

RELATIONSHIPS, PERCEPTIONS AND THE SOCIO-CULTURAL ENVIRONMENT OF PREGNANT TEENAGERS IN SOSHANGUVE SECONDARY SCHOOLS

Maholo, R.B. (M Tech Nursing student)
Tshwane University of Technology
Adelaide Tambo School of Nursing

Maja, T.M.M. (D Litt et Phil)
Tshwane University of Technology
Faculty of Science
majatmm@tut.ac.za **Corresponding author**

Wright, S.C.D. (D Tech Nursing)
Tshwane University of Technology
Adelaide Tambo School of Nursing Science

Abstract

Teenage pregnancy is a global public health problem, which results in inevitable interruptions in their education. In some instances, dropping out of school is temporary, but some of teenagers do not return to school. The dual responsibility of parenting and school work often results in poor scholastic performance, adding to the burden of a limited education and scarce employment opportunities. Since 2004, schools in Soshanguve have been requesting urgent preventive interventions regarding teenage pregnancy, which prompted the need for this study. The aim of the study was to determine the pattern of relationships, perceptions and the socio-cultural environments of pregnant teenagers in Soshanguve.

A qualitative exploratory, descriptive and contextual design was used for the study. Participants comprised teenagers from Soshanguve secondary schools, who visited the clinic for ante-natal or post-natal care. A purposive sampling method was used and the sample size was determined by saturation. Semi-structured interviews were conducted with 30 participants. Tesch's approach, using open coding and a template analysis system, was utilised for data analysis.

Teenagers lacked information about menarche and menstruation, leaving them unprepared for their pregnancies. Participants did not realise the consequences of their love and sex relationships. Circumstances around their lives and the socio-cultural environments contributed to their pregnancies, resulting in teenagers showing regret, shame, denial and some accepting their pregnancies. Communication about sexuality was lacking and teenagers had no risk perceptions regarding their pregnancies. A community-specific and evidence-based intervention to prevent teenage pregnancy is urgently needed.

KEYWORDS: adolescent mothers, menarche, teenage pregnancies, teenage sexuality, unplanned pregnancies

INTRODUCTION AND BACKGROUND INFORMATION

Teenage pregnancy is a global public health problem and has been a concern to health workers, community developers, educators and parents since the early nineties (Mogotlane, 1993:1; Smith-Battle, 2000:85). About 11% of all United States' births in 2002 were to teenagers aged 15-19 and the majority of teenage births (67%) were to girls aged 18-19 (Moss, 2004). According to South Africa's national campaign to prevent teenage pregnancies, in South Africa, one in three teenagers becomes pregnant before the ages of 18-19. Since 2004, school teachers in Soshanguve of the Gauteng Province, have reported high rates of teenage pregnancies to health care workers and have requested interventions as a matter of urgency. The concern has further been compounded by the increasing number of terminations of pregnancies among teenagers. In South Africa, pregnancy statistics reveal that young girls aged between 18-25 tend to terminate pregnancies more frequently than older women (Varga, 2002:285).

Teenage mothers are at risk of higher morbidity and mortality rates during pregnancy and labour than adult women. Additional health problems experienced by teenagers include sexually transmitted infections (STIs), including human immunodeficiency virus (HIV) acquired immunodeficiency syndrome (AIDS), as they are likely to have many sexual partners because their relationships are not stable (Ehlers, Maja, Sellers & Gololo, 2000:43; Yako & Yako, 2007:75). Pregnant teenagers also experience shame, guilt and fear of being discovered pregnant which may lead to psychological denial about the reality of the pregnancy (Greathead, Devenish & Funnel, 1998:155; Maputle, 2006:87). With teenage pregnancy comes an inevitable interruption in education. In some instances, dropping out of school is temporary, but some teenagers do not go back to school after the delivery of their babies. Should the teenage mother go back to school, the challenges of parenting and school work often result in poor performance as well as the burden of a limited education and scarce employment opportunities. Families of pregnant teenagers might need to support the teenager and her infant financially, physically, socially and psychologically (Modungwa, Poggenpoel & Gmeiner, 2000:62).

The culture and society in which an individual grows up and lives, contributes to how the individual feels about her life and sexuality. Some societies may accept early pregnancy as a confirmation of the woman's fertility. In their study, Ziyane and Ehlers (2006:36) reported that some teenagers in Swaziland became pregnant to prove their love, womanhood and fertility. Furthermore (Gilbert & Walker, 2002:1093; Varga, 2003:13) gender norms encourage men to engage in risky sexual behaviours and the subordinate female status entrenched in many African societies, contribute to the high rates of unplanned adolescent pregnancies. In some societies early marriages are encouraged because

parents get a good bridal price when their daughters marry early in life. According to Jewkes et al., (2001:733), grandmothers and mothers believed that pregnancy is infinitely preferable to the possibility of infertility attributed to contraceptives. The risk of young girls falling pregnant is a reality in most communities.

PROBLEM STATEMENT

The rising incidence of teenage pregnancy has been a concern to all involved in promoting health. Teenage pregnancy poses major social, emotional and physical health risk to teenagers. As most teenagers become pregnant whilst still at school, it became necessary to determine the pattern of relationships, perceptions of school-going teenagers regarding their pregnancies, their lives and the role of their socio-cultural environments. Despite the freely available contraceptives at state health facilities the number of teenage pregnancies in South Africa, including Soshanguve, remains high. Since 2004, schools have been reporting a high incidence of teenage pregnancies and have requested interventions from health care providers as a matter of urgency to address the problem in the Soshanguve area.

PURPOSE OF THE STUDY

The purpose of the study was to determine the teenagers' patterns of relationships, perceptions towards their pregnancies and lives and describe the role of their socio-cultural environments in their pregnancies.

The objectives of the study were to:

- Determine the teenagers' patterns of love relationships;
- Identify and describe teenagers' perceptions towards their pregnancies;
- Describe how the socio-cultural environments impacted on the teenagers' pregnancies and lives.

RESEARCH METHOD AND DESIGN

The study used a qualitative and exploratory research approach as it aimed at understanding the meaning of a phenomenon and to explain systematic relationships amongst phenomena (Polit & Beck, 2008:320).

Population and sampling

The target population comprised all pregnant teenagers from secondary schools in the primary health care (PHC) catchment area of Soshanguve. Teenagers who visited the

PHC clinics for ante-natal and post-natal care were invited to participate in the study. Criteria for inclusion in the study were that participants should be:

- between 14 and 20 years of age;
- willing to participate;
- using the specific PHC clinic for ante-natal or post-natal care;
- in a Soshanguve secondary school or had left school within the preceding six months due to pregnancy.

Purposive sampling was used for the study as it involved the conscious selection of certain subjects, elements, events or incidents (Polit & Beck, 2008:343). The sample size was saturated when 30 interviews had been conducted.

Data gathering

Data were gathered by means of self-report methods which are ideal when the purpose of the study is to obtain information about attitudes, knowledge, feelings and other information that cannot be easily observed or measured physiologically. The specific method was a semi-structured interview with specific themes to be explored. The purpose of an interview was to allow the researcher to understand the experiences of other people as well as their meaning (Terre Blanche & Durrheim, 2002:128). The items of the research instrument included each teenager's personal situation, pattern of love relationships, knowledge and perceptions about her pregnancy and contraception, socio-cultural prescriptions or taboos, the role of the parents and the teenager's vision for her future.

Data gathering was conducted in a private room at the PHC clinic during July, 2005. Though each participant's name was used during the interview, when the data were transcribed, a code was used to ensure anonymity. The use of a tape recorder was requested in the letter of informed consent that was signed prior to each semi-structured interview. The first interview was used as a pre-test to identify potential problems pertaining to the interviewing skills of the researcher, the completeness of the interview schedule as well as the process of data analysis for the study. No major problems were identified.

Data analysis

The database in this study consisted of transcribed interviews and field notes. Data were analysed by using open coding and the template analysis style (Cresswell, 2003:192; Polit & Beck, 2008:508). Tesch's approach (Creswell, 1994:154-155) of descriptive analysis was used to identify themes and subthemes. According to Polit and Beck (2008:508), an acknowledged approach to qualitative data analysis is using the template analysis style, which allows the researcher to develop a template, or analysis guide to

which the narrative data are applied. The units of the template for the study were the themes of the interview. An independent coder was involved to reduce bias and a consensus meeting was held between the researcher and the independent coder to determine inter-coder variability.

Measures of trustworthiness

Lincoln and Guba's (1985:290-327) model was used to ensure trustworthiness in this study, using credibility, transferability, consistency and confirmability. Activities in achieving credibility were prolonged interactions with teenagers, keeping a reflexive journal, the researcher's authority, triangulation, peer review and structural coherence. Transferability was achieved through a dense description of the data and purposive sampling. Dependability was achieved by a description of the method of data gathering, data analysis and member checking. Finally, confirmability was achieved by ensuring an audit of the entire research process, reflexive analysis and triangulation.

Ethical considerations

Written permission to conduct the study was sought and obtained from the Ethics Committee of Tshwane University of Technology and authorities of the health care centres in Soshanguve. Rights of participants were respected throughout the study. Informed consent, anonymity and confidentiality were also maintained. Participants were informed about their rights to withdraw at any time of the study without any victimisation whatsoever.

RESEARCH FINDINGS

Biographic data

The majority of participants (83.3%; n=25) were in the 17-20 year age group. Most were pursuing their studies at secondary schools in Soshanguve while some had just left school due to their pregnancies. Almost all the participants (96.7%; n=29) were primigravidae with most (70.0%; n=21) having had their menarche at the age of 14 or younger.

Experience of menarche

This theme was included to assist each teenager to talk about her menarche, her readiness and knowledge about this life changing event. The sub-categories derived were knowledge and perceptions about menstruation/menarche and emotional responses to menstruation.

● **Knowledge and perceptions about menstruation**

Although some participants were informed about menstruation, most were ignorant about this reality until they experienced how it felt and what to do when menstruating. Participants who lacked information blamed their parents for having failed to share information about menstruation, arguing that it could have helped them prevent their pregnancies. One participant stated:

“I started to menstruate at 13 years. I knew nothing about menstruation. I was embarrassed and reported to my mother. She just said I must menstruate because I am a girl and added that I must go to the clinic for prevention because if I can sleep with a boy, I’ll fall pregnant.”

Some myths were also perpetuated by mothers who convinced their daughters to behave according to their dictates. One participant was told by her mother to stay indoors because, now that she had started to menstruate, she would inherit other people’s menstruation cycles should she go out to the street. If she was to have “a cycle of four days she would end up inheriting more days from other people.”

These findings indicate parents’ inappropriate communication with their daughters about the developmental changes and realities of life. Mothers could share false or vague information with their daughters regarding sexuality issues. This view is supported by Wood and Jewkes (2006:110) who found that young girls were not fully informed about menstruation as their mothers had merely told them that menstruation meant they were grown up and that they could have babies any time.

● **Emotional responses to menstruation**

Participants expressed feelings such as anxiety and anger towards their parents. They also experienced guilt feelings, shame and acceptance. One participant stated:

“I still remember when I started to menstruate at 14-years. I was so anxious and even felt like committing suicide. What made matters worse was that I was going to write an examination at twelve o’clock that day and I just did not know what to do. I was uncomfortable throughout the exam and just passed by luck.”

Expressing emotional experiences towards menstruation is natural and acceptable. It becomes a concern when young girls are not adequately informed or prepared for menstruation as they become negative and may not know what to do or how to behave. Lack of appropriate information may also lead to young girls’ vulnerability to risky sexual behaviours. From this study, it became evident that mothers or grandmothers provided statements or instructions without explanations. Seekoe (2005:23) believes that mothers lack skills and are uncomfortable to talk about sex to their daughters. Information about

menstruation must be part of sexuality education that parents, teachers and health care providers share with teenagers to empower them for responsible decision making.

Relationships

The sub-categories derived from this theme were: age of sexual debut and duration of relationships, perceptions about relationships and outcomes of their relationships that resulted in their pregnancies.

• Age of sexual debuts and duration of relationships

Of the participants (70.0%; n=21) initiated sexual relationships from 15-17 years of age. However, 33.3% (n=10) of the teenagers had their sexual debuts at 14 years of age or younger by which time 70% (n=21) of them had started menstruating. Studies indicate that youths become sexually active at an early age and thus engage in sexual activities without adequate information for protecting themselves against unplanned pregnancies (Ibeh & Ikechebelu, 2002; Mbambo, et al., 2006:9). The importance of initiating sexuality education at an early age of 9-10 years could empower young girls to make informed decisions by the time they reach menarche (Ehlers et al., 2000:53; Manzini, 2001:44).

Regarding the duration of relationships, all participants, except one (96.7%; n=29), reported that the relationship, which resulted in the pregnancy, lasted for less than one year. From these findings, it appears as though the length of relationships did not influence the initiation of sexual relationships. Almost all participants were involved in relationships, though not necessarily with the fathers of their babies, at the time of the study.

• Knowledge and perceptions about relationships

Responding to what it meant to be in a relationship, most participants described the relationship as being “in love.” Ten participants (33.3%) indicated that they understood what love meant and that they were not forced into their love relationships. Others felt uncomfortable and did not respond. One participant said:

“I just felt ready for the relationship and to love someone intimately. I was never pushed into having sex, but I wanted to experience it.”

Another participant said:

“I started to fall in love when I was 15 years old. I was surprised to discover that I am pregnant after three months of the affair.”

For most of these participants, being in a relationship implied having a sexual relation-

ship. Some participants were able to choose whether to take the relationship to a sexual level or not. However, some participants were reportedly harassed and beaten by their boyfriends for refusing to engage in sex. In some African societies where the subordinate position of females limits their control over their own bodies and sexual choices (Gilbert & Walker, 2002:1093; Jewkes, et al., 2001: 734).

- **Partners and outcomes of the relationships that resulted in these pregnancies**

All participants admitted to having multiple partners though not all were sexual partners. The relationship resulting in pregnancy resulted in marriage for only three (10.0%) teenagers. One participant stated that she had four partners already at the age of 19 years, although she had separated with the first three without having had a sexual relationship. Most of the girls, however, had already separated with 1-6 partners, because they had sex without any serious intentions or commitments.

“Since I started, this is my third boyfriend. I separated with the first one because he was having an extra affair. He claimed to be having a lot of homework and suddenly had excuses to see me. We separated without notifying each other. The present one is responsible for this pregnancy but he denies the pregnancy saying that he doesn’t believe the pregnancy is his. My family went to meet his parents but his mother protected him saying he has a child already with another girl. He also refused to acknowledge that pregnancy.”

Knowledge and perceptions about their pregnancies

The following sub-categories were derived: knowledge and perceptions about pregnancy, information received during ante-natal care and knowledge about contraception.

- **Knowledge related to pregnancy and information received during ante-natal care**

It appeared that participants knew about becoming pregnant rather than pregnancy as a phenomenon. If they were not menstruating, it would be a sign of being pregnant as some of the participants stated:

“I don’t know anything about pregnancy. I just got to know that I am pregnant after telling my friend that I have missed my period. I even took some purgatives to cleanse my stomach as I was feeling sick.”

“I know that a person falls pregnant after sexual contact. That’s the only thing I know, and that there is no menstruation during pregnancy.”

It is important that teenage girls are informed about pregnancy and the changes taking place within their bodies during pregnancy so as to take the necessary steps and obtain ante-natal health care. Maputle (2006:87) observed that teenagers, lacking information about the signs of pregnancy, were less likely to inform any family member and thus only attended ante-natal care when their pregnancies were in the advanced stages.

Participants who had attended ante-natal clinics indicated that they were informed about what to report during pregnancy, the importance of ante-natal visits, post-natal check-ups and HIV and prevention of mother to child transmission of HIV/AIDS.

● **Knowledge and perceptions about contraceptives**

In terms of knowledge about contraceptives, participants had general information about contraception. Some were, however, reluctant to use contraceptives because they feared that their fertility could be affected or that they would gain weight or experience other side effects (Jewkes et al., 2001:734; Maja & Ehlers, 2004: 43; Wood & Jewkes, 2006:111). Only six participants indicated that they were using condoms to prevent unintended pregnancies. Perceptions which influenced their use of contraceptives were expressed this way:

“The pills need extra carefulness if used. I used Nur Isterate once and felt dizzy and developed sores on my buttocks. My face was swollen and I decided not to use it anymore. I also know condoms prevent illness and pregnancy. I once used them and my partner started to refuse them as he felt they were too tight for him.”

Though condoms are still an option, both parties must take joint responsibility for their consistent and correct use. In some instances, the teenagers would put the responsibility of condom use on the boy stating:

“I am not sure whether my partner forgot to use a condom or not.”

These results show limited perceptions of the threats posed by unprotected sex. Consistent condom use must be the responsibility of both and not be left to males only. Harrison, Xaba and Kunene (2001:637) indicate that most girls believed that boys should initiate male condom use and rarely discussed this topic before sex.

Socio-cultural norms and the teenagers’ environment

The following aspects emerged from this theme: reactions from family members regarding the teenager’s pregnancy, individual practices and reactions

● **Reactions from family members**

Participants experienced various reactions from family members once the pregnancy was discovered. These responses ranged from disappointment to advising the teenager to terminate the pregnancy. In most instances, parents or family members with whom the teenager lived would have to support the teenager and the newborn child. The parent or guardian felt strongly that the participant should focus on completing her studies to have a better future. Some felt:

“My parents said, according to their culture, they accept my baby, but emphasised that I should have matured first and completed my studies”.

It appeared that parents or family members were concerned about their teenagers becoming pregnant, but not all understood their own roles in preventing the possibility due to limitations and cultural barriers (Lesch & Kruger, 2005:1072; Yako & Yako, 2007: 75). One participant stated:

“My mother always says that the old initiation schools for both girls and boys were helpful in teaching and preparing youth for adulthood. Now things have changed and it is not easy to talk to your children about all these sexuality issues”.

● **Individual beliefs, practices and reactions regarding pregnancy**

Pregnant teenagers and teenage mothers had mixed feelings about their pregnancies. Some were relieved expressing joy and acceptance of their babies, whilst others regretted feeling worthless and betrayed. Statements expressed in this regard included:

“I am now happy as I wanted a baby desperately. My boyfriend is 28 years and is working and supports me and my baby.”

“I should have listened to my mom when she advised me to use contraceptives to protect myself. I refused as I did not want her to know that I was having a boyfriend and that we were engaging in sex. I have a baby and I can hardly provide anything for her. I depend on my family for everything”

Vision for the future

Most participants intended returning to school, leaving their babies with their grandmothers. Some felt hopeless, discouraged and desperate. One of the participants stated that she would not go back to school because she had added another responsibility to her mom who is helpless. One of the participants saw a problem in coping with studies and caring for a baby at the same time. One of them said:

“I can now advise teenagers to abstain or use condoms. The best thing is to abstain.”

If they are pregnant they must eat the right diet and test for HIV to save their children. They must never do abortion because the baby has the right to live as they are also living.”

The reality of being pregnant and raising a child brought in a new perspective to the teenagers as most felt the need to improve their lives by pursuing their studies.

LIMITATIONS

The study was limited to a purposive sample of 30 pregnant teenagers or teenage mothers living in Soshanguve and the results may not be generalised to other teenagers, without repeating the study in other communities.

Some participants refused permission for the use of audiotape recordings; the interview was therefore recorded by hand and some details and nuances might have been lost in the process although all possible measures had been taken to be as accurate as possible.

RECOMMENDATIONS

Based on the results of the study, it is recommended that:

- Both pedagogical and andragogical educational strategies must be used to educate teenagers, families and communities regarding sexuality issues.
- Educational content should include the menarche, reproductive functions, reproductive health, sexuality and sexual relationships and contraception.
- The variability of the socio-cultural environment of teenagers in South Africa must receive attention to prepare the future registered nurse to deal with teenagers.
- Evidence must be gathered to use as a starting point for interventions, informing teenagers, families and communities about teenage pregnancies.
- The recommended early age of ten at which education should commence needs to be considered so that interventions are timely to enable teenagers to make informed decisions about their pregnancies

CONCLUSION

Teenage pregnancy is a reality, which might result in unfulfilled potential and perpetuate cycles of unemployment and poverty. The evidence produced by the study suggests that ignorance and failed communication between teenagers and their parents remain important factors contributing to teenage pregnancies. Participants' socio-cultural environments also contributed to unplanned pregnancies. Interventions, based on evidence and developed with teenagers, support are urgently required to enable teenagers to make informed decisions

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