respondent could feel comfortable revealing information. Explanations were provided on the nature of the research and/or provided hints about social roles of an interview. This was achieved in keeping with a nonjudgmental attitude and also not to reveal personal opinion verbally or nonverbally either by an expression of shock. On several occasions, where the respondents would ask for the researcher opinion, such questions were politely redirected to the respondent and immediately indicated that such questions were inappropriate. Eventually, in almost all the interview sessions, trust and rapport were created. This helps in defining most situations and ensures that respondents have the information sought, understood what was expected, provide relevant answers and motivated to cooperate.

The unstructured interviews proceeded through stages, beginning with entry and introduction. The researcher approached the respondents and showed authorization and reassurance and secure cooperation from the respondents. The main part of the interview consists of asking questions and recording answers. Key informant interviews were used to obtain data from high/ college school staff and community leaders. The interview schedule for key informant was conducted with 4 community leaders, 5 high schools principals, and 5 high schools life orientation teachers. Neuman (2011) indicates that a key informant, in field research, is a participant with whom a field researcher develops a relationship and who tells about or informs on the field. Then, 19 parents to

pregnant and teenage mothers, 13 pregnant teenagers and 11 teenage mothers were also interviewed. Semi-structured interviews are those interviews in which the questions asked are decided in advance (Babbie & Mouton, 2010). Furthermore, when used as an interviewing method, the interviewer questions are asked exactly as they were written, in the same sequence, using the same style, for all interviews (Babbie & Mouton, 2010). These formal interviews were helpful because participants for each category answered the same set of few questions, and this helped the researcher to compare their responses. We approached the participant with a consent form and held the interview guide as a follow up after consent had been obtained from the participants. After a brief explanation before issuing the consent form, the researcher proceeded with the interview guide to conduct the exercise. Out of the 4 municipalities in the District, interviews were conducted in 3 of them. However, all participants were receptive to the interviews and provided data to their best of knowledge. At the end of the exercise, the data gathered in these categories were very supportive of achieving the study objectives. The sections below show the interview guide categories used for gathering the data.

**Category: 1. Key Informant Interviews guide for: High/ college school staff and community leader in Vhembe District**

Municipality.....Position/capacity.....Date: .....

1. How can you describe the parents of teenage girls in your jurisdiction?
2. What do you think are the reasons for the prevalence of teenage pregnancy in your jurisdiction?
3. What is your opinion about the teenage girls who are raised by their biological parents but also fall pregnant?
4. How can you describe the role cultural values played in the prevalence of teenage pregnancy?
5. Please explain whether you believe peer influence plays a role in the prevalence of teenage pregnancy?
6. As an educator/ leader in school or community, does the teaching of sexual awareness have any impact on the teenage girls?

**Category: 2. Unstructured Interviews for: Parents and caregivers of pregnant and teenage mothers**

Municipality..... Gender..... Age.....  
Marital status..... Family size/ composition.....  
Occupation..... Religion.....  
Education attained..... Date:.....

1. Please describe the status of your relationship with your daughter?
2. How can you categorize her age when she got pregnant?
3. How can you explain before her pregnancy if you noticed that she was sexually active?
4. Please explain whether you have ever held a sex conversation with her before she fell pregnant?
5. How can you describe the relationship with her male partner who got her pregnant?
6. What do you think of your daughter pregnancy, Please explain?
7. How can you categorize your age when you gave birth to your first child?
8. Please explain whether any of your daughters previously got pregnant at teenagehood?
9. Please explain whether there was something you will have done to prevent your daughter from falling pregnant?
10. How can you consider pregnancy before marriage?
11. How can you categorize the suitable age for a teenage girl to start engaging in sexual activities?
12. What is your opinion on the importance of sexual protection, like the use of a condom or abstinence before marriage?

**Category: 3. Semi-structured Interviews guide for pregnant teenage girls and teenage mothers**

Municipality..... Gender..... Age.....  
Marital status..... Family size/ composition.....  
Occupation..... Religion.....  
Education attained..... Date:.....

1. If you are not living with biological parents, please explain the reasons why?

2. What might have been the reasons why your both parents are not living together, please explain?
3. If your both parents are living together, please elaborate on how you find their relationship in connection with your parents?
4. Please describe the status of your relationship with your parents?
5. How can you describe your parent's educational attainment, please explain?
6. What is the nature of your parent's jobs, please elaborate?
7. How can you categories your age when you got pregnant?
8. How can you group your mother's age when she gave birth if you are not the first born?
9. Please explain to us if you have teenage-mother siblings?
10. How can you describe the guidance and education from your parents with respect to your sexual activities?
11. Please explain to us if anyone in your peer group is also pregnant at this moment or a teenage mother?
12. How can you describe your sexual activities, please explain if you use protection during sex?
13. Are you aware that HIV/AIDS can be acquired from unprotected sex? Please elaborate
14. Do you think if your boyfriend has sex with you without a condom is because you are the main girlfriend? Please elaborate
15. How can you categorize the age of your boyfriend who got you pregnant?
16. Do you think, you could have prevented the pregnancy if you wanted to? Please elaborate
17. How can you describe the present situation? Do you regret getting pregnant?
18. Please explain to us if you were pressured or advised to get pregnant?
19. Have you been denied anything because of your pregnancy? Please elaborate
20. Who is your child living with? Please elaborate
21. Does being pregnant stop you from pursuing your dreams? Please elaborate?

## **5.6 Reliability and validity**

This study maintained reliable and valid measures that ensure the trustworthiness, scientific rigour, credibility, dependability, confirmability, and transferability. Reliability and validity were central to the study measurements. Both concern connecting measures to the constructs of the study, which were significant because the construct was ambiguous, diffuse, and not directly observable (Babbie

& Mouton, 2010). Although it was not possible to practically achieve the perfect reliability and validity of the measurement, they remain the ideals the study strives for. Reliability refers to the dependability or consistency; which suggest that the same thing is repeated or recurs under the identical or very similar conditions (Neuman, 2011). Whereas, validity suggests truthfulness; which it refers to how well an idea fits with actual reality (Husley, 2011). Thus, the validity of the instruments is dependent on the extent to which it measures what was supposed to be measured correctly. The qualitative approach of the study examines patterns of similarities and differences across cases and tried to come to terms with the diversity thereof, whereas the quantitative approach examines differences among the cases, but with different emphasizes for purposes of co-variation of one variable with another. Validity and reliability are usually complementary concepts when applied in a study, but in some special situations, they conflict with each other particularly when a study combines approaches just as the present study.

Reliability of the qualitative method applies its principles differently. The fact that reliability means dependability or consistency, the qualitative method used a variety of procedure, such as structured interviews, participation and unstructured observations to record consistency (Babbie & Mouton, 2010). This is while measurement validity in the qualitative study does not require demonstrating a fixed correspondence between a carefully defined abstract concept and a precisely calibrated measure of its empirical appearance. The consistency that was ensured in this study were the different data sources recruited for the study. On the other hand, validity in qualitative measurement means truthfulness. To achieve truthfulness, qualitative measures more interest is paid to authenticity than in the idea of a single version of the truth. Authenticity denotes giving a fair, honest, and balanced account of social life from the viewpoint of someone who lives it every day (Husley, 2011).

This study ensured that to authenticate true data, the claims needed to be plausible and intersubjectively good enough, as in, understandable by many other people. Plausible in this sense means that the data and statements about it are not exclusive; they are not the only possible claims nor are they exact accounts of the one truth in the study area. The study further ensured that empirical claims gain validity when supported by many sections of diverse empirical data. One specific empirical detail alone was mundane or trivial. Hence, validity arises out of the cumulative

impact of many small, diverse details that only together created weighty evidence (Babbie & Mouton, 2010). The study also ensured the validity of results through a continuous search of diverse data that shows connections of evidence. Validity here grows with the recognition of a dense connectivity in unrelated details. It grows with the creation of a web of dynamic connections across diverse study location and not only with the number of specifics that are connected (Babbie & Mouton, 2010).

The reliability of quantitative measurement means that the numerical results produced by an indicator did not vary because of the characteristics of the measurement procedure or measurement instrument itself (De Vos *et al.*, 2011). It addresses the aspect of stability across time; addresses the aspect of representativeness across subpopulations or groups of people and finally addresses the aspect of the equivalence of the multiple indicators of the construct. The validity of quantitative measurement is the trueness and correctness of the construct. At its core, measurement validity often refers to how well the conceptual and operational definitions mesh with each other (Neuman, 2011). It addresses an aspect of judgment on the face of it; addresses the aspect of the content of the conceptual definition holding ideas; addresses the aspect of standard criteria to indicate a construct accurately. However, the analysis of the quantitative data was carried out with the avoidance of errors, false conclusions, and misleading inferences.

## **5.7 Data analysis**

Different data analysis methods were used to analyze the data. The methods that were used to collect the data informed the method for its analysis. The qualitative method of analysis revolves around describing the characteristics. On the other hand, the quantitative method is the opposite of a qualitative method because its main focus is numbered with significant percentages. Thus, data editing, coding, and cleaning were done before the actual analysis. Data analysis thereof is a process of bringing order, structure, and meaning to the mass of collected data (De Vos *et al.*, 2011). The data collected through the quantitative method (close-ended questionnaires) were analyzed using the Statistical Package for Social Sciences (SPSS) programme. Frequencies tables were generated to categorize the demographic characteristics of the participants. Thereafter, multi-variant frequency tables were created to analyze other responses. Then cross-tabulations were

generated to bring out certain distinct characteristics and seek significance relationships in most variables quantifications and also test performance on variables at a confidence level of 95%.

Nonetheless, each per cent column showed the percentages of all cases, including the missing cases constituted by each category. While the valid per cent category showed the percentages of only the non-missing cases falling into each category. In most cases, the researcher was more concerned with treating the missing values on a variable as just another category of that variable. In numerous cases, however, these missing cases were ignored. When the missing cases/ values are insignificant or have no substantive interest, the valid per cent column provides an accurate picture of the distribution of the valid cases because the valid percentages are not deflated by the inclusion of the missing cases in the denominator. Thus, in all the frequencies tables, the cumulative percentages are meaningful only for variables measured at the ordinal and interval-ratio levels. The values of nominal variables, however, were not ordered. Without such ordering, it is meaningless to talk about a percentage of cases falling at or below a particular value on the variable. For the cross-tabulation section, there were no such cumulative percentages because it only presented whether a relationship exists between value variables or not.

For the qualitative data collected through key informants, unstructured interviews, and unstructured observations, matrices were created using content thematic analysis. The qualitative data were transcribed by the researcher. All transcripts were read and reread to identify common words, phrases, and perceptions that were coded. These common codes produced patterns, which were categorized accordingly under themes. The content in this respect refers to the words, ideas, and themes or all the messages that were communicated during the process of gathering the data (Babbie & Mouton, 2010). The text, on the other hand, was all the written, observed, or spoken that served as a medium for communication that was later group under themes to make meanings of them all. Content analysis revealed the content from the sources through communication by probing to discover themes in different ways.

## **5.8 Ethical considerations**

The direct personal involvement of the field study of the social lives of other people raises many ethical dilemmas. Due to that reason, ethical steps were taken before and during the fieldwork. For the purpose of approval, the proposal was submitted (through the head of the department) to the Higher Degrees Committee of the School of Human and Social Sciences prior to the execution of the research project for presentation. Once accepted and approved by the school, the proposal was sent to the University Higher Degrees Committee and then to the University's research office for ethical clearance before the study was conducted. Soon after the University approval, an application letter for research requisition was written to the Department of Education, Vhembe District Municipality for research permission (see appendix 4). The researcher issued an informed consent form to all the participants requesting their participation. The consent form explained what the research entails and the importance of their participation in its success. Participation was strictly voluntary, which implies that any participant who wanted to pull out for any reason was allowed to do so. All the information provided by the participants for this study was treated with strict confidentiality and anonymity and was used for academic purposes only.

## **5.9 Summary**

This chapter presented the research study methodology. It is evident that the study used a combined approach. For that reason, the study design was deductive and inductive in approaches. The study used the quantitative description and qualitative exploratory methods of research and focused only on primary data. The study site and fieldwork took place in Vhembe District, Limpopo Province, South Africa. The participants for the quantitative approach were mainly the teenage girls. The participants for the qualitative approach were recruited through snowball and purposive sampling procedure. The participants were the high school staff members and community leaders, parents to the pregnant girls and teenage mothers, the pregnant girls, and the teenage mothers. For the qualitative method, the thematic content analysis was used to analyze the data and responses were grouped in accordance with their themes. The data obtained with the closed-ended questionnaires were analyzed with the use of the Statistical Package for Social Sciences (SPSS) programme.

## CHAPTER SIX

### THE IMPACT OF PARENTING APPROACH AND PRACTICES ON TEENAGE PREGNANCY

#### 6.1 Introduction

This chapter presents the themes that emerged from the quantitative approach of this study. The themes were based on the relationship between parenting approach and the prevalence of teenage pregnancy. The demographic characteristics of the respondents are presented in pie charts below under annexures. Frequency tables present the data that bordered on the parent to the teenage girls and their parenting approach. Then, cross-tabulations tables showed the relationships between parenting variables and the prevalence of teenage pregnancy. Thus, parenting approach similarly influences the social patterning of the teenage girl's sexual behaviour and subsequent prevalence of teenage pregnancy.

This chapter presents in detail, the parenting practices in Vhembe District that look at the processes involved in the teenage girls upbringing, including the techniques, and the skills. Parenthood experiences in Vhembe District were investigated, such as biological parents, grandparents, and others; parental background, such as single-parent or couple parents; parents' occupation; the teenage girls' sexual attitude and behavior; sexually active teenage girls who were pregnant; the impact of single-parenthood on teenage girl's early sexual debut; the impact of single-parenthood on the prevalence of teenage pregnancy; lack of communication in single-parent households on sex subjects. The next section presents the teenage girls parenting experience and the parenthood involvement.

#### 6.2 Parenting and the parenthood involvement in Vhembe District

This section presents the data on the teenage girls parenting experience and the parenthood involvement in Vhembe District. Parenting is the processes involved in rearing a child, which includes the practices, the approaches, and the skills the parents used in providing care to a teenage

girl, whereas, parenthood is the state of being a parent to the teenage girls. Parenthood involves the role-taking, as a mother or father and as a co-parent. Parenthood in this study denotes the person who is either a father or mother or both, that shoulder the responsibility of raising a girl-child to teenage-hood through variables such as biological parents, grandparents, and others (relatives, child-headed household, etc.). This section also contains information on the type of the parenthood experience for teenage girls and the impact such experience have on the prevalence of teenage pregnancy. The section below presents information on the parenthood experience of the teenage girls.

### 6.2.1 The parenthood experiences in Vhembe District

This section presents information that showed the parenthood experiences of teenage girls' in Vhembe District. The parenthood experience of the teenage girls' showed their parental involvement from the angle of biological parents, grandparents, and others. The type of parenthood experience of the teenage girls is presented in percentages in the table below.

**Table: 1. The nature of parenthood for teenage girls in Vhembe District**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid biological parents	206	51.5	51.6	51.6
grandparents	102	25.5	25.6	77.2
others	91	22.8	22.8	100.0
Total	399	99.8	100.0	
Missing System	1	.3		
Total	400	100.0		

It is evident in Table 3 that about half (51.5%) of the teenage girls were raised by their biological parents. Whereas, a few (25.5%) of them were raised by their grandparents. But there is an indication where teenage girls lived in the same households with their own biological parents and grandparents. The teenage girls that represented others, some (22.8%) of them were raised by relatives or child-headed home. A few (0.3%) represent the missing system. The missing system was treated in this category as a case in that the participants were not sure of the exact parent they lived with. Since some households were headed by an older sibling or the teenage girl who was not comfortable to indicate that she heads the family.

About half (51.5%) of the teenage girls were raised by their biological parents demonstrated a strong and good sense of parental involvement in the Vhembe District communities. The attitude of the biological parents taking charge of their parenting responsibilities is very commendable and an optimistic parenting practice that can foster the teenage girls appropriate social skills and well-being as well as their development. This parenting practice can prevent safeguard the teenage girls against the social vulnerabilities particularly the prevalence of teenage pregnancy. Early childcare practices have been associated with a children well-being and their development. It is undoubtedly easy for biological parents to foster parenting practices to their children from the first day of birth than grandparents or relatives as the case may be. Studies on parenting practices found that early sensitive and responsive parenting plays a significant role in the social well-being and development of the infant and even during their teenage-hood (Tronick & Beeghly, 2011). However, the nature of the biological-parents parenting experience also count and determine to a large extent the outcome of the teenage girl's behaviour. The teenage girls raised by their biological parents with the experience of single-parenthood or teenage motherhood can also have consequences on the teenagers' social well-being.

While the above biological parental involvement is commendable and worthy of note is the fact that, in most instances, there are many uninvolved parents who neglect their parenting, and leave responsibilities at the hands of others or even the teenage girls themselves. The teenage girls with uninvolved parenting experience often suffer from social competences due to the absence of proper child-care. Uninvolved parents characteristically is a dysfunctional parenting experience (Agadoni, 2014; Cherry, 2017; Santrock, 2007), which lack responsiveness to the teenage girl

needs and then further result to behavioural problems due to lack parental control, supervision, monitoring, and discipline towards the teenage girl. The behavioural problems are some of the critical drivers of the prevalence of teenage pregnancy.

There are also indications involving cases in the biological parents' category, where teenage girls and their own biological parents lived together with their parents (implying grandparents to the teenage girls) in the same household. These types of parenting practices represent the typical idea of an African family system, that characteristically comprises of children and their parents, then grandparents, cousin, uncles, aunts, among others (Adinlofu, 2009; Degbey, 2012). So basically, the parenting experience for these teenage girls took place within the context of an extended family system. The unfortunate aspect of an extended family system for the teenage girls' social well-being, is the fact that it embodies the fastest source of influence for the prevalence of teenage pregnancy behaviour from a single victim. Most studies demonstrated the role of extended family systems influence on the prevalence of teenage pregnancy (Altonji, Joseph & Iain, 2010; Anand & Kahn, 2013; Fletcher & Yakusheva, 2011), that siblings of pregnant teenage girls easily imitate the same risky sexual behaviors or younger siblings are likely to emulate such behavior that can lead to the prevalence of teenage pregnancy.

Another remarkable incident is that of a few teenage girls (22.8%) under the category 'others'. This category typically represents the teenage girls purportedly raised by relatives and/or child-headed homes, or a combination of both. Being raised by a relative is primarily an indication of unstable parenting experience. The teenage girls in the category of 'others' may not experience early sensitive and responsive care that often served as a protective mechanism for their future well-being. An insensitive and unresponsive early child-care experience is associated with behavioural problems. Studies that trace the prevalence of teenage pregnancy to their parenting background found that the strongest predictor of the prevalence of teenage pregnancy is a child with difficult childhood experience (Panday *et al.*, 2009). There is also the impact on the absence of early sensitive and responsive parenting on the development of insecure attachment (Gerhardt, 2004), and an insecure attached teenage girl is at higher risk of becoming pregnant.

The other experience for teenage girls under this category of ‘others’ is the child-headed household concern. The child-headed household embodies an overcrowded household comprising of the teenage girls, her siblings and even younger relatives living together. Teenage girls from a child-headed household background stand the risk of living in poor conditions because none of the household members earns reasonable income (UNICEF, 2008). This is the situation that often leads them to trade-off their body as a means of compensation for economic security. The main concern driving teenage girls to the prevalence of teenage pregnancy in child-headed households is the fact that they compromise sex-trade compensation for an economic return just to enable them to escape household adversities.

Furthermore, one-quarter of the teenage girls (25.2%) were raised by their grandparents. These teenage girls arguably experience unstable early parenting responsiveness, due to the parental handover from the biological parents to the grandparents. Usually, such cases involve young mothers’ particularly teenage mothers who immediately after childbirth will want to continue schooling or working class mothers who will want to return to work duties. But most often, these situations occur because the biological mothers may be shouldering the parenting responsibilities alone from pregnancy until childbirth, which then inform the handover of their parenting responsibility to the teenage girls’ grandmothers. The perception of grandmothers conflates with those of elderly women. While some grandmothers are quite young, many are older, particularly when their grandchildren are teenagers. There are negative portrayals of grandmothers parenting skills on children social competences which are often associated with inactive and highly dependent on government support particularly for the elderly grandmothers (Dunifon & Bajracharya, 2012). The inactive parenting skills that lead to less social competence for teenage girls speak on subsequent social problems that befall them. Certainly, the teenage girls coming from this parenting background and experience are more subservient to the risk of early pregnancy. The next section presents the percentages for the types of parenting experience of the teenage girls.

### 6.2.2 The parents of teenage girls' (single-parent or both parents context)

This section presents information on the teenage girls' parents' background in the context of parenthood. The teenage girls' parents were examined on the basis of both parents and single-parent context. The table below presents the percentages of the teenage girls who were raised in both parents' households and those raised by a single parent.

**Table: 4. The parenthood context for the teenage girls'**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Both-parents	187	46.8	47.0	47.0
Single-parent	211	52.8	53.0	100.0
Total	398	99.5	100.0	
Missing System	2	.5		
Total	400	100.0		

The evident in Table 4 shows the proportion of teenage girls who were raised in single-parent or couple-parents households. The results showed that about half (52.8%) of the teenage girls' were raised in single-parent households. However, the teenage girls with the single-parent experience, the majority (89%) were raised by their mothers. Worthy of note is that the parent's denotation, in this case, was not mainly biological parents, as some may be grandparents or relatives. The clear evidence from the data showed that female-headed single mothers' households basically bear childcare responsibilities in Vhembe District. The disparity in terms of the parenting is significant in the context of the teenage girls' development as it concerns the prevalence of teenage pregnancy. Logically, the teenage girls from single-parent experience (mostly female-headed single parent household) would fare worst in comparison to the teenage girls (46.8%), who were raised by couple-parents due to the imbalance of parenting responsiveness. The literature profiling the prevalence of teenage pregnancy often based its findings on the social well-being of teenage girls as the impact of the pregnancy. The well-being of a teenage girl within

the family is vital to their development and social standing. The characteristics of single-parenthood contribute to an imbalance in parenting responsiveness on both social and economic measures, which then position them at a heightened vulnerability to the prevalence of early pregnancy. The study by Panday *et al.* (2009) found that for a teenage girl when both parents, are at home, the risk and vulnerabilities for the prevalence of teenage pregnancy are automatically decreased.

The impact of single-parenthood on the prevalence of teenage pregnancy speaks volumes on not just the fact that it is a single-parent inadequacy or imbalance resource measures, but that of single mothers. The social and economic standing of single-parents in sub-Saharan Africa condemns mothers to a higher poverty experience rate, because of the prevailing economic inequalities in Africa (Holborn & Eddy, 2011; Onyango, 2011). Single parents often do not have adequate economic means to foster quality parenting, mostly when the responsibility rest on the mother. The profiling of poor livelihood in sub-Saharan Africa showed that about 50 per cent of the population lives in absolute poverty, and 80 per cent of that population are women (Jato, 2004). The fact that women are the bearers of children they tend to be closer to parenting duties as mothers. This is what explains the association between the prevalence of teenage pregnancy history with single-parenthood experience for the teenage girls.

Teenage pregnancy results mainly associate the prevalence with single-parenthood because of the single mothers. However, such studies tie the prevalence of teenage pregnancy to the socio-economic standing of the parents (Akella & Jordan, 2015; Neiterman, 2012). The main argument for the prevalence of teenage pregnancy from single-parenthood perspective lies in poor living conditions. That is because a parent who is struggling with poverty is more likely to be inconsistent in their responses to their children's needs and behaviour (Gould & Ward, 2015). Single mothers in this situation are less likely to be affectionate towards their children, and more likely to leave them unsupervised and also monitor them less (Gould & Ward, 2015). Therefore, the experience of single-parenthood in teenage girls demonstrate a lack of control over their behaviour that increases the likelihood of risky sexual behaviour and the prevalence of teenage pregnancy. The next section presents the teenage girls' parents' occupation.

### 6.2.3 The classification of the teenage girls' parents

This section presents information on the teenage girls' parents' occupation. It was assumed that parents' occupation plays a vital role in the well-being of a teenage girl, not just in the aspects of economic measures, but also the social well-being of the teenage girl. The optimal growth of a teenage girl requires economic measures and it is easy for income earner parents to provide such responsiveness. It is expected that a teenage girl from a lower-income parent can be persuaded to enter into the labour market in order to assist with household responsibilities, at the cost of her education and even the prevalence of pregnancy. The table below presents the teenage girls' parents' occupation.

**Table: 5. Classification of the teenage girls' parents**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid working	207	51.8	51.9	51.9
retired	71	17.8	17.8	69.7
never worked	87	21.8	21.8	91.5
business	34	8.5	8.5	100.0
Total	399	99.8	100.0	
Missing System	1	.3		
Total	400	100.0		

The evident in Table 5 shows that about half (51.8%) of the teenage girls' parents are working class, whereas, a few (21.8%) of them have parents who had never worked. Nevertheless, it is assumed that the teenage girls from teenage parenthood background also account for the category of parents who have never worked or employed. Another possibility is that grandparents also

account for this category under parents who had never worked. As a matter of context, a household in which parents are not employed in any form or not earning reasonable income would be living in poverty. Therefore, the teenage girls in these households live in poverty and it is possible, considering the fact that these teenage girls are raised in Vhembe District. This is an area that has been reckoned with fewer employment opportunities. Studies in South Africa profiling employment opportunities designate rural regions as being deprived of economic opportunities (Eddy & Mphaka, 2013), and Vhembe District happens to be among these. The limited employment opportunities in the rural regions is an acquainted legacy issue that was occasioned by the apartheid regime (Dawes, Barnes, Wright & Noble, 2007; Pallitto & Murillo, 2008). A Community Survey in 2013 also added that the value of income earnings for most (47%) households in Vhembe District on an annual basis was below R5, 000 or less than R400 per month. Therefore, the parents experiencing poverty due to unemployment and features such as low-income earnings are bound to face parenting difficulties.

In this study, the occupation of teenage girls' parents' counts, particularly because of the socio-economic reckoning on the prevalence of teenage pregnancy. The phenomenon teenage pregnancy is socially surrounded, so factors such as low self-esteem or sexual exploitation are part of the outcome for teenage girls raised in conditions facing poverty (Akella & Jordan, 2015). Low self-esteem and sexual exploitation are characteristics that normally reinforce teenage girls' social vulnerabilities to the prevalence of teenage pregnancy. Nevertheless, poor living conditions weaken family bonds particularly parent-child bonds (Ogori *et al.*, 2013), so the lack of emotional support needed during young girls transitional period, influence the prevalence of teenage pregnancy. The literature that particularly focuses on parenting support suggests that the absence of attention and affection from parents causes a particular type of unhappiness that pushes teenage girls to look for love and attention from others, especially from the opposite sex (Ogori *et al.*, 2013). Hence, the prevalence of teenage pregnancy is driven by lack of parenting support and inability to deliver not just the appropriate economic resources measures to the teenage girls, but also love. Working class parents and/or income earnings parents brings a certain type of social and economic stability in teenage girls' lives because of the affordability of their needs. It is factual that the socio-economic stability income earning parents' presents to the teenage girls can enhance

an expected appropriate behavioural of some of them. The next section presents the teenage girl's sexual attitude and behaviour.

### 6.3 Teenage girls' sexual attitude and behaviour

This section presents information on teenage girls' sexual attitude and behaviour. The information shows the proportion of teenage girls who were sexually active. The table below presents the percentages of sexually active teenage girls and none-sexually active teenage girls.

**Table: 6. Verification of sexually active teenage girls**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	269	67.3	67.3	67.3
no	131	32.8	32.8	100.0
Total	400	100.0	100.0	

It is evident in Table 6 that the majority (67.3%) of the teenage girls were sexually active. The teenage girls under the sexually active category, some of the cases could be teenage mothers or pregnant teenage girls, given that it is through sexual activities that lead to being pregnant or a mother. While a third of the participants (32.8%) accounts for non-sexually active, some of the cases could be very younger teenage girls. However, that does not imply that the very young teenage girls were not falling pregnant. It is just that their pregnancy rate is not as routine as compared to older teenage girls between the ages of 16-19. Eventually, every teenage girl involving in sexual activities or who is sexually active carries with herself the tendency of becoming pregnant.

Early sexual practices at a very young age are considered an inappropriate social behaviour that is developed through the fundamental processes of her child-rearing. That is because an ideal parenting experience and approach conceivably boasts a teenage girl high social skills and appropriate social behaviour. Therefore, early sexual activities among the teenage girls as it is

revealed from this study results speak ill of their parenting experiences. Parenting plays a fundamental role in how a teenage girl develops, giving to the type of approach the parents adopted. Thus, early sexual debut or risky sexual behaviour of the teenage girls is attributed to their parenting context. An expectant parenting practice for a teenage girl depicts activities that guarantee the teenage girl physical well-being (psycho-social, emotional security, socialization, nurturing and giving affection), that keeps them safe and free from harmful behaviour and prevent them from social problems (Bahr & Hoffmann, 2010). So, what is done by parents to help a teenage girl survive, grow, and develop merges with how it is done or practice to define and distinguish parenting practices that usually vary in the outcome of teenage girls behaviour.

The sexual activeness of the teenage girls is most associated with permissive parenting approach. Permissive parents demonstrate more warmth, but less control with their children. They typically display a lot of love and affection for their children but maintain and enforce few if any rules (Agadoni, 2014). The consequences for a teenage girl raised by permissive parents would include high self-esteem; but, they also stand a higher risk of using drugs and alcohol, involved in early and risky sexual behaviour and display problematic behaviours (Davids *et al.*, 2015). Thus, some (67.3%) of the sexually active teenage girls were raised by permissive parents. The narratives on the parenting approach often associate permissive parenting approach with black parents. Existing studies (De Jager, 2011; Moyo, 2012) which compared parenting approaches in South Africa across race groups found that black and coloured parents similarly and significantly apply permissive and authoritarian parenting approach. The effect of this two approaches to parenting effectively influences teenage girls' sexual attitudes and behaviour.

The proportion of the teenage girls (32.8%) who were not sexually active can be associated with teenage girls who experience authoritative parenting approach. Teenage girls with authoritative parenting approach are socially responsible, self-independence, self-confidence, higher self-esteem, and exhibit adaptive behaviour. That is because parents of authoritative parenting approach favour the right balance of warmth and control and they establish appropriate autonomy, self-will, and discipline towards children (Roman *et al.*, 2016). The teenage girls who delay sexual activities and grow up with positive social behaviour, typically belong to authoritative parents. Teenage girls from this parenting background exhibit tendencies that make them hardly fall victim

to the prevalence of teenage pregnancy. Undisputedly, every sexually active teenage girl who practices unprotected sexual activity and involvement is subjected to the prevalence of teenage pregnancy. The next section presents information on sexually active teenage girls who were pregnant.

### 6.3.1 Sexually active teenage girls who were pregnant

This section presents information on the sexually active teenage girls who were pregnant. The evident from Table 6 above showed that (67.3%) of the teenage girls were sexually active, representing the majority from which the pregnant ones are drawn from. The table below present the percentages of the sexually active teenage girls who were pregnant.

**Table: 7. Sexually active teenage girls who fall pregnant**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	120	30.0	30.3	30.3
	no	276	69.0	69.7	100.0
	Total	396	99.0	100.0	
Missing	System	4	1.0		
Total		400	100.0		

It is evident in Table 7 that the teenage girls (30.3%) of them got pregnant as a result of their sexual activities, leaving over 69.7 per cent not pregnant. For the pregnant teenage girls, it shows that they were involved in the unprotected sexual activity. However, it is much easier for a teenage girl who chooses to delay her sexual debut to prevent and avoid the prevalence of teenage pregnancy than a teenage girl who is sexually active. The prevalence of teenage pregnancy develops out of sexual activities and practices. The theoretical framework guiding this study uphold the fact that the development of ‘self’ is constructed from activities that allow individuals to take on roles that

define them. Despite the fact that teenage pregnancy is been regarded as a social problem globally, there are still regions where the prevalence is still socially desired by the teenage girls. A study documenting the prevalence of teenage pregnancy in Swaziland found that teenage girls themselves desired their pregnancy because they were expected to bear children at young ages in order to compete for the men's love (Mushwana *et al.*, 2015). It is a surprise for the reason that the prevalence of teenage pregnancy is a profoundly entrenched social phenomenon (Jewkes *et al.*, 2009). While teenage girls contribute to shaping the prevalence, is because their attitudes and actions are critically shaped by the socio-cultural environment in which they have socialized in and the relationships that they develop.

Teenage girls unprotected sexual practices is the risky sexual behaviour that results in their pregnancy. As stated earlier, particular parenting practices play a protective role in teenage girl's risky sexual behaviour that results in them during pregnancy. From a realistic perspective, sexual activity among teenage girls represents a common and normal bridge to adulthood (Flanagan *et al.*, 2013). Therefore, regardless of the parenting approach, parents to teenage girls ought to be committed to protecting them from falling pregnant or should acknowledge the fact teenage sexuality is a reality instead of stigmatizing or condemning their sexual activity they should be supported and safeguarded for the activities. Some studies (Flanagan *et al.*, 2013; Jewkes *et al.*, 2009) that are concern about teenage girls sexuality are advocating that teenagers' sexual activity should be given due recognition. This recognition should be based on the fact that the girls are moving into a period of sexual discovery, so they are supported to ensure they are informed to be able to have healthy and safe sex in order to prevent the prevalence of teenage pregnancy. But because of the lack of opportunities to discuss sexuality where high levels of stigma about teenage sexuality abound, leads to the gaps in knowledge, leading to the trait of the prevalence of teenage pregnancy. The next section presents information on the impact of single-parenthood on the prevalence of teenage pregnancy.

#### **6.4 The impact of single-parenthood on the prevalence of teenage pregnancy**

This section presents information on the impact of single-parenthood on the prevalence of teenage pregnancy. The information is generated from cross-tabulation analysis of single-parenthood and

both-parents variables in which impacts contribute or attribute to the prevalence of teenage pregnancy. A case processing summary of the cross-tabulation output is provided. The cases used in this section were presented in the previous (above) sessions that provided the descriptive variables included in the analysis along with their sample sizes. The cross-tabulation provides a wealth of information about the significant relationship between single-parenthood and both parents variable with their attributes to teenage pregnancy. However, the contingency tables analyzed categorical (nominal measurement scale) data and showed the combined distribution of two variables, in which the data for each variable is in categories.

It should be noted that these cross-tabulations are only appropriate for data that is in categories as shown above, and were not used for continuous data. After every cross-tabulation, the chi-square test analysis revealed the statistical independence or dependence between the variables presented in the cross-tabulation. The chi-square examines the differences between the expected and actual counts across the cells in the cross-tabulations. If the expected counts are less than 5 for 20 per cent or more of the cells, or if the minimum expected count is  $< 1$ , then the chi-square results for interpreting statistical differences would not be used. If the significance value in the chi-square table is  $< .05$ , then the result is statistically significant; and if the significance value is  $\geq .05$  then the result is not statistically significant. Thus, single parenting experience has an impact on the teenage girls' early sexual debut through the lack of adequate and imbalance parenting responsiveness. The following section presents the cross-tabulation information for the impact of single-parenthood on the early sexual debut.

#### **6.4.1 The impact of single-parenthood on teenage girls' early sexual debut**

Early sexual debut among teenage girls is a critical driving factor in the prevalence of teenage pregnancy, because of the lack of sexual awareness associated with their immaturity. The early sexual debut is considered an inappropriate social behaviour, given that, the girls are still undergoing parenting processes. However, as stated early, it is the collective impact of the parenthood experience in line with the parenting approach that cultivates the inappropriate sexual behaviour of the teenage girls. The cross-tabulation table below presents information on the impact of single-parenthood on the early sexual behaviour of teenage girls.

**Table: 8. Sexually active teenage girls in single-parents' homes**

			Are both your parents living together?		Total
			Yes	no	
Q_12	yes	Count	125	143	268
		% within Q_12	46.6%	53.4%	100.0%
		% within Q_8	66.8%	67.8%	67.3%
	no	Count	62	68	130
		% within Q_12	47.7%	52.3%	100.0%
		% within Q_8	33.2%	32.2%	32.7%
Total		Count	187	211	398
		% within Q_12	47.0%	53.0%	100.0%
		% within Q_8	100.0%	100.0%	100.0%

The results in Table 8 shows that the majority (67.8%) of teenage girls who were sexually active come from single-parents' homes. About half of the teenage girls (53.0% see Table 2 above) were raised by either their mothers (89%) or their fathers (11%) in single-parent household presents a high rate tendency for an early sexual debut. This validity clarified the assumption that single-parenthood is an attribute for the prevalence of teenage pregnancy in this study since early sexual debut amongst teenage girls is a trait for the prevalence of teenage pregnancy. In addition to the experience of welfare resource availability associated with single-parenthood, single-parenthood has a significant impact on the inappropriate sexual behaviour of teenage girls. Single-parenthood experience delivers half of all parenting qualities such as responsiveness, social control, monitoring and supervision that protect teenage girls from social vulnerabilities and social problems. These are fundamentally the factors that easily place teenage girls on early sexual debut.

About a third of the teenage girls (32.2%) who were not sexually active from single-parent homes are examples of optimal parenting practices. It must be acknowledged that, other than the dominant younger teenage girls in this category, the delayed for the sexual debut of this girls is an attribute of their ideal parenting approach and self-regulating skilled. Though being sexually active at a

younger age is seen as potential behaviour for the prevalence of teenage pregnancy. But it is also a behaviour that can be monitor and supervise through the right parenting practices and approach in order to subvert or prevent the prevalence of the pregnancy. The position of scholars researching on parenting advocate that it is the instrument through which a teenage girl learns appropriate and/or inappropriate behaviour, or experience right and wrong choices in decision-making (Carr & Springer, 2010; Perez & Cumsille, 2012). Parenting as an instrument contributes to teenage girls' social behaviour, by providing them with an adequate understanding of early social competence and character. A single mother as it was commonly found in this study would found it difficult to provide the quality parenting that can always guarantee a teenage girl self-regulating skills to delay her sexual debut mostly if the single mother is unemployed or not earning income.

Thus, the link between early sexual debuts of teenage girls with their parenthood background is the fact that, as sexually active girls, they are also still regarded as children to parents under their protective purview and nurturing. Single-parenthood contributes to nurturing the early sexual debut behaviour of teenage girls because they lack the right parenting attention to teenage girls' needs. Single-parents are normally often overwhelmed with not just economic stress (Panday *et al.*, 2009), but also social and emotional stress arising from their own relationships (Tough, 2012). Thus, this substantial burden single-parents shoulder makes it difficult for them to be affectionate all the time towards their teenage girls, provide warmth, and form secure bond or attachment with their teenage girls. Those are characteristics that guarantee parenting outcome that determines which behaviour the teenage girls' exhibit. Thus, the theoretical framework guiding this study favoured the theoretical explanation that early social-emotional development from the perspective of parenting processes determine the outcome of the child behaviour. So, if parents desire to avoid or prevent the prevalence of teenage pregnancy, then parenting practices and approach would engender towards preventing inappropriate behaviour through sensitive and responsive parenting. Though, single-parenthood is particularly berated with respect to delivering a complete parenting package for vulnerable teenage girls. The next section presents information on the lack of communication in single-parent households.

## 6.5 The impact of parent-child lack of communication on the prevalence of teenage pregnancy

This section presents information on the impact of parent-child lack of communication on the prevalence of teenage pregnancy. The cross-tabulation table below showed the percentages of teenage girls' communication with their parents regarding sex subjects on the basis of parental experience.

**Table: 9. Teenage girls' lack of communication with their parents**

			Are both your parents living together?		Total
			Yes	no	
Q_18	yes	Count	58	56	114
		% within Q_18	50.9%	49.1%	100.0%
		% within Q_8	31.0%	26.8%	28.8%
	no	Count	129	153	282
		% within Q_18	45.7%	54.3%	100.0%
		% within Q_8	69.0%	73.2%	71.2%
Total		Count	187	209	396
		% within Q_18	47.2%	52.8%	100.0%
		% within Q_8	100.0%	100.0%	100.0%

The results in Table 9 showed that the majority (73.2%) of the teenage girls that were raised in single-parent households have never had a conversation revolving around sex topics with their parents. This result unveiled another aspect of single-parenthood parenting practice and approach that conceivably contributed to the risky sexual behaviour of the teenage girls. The implication for the lack of communication on sex-related subjects from parents is without doubts evidence of an unwillingness to promote the healthy sexual development of the teenage girls and reduce their risky sexual behaviour. This aspect of single-parenthood parenting negligence and unwillingness

to safeguard teenage girls through the practice of healthy sexual activities does lead the teenage girls to their risky sexual behaviour that usually result in the prevalence of teenage pregnancy.

Furthermore, these results also suggest that single-parenthood parenting approaches and practices are not committed to delivering to the teenage girls the most basic needs to their health. The present study results also prove that most single-parents (73.2%) lack the awareness that it is part of their parenting duties to promote healthy sexual behaviour to the teenage girls or they are just naïve about the basic needs of the teenage girls. Studies that have profiled the sexual attitude and behaviour of teenage girls, teenage pregnancy and health consequences collectively agree that early sexual knowledge for teenage girls is vital to avoid and prevent the prevalence of teenage pregnancy. The study by Bearinger (2007) and Panday *et al.* (2009) agree with the fact that the most basic needs of teenagers, centred on accurate and complete information about their body functions, sex, safer sex, reproduction, and sexual negotiation and refusal skills. Without this information, teenage girls are forced to make poorly informed decisions about their sexual activities that usually result in the prevalence of teenage pregnancy. The present study result further corresponds to the body of literature which argues that teenage girls have relatively low levels of knowledge about contraceptives. The studies by Jewkes *et al.* (2009), Panday *et al.* (2009) and Hoffman-Wanderer *et al.* (2013) all agree that information about Emergency Contraceptives (EC) and Post-exposure Prophylaxis (PEP) is extremely limited in the rural regions of South Africa and thus poor knowledge is often cited as the reasons for ineffective or non-use of contraceptives that frequently result to the prevalence of teenage pregnancy.

On the other hand, a few (26.8%) teenage girls from single-parents' households have had a conversation on sex-related topics with their parent. This shows that these teenage girls are not exposed to the same vulnerabilities of the prevalence of teenage pregnancy similar to those who have not had a conversation with their parents. For those teenage girls who are sexually active in this category and still not pregnant, it might have been the demonstration of the impact of conversation and communication outcome on the sex-related subjects that create the awareness which prevent the prevalence of teenage pregnancy. This aspect of the result is an indication that if parents of teenage girls are committed to preventing the prevalence of teenage pregnancy they should make communication on such subjects a focal point in their parenting duties. Given that

the consequences of lack of conversation and communication cultivate an unhealthy sexual behaviour for the teenage girls raised by single parents thereby subjecting them to the risk of the prevalence of teenage pregnancy.

Conversely, the fact that single-parenthood practices neglect an aspect of their parenting duty which happens to be one of the basic needs for the teenage girls' social well-being and healthy development makes the lack of conversation and communication a parenting concern. So, it was pertinent and relevant to also evaluate the significance of the lack of communication in a couple parents' households. The table below presents the statistical chi-square tests analysis of the teenage girls' lack of communication from both single-parents households and/ or couple-parents households. Note that the table below is generated from the cross-tabulation table (Table 9) above, which shows the teenage girls lack communication with their parents on sex-related subjects.

**Table: 10. Chi-Square Tests for teenage girls' lack of communication with their parents**

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.858 <sup>a</sup>	1	.354		
Continuity Correction <sup>b</sup>	.664	1	.415		
Likelihood Ratio	.857	1	.355		
Fisher's Exact Test				.375	.207
Linear-by-Linear Association	.856	1	.355		
N of Valid Cases	396				

It is evident in Table 10 that the statistical count on the significant value of the two variables (single-parents households and couple-parents parents' households) have expected count less than 5. The minimum expected count is 53.83 computed only for a 2x2 table. The statistical chi-square testing has a 2x2 table design, so the Fisher's exact 2-sided was used to interpret the results. The chi-square value of @.858<sup>a</sup> has 1 degree of freedom. The significance values were .375 and .207 respectively, so, the 2x2 design testing value revealed a statistical independence association between those teenage girls raised in single-parent households with the lack of communication on

sex-related subjects and those teenage girls raised in couple-parents households. This finding is a further indication that the lack of communication practice was not limited to single-parenthood.

The results presented in Table 9 above shows that the majority of the teenage girls (69.0%) from a couple-parents' households have never had a conversation on sex-related subjects with their parents. These teenage girls in this category are not different in terms of sexual awareness among the teenage girls raised by single parents with respect to the lack of communication sex-related topics. Thus, the lack of communication between the parents and teenage girls is particularly based on the parenting approach parents adopted. It is either the parenting approach makes their relationship with the teenage girls to be too weak or too strong. Weak parenting relationships involve a lack of discipline, control, affection, and attention which are reflective of permissive and uninvolved parenting approaches (De Jager, 2011; Moyo, 2012). Too strong relationships involve overbearing parents and too many restrictions which is also reflective of the authoritarian parenting style (Roman *et al.*, 2016). The effects of authoritarian, permissive, and uninvolved parenting approaches feature a lack of communication between the parents and the child, irrespective of parental variables (single-parenthood or couple-parents). This finding also suggests that parenting approaches have no relationship with the type of parental variable. An indication that a single parent can equally practice parenting approach that in the same manner and ways as couple parents.

Most narratives on the prevalence of teenage pregnancy in the context of adequate sexual knowledge suggest that sexual and reproductive health communications are most likely promoting healthy sexual development and reduce sexual risks. Communication is the primary means for parents to transmit sexual values, beliefs, expectations, and knowledge of their delicate teenagehood stage (Ayalew, Mengistie & Semahegn, 2014). Consequently, there is a paucity of evidence from this present study finding on the parent and teenage girls' communication in Vhembe District. In connection with the lack of communication, most studies (Flanagan *et al.*, 2012; Willan, 2013) demonstrate the validity of teenage girls' sexual taboos as culturally-motivated values. So the parent's lack of communication to convey sexual knowledge to the teenage girls is seen as an indication of their cultural values.

There is no doubt in the above statement that the lack of communication between the parents and the teenage girls on sex-related subjects is an act of sexual taboo reinforced by cultural values and practices. The study by Halpenny *et al.* (2010) posits that the act of communal child-rearing practices is shaped by shared cultural values and practices. Basically, it is the Vhembe culture that collectively prohibits parents' sex-communication with the teenage girls. The theoretical framework guiding this study upholds the empirical evidence of the lack of sex communication between parents and their teenage girls. Bandura (1977) advocated that the key tenets of social learning are advance on the basis that views, values, beliefs, attitudes, and practices are a purely cognitive process that takes place in a social context, which individuals adopt/ inculcate and transmit to others. The social learning theory is based on principles that work together to form the value social competence of life reality. Thus, the social learning theory provides the comprehensive model that accounts for the collective parenting practice of the lack of sex communication among parents and teenage girls.

When teenage girls receive adequate amounts of supervision from their parents and/ or family, they are less likely to engage in risky sexual behaviour (Minnis *et al.*, 2010). Research shows that parents who practice teenage sex supervision tend to focus their discussions related to sex on puberty; the negative consequences of sexual behaviour; and sexual morals, attitudes, and values (Guilamo-Ramos & Bouris, 2008). The study by Pittman *et al.* (2009) noted that the more open a parent tend to be about talking about sex, the less risky their child's sexual behaviour will be. However, one of the shortcomings associated with parents who practice sex supervision and communication is the fact that sex is not discussed equally with boys and girls. This inadequacy can create a gap capable of contributing to the prevalence of teenage pregnancy. The study by Sabatiuk and Flores (2009) noted that parents send different messages to their sons and daughters about sex. Parents are more likely to discuss the dangers of sex and pregnancy with girls, whereas, boys are often more accepting of their own earlier sexual initiation (Center for Disease Control and Prevention, 2009). Several studies have concentrated on maternal messages to teenage girls, rather than paternal messages (Trejos-Castillo & Vazsonyi, 2009). The phenomenon of this parental dynamic creates some sort of teenage girls vulnerabilities in the prevalence of teenage pregnancy. The study by Sabatiuk and Flores (2009) explained that the most common reason cited

by teenage girls for not using contraception is the fear that their parents would find out, despite their awareness that contraception has the ability to prevent pregnancy.

With respect to the prevalence of teenage pregnancy, it is only fair to assume that there is no better gift a parent can give to a teenage girl than keeping the lines of communication open so that, even in their toughest situations, in their darkest of times, the teenage girls can always come to them (parents) freely and without hesitations to figure out solutions together particularly when it concerns their sexual activities. A collective of the few results that have emerged from this present study so far suggests that the more valid information teenage girls are equipped with, the better their choices and chances of preventing the prevalence of teenage pregnancy. Actually, the oral speculation of waiting until the wedding night, like most culturally-abided parents do, in order to transmit the facts-of-life chat is too late likewise at the age of 16, considering the modern early sexual debut. This speculation goes in line with what nutritional practitioners suggested that the only kind of diet that really works is the diet that tells someone what she can eat, and not what she cannot eat. That also applies to sex education. Being told what a teenage girl should not do rarely prevents her from becoming sexually active and becoming pregnant. The next section presents information on the impact of lack of teenage pregnancy recognition by parents on the prevalence of pregnancy.

#### **6.6 The impact of lack of teenage pregnancy recognition by teenage girls' parents**

This section presents information on the impact of lack of teenage pregnancy recognition by teenage girls' parents on the prevalence of teenage pregnancy. The cross-sectional table below presents the percentages of the pregnant teenage girls from the single-parenthood background and couple-parents' background.

**Table: 11. The lack of teenage pregnancy recognition by parents on the prevalence of teenage pregnancy**

			Are both your parents living together?		Total
			Yes	no	
Q_13	yes	Count	56	63	119
		% within Q_13	47.1%	52.9%	100.0%
		% within Q_8	30.3%	30.1%	30.2%
	no	Count	129	146	275
		% within Q_13	46.9%	53.1%	100.0%
		% within Q_8	69.7%	69.9%	69.8%
Total		Count	185	209	394
		% within Q_13	47.0%	53.0%	100.0%
		% within Q_8	100.0%	100.0%	100.0%

The evident in Table 11 that a third (30.3%) of the teenage girls raised by couple-parents were pregnant. On the other hand, another third (30.1%) with a similar per cent margin who were raised by single-parents, was also pregnant. These findings are an indication that the incidence of teenage pregnancy in Vhembe District is not entirely linked to the impact or consequences of single-parenthood. It simply implies that the prevalence of teenage pregnancy lacks due recognition by the teenage girls' parents', regardless of whether they were raised in couple-parents households or not. In addition, the evidence from this study findings also suggests that the prevalence of teenage pregnancy in Vhembe District is still not accorded its place in parenting practices.

From a holistic perspective, parenting characteristically influence the prevalence of teenage pregnancy through insecure parenting bond and/or attachment. This factor deeply plays an impact on the prevalence of teenage pregnancy that occur to the teenage girls raised from both parenting backgrounds. Insecure attachment is not appropriate for teenage girls because it develops in them lesser social potentials (Moullin *et al.*, 2014). The rationale for the lack of recognition for the

prevalence of teenage pregnancy by the teenage girls' parents buoyed to the fact that the workings of sensitive and responsive parenting that foster secure attachment bond also foster healthy social growth of the child (Moullin *et al.*, 2014), more particularly if there is an envisage associated problem for the child. That is the value and significance of parenting according to attachment theory perception. The tackling of the prevalence of the teenage pregnancy ought to start from early parenting approach if at all there was parenting recognition for the prevalence of teenage pregnancy.

The lack of recognition of teenage pregnancy by the teenage girl's parents calls for a parenting practice that is purposive and predictable in approach such as authoritative parenting approach. This perception is further supported by the theoretical framework guiding this study, which points to the importance of early parenting in the development of the infant's brain as a measure to instil appropriate behaviour in the child (Shonkoff & Garner, 2012). The study by Shonkoff (2010) also support this perception of early parenting with the suggestion that the prefrontal cortex that mediates decision making or responsible for complex behavior, and specifically the orbitofrontal cortex which is one critical structure responsible for cognitive decision-making behavior, in the brain is important in emotional regulation, processing and expressing feelings, reading social signals and behavior, and working memory, attention and decision making.

Most parenting literature proved that almost all of these areas develop immediately after birth. The study by Gerhardt (2004) added that between six and twelve months, in particular, there is a burst of brain development when attachment bonds are made. Another corresponding study suggested that toxic levels of stress, which is defined as prolonged activation of stress response in the absence of protective relationships do and can affect an infant's developing brain (Shonkoff, 2010). Therefore, while the first years of brain development are not make-or-break, they have been found to affect the child's ongoing brain development in important ways, shaping both their social-emotional and cognitive development. This is where parenting recognition for the prevalence of teenage pregnancy lies because it seems to be clear that most parents (30.3%) couple-parents' and 30.1 per cent of single-parents in Vhembe District did not take the concern of teenage pregnancy as a reality.

The results in Table 12 also reveal that the concern for the prevalence of teenage pregnancy in Vhembe District is entirely tied to the parenting context of Vhembe District. The table below presents the statistical chi-square tests analysis on the significant relationship between teenage pregnancy in single-parent households and couple-parents households. Worthy of note is that the table below is generated from the cross-tabulation table (table 11) above, which shows the pregnant teenage girls in single-parents and couple-parents households.

**Table: 12. Chi-Square Tests for pregnant teenage girls in single and couple parents homes**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.001 <sup>a</sup>	1	.978		
Continuity Correction <sup>b</sup>	.000	1	1.000		
Likelihood Ratio	.001	1	.978		
Fisher's Exact Test				1.000	.533
Linear-by-Linear Association	.001	1	.978		
N of Valid Cases	394				

It is evident in Table 11 that the statistical count on the significant value of the two variables (single-parents households and couple-parents parents' households) have expected count less than 5. The minimum expected count is 55.88 computed only for a 2x2 table. The statistical chi-square testing has a 2x2 table design, so the Fisher's exact 2-sided was used to interpret the results. The chi-square value of .001<sup>a</sup> has 1 degree of freedom. The significance values were 1.000 and .533 respectively and 2x2 design testing value revealed a statistical independence association between parenthood backgrounds and the prevalence of teenage pregnancy. This is an indication that the prevalence of teenage pregnancy in Vhembe District has to do with social issues and the environmental context of the parents and teenage girls. The nature of the prevalence of teenage pregnancy within a parenting context in the district is characteristically context-bound to at least two ways; firstly it is bound to their socio-economic context, and secondly, it is bound to their socio-environmental context. The studies on parenting context and problematic behavioural outcome of the children have been particularly linked to the hardship confronting parenting. The

study by van Ijzendoorn *et al.* (1999) added that in very high-risk populations, where parents face multiple social problems, up to two-thirds of children have an insecure attachment to their parents. The experience of insecure attachment drives the prevalence of teenage pregnancy given the fact that the factors that foster insecure attachment, which is centre on poor parenting experience also foster the prevalence of pregnancies.

## 6.7 Summary

This chapter addressed the impact of parenting practices and approaches on the prevalence of teenage pregnancy. It is evident that various parenting practices and approaches were used to raise teenage girls' in Vhembe District, however, each practice and approach played a role in the construction of the teenage pregnancy. There were good signs of parenting commitment mostly from biological parents themselves, but one of the common factors that limited their ability is the issue of socio-economic instability. The economic situation partly led to the shared parenting responsibilities in the hands of grandparents and relatives, which even got some percentage of the teenage girls ending in child-headed homes.

There was confirmatory evidence of inappropriate sexual attitude and behaviour among the teenage girls that substantially contributed to the prevalence of teenage pregnancy. However, this sexual culture was easily cultivate patterning to some particular parenting approach. It was also evident that parents in Vhembe District mostly prefer permissive or authoritarian and uninvolved parenting approaches. So the effect of these parenting approaches leads to the early sexual debuts among the teenage girls and subsequently led them to the prevalence of teenage pregnancy. The experiences of single-parenthood might have played a role in the prevalence of teenage pregnancy, but it does not entirely account for or explain the whole influenced of teenage pregnancy in Vhembe District. The district itself is situated in an economically deprived area that also played a role in parenting inabilities and hence the prevalence of teenage pregnancy. However, the most disturbing is the fact that parents in Vhembe predominantly practice lack of sex communication with their teenagers or lack the awareness that sex supervision should constitute a part of their parenting responsibility. Without such understanding and acknowledgement, their parenting would continue to contribute to the prevalence of teenage pregnancy.

## CHAPTER SEVEN

### THE IMPACT OF SOCIO-CULTURAL PRACTICES AND VALUES ON THE PREVALENCE OF TEENAGE PREGNANCY

#### 7.1 Introduction

This chapter presents information on the impact of socio-cultural cultural practices and values on the prevalence of teenage pregnancy in Vhembe District. The information was obtained through qualitative approach instruments, using structured interviews. However, the impact of socio-cultural practices and values significantly played a role in the prevalence of teenage pregnancy through parenting patterns and practices, teenage girls' sexual taboos, peer influence among siblings, teenage motherhood, teenage girls' parents' blame assigning, peer pressure, traditional practices, sexual beliefs and practices, and social media. These sub-themes that emerged from socio-cultural practices and values collectively shaped the impacts of child-rearing in Vhembe District and then the prevalence of teenage pregnancy. Based on the emerged sub-themes, the pattern in which the teenage girls' were raised within their families constructed the processes of their social and emotional development. The indication of the findings basically revealed that the teenage girls learned teenage pregnancy behaviour through the same processes involved in their child-rearing experience. The next section presents the theme and the sub-themes of the impact of socio-cultural practices and values on the prevalence of teenage pregnancy.

#### 7.2 The impact of socio-cultural practices and values on the prevalence of teenage pregnancy

This section presents information on the impact of socio-cultural practices and values on the prevalence of teenage pregnancy. The evidence that emerged from this study results indicated that the cultural practices and values in Vhembe District were critical drivers of the prevalence of teenage pregnancy. That is, the cultural values on parenting approaches of the teenage girls were responsible for the prevalence of teenage pregnancy. This practices and values shaped the teenage girls' social behaviour within their families and the community at large. Thereof, the teenage girls' individual families exemplify the primary setting in which their lives were shaped and developed

to the pregnancies that befall them. The matrix below presents the theme and explained the emerged sub-themes on the impact of socio-cultural practices and values on the prevalence of teenage pregnancy.

**Matrix: 1. Socio-cultural practices and values on the prevalence of teenage pregnancy**

<b>Theme</b>	<b>Sub-themes</b>	<b>Description</b>
Socio-cultural practices and values	Parenting patterns and practices	Childrearing flaws were cited as the reasons behind teenage pregnancy
	Teenage girls sexual taboos	Cultural taboos on sex education among parents and teachers was cited as a reason for teenage pregnancy
	Peer influence among siblings	Peer influence among siblings was being cited as a reason for early pregnancy
	Teenage motherhood	Imitating mother as a role model could be cited as a reason for early pregnancy
	Blame-assigning	Blame-assigning on teenage girls for teenage pregnancy, excluding the male partners was cited as a reason for teenage pregnancy
	Peer pressure	Alcohol and substance abuse among teenagers were cited as a reason for early pregnancy
	Traditional practices	Traditional practices were cited on the prevalence of teenage pregnancy
	Sexual beliefs and practices	Sexual beliefs and practices were cited on the prevalence of teenage pregnancy
Social media	Social media played a role in the prevalence of teenage pregnancy	

The next section presents the information on the sub-themes that emerge in the study. The sub-themes are presented on sub-headings just as they appear in the matrix above.

### 7.2.1 The impact of parenting pattern and practices on the prevalence of teenage pregnancy

Parenting pattern and practices play a role in the prevalence of teenage pregnancy in Vhembe district. The evidence in matrix 1 revealed that the parenting pattern and practices of teenage girls placed them vulnerable to the prevalence of teenage pregnancy. Evidence that emerges from the study results indicates that the common reason behind the prevalence of teenage pregnancy and early motherhood came out of the manner in which the teenage girls' parents provided their parenting obligations. Their parents' parenting practices constituted severe factors that lead the teenage girls to early pregnancy. There were several indications that parents lack parental supervision and monitoring for the teenage girl's behaviours. So the lack of supervision and monitoring created room for the teenage girls to indulge in inappropriate activities that led them to the prevalence of pregnancy. This conclusion/ finding emerged as a common factor during the interviews with a male principal, as stated by the informant: *“Those teenagers raised by their parents, you would find out that nowadays parents are so loose in guarding their children properly. Parents don't actually know when their girls come home or when they go out. They know nothing about their social life”* (**high school principal [3], 58yrs**).

The opinions of the informant also point to the fact that though the teenage girls were raised by their own biological parents, yet the parents lack the ability to supervise and monitor their social behaviour. They have no clear knowledge of their social activities; particularly when it concerns the time the teenagers return from their outing and who they were going out with; including the nature of their involvement and what they were doing during the hangouts; as well as not knowing their friends whether males or females friends. The lacks of awareness from the parents on teenage girls social activities, collectively showed that either they are ignorant of their parenting obligations or they are not bothered by the consequences of the activities. This parenting approach undoubtedly places teenage girls on the prevalence of teenage pregnancy.

The evidence of this parenting approach largely inhabits over-permissiveness by the parents on the teenage girls' social activities, which were contributory to teenage pregnancy. In addition to the parenting permissiveness, it also showed a clear lack of parents' involvement in the lives of the teenage girls. Emerge studies in the field of parenting practices, associated with the nature of these

type of parenting approaches to permissive and uninvolved parenting approaches. So this present study findings associate the prevalence of teenage pregnancy in Vhembe District to the permissive and uninvolved parenting approaches of the teenage girls' parents'. Agadoni (2014) and Davids *et al.*, (2015) explained that permissive parenting approach typically maintains or enforces fewer if at all there are any household rules. Additionally, the children raised by permissive parents naturally show a lack of self-control and they are always egocentric. In addition to that, they are at risk of using drugs and alcohol, and often display problematic behaviours. Similarly, opinion leaders and researchers in the field of teenage pregnancy incidence associate this behavioural outcome from permissive parenting approach as the factors responsible for teenage pregnancy (Jewkes *et al.*, 2009; Panday *et al.*, 2009). The uninvolved parenting approach also has similar consequences. However, it is the worst extreme of an aspect of parenting approach, owing to the fact that they sometimes neglect their children or reject them completely. These parents characteristically have no strong emotional attachment to their children because they are not involved in their lives, so if they provide discipline, they are inconsistent with such discipline (Agadoni, 2014). They exhibit few or no expectations or demands for their children behaviours (Cherry, 2017). These are fundamentally the parenting approaches leading teenage girls to the prevalence of teenage pregnancy.

There was also evidence that the prevalence of teenage pregnancy was partly driven by parenting inexperience and lack of awareness. The study findings revealed that the teenage girls' parents' displayed a lack of concern for their sexual activities. The lack of concern for the teenage girls' sexual activities was the other fundamental reason behind the prevalence of teenage pregnancy. The findings revealed that pregnant teenage girls and teenage mothers were raised by parents that showed less commitment to parenting duties. They were not protective of the social harms that befall on their children. However, this little commitment is quite different from that of permissive and uninvolved parenting style. In this case, the parents were not permissive to the teenage girls' inappropriate social behaviours and they were involved in all sense of parenting, but rather failed to acknowledge the possibilities for the prevalence of teenage pregnancy.

The emerged results showed that these parents typically demonstrate silent reactions on teenage girls' early sexual debut and activities, and when the occurrence of pregnancy eventually sets in,

they display reactions of anger with the teenagers, suggesting that these pregnancies were unwanted. The parents' reactions observably ranged from quiet acceptance to shock and disapproval as against the parenting background of not accepting their early involvement in sexual activities or focus on pregnancy-preventive-management strategy. The respondents stated during the interviews when they were asked about their efforts towards managing the girls' sexual activities. These were evident in the following excerpt: *"I hardly knew she was dating a man. But even if I did, it would have made no difference at home now, not really (prompts). She should have known that before starting to sleep with boys"* (**biological mother [2] 39yrs**). *"She did not tell me about her pregnancy, but somehow I already knew. I went to the store and bought a pregnancy test and gave it to her to take. It came back positive and I got so upset with her. Why would she start sleeping with a man at her age? She is just 16. Her mother, my daughter waited until she was married (grandmother [3] 77yrs).*

The indication of these findings suggests that the prevalence of teenage pregnancy resulted out of the parents' disapproval of teenage girls' sexuality. The disapproval and denial of teenage sexuality by these parents point to the fact that they do not approve the teenage girls' decision to be sexually active and because they do not approve that, it further implied they cannot talk about preventing or avoiding teenage pregnancy methods with them. This was another fundamental reason that was responsible for the teenage girls' lack of informed decisions on engaging in safer sexual practices and activities. Therefore, the major factor driving the prevalence of teenage pregnancy in the households, where parents do not approve of teenage sexuality, is the lack of sexual awareness. These uninformed and unsafe sexual activities among the teenage girls' were particularly linked to the incidence of teenage pregnancy. Some studies in this respect have started to call for a rejoinder and refocus on the sensitization of teenage sexuality to reduce the prevalence of teenage pregnancy starting with their parents. Jewkes *et al.* (2009) posit that reducing teenage pregnancy lies in paying more attention to teenage girls' sexuality and the terms and conditions under which they have sex. In addition, Flanagan *et al.* (2013) advocate for teenage girls' sexuality not to be stigmatized or condemned but rather, be recognized as a stage of their sexual discovery and be supported to ensure they are making the right sex-decisions. This the reality that elopes in the parenting pattern of these parents and consequently results in the prevalence of teenage pregnancy.

In addition, the study results evidence also point to the fact that teenage girls' parents' were aware of their sexual activities, but did not expect them to become pregnant despite that they were not acting in such regards. There were also cases revealed by this study results whereby the teenage girl's parents only discover that the girls were actually engaging in sexual relations with their boyfriends after the occurrence of pregnancy. This is a display of another parenting permissiveness or recklessness, which best fit this context that led to the prevalence of teenage pregnancy. This emerged from the interviews as some of the respondents were asked about their knowledge regarding the teenage girls' sexual activities prior to becoming pregnant. These facts emerge: *"Yes. I used to suspect that my daughter was doing things (sexually active). But I did not know my girl had a boyfriend, but my younger daughter used to report to me that she saw her standing with a boy and I warned her to stop seeing boys"* (**biological mother [1] 54yrs**). *"No, I just noticed that she was three (3) months pregnant at once"* (**grandmother [6] 68yrs**). *"Her pregnancy was a surprise to me"* (**grandmother [9] 50yrs**).

The evidence of these findings showcases that there was a lack of parent-child communication and trust issues. There is a particular parenting approach that fosters this type of parenting practices. Usually, children from this type of parenting experience get scared of their parents and lack the freedom to communicate freely with their parents on matters that are bothering them. Scholars on the parenting approach associate this approach to authoritarian parents. However, two types of parenting approaches were responsible for this specific finding. The aspect where parents were knowledgeable of the fact that the teenage girls were sexually active but did not act accordingly can be associated with permissive parenting approach. However, a passing explanation of permissive parenting style has been provided above, however, this approach lacks structure for children, as it is applied in the present findings and instead portrays more responsiveness and tolerance with their needs without setting proper limits.

The other concern responsible for this finding is that the teenage girls' parents' have no knowledge whether they were sexually active. This type of parenting can be associated with authoritarian parenting approach. This type of parenting approach does not allow a child the freedom of individuation (O'Conner & Scott, 2007). Parents of the authoritarian parenting approach favour strict discipline with their parenting approach that establishes fear in them (Agadoni, 2014). An

authoritarian parent is less affectionate and some withdraw love to get the child to be obedient to their rules (Bahr & Hoffmann, 2010). This parenting style also features very little communication between the parent and the child (O’Conner & Scott, 2007). The effect of these parenting approaches was responsible for the revealed evidence in the present study findings and consequently, lead to the prevalence of teenage pregnancy.

There is also evidence that indicated grandparenthood was an attribute to the prevalence of teenage pregnancy. This evidence from the present study findings revealed that teenage girls who were raised specifically by grandparents mostly experience teenage pregnancy due to the permissive style of parenting. The evidence of these findings indicated that teenage girls lived unsupervised under grandparenthood because grandparents usually do not have clear and proper knowledge of their intimate and social activities. It was revealed that teenage girls often fake school activities during weekends and holidays to enable them to spend time with their male partners. The activities of this hangouts, also enable them to consume alcohol and other substances which often result in them into engaging in risky sexual practices leading to the prevalence of teenage pregnancy. An informant explained during the interview that grandparenthood feckless was a contributory factor to the prevalence of teenage pregnancy. This fact emerged during the interviews with the male teacher: *“Teenagers living with grannies is like they are staying on their own, they give excuses such as having extra classes’ on weekends whilst they have their own agendas, a lot of them get pregnant or are even mothers now. The group of girls who are always consuming alcohol in the stress mostly live with their grandmothers”* (life orientation teacher [2] 46yrs).

The evidence of these results indicates that teenage girls coming from grandparenthood background enjoy a created freedom that enables them to largely engage in social activities unsupervised, which increasingly place them at the risk of early pregnancy. There is literature that correlates with the present study findings on the negative consequences of grandparenthood. The study by Dunifon and Bajracharya (2012) found that the negative renderings of grandmothers parenting skills on children social competences comes out of an inactive parenthood. So the negative renderings of grandparenthood in Vhembe District place the teenage girls at the risk of early pregnancies.

There was evidence of grandmotherhood forbearance values in Vhembe District on the prevalence of teenage pregnancy. This evidence revealed from the study findings indicated that other than providing false stories by the teenage girls to enable their social activities; grandmotherhood itself value tolerance in its child-rearing practices, which was another leading factor on the prevalence of teenage pregnancy and teenage motherhood. The emerged evidence suggested that grandmotherhood squat excessive tolerance on the teenage girls' social activities and whatsoever the teenage girls decide on doing would be acceptable by the grandmothers'. Thus, the level of tolerance to the social activities of the teenage girls was placing teenage girls in early pregnancy. The evidence also suggests that the tolerant parenting style was a common practice among grandparents in Vhembe District, such that it regularly swayed young girls to desire living with their grandparents as an alternative to their biological parents just enjoy the freedom for social activities. This fact emerged from the interview as causes of teenage pregnancy because grandparents value tolerance of young children towards setting household rules. In this case, teenage girls do not need to provide false stories to enable them to engage in any behaviour of choice. A male informant indicated during the interviews: *"In our own culture, grandmothers are too tolerant and over-pet their grandchildren, so some of the teenagers prefer living with their grandmothers instead of their biological parents ... so the teenagers living with grannies get pregnant so often because they are over-pet to do anything they like to do"* (**life orientation teacher [3] 54yrs**).

The implication of this evidence indicates that teenage girls in Vhembe District deliberately decide on living with grandmothers because they know they are not going to be supervised and monitored on their social activities. The evidence further suggests grandmothers' households have no established rules of conduct. So the absence of household rules involving control, monitoring, and supervision, as well as the freedom of social activities, the teenage girls enjoy at the hands of the grandmother was contributory to early pregnancy. The cultural tolerant values of the grandmotherhood feature a permissive parenting approach. The studies on parenting styles explain that permissive parents typically display excessive freedom to children behaviours (Agadoni, 2014). Thus, the present study result revealed that the values of grandmotherhood are an inappropriate parenting approach attributing to the prevalence of teenage pregnancy.

Additionally, there was evidence from the findings that showed the parents' to pregnant teenage girls and teenage mothers were not aware of the teenage girls' age when they got pregnant. Some of the pregnant teenage girls' parents' were of the assumption that the teenage girls were mature enough to be pregnant, looking at their physical appearances. The indication of this evidence from the findings suggests that to be an adult is the hinge on the teenage girl's physical appearance, according to the opinion of the teenage girls' parents'. This emerged as a fact during the interviews when the parents to the pregnant teenage girls' and teenage mothers were asked the age of their children. As stated during the interviews: "*She is 15 years. Eish, I am not sure of the age. Mara (but) she is big. She is a woman already*" (**grandmother [11] 79yrs**). "*Maybe 16 or 17 years*" (**grandmother [7] 76yrs**). "*She got pregnant earlier than her mother. I had her mother when I was married and I was 19 by then*" (**grandmother [4] 53yrs**).

The implication of this evidence is that some teenage girls in Vhembe District are growing up under parents who are acquainted with the knowledge of the delicate live-stage of teenage-hood. The reason while the prevalence of teenage pregnancy is been regularly criticized is due to the fact that a teenage girl's biological organs are still undergoing the process of maturity. A study profiling the health consequences of teenage pregnancy found that one out of six of teenage mothers offspring died before their first year birthday in Cameroon, Liberia, and Niger, due to the immaturity of the teenage girls' biological organs (Kirchengast, 2009). In addition, an estimated 70, 000 teenage girls die each year because of early pregnancy which occurs before they are physically mature enough for successful motherhood (WHO 2014). The evidence of this particular findings further indicates an act of parenting cluelessness on the parents of pregnant teenage girls' and teenage mothers, because falling pregnant and becoming a teenage mother at a very younger age have serious health and social impacts on the teenage girls'.

The absence of parents-teenage girls' communication has led to the prevalence of teenage pregnancy. There were indications for behavioural expectation demand of the teenage girls' by the parents' that were hardly communicated from the parents' to the teenage girls. The failure to communicate this expectation were also reasons for early pregnancy. The teenage girls' parents' expected the teenage girls to follow the family behavioural standards, not becoming pregnant before marriage. This expectation from the parent was not communicated directly with teenage

girls, rather they were expected. The evidence of these findings actually indicated unspoken expectation. This was revealed during the interviews with the parents of pregnant teenage girls' and teenage mothers in respect to their knowledge of teenage girls sexual activities. The evidence of these results also indicates that parents assumed providing sex education leads to creating awareness for them to engage in the actual sexual practices. As stated during the interview when asked with respect to their knowledge: *"No.... (prompt). I expect her to follow in her elder sister's footsteps. They all finished schooling in the university and got married before having children. But this one, she is a mother even without finishing in Mbiwi (the name of the last high school she attended)"* **(biological mother [1] 54yrs)**. *"Yes, that was when my friend told me my daughter has a boyfriend now, I asked her to stop seeing that boy"* **(biological mother [3] 41yrs)**. *"I asked her to stay away from boys"* **(grandmothers [6] 68yrs)**. *"I warned her from men that she would get pregnant"* **(grandmothers [2] 59yrs)**.

The evidence of these findings revealed ineffective parenting skills. Ineffective parenting was a leading factor behind teenage pregnancy. This manner of this parenting practices is typical of authoritarian parents who tend to have many household rules, and expect their children to abide by the rules without explanation. They are consistent with punishment if their children misbehave or fail to abide by the rules (Agadoni, 2014). However, unlike the authoritative parents who explain the reason for the punishment, authoritarian parents do not believe they need to offer a reason (Roman *et al.*, 2016). This implies that children are expected to learn from parents' established rules and failures to learn from established rules lead to the early pregnancy. This parenting approach and practised showed to a certain extent that parenting naivety and gullibility are associated with the prevalence of teenage pregnancy and teenage motherhood.

Furthermore, the feckless parenting approach created the way for the prevalence of teenage pregnancy. Basically, unplanned teenage pregnancy is blamed primarily on a lack of knowledge about sex and contraception or inadequate skills in negotiating safer sexual relationships, despite evidence to the contrary (Arai, 2009; Macvarish & Billings, 2010). The concern for teenage girls' falling pregnant and having babies intensified the preconceptions that teenage girls' parents' are incompetent and ignorant of the basic needs of a girl. Parenting practices that fail to incorporate risk-avoidance practices are qualified to be viewed as feckless or irresponsible parenting; not only

are such practices unwise, but they are progressively viewed as ‘wrong’. The study by Dodds (2010) identified that the people who are most often deemed as being ‘at risk’ are described as suffering from ‘learned helplessness’ and this assumes that those ‘at risk’ are, on at least some occasions, unable to act in their own best interests, despite the aware harms.

There was also evidence that parents’ silence contributed to the prevalence of teenage pregnancy. There was an indication that the teenage girls’ parents’ indirectly raised teenage girls to the prevalence of early pregnancy due to their parenting practices. The evidence indicates that parents were not bothered about the possibilities of teenage girls becoming pregnant due to her type of social activities. This was revealed during interview sessions with respect to parents’ efforts on the measures to prevent their daughters from becoming pregnant. The respondents stated during the interviews: *“No no no, I don’t want to labour myself. What for?... I have two boys and one girl. She is the first to be pregnant, but I don’t mind, I want her to make a baby child after all” (grandmother [9] 50yrs). These days no matter what you do, any girl who wants to get pregnant will get pregnant. It is not up to us again like in our days where parents will punish for not obeying instructions” (biological [1] 54yrs).*

The researcher’s opinion was, the respondents became infuriated with the reality of their teenage girl pregnant. However, the evidence also suggests that the parents are not doing enough to prevent the prevalence of teenage pregnancy by focusing on preventive measures or creating awareness necessary to avoid early pregnancy. A South African Youth Risk Behavior Survey (YRBS), reported in their literature that among teenage learners who had ever had sex, 16.4 per cent were involved in a pregnancy and the prevalence increased by 19 per cent after a decade plus (Reddy *et al.*, 2013). The concern remains that, high rates of teenage pregnancy hint at high rates of unprotected sexual behaviour. Thus, interventions aimed at reducing teenage pregnancy rates should rather target the factors associated with teenage pregnancy, which then involve the efforts of the parents preventing early sexual debut among teenage girls through their parenting practices. This would be impossible without comprehensive life skills and sexual health education by them (parents), and their ability to equip the teenage girls with skills to negotiate safer sex with their partners, and creating an early social norm of responsible womanhood so that girls perceive getting

pregnant as unfavourable to their future progress. The next section presents information on the impact of cultural taboos on the prevalence of teenage pregnancy.

### **7.2.2 The impact of cultural taboos on the prevalence of teenage pregnancy**

Cultural taboos play a role in the prevalence of teenage pregnancy in Vhembe District. The other evidence that emerges from this study findings indicates the lack of sexual awareness of the prevalence of teenage pregnancy. The lack of sexual awareness that was pervasively entrenched in the sexual practices of the teenage girls' was due to the uncommon talk on teenage sexuality in Vhembe District. The revealed evidence of this finding on the commonly shared practice of not talking about teenage sexuality indicates that sex education was a prohibited subject in Vhembe District. The indication of this sex education prohibition constitutes a norm that the teenage girls' parents valued and based their parenting practices on. So the teenage girl's parents were been prohibited by the culture of not granting the teenage girls the privilege of sex education.

The practice of sexual taboo account for the main reason behind the lack of sexual awareness among teenage girls and subsequently the prevalence of teenage pregnancy and teenage motherhood in Vhembe District. There was evidence from the findings that revealed the teenage girls' parents' commonly believe sex topics discussion were inappropriate and should be avoided particularly with the teenage girls. The evidence of this finding indicates pregnant teenage girls and teenage mothers come from parents who consider sex education as an inappropriate parenting practice. As the respondents stated during the interviews when asked about their role on sex education and sensitization for the teenage girls: *"No, it does not seem right to discuss such matters with your children"* (**biological mother [3] 41yrs**). *I did not hear such topics being discussed by my parents either"* (**grandmothers [7] 76yrs**). *"No, but I tried a lot of times to stop her from seeing boys"* (**biological mother [1] 54yrs**). *"It is not right to even discuss that with your girls, talk less of your grandchildren, it is not good for them"* (**grandmothers [3] 77yrs**).

Based on the results that emerged, it is evident that the teenage girls' parents' considered it inappropriate to discuss and educate the teenage girls' sexual health concern; even when they were aware of the teenage girls' sexual activities and involvement, they avoided the conversation on the

subject. The indication of this finding suggests that parenting practices were helping to promote the prevalence of teenage pregnancy. In addition, the result evidence also suggests that teenage girls' parents preferred to enforce measures for them to discontinue their relationship with boyfriends instead of safeguarding them through the relationship. These enforcement measures were gear towards the teenage girls' sexual abstinence. So since parents in Vhembe District favour sexual abstinence over sex education and the sexually active teenage girls are still falling pregnant due to lack of sexual awareness. It, therefore, validates the perception of sexual taboos on the prevalence of teenage pregnancy.

These findings also indicate a perception of the prevalence of teenage pregnancy as a social behaviour that gives expression to the impact of a collective culture of parenting practices. The narratives in some literature suggest that sexual taboos empower men over women. With respect to the focus of teenage pregnancy, several kinds of literature demonstrate sexual taboos as a fundamental determinant of early pregnancy (Hoffman-Wanderer, 2013; Morrell *et al.*, 2012). The study by Panday *et al.* (2009) presented that the critical drivers that place teenage girls at heightened risk of teenage pregnancy are factors that include the lack of opportunities to discuss sexuality where high levels of stigma about teenage sexuality abound, which leads to lack of sexual awareness; and, men making decisions about sex in situations where for instance teenage girls are involved in relationships of unequal power often resulting in unprotected and coerced sex. All these are the effects of lack of sexual awareness among teenage girls that lead to teenage pregnancy. Similarly, Jewkes *et al.* (2009) noted that the prevalence of teenage pregnancy is a social occurrence whose causes and consequences are rooted in women's gendered social environment.

Furthermore, there was evidence that revealed that culturally adhere high school teachers' with the obligation to teach and deliver sex awareness lessons were impeded to do so, because of sexual taboos leading to the prevalence of teenage pregnancy. The teenage girls in Vhembe District are more pervasively sexually naïve owing to the fact that, the two main mediums (parents and schools teachers) are impeded by culture to deliver sex education. The culturally-motivated values lead to teenage girls' inability to negotiate safer sex, placing to early pregnancies and teenage motherhood. As stated during the interviews when asked about the role of culture in the prevalence of teenage

pregnancy and motherhood. A male informant indicated the following: *“There is a subject that orientates teenagers or children called life orientation, but I believe that the teachers due to our culture are not honest and mostly not qualified to take the subject. Sex education was not a topic from the origin. It was introduced recently and many teachers were not trained to teach the subject but they teach it just because they have been teaching here for a while. Some of the teachers are not even experienced enough to teach life orientation but they are the teachers for the subject now. It has been raised many times that teachers are teaching subjects that they are not qualified to teach. There is a huge shortage of teachers in the schools and the government knows that, especially teachers who teach life orientation”* (high school principal [4] 52yrs).

The study results imply that even high school teachers adhere to cultural standards, in so doing avoiding or skipping to deliver appropriate sex education. The ineffective professionalism of high school teachers is another dimension of cultural values on the prevalence of teenage pregnancy and motherhood. The study by Bearinger (2007) explained that most basic needs of teenagers are for accurate and complete information about their body functions, sex, safer sex, reproduction, and sexual negotiation and refusal skills. Without such information, teenagers are forced to make poor and unthoughtful informed decisions subjecting them to early pregnancies and teenage motherhood. The next section presents information on sibling influence on the prevalence of teenage pregnancy.

### **7.2.3 Siblings influence on the prevalence of teenage pregnancy**

Pregnant siblings influence or teenage mother influence plays a role in the prevalence of teenage pregnancy in Vhembe District. The evidence that emerged from this study result revealed the role of peer influence on the prevalence of teenage pregnancy. The evidence from the study result indicated that the prevalence of teenage pregnancy was also influenced by the previous occurrence, suggesting that the younger siblings of pregnant teenage girls end up becoming pregnant at their teenage-hood. The implication of this evidence suggests that younger siblings learn teenage pregnancy behaviour from the older siblings. This emerges as a fact when the parents were asked about any occurrence of previously teenage pregnancy incident. As indicated during the interviews: *“Yes, she is the second girl to get pregnant with my granddaughters”* (grandmother

**[6] 68yrs).** *My first child was pregnant just too early, I think she was 15 or so. She was younger than this one then. The other girl is my sister's daughter (niece), the two of them were pregnant the same year"* (**biological mother [1] 54yrs).**

An indication of this emerged evidence further implied that the prevalence of teenage pregnancy is a behaviour that was also passed on to younger siblings. These findings are deeply supported by the theoretical assertion of social learning theory guiding this study. The social learning theory supports the theoretical assertion that behavioural learning principle fundamentally takes place with individuals of immediate contact, both directly and indirectly, exposing them to acceptable behaviours (Bandura, 1963). The social learning theory upholds evidence of the fact that an individual's immediate social circle generates behavioural codes and models, which become a source of imitating behaviour. An immediate social circle includes family members among others. These social circles communicate attitudes, views, and values that an individual can adopt and inculcate, including spelling out social behavioural codes of conduct (Akers & Sellers, 2004). The present study findings also correspond to empirical studies on the prevalence of teenage pregnancy. The study by Panday *et al.* (2009) explained that peer influence contributes to the prevalence of teenage pregnancy through peer pressure arising from risky sexual behaviours and substance abuse, which are fundamental drivers of teenage pregnancy. The next section presents the impact of teenage motherhood on the prevalence of teenage pregnancy in Vhembe District.

#### **7.2.4 The impact of early motherhood norms on the prevalence of teenage pregnancy**

The experience of teenage motherhood on teenage girls played a role in the prevalence of teenage pregnancy in Vhembe District. The evidence that emerged from this study indicated that pregnant teenage girls' and teenage mothers also had the experience of teenage parenthood. This study results revealed evidence that pregnant teenage girls and teenage-mothers were raised from teenage motherhood background. The implication of these findings is an indication of the impact of teenage motherhood involvement led the teenage girls to become pregnant. This is an empirical indication of the fact that the teenage girls socially imitate their mothers as role models. Therefore, the evidence also suggests that the prevalence of teenage pregnancy in Vhembe District was as a result of young girls imitating their mothers as a role model. The reoccurrence of teenage

pregnancy in these teenage girls is an indication that the society and the immediate environment in which they were growing up in was not condemning teenage motherhood. This was made known during the interviews when the parents of pregnant teenage girls and teenage mothers were asked their own age at first birth. The respondents stated the following: *“I was 17 years old, I was still young though”* (**biological mother [2] 39yrs**). *“I think I was 19 going to 20”* (**biological mother [4] 38yrs**). *“I was 18, but 18 years old then is like 22 years old now”* (**biological mother [1] 54yrs**).

The evidence from this study correlates with existing studies that have traced the prevalence of teenage pregnancy to their parenthood background associated with teenage pregnancy to the experience of teenage motherhood. The study by Akella and Jordan (2015) particularly presented an excellent profile of the prevalence of teenage pregnancy. The study found that some of the research participants (the pregnant teenage girls and teenage mothers) had been exposed to early motherhood by their mothers. The findings of this present study have the theoretical backing of the social ‘self’. The theory of the social ‘self’ established that it is through the processes of role attraction that an individual develops a behaviour that is prerequisite to ‘self’. Mead’s theory of the social ‘self’, upholds the theoretical assertion that the ‘self’ is not an attribute of birth, but rather ‘self’ is developed over time through social experiences and activities. Mead’s theory of the social ‘self’ is based on the perception that the self-emerges from social interactions, such as observing and interacting with others, responding to others opinions about oneself, and internalizing external opinions and internal feelings about oneself. The ideas that drive the theory of the sociological account of ‘self’ are empirically based on principles that work together to form the social competence of an individual reality. Furthermore, this theory explains the empirical evidence of the present study result of the prevalence of teenage pregnancy that emerges from the experience of teenage motherhood.

#### **7.2.5 The impact of blame-assigning on the prevalence of teenage pregnancy**

Blame-assigning on the teenage girls for occurred pregnancy played a role in the prevalence of teenage pregnancy. The study findings indicated that the parents of pregnant teenage girls and teenage mothers assigned the blame for teenage pregnancy on the teenage girls, excluding the male

partners. The implication of this evidence suggests that excluding male partners from pregnancy responsibilities empowered them to perpetuate the act. The teenage girls' parents' attitude of apportioning blame to teenage girls for falling pregnant, excluding the male partner's disadvantage both the teenage girls who have not experienced pregnancy. In some situations, the parents (mostly fathers) to the pregnant teenage girls, force the teenage girl out of the home, a situation that further multiplies vulnerabilities to the teenager, particularly if the young girl ended up living by herself. This emerges as a fact during the interviews. A male informant stated the following: *“In fact, it is not right to keep looking at the girls alone when it comes to teenage pregnancy; the boys also play a significant role in teenage pregnancy. If we keep blaming the girls and excluding the men who get them pregnant, it will keep giving the men more power to keep destroying these young girls. Fathers here can drive the child out of his house and the wife usually is helpless in this situation. It is too bad”* (high school principal [2] 49yrs).

The implication of this evidence from the study findings also suggests that teenage girls who are victims of these circumstances do not only end-up living alone but also as a single teenage mother in a child-headed home. The evidence arising from blame-apportioning also gives expression to other critical attributes, such as a single teenage mother and child-headed home that further drive the prevalence of teenage pregnancy. The validity of study findings corresponds with several existing studies that have attributed gender inequality in sexual relationships, single teenage motherhood and child-headed households on the prevalence of teenage pregnancy (Macleod & Tracey, 2010; Panday *et al.*, 2009). Though the impact of single teenage motherhood on the prevalence of teenage pregnancy has been provided in the previous section. However, the teenage girls' parents' blame assigning also gave a dynamic expression on the prevalence of single teenage motherhood.

With respect to gender features on the prevalence of teenage pregnancy, there are several studies that have demonstrated the role of gender inequality in the prevalence of teenage pregnancy. The study by Jewkes *et al.* (2009) theorized that the prevalence of teenage pregnancy also lies in the lack of attention to the gendered features of sexuality and the terms and conditions under which the teenage girls have sex. Contrary to the present study findings, the evidence which emerged suggested that it is not lack of attention on gender features of sexuality, but rather lack of

recognition that male partners should equally be held liable for teenage pregnancy. Apportioning blame for the prevalence of teenage pregnancy by the parents does not only indicate that men can escape the responsibilities of teenage pregnancy but also displayed that the positioning of teenage girls in this situation is relegated to the accountability. Another aspect of this implication is that the teenage girls are blamed for the reasons why the sexual encounter transpired or occurred. These findings further display an attitude that places men first before women. These gender inequalities further give an expression of gendered expectations of how teenage boys and teenage girls should act in the context of sexual activities. It positions sexual taboos for the teenage girls and sexual permissiveness for the teenage boys.

The finding of blame-assigning of teenage pregnancy on the teenage girls patently portray a cultural motivated value of gender dynamics and the influence of the patriarchal system. Hence, the blame-assigning fundamentally plays a role in the prevalence of teenage pregnancy. The evidence of this findings thus suggests that there is a patriarchal system of the social setting in Vhembe District. The study by Bassey, Thobejane, Atu, Zikhali, and Makatu (2015) noted the gender dynamics involved in social roles in favour of men in Vhembe District. In this tradition, men hold the sovereign power to control households and society as a whole while women are ascribed to a lower hierarchy compared to men (Ahmad, 2016). The implication of this finding collaborates with the study by Ahmad (2001 cited in Parveen, 2008) on the historic dispossession of women social standing, which often aggravates their positions in the society and they are subordinated as a production unit for bearing and rearing children.

Additionally, the teenage girls' parents' blame assigning also emerge evidence of child-headed household context. There is a great concern for the effects of child-headed households because of livelihood context. Part of this concern has always been based on the children social behaviours and the prevalence of teenage pregnancy. The negative health and social consequences for a teenage mother and her baby in child-headed homes, both during pregnancy and afterwards pose a great harm to the development of the child (Neiterman, 2012). The study by Lemos (2009) found that teenage mothers' inexperience of looking after themselves and their children contributes to negative child development, particularly towards teenage-hood. Parental immaturity affects the ability to moderate negative social behaviour, such as substance use among children and seeking

positive child behaviour (Lemos, 2009). The prevalence of teenage pregnancy is more common among teenage girls coming from child-headed homes or teenage parenthood experienced, because of poor childcare provision (Akella & Jordan, 2015). The factors mentioned above are the added impact of the teenage girls' parents' blame assigning for the occurred pregnancy on the prevalence of teenage pregnancy. The next section presents information on the impact of peer pressure on the prevalence of teenage pregnancy.

### 7.2.6 The impact of peer pressure on the prevalence of teenage pregnancy

Peer pressure played a role in the prevalence of teenage pregnancy. The evidence of this study revealed that pregnant teenage girls and teenage mothers also planned their own pregnancy in order to access the child support grant. The child support grant programme contributes to the prevalence of teenage motherhood in Vhembe District. The evidence from the study revealed the cash received in some cases were diverted for its original purpose. This indicates that teenage mothers use the cash meant for the upkeep of their children for the purchase of their needs, neglecting the needs of the child. The evidence indicates that the benefit derives from being a teenage mother leads to a situation that pressures other teenage girls with similar needs to follow that same pathway in order to enable themselves purchase their basic needs at the expense of the child. The impact of this pressure was found to be contributing to the prevalence of teenage pregnancy. As stated by an informant: *“It is peer pressure playing a role, depending on what the previous pregnant teenager or teenage mother is benefiting from it, like buying themselves All Star sneakers with the money they receive. For instance, being given money by a person who is taking care of the child, or the child support grant. The government has been doing everything possible for teenage pregnancy, unfortunately, the agents are not doing their job or rather they are the ones misleading the government”* (life orientation teacher [3] 54yrs).

This indication of this evidence suggests a lack of future ambition for the teenage girls who planned their motherhood to access the child support grant. Although the poverty experienced is devastating, the evidence also shows a lack of aspiration having to settle for as little as child support grant (less than R500). The results of this study practically showed that the prevalence of teenage prevalence is also material-value-driven. This is study results evidence further suggests

that peer pressure among teenage girls' was the attachment to a moral-value rather than an economic rationality which renders them intolerable to policy manipulation. The present study results buttressed the study by Duncan (2007), that the basis for planned pregnancy by the teenage girls' themselves (even when they are living with their parents), depends not on their lack of sexual restraint, but rather economic prudence. The indication that teenage girls were self-pressured to become teenage mothers speaks poorly of themselves in many ways, even when the choice to choose their future lies in their own hands.

The evidence that emerged from the impact of peer pressure on the prevalence of teenage pregnancy further indicates how deep the impact of social issues on the teenage pregnancy. Factors like parenting might have explained to an extent the impact on the prevalence of teenage pregnancy, but the values the teenage girls themselves inculcate from their immediate surrounding also shaped the prevalence of teenage pregnancy. These values, no matter how beneficial they are to the teenage girls, is a social evil, considering the consequences it brings. The evidence that emerged from this study on the impact of peer pressure on the prevalence of teenage pregnancy also buttressed the study by SmithBattle (2000 cited Macvarish, 2010), that noted that the depravity that modern teenage mothers commit is not the sin of desire, but the sin of not planning and rationally choosing their future. There is so much to say about the teenage girls who plan their motherhood. Consequently, some studies profiling reducing the prevalence of teenage pregnancy have suggested situating benefit policies within broader developments programs that are targeting the concern about the 'child at risk' being elevated to a significant political and cultural motif (Gill, 2007; Guldberg, 2009) and 'parenting' becomes a central area of policy concern and a dynamic area of policy intervention (Bristow, 2009). Peer pressure impacts on the prevalence of teenage pregnancy that emerged from the present study results, further highlighting the dynamic vulnerabilities of teenage girls in the society.

Additionally, peer pressure arising from socialization patterns in schools was a contributing factor in the prevalence of teenage pregnancy and motherhood. There was evidence revealed in the present study that showed that teenage girls, mostly in high schools socialize according to gangs and cliques. Some of these, are gangs, with a peculiar social standard, including the use of expensive smartphones, wrist watches, among others. The evidence indicates that some of the

teenage girls grow desirous and pressured to purchase these expensive gadgets beyond their parents' affordability. The evidence suggests that the desirous pressure factor leads teenage girls to involve in sexual relations with elderly men and sugar daddies. The implication is that the teenage girls with this social behaviour in high schools were easily condemned to teenage motherhood, because of their motive and willingness to receive child-care maintenance, they also planned their pregnancy. As stated during the interviews, the male informants explained the following: *“Teenage mothers in this school have a habit of owning expensive things. They have big phones, nice wrist watches, in short, they are used to good things, which are all benefits of dating sugar daddies”* (**high school principal [2] 49yrs**). *In fact, it is not sexual desire that makes teenagers do a lot of things that lead to pregnancy, but peer pressure wanting to belong to a particular group”* (**high school principal [2] 49yrs**).

In addition, a female informant concluded that: *“Sleeping with old men and getting money from it is a big teenage pregnancy problem. Sisters can even sleep with one man because he has money and they are both benefiting from the man. Sisters even get pregnant for the same in this village. They are young and their parents can't say anything because the man is rich and they want money. “Hmm, I have seen things I can never imagine happen in our days. An elder sister and younger sister with one man or even when they were cousins, they are still blood”* (**community leader [1] 80yrs**).

Based on the study results, the implication of the nature of peer pressure leads to the teenage girls' sexual relations with older men and sugar daddies and can be captured under intergenerational sex. Existing studies on the prevalence of teenage pregnancy demonstrated the impact of intergenerational sexual relationships among teenage girls' on the teenage pregnancy, indicating that for the teenage girls it is not about the sexual desires, but rather benefits accumulate from it (Guttmacher Institute, 2011; WHO, 2014). The study findings suggest that the reasons for the prevalence of teenage pregnancy were receiving benefits for the pregnancy.

The evidence of peer pressure led to intergenerational sexual relationships also took place within the family. Peer pressure among siblings was found to play a substantial role in the prevalence of teenage pregnancy through the intergenerational sexual relations. Some studies on the prevalence

of teenage pregnancy found that for a young teenage girl having to grow-up with an older sibling being a teenage mother and receiving benefits, has an impact on the younger teenager for early pregnancy (Fletcher & Yakusheva, 2011). Several studies responding to the interplay of family influences on the prevalence of teenage pregnancy posit that cultural factors that shape the family structure and family process (Crossman, 2013). For example, the outcome of sexual behaviour among siblings plays a role in teenage pregnancy. Similarly, the study by Anand and Kahn (2013) indicate that peer pressure among siblings plays an important role in the risky sexual behaviours of teenagers, suggesting that younger siblings are more likely to emulate their older sibling's behaviour.

The evidence from the study findings is supported by the theoretical assertion of differential association and definitions of the fundamental principles of social learning theory. Differential association as a fundamental principle of social learning theory supports the fact that an individual immediate contact both directly and indirectly, exposed them to acceptable behaviours as well as a variety of other behavioural models (Akers and Sellers, 2004). Differential association spells out an individual social behavioural code of conduct. Meanwhile, definitions are what an individual interprets to be acceptable behaviour and correct values and attitudes for themselves. This is a self-judgment principle of social learning theory. Definitions are usually developed and reinforced through the process of differential association (Akers and Sellers, 2004). If the definitions conform to conventional and traditional values, then certain behaviours such as the teenage pregnancy behaviour and actions would automatically be encouraged. Thus, the evidence of peer pressure on the prevalence of teenage pregnancy from a theoretical perspective is a learned behaviour in teenage pregnancy. The next section presents information on the impact of traditional practices on the prevalence of teenage pregnancy.

### **7.2.7 The impact of traditional practices on the prevalence of teenage pregnancy**

Traditional practices play a role in the prevalence of teenage pregnancy in Vhembe District. The study results revealed that the traditional practices in Vhembe District contribute, to the prevalence of teenage pregnancy. The evidence indicated that these traditional initiation schools are held occasionally, to enable teenage girls to attend and moments after the return from the initiation

schools, many of the teenage girl who attended the school fall pregnant. The study results point to the fact that, the lessons learned from the initiation schools encourages teenage girls to engage in unsafe sexual practices. In other words, the message derived from the initiation schools is a driving factor in the prevalence rate of teenage pregnancy. This emerges as a fact during the interviews as the male informants explained the following: *“There are times when girls attend the traditional initiation schools, I don’t know whether they are made to believe that they are mature or what, because many of these girls who attend the school often get pregnant immediately after they come back”* (life orientation teacher [1] 46yrs).

The implication of this evidence indicates that the teenage girls were not taught sexual protection in the initiations schools. However, the main idea behind the initiation schools is to teach young girls how to behave responsibly and be exemplary women as well as good wives to their husbands. Those are the main ideas that behind the traditional initiation schools. It is still unclear, the reason for the ideological change to become an entry that promotes teenage pregnancy. However, the evidence that emerges shows that returnees of the initiations are prone to the prevalence of teenage pregnancy. Another implication of the study evidence is the fact that, teenage girls are not bothered by the pregnancy that occurs to them, even if they are perceived as youngsters. The fact that (teenage girls) still attend initiation that makes them vulnerable to early pregnancy knowingly, is a concern for the Vhembe District cultural values.

Given the fact that the traditional initiation is a culturally motivated value, the impact it has on the prevalence of teenage pregnancy points to the lack of sex education on early pregnancy risk-avoidance. Hence, these findings indicate that traditional practices and values are fundamental contributors to the prevalence of teenage pregnancy. The present study findings are sustained by the theoretical framework guiding this study. Bandura’s social learning theoretical assertion vehemently support the present study findings with the reliance on motivation as the reason for occurrence and reoccurrence of teenage pregnancy through the impact of traditional practices. The social learning theory description of motivation is fundamentally based on environmental and thus social factors since motivational factors are driven by the functional value of different behaviours in a given society. The present study findings buttressed the study by Jewkes *et al.* (2009) that indicated cultural values and traditional practices contribute to the prevalence of teenage

pregnancy. Therefore, the pregnancy that occurs in teenage girls resulting from traditional practices is a culturally motivated value on their sexual habits and behaviour. A body of literature on culture has revealed that culture itself is a phenomenon that requires comparative practices in the society (Bornstein, 2012; Pojman & Fieser, 2011). Although it was not indicated from the emerged evidence, whether teenage girls were taught to value unprotected sexual practices, however, studies on cultural practices and values have indicated that cultural values mediate the sexual practices of the teenage girls (Ardington, 2012). The motivational ideas that social learning theory advocates, suggest that value rewards are not the sole force behind creating motivation. Thoughts, beliefs, morals, and feedback all together help to motivate an individual. Thus, the cultural values revealed by the study findings on the prevalence of teenage pregnancy are collectively driven by the ideas of motivation on the teenage girls. The next section presents information on the impact of sexual beliefs and practices on the prevalence of teenage pregnancy.

### **7.2.8 The impact of sexual beliefs and practices on the prevalence of teenage pregnancy**

The teenage girls' sexual beliefs and practices played a role in the prevalence of teenage pregnancy. The emerged evidence from this study indicates that non-condom use, sexual beliefs, and practices contribute to the factors driving the prevalence of teenage pregnancy. The results further indicate that pregnant teenage girls and teenage mothers' practised the sexual belief of non-condom use as an indication of a pledge to their relationship and also the commitment of loyalty. The evidence also suggests that the non-condom use sexual belief is a culturally motivated value practice among women and men in the Vhembe District, as an indication to each other as the main girlfriend or main boyfriend in their relationship. This emerges as a fact in the interviews when asked if they practice the non-condom use sexual belief, the respondents explained: "*I believe your man can't sleep with you with a condom if you are not the main girlfriend*" (**teenage mothers [12] 18yrs**). "*Not using a condom for sex shows genuine love and... even commitment. I don't take you seriously if you always use a condom with me*" (**teenage mothers [16] 17yrs**). "*In fact, my main boyfriend is the only person I can sleep with without using protection. I use a condom sometimes*" (**pregnant teenager [1] 19yrs**).

The implication revealed from this study results suggests that the teenage girls' sexual attitude in Vhembe District were responsible for the prevalence of teenage pregnancy. The present study findings correlate with studies profiling the prevalence of teenage pregnancy, that indicates the incidence of teenage pregnancy, are entirely social occurrence, which the teenage girls themselves contribute to shaping, through their attitudes and actions that are influenced by the environment in which they are socialized and the relationships that they develop (Jewkes *et al.*, 2009; Panday *et al.*, 2009). The validity of the present study findings has the backing of Mead's theory of the social self as a theoretical framework guiding this study. The fundamental theory of the social 'self' is shaped by the overall view of socialization as a lifelong process in the society. The concept of social 'self' describes the sociological context revolving around the prevalence of teenage pregnancy from "self" introspective and retrospective standpoint. Through self-medium teenage girls tends to be conscious of the general attitudes of the community, and judge and evaluate themselves base on that attitude. Owing to the attitude, conduct is regulated in terms of the expectations and the attitudes of others. Mead's theory of social 'self' demonstrates the social process influences the sexual attitude and behaviour of the teenage girls that lead to the prevalence of teenage pregnancy. The next section presents information on the impact of social media on the prevalence of teenage pregnancy.

### **7.2.9 The impact of social media on the prevalence of teenage pregnancy**

The impact of social media outlet was cited as a factor among the teenage girls contributing to the prevalence of teenage pregnancy. This emerges as a socio-cultural factor that teenage girls' involved in the erotic conversation in high schools through the use of smartphones and other gadgets play a role in the prevalence of teenage pregnancy. This conclusion/ findings emerged as a common factor during the interviews, as stated by an informant: *We are also forgetting one thing, which is the media factor on teenage pregnancy. The teenagers are learning a lot of these sexual activities from the media, like watching porn and other sexually motivated things in the media. As a principal, I have dealt with several cases of this type*" (high school principal [4] 52yrs).

The implication of this evidence suggests that the use of modern technology by the teenage girls in high schools has increased their sexual activities as well as the prevalence of teenage pregnancy.

The present study findings correlate with the study by Kimemia and Mugambi (2016), with the claim that the use of modern technology is exposing teenagers to websites that accelerate sex activities among them, thereby leading to the prevalence of teenage pregnancy. These findings are further validated by the theoretical backing of social learning theory on the use of social media and access to erotic scenes by teenagers are contributing to the prevalence of teenage pregnancy. Bandura's theoretical assertion support the present study findings on the basis of modelling behaviour, which states that the functional value of modelling behaviour is the characteristics impacted by the observer. From a social learning theoretical perspective, the use of electronic media by the teenage girls uniquely positioned them to be particularly vulnerable to its effects. Therefore, the impact of social media, as evidence revealed by the study results, contributes to the prevalence of teenage pregnancy through the effect of modelling media behaviour.

### **7.3 Summary**

This chapter addressed the impact of socio-cultural practices and values on the prevalence of teenage pregnancy in Vhembe District. The impact of socio-cultural practices and values were found to determine the prevalence of teenage pregnancy through the collective impact of parenting patterns and practices of the teenage girls, the teenage girls' sexual taboos practices, peer influence among siblings, the experienced of teenage motherhood, the teenage girls' parents' blame-assigning that reinforce gender features and inequalities on the parenting tasks, peer pressure among the teenage girls', the teenage girls values on traditional practices, the sexual beliefs and practices of the teenage girls, and the use of social media.

The cultural values and practices in the study area significantly contribute to the ways parents approach their parenting practices towards the teenage girls. The impact of the parenting practices and values did not only shaped the teenage girls' inappropriate social behaviour in the community at large but also determined their unhealthy development that led to the prevalence of teenage motherhood. In addition, the teenage girls' sexual taboos in the study area extensively rendered them sexually naïve and further endangered them to sexual exploitation that led to the prevalence of teenage pregnancy and motherhood. For some reasons, the culture of teenage pregnancy was fashionable and gaining acceptance within families, in a pervasive way that positioned the

likelihood of younger siblings to teenage mothers becoming pregnant. This teenage pregnancy culture was also found to be a repeated occurrence among teenage motherhood experiences.

Nonetheless, the blame-apportioning for teenage pregnancy on the teenage girls have added consequences for the girls, which did not only placed unequal responsibilities for the parenting tasks, but rather empowered men. The lack of social welfare was the reason behind teenage girls' pressure to plan their pregnancies for survivals. The confirmation of the use of social media by the teenage girls in high schools contributes to the prevalence of teenage pregnancy, also revealed the modern dynamic factors contributing to the teenage pregnancy prevalence rate. These factors collectively contributed to the prevalence of teenage pregnancy, through the cultural practices and values of the people of Vhembe District.

## CHAPTER EIGHT

### THE IMPACT OF SOCIAL ENVIRONMENTAL FACTORS ON THE PREVALENCE OF TEENAGE PREGNANCY AND MOTHERHOOD

#### 8.1 Introduction

This chapter presents the theme and sub-themes that emerged from the quantitative and qualitative approaches. The chapter presents information on the impact of social environmental factors on the prevalence of teenage pregnancy and motherhood in Vhembe District. The data on social environmental factors revealed the impact of socio-economic background and teenage girls' sexual habits on the prevalence of teenage pregnancy and motherhood in Vhembe District. The collective sub-themes of socio-economic background and teenage girls' sexual habits were found to play a role in the prevalence of teenage pregnancy and teenage motherhood. The socio-economic background presents and narrates the combination of the teenage girls' parents' income, their occupation and their social background in a collective manner that shape the teenage girl's development. On the other hand, the teenage girls' sexual habits narrate the sexual attitude and behaviour on the prevalence of teenage pregnancy and teenage motherhood.

The impact of these key factors were the determinants of the prevalence of teenage pregnancy in Vhembe District. The emerged sub-themes from these factors, which contributed to the prevalence of teenage pregnancy and motherhood, were household poverty experience, single-parent homes, teenage parenthood, educational attainment, child-headed households, and the teenage girls' sexual habits. Each of these factors played a significant role in teenage pregnancy and motherhood incidence rates in Vhembe District. The next section presents information on the impact of household poverty experience on the prevalence of teenage pregnancy.

#### 8.2 The impact of household poverty experience on the prevalence of teenage motherhood

The findings indicated that household poverty experience contributed to the prevalence of teenage pregnancy and motherhood. The impact of teenage girls' parents' occupation played a significant

role in the prevalence of teenage pregnancy. The evidence that emerged from the qualitative approach results indicates that the parents' to the pregnant teenage girls', and teenage mothers' were mostly unemployment or retired from service. This emerges as a fact during the interviews of pregnant teenage girls' and teenage mothers indicated on their parents' income measures. They reported as follows: *"My dad is a retired policeman. He has been retired for a while now. He is very old, I can say 73 years now, yes 73. As you can see, my mother used to be a primary school teacher. But now they don't work"* (**teenage mother [2]**). *"My grandmother is not working. I am not sure if she did ever work. I don't know honestly. But she receives a SASSA grant monthly"* (**teenage mother [5]**). *"I live with my mother and grandmother. My mother works in the Sabina Plaza and my grandmother works as a cleaner in the shopping complex"* (**teenage mother [3]**).

Other results that emerged from the parents' of pregnant teenage girls and teenage mothers also indicated that low-income earning households played a role in the prevalence of teenage pregnancy and motherhood. This emerged as a fact during the interviews. As indicated by the respondents, when asked to state the nature of their occupation: *"I am not working, I sell sweet potatoes and vegetables"* (**grandmother [6]**). *"I received a pension grant"* (**grandmother [4]**). *"I get the child support grant for my two grandchildren"* (**grandmother [9]**). *"I have a mother, sister, myself and my daughter. I do construction worker for the municipality"* (**biological mother [1]**).

The implication of this emerged evidence indicates that although the parents of the pregnant teenage girls and teenage mothers were employed or earning social grants, the nature of their employment suggests that they belong to low-income earners households. Factors such as low-income earnings, unemployed parents or family members, and parents depending on the social grant, are factors that are associated with poverty experience. Existing studies have found that poverty experience creates a particular risk for parenting (Kaminski *et al.*, 2013). Notwithstanding the lack of financial resources that affect the ability to provide food security, it makes parenting duties much more difficult. Hence, the parenting difficulties further give expression to the prevalence of teenage pregnancy to the teenage girls coming from poor households' background. The present study findings correlate with the study by Eddy and Mphaka (2013), that pregnant teenage girls and teenage mothers in rural areas were mostly raised in a wide variety of socio-

economic hardships. Consequently, the impact of the low-income status of the teenage girls' parents' revealed in this study evidence, played a role in the prevalence of teenage pregnancy.

Supplementary data were obtained from the quantitative approach to this study. The cross-sectional table below presents the proportion of teenage mothers with the occupation of their parents in Vhembe District. Table 13 indicate that the majority (35.2%) of teenage mothers' parents were retired from service, whereas (29.9%, 23.5%, and 19.9%) of the teenage mothers' belong to parents who had never work, parents who were in business, and working parents respectively. The evidence presented in the statistical table below indicates that those retired from active service parents and those who have never work account respectively for the majority (35.2% and 29.9%) of the teenage mothers in Vhembe District. The evidence of the statistical approach results complement the results that emerged from the qualitative approach to the impact of low-income earning parents on the prevalence of teenage pregnancy. The implication of the emerged results in both qualitative and quantitative approaches indicates that the prevalence of teenage pregnancy in Vhembe District is a socio-economic context issue. These findings further validate the impact of socio-economic background on the prevalence of teenage pregnancy was an issue in the district. These findings correlate with the study by Panday *et al.* (2009) on the critical factor that places teenage girls at heightened risk of early pregnancy is having to grow up in areas of entrenched poverty. The table below present the percentages of teenage mothers' parents' occupation.

**Table 13. Teenage mothers with their parents' occupation**

			What is the occupation of your parent?				Total
			working	retired	never worked	business	
Q_15	yes	Count	41	25	26	8	100
		% within Q_15	41.0%	25.0%	26.0%	8.0%	100.0%
		% within Q_10	19.9%	35.2%	29.9%	23.5%	25.1%
	No	Count	165	46	61	26	298
		% within Q_15	55.4%	15.4%	20.5%	8.7%	100.0%
		% within Q_10	80.1%	64.8%	70.1%	76.5%	74.9%
Total		Count	206	71	87	34	398
		% within Q_15	51.8%	17.8%	21.9%	8.5%	100.0%
		% within Q_10	100.0%	100.0%	100.0%	100.0%	100.0%

### **8.3 The impact of single-parent homes on the prevalence of teenage pregnancy and motherhood**

The data showed that single-parent homes contributed to the prevalence of teenage pregnancy and motherhood in Vhembe District. The evidence that emerged from the qualitative approach of this study revealed that single-parent homes play a role in the prevalence of teenage pregnancy and motherhood. The results further indicate that female-headed homes were a leading factor behind the teenage pregnancy and motherhood. These results revealed that the parents of pregnant teenage girls and teenage mothers were either their biological mothers or grandmothers in female-headed households. As stated during the interviews: *“I am living with my children only”* (**biological mother [3]**). *“I live here with my grandchildren”* (**grandmother [8]**).

The implication for the emerged evidence is that single-parent households have an impact that heightens the vulnerabilities of teenage girls resulting in the prevalence of teenage pregnancy and motherhood. The single parent home system denies a teenage girl the benefits of a positive balance

parenting experiences built on the principle of father and mother. The notion of positive balance parenting typically underscored activities such as, nurturing behaviour, which are activities that respond to the child's needs for emotional security, the provision of warmth and sensitivity embedded within the structure of the father and mother relationship (Pecnic, 2007). For instance, in a household composed of the father, mother, and children, there is a natural 'parental structure' that cultivates behavioural expectations. Parental structure implies setting boundaries and guiding the child's behaviour through modelling of positive behaviours, without physical or psychological coercion from both father and mother perspective (Pecnic, 2007). The study by Pecnic identified 'recognition' in parental structure, referring to the child's needs to be respected and acknowledged by both parents and to foster the potential for mutual understanding and influence to develop. This is also conceptualized as a process that necessitates an ongoing parental adjustment to the changing developmental tasks of children as they grow older, including different growth stages in teenage years.

The experience of being raised in a single parent home, particularly in a female-headed home, as a teenage girl, has consequences not only on an economic basis but also lessen the teenager social skills. Existing studies on single-parent homes with respect to the prevalence of teenage pregnancy and motherhood suggest that lack of a paternal sense of balance in female-headed households constitutes a particular risk factor for the prevalence of teenage pregnancy (Panday *et al.*, 2009; Usakli, 2013). This suggests that, in the life course of teenage girls, there comes a stage where paternal experience and involvement are highly needed to ensure their absolute development.

Complementary data were obtained from the quantitative approach to this study. The cross-sectional table below presents the statistical proportion of teenage mothers from single-parent homes in Vhembe District. Table 14 shows that a few (25.6%) of the teenage mothers were raised in single-parent homes, while a similar number (24.2%) of the teenage mothers were raised in two-parent homes. Although the statistical margin for the majority (25.6%) teenage mothers from single-parent homes was not that alarming, single parent homes experience still shows that it is an attribute to the prevalence of teenage pregnancy and motherhood. The statistical results complement the results that emerged from the qualitative approach on the impact of single-parent homes on the teenage pregnancy and motherhood.

The implication of the emerged results from both qualitative and quantitative approaches shows that the impact of single-parent homes on the prevalence of teenage pregnancy and motherhood in Vhembe District. The present study results correlate with the studies on the prevalence of teenage pregnancy and motherhood that associated the prevalence of the potential outcome of single-parent homes (Akella & Jordan, 2015). Prevailing studies similar to the present study findings indicate that single-parent homes characteristically influence the prevalence of teenage pregnancy and motherhood through heightened poverty experience, suboptimal parenting approach, and insecure parenting bond (Akella & Jordan, 2015; Mollborn *et al.*, 2009; Neiterman, 2012; Weiss & Correia, 2012). The traits of single-parent homes are not suitable for teenage girls because it provides lesser potentials in the parenting performance. In a worst-case scenario, single parents are mostly unemployed (Holborn & Eddy, 2011), which reduce parenting capabilities. Thus, teenage girls raised in single-parent homes are exposed to several social vulnerabilities, including early pregnancy and teenage motherhood behaviour. The poverty impacts in single-parent homes are intensified due to the one-sided shouldering of parenting responsibilities. The table below presents the proportion of teenage mothers from single-parent homes.

**Table: 14. Teenage mothers from single parent homes**

			Are your both parents living together?		Total
			yes	No	
Q_15	yes	Count	45	54	99
		% within Q_15	45.5%	54.5%	100.0%
		% within Q_8	24.2%	25.6%	24.9%
	no	Count	141	157	298
		% within Q_15	47.3%	52.7%	100.0%
		% within Q_8	75.8%	74.4%	75.1%
Total		Count	186	211	397
		% within Q_15	46.9%	53.1%	100.0%
		% within Q_8	100.0%	100.0%	100.0%

#### **8.4 The impact of teenage motherhood on the prevalence of teenage pregnancy and motherhood**

The findings showed that teenage motherhood played a role in the prevalence of teenage pregnancy and motherhood. The experience of teenage motherhood on teenage girls was indicated as a contributory factor to the prevalence of teenage pregnancy in Vhembe District. The evidence that emerged from this study indicates that the ages of the mothers to pregnant teenage girls and teenage mothers were conceivably teenage years when they first gave birth to a child. The evidence further indicates that the age of the mothers to pregnant teenage girls and teenage mothers were in their late 30s. This evidence suggests the emulating maternal social habits of early motherhood among the teenage girls. This emerges as a fact during the interviews, when the pregnant teenage girls and teenage mothers stated the aged of their biological mothers, which shows that their own mothers were themselves, teenage mothers. Examples of response given during the interviews: *“My mom is 41 years, but am not her first child. I have two elder brothers”* (**pregnant teenagers [15]**). *“She is 39 years old now”* (**pregnant teenagers [11]**). *“She is 40 years”* (**teenage mothers [12]**). *“She was 37 years old. I was her second child”* (**pregnant teenagers [16]**). *“I know she was young when she gave birth to my elder sister. She used to talk about it. But now she has just turned 43 years”* (**teenage mothers [19]**).

The results from the present study indicate that the experience of early motherhood standard contributed to the prevalence of teenage pregnancy and motherhood. In addition, the evidence also revealed remarkable findings, giving to the fact that the pregnant teenage girls and teenage mothers were familiar with the experience of teenage motherhood standards from their mothers. The evidence also suggests that confronting early motherhood was not a strange or inappropriate behaviour among teenage mothers. It was an experienced they were conversant with. The present study findings are supported by the theoretical framework of the social learning theory. One of the practical fundamental principles of social learning theory is imitation. The theoretical assertion of imitation posits that an individual engages in a behaviour that is previously witnessed by others. The individual observes the characteristics of the models, their behaviour and the aftermath of that behaviour, and then imitate them. To a large extent, the people with whom an individual is in immediate contact will become the source of imitation (Akers & Sellers, 2004; Bandura, 1963).

Imitational social learning behaviour particularly supports the present study findings on the impact of teenage motherhood on the prevalence of teenage pregnancy and teenage motherhood. The prevalence of teenage pregnancy as an experience of teenage motherhood was due to the fact that social behaviour was learned and imitated by the mother.

Furthermore, the impact of teenage motherhood was found to set up a poor livelihood experience that was a driving factor in the prevalence of teenage pregnancy and motherhood. The evidence from the present study result indicated that pregnant teenage girls and teenage mothers were raised by young mothers who themselves are still completely dependent on others for survival. The implication of this evidence suggests that the pregnant teenage girls and teenage mothers who experienced teenage motherhood habitually became victims off to the same behavioural impact. An informant explained during the interview when asked her opinion on the continuous teenage pregnancy prevalent incidence that: *“Most teenagers, especially pregnant teenagers, are raised here by a mother, who herself is still a child, mostly depending on others. That is very bad and the children don’t go far in school before they become parents too”* (**community leader [2]**).

As the evidence suggested, the experience of teenage motherhood undoubtedly placed teenage girls at the same vulnerability of early motherhood. The studies on the vulnerabilities associated with teenage motherhood often highlight poor living conditions as the vulnerable risk factor for the prevalence of teenage pregnancy. The poor living conditions and other associational adversities ascribed to teenage motherhood constitute a lesser social and economic competence for teenage girls coming from teenage motherhood background (Akella & Jordan, 2015; Neiterman, 2012). Thus, the impact of teenage motherhood has a history of recurrence, given the fact that, children raised by very young mothers share the same vulnerabilities similar to their mothers arising from socio-economic deficiencies. Previous studies have found that the system of teenage motherhood has a negative impact on a girl’s life, not only on the basis of welfare provision but as mentor and role models (Abudu & Fuseini, 2013). The present study findings are also backed by the attachment theory, which emphasizes that parenting is a dynamic and also an ongoing process, which is interactive with the child (Bowlby, 1988). However, while attachment based (specifically insecure attachment) is particularly significant in predicting a child developmental outcome, it is because it largely defines their behaviour in all their different growing stage. Thus, the teenage

motherhood experience is more likely to form an insecure attachment with the teenage girl, given to heighten parenting vulnerabilities arising from the poor living conditions. Therefore, the impact of reoccurrence of teenage pregnancy in this sense is an effect of attachment outcome.

Nevertheless, supplementary data from the cross-sectional table below presents the proportion of the teenage mothers with teenage motherhood experience. Table 15 shows that a substantial number (38.8%) of teenage mothers come from teenage motherhood background, as compared to 20.6 per cent. The results also show that a few (38.8%) teenage mothers come from teenage motherhood experience, which complements the findings from the qualitative approach of this study. Hence, the present study findings support the common assumption that teenage mothers come from a teenage motherhood background (Mollborn *et al.*, 2009; Morand, 2009). The results further suggest there is a strong habit of emulating maternal standards by teenage girls who experience teenage motherhood. The table below presents the percentages of the teenage mothers who experience teenage motherhood.

**Table: 15. Teenage mothers who experience teenage motherhood**

			Did your mother give birth to you as a teenager?		Total
			yes	no	
Q_15	yes	Count	38	62	100
		% within Q_15	38.0%	62.0%	100.0%
		% within Q_17	38.8%	20.6%	25.1%
	no	Count	60	239	299
		% within Q_15	20.1%	79.9%	100.0%
		% within Q_17	61.2%	79.4%	74.9%
Total		Count	98	301	399
		% within Q_15	24.6%	75.4%	100.0%
		% within Q_17	100.0%	100.0%	100.0%

The implication of this present study suggests that early motherhood reinforces repeated behaviour, mostly if the early motherhood features poverty experience. Thus, teenage motherhood is evidently tied to poverty, and poverty is clearly linked to poorer parenting, and hence insecure attachment, their relationship with a socioeconomic status more broadly is less strong. A study by Stansfeld *et al.* (2008) found that parents who, retrospectively, reported material deprivation in their childhood were more likely to also report less warmth from their parent and were less likely to have secure attachment styles as adults. Although a body of literature (Tough, 2012; O'Connor *et al.*, 2012) believed poverty does not affect attachment directly but rather indirectly through the high levels of stress it creates for children and their parents. There is evidence that parents in poverty are more likely to experience parenting instability and poorer quality services. Both factors affect parents' ability to provide good early parenting. The study by Kiernan and Huerta (2008) estimated that parenting explains about 40 per cent of the total effect of poverty on teenagers externalizing and internalizing behavioural problems. Therefore, teenage girls who undergo teenage motherhood parenting undoubtedly lived in a poor livelihood that placed them on early pregnancy and motherhood experience.

The present study findings on the prevalence of teenage pregnancy and teenage motherhood as a recycle event from one teenage mother to the next generation of a teenage mother is particularly guided by insecure attachment. The theory of attachment, from its origin, is associated with behavioural outcome based on the experience of parenthood. Throughout childhood, research shows that children's attachment relationship with their parents shapes their relationships with others, including their peers and opposite gender (O'Connor *et al.*, 2012). An empirical study found that children whose parents had an insecure attachment to their own parents are most likely to experience insecure attachment or bonding (Gerhardt, 2004). The fact that insecurely attached teenage girls exhibit an inappropriate social behaviour responsible for the prevalence of teenage pregnancy, their children are likely to experience similar tendencies. A study found that parents' perceptions of their own childhood attachments predict their children's classification 75 per cent of the time (Tough, 2012). Evidently, previous parenthood experiences significantly play a role in fostering parenting and attachment. Thus, the simplest outcome for a girl-child of a teenage mother would be predicted to be a teenage mother.

The evidence of this study indicates that there is a significant relationship between the prevalence of teenage pregnancy and motherhood with teenage motherhood experience. The statistical chi-square table below shows the significant relationship. Table 16 shows that the chi-square value was 13.007<sup>a</sup>. There was 1 degree of freedom. The significance values were .000 and .000 respectively, which indicate that the Fisher's exact 2x2 design testing value revealed a statistically significant relationship between the prevalence of teenage motherhood with teenage motherhood experience. The evidence revealed in the table below is an indication that teenage girls from teenage motherhood background are more likely to become teenage mothers themselves. The implication of these results suggests the prevalence of teenage pregnancy as a repeated occurrence for the girls of teenage mothers. The present study findings correlate with several studies (Fonda *et al.*, 2013; Macleod & Tracey, 2010; Marteleto & Lam, 2008; Mollborn *et al.*, 2009; Morand, 2009) profiling the impact teenage motherhood on young girls as the high tendency of reoccurrence. The table below shows the statistical count of the minimum expected significance of the relationship of teenage prevalence with teenage motherhood experience.

**Table: 16. Chi-square tests for teenage mother with teenage motherhood experience**

	Value	of	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	13.007 <sup>a</sup>	1	.000		
Continuity Correction <sup>b</sup>	12.057	1	.001		
Likelihood Ratio	12.250	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	12.974	1	.000		
N of Valid Cases	399				

### **8.5 The impact of educational attainment on the prevalence of teenage pregnancy and motherhood**

The findings showed that low level of educational attainment played a role in the prevalence of teenage pregnancy and motherhood. The evidence that emerged from the qualitative approach of

this study revealed the impact of a low level of educational attainment on the prevalence of teenage pregnancy and teenage motherhood in Vhembe District. The study findings indicate that the parents of pregnant teenage girls and teenage mothers have low levels of educational attainment. This emerged as a fact when the parents of the pregnant teenage girls and teenage mothers were asked during the interviews to state their levels of education. They stated that as followed: “*I was not given the opportunity to go to school when I was young*” (**grandmother [3]**). “*I dropped out in grade 11 (prompt) and I was pregnant and stopped schooling. I didn’t continue*” (**biological mother [2]**).

The evidence from parents of the pregnant teenage girls and teenage mothers’ educational attainment is an indication that parenting literacy skills partly plays a role in the occurrence of teenage pregnancy.

In addition, an informant indicated the lack of the teenage girls’ desire for educational attainment as a factor behind the prevalence of teenage pregnancy and teenage motherhood. The evidence that emerged revealed that the pregnant teenage girls and teenage mothers are they lack the desire for educational attainment. The evidence suggested that lack of educational attainment desire leads teenage girls to become pregnant and teenage mothers because they were not occupied by schooling. As indicated by the informant during the interviews: “*As you can see here, I can count up to 10 girls who have no desire to go to school and now they have given birth without any education. I think if they were busy in school, they wouldn’t be pregnant*” (**community leader [1]**).

The implication of this evidence suggests that teenage girls who are not attending schooling or lack the desire for schooling were vulnerable to teenage pregnancy and teenage motherhood. This evidence further implies that lack of desire for educational attainment by the teenage girls increases the vulnerabilities towards early pregnancy. The present study findings correlate with those studies that suggest that when teenage girls attend school, they will have less time to engage in sexual activities that place them at risk of teenage pregnancy. A similar study by Macleod and Tracey (2010) found that not only school engagement but also school attendance served as a protective factor against the prevalence of teenage pregnancy. Lack of educational attainment desire revealed

from the present study findings is also ascribed to the dearth of future ambition and aspiration by the teenage girls, and it is the inexperience in sexual relations that led to the prevalence of pregnancy and teenage motherhood.

Thus, educational attainment by the teenage girls' parents and the teenage girls themselves is significant particularly with respect to social skills to subvert the prevalence of teenage pregnancy and teenage motherhood. The supplementary data from the quantitative approach of this study indicate that the lack of educational attainment by the teenage girls' parents played a role in the prevalence of teenage pregnancy. The table below shows that the proportion of pregnant teenage girls together with their parents' educational attainment. Table 17 shows that about one third (33.1%) of the pregnant teenage girls have parents with no educational attainment, whereas a quarter (27.2%), of the pregnant teenage girls, have parents with some educational attainment. The present study results display some evidence of impact on the proportion of teenage girls from uneducated parents' background on the prevalence of teenage pregnancy.

However, another remarkable fact is that teenage girls from educated parents also show a high prevalence of teenage pregnancy. However, the implication of this study result suggests that preventing the prevalence of teenage pregnancy would require an improvement in sexual awareness campaigns measures beyond family lines. A similar study on this notion by Flanagan *et al.* (2013) indicated that there is a higher unmet need for sexual awareness among teenage girls living in rural areas and among teenage girls with only a primary or no education and further. Similarly, the study by Jones, Mosher, and Daniels (2012) and Ismail, Shajahan, Sathyanarayana Rao and Wylie (2015) equally noted that education levels affected the measures of teenage pregnancy prevention among sexually active teenage girls. Therefore, educational attainment can contribute to the measures of sexual awareness and teenage pregnancy prevention measures. The table below presents the percentages of pregnant teenage girls with parents' educational attainment.

**Table: 17. Pregnant teenage girls' with parents' educational attainment**

			Do your parents have any formal education?		Total
			yes	no	
Q_13	yes	Count	58	59	117
		% within Q_13	49.6%	50.4%	100.0%
		% within Q_11	27.2%	33.1%	29.9%
	no	Count	155	119	274
		% within Q_13	56.6%	43.4%	100.0%
		% within Q_11	72.8%	66.9%	70.1%
Total		Count	213	178	391
		% within Q_13	54.5%	45.5%	100.0%
		% within Q_11	100.0%	100.0%	100.0%

Other evidence that emerged from the study findings indicates a contradictory perception of the low levels and lack of desires for educational attainment as an impact on the prevalence of teenage pregnancy and teenage motherhood. This evidence suggested that attending school and educational attainment breed a prevalence of teenage pregnancy and teenage motherhood in Vhembe District. The evidence revealed implies that the socialization pattern that goes on and around schools environment attributed to the prevalence of teenage pregnancy. In addition to this evidence is the indication that the school environment creates an easier atmosphere for teenage girls to engage in sexual practices that subject them to teenage pregnancy, giving the fact that the pregnant teenage girls and teenage mothers were either matric holders or matric in view. This emerged as a fact during the interviews as the pregnant teenage girls and teenage mothers stated: *“As you can see here, I have just finished my high school, although I did not pass as I expected”* (**teenage mother [1]**). *“I am completing high school next year. This pregnancy cannot stop me”* (**pregnant teenage girl [7]**). *“I should have completed high school last year. It was because I got pregnant and I stopped. But, who knows. I still want to continue maybe next year”* (**teenage mother [4]**).

The revealed evidence also indicates that the occurrence of early pregnancy delays the completion of school for the pregnant teenage girls' due to school drop-out after pregnancy occurs. Additional evidence that was revealed by the findings is that the teenage pregnancy also leads to poor academic performance for the pregnant teenage girls and mothers. This was indicated as a fact whereby teenage mothers had to seat for matriculation examination twice or more, to enable them to get the required grade needed for their higher education.

The complementary results from the quantitative approach of this study also revealed the impact of educational attainment on the prevalence of teenage pregnancy and teenage motherhood. The results that emerged from the table below show that attending school and school environment create an easier opportunity for the prevalence of teenage pregnancy. Table 18 presents that a quarter (26.0%) of the pregnant teenage girls were matriculation holders, while an equal number (25.7%) of them were still attending schooling (matric in view), and another quarter (21.3%) of the pregnant teenage girls were either school drop-outs before the pregnancy occurred or they were in the category that shows a lack of desire for education attainment. The results correlate with the findings that emerged from the qualitative approach of this study on school environmental factor as an attribute to the prevalence of teenage pregnancy. The table below present the percentages of pregnant teenage girls with educational attainment.

**Table: 18. Teenage motherhood with educational qualification**

		Educational qualification			Total
		Matric	Matric in view	other	
Q_15 yes	Count	19	68	13	100
	% within Q_15	19.0%	68.0%	13.0%	100.0%
	% within Educational qualification	26.0%	25.7%	21.3%	25.1%
no	Count	54	197	48	299
	% within Q_15	18.1%	65.9%	16.1%	100.0%
	% within Educational qualification	74.0%	74.3%	78.7%	74.9%
Total	Count	73	265	61	399
	% within Q_15	18.3%	66.4%	15.3%	100.0%
	% within Educational qualification	100.0%	100.0%	100.0%	100.0%

The present study findings display two to three sides of teenage pregnancy and teenage motherhood impact, with respect to educational attainment. The evidence of this study indicates that it is neither the low levels of the teenage girls' parents educational attainment contributing to the prevalence of teenage pregnancy, or the teenage girls' lack of desires for educational attainment, or attending schooling and school environmental factor playing a role on the prevalence of teenage pregnancy. However, each aspect of this present study findings is valid and accounts for the realities of the prevalence of teenage pregnancy in Vhembe District. A corresponding study by Insah, Mumuni, and Bowan (2013) found that demography factors associated with schools play a role in the prevalence of teenage pregnancy. The rationality of the assumption that the school environment plays a role in the prevalence of teenage pregnancy lies in the fact that teenage pregnancy behaviour is easily learned by the people of immediate and close contacts. The particular finding that hinges on school environmental factor on the prevalence of

teenage pregnancy is supported by the theoretical assertion of social learning theory guiding this study. The social learning theory stipulates the principle of reciprocal determinism that just as an individual's behaviour is influenced by the environment s/he associates with, the environment is also influenced by the individual's behaviour. The indication of this fact suggests that an individual's behaviour, environment, and personal qualities all reciprocally influence each other. Thus, the evidence of the present study also correlates with the empirical study by Boardmana *et al.* (2009) where pregnant teenage girls account for becoming pregnant, were completely environmental influences. Another study by Macleod and Tracey (2010) contradictory to the above opinion for the prevalence of teenage pregnancy, but correlated with the present study findings, by suggesting that not attending schooling would subject teenage girls to high vulnerabilities of early pregnancy.

The implication of this findings stipulates the position whereby the impact of educational attainment on the prevalence of teenage pregnancy lies on the assumption that neither low levels of educational attainment of parents and teenage girls is a contributor or school environments is a factor or attending schooling is a measure to prevent pregnancy, all are valid, depending on context and emphasizes.

### **8.6 The impact of child-headed households on the prevalence of teenage pregnancy**

The impact of child-headed households played a role in the prevalence of teenage pregnancy. The evidence that emerged from this study indicates the prevalent rate of teenage pregnancy in Vhembe District was also driven by the hard economic hardship confronted by the teenage girls' families. The evidence indicates that the teenage girls being household heads were a critical factor leading them to the prevalence of teenage pregnancy. This evidence emerged from the present study it revealed that the effect of labour migration on the teenage girls' parents' occasioned teenage girls to head their homes. The results evidence suggest that the effect of migrant labour created an uninvolved pattern of parenting leading to the prevalence of child-headed homes. The implication of this evidence further suggests that the pregnant teenage girls and teenage mothers grow up without parental experience. This emerged as a fact during the interviews as an informant indicated that labour migration to metropolitan areas created child-headed households and occasioned

teenage pregnancy. As stated by the informant: *“Because of urbanization, some parents leave their children behind to work in urban areas, so most teenagers are not raised properly. A lot of them have babies now. They are even struggling to feed because the small money given to them by the government is not enough. How can R280 feed a baby and mother? It is bad like that”* (**Life orientation teacher [2]**).

This evidence suggests that the factors making teenage girls vulnerable to early pregnancy in child-headed households are extended to their parents’ absence and lack of economic welfare. In addition to the above, other similar evidence that emerged from this study indicate that the teenage girls’ parents’ absence led to the prevalence of child-headed household, resulting from early deaths caused by the AIDS epidemic and other incidences. The evidence further indicates that untimely death of parents resulting from road accidents or domestic violence also leaves household responsibilities to the hands of teenage girls. This suggests that the prevalence of child-headed household resulting from the effect of labour migration on the teenage girls’ parents’ and early death placed an additional burden on the welfare of the teenage girls, including their siblings in most cases. The adversities feature in child-headed homes significantly contributed to teenage pregnancy and motherhood. An informant explained during the interviews that: *“Some of these teenage girls getting pregnant is not their fault. Men around here take advantage of them because they live alone and there is no one to look after their needs. Some even have younger brothers or sisters with them in the house because their parents are dead. AIDS killed their parents. Some were murdered to death or died in road accidents. I know a few children here who are pregnant because of that. In short, some of them are even mothers”* (**community leader [2]**).

The study results indicate that the impact of child-headed households contributed to the prevalence of teenage pregnancy and motherhood through the welfare burdens the teenage girls had to bear. These study findings correlate with the studies by Gould and Ward (2015), and Holborn and Eddy (2011), which indicated that the children in child-headed homes are plagued by a significantly higher risk of living in households that have less food security and can engage in inappropriate behaviours for economic security. The features of child-headed households highlighted from the existing studies are linked to household poverty experience. Accordingly, the study by Gould and Ward (2015) found that growing up in households facing poverty has a significant effect on

teenagers' social development and attitude to risky sexual relationships. The evidence of the present study suggests that the prevalence of teenage pregnancy was due to the hardship teenage girls' shoulder, which is an indication that they were involved in risky or unsafe sexual relationship for economic security. This study findings also collaborate with the study by Flanagan *et al.* (2013), that teenage girls who are poor often trade-off their sexuality for economic security, leading to relationships that weaken their ability to negotiate safer sex. The economic burden that the teenage girls in child-headed house shoulder played the role in the inappropriate sexual relations that results in the prevalence of teenage pregnancy.

### **8.7 The impact of teenage girls' sexual habits on the prevalence of teenage pregnancy**

The teenage girls' sexual habits played a role in the prevalence of teenage pregnancy. The evidence that emerged from the qualitative approach of this study results indicates that the teenage girls' sexual habits contribute to the prevalence of teenage pregnancy and teenage motherhood in Vhembe District. The emerged evidence suggests that the teenage girls' habits on early sexual debuts were the traits to the prevalence of teenage pregnancy and teenage motherhood. This evidence indicates that premature sexual activities were the responsible activities resulting in teenage pregnancy and teenage motherhood. This evidence further revealed that early incidence of teenage pregnancy and teenage motherhood was an indication of their early sexual debuts. This common fact emerged during the interview, as the pregnant teenage girls and teenage mothers stated their ages prior to their pregnancy as: *"I was 14 years and 10 months old. Now I am 15"* (**pregnant teenage girl [1]**). *"16 years old"* (**pregnant teenage girl [4]**). *I had just turned 18 years old now. I was 15 years the time I get pregnant and my baby is a year plus"* (**teenage mother [7]**). *"13 years old, 11 months. Next month is my 14 years birthday"* (**pregnant teenage girl [2]**). *"I am 16 years. But I was almost 15 or so when I carried the pregnancy"* (**teenage mother [1]**). *"I am 14 and 6 months old now"* (**pregnant teenage girl [4]**).

The implication of these results suggests that falling pregnant in the early teenage years was an indication of their early sexual debut. These findings further indicate that the teenage girls' early sexual debut is deemed a risky sexual habit because it shows their vulnerability to negotiate safer sex for themselves. Early sexual initiation and lack of sexual experience were the main

contributory factors which contributed to the prevalent rate of teenage pregnancy and teenage motherhood in Vhembe District. The present study findings collaborate with prevailing studies that have profiled the impact of teenage girls' sexual inexperience as a result of their early sexual debuts on the prevalence of teenage pregnancy. A study found that concern for a teenage girl to decide on how and when to have sex is highly associated with premature and inexperienced sexually active teenagers (Panday *et al.*, 2009). The evidence that emerged also suggests that they were teenage mothers who were not accurately acquainted with their exact age at the time pregnancy occur. They had to count their age in relation to when they dropped-out from school or the schooling grade level before pregnancy. The present study findings also indicate that it is most unlikely, for a sexually-active 13-year old girl to prevent the prevalence of teenage pregnancy throughout her teenage stage.

On a complimentary basis, the data that emerged from the quantitative approach of this study further indicate early sexual debuts of the teenage girls in Vhembe District. The cross-sectional table below presents the proportion of sexually active teenage girls with their age groups. Table 19 below shows that about a third of the teenage girls (38.4%) in the age group 13-14 years were sexually active, while about twice (61.6%) were not sexually active. The majority (69.3%) of the teenage girls in the age group 15-17 years were sexually active, while 30.7 per cent of the teenage girls in this age group were not sexually active. The majority (81.5%) of the teenage girls in the age group 18-19 years were sexually active, whereas, 18.5% of the teenage girls in this age group were not sexually active. The evidence of this results from the cross-sectional table indicates that the proportion of the teenage girls engaging in sexual activities goes in accordance with their ages. The evidence of the study results further suggests that the older the age group of the teenage girls, the more sexually active they become. The age group of 13-14 years accounts for 38.4 per cent of sexually active girls, which is also assumed to be a high percentage associated with a very young age group practising sexual activities. The sexually active teenage girls in this age group (13-14) are deemed to be confronted with a higher risk of pregnancy because they have a long journey ahead of them through teenage-hood. The table below presents the actual percentages of sexually active teenage girls in accordance with their age groups.

**Table: 19. Sexually active teenage girls with their age groups**

			Age			Total
			13-14years	15-17years	18-19years	
Q_12	Yes	Count	33	113	123	269
		% within Q_12	12.3%	42.0%	45.7%	100.0%
		% within Age	38.4%	69.3%	81.5%	67.3%
	No	Count	53	50	28	131
		% within Q_12	40.5%	38.2%	21.4%	100.0%
		% within Age	61.6%	30.7%	18.5%	32.8%
Total		Count	86	163	151	400
		% within Q_12	21.5%	40.8%	37.8%	100.0%
		% within Age	100.0%	100.0%	100.0%	100.0%

In addition to the above supplementary data, the table below shows that there is a significant relationship between the ages of teenage girls with their sexual activities. Table 20 below shows that the chi-square value for sexually active teenage girls with their age groups was 46.720<sup>a</sup>. There were 2 degrees of freedom. The significance value was .000. Therefore, chi-square ( $\chi^2$ ) test data revealed that there is a significant relationship between the ages of teenage girls with their sexual debut ( $p < 0.05$ ). This study results evidence implies that the trend of sexual debut for the teenage girls starting from the early age of 13 down to 19 years is significantly associated with their ages. The present study findings correlate with the studies by Jewkes *et al.* (2009), Panday, *et al.* (2009), and Reddy *et al.* (2016) on the profiling that the most critical drivers of the prevalence of teenage pregnancy are the early sexual behaviours of the teenage girls. The evidence of this results suggests that the age of first sex is a risky significant determinant of the prevalence of teenage pregnancy. A similar study found that teenage girls who delay their sexual debut are often involved in lesser pregnancy rate (Weiss & Correia, 2012). That is because they are more likely to sexually experience and also to use contraception during their sexual activities. A body of literature evidently suggests that the delay of sexual debuts and use of contraception are the qualities that

prevent teenage pregnancy and teenage motherhood. The table below presents the significant relationship between sexually active teenage girls with their age groups.

**Table: 20. Chi-Square Tests for sexually active teenage girls with their ages**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	46.720 <sup>a</sup>	2	.000
Likelihood Ratio	45.600	2	.000
Linear-by-Linear Association	42.854	1	.000
N of Valid Cases	400		

The chi-square table (Table 20) shows statistical count @a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 28.17, in this case, the results were interpreted using the chi-square test analysis.

In addition, the cross-sectional table below shows the proportion of the sexually active teenage girls who were involved in pregnancy with their age groups. Table 21 shows that among the sexually active teenage girls (38.4% see Table 18 above) in the age group 13-14 years, 14.3 per cent were pregnant, while 85.7 per cent of them were not pregnant. Two-thirds constituted the sexually active teenage girls (69.3% see Table 18 above) in the age group 15-17 years, 23.3 per cent of them were pregnant, while 76.7 per cent were not pregnant. The age group 18-19 years had the highest teenage pregnancy rate. The majority of teenage girls (81.5% see Table 18 above) in this age group were sexually active, among them, some 47.0 per cent were pregnant, while 53.0 per cent were not. The results that emerged from the cross-sectional table show that the pregnant teenage girls, with their age group, gave a confirmatory indication that the prevalence rate of teenage pregnancy increases alongside the age-group, just as it was indicated in the sexually active cases in Table 18 above. The implication of this is that the determinants of teenage pregnancy intensify with the age of teenage girls in Vhembe District. The present study finding contradicts the studies by Akella and Jordan (2015), Suellentrop and Flanigan (2006), Weiss and Correia (2012) on their profiling that suggests intensifying pregnancy rates were associated with younger teenage girls. The evidence of this study indicates that the age of the teenage girl was an attribute to improve sexual acceptance and also an attribute to the prevalence rate of teenage pregnancy.

The table below shows the percentages of sexually active teenage girls who were involved in pregnancy with their age groups.

**Table: 21. Sexually active teenage girls involved in pregnancy with their age group**

			Age			Total
			13-14years	15-17years	18-19years	
Q_13	yes	Count	12	38	70	120
		% within Q_13	10.0%	31.7%	58.3%	100.0%
		% within Age	14.3%	23.3%	47.0%	30.3%
	no	Count	72	125	79	276
		% within Q_13	26.1%	45.3%	28.6%	100.0%
		% within Age	85.7%	76.7%	53.0%	69.7%
Total		Count	84	163	149	396
		% within Q_13	21.2%	41.2%	37.6%	100.0%
		% within Age	100.0%	100.0%	100.0%	100.0%

In addition, the table below shows that there is a significant relationship between the ages of teenage girls' sexual activities with the prevalence of teenage pregnancy. Table 22 below shows that the chi-square value was 33.595<sup>a</sup>. There were 2 degrees of freedom. The significance value was .000. Hence, the chi-square ( $\chi^2$ ) test data revealed that there is a significant relationship between the age group of sexually active teenage girls with the prevalence of teenage pregnancy ( $p < 0.05$ ). The evidence of this results indicates that there is age significance in the prevalence of teenage pregnancy in Vhembe District. The incidence of the teenage pregnancy heightens with an increase in the age and sexual activities of the teenage girls. The present findings indicate that the older the age of teenage girls, the higher they involved in sexual activities, and the higher the risk of their pregnancy. The table below present the chi-square tests analysis count for sexually active teenage girls involved in teenage pregnancy and their age groups.

**Table: 22. Chi-square tests for sexually active teenage girls involved in pregnancy with their age groups**

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	33.595 <sup>a</sup>	2	.000
Likelihood Ratio	33.880	2	.000
Linear-by-Linear Association	31.165	1	.000
N of Valid Cases	396		

The statistical count in table 22 showed that: a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 25.45. The results were interpreted using the chi-square test analysis of two variables involving sexually active teenage girls with pregnant teenage girls.

## 8.8 Summary

The chapter addressed the impact of social environmental factors on the prevalence of teenage pregnancy and teenage motherhood. The evidence of the findings revealed that the impact of the economy combined with the total sociological factors of the teenage girls' parents' and the teenage girls themselves, including their sexual habits were responsible for the prevalent rate of teenage pregnancy and teenage motherhood.

Part of the economic situation in Vhembe District was the prevalence of low-income earnings of the teenage girl's parents and their reliance on a social grant that situated household poverty experience for the teenage girls. The impact of poverty conversely created the incapability for optimal parenting experienced leading the girls to the incidence of pregnancies. In addition to the households' poverty experience that reinforces the prevalence of teenage pregnancy and teenage motherhood, an added worse outcome was the emergence of single-parent homes. In the worst case scenario, the evidence indicated the only mothers were the parents shouldering the parenting responsibilities of the pregnant teenage girls and teenage mothers in female-headed homes.

Other factors that contributed to the prevalence of teenage pregnancy and teenage motherhood in Vhembe District was the fact that teenage mothers were responsible for raising their young

daughters alone. The experience of teenage motherhood on teenage girls consequently accounted for a significant prevalence of teenage pregnancy and teenage motherhood. In addition to the impact, teenage motherhood contributed to their teenage girls' pregnancy and repeated motherhood, there was an impact on the quest for educational attainment on the prevalence of teenage pregnancy and motherhood. Low levels of teenage girls' parents' educational attainment and the teenage girls themselves were found to be a leading factor on the prevalence; the lack of desires to attain education and not attending schooling were equally found to lead the teenage girls to the prevalence, and then the sociological influence of the school environment. All of them contributed to playing a role in the prevalence of teenage pregnancy and teenage motherhood.

There was confirmatory evidence to the effect that migrant labour and early deaths of the parents occasioned the teenage girls in child-headed homes. The evidence on the impact of the child-headed homes showed that their sexual habits led to the prevalence of teenage pregnancy and teenage motherhood in Vhembe District. Accordingly, the sociological background of Vhembe District has an impact on the prevalence of teenage pregnancy and teenage motherhood through the teenage girls' sexual attitude and behaviours. The practice of early sexual activities among teenage girls was a common culture in Vhembe District and it contributed to them becoming pregnant and being mothers before they become adults.

## CHAPTER NINE

### SUMMARY OF THE FINDINGS, RECOMMENDATIONS, AND CONCLUSION

#### 9.1 Introduction

This chapter presents the summary of the findings that emerged from both the quantitative and qualitative approaches of this study and the recommendations and conclusion of the research. The summary of the findings is presented in relation to the study objectives. Then the recommendations are presented based on theory and policy, including the original contribution to knowledge as well as the suggestions for future research are all presented in this chapter and the conclusions of the study. The following sections present details explanations of each heading.

#### 9.2 Summary of the findings

The summary of this study findings was based on the study objectives. The study pursued the following objectives:

##### **9.2.1 To examine the correlation between communal child-rearing approach and the prevalence of teenage pregnancy in Vhembe District**

This section presents information that shows the relationship between communal child-rearing approach and the prevalence of teenage pregnancy in Vhembe District. The relationship between communal child-rearing approach and the prevalence of teenage pregnancy was on the parenting practices and the different parenting approaches of the teenage girls. The various parenting practices and approaches that were used to raise teenage girls' in Vhembe District, separately, shaped the various parenting experience that contributed to the prevalence of teenage pregnancy. This relationship occurred through factors that included: parenting experience of the teenage girls, including single-parenthood context, the teenage girls' parents' socio-economic background, lack of parent-child communication particularly on sex subjects/education, and the lack of teenage pregnancy recognition by teenage girls' parents.

The evidence that emerged from the parenting practices revealed a good indication of parenting commitment, mostly by the biological parents to be responsive to the teenage girls' needs. However, their socio-economic conditions limit their ability to act as responsive parents. Therefore, the socio-economic conditions of the teenage girls' biological parents partly created the placed parenting responsibilities on the hands of grandparents (particularly the grandmothers) and other relatives, including placing and leaving teenage girls in child-headed homes.

Other relationships between communal child-rearing approach and the prevalence of teenage pregnancy in Vhembe District other than the parenting practices and approaches, was the parenting nature. The experience of single-parenthood on the teenage girls contributed significantly to the incidence rate of the teenage pregnancy in Vhembe District. In this manner, the commonly single parent homes system that was prevalent in Vhembe District played a role on other parenting factors (particularly the imbalance social and economic measure) that gave expression to the prevalence of teenage pregnancy. Although, the single parent homes system alone did not entirely explain the whole relationship between the prevalence of teenage pregnancy in Vhembe District. The prevalent rate of a female-headed factor of the single parent homes system did play an intensified role in the prevalence of teenage pregnancy in Vhembe District.

The district itself is characteristically situated in an economically deprived area that reinforces the parenting inabilities and instability on the teenage girls and hence leads to the prevalence of teenage pregnancy. However, the most bothering aspect of the relationship between communal child-rearing approach and the prevalence of teenage pregnancy in Vhembe District was on the fact that there was a lack of inclusive parenting recognition for the prevalence of teenage pregnancy in Vhembe by the teenage girls' parents.

### **9.2.2 To examine the role played by the socio-cultural environment on the prevalence of teenage pregnancy**

The socio-cultural environment of Vhembe District played a role in the prevalence of teenage pregnancy. The evidence shows that socio-cultural practices and values played a significant role in the prevalence of teenage pregnancy in Vhembe District. The revealed evidence indicates that

the socio-cultural practices and values contributed to the prevalence of teenage pregnancy through the collective cultural norms and beliefs on parenting patterns and practices, which includes what the parents deemed to be their true values on the teenage girls, the predominant practice of teenage girls' sexual taboos, teenage mothers influence on younger siblings, the teenage girls' parents' blame-assigning on the teenage girls for the occurrence of teenage pregnancy, which further strengthened gender features and inequalities, teenage girls peer pressure, and the teenage girls' social values on traditional practices.

The evidence on socio-cultural values and practices in Vhembe District significantly played a role in the ways in which parents approach their parenting practices on the teenage girls. The impact of parenting practices and values on the teenage girls shape the teenage girls' sexual behaviours that contributed to the prevalence of teenage pregnancy. Other roles socio-cultural values played on the prevalence of teenage pregnancy were on the predominant teenage girls' sexual taboos practices in Vhembe District. The teenage girls' sexual taboos extensively rendered them sexually naïve (lack of sexual awareness) and made them vulnerable to sexual exploitation, which leads to the prevalence of teenage pregnancy. Additional evidence shows that the teenage girls' sexual taboos in Vhembe District were also responsible for lack of parent-child conversation and communication on sex subjects that further contributed to the lack of teenage girls sexual awareness resulting to further prevalence of teenage pregnancy. Accordingly, evidence similarly shows that the culture of teenage pregnancy was gaining acceptance in several teenage girls' families through the teenage mothers' influence on younger siblings that lead to the prevalence of teenage pregnancy. The evidence of this culture of teenage pregnancy further revealed a repeated occurrence of teenage pregnancy from the experience of teenage motherhood.

The socio-cultural values and practices also played a role in the parents blame apportioning for occurred teenage pregnancy on the teenage girls, which were revealed reinforces gender features in the process. Evidence also showed that blame-assigning also placed unequal responsibilities for the upkeep of teenage mothers' children in Vhembe District particularly when it leads them to child-headed homes. These factors collectively contributed to the prevalence of teenage pregnancy through the role played by the socio-cultural environment on the teenage girls' parents and the teenage girls themselves in Vhembe District.

### **9.2.3 To examine the impact of sexual attitude and behaviours of the teenage girls on the prevalence of teenage pregnancy in Vhembe District**

The impact of sexual attitude and behaviours of the teenage girls contributed to the prevalence of teenage pregnancy in Vhembe District. Evidence shows that the sexual attitude and behaviour of the teenage girls substantially determined the sexual habits, which lead to the prevalence of teenage pregnancy. The evidence indicates that cultural sexual beliefs among the teenage girls also contributed to the prevalence of teenage pregnancy in Vhembe District. The evidence of these sexual beliefs was on non-condom use, sexual beliefs and practices. The evidence indicates that pregnant teenage girls and teenage mothers held the sexual belief of non-condom use as a pledge to their relationship and also the commitment of loyalty.

Other sexual habits of the teenage girls that contributed to the prevalence of teenage pregnancy were primarily cultured through their experience and effect of their parenting approach. Evidence revealed that parents in the Vhembe District mostly favoured permissive, authoritative and uninvolved parenting approaches. The effect of these parenting approaches significantly shapes the various sexual habits of the teenage girls that contributed to the prevalence of teenage pregnancy. Other evidence of the teenage girl's sexual habits that lead to planned teenage pregnancy, was also the experience of their parenthood. Evidence showed that the sexual habits of teenage girls in child-headed homes gravely played a role in the prevalence of teenage pregnancy and teenage motherhood in Vhembe District through pursued economic security. Thus, the sexual attitude and behavioural beliefs of the teenage girls were partly influenced by the socio-economic conditions they found themselves.

Further evidence on the teenage girls' sexual habits in Vhembe District that contributed to the prevalence of teenage pregnancy and teenage motherhood was based on their early sexual debuts. Evidence shows that the teenage girls predominantly practised early sexual activities in Vhembe District and the early sexual habits played a role in them becoming pregnant and becoming teenage mothers in their teenage years.

Other evidence showed that the teenage girls' sexual habits that were cultivated from the use of modern social media site played a role in the prevalence of teenage pregnancy. Easy access to sexual communication and creating chat groups that were centred on sexting and other erotic exchange of messages, porn videos, were all evidence that contributed to the prevalence of teenage pregnancy. This evidence collectively contributed to the impact of teenage girls' sexual attitude and behaviours on the prevalence of teenage pregnancy in Vhembe District.

### **9.3 Recommendations**

This section presents information on the recommendation that emerged from the study. The recommendations are based on the findings that emerged. The study recommendations are as follow:

#### **9.3.1 Recommendations on the theory**

This study recommendation on theory followed the fact that the prevalence of teenage pregnancy as acknowledged by this study is purely a social behavioural problem. Therefore, the primary recommendation based on theory is for the urgent need of commitment on the inclusive parenting recognition for teenage pregnancy as part of parents duties. Just as parents provide food security and protect infants from harm, the prevalence of teenage pregnancy should also be recognized and handled. This recognition should start if not from late pregnancy circle (the final trimester), then it should start from the first day of birth by the mother and/or parents that the prevalence of teenage pregnancy is a reality, specifically if the infant is a girl. This acknowledgement would enable the mother and other parents to be sensitive and responsive (in a reflective manner and with respect on the prevalence of teenage pregnancy) to the child in order to foster healthy development and secure attachment.

The recommendation to foster secure attachment is fundamentally for the future purpose of teenage girls' appropriate socio-emotional behaviour and development because an early secure attachment has wide and lasting consequences, including for other priority outcomes. This would ultimately require consistent parenting skills that are mindful in practice. A reflective parenting practice that

would involve the ability of a parent to understand the girl-child behaviour in terms of the fundamental needs, thoughts, and emotions, bearing in mind that their parenting is to protect and prevent the prevalence of teenage pregnancy. If parents are able to establish and build in the child this type of secure attachment from early childhood, other risks factors that usually emanate from future social interaction and other learning behaviors that are contributors to the prevalence of teenage pregnancy will decrease, including socio-economic vulnerabilities and other high-risk social factors that often subject teenage girls on the prevalence of teenage pregnancy. The need for parents to stay committed on fostering secure attachment with their infants in early stages is particularly vital to reduce the prevalence of teenage pregnancy, given the fact that it is the effects of insecure attachment on teenage girls that exhibit the behavioural problems responsible for the prevalence of teenage pregnancy. However, this will be made possible if policies are directed towards achieving a good parent-child secure attachment.

### **9.3.2 Recommendations on policy**

A good and optimal early parenting policy, as long-term benefit of secure attachment, would be vital for teenage girls' healthy development. Therefore policies interventions aim to support parents in their earliest years parenting would be a preemptive investment. Policies can promote secure attachment in two fundamental ways: firstly, they would reduce the risk factors for poor early parenting and insecure attachment, owing to the fact that those are the factors that heighten risks for the prevalence of teenage pregnancy; and secondly, they would intervene early to address parenting and attachment issues. In both ways, so much would be derived from integrating an understanding of attachment and parenting, and the particular needs of the infants, into other existing policies and services, and future policies. A successful intervention programme across all stages of a child's life cycle through adulthood would require policies that encourage authoritative parenting approach and promote secure attachment to building a secure base for exploration and learning for the child. Therefore, interventions should emulate programmes such as the following:

Reducing risk factors policy programme: owing to what is known as the factors that lead to the prevalence of teenage pregnancy in Vhembe District, it is clear that policies for parents with a girl-child would help prevent the prevalence of teenage pregnancy. Such policies would benefit teenage

girls and families' health and broader wellbeing, and help to improve early parenting and attachment. The policy programme should aim to support the conditions for good parenting and secure attachment. Programmes such as anti-poverty efforts focused exclusively on families with a girl child, mainly to reduce stress and improve parenting and child development. The same should go to work-family support. So that mothers would not have to return to work a few weeks after birth resulting in sharing early-stage parenting responsibilities with their own mothers and others. This would call for an extension of maternity leave to give mothers a longer period of time at home with their new-born child, and also the provision of opportunities for mothers working in urban areas to be able to relocate with their new-born to work location. This would also require ongoing inputs in order to identify other areas of support.

Intervening early policy programme: this programme would include a number of educational and therapeutic programmes, in order to promote good socio-emotional development, as well as parenting and attachment security directly. Early interventions would effectively promote both sensitive parenting and secure attachment, irrespective of socio-economic status or the presence of multiple risk factors, including teenage motherhood parenting. The most effective intervention is one that should start when infants are still six months old, and focus clearly on the parent's behaviours, using video feedback or video interactive guidance where appropriate. Given all that is known about the benefits of fostering early parenting.

The family-nurse partnership policy programme: this programme focus on the relationship between nurse and mother. It would benefit low-income, young first-time mothers, and addresses a range of needs from pregnancy, including a component focused on building sensitive parental care. This recommendation is based on the ideas of attachment and self-efficacy. The idea that a parent's behaviour reflects what they feel able to achieve. So changing parent's behaviour, would provide more sensitive care and build secure attachments with the child, and enhances their ability to alter their behaviour and make positive decisions towards the child.

The incredible year's programme: the incredible year's programme is aimed at a social learning model of development. The model, associated with attachment models, sees improving parents' confidence, competence and coping strategies, including those related to their own relationships

and feelings; as the best way to build good parent-child relationships. This programme must be led by trained parenting practitioners, who may have backgrounds in social work, psychology, education or nursing, the programme should use role-play, video, and group support and emphasizes building a therapeutic relationship between parents and practitioner.

Other recommendations on policies at the level of the teenage girls include sexual education policies. Although South Africa embraced sexuality education in high schools, currently delivered through Life Orientation (LO) lessons. This present study recommends that in order to increase the effectiveness of the programme, it needs to expand to become inclusive sexuality education, and needs to tackle gender features, more effectively. But most importantly, the teachers for LO should be professional who would deliver the content of the subject without sexual taboos subjugations. For example, LO lessons should include multiple issues that promote girls' sexual awareness and these issues should be mainstreamed into many of the lessons sessions and not simply dealt with as 'stand-alone' issues. Issues to be addressed include negotiation and communication skills; healthy relationships (both sexual and platonic); and sexual rights. Given that the existing policies relating to teenage sexuality and teenage pregnancy are relatively not progressive, and the major obstacles are around implementation, which is also linked to attitudes of school teachers, parents, and communities' sexual taboos. Therefore critical work is needed to ensure both existing policies and yet to come are effectively or accurately implemented.

Furthermore, this study recommends that policymakers vest with the responsibility to reduce teenage pregnancies should work on improving the general socio-economic conditions of teenage girls' parents' in Vhembe District. The prevalence of teenage pregnancy in Vhembe District is gaining acceptance in most families; therefore, there is a need for designated perception change. This should be negotiated with the help of the local media outlets and other communication channels that have to prove that the optimistic ideology of teenage pregnancy should not be accepted by the family under any circumstances. The child support grant programme is currently manipulated as an economic security in the rural parts of Vhembe District; therefore, a policy reframe is required, because gradually the programme would transform to a poverty-dependent programme.

#### **9.4 Original contribution to knowledge**

The prevalence of teenage pregnancy is purely a social behavioural problem among the teenage girls. However, the teenage pregnancy behaviour is bred through the experiences of parenting practices and approaches of the teenage girls. The parenting practices that are not insensitive and lack predictability of the teenage girls' behaviour and healthy development, bred the prevalence of teenage pregnancy. The parents that primarily ignore the recognition of the prevalence of teenage pregnancy in parenting practices are contributors to the prevalence of teenage pregnancy.

Another original contribution to knowledge, is the experience of unstable and inconsistent parenting, particularly the inability of a mother to provide early responsive parenting at the infant stage, contributes to the prevalence of teenage pregnancy. In addition, the experience of a young age motherhood heighten the vulnerabilities a teenage girl faced and also placed them in the prevalence of teenage pregnancy.

Thus, single parent home system with the experience of the teenage girl mother as the household head placed a teenage girl in the prevalence of teenage pregnancy. In addition, the socio-economic status of teenage girl parents reinforces the inability of the parents to be responsive to the teenage girl welfare, which subsequently placed the girl vulnerable on the prevalence of teenage pregnancy.

One more original contribution to knowledge is that the experience of permissive parenting approach of a teenage girl creates a lack of parenting monitoring and supervision on her social activities, which placed her in the prevalence of teenage pregnancy. Likewise, the experience of authoritarian parenting approach of a teenage girl, builds a lack of communication between the parent and the teenage girl, on sex education, which subsequently placed her in the prevalence of teenage pregnancy. The experience of the uninvolved parenting approach of a teenage girl creates a child-headed home system burden on the teenage girl that placed her vulnerable to the prevalence of teenage pregnancy. However, the experience of authoritative parenting approach that is predictive in practices and of the teenage girl healthy development is significant to guard the teenage girl against the prevalence of teenage pregnancy.

The involvement of cultural values in the parenting practices of a teenage girl placed the teenage girl in the prevalence of teenage pregnancy. The experience of a teenage girl growing up in an economically deprived area placed her vulnerable to the prevalence of teenage pregnancy.

A teenage girl sexual belief that leads her to engage in unprotected sexual practice and activity, form a sexual attitude and behaviour that placed her vulnerable to the prevalence of teenage pregnancy. In addition, a teenage girl pattern of socialization with peers that involve sexual activities creates a sexual attitude that is contributory to the prevalence of teenage pregnancy. One more original contribution to knowledge is a teenage girl early sexual debuts, which creates a sexual habit with lack of sexual awareness placed her in the prevalence of teenage pregnancy.

### **9.5 Suggestion for further research**

Even though the claim is clear that permissive, authoritarian, and uninvolved parenting approaches contributed to the prevalence of teenage pregnancy in Vhembe District. The next avenue of future research is how much each approach contributes to the prevalence of teenage pregnancy. Many articles referenced in this study have emphasized cultural norms as factors that contribute to the prevalence of teenage pregnancy, however, their samples are limited and it's questionable how applicable the findings are to other communities. As well, it is a possibility that the cultural norms and practices that contribute to the prevalence of teenage pregnancy vary with the characteristics of the values. However, if this is the case, future research should examine the teachings taking place in traditional transitional schools in Vhembe District that is responsible for the prevalence of teenage pregnancy. Another important avenue of future research is the focus on how the effect of the migrant labour system, separating primary parents from the teenage girls contributes to the prevalence of teenage pregnancy.

At a specific perspective, the cultural relevance of teenage girls' sexual taboo has a lot of impact on the poor positioning of the teenage girl's sexual awareness and the strategies to propose safer sex for themselves. Since this aspect has contributed to leading many teenage girls in the prevalence of teenage pregnancy, an avenue for future research should focus on assessing the feasibility of eradicating teenage girls' sexual taboos starting from child-rearing practices.

Although, further generalizations need to take into account how parents themselves can champion the course against girls sexual taboos and teach them how to be sexually responsible and engaging in safer sex practices. The fact that this present study did not cover enough grounds from the direct experience of teenage girls in child-headed homes and teenage pregnancy. Future research should also be directed to focus exclusively on teenage pregnancy in child-headed homes to serve a better understanding.

There is also a shortfall in recent literature on communal child-rearing practices within the last 10 years. Even though the outcome of child-rearing approaches and practices on teenage pregnancy behaviour is not as popular as it ought to be, it is important to recognize the new trend of authoritative parenting approach that is predictive in the outcome. However, because of the benefits of early sensitive and responsive parenting, there is hope that future research on child-rearing approaches and practices will extend back to the reduction of teenage pregnancy and the concept of teenage pregnancy recognition in early parenting practices will be better supported in the modern day context.

## **9.6 Conclusions**

The overwhelming findings of this study show lack of sensitive parenting on teenage girls in Vhembe District. Something that I found strange is the total blame in the way parents raises the teenage girls, whether influenced by the socio-economic status, cultural values, availability or absence of the other parent. Furthermore, the parenting practices and approaches failed to acknowledge the prevalence of teenage pregnancy. However, some parents need to play a more active role and take charge of sex education of their teenage girls. The lack of sensitive and responsive parenting practices on the teenage girls' nurture insecure attachment and insecurely attached teenage girls' externalize inappropriate social behaviours responsible for the prevalence of teenage pregnancy. It is also clear, however, that economically insecure parents will find it harder to provide secure attachment to teenage girls. Therefore, fundamental to the teenage girls' well-being and social development, the early secure attachment has wide and lasting consequences, including for other significant consequences. So promoting secure attachment should, therefore, be a focus for policy programmes and services for families with girls' children

under early ages, which can only be achieved through sensitive and responsive early child-rearing practices that involved authoritative parenting approach.

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## Annexure 1

### Work plan

This research was scheduled to be completed by the end of February 2016. Below is a layout of the activities and the anticipated time frame for the study.

<b>TIME FRAME</b>	<b>ACTIVITIES</b>
February 2014	Literature search and discovering of a research topic
April 2014	Submission of the first research proposal
May 2014	Rectification of research proposal
May-June 2014	Research proposal presentation
July 2014 to May 2015	Fieldwork- data collection and analysis
June 2015	Developing research findings
July-October 2015	Chapter 5-developing analysis of the research findings
November-December 2015	Chapter 5-Recommendations and conclusion
January-May 2016	Editing Final proofreading and editing of the thesis Duplicating and binding copies of the thesis
March 2018	Submission of thesis

**Annexure 2**  
**Detailed budget**

<b>Items</b>	<b>Acct.</b>	<b>Description</b>	<b>Qutty.</b>	<b>Unit</b>	<b>Total</b>
Stipends	3505	Stipends for research assistant per day R150 for 20days	7	3000	21,000
Consumables	3525	Pack brown envelops and packs of A4 printing papers Gifts for respondents	3	3000 4731.6	7731
Traveling to the research site	3515	Thohoyandou to Makhado 75 km to-and fro @ R3.30 Thohoyandou to Musina 135 km to-and-fro @ R3.30 Thohoyandou to Mutale 30 km to-and-fro @ R3.30 Thohoyandou to neighboring 18 km to-and-fro @R3.30	20 20 20 20	4950 8910 1980 1188	17 028
Data analysis and binding	3520	Analysis of data per day R150 for 2months Editing per page R25 for 350 pages Spiral binding per copy R250 for 7 copies Hard copy binding per copy R400 for 8 copies	1 1 7 7	6000 8750 1750 3200	19,700
Subsistence		Refreshment	8	9576	9541
<b>Total</b>					<b>R75,000</b>

### Annexure 3

**To: Director of Education,  
Vhembe District,  
Limpopo Province, South Africa  
22/05/2015**

Dear Sir/ Madam

#### **REQUEST FOR STUDY REQUISITION/ PERMISSION**

I write to request your permission to conduct a study in your District (Vhembe District). I am Mr Bassey A. I. (student no. **11607109**) a registered PhD student in the School of Human and Social Sciences, Sociology Department, University of Venda. The study title is *The impact of communal child rearing on the prevalence of teenage pregnancy in Vhembe District*.

Kindly grant me the permission and all necessary assistance I may require in this regards and any information obtained would be treated with strict confidentiality and for academic purposes only.

Sign.....

Date.....

Student

Sign.....

Date.....

Prof Makatu M.

Supervisor

**Annexure 4**  
**Consent form**

My name is Bassey, A.I. A research student at the University of Venda registered for the Doctoral Philosophy of Arts (PHDA) in Sociology Department, School of Human and Social Sciences. The research I am conducting focuses on *the impacts of communal child rearing on the prevalence of teenage pregnancy in Vhembe district*.

I am requesting for your participation in this study. Any information you provide will be very helpful to the study and treated with strict confidentiality and anonymity. Please note that your participation is strictly voluntary, which therefore implies that you can choose to pull out for any reason personal to you.

**Signature of Researcher** \_\_\_\_\_ **Date** \_\_\_\_\_

I.....have read and understood the contents of this invitation to participate in this study. I hereby confirm my voluntary consent to participate in the study.

**Respondent signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Annexure 5

### Study requisition acceptance letter



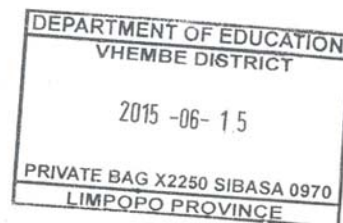
**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF  
**EDUCATION**

**VHEMBE DISTRICT**

REF: 14/7/R  
ENQ: RAVELE N.P  
TEL: 015 962 1029

MR BASSEY A.I  
DEPARTMENT OF SOCIOLOGY  
UNIVERSITY OF VENDA  
PRIVATE BAG X5050  
THOHOYANDOU  
0950



**REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY FOR PHD IN THE SOCIOLOGY DEPARTMENT.**

1. The above matter refers.
2. Your request for permission to conduct a research study in Vhembe District on the title: "the impact of communal child rearing on the prevalence of teenage pregnancy in Vhembe District", has been granted.
3. We appreciate your readiness to abide by the principle of confidentiality and recognition of the voluntary participation.
4. Other condition to comply with during your research activities are as follow:
  - 4.1 Inform the Circuit Managers and the principals of selected schools before your research visits. If there will be any during your research study.
  - 4.2 Ensure that your research activities avoid any disruption of normal teaching and learning in the schools.
5. Wishing you success in abundance on your research journey.

  
DISTRICT SENIOR MANAGER

2015-06-15  
DATE

Thohoyandou Government Building, Old Parliament, Block D, Private Bag X2250, SIBASA, 0970  
Tel: (015) 962 1313 or (015) 962 1331, Fax: (015) 962 6039 or (015) 962 2288

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**Annexure 6**  
**Ethical clearance letter**

RESEARCH AND INNOVATION  
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:  
**Mr Al Bassey**

Student No:  
11607109

PROJECT TITLE: The impact of communal child rearing on the prevalence of teenage pregnancy in Vhembe District.

PROJECT NO: SHSS/15/SOC/01/0306

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr M Mokoale	University of Venda	Promoter
Dr SPT Zikhali	University of Zulu Land	Co-Promoter
Mr Al Bassey	University of Venda	Investigator - Student

ISSUED BY:  
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: June 2015

Decision by Ethical Clearance Committee Granted

Signature of Chairperson of the Committee: .....

Name of the Chairperson of the Committee: Prof. G.E. Ekosse




University of Venda  
PRIVATE BAG X3750, TLOUJANDLOU, 09502, LIMPOPO PROVINCE, SOUTH AFRICA  
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### Annexure 7

#### Questionnaire: Teenage girls in Vhembe District Close-ended Questionnaire

S/n	Question		1	2	3
1	Age	13-14	15-17	18-19	
2	Occupation	Student	Working	N/A	
3	Educational attainment	Matric	Matric in view	N/A	
4	Marital status	Married	Single	Divorce	
5	Religion	Muslim	Christian	N/A	
6	Municipality	Makhado	Musina	Thulamela	
7	Who are you living with?	Biological parents	Grandparents GrandMa.... Grandpa.....	Others Relatives...Child-headed.....	
8	Are your two parents living together?	Yes	No		
9	If your answer is no to question 8, who are you living with?	Mother	Father		
10	What is the classification of your parent?	Working	Retired	Never worked... business.....	
11	Do your parents, the ones you live with have any formal education?	Yes	No		
12	Are you sexually active?	Yes	No		
13	Have you been pregnant before?	Yes	No		
14	Are you presently pregnant?	Yes	No		
15	Are you a teenage mother?	Yes	No		
16	Did any of your siblings fall pregnant at an early age?	Yes	No		
17	Did your mother give birth as a teenager?	Yes	No		
18	Have you ever had a sex-related conversation with your parents?	Yes	No		
18a	If yes, who did you hold the conversation with?	Mother	Father	Friends	
19	Have you attended any sexual awareness campaign or lessons before?	Yes	No		
20	Do you use protection during sexual intercourse?	Yes	No	Others (Not applicable)	
21	Does non-condom use sexual relations makes you his main girlfriend?	Yes	No		
22	Who will you prefer to have sexual discussions with?	Mother	Friend		
23	Were you influenced by your peers to start dating?	Yes	No		

## Annexure 8

### Key Informant Interviews

**Respondent:** High/college school staff and community leader in Vhembe District

**Municipality.....Position/capacity.....Date:.....**

#### Interview guide for key informant

1. How can you describe parents of teenage girls in your jurisdiction?  
.....

2. What do you think are reasons for the prevalence of teenage pregnancy in your jurisdiction?  
.....

3. What is your opinion about the teenage girls who are raised by their biological parents but also fall pregnant? .....

4. How can you describe the role cultural values play in the prevalence of teenage pregnancy?  
.....

5. Please explain whether you consider peer influence plays a role in the prevalence of teenage pregnancy? .....

6. As an educator/ leader in school or community, does the teaching of sexual awareness has any impact on the teenage girls? .....

## Annexure 9

### Individual Unstructured Interviews

**Respondent:** Parents and caregivers of pregnant and teenage mothers

Municipality.....Gender.....Age.....

Marital status.....Family size/ composition.....

Occupation.....Religion.....

Education attained.....Date:.....

1. Please describe the status of your relationship with your daughter?
2. How can you categories her age when she got pregnant?
3. How can you explain before her pregnancy whether you notice she was sexually active?
4. Please explain whether you have ever hold sex conversation with her before she fell pregnant?
5. How can you describe the relationship with her male partner who got her pregnant?
6. What do you think of your daughter pregnancy, Please explain?
7. How can you categories your age when you gave birth to your first child?
8. Please explain whether any of your daughters previously got pregnant at teenage-hood?
9. Please explain whether there was something you will have done to prevent your daughter from falling pregnant?
10. How can you consider pregnancy before marriage?
11. How can you categories suitable age for a teenage girl to start engaging in sexual activities?

12. What is your opinion on the importance of sexual protection, like the use of condom or abstinence before marriage?

## Annexure 10

### Structured Interviews with Pregnant Teenage girls and Mothers

Municipality..... Gender..... Age.....  
Marital status..... Family size/ composition.....  
Occupation..... Religion.....  
Education attained..... Date:.....

1. If you are not living with biological parents, please explain the reasons why?  
.....

2. What might have been the reasons why your both parents are not living together, please explain?  
.....

3. If your both parents are living together, please elaborate on how you find their relationship in connection with your parent? .....

4. Please describe the status of your relationship with your parents?  
.....

5. How can you describe your parent's educational attainment, please explain?  
.....

6. What is the nature of your parent's job, please elaborate?  
.....

7. How can you categories your age when you got pregnant?  
.....

8. How can you group your mother when she gave birth to her if you are not the first born?  
.....

9. Please explain to us if you have teenage-mother siblings?

.....

10. How can you describe the guidance and education from your parents with respect to your sexual activities?

.....

11. Please explain to us if anyone in your peer group is also pregnant at this very moment or a teenage mother?.....

12. How can you describe your sexual activities, please explain if you use protection during sex?

.....

13. Are you aware that HIV/AIDS can be gotten from unprotected sex easily, please elaborate?

.....

14. Do you think if your boyfriend has sex with you without a condom is because you are the main girlfriend, please elaborate? .....

15. How can you categorize the age of your boyfriend who got you pregnant?

.....

16. Do you think, you could have prevented the pregnancy if you want to, please elaborate?

.....

17. How can you describe present situation, do you regret being pregnant?

.....

18. Please explain to us if you were pressured or advise to get pregnant?

.....

19. Have you been denied anything because of your pregnancy, please elaborate?

.....

20. Who is your child living with, please elaborate?

.....

21. Does being pregnant stop you from pursuing your dreams, please elaborate?

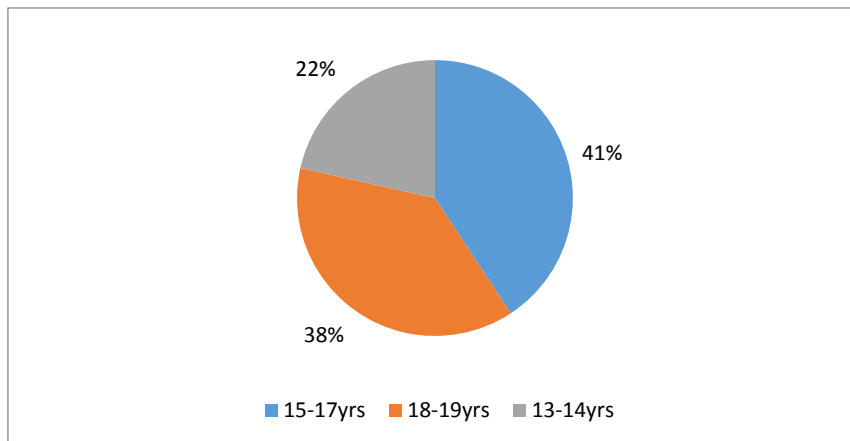
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## Annexure 11

### Demographic characteristics of the participants

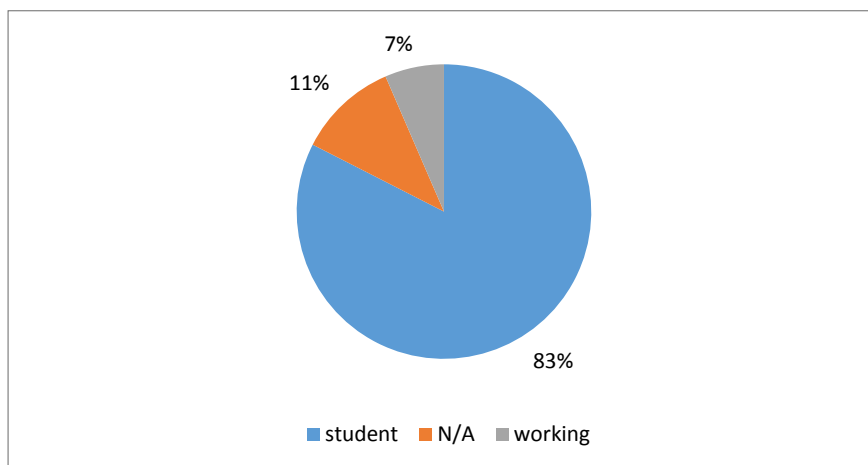
As indicated in the pie chart below, almost half (41%) of the teenage girls were in the age group 15-17 years.

**Diagram: 3. Age distribution of the participants**



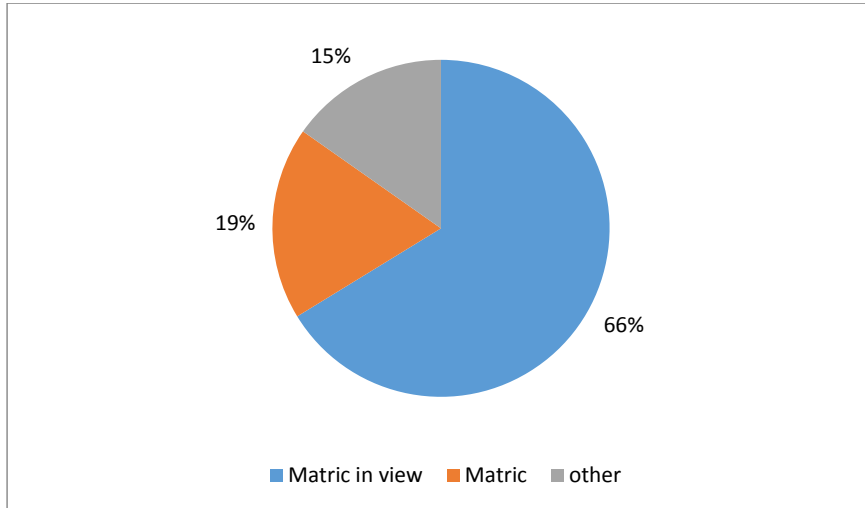
As indicated in the pie chart below, the majority (83%) of the teenage girls were students.

**Diagram: 4. Occupation of the participants**



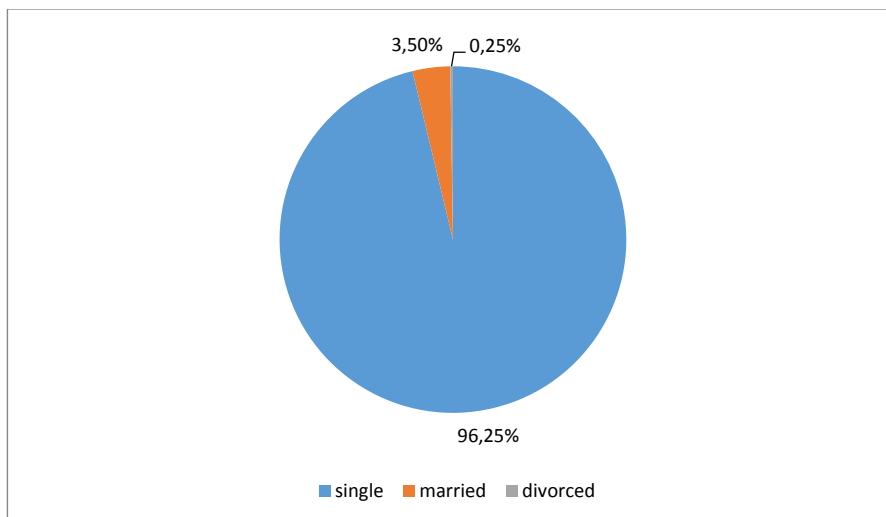
The pie chart below shows the majority (66%) of the teenage girls were high school learners.

**Diagram: 5. Educational qualifications of the participants**



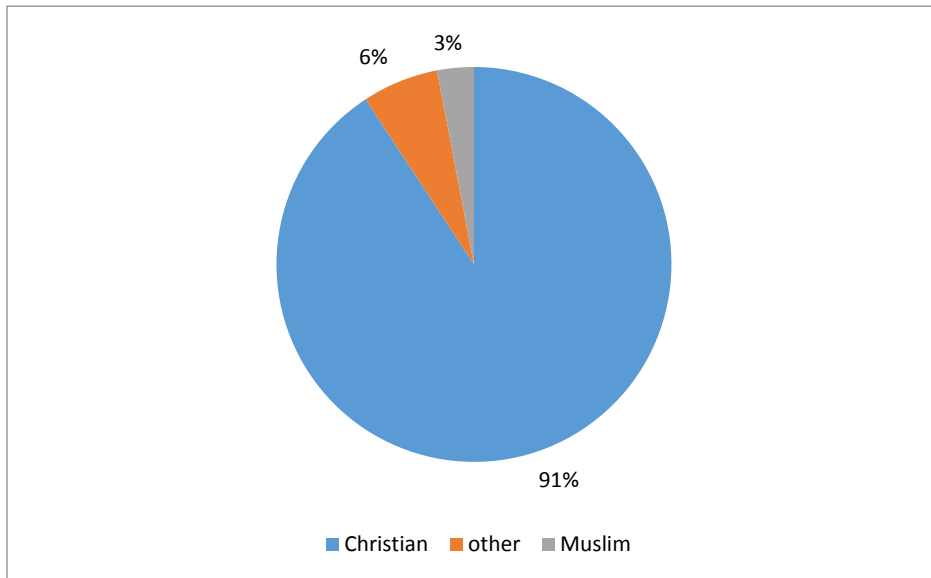
The pie chart below shows that the majority (96%) of the teenage girls were single, which shows that early marriage was not common in the study area.

**Diagram: 6. Marital status of the participants**



The pie chart below showed that the majority (91%) of the teenage girls were Christians.

**Diagram: 7. Religious creed of the participants**



### **Demographic details of the participants in the qualitative instrument**

This section presents the demographic details of the participants for the qualitative instrument. As indicated in the matrix below, the age group that was affected most was 15-17 years old. In this same category, most of them were students and still single. The teenage mothers' categories also had similar age-group tendencies, with the same occupational and marital status characteristics. In the case of key informants, most of them were male principals and life orientation teachers. One of the women who participated was a community leader, while the other was a high school principal. They were mostly married. With regards to the parents of the pregnant teenage girls and teenage mothers, they were also predominantly female with the age range of 46 years and above. Most of them were working class whose marital status indicated that they were married.

**Matrix: 2. Demographic details of the participants in the qualitative instrument**

<b>Pregnant teenage girls</b>				
<b>Gender</b>	Female	16		
	Male			
<b>Age</b>	13-14 years	15-17 years	18-19 years	
	4	9	3	
<b>Occupation</b>	Students	Working class	Unemployed	Business
	9			
<b>Marital status</b>	Single	Married	Divorced	
	16			
<b>Teenage Mothers</b>				
<b>Gender</b>	Female	19		
	Male			
<b>Age</b>	13-14 years	15-17 years	18-19 years	
		13	6	
<b>Occupation</b>	Students	Working class	Unemployed	Business
	11	4		
<b>Marital status</b>	Single	Married	Divorced	
	19			
<b>Key informants</b>				
<b>Gender</b>	Female	2		
	Male	6		
<b>Occupation</b>	School principal	Life orientation teacher	Community leaders	
	3	2	3	
<b>Marital status</b>	Single	Married	Divorced	
		8		
<b>Parents of the pregnant teenage girls and teenage mothers</b>				
<b>Gender</b>	Female	23		

**Continue from Matrix: 2**

	Male			
<b>Age</b>	25-35 years	36-45 years		46 and above years
	7	2		14
<b>Occupation</b>	Working class	Subsistence farming	Unemployed	Petty business
	9	6	5	4
<b>Marital status</b>	Single	Married		Divorced
		14		9