Early Childbearing: Perspectives and Experiences of Young Men and Women in Durban

A dissertation submitted in partial fulfilment of the academic requirements for a degree of Masters in Population Studies

By

Ngcobo Seluleko Eric

214508206

School of Built Environment and Development Studies.

University of KwaZulu-Natal

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Supervised by Prof. P. Maharaj

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ABSTRACT

Early childbearing continues to be a matter of concern around the world, especially in developing nations. The causes and the implications of early parenting have been explored by researchers from young mothers' perspective, thus excluding young fathers. Life goals and the future of young people is threatened by early parenting. The negative outcomes of early parenting intercept young parents' ability to further their studies. The exclusion of fathers defeats the purpose of better understanding the causes of early childbearing as fathers are an integral part of early childbearing. The inclusion of young fathers is also important in trying to understand early childbearing and its implications for the youth. This study aimed at closing this gap by focusing on early childbearing from the perspective of both young mothers and fathers. This study draws its rich findings from semi-structured in-depth interviews conducted with twenty participants (ten mothers and ten fathers) who were students at the University of KwaZulu-Natal. Findings of this study show that there are more similarities than there are difference between young mothers and fathers in terms of causes and experiences of early childbearing. The study found that lack of proper sex education in homes and schools play a huge role in enabling other factors that exacerbate early childbearing. Although lack of access to contraception was an issue that resulted in non-use of contraception, this study also found that there were various reasons for not using contraception despite its availability, which also contributed to early childbearing. This study differs from others as it reports on young parents that continued with their education despite financial problems and other difficulties caused by early childbearing. For this reason, this study recommends that future studies explore factors that encourage and help young parents to re-enter the education system and finish their high school education and further their studies to higher education level. Youth friendly and youth driven awareness and education is also recommended to prevent early childbearing. This study acknowledges that ecosystems perspective fails to explain internal factors that prevent early childbearing, thus the recommendations is that researchers explore internal factors that prevent early childbearing and enforce resiliency.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
DSD	Department of Social Development
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HEAIDS	Higher Education and Training HIV/AIDS Programme
KZN	KwaZulu-Natal
LO	Life Orientation
NSFAS	National Student Financial Aid Scheme
NSP	National Strategic Plan
SA	South Africa
SADHS	South Africa Demographic and Health Survey
SDG	Sustainable Development Goals
SSA	Sub-Saharan Africa
STATSSA	Statistics South Africa
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TB	Tuberculosis
TFR	Total Fertility Rate
UKZN	University of KwaZulu-Natal
USA	United States of America
UN	United Nations
UNDP	United Nation Development Programme
WHO	World Health Organization

Table of Content Contents

LIST OF APPENDIXES

LIST OF FIGURES

LIST OF TABLES

CHAPTER ONE: INTRODUCTION

1.1 Background of the study

Early childbearing has been a subject of research focus worldwide. This social phenomenon has been largely researched from a teenage pregnancy perspective. This focus is driven by the impact that early childbearing has on young parents and their communities. While childbearing is an expected phenomenon for most women of reproductive ages, teenage childbearing results in great concern as it leads to different socio-economic problems for the young parents involved, their families and communities.

Early childbearing is an ill-defined topic, studies looking at young mothers have categorically defined early childbearing into different age groups (Phipps & Sowers, 2002). These groups vary from age 13 to 18 years noted as teenage childbearing and between the ages of 15 and 19 years, regarded as adolescence fertility (Phipps & Sowers 2002). In a medical study aiming at defining early childbearing based on adverse outcomes observed from children of different mothers in America, Phipps and Sowers (2002) found that early childbearing falls within the ages of 15 to 23 years. South Africa's Children Act 38 of 2005 categories a child as anyone below the age of 21 years, and asserts that at age 14, one can take informed decisions (Republic of South Africa, 2005). With this information, and for purposes of this dissertation, early childbearing refers to males and females that become biological parents before age 21 years.

According to the World Health Organization (WHO) (2018), early childbearing (teenage years) globally is 47 births per 1000 teenage mothers, with projections showing that this is to increase in Africa. In South Africa, a third of young women have children before the age of 20 years. These teenagers of ages 10 to 19 contributed 13.9% of recorded live births in 2017 (Stats SA, 2017). This occurs despite a legal framework that allows children as young as 12 years old access reproductive health services without parental consent, including free condoms, a variety of contraceptive methods and abortion (Willan 2013). There are several reasons for this

anticipated increase in early childbearing, and these have been documented with mostly young mothers, excluding young fathers. The reasons include but are not limited to lack of information that leads to negative perceptions about contraceptives, early sexual debut, peer pressure, coercive sex, transactional sex, and multi-generational sex, often as a result of poverty (Mjwara & Maharaj, 2018; Bhana, 2015). The occurrence of early childbearing needs to be understood from the perspective of both young men and women.

Although a substantial amount of research has been done on early childbearing, the evolving culture and contexts in which they occur are important aspects of this research. In a study looking at contraception availability and use, Seutlwa, Peltzer, Mchunu, and Tutshana (2012) found that prevention was highly contested by young people, yet 79.1% who fell pregnant had not done so deliberately and 34.5% of young men who made a woman pregnant reported that it was a mistake. Many indicated having easy access to condoms, however not motivated to use them. These findings contradict the literature that reports adolescence wanting to prevent unwanted pregnancies but being hindered by strict access to contraception (Wood & Jewkes, 2006; Panday, Makiwane, Ranchod, & Letsoalo, 2009; Israel, Naidoo, & Titus, 2016). This contradiction shows the importance of context, thus exemplifying the need to understand the perspectives of young parents regarding early childberaing. There is also a need to establish the reasons behind early childbearing in the face of easily accessible contraception in both young men and women.

There is little focus on comparing the experiences of young men and women on this topic, with most researchers tending to exclude males. Researchers such as Mollborn (2010) have highlighted the need for studies that accommodate both male and female views, as most of the literature focuses on women, suggesting that they are solely responsible for their pregnancies and early childbearing. Early childbearing can have negative outcomes, such as trapping the youth in poverty, disturbances in school attendance and dropping out leading to illiteracy, low socio-economic status, dependency on social welfare, stress for the young parents, increasing family expenditures and lessening investments and savings (Hofferth, 1987; Kelley, 2003). This indicates the need to regard early childbearing as a public health priority (Willan, 2013). Doing so requires a better understanding of the nature and extent of the problem for less developed

countries, such as South Africa, since early childbearing often affects poor communities, who can least afford the additional costs associated with raising children. Thus, this study focuses on understanding reasons for early childbearing, which will provide the information necessary to revise policies and models that could be used to prevent the pandemic from continuing.

1.2 Why early childbearing?

Early childbearing is intertwined with many aspects of development, with the United Nations Economic Commission linking the growing populations of developing countries and their state of under-development with the increasing number of teenage pregnancies (United Nations , 2016). Other scholars and theoretical frameworks of development explain the impact of population growth on underdevelopment and show how early childbearing contributes to excessive population growth and the recycling of underdevelopment (Weeks, 2012). The comparison of developed and less developed nations shows that the issue of early childbearing in third world countries leads to high population growth which later results in gender inequality, poverty and delayed state of development (Weeks, 2012). The United Nations (UN) painted a vivid picture that links population growth and Africa's state of development. According to United Nations, underdevelopment is fuelled by early childbearing and a lack of education for women resulting in poverty; this relationship is shown in the Sustainable Development Goals (SDG) (United Nation Development Programme, 2015). The SDG's aims to undo these effects, and in doing so proposes eliminating teenage pregnancy and support promoting girl child's quality education (United Nation Development Programme, 2015).

The proposal to improve girls' education and decreasing early childbearing have been researched and shown to improve country development. Poverty levels decrease when women are educated, gender equality improves, women can take decisions about their fertility as they engage with the corporate world which leads to decreased population growth (Weeks, 2012). These reasons alone in turn decreases the number of people dependant on the state and reduces the dependency ratio, meaning more investments and savings can be made by families, communities and the state, thus protecting young people from recycled poverty.

Although researchers have focused on documenting the impact of early childbearing on young women's lives, young fathers suffer the consequences of early childbearing too. A study looking at experiences of young fathers in KwaZulu-Natal found that young fathers experience social and economic difficulties as they are expected to be the financial providers for their children (Chili & Maharaj, 2015). Young fathers are often unable to provide for their children as most of them are either learners or unemployed (Bhana & Nkani, 2014). Young fathers also have limited access to their children since they are young and unemployed thus unable to pay damages to their partners' families (Bhana & Nkani, 2014, Chili & Maharaj, 2015). This futher adds to the emotional and psychological stress these young parents suffer. Chili and Maharaj (2015) found that most fathers were no longer romantically involved with the mother of their child, further restricting access to their child. Early fatherhood was also found to put pressure on young men to find jobs. For example, the juggling of fatherly responsibilities and school was reported to be difficult by young fathers, stating that they felt pressured to find jobs to support their children (Chili & Maharaj, 2015). Thus, their dreams were also changed due to early childbearing. Lack of concentration on school work and looking for a job were found to be common and negatively impacted young fathers' school grades (Chili & Maharaj, 2015).

Africa's population is dominated by the young, with more that 45% of the population being between the ages of 0-14 years, and 19% in the age group of 15 to 24 years (United Nations, 2016). Therefore, a considerable portion of the teenage population is active in reproduction, with the term 'early childbearing' referring to this phenomenon. The United Nations (UN), links the African state of underdevelopment to early childbearing, poor female education and other consequential factors, such as poverty (United Nation Development Programme-UNDP, 2015; Economic Commission for Africa, 2016). The UN reports that most African countries' fertility rates are high due to early childbearing in the ages of 15 to 19 years, which contributes as much as 40% towards childbearing in these developing countries (United Nations, 2016). The impact of early childbearing is severely affecting the development of countries.

The population becomes youthful when early childbearing persists, and this means that the dependency ratio increases dramatically, with the needs of children often depending on

government welfare expenditure (Kelley, 2003). The South African population resembles these characteristics, the 0-14-year age category constitute 28% of the total population, and ages 15 to 24-year olds account for 18% of the total population (Stats SA, 2018). The dependency ratio is higher, with some young women no longer going to school to take care of their children, with their education being disturbed during this process, which results in them remaining in poverty (Willan, 2013). These problems hinder poverty alleviation and access to education for young people, thus failing to meet the sustainable development goals (UNDP, 2015). Another problem that arises from the early childbearing crisis in South Africa is dependency on the state for child support, further hindering development as the state expenditure gets skewed towards child support. Frye (2017) noted that the child support grant is the most accessed grant in South Africa and takes about 10% of municipal, provincial and national government spending. Similar outcomes were predicted by Kelley (2003) that dependency on the state through social welfare exhausts government spending.

1.3 Problem statement

The researcher has observed that early childbearing is an issue that includes both young men and women. The outcomes of early childbearing also directly and indirectly affect both young adults. Problems with completing school, increased stress levels and social isolation, feelings of regret, lack of financial support, disturbed life plans and compromised dreams are some of the problems that many researchers have observed as outcomes of early childbearing, common in young men and women. Nord, Moore, Morrison, Brown, and Myers (1992) document similar experiences of early childberaing by young parents. Very little literature documents the experiences and perspectives of males, with scholars such as Jacobs and Marais (2013) and Mollborn (2010) noting the need for research inclusive of young men. A comparison of the impact of early childbearing is done with young women with children and those without, with a gap in the literature that sheds light on how young men and women narrate their reasons for having a child at a young age, and their experiences too. This study aims to contribute to the

body of literature on early childbearing by understanding the experiences of young South African mothers and fathers.

South Africa has attempted to improve access to family planning, condoms, and health education to reduce the number of teenagers falling pregnant (Seutlwad et al., 2012; Willan, 2013). However, the country experiences a significant percentage of early childbearing, thus a need for investigation on this issue is pertinent. Interventions to prevent early pregnancies cannot yield an impact without understanding the causes of early childbearing from an unbiased young male and female perspective. This study identifies the reasons for early childbearing and sheds light on the experiences of the young male and female parents. The need for the study is also amplified by Mollborn (2010), who argues that the sole focus on young women in attempts to reduce early childbearing leaves out an important component that influences and contributes to the problem, this being the young men. The current study closes this gap by focusing on the perspectives and experiences of early childbearing of both men and women.

1.4 Aim and objectives

The overall aim of the study is to shed insights into factors that influences early childbearing among young men and women.

The specific objectives of the study are:

- To understand the reasons for early childbearing from the perspective of young men and women.
- To understand the experiences of early childbearing from the perspective of young men and young women.
- To ascertain the opportunities and constraints of changing behaviour to reduce early childbearing.

1.5 Main Research Questions

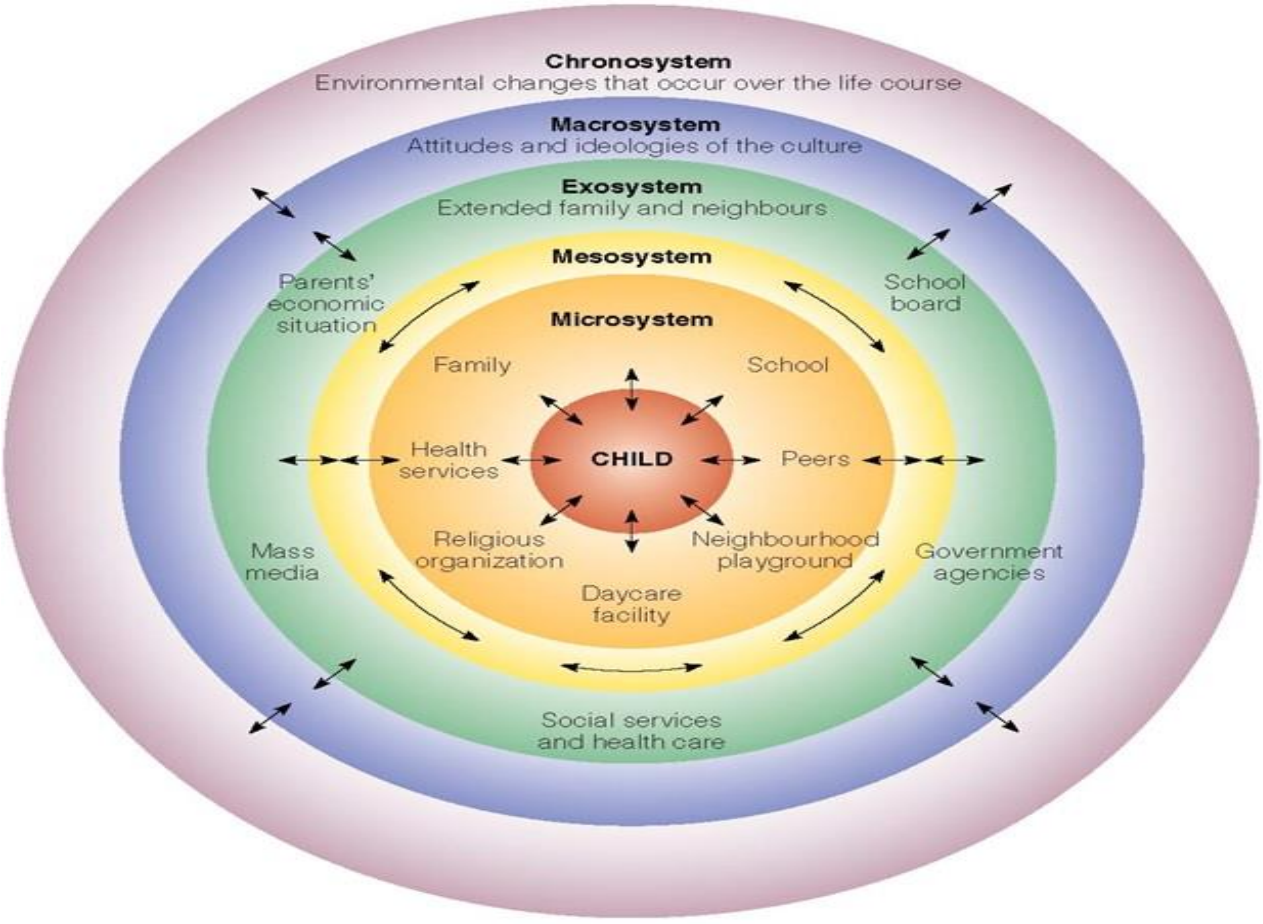
- What are the reasons associated with early childbearing among young men and women?
- What are the experiences and life changes that occurred/occurring due to early child bearing?
- What hinders current efforts to reduce early childbearing?
- What could be done to reduce early childbearing?

1.6 Theoretical Framework

This section elaborates on the theoretical framework the study uses, which is the ecological systems perspective. This theoretical frame discusses sub-systems that assist in analysing data. These subsystems are the *micro, meso, exo, macro* and *crono*- systems. These systems provide a logical ability to understand and interpreted small factors from the individual and their immediate families, community-based structures to broad factors such as societal norms, politics and policies and how these can influence individual behaviours.

The ecological systems perspective focuses on interlinked transactions between its sub-systems, and stresses that all existing elements within an ecosystem play an equal role in maintaining the balance of the whole (Paquett & Ryan, 1990). The perspective includes various sub-systems that have an impact on individuals. These are the *micro, meso, exo, macro* and *chrono* systems. This study uses the *micro, meso, macro* and *chrono* systems intersectionality to analyse the events of early childbearing from the views of young men and women. It adopts three traditional ecological perspective systems and adds one modern system, as suggested by Paquett and Ryan (1990). The three-basic systems of the perspective (the micro, meso and macro systems) are supplemented by the chronosystem to better understand the timing of individuals' development and its impact on early childbearing (Paquett & Ryan, 1990). Moreover, this perspective states that individuals are strongly influenced by interlinked individual, community and societal

systems (Paquett & Ryan, 1990). The multi-directional interaction between the various systems influences early childbearing. Figure 1.1 illustrates the various layers of the ecological system.



Source: Paquett & Ryan (1990)

The microsystem is the immediate environment of the individual, being the innermost subsystem that is the closest to individuals experiencing early childbearing (Paquett & Ryan, 1990). The ecosystem perspective asserts that family, friends and other immediate influencers have a significant impact on an individual's behaviours, such as health, parenting style, and other demographic statuses. Following and closely linked with this system is the mesosystem. This is the second most immediate system to individuals which includes relationships between individuals and the broader society at the microsystemic level (Paquett & Ryan, 1990). The relationships that young people have with schools, clinics, and other important facilities in communities are reflected in this sub-system. Most policies are rooted in organisations in this sub-system (Paquett & Ryan, 1990). Therefore, for this study, the mesosystem is merged with

the exosystem of the ecosystem, which encompasses government and civil organisation guided by policies and how these organisations' implementation of policies at the grassroots affect individuals behaviours (Paquett & Ryan, 1990).

The macrosystems is the outer-most layer of the ecosystem and is the societal blueprint, with the norms, culture, political influence, economy and policies being influenced at this level (Paquett & Ryan, 1990). The behaviours of service institutions and their working environment at the mesosystem level are rooted in this societal blueprint, with the norms and policies trickling down to the experiences of communities, families and individuals that access service from the civil and government institutions at the mesosystem level (Paquett & Ryan, 1990). The complimenting sub-system, chronosystem is often excluded from the ecosystemsperspective during academic use, this level being created by critics who contend that the ecosystem lacked focus on time, while human interactions are context specific and occur in place and time (Paquett & Ryan, 1990). This sub-system addresses individual developments with time, with Paquett and Ryan (1990) arguing that certain life occurrences are experienced at a certain time and that this has an impact on other sequences of life's incidences. This is important to show how factors associated with time, such as early physical maturation and early sexual debut impact on early childbearing.

This ecological perspective helps to structure and direct the information collected to address the study objective and assists in understanding the reasons for early childbearing. This theoretical framework's various societal levels or sub-systems facilitate a better understanding of different influences that result in early childbearing. The reasons for early childbearing given by study participants will be better understood with the application of these ecological sub-systems. The three traditional sub-systems provide a view of an individual interplay with their community, institutions and the broader society, and how factors in these relationships result in early childbearing.

The microsystem simplifies understanding of individual early childbearing from different internal and external forces, such as attitudes, decisions, pressure and parental communication, whereas the meso system helps to understand factors that lead to early childbearing from

different societal institutions, such as schools and clinics. The macrosystems provide a greater view of culture, and the stereotypes of femininity and masculinity that are embedded in everyday lives, as well as influencers such as policies and their implementation at the mesosystem, thus providing an understanding on the broader societal impact on early childbearing. The last adopted system, the chronosystem provides a view of uncontrollable events that influences early childbearing, such as early physiological maturity or death of family members. Understanding the macro systemic factors such as culture is important to understand individuals' experiences of early childbearing and how these are shaped by shared cultural notions in their communities.

1.7 Organisation of Chapters

This dissertation consists of five chapters. The first chapter is the introduction. Chapter two provides a thorough literature review relevant to this study. The chapter reviews international and national scientific information that outlines the causes of early childbearing and provides the current international understanding of early childbearing. Chapter three discusses the methodology used to address the study objectives. The study location, methods and instruments for data collection are discussed in chapter three. This chapter also discusses ethical considerations relevant to the study. Chapter four outlines the findings of the study elicited through in-depth interviews with the young parents. The final chapter discusses the findings and looks at their importance and their implications for society. This conclusive chapter also gives recommendations emanating from the study.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

Early childbearing has been the subject of social research in both developing and developed countries. This social phenomenon is defined as birth by parents of ages ranging from 15 to 23 years (Phipps & Sowers, 2002). While early childbearing is a result of, and an outcome, for both young men and women, literature suggests that men are often marginalized in the research (Jacobs & Marais, 2013; Gyesow & Ankoma, 2013). Despite the fact that the early childbearing pandemic has had a notable decrease across the world, it remains high in many less developed countries (United Nations, 2013). Therefore, there is a need to understand early childbearing from the perspective of both young males and females to reduce this social problem. This chapter reviews the relevant literature on early childbearing, focusing on the reasons behind the pandemic and the experiences of young parents, with themes being used to structure the review.

2.2 Extent of early childbearing

Early childbearing is not new, as noted in a longitudinal study that lasted a decade and included 360 000 women and 35 000 men across 40 developing countries, which reported it to be a problem (Carr & Way, 1994). The authors noted that while birth to young parents is a problem in both developed and developing countries, it is more experienced in developing countries. In addition, the United Nations (2013) regards early childbearing as a pandemic that requires global attention. Global estimates suggest that one in five women indicated having given birth before the age of 18 years (United Nations, 2013). Sub-Saharan Africa (SSA) countries were found to have high incidence of early childbearing. Carr and Way (1994) documented a trend of increased levels of first births before the age of 20 for women in most developing countries, the majority occurring in SSA. A study by Carr and Way (1994) show that only 4 out of 21 SSA countries had women on average giving birth after their 20th birthday.

The World Health Organization (WHO) (2018) and United Nations (2013) warn that early childbearing continues to be concentrated in developing countries, mostly in Africa. According to the WHO (2018), while early childbearing globally has steadily declined to 47 births per 1000 young women, projections show that this will continue to grow in Africa. Studies show that researchers have explored ways to decrease the rate at which children are giving birth to children (Willan, 2013; Mturi, 2016; Deparetment of Health, 2012; World Bank, 2015). In South Africa, attempts have been made to address early childbearing through various policies and programmes, such as access to reproductive health services to as young as twelve-year olds without parental consent (Willan, 2013). Despite this effort, in a study looking at the trends of early childbearing in South Africa, Ramulumo and Pitsoe (2013) concluded from the South Africa national census data from year 2011 that one in five women give birth prior to their 18th birthday. This illustrates that birth before the age of 18 years is common. Similarly, other scholars have shown concern about early childbearing in South Africa (South Africa Demographic Heath Survey, 1999; Panday et al., 2009; United Nations, 2013; Willan, 2013; Mkhwanazi, 2014).

2.3 Reasons for early childbearing

Recent studies have been dominated by qualitative studies on the different reasons for early childbearing. Themes are used to discuss factors leading to early childbearing.

2.3.1 Early sexual debut

South African children are increasingly engaging in sexual activities early in their lives (Maharaj & Munthree, 2006). This is not only a South African issue because the teenage childbearing phenomenon is extensively documented by researchers in countries across Africa (Gyesow & Ankoma, 2013). Many studies suggest that there is a growing number of children being likely to start sexual activity as early as 13 years old (Maharaj & Munthree, 2006; Akintola, Ngubane, & Makhaba, 2011). The issue of early sexual debut is closely linked to other pandemics, such

as HIV/AIDS, sexual abuse, sexual coercion and most importantly, early childbearing (Maharaj & Munthree, 2006; Akintola, Ngubane, & Makhaba, 2011).

A qualitative study of early sexual debut among adolescents attending schools across eight African countries that included 10 070 participants of both sexes, found that early sexual debut leads to unplanned pregnancies, HIV infections, sexually transmitted infections (STIs) and other sexual health risks (Peltzer, 2010). Moreover, both male and female adolescents were pushed by social problems in their families and communities to engage in sexual intercourse at an early age. For example, on the one hand, Peltzer (2010) found that early body maturation was correlated with substance use which was associated with increased chances of a boy experiencing early sexual debut, while on the other hand, poverty and lower socio-economic status increases a girl's vulnerability to early sexual activities. Other researchers suggest that there is a strong correlation between poverty and sexual vulnerability of young women (Maharaj & Munthree, 2006; Panday et al., 2009; Bhana, 2015).

Early sexual debut is also exacerbated by early body maturity, hence young people, especially girls are reaching puberty at increasingly younger ages. With the improvement of nutrition, processed food and high fat food consumption, young people are reaching sexual maturity at younger ages and bearing children earlier (Kramer & Lancaster, 2010; Ashraf, De Sanctis, & Elalaily, 2014; Jonas, Crutzen, van den Borne, Sewpaul, & Reddy, 2016). This change in the age of menarche has affected the time at which young females start reproducing as they start having sexual intercourse and forming sexual unions at increasingly young ages. This has become an on-going source of conflict between generations and has increased intergenerational sex (Ashraf et al., 2014).

A South African longitudinal study of early sexual debut estimated that on average, by the 15th birthday, 38.2% boys would have had their first penetrative sexual encounter, compared to 14.2% of their female counterparts (Richter, Mabaso, Ramjith, & Norris 2015). Young men are more likely to experience their first sexual encounter at a younger age than girls and by their 18th birthday 59.5% of young men have had their first sexual experience compared to 42.9% young girls (Richter et al., 2015). In South Africa, sexual activities often start at the age of 12 years, mostly reported by men (Richter et al., 2015). Literature suggests that early sexual debut in young women is more likely to be forced by their partners (Maharaj & Munthree, 2006).

Sexual coercion influences the high incidents of early sexual debut of both males and females (Richter et al., 2015).

A longitudinal study by McGroth, Nyirende, Hosegood and Newell (2008) identifies factors associated with early sexual debut in the time of HIV in South Africa and found that in a space of four years, 43% of boys and 29% of girls who were virgins in the beginning of the study were sexually active when it ended 5 years later. Moreover, McGroth et al. (2008) found that early sexual debut was dependent on geographical location, where those residing in peri-urban areas were more likely to be sexually active at a younger age compared to those in rural areas. Furthermore, alcohol and drugs were found to be closely associated with early sexual debut.

A qualitative study by Maharaj and Munthree (2006) focusing on young females in KwaZulu-Natal addressed the issues of coerced sexual experiences and associated sexual health issues. The study found that 46% of women reported having had a coerced first sexual experience. Several scholars found that location played a pre-determining role for coercive sex, where women residing in urban area were more likely to have experienced coercive first sexual encounter, most of whom were Black females (Maharaj & Munthree, 2006; McGroth et al., 2008).

A cross sectional study done with 314 young men in a rural area of South Africa explored their sexual debut experiences before the age of 15 (Harrison, Cleland, Gouws, & Flohlich, 2005). This study concluded that the coerced early sexual debut experienced by young women as documented by Maharaj and Munthree (2006) was also found in young men, with 19.5% reporting that their first sexual encounter before the age of 15 had been coerced. This percentage could be downplayed by the lack of focus on young men by researchers, as noted by Mollborn (2010), as well as the limited participation that researchers get from young men (Neuman, 2014).

Different research outputs show that non-normative sexual debut can occur as early as 12 years of age as reported by Richter et al. (2015). Some other researchers have found the age of sexual debuted to be lower, 13 years as stated by (Maharaj & Munthree, 2006; Akintola et al., 2011). Other writers find the phenomenon occurring between ages of fourteen and eighteen (Harrison et al., 2005; McGroth et al., 2008; Peltzer, 2010). Most of these scholars identify early sexual debut as exposing young people to sexual health risks and unplanned pregnancies (Harrison et

al. 2005; Maharaj & Munthree, 2006; McGroth et al. 2008; Akintola et al., 2011; Bhana, 2015; Richter et al., 2015). Furthermore, location is identified as an influencing factor towards early sexual debut, with urban areas making women more vulnerable to coerced first sexual encounters (Maharaj & Munthree, 2006; McGroth et al., 2008). The reviewed literature suggests that women are more vulnerable to early sexual debut (Maharaj and Munthree, 2006), but also young men are relatively vulnerable to this occurrence (Harrison et al., 2005; McGroth et al., 2008).

2.3.2 Negative attitudes towards contraception

Many reasons cause people to have negative attitudes towards contraception, with religion playing a central role in shaping these attitudes (Wood & Jewkes, 2006; Raselekoane, Morwe, & Tshitangano, 2016). Psychologists argue that attitudes are pre-determinants of behaviour, thus influencing the outcomes of behaviour (Coon & Mitter, 2010). In this case, the negative attitudes towards contraception lead to decisions not to use them, which results in early childbearing for many young men and women.

Negative attitudes towards contraception by young women have been shown to influence early childbearing (Mda, O'Mahony, Yogeswaran, & Wright, 2013). A qualitative study exploring knowledge, attitudes and use of contraceptive methods in 12 to 14 years old girls in two Eastern Cape schools by Mda et al., (2013) found that negative attitudes towards contraception varied in young girls. Although they had limited knowledge about their options, some were strongly against contraception, especially the injectable because they perceived them to have long term-side effects. The study found that a 13 year old girl strongly contested the idea of contraception, arguing that contraceptives make one's body "shaky and wobbly" adding that *"people can see when you are using contraceptives"* which resulted in it being obvious that contraceptives were being used less, also they were not favoured and the girl suggested that the best way to prevent a pregnancy was not to date at all (Mda et al., 2013, p. 5).

Other scholars find similar concerns, lack of information and misconceptions about contraception playing a role in early childbearing pandemic. Mjwara and Maharaj (2018)

reported that young women do not use contraception because they are not well-informed about them. The study further argued that some young women choose not to use contraception because they are misinformed about available choices of contraceptive methods, which results in negative attitudes towards contraception. For example, studies suggest that there is a belief that using contraception causes weight gain and accumulates body fluids (Panday et al., 2009; Wood & Jewkes, 2006).

Complimenting Mda et al. (2013) is a quantitative study done at the University of Venda that focused on the attitudes of young males towards contraception and family planning (Raselekoane et al., 2016). While the study argued that most men were informed about contraceptives, they had negative attitudes towards their use. This idea being supported by 48% of the respondents not wanting a child but also not using condoms, with only 4% of unsafe sex having the purpose of procreation (Raselekoane et al., 2016).

2.3.3 Contraception use

Individual motivation to use or not use contraception is influenced by many factors. There is an abundance of literature on contraceptive use and non-use, mostly regarding condoms, with the traditional view of contraception non-use portraying powerless women who lack access to contraception, and males who persuade women towards condom-less sex (Maharaj & Munthree, 2006; Peltzer, 2010; Bhana, 2015). The availability of contraceptives and a growing number of reported choices not to use them is stated by various authors (Seutlwad et al., 2012).

The choice not to use contraception is reportedly problematic across the world. In a quantitative study probing contraceptive use and non-use in university students aged 15 to 19 years, from 22 countries reported concerns regarding low contraceptive use (Peltzer & Pengpid, 2015). While 41.9% were sexually active during the course of the study, 42.7% males and 42.6% of the females among the sexually active group were not on any form of prevention and did not use any form of contraceptive methods (Peltzer & Pengpid, 2015). In addition, approximately half of the sexually active individuals were not using protection of any kind during sexual intercourse, while those who reported contraception use also indicated that 20% fell pregnant

during contraceptive use (Peltzer & Pengpid, 2015). A review of the literature on the reasons for non-use of contraception shows that the youth's choices not to protect themselves differs substantially (Seutlwad et al., 2012; Peltzer and Pengpid, 2015) Studies suggest that the reasons for non-use of contraception are limited choice of contraceptive methods, restricted access to contraception, fear of side effects, culture and religious beliefs (Willan, 2013; Wood & Jewkes, 2006; Panday et al., 2009).

Seutlwad et al. (2012) argue that other reasons are emerging with new studies in differing contexts. In that regard, Peltzer and Pengpid (2015) found that demographic factors largely impact choices to use contraception, thus influencing early childbearing. The younger the person, the lesser the chances that they will choose to use contraception (Peltzer & Pengpid, 2015). These findings are supported by a study y Seutlwad et al. (2012) which reported that 34.5% of males and 79.1% of young females reported unwanted pregnancies in a South African cross-sectional household survey despite free access to condoms.

According to Seutlwad et al. (2012), gender also plays a role in contraceptive use, with males being found unlikely to use contraception and more likely to contest condom use with their partners. This finding is also supported by authors who argue that males are likely to persuade females not to use condoms (Maharaj & Munthree, 2006; McGroth et al., 2008; Mkhwanazi, 2013; Bhana, 2015). However, this view is challenged by Seutlwad et al. (2012), who argue that males who experience early sexual debut are three times more likely to consistently use and prefer contraception compared to their female counterparts.

Peltzer and Pengpid (2015) argue that psychological factors and degree of religiosity also influence choices of contraception use. According to psychologists, such as Coon and Mitter (2010), puberty and adolescence phases are characterised by negative moods, need for validation, lack of assertiveness and self-doubt, which can result in religious involvement as a way of connecting with others. Religion may facilitate negative perceptions towards contraception, thus making young men and women more likely not to choose contraception, as argued by Wood and Jewkes (2006), putting young people at early reproductive health risks including childbearing. Alternatively, this need for validation by others puts adolescents at a higher risk of early childbearing because fidelity is sometimes shown and fulfilled though unprotected sex with sexual partners (Varga, 1997).

A study exploring negotiation patterns and decision making in the face of AIDS among Black youth in KwaZulu-Natal found that fidelity and intimacy were expressed through unprotected sex (Varga, 1997). While the females choose not to talk about condoms because they are building their desired relationships and fear rejection (Varga, 1997). Males persuaded women not to use condom to test their power and take control of the relationship (Bhana, 2015). Young men felt that condoms conflicted with their manhood values, hence these young men's dislike of condoms resulted in women agreeing not to use condoms in exchange for sustaining their love relationships thus engaging in unprotected sex showed that partners trusted each other (Varga, 1997). The women's decision not to use condoms due to fear of being left by their lover was identified as part of coercive sex. Maharaj and Munthree's (2006) description of coerced sex includes men threatening to leave in order to get sex from their partners. Consequently, this phenomenon of fearing rejection in women mostly result in coerced unprotected sex.

Studies argue that young people choose not to use contraception (Seutlwad et al., 2012; Varga 1997; Peltzer & Pengpid, 2015). Unlike Wood and Jewkes (2006), Maharaj and Munthree(2006), Panday et al. (2009). Seutlwad et al. (2012) observed that a lack of contraception use is facilitated by various factors despite availability and easily accessible variety of contraceptive methods. In a quantitative cross-sectional household survey, South African young men and women of ages ranging from 18 to 24 years reported easy access to a variety of condoms but were not motivated to use them (Seutlwad et al., 2012). Despite being widely accessible, contraception remains contested by youth, with only 52.2% of sexually active youth reporting contraception use, leaving approximately half who have access but choose not to use them, for different reasons (Seutlwad et al., 2012). Several researchers reported similar concerns about low use of contraception (Varga, 1997; Peltzer & Pengpid, 2015).

Similar to Seutlwad et al. (2012), Peltzer and Pengpid (2015) argue that previous understandings of contraception use no longer hold true for some contexts. For example, a study by Seutlward et al., (2012) found that unavailability and inaccessible contraceptives was not the reasons for low utilisation and men who experienced early sexual debut were three times more likely to use condoms. This is supported by Maharaj and Munthree (2006), stating that men did not trust women who readily agreed to have unprotected sex. This shows varying patterns of contraception use between the sexes through the compared findings presented above, meaning

that a portion of young men are starting to adopt condom use, thus slightly changing the notion that men persuade women to have unprotected sex.

2.3.4 Pressure and coercion to have sex

Qualitative studies suggest that peer pressure, and the need to conform to peer norms, are influential in promoting early childbearing (Wood & Jewkes, 2006; Panday et al., 2009; Akintola et al., 2011, Bhana, 2015; Mjwara & Maharaj, 2018). While peer pressure may come from friends, a more critical aspect of influence comes from relationships where male partners persuade female partners for sex (Maharaj & Munthree, 2006).

2.3.4.1 Peer pressure

Adolescence are marked as critical by psychologists and professionals working with youths. Adolescence is the age where looking for belonging to peer groups and forming relationships occurs, which results in a sense of 'fitting in' and shared norms (Coon & Mitter, 2010). For this reason, scholars such as Coon and Mitter (2010) found that if unprotected sex and risky behaviours are seen as a group norm, these behaviours can easily influence other teenagers to behave in a similar manner, this being done for social inclusion.

A qualitative study looking at the influences of first sex in ten young women between the ages of 15 and 24 years at the University of KwaZulu-Natal found that friends played a considerable role in the loss of a friend's virginity (Akintola et al., 2011). This was done through sharing of information, encouraging virgin friends to have sex, and friends promoting drinking to put their peers at ease to have sex with their boyfriends, sex is seen as the norm within peers (Akintola et al., 2011). Some researchers found similar results, with Mjwara and Maharaj (2018) reporting that some young mothers in a KwaZulu-Natal township had their first coitus because their friends were having sex, indicating the importance of conforming to peer norms, resulting in unplanned early childbearing. Wood and Jewkes (2006) also show similar concerns, arguing that social conformity and peer pressure place young men and women in danger of engaging in early sexual activities.

Much of the literature focuses on young girls being pressured to have sex, with Panday et al. (2009) and Bhana (2015) reflecting on the pressure that young men experience to have sex. Similar arguments on peer norms and social inclusion are brought forward by Panday et al., (2009), who argue that boys are more likely not to condomise if condoms are negatively perceived by their peers. This was similar to findings about their female counterparts by Mjwara and Maharaj (2018). Young males also reported having sex because their friends were having sex (Panday et al., 2015). In a qualitative study examining the balance of power in teenage relationships in KwaZulu-Natal, Bhana (2015) found that young men felt obliged to have sex to enforce masculinity in the traditional sense, and in addition, they had sex to prove to their friends that they were sexually active, providing evidence that they were not homosexual. Thus, young boys have unprotected sex to prove their masculinity and that they are not gay. In a study of young men, Harrison et al. (2005) found that 17.1% of boys were pressured by friend to have sex before the age of 15 years.

2.3.4.2 Partner pressure

The pressure that young men and women receive from their friends manifests itself through pressuring their partners to have sex and this can occur among partners of the same ages (Bhana, 2015). A study exploring gender stereotypes, expectations and their roles in creating pressure for sex found that expectations of gender stereotype fulfilments during sex results in pressure being mutually expected by both partners (Jones, 2006). Furthermore, Jones (2006) distinguishes pressure into two categories, the stereotypical expectations and coercion. Varga (1997) and Jones (2006) discovered that young women show their boyfriends that they trust them through having unprotected sex, and silence their views, in attempt to accommodate their man's feelings and needs, these are stereotypical roles (Jones, 2006). In the process of obeying stereotypes and expectations, unplanned pregnancies occur. Traditional gender stereotypes are closely linked to aggression and coercion (Jones, 2006). Thus, a thin line exists between a young men's pressure on a young girl expecting the behaviour because he wants to prove his manhood and sexual coercion as defined by Maharaj and Munthree (2006).

2.3.4.3 Intergenerational sex impact on early childbearing

Literature on age-disparate sex is concerned about the risks associated with HIV. The dynamics of age-disparate relationships are also important in understanding the causes of early childbearing, as most of them increase the chances of unprotected sex thus increasing pregnancy risks and incidents (Toska, Cluver, Boyes, Pontelic & Kuo, 2015). In an exploratory study on age-disparate sexual relationships among South African adolescents, Toska et al. (2015), argue that a new phenomenon called "*From sugar daddies to sugar babies"* is a trending outcome of age-disparate relationships. This is an early childbearing outcome from intergenerational sex. These relationships are made of young girls dating men five years or older than they are, with the girls receiving gifts in exchange for which their power of decision in the relationship is stripped (Toska et al., 2015). Girls in age-disparate relationships reported never or inconsistent condom use, resulting in them being two times more likely to fall pregnant than those in relationships with their peers (Toska et al., 2015).

Sugar daddies, now known as 'blessers' are older men who prey on young women, showering them with expensive gifts and financial support in the face of poverty in exchange for sex (Adams, 2016). Many cases of these relationships result in the spread of HIV and unwanted pregnancies (Adams, 2016). Maharaj and Munthree (2006) warned that when young girls have sex with older men, it leads to a high risk of sexually transmitted diseases and infections, including HIV/AIDS, and can lead to unplanned pregnancies. These types of relationship have been a topic of interest in South Africa, the power relation of older men to younger women seem to have a great impact in terms of deciding when and if condoms are used during sex (Toska et al., 2015). Other researchers have found similar outcomes. For example, an analysis of nationally representative data by Maughan-Brown, Evans and George (2016) found that women aged 16-24 years indicated that they were in relationships with men five years or older than them, while the older men reported being in relationships with 16 to 24 years old women. This study found that women reported high levels of unprotected sex, while the older men reported alcohol use before sex, gifts, money giving to women, and unprotected sex. Gifts from men were associated with coerced unprotected sex (Maughan-Brown et al., 2016). Lastly, several

studies suggest that gift giving, and coerced sex was more common in women residing in urban and peri-urban areas (McGroth et al., 2008; Maughan-Brown et al., 2016).

Several studies suggest that age-disparate relationships and unprotected sex are correlated (Toska et al., 2015; Maughan-Brown et al., 2016). Jewkes and collegeues (2001) found that significantly older boyfriends meant greater power inequality in the relationship, with age disparity being associated with coercing and overpowering of young women for sex. Informal transactions made women more vulnerable to coerced and unprotected sex, resulting in unplanned pregnancies (Jewkes et al., 2001). Most of the inter-generational relationships were between married men and younger single women, who were their hidden girlfriends, which keeps the women silent due to possible shame and stigma associated with these relationships. The women feared that the older men would no longer give gifts if they did not want to have sex or insisted on condom use during sex (Jewkes et al., 2001). In this study, 42.8% of the pregnant adolescents reported that they were forced to have sex, while 31.9% indicated that they were raped by their older boyfriends, which resulted in pregnancy. When asked why young women never objected to coercion or unprotected sex, 77.9% reported that they feared being beaten, while 65.3% feared the boyfriend would leave them, and 45% feared the financial support and presents would no longer be given to them (Jewkes et al., 2001).

While many authors focus on the sexual pressure experienced by young females, it has been established that young men also experience sexual pressure and coercion to varying degrees (Harrison et al., 2005). Researchers such as Maharaj and Munthree (2006) Panday et al., (2009), Akintola et al., (2011) and Adams (2016) have highlighted the influence of multi-generational and transactional sex on early childbearing, with a focus on coercive sex towards women. According to Harrison et al. (2005), young men are prone to and also experience coercive sex by older men and women.

2.3.4.4 Coercive sex and violence

Partner pressure and inter-generational relationships are likely to result in violent and forced sexual experiences for women, with scholars writing on the subject stating that these

relationships are often characterised by stereotypical roles (Varga, 1997). The extreme outcome of these stereotypical relationships is physical and emotional violence. A study by Wood and Jewkes (1997) study on South African adolescents and their everyday conception of love reported that forced sex and violence are seen as signs of affection. Heine, Moor and Toubia (1995) define coercive sex as ranging from forcefulness, intimidation, verbal abuse, deceit and economic based pressures to have sex. Several studies suggest that gift giving is associated with male control in relationships and maintain that violence typically starts where men decide when and how sex occurs, to their physically forcing women to have sex (Wood & Jewkes, 1997; Jewkes, Vundule, Maforah & Jordaan, 2001; McGroth et al., 2008; Toska et al., 2015; Maughan-Brown, Evans & George, 2016). Both relationships of equal ages and inter-generational relationships can be coercive and violent, for example, a girl dating a peer reported that initiation of first sex was violent, she was forced into the bed by a boyfriend of a similar age, with attempted resistance resulting in increased force by the boyfriend (Wood & Jewkes, 1997).

In a similar study to Wood and Jewkes (1997), Jewkes and Abrahams (2002) found coercion from acquaintances to be common, with a number of townships in South Africa (including Umlazi, Khayelisha, Soweto) reporting that 28% to 30% of young girls had experienced rape from their boyfriends. A similar study of coercive sex in relationships found that the younger the girl, the more coercion she is likely to experience, and that those with lower education were likely to receive coerced sexual contact from their partners (Tussime et al., 2015). Moreover, the higher the interval between the girl's age and her boyfriend, the higher the chances of violence and forced sex, with 18.3% of forced sex resulting in unwanted pregnancies (Tussime et al., 2015).

WHO (2002) has also reported on the issue of the sexual abuse of women, stating that intimate partner sexual violence is experienced worldwide, and argues that 28.4% of South African women aged 15 to 18 years, and 6.4% males of same ages, reported sexual abuse from their partners. Other researchers that have focused on coercive sex argue that pressure from male partners exacerbates early childbearing, and that young men also feel obligated by their partners to have sex (Bhana, 2015). Many studies suggest that there is consensus about age-disparate relationships, gifts giving, uneven power and stereotypes, all of which can result in coercive

sex, and consequently, unplanned pregnancies for young women (VargaMaharaj & Munthree, 2006; Panday et al., 2009; Bhana, 2015; Richter et al., 2015; Toska et al., 2015; Tussime et al., 2015; Maughan-Brown, Evans, & George, 2016; Mjwara & Maharaj, 2018).

2.3.5 Lack of child-parent communication

Lack of communication between parents and children is deemed to influence early childbearing (Panday et al., 2009). Literature indicates that parent child communication about sex to young men and women decreases the chances of adolescents initiating sex, and that when they do, they use safe methods of sexual intercourse (Hoskins, 2014). In a study looking at parenting styles and their influences on adolescents, Hoskins (2014) concluded that good parent communication decreases risky behaviours, such as unprotected sex, eliminating the high chances of early childbearing. Four parenting styles are studied with respect to changes in adolescent behaviour; the first style is the authoritative parent being found to be sensitive to adolescents as they apply control while reasoning with children, putting rules in place and encouraging verbal exchange (Hoskins, 2014). These parents raise a child's self-esteem, with the response from the adolescents being more positive if both father and mother of the child exercise the same style of parenting.

The second style of parenting is authoritarian. Parents that practise the authoritarian style have a high degree of control over their adolescents without much interaction, making demands without actively appreciating good responses. Authoritarian parents do not encourage communication with their children which results in low self-esteem, peer pressure conformity, search for validation and risky behaviours (Hoskins, 2014). Following is the permissive parents, where parents expect little obedience from children, but respond when children facilitate communication exchanges or need their parents' advice. However, permissive parents are soft on rules, which often result in high levels of misconduct (Hoskins, 2014). The fourth category is that of uninvolved parents, where there is no monitoring or responding to children's activities, and adolescents being expected to parent themselves which result in risky behaviour due to the lack of guidance (Hoskins, 2014).

Romer et al., (1999) found that behaviour monitoring by parents with regular communication was associated with less sex initiation in adolescents for both males and females. Furthermore, open communication resulted in less risky behaviour and condom use when having sex, which lowered the risk of getting pregnancy occurrences before age 15 years (Romer et al., 1999). Low communication and monitoring resulted in risky sexual behaviour, less condom use and early childbearing, with many adolescents experiencing these parenting styles with low communication and monitoring more likely to have a child at the age of 15 years (Romer et al., 1999).

A survey conducted with Limpopo University students showed that South African parents do not communicate with their children about sex (Makofane & Oyedemi, 2015). Several studies suggest that open communication results in a healthy lifestyle and well-being for adolescents (Romer & collegues, 1999; Hoskins, 2014; Makofane & Oyedemi, 2015). In South Africa, Makofane and Oyedemi (2015) found that sex communication between parents and their children was uncommon, with 43.9% adolescents having never spoken to their parents on any sex related topics, while 61.4% have spoken to parents about general sex topics, but not premarital sex (Makofane & Oyedemi, 2015). In this study, of those who had spoken about sex, 63.3% only had conversation with their mothers, with 9.5% having spoken to their fathers, and 22.2% having spoken to other adults.

Makofane and Oyedemi's (2015) study discusses the reasons that prevents parents from communicating with their children. In this study, adolescents felt that parents did not speak because they thought discussions on sexual intercourse would encourage sex experimentation. This study also states that cultural and religious values expect people to only have sex after marriage, making it inappropriate to talk about sex before marriage, further arguing that parents would be embarrassed to discuss awkward topics, and still considered their children to be too young. Other researchers such as Mturi (2016) report similar findings on reasons parents do not communicate.

Many studies suggest that lack of parental guidance and communication on sex results in high sexual activity and risky behaviour (Romer et al., 1999; Hoskins, 2014; Makofane & Oyedemi, 2015). Other researchers have indicated similar concerns that lack of parental guidance and communication exacerbates early childbearing (Panday et al., 2009; Mturi, 2016). The

traditional inter-generational sex talks are regarded as taboo and use of unclear language such as *"stay away from boys, don't play with them because you will get pregnant"* does not deliver the right message, as girls may stop playing and start sleeping with boys without protection, as a trusted source of information such as mothers do not talk about sex or protection clearly (Mturi, 2016, p. 2).

2.3.6 Education institutions

Sex education is a crucial element to reducing early childbearing, with schools being the important institutions that can facilitate the acquisition of knowledge to prevent early childbearing (Saito, 1998). In a study reviewing the need for sex education in preventing early pregnancy, Saito (1998) argues that evidence shows young people who received lectures and counselling on sexual topics were less likely to get pregnant or impregnate and were more likely to engage in safe sex.

Approximately 22 286 girls fell pregnant from grades 3 to 12 in 2013 in South African schools (Mturi, 2016). This occurred despite sexual education being incorporated into the school curriculum in 2002 (Mturi, 2016). The Department of Education (2002) introduced an integrated sexuality and life skills programme, Life Orientation (LO) across South African schools with the intention of equipping learners with information about sex. An integrated health policy was introduced to ensure that sexual and reproductive health education occurred in schools (Department of Health & Department of Education, 2012). Mturi (2016) noted that no evidence of behavioural change was associated with LO or the integrated health policy, which suggests that it was not implementation correctly. Furthermore, Mturi (2016) reported that in 2002 an investigation of sex education was launched in South African Schools and found that sexuality and sex education were hardly addressed, despite their being part of the LO curriculum.

Mturi's (2016) findings are better understood by reviewing other studies that focus on sex education challenges in South Africa. The lack of education that deals with sexual and reproductive health contributes to early childbearing (Willan, 2013). A plethora of factors contribute to this problem, for example, "*The biggest obstacle to sex education…is teachers*

who come from an older generation that is uncomfortable talking about sex" (Kings, 2012, p. 1). According to Kings (2012), 60% of sexually active pupils in South Africa could not ask their parents or their teachers about sex because they both had a 'similar parenting style'. This leaves 60% of sexaully naïve young people having sex (Kings, 2012), which results in pregnancies due to a lack of information. Schools' lack of particpation in the implimentation of policies that allow sex education and access to contraceptives negatively impact early childbearing. Although South African laws allows for free access to contaceptives such as condoms by the youth, Kings (2012) states that condoms were not allowed in most rural schools, as they are perceived as encouraging sex at school. This is breaking the law and contributing to early childbearing (Willan, 2013). Education is seen as a means of averting childbearing, with Weeks (2012) arguing that educated people have fewer children compared to their less educated counterparts.

Women empowerment through education takes on many forms, with the process of educating young girls and education attainment both having a considerable impact by decreasing the likelihood of both pregnancy and HIV infection (Brown et al., 2017). With respect to health**,** women's education assists in enabling them to take control of and managing their health issues. Attitudes towards health are changed when a woman is educated, while educated women are also likely to be able to afford better health care. Young women are also more likely to seek assistance at local clinics if they know about the diseases they can prevent, and how the outcome of those prevention efforts will help them in future (Weeks, 2012). Jukes, Simmons and Bundy (2008) argue that self-esteem should be enforced from primary education, which will allow young people to approach clinics for assistance and overcome stigma. The ability to name what women want, for example, in terms of prevention, makes them more confident and allows them to get the required methods that they feel are suitable for them (Jukes, Simmons, & Bundy, 2008). When compared to their uneducated counterparts, educated young women are more aware of their rights and have greater self-esteem and confidence in decision-making that impacts their lives (Jukes et al., 2008). These advantages thus allow young women to get the services they need and deserve.

Education is one way of changing behaviour towards pregnancy and HIV in young women. Both school attendance and education attainment impact women's perception and behaviours towards sex, pregnancy and HIV (Jukes et al., 2008). A deeper understanding of diseases, high

parity and their impact in women's life enforces them to take precautions when engaging in sexual activities. Therefore, it is clear that young people must be educated enough to mitigate early childbearing and its antecedent challenges.

Many studies suggest that education decreases chances of early childbearing and the number of children a woman will have (Kaufman, De Wet, & Standler, 2001; Weeks, 2012; United Nations, 2013; Willan, 2013). Weeks (2012) argues that the higher the education of women, the more likely they are to get into sexual unions later in life, meaning they will have their first child later in life and also, have lower parity. Reasons for educated women to restrict their fertility is realising that children are expensive, therefore taking calculated decisions to limit their parity (Weeks, 2012).

On the contrary, other studies show that education does not equate to power for some women to plan and determine how their sexual encounters happen in South africa (Higher Education and Training HIV/AIDS Programme (HEAIDS), 2010). HEAIDS (2010) and Adams (2016) argue that there is a growing number of young women during their years at university who have sexual relations with elder men called 'sponsors or blessers' who in return provide them with financial support. These are relatively well educated but financially needy women who are sexually exploited by well-off older men, which implies that while education is important, it cannot on its own change much in terms of the early childbearing pandemic.

2.3.7 Health institutions

The Children's Act no 38 of 2005, stipulates that as early as 12 years of age, a child can access sexual and reproductive health assistance without parental consent (Republic of South Africa, 2005). Furthermore, the National Contraception Policy Guidelines recommend training user-friendly health professionals to provide a youth friendly service (Deparetment of Health, 2012). In addition, the National Strategic Plan (NSP) on HIV, TB and STIs strongly recommends a youth friendly service to combat sexually transmitted diseases (National Strategic Plan, 2012). Despite all these policies, studies suggest that clinics and health professionals do not

accommodate adolescents seeking contraceptives (Wood & Jewkes, 2006; Panday et al., 2009; O'reilly & Washington, 2012; Willan, 2013; Mkhwanazi, 2014; Mturi, 2016).

A qualitative study addressing reasons for the non-use of contraception in Limpopo Province found that access to contraceptives was restricted by health professionals who through their behaviour towards teenagers prevented the youth from seeking help (Wood & Jewkes, 2006). The nurses' attitudes erected a barrier to teenagers accessing sexual and reproductive health services. Health professionals' unwelcoming behaviours that restricted sexual health access towards teenagers included shaming, belittling, exposing the teenager's problems to other nurses and clinic users (Wood & Jewkes, 2006). For example, a nurse telling other nurses about a teen who wants condoms or talking loudly in such a way that other service users are able to hear what the teenager wants (Wood & Jewkes, 2006).

Wood and Jewkes (2006) found that health professionals in Limpopo Province attempted to discourage teenagers who sought sexual health care. The nurses reported that seeing young teenagers wanting contraception resulted in the clinic stuff parental instincts kicking in and they find themselves denying service to young people (Wood & Jewkes, 2006). Teenagers found health care professionals behaviour to be embarrassing and would therefore stop going for services, which resulted in more unplanned pregnancies, (Wood & Jewkes, 2006; O'Reilly & Washington, 2012). This hostile behaviour of health professionals results in financial strains as teenagers who are willing to access the facilities have to use clinics further away from home.

In a study done in KwaZulu-Natal, young women reported having to pay for transport going to clinics further away from home, because nurses were rude, judgmental and even disclosed their HIV statuses at the nearby clinic (O'Reilly & Washington, 2012). However, teenagers reported that asking for contraception or being pregnant often solicits extreme judgment from nurses (Erasmus, 2017). This is well narrated by a 14-year-old girl's experience in a study done in Khayelitsha.

> *We were this group of girls you see, I was 14 at the time, we had heard about this, the contraceptive injection and we went to the clinic. It was like a fashion. … You would lie about your age. The other time when I went, I had lost my card and the nurse asked,*

'how old are you?' And I told her my age, and at that time I don't think they were using computers, so I told her my real age. She told me that I must go and call my mother.

(Mkhwanazi, 2014, p.1091).

The NSP (2012) suggests that without youth friendly services, the HIV pandemic and teenage pregnancy will increase. Therefore, there is a need to enforce youth friendly services to combat early childbearing.

According to Mturi (2016) health facilities are crucial sources of information and sexual health services for young people yet young people do not benefit from this setting, as nurses mistreat them. According to Weeks (2012), after young women are informed about the various prevention methods, they need to take decisions about whether they want to control their parity and what methods they would like to use. South African policies encourage this behaviour by providing free access to contraception, people who have access to clinics are supposed to get contraceptive methods when they request for them, (NSP, 2012; Willan, 2013; Mkhwanazi, 2014;). However, various obstacles often prevent young women and men from accessing contraception, which leads to reproductive health problems and early childbearing.

2.3.8 Religious institutions

Religious institutions are reported to have an influence on early childbearing. Strayhorn and Strayhorn (2009) investigated the relationship between religiocity and early childbearing, and found a significant relationship between them. This study found strongly religious teenagers to be from poor communities, some of whom experienced high early childbearing in the United States. Peltzer and Pengpid (2015) argue that one of the reasons for early childbearing among religious communities is the choice not to use contraception for religious reasons.

A study in Pretoria looking at roles of church at schools in preventing teenage pregnancy argue that the biblical understanding of sex is solely for fertility (Nangambi, 2014). God created men and women and instructed them to multiply, stated Nangambi (2014), arguing that this passage encourages non-contraceptive use as intentionally preventing a child is action against God's

plans. According to Nangambi (2014), this means that unplanned sexual encounters, coerced sex and rape result in childbearing as teenagers cannot prevent nor commit a sin through abortion.

The Church's teachings that demonise premarital sex reinforce the notion that teenagers are abstaining as they are not supposed to be sexually active before marriage (Nangambi, 2014). Therefore, this societal Christian generalised expectation of teenage abstinence encourages teachers, nurses and parents not to talk about sex to young people until they get married, this in turn reaffirms the need to save young people from the sin of premarital sex and pregnancy (Nangambi, 2014). Firstly, these beliefs of celibacy encourage the behaviours of nurses that forbid sexual health to teenagers. Secondly, it also supports teachers that will not teach sexual topics for fear that they would be encouraging sex, schools that forbid students accessing condoms. Lastly, it motivates parents not to talk about sex and threaten any sexual behaviours of teenagers further preventing communication, education and access to clinic sexual services as suggested by many studies (Wood & Jewkes, 2006; Panday et al., 2009; O'reilly & Washington, 2012; Willan, 2013; Mkhwanazi, 2014; Mturi, 2016).

Although government and non-government organisation have done intensive collaborative work in attempts to reduce early childbearing. It is evidenced that behaviours of young people have not changed.

2.3.9 Socio-economic factors

Socio-economic circumstances contribute to the pandemic of early childbearing, with factors such as poverty, location and race affecting people's life choices and opportunities. A review of 'Books and Babies', a book compiled through research of school going young men and women, found that race, social class, location and gender influence the occurrence and experience of early childbearing, (Mkwanazi 2013). This section focuses on socioeconomic factors that exacerbate early childbearing.

2.3.9.1 Poverty

Households and communities with high poverty and unemployment levels also experience high teenage fertility (Mkhwanazi, 2015). Poverty provides an explanation of South Africa's high teenage pregnancy rate, as poor communities are associated with low levels of contraception use, low access to sport or hobbies, and high levels of social ills such as violence and teenage pregnancy (Mkhwanazi, 2015).

The association between poverty and teenage pregnancy is better explained by dependency. A report on teenage pregnancy, poverty and the vulnerability of young girls argues that early childbearing is a symptom of bigger problems further arguing that poverty exposes young women to 'sugar daddies' from whom they depend for financial support (Skosana, 2013). In turn, the young women sleep with these older men and are powerless in deciding on sexual aspects of the relationship, making young women more vulnerable to rape. Many studies suggest that these financial dependent relationships do not only fuel teenage pregnancy but increase HIV and STIs while recycling poverty, dependency and the vulnerability of young women (Maharaj & Munthree, 2006; Skosana, 2013).

Evidence shows that drug abuse in young men increases aggression towards women and promotes unprotected sex. Violence, drug and alcohol abuse, multiple sex partners and control of girlfriends were found to be ways in which young men create and protect their masculine identities in poor informal communities in South Africa (Gibbs, Sikweyiya & Jewkes, 2015). Several studies suggest that young men who are involved in coercive sex with young women are more likely to have unprotected sex (Bhana, 2015; Gibbs et al., 2015).

According to Panday et al., (2006), poverty has been observed to be both the cause and outcome of early childbearing. Researchers such as Bhana (2015), Mjwara and Maharaj (2018) found that poor socio-economic status leads to early childbearing. Poverty makes young women vulnerable to financial dependency and transactional sex. Researchers such as Akintola et al. (2011) found that financial dependency lead to coercive sex and unplanned pregnancies in young women. In turn, young women leave school after giving birth to look after the child,

further limiting their chances of escaping poverty through education and thus recycling poverty (Willan, 2013). Panday et al., (2006) also found that African females from poor families in impoverished communities experienced higher fertility than other races, or peers of higher social class in affluent communities.

2.3.9.1 Location

Many studies suggest that geographical location is associated with teenage pregnancy, poor communities such as informal settlement and peri-urban communities, were found to experience more early childbearing (Maharaj & Munthree, 2006; Gibbs et al., 2015; McGroth et al., 2008). Researchers that focus on early childbearing in low income areas report a high concentration of early childbearing in these areas (Mkhwanazi, 2013; Skosana, 2013). In South Africa, most of poor neighbourhoods are occupied by black people (Mkhwanazi, 2013). This explains the relationship between early childbearing and location as poverty is concentrated in black neighbourhoods, thus making young women more vulnerable to dependency and young men vulnerable to destructive behaviours and drug use, which exacerbate early childbearing.

2.3.9.3 Race

South African fertility and early childbearing also varies by race, with Black Africans experiencing higher levels of early childbearing compared to the other races (Stats SA, 2016). Weeks (2012) identified educational access as a determinant of lower fertility. Apartheid excluded Africans from many aspects of self-development before democracy in 1994, including good quality education and access to employment, therefore the current early childbearing state in Black communities is rooted in Apartheid policies (Panday et al., 2009).

A decline in early childbearing was noted across races from 1991 to 2001 in South Africa, with Black Africans constituting approximately 79% of the population and had a teenage pregnancy decrease of 17%, whereas White, who accounted for 9 - 10% of the population, experienced an

early childbearing decrease of 29% (Panday et al., 2009). Stats SA (2018) note that early childbearing has slowly decreased for all races, with black Africans now having 12.5% of adolescents who have given birth, and 11.1% for coloureds 2.4% in Indian and 1.8% whites, this continues to show the consequences of apartheid racial segragation. However, early childbearing is still high in black African communities, with the report showing that fertility rate of 76 births per 1000 young women in the 2011 census (Stats SA, 2018).

Relevant literature suggests that the Black African population across South Africa experiences high pregnancy rates between the ages of 15 and 19 years (South Africa Demographic Heath Survey, 1999; Willan, 2013). Panday et al., (2009) show that Black Africans experienced approximately 71 births per 1000 teenage mothers, whereas Coloureds were 60 births per 1000, 22 per 1000 in Indians and 14 per 1000 among Whites in 2001. These trends had not changed much in the 2011 census, where Africans had 71 births per 1000 teenage mothers, coloureds 71, Indians 20 and 14 births for whites per 1000 young women (Stats SA, 2018). This shows a difference in the early childbearing experiences of communities that were marginalised during apartheid as socio-economic problems such as poverty continue to affect their access to opportunities and resources. Another trend pointed out by researchers is that population groups that experience more poverty have a higher total fertility rate (TFR), which is added to by having higher early childbearing (Panday et al., 2009; Weeks, 2012).

2.4 Experiences of early childbearing

The experiences of young parents are often characterised by hardships and negative emotions due to their socio-economic circumstances. Nonetheless, feelings of fulfilment and experiences of support are witnessed in some young parents. A study in the rural Eastern Cape Province identified several challenges faced by young mothers and fathers, such as: poverty, lack of support from family and peers, feelings of loneliness, becoming stigmatised leading to social exclusion, feelings of a postponed future, struggles to juggle child-adult responsibilities (Van Zyl, Van der Merwe, & Chigeza, 2015). This study also shows that although negative aspects dominate the young parent's narratives, some report full support from their families, those of their partners, as well as friends and school peers (Van Zyl et al., 2015). The following

discussion reviews literature on experiences of young parents in the context of early childbearing.

2.4.1 Family support

Qualitative data solicited from young men and women from South African townships, tracing their experiences of early childbearing reported that both teenage fathers and mothers mostly experience negative responses from their families (Kaufman, at el., 2001). This study further states that some parents later come to terms with the child addition into the family and continue to interact with the teenage parent as a child to the family, while other young parents never experienced the love they received from their parents prior to having a child and were treated as adults (Kaufman et al., 2001).

2.4.2 Juggling child-parent roles and decision making

A qualitative study with young men in the United States of America (USA) outlines the hardships young men face with juggling identities of being a child and an adult at once (Sheldrake, 2010). This study argues that the expectations of families, friends and society are contradictory (sheldrake, 2010). Young boys, like girls, are never given instructions on how to behave regarding the acceleration to adulthood responsibilities and the making of new found parent identities being left on the young men to establish for themselves (Sheldrake, 2010). Their friends ask him what he is going to do when the child is born, his family still expects him to be a child and carry out house chores and participate in children hobbies, but also expect him to get a job to help support the child. On the other hand, society wants the young father to finish his education. They also instruct him that a good father provides financially, meaning he should find a job (Sheldrake, 2010). In South Africa, a society with high unemployment rates as shown by Statistics South Africa (2016), young men are often not able to find jobs to fulfil these expectations and consequently suffer from a guilty conscience. A study of absent fathers aged 15-35 years in South Africa by Mazembo, de Boor and Mkhaka (2013) found that young fathers

struggled to find jobs which meant that they cannot contribute financially to support their child. This study further states that inability to provide for the child resulted in young fathers feeling shame and guilty.

In the USA, Sheldrake (2010) found that young girls and boys are expected to juggle their new-found identities with their child-family roles and responsibilities, as they are children of the house and parents to their own children. They are expected to act like a child and a parent at the same time, with girls often being expected to make decisions about their child's health and needs, but also to obey their parents (Van Zyl et al., 2015). Moreover, Van Zyl et al., (2015) reported on a young mother who wanted her child to be seen by a father who did not contribute financially, and despite being asked by her mother to make a decision on the matter, was overridden by the mother who told her that the young father was not allowed to come see the new-born baby.

Several studies suggest that young men are often not allowed to see their children before paying damages (Kaufman et al., 2001; Bhana & Nkani, 2014; Chili & Maharaj, 2015), even if the young mother disagreed with this stance. Parents of young fathers can claim a child to be their family blood or assert that the child is not their families without listening to the boy's view, this is crucial, as it determines whether the parents will support the young father and their child or not (Kaufman et al., 2001). Literature suggest that young parents have less control over decisions about their children (Kaufman et al., 2001; Bhana & Nkani, 2014).

2.4.3 Loneliness and emotional baggage

The interplay of teenage parental roles towards their child and child responsibilities to families may cause young parents to distance themselves from family, friends and community members in attempts to protect themselves from judgement (Sheldrake, 2010; Van Zyl et al., 2015). The new pressure on young men to find a job may expose them to a different generation of elders and they are excluded from friends, thus they end up with no one to confide in (Sheldrake, 2010). Moreover, if the young parent is unable to provide for the child, it leaves them with a

sense of shame and guilt that results in them not communicating with anyone (Sheldrake, 2010). Young women are also excluded from friends, and the harsh family responses, feelings of failed child-rearing and lack of parenting skills results in anxiety and emotions not being shared with anyone (Van Zyl et al., 2015).

2.4.4 Emotional experiences

A qualitative study done with young men in the USA argued that they become forgotten and are left to bear the experience of early childbearing on their own (Sheldrake, 2010), which results in their emotional needs being ignored. The experiences of early childbearing vary, with the literature showing a tendency towards negative sentiments. Several studies suggest that feelings of disappointment, increased financial burden, life plan disruption and struggles with new roles of parenting as being the life experiences that cause stress and depression to young teenage parents (Kaufman et al., 2001; Chigona & Chetty, 2007; Sheldrake, 2010; Waithera, 2011; Willan 2013; Van Zyl et al., 2015).

In a qualitative study focusing on young men's perceptions of pregnancy, Sathisapard (2010) reported that young men did not take responsibility and blamed the women for the pregnancy. Negative feelings are often accompanied by negative actions, with Chohan and Langa (2011) reporting that young unemployed women were dependant on grants and likely to drop out of school, thereby recycling poverty. These negative perceptions changed with young women and men who have reached university, despite the hardship associated with early childbearing.

There is little research that shows the possibilities and portrays young women and men who have adapted and are coping well with early childbearing. For example, some modern young fathers are reported to be supportive of their children, as noted in a paper exploring young fathers' involvement with their infant children (Barret & Robinson, 1990). Similarily, Chohan and Langa (2011) found that some young mothers were doing well in motherhood and at school, as were young fathers, who despite struggling, were likely to finish school (Mollborn, 2010).

2.4.6 Education experiences

Education is seen as a tool that young people can use to attain their life goals and end the cycle of poverty (Willan, 2013). Experiences on education varies based on gender, race, social class and geographical area, as these are the factors that influence the educational experience post childbearing (Mkhwanazi, 2013 ; Willan, 2013). Positive experiences are reported by some young parents who have supportive families who take care of the child, as well as encouraging teachers and peers (Kaufman et al., 2001). Apparently, teenagers who experienced supportive families, teachers and peers reported wanting to remain in school, and those that had left, wanted to go back to school (Kaufman et al., 2001). However, most young parents especially females face discrimination, social rejection and stigma from teachers and peers, leading to them giving up and leaving school (Nangambi, 2014; Willan, 2013).

Most young parents from impoverished families do not return to school as they cannot afford crèche or babysitters for their child and need to find jobs to support their child (Chigona & Chetty, 2007). Teenage parents, especially young mothers, often go through a degrading experience upon having a child and returning to school, where their experiences are characterised by juggling parenting and school demands, which often includes missing classes to fulfil motherly responsibilities such as taking a child to clinic (Chigona & Chetty, 2007). A study looking at the perceptions of peers on young mothers in South African schools found that most boys did not mind being associated with young mothers, while young girls wanted to distant themselves from them in class (Chigona & Chetty, 2007). In addition, 80% of girls and 50% of boys reported feeling sorry for young mothers, it being common for school boys to verbally attack young mothers in class. The teachers reported that young mothers had low self-esteem and hardly participated in class, and that the school staff did know how to interact with these young girls (Chigona & Chetty, 2007).

Young parents do not only face stigma and judgement from their own families, but communities and service providers, such as schools and health care centres (Van Zyl et al., 2015). Studies suggest that gossiping about young mothers, exclusion from social groups, such as churches, and views that portray young parents as bad models to their peers are common experiences of young parents (Chigona & Chetty, 2007; Willan, 2013; Nangambi, 2014; Van Zyl et al., 2015).

Willan (2013) found experiences similar to Chigona and Chetty (2007), who reported that approximately 77% of young parents are primary care givers who drop out of school, while those who are likely to return to school are faced with stigma, low self-esteem and everyday moral judgment from teachers (Willan, 2013). For this reason, Willan (2013) argues that supportive policies, such as the right to education, non-discrimination in schools does not lead to changes if they are not well implemented and enforced in schools.

2.5 Policies

The inclusive and supportive experiences of young parents at school are encouraged by policies in South Africa. Kaufman et al., (2001) argue that policies allow young women to get back to the education system after giving birth. In contrast, Willan (2013) and Mturi (2016) argue that education policies that condemn exclusion and discrimination of young parents are not well implemented, thus they result in young mothers facing discrimination and social exclusion when they return to school, the unwelcoming environment making it likely for them to drop out.

In 1997, the Department of Education adopted the South African Schools Act 84 of 1996. This Act places the students' need as a priory for the head teacher of each school and requires the head of department (HOD) to enquire and remedy situations that result in a student being absent when they are supposed to be at school. Furthermore, this piece of legislation permits pregnant learners to stay at school, give birth and come back to school. In attempts to ameliorate teenage discrimination, the Department of Education further adopted other policies, such as the Promotion of Equality and Prevention of Unfair Discrimination Act No. 04 of 2000, which aimed at reducing discrimination of pregnant teenagers and allowing them access to education after giving birth. Measures for preventing and managing learner pregnancy were also adopted in 2007. All the legislative pieces and policies were adopted under the banner of the South African constitution, which condemns discrimination of any kind to anyone, and places education as a right of paramount importance to young people (Department of Education, 1996; 2002; 2007).

2.6 Early childbearing and development

Literature on fertility and development shows that early childbearing hinders development at the national level. Several studies suggest that early childbearing hinders young people, especially women from self-development and additionally note 'school dropout' of young girls as a common outcome of early childbearing (Nord et al., 1992; Waithera, 2011; Sathisapard, 2010; Chohan & Langa, 2011). This is a problem for developing countries as recent research shows that quality education provides an opportunity to escape poverty and is deemed a critical goal for development (United Nations, 2016). Therefore, if young women in South Africa drop out of school due to pregnancy, it is not only a personal problem but one for the country as a whole.

According to Kelley (2003), the Coale and Hoover (1950) model on population growth provides three arguments that show how population growth which is contributed by early childbearing negatively impact on development. Firstly, population growth causes capital shallowing, hence for Coale and Hoover, a bigger labour force means lower wages and less savings from the working population (Kelley, 2003). The Coale and Hoover (1950) model also state that country investment is diverted to assist the young parents. In the South African context, money that could be used for development programmes such as education funds is diverted towards child grants and health subsidies for children (Willan, 2013). Lastly, high dependency on social support in a population is problematic for the development of developing countries (Kelley, 2003). Studies suggest that early childbearing results in there being more children than working adults, as most of the young parents are part of the dependent population themselves, as they give birth before reaching adulthood or completing school (Kaufman et al., 2001; Nygaard et al., 2013; Makofane & Oyedemi, 2015). This means that there are more people to be supported by government which is relevant in South Africa with child support reported by Frye (2017) to be the most accessed grant which is partly influenced by early childbearing.

2.7 Conclusion

This chapter has reviewed local and global literature on early childbearing and discussed findings of these studies on the topic of early childbearing. The literature reviewed points out that early childbearing is a global social phenomenon that is intense in developing counties such South Africa. Several studies reveal varying causes of early childbearing ranging from individual to broad societal factors. The consequences of early childbearing are shown to affect individuals, their families and countries at large. Individual experiences such as dropping out of the education system to take care of the child results in generalised illiteracy and recycled poverty for developing countries. This chapter argues that early childbearing continues to the problem of slow development. Despite South African laws that permit free access to contraception, factors such as peer pressure, lack of sex education, restricted access to sex education and barriers to free contraceptives, poverty, dependency, and geographic area exacerbate early childbearing. The next chapter presents methods and techniques used to carry out the study.

CHAPTER 3: METHODOLOGY

3.1 Introduction

This study aims to reflect on early childbearing through the experiences and perspectives of young mothers and fathers. To capture their experiences and perspectives, this study uses the qualitative approach to research, using in-depth interviews to answer the research questions. This chapter presents the methods used to conduct the research, and starts by describing the study context, research design, and sampling criteria used to identify participants. Data collection tools and the thematic analysis technique employed to analyse the data are also discussed. The ethical considerations taken in this study are also outlined with focus on anonymity, respect for the participant's dignity, non-maleficence, beneficence and trustworthiness. The chapter concludes by providing a description of the study limitations.

3.2 Study context

KwaZulu-Natal (KZN) is the second most populated province in South Africa (KwaZulu-Natal Government, 2017). The province stretches across 94 451.0 square kilometres and is home to approximately 11.1 million people, constituting 19.5% of the country's population (Stats SA, 2016). The population of KZN is racially distributed into four categories; Black Africans (87.2%), the largest group of the province, followed by 7.2% Indians, 4.2% Whites, and Coloureds, who account for 1.4% of the population (KwaZulu-Natal Government, 2017).

The population of KZN is described as experiencing high dependency, with 34.8% of the population being below the age of 14 years (KwaZulu-Natal Government, 2017). This phenomenon is linked to the population's high teenage fertility rates, which manifest through early childbearing, with 13% of women between the ages of 15 to 19 years having given birth in 2016, as did 46% of women between the ages of 20-24 years (Stats SA, 2016). These fertility

statistics can be linked to poverty which stood at 38% during the 2016 community survey (Stats SA, 2016). High percentages of early childbearing are characteristic of both KZN and South Africa. Grant and Hallman (2008) analysed the problem of early childbearing in relation to growing numbers of school drop-outs and found that out of 73.8% of girls aged 14 to 19 years who left school, only 29.9% returned to complete their studies. This situation is a problem that affects individuals, families and South Africa at large.

3.3 Study location and population

The study was based at the University of KwaZulu-Natal (UKZN), with the racial diversity distribution similar to that of the province of KwaZulu-Natal. The University report states that, in line with UKZN's diversity programmes, there are 46 520 students which consist of 71.6% Blacks, 21.9% Indians, 1.1% Whites, 0.1% Coloureds and 0.43% belonging to other races (University of KwaZulu-Natal, 2017). Students come from diverse socio-economic backgrounds, with 84.57% of the Africans being on financial aid (University of KwaZulu-Natal, 2017). The students range from first year to post-graduate studies distributed across four colleges: Engineering, Law and Management, Humanities (inclusive of Music, Arts, Social Sciences and Architecture) and Health Sciences (Nursing). The University's medium of communication is English, and priorities the inclusion of isiZulu in teaching and learning processes (University of KwaZulu-Natal, 2017).

The University consists of five campuses that are located in different parts of KwaZulu-Natal. This study focuses on the Howard College campus, Durban. The campus is characterised by diversity in race, class, ages and life experiences with approximately 15 000 students from different backgrounds and all walks of life (University of KwaZulu-Natal, 2017). Howard College campus provides different services to its students with free access to health care on campus. Each University campus environment includes a clinic that is open five days a week during working hours, with a staff including trained nurses and doctors assisting students with different health problems. The following services are accessible by registered students at the clinic; assessment and treatment of health problems with referral when necessary, treatment of sexually transmitted diseases (STDs) and AIDS tests including pre- and post-test counselling,

assessment and referral of drug and alcohol-related problems, health problems monitoring, health education, and most important and relevant to the study are contraception, including emergency contraception, free condoms, pregnancy testing and other methods of contraception freely accessible to students at campus (University of KwaZulu-Natal, 2018). Other services to students include counselling services. Counselling services are meant to target student problems ranging from, psychosocial, psychological, academic and career counselling. Students with special needs are also catered for, and various recreational programmes are at the heart of the university service to students (University of KwaZulu-Natal, 2018).

The Howard College campus population includes students that reside at home and a great potion of students that stay in University residences on and off campus (University of KwaZulu-Natal, 2018). On campus residences at Howard College accommodate approximately 2000 students. Some of the residence complexes are exclusively undergraduate, or postgraduate, while others are mixed. Some of the residences exclusively accommodate male or female students while others accommodate both sexes (University of KwaZulu-Natal, 2018). The off-campus residences are similar to on campus in terms of living styles, except that there are shared rooms. The off campus residing students are supported by transportation that takes them to and from campus. All the halls of residence are self-catering with access to stoves at a common kitchen (University of KwaZulu-Natal, 2018). Most of these residence complexes are occupied by black African students.

Howard College campus is located in the upmarket suburb of Glenwood in Durban. According to the (SDF) (Spatial Development Framework, 2015), the suburban settlement is well provided with basic services and public facilities. This area is identified as an area with well-maintained and strong transport and transportation routes with easy access to the nearest town and malls. Furthermore, the sewage, water and electricity systems are in good condition. The area is decorated with extravagant malls, high ranked expensive schools, and public and private health care service providers. The SDF (2015) acknowledges Glenwood as a well-developed area whose role is to provide essential day to day commercial and social needs while maintaining a high standard of living in the community. The area is characterised by diversity in employment sectors and political views. The area is dominated by business people and white collar employed

individuals. The following figure 3.1 shows an example of University residences and figure 4.2 is the map of the University.

Figure 3.1: Source (Google, 2018)

Figure 3.2 (Google Maps, 2017)

3.4 Research design

Terre Blanche and Durrheim (2014, p. 34) state that "*a research design is a strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research*". The research design applied in the study was exploratory-descriptive. This design was intended to assist in exploring and providing thick descriptions that allows for understanding why certain social phenomena occur. This type of research is not intended to provide conclusive evidence but helps to have a better understanding of the problem (Terre Blanche & Durrheim, 2006; Neuman, 2014). This research also partially compares social entities from data obtained in qualitative research (Mill et al., 2006), and entailed comparing the perspectives of young men and women.

Qualitative studies are a branch of research that includes exploratory research (Neuman, 2014). This research design is used to gain a better understanding of people's underlying reasons, opinions and motivations for their behaviours (Neuman, 2014). This qualitative research design helps in providing insight into problems and assists in developing ideas for further potential investigations that could be qualitative or quantitatively structured (Neumen, 2014). Qualitative research is also used to uncover trends in thought and opinions and explores deeper into individuals' views. With the qualitative design, the researcher starts with a set of vague speculations, which form the underlying assumptions of the study about a research question (research problem) and tries to make sense of the phenomenon by observing and inquiring about a set of particular instances (Terre Blanche & Durrheim, 2014).

The reasons for choosing the qualitative approach are based on the aims of this research paper, this being exploring the reasons of early childbearing and focusing on the experiences of young men and women. This was done by conducting in-depth interviews to allow for the personal narrations of experiences and reasons of early childbearing from the perspective of young men and women. This allowed the researcher to collect data in a language that enabled a detailed understanding of the study subject (Terre Blanche & Durrheim, 2006). This could be done through the use qualitative research and exploratory-descriptive design which provides an

opportunity to explore subjective experiences of the participants and provide a thick description of the observed behaviours with information solicited though in-depth interviews.

3.5 Sampling strategy

Sampling is the selection of research participants from an entire population, and involves decisions about which people, social processes or events to observe (Terre Blanche & Durrheim, 2014). Due to the difficulties of identifying whether an individual was a young mother or father, this research adopted the snowball sampling strategy. Snowball sampling is a non-probability sampling technique in which the researcher relies on an informant for referrals. This sampling strategy entails people who are identified for inclusion then refer the researcher to the next participant. The initial referring person is known as the informant (Terre Blanche & Durrheim 2006). The process started with a few informants who referred other people who were relevant to the study requirements and were willing to participate. The new people who were contacted were then asked to identify other potential participants. This strategy was appropriate because it was not easy to locate young adults who had children at an early stage of their lives (teen years). For this reason, Neuman (2014) hails this sampling strategy as the best way for qualitative researchers working with people who cannot be easily identified.

The research informants who assisted in identifying people who met the criteria were identified through personal networking. Browne (2007) identifies social networks such as friends as being useful to identify potential particpants, with the referal chain continuing untill 20 participants were found. Although this study did not uphold to data saturation methods, all interviews after the 6th mother and the 5th father interview repeated information that was already recorded from other participants. This is one way of identifying rich and saturated data. Data saturation is defined as the point wheere participants are repeating ideas in their responsess, thus no new information received by the reseacher (Neuman, 2014). The close social networks that assisted in identifying potential participants were not part of the study. However, using the snowballing sampling method did not provide enough particpants for the study through its referral system, as most of the identified parcipants did not have their children between the ages of 14 and 20

years. The reseacher therefore adopted another method, which was allowed by the gatekeepeers and ethical clearance (Annexue A). The reseacher approached Psychology and Social Work first year classes and provided brief details of the reseach, and gave the students contact details. The reseacher received text messages from interested students who met the inclusion criteria, with 45% of the partipants being identified through this method.

3.5.1 Sample size and characteristics

The study included participants who were students at the University of KwaZulu-Natal, Howard College campus. They were between the ages of 18 and 24 years, with a child that was conceived and birthed when the participant was between ages of 14 and 20 years. The study participants were all Black Africans as they accounted for the majority of students (71.6% of the University student population) (University of KwaZulu-Natal, 2017). Thus, the chance of obtaining a Black African student as part of the study was high and indeed only Africans were able to avail themselves to the study. This study included 20 participants, 10 males and 10 females.

3.6 Data collection tools

Semi-structured in-depth interviews were used to collect the qualitative data for this project. Interviews are described as "*personal and intimate encounters where open, direct and verbal questions are used to elicit detailed narrations and stories*" (Di Cicco-Bloom & Crabtree, 2006, p.318). Data is defined as the basic material with which researchers work, coming from observation, experiment or measurement. This study used semi structured in-depth interviews which yielded thick descriptive data, as expected from a qualitative study (Terre Blanche & Durrheim, 2014). Semi-structured, in-depth interviews are the most popular way of soliciting information in qualitative research and can be used with individuals and groups (DiCicco-Bloom & Crabtree, 2006).

The participants were young men and women between the ages of 18 to 24 years, having had a child between the ages of 14 and 20. An email with the information sheet that described the study and informed participants on possible meeting times for interviews were sent to interested participants. Students who were interested to participate after reading the information sheet were assigned interview times. During the interviews, the researcher explained the study and committed to confidentiality before requesting the participant to sign a consent form.

The interview guide consisted of open-ended questions that covered topics relevant to the objectives of the study. The questions were divided into sections that covered the study objectives. Firstly, the interview recorded the demographic data of the participants: age, gender, location, other information relevant to the study such as age at which the child was born and the child's age. The second section asked about the reasons for early childbearing (Objective 1), followed by the third section that asked questions related to the experiences of early childbearing. The first part of this section allowed participants to discuss their experiences in relation to current and future socio-economic and educational positive and negative outcomes of early childbearing (Objective 2). The last part of this section asked participants to identify opportunities and constraints to change behaviour that leads to early childbearing. This part asked about roles that young people, parents and different institutions can play to reduce early childbearing (Objective 3). The last section of the interview asked participants to discuss recommendations in relation to services aimed at reducing early childbearing and how these can be improved. The interviews were done with individuals, and were recorded and stored, and later transcribed into narrations. Each interview lasted between 40 and 60 minutes.

The interviews explored thick and well narrated stories from the participants, thus allowing the researcher to dig deep and uncover their social, personal views and experiences of early childbearing (DiCicco-Bloom & Crabtree, 2006). The researcher started the process by creating a comfortable environment that would allow interviewees to open up and trust him, this process is known as creating rapport (DiCicco-Bloom & Crabtree, 2006), and is an important part of the interview, as it allows a smooth sharing of private stories.

The use of semi-structured in-depth interviews was chosen because they serve the purpose of this research well. This method allowed the researcher to solicit the personal narrations of the young men and women without outside interference (DiCicco-Bloom & Crabtree, 2006). The use of well-structured questions allowed a flow of information verbally, and the researcher could also probe deeper, where and when necessary. Follow-up questions allowed for a better understanding and shaped interview focus, and questions were clarified to the participants to rule out miss understanding. The intimate face-to-face setting allowed for a good understanding of participants' feelings, as the researcher was able to observe and note changes in voice, facial expression and body language, with probes following these actions for better understanding (Neuman, 2014).

While this interviewing method yields rich information for qualitative researchers (DiCicco-Bloom & Crabtree, 2006), it has its own shortcomings, thus the need for a skilled interviewer Neuman (2014). At the beginning, the researcher did not have the requisite skills. However, this was mitigated by conducting a pilot study of the interviews and monitoring the information given by the participants, which gave the researcher the confidence to conduct interviews.

3.7 Data analysis

The study used thematic analysis to analyse the qualitative data. The process consisted of five steps (Terre Blance & Durrheim, 2006). A paper aimed at guiding qualitative researchers on thematic analysis by Nowell, Morris, Whiet and Maules (2017, p. 2) describes thematic analysis as the backbone of qualitative research and further define it as "*methods for identifying, analyzing, organizing, describing and reporting themes found on a data set*". This method is advantageous as it provides the researcher with flexibility, allowing changes with the needs of the study. It also permits the main findings to be condensed into key themes that people of different research paradigms and the participants can understand (Terre Blanche & Durrheim, 2006; Nowell et al., 2017). The following steps were followed in the process of analysing the data:

Step 1: Familiarisation and immersion: this stage consists of data gathering, which was done through in-depth interviews and their transcription (Terre Blanche & Durrheim, 2006). After this phase, the researcher started to read and re-read the transcriptions, making sense of them and connecting them to the theory and the literature. Data connections and agreements were established during this phase. The second step is inducing themes: this stage included organising the raw data in accordance with study objectives. Labels and the language of the participants were used to induce themes, as recommended by Terre Blanche and Durrheim (2006). Different themes are identified with their relevency to the study.

The third step is coding. At this phase, data connections identified in step one were coded together. Different colours were used to indicate different themes that emerged within the data in step 2. Following this step is elaboration. According to Terre Blanche and Durrheim (2006), this stage entails capturing the fine meaning not captured in the previous stages. This stage helped to bring data that relates to similar themes together for better understanding. This allowed for fresh views and making comparisons. In addition, the researcher kept coding raw data until no new themes emerged (Terre Blanche & Durrheim, 2006). The last stage is interpreting and checking: this stage is for interpreting the well selected, thick descriptions from the data (Terre Blanche & Durrheim, 2006). Data was interpreted with an understanding of the theoretical framework, and the literature that was used to give meaning to the raw data (Terre Blanche & Durrheim 2006).

Thematic analysis allowed for the use of categories and sub-themes that emerged from the data, which helped to interpret in a manner that reflected the participant's views. The interviews were conducted in English, with some of the participants mixing isiZulu and English in their responses. During the transcription phase, the interviews were transcribed in English, which was done the day after the interview. This provided a good opportunity to understand the data according to context and helped the researcher to identify areas of focus for the following interviews.

The researcher explored different explanations and understanding of data obtained from the interviews. This was done through using a variety of literature and a multi-staged ecosystems

theory in attempt to find a better understanding of data. This practice of data analysis is called triangulation (Babbie & Mouton, 2001).

3.8 Ethical considerations

Participants need to be protected all the times, not only because they are at the core of this research, but because they are human. Therefore, there are ethics that guide researchers on protecting participants from any harm and ensuring their welfare (Wassenaar, 2006). The following ethical considerations guided the researcher in keeping the participants safe and ensuring that they were protected throughout the study. The sub-themes discussed below are suggested by Wassenaar (2006) to ensure the participants' protection and were adopted by this study. The following principles are discussed; anonymity and respect for people's dignity, non-maleficence, beneficence, justice and trustworthiness.

Autonomy and respect for people's dignity entails respecting and protecting individual's private information, protecting them from any harm that could be brought about by gaining entry to the information that the interviewees provided (Wassenaar, 2006). The researcher requested voluntary participation, with informed consent being obtained to document the agreement after providing enough information about the research and disclosing the possible gains and losses to the study participants. Information pertaining to the study was also provided beforehand through the information letter emailed to the interviewees. The researcher provided individual informed consent forms with an information sheet pertaining the study to read and sign upon agreement (Annexure B). The research uses pseudonyms to avoid any information being linked to the study participants. Confidentiality upholding is crucial to this research, thus no information that could link the public to participants is shared.

The principle of non-maleficence means doing no harm or wrong to participants as a direct or indirect consequence of the research (Wassenaar, 2006). The researcher did not cause any trauma, emotional or physical harm during the course of the interviews. Participants were

safeguarded through the researcher being sensitive to the participant's emotions as well as interviewing participants in a safe space. Participants signed consent forms and agreed to be interviewed and audio-recorded. Questions relating to participants' studies and life at the University were asked to establish rapport. Interview data were locked in a secure place that will not be accessible to the general population or other people that could use the information to harm the participant. The study used pseudonyms to protect the identities of participants and maintain anonymity. A password secured internet cloud was created for the purpose of storing the soft copies of the research information. The research data was stored in a secure and locked safe and on storage device (USB) secured with password to access data, and will be deleted after five years, while papers relating to the research, such as field notes were shredded to uphold confidentiality.

Beneficence aimed at maximising the benefits that the research would produce as opposed to possible harm to the participants (Wassenaar, 2006). The study provided the participants with a better understanding of the topic. The researcher affirmed and showed appreciation for the participant's knowledge and for sharing their stories in relation to early childbearing. This is followed by justice, which means fair treatment and equity (Wassenaar, 2006). Fair selection of participants was based on snowball selection criteria, and the participants were given equal respect and appreciation for their participation.

The last ethical requirement was trustworthiness. Trustworthiness refers to the believability of the study (Babbie & Mouton, 2001). Trustwothiness therefore determines whether the research answers its questions and objectives truthfully. The researcher achieved trustworthiness through the following elements: credibility, transferability, dependability and conformability.

i. Credibility is the "*compatibility between the constructed realities that exist in the minds of the respondents and those that are attributed to them by the research*" (Babbie & Mouton, 2001, p. 277). This was achived by observation and referential adequacy and prolonged engagement, with the researcher remaining in the field until data obtained was rich (Babbie & Mouton, 2001).

Persistent observation: according to Babbie and Mouton (2001) the researcher pursues many interpretations from the different points of view and engages in constant and tentative analysis. The researcher looked for multiple influences on the data and pursued different interpretations, which Babbie and Mouton (2001) identify as triangulation. The researcher used the ecosystems theoretical perspective and a variety of literature to pursue different interpretations. This helps to provide findings that are not biased by the views of the researcher but that are theoretically analysed and literature based.

Referential adequacy: The researcher utilises different materials with which to document the findings. Audio recording and field notes were used to document verbal and non-verbal communication which were done with the consent of the interviewees. This provided a clear audit trail that allows for an understanding of the researcher's decisions, and should the same study be done, the trail allows different researchers to arrive at a similar conclusion, thus showing that data is trustworthy (Newell et al., 2017).

Thick description allowed for transferability, which, in a qualitative study, depends on similarities between the sending and receiving contexts (Babbie & Mouton, 2001). The researcher collected adequate and thorough descriptions of data in context and reported them with satisfactory detail to allow the reader to make judgments about transferability. Thick descriptions from the participants informs and supports the findings of this study.

iii. **Dependability** means providing the audience with evidence that if the study was to be repeated with the same or similar participants in the same (or a similar) context, its findings would be similar (Terre Blanche & Durrheim, 2006). The researcher compiled a clear audit trail, which includes recordings and interview transcripts.

iv. **Confirmability** is defined as the "*degree to which the findings of the study are the product of its focus, and not the biases or subjective views of the researcher*" (Babbie & Mouton (2001, p. 278). This was obtained by accepting constructive criticism from the supervisor and providing a clear audit trail. The report of the study was made available to participants to verify their narratives.

3.9 Limitations of the study

The qualitative design allows for insight into the experiences and views of cautiously selected participants. Therefore, this study could not accommodate the whole population who are affected by early childbearing, as it sampled only 20 students from the University of KwaZulu-Natal, and therefore does not represent other university students locally or nationally. This means that the study findings cannot be generalised. The study is therefore limited in that it only reports on the opinions of 10 male and 10 female young parents. Participants' views and experiences (perspectives) solicited in this study may not be the true representation of participants' feelings, as early childbearing is a sensitive topic, and the young parents may have withheld or misrepresented some information. The interpretation of the questions and answers given are based on the participants' understanding and interpretations, meaning questions wrongly understood may not have yielded the correct information. Some participants may have not answered questions sincerely in fear of being judged by the researcher or felt that the information was personal. The interviewing process, transcribing and interacting with data, such as coding, takes time and require resources. The research interviews sometimes mixed isiZulu with English and translating the transcripts into English might have left out some important clues and information about early childbearing from the participants.

3.10 Summary

This chapter has given an overview of qualitative methods employed in data collection for this research. Methods used to solicit information from 20 students (10 male, 10 female young parents) at the University of KwaZulu-Natal, Howard College campus are discussed. The study aimed to establish reasons and understand participants' experiences of early childbearing, and the use of qualitative techniques served this purpose. Various ethical considerations that ensured the safety of participants were explained. Confidentiality and protection of participants' identities were discussed. This chapter closed by noting the study limitation. The next chapter presents the study findings with respect to the three Objectives outlined in Chapter 1.

CHAPTER 4: PRESENTATION OF THE FINDINGS

4.1 Introduction

The aim of this study was to explore the factors that influence early childbearing among young men and women, their experiences and ways to reduce early childbearing using individual semi-structured in-depth interviews. This chapter begins by providing a brief description of participants and then outlines the main findings from the interviews. This chapter is divided into a number of themes drawing on verbatim responses from the participants. It begins by providing characteristics of participants, the extent of early childbearing, causes of early childbearing followed by the experiences of young parents on early childbearing and concludes with a brief summary of the chapter.

4.2 Characteristics of the participants

This study consisted of 20 participants, 10 men and 10 women were interviewed for the study as shown in Tables 4.1 and 4.2. All the participants were students at the Howard College campus of the University of KwaZulu-Natal. Participants were aged between 18 and 24 years. On average, the mothers reported that they had their first child at age 18, while the father had theirs at age 19 years. The average age at the time of the interviews for mothers was 20 and 22 years for fathers. All the participants were not married during the time of the interviews. The study participants were all Black Africans as they accounted for the majority of students. Participants were originally from different townships and rural areas in KwaZulu-Natal, Mpumalanga and Eastern Cape provinces. Below is a table presenting female participants' demographic data.

Table 4.1: Young Mothers' Demographic Characteristics

		About the Participant – Young mother				About the child	
No.	Pseudonym	Age at Interview	Age at childbirth	Study level	In relationship with co-parent?	Age	Primary caregiver
1	Asanda	24 Years	19 Years	2nd	No	4 Years	Participant's mother
2	Sindi	21 Years	18 Years	2nd	No	2 Years	Participant's Sister
3	MaNgcongo	21 Years	19 Years	1st	No	2 Years	Participant's mother
4	Nontobeko	18 Years	17 Years	1st	Yes	1 Years	Participant's mother
5	Mpume	24 Years	19 Years	2nd	No	4 Years	Participant's mother
6	Noma	19 Years	19 Years	1st	Yes	2 Weeks	Participant's mother
7	Lerato	20 Years	17 Years	1st	No	3 Years	Father's mother
8	Nomonde	18 Years	16 Years	1st	Never been	1 Year	Participant's mother
9	Sma	20 Years	15 Years	2nd	No	4 Years	Participant's mother
10	Noxolo	19 Years	17 Years	2nd	No	2 Years	Father's mother

All young mothers interviewed lived at the University's residences during the time of the interviews, meaning they were not primary care givers to their children. All young mothers reported having one child and reported that they were not planning to have any more children soon. The children mostly lived with their maternal grandmothers. Almost 70% of children lived with their maternal grandmothers, 20% of children lived with their father's family, and 10% with their mother's sister. The ages of the children ranged from 2 weeks to 4 years. The comparison of mothers' University level and the age of their child shows that approximately 6 out of 10 mothers gave birth and left their child in order to continue with the studies at the university. Four young mothers had two years between giving birth and starting their studies at University.

All the young mothers reported being funded by National Student Financial Aid Scheme (NSFAS) which paid them R1000 monthly. Most of the participants gave 50% of their income towards child support. Most young mothers reported having no relationship with the father of the child, 80% of young mothers were no longer in love relationships with the child's father. The child support was reported mainly from child grant and NSFAS, with only three out of 10 young mothers reporting support from their child's father. Below is a table presenting male participants demographic data.

Table 4.2: Young Fathers Demographic Characteristics.

		About the Participant- Young Father				About the Child	
No.	Pseudonym	Age at Interview	Age at childbirth	Study level	In relationship with co-parent?	Age	Primary care giver
1	Aseza	24 Years	20 Years	2nd	Yes	3 Years	Participant's mother
2	Liyema	23 Years	19 Years	3rd	Yes	5 Years	Participant's mother
3	Sphe	19 Years	19 Years	2nd	Yes	4 Months	Child's mother
4	Malusi	23 Years	20 Years	2nd	Yes	3 Years	Mother's mother
5	Bayanda	24 Years	19 Years	3rd	No	5 Years	Child's mother
6	Syabonga	20 Years	19 Years	2nd	Yes	9 Months	Participant's mother
7	Andile	22 Years	19 Years	1st	Yes	2 Years	Mother's mother
8	Junior	24 Years	18 Years	3rd	Yes	6 Years	Child's mother
9	Mtho	23 Years	18 Years	3rd	No	5 Years	Mother's mother
10	Lovemore	20 Years	20 Years	3rd	Yes	3 Months	Participant's grandmother

Most of the fathers interviewed reported residing at University residences with only 20% renting a shared student flat near the university, meaning all fathers were not primary care givers to their children. During the interview, eight young fathers reported having one child, while one had twins and the last father had one child with another one due in two months from a different women. All fathers reported not planning to have another child soon.

The primary caregivers of the children varied, 30% being the mother of the participant, 30% lived with their mothers, another 30% with maternal grandmothers and 10% lived with the participant's grandmother. The children age ranged from 3 months to 6 years. Most fathers had approximately two years between childbirth and joining University. Only 30% of fathers reported fathering a child upon entering university, while 20% had their child during high school. This shows that 50% of pregnancies occurred during the gap years between high school and university. Fathers reported being in a relationship with their child's mother with only two out of ten fathers reporting otherwise.

Young men reported being on NSFAS and other bursaries that provided income ranging from R1000 to R3500. Of those who were not funded, two fathers reported doing part time jobs while two were supported by parents. All young fathers reported contributing towards child support, of the 60% who received funding, they reported that more than 50% of their income was for

child support. For example, Sphe who received R2000 monthly from the Department of Social Development scholarship, was giving R1500 towards child support for his twins.

4.3 The extent of early childbearing

Early childbearing was reported to be common among young people. Both young mothers and fathers felt that children giving birth to children was a problem of great concern. Young parents stated that early childbearing was increasingly experienced in young ages. Young mothers reported that early childbearing is expected to occur to teenagers and was a 'norm' in some communities, especially poor townships. The extent of teenage births was described by participants;

"It's more of a norm now, if you don't have a child, you are out of style or you are behind. That's how normal it is now, which is not normal" (Sma, female aged 20).

"There is a lot of them, I'm 20 years and people I know some are 15 years, some are still in high school and they have children. There are many teenagers with children, many children with children" (Lovemore, male aged 20).

4.4 Causes of early childbearing

The study found that childbearing among young parents was caused by various reasons which included early onset of sexual activities, peer pressure, age-disparate relationships, lack of proper sex education, and non-use of contraception. Themes under these sub-topics further provide a deeper understand of the causes of early childbearing.

4.4.1 Early sexual debut

The findings of the current study point out that early onset of sexual activities increases the frequency of sex and thus increasing early childbearing. The ages of 12, 13 and 14 years were reported to be the ages where young people start having sex. It was reported that in general, young people start having sex at a younger age when they are not well informed about condom negotiation, and contraception and thus unplanned pregnancies occurs.

"Children at 12, 13, 14 years of age get pregnant and are doing sex. They start dating and having sex. For sex it doesn't have to be someone at age 21, we cannot run away from reality, these things happen" (Mpume, female aged 24)

"When you have sex at an early age, while you don't know that you can have sex and not impregnate, so you end up impregnating" (Liyema, male aged 23)

Sexual activity amongst young people is seen as the norm, and is expected by their peers, such that failure to be in a sexual relationship indicates abnormality, some young parents stated. Young fathers reported more experiences of early sexual debut with older females. Early sexual debut was paired with unprotected sex due to lack of knowledge about sex and contraception. For young women, early sexual debut often resulted in pregnancies, while for young men it did not lead to impregnation as they engaged in sexual intercourse with older, more experienced women. When the first unprotected sexual intercourse did not result in pregnancy, subsequent sexual encounters were also done without a protection and contraception. Young parents believed that they could not get pregnant or impregnate in the first sexual intercourse other times would be the same, without pregnancy. The risk of pregnancy was completely ignored.

"I was doing grade 5, there was this girl who was a traditional dancer. I had seen this girl a week before. I skipped school to go meet her at the pipe. She was older than me, so she was known to be morally loose and could sleep around. I had a condom, but I was scared that if I tried to wear it, she would shout at me. So, I didn't and we had sex there, I started there to know about sex and after that I was like 'a knife on butter' when it comes to sex" (Malusi, male aged 23).

"I was in grade 8, I don't remember her name. Grade 8 second term, the girl was older than me. She was older, and she was in grade 11, we had sex I was scared to take out the condom because I thought it would embarrass me" (Lovemore, male aged 20).

Early body maturation was reported as a contributing factor to early sexual debut. The body maturation was mostly linked to women. Participants reported that early body maturation makes young women prone to dating older guys. Further stating that a young girl can be approached, dated and have sex at a young age because she looks old enough in the eyes of the men because of early body maturation. This was reported by participants who had first-hand experience.

"I did look a little bit older because you know, like first, my body structure, it says something different to my age. So… if you are chubby, you look like you are older than your actual age, so you get approached by people who are older" (Asanda, female aged 24).

"Some are immature, they are too young … Most children start dating at a young age, e.g. girls grow easily, and you can have sex with a girl thinking they are old whereas they are only 14" (Lovemore, male aged 20).

Early body maturation and premature sex debut resulted in unusually young parents. This is pointed by one participant.

"The youngest mother would be 12, because I remember I gave birth when I was 15 and the nurses were shouting at me, telling me not to cry because they were helping a 12-year-old give birth the day before and she didn't cry. I was traumatised. The youngest would be 12" (Sma, female aged 20).

4.4.2 Age-disparate sex

Sexual relationships with older guys were common among young mothers. The oldest man that was reported to be the father to a child belonging to one of the participant was on average 8 years older than the participant. Young mothers agreed that this was the norm, insisting that men were supposed to be older than their female counterparts in relationships. Young parents, both

men and women reported that in age-disparate relationships men were more experienced than women.

"He was 25 and already working and I was 17…At home we're not rich, there are things they can't do for me and the guy did those things, and then I had to agree to whatever he wanted after that. I can say guys take advantage. You know they give us pocket money and take advantage and we end up agreeing to do anything" (Nontobeko, female aged 18).

"Some are still young and cannot think for themselves. Some are like in grade 8, and if you are in grade 8 and dating someone doing grade 12, that person is way older than you and sure case, they will be able to convince you to have sex with them without a condom and because you're young you won't think about condoms" (Lovemore, male aged 20).

One participant described her experience with dating an older man, stating that she felt trapped and stated that other young mothers felt the same.

From my personal experience, dating an older guy, he was 8 years older than me, he had nothing to lose, he was working, and I was a teenager, 16 doing grade 10, when I have conversation with my peers, their baby daddies kind of trapped them, they impregnated them for a reason on purpose" (Noxolo, female aged 19).

The study shows that most young women in age-disparate relationships fall pregnant because they do not have adequate information about sex and are powerless in negotiating condoms, while they are having sexual relations with older sexually experienced men.

4.4.3 Peer pressure

Peer norm and pressure were identified as the driver of young people's 'urge to have sex'. As discussed above, having sex amongst young people was reported to be a norm, thus those who are not having sex are perceived as non-conforming. All the participants reported having been socially pressured by peers to have sex with friends. Peers are more likely to influence young people to start having sexual relationships. Friends were also reported to participate in creating

an environment that allowed participants to have sexual partners. While young women had friends that were matchmakers, and linking them to possible boyfriends, young men socialising and bragging about sex were identified as putting pressure on young men to have a girlfriend and engage in sex.

"I'm not saying, I'm blaming a person or what but with me it was a friend's influence. I was a small child at home…I met this friend I would go to school and she would ask me, she was dating this guy, so she would ask me to accompany her to the date, then I started dating the father of my child" (Mpume, female aged 24).

"My friends and I would go out; we would deceive each other, I would say I'm sleeping over at her house and she would also do the same and we would go out and that is where we met these people…I know that if I hadn't met him there because there was no other place that I would have met him, I wouldn't have gone through this" (MaNgcongo, female aged 21).

Young fathers reported that the need to belong influenced them to start forming sexual relationships. Young men stated that their sexual conversations with friends and brothers included bragging about 'hitting it' and those who had had sex were praised while virgins were shamed. The social competition to 'hit it' before other friends did, created pressure to have a girlfriend and consequently indulge in sexual activity.

"Friends, when we sit with friends, you learn about sex by the road. They would just say I must find a girlfriend and take her to my room. Yes, it was pressure" (Mtho, male aged 23).

"You see when you leave primary for high school, you see yourself as grown up and guys ask each other, we do stupid things like 'have you ever had sex'? I will do it first maybe there is three of us and two have had sex and you under pressure to do it too" (Lovemore, male aged 20).

Two participants stated that they had experienced pressures that were different from others, young men and women who reported that there was pressure to have a child in their communities.

"When we sit as young girls, we talk you know my child is giving me this problem, and you are not talking about your child, then what are you doing with your life? What's wrong with you?

You don't have a child, you are 19, you are 20 you are a grandmother now, why you don't have a child? You see, it gives you pressure to have a child, even if you knew at the back of your mind that you wanted to first get a degree, you think that your age mates are doing it, so there is something wrong with you…" (Sma, female aged 20).

"I had a child because I had pressure that children that were younger than me in my community had children. So, I had that pressure that maybe I was infertile. The elders looked at me as someone who was the 'better child' in the community, but I knew inside that it was hard, I was trying to impregnate, but it was not happening. It was now my purpose to have a child, it was to prove some people wrong" (Malusi, male aged 23).

When asked if comments were said about him, Malusi replied that;

"Nothing was said about me not having a child, but I have heard comments about people who do not have children, they said about people who were a bit older than me 'how he does not have a child, yet he is as old as us' and in that moment there was a lot of children, some of whom I call nephews and nieces and they had children, I imagined they had similar comments about me. It put a lot of pressure on me" (Malusi, male aged 23).

4.4.4 Lack of parent-child communication on sex related topics

All the participants felt that parental participation in sex education is important in preventing early childbearing. Most participants felt that if their parents had taught them about sex they would not have had a child and would have used contraception. When asked about who spoke to participants about sex, a participant stated no one taught them about sex and that was partially the cause of their early childbearing.

"No one. See that was the problem, no one taught me about anything" (Asanda, female aged 24).

"Parents don't talk to children, they don't even tell that sleeping with a guy without condoms will surely make them pregnant" (Lovemore, male aged 20).

"I think things would have been different, maybe I wouldn't have gotten pregnant. My best friend talks to her mother and her mother took her to the clinic for prevention and she was a virgin at that time, even now she checks her prevention card… and ask why did you skip the clinic date, what's happening? She is a present mother, whereas my mom is a ticking time bomb, she explodes and explodes about anything and then you are like I need air. And when you go get air, you do wrong things outside" (Sma, female aged 20).

Young parents indicated that their parents did not talk about sex because they never thought children could be in relationships and having sex. The topic of sex is a taboo that was not mentioned. Out of the 20 participants, only four had their parents talk to them about sex. Sma, Syabonmga, Aseza and Lerato reported that they were shouted, warned in a one-sided talk by their mothers. Participants stated that they never got to ask questions and this was reportedly a trigger for rebellious behavior from the participants which later resulted in early childbearing. Participants commented that parents did not sit them down and talk with them, rather they warned and threatened them not to become parents at an inappropriate age. Parents' conversations on sex issues were described as a monologue.

"Mom would turn and say; 'dare fall pregnant while young'. Mothers would give advice as warning and shouting, no sitting down and talking; that listen this is earth when you do A, B, C you get 4, 5, 6. The only thing they do is they shout things like ' you would leave my house if you got pregnant' , You just think my mother shouts naturally she shouts for things I haven't even done, so I might as well do it" (Sma, female age 20).

"My mother talked to me in an informal manner, when she shouts at me 'you see you running around with your girlfriend, I hope you use condom'… she talks when she is angry and shouting at me. We never sat down and talked… we never did anything like that, but I don't blame her for that" (Syabonga, male aged 20).

"At home there is nothing they did not do, they told me about the danger of having a child at a young age, the importance of school, they used to tell me about the importance of religion, getting married before having a child and getting married before sex" (Aseza, male aged 24).

Young parents reported that after they fell pregnant or had made someone pregnant, that's when their parents started to talk, something which was no longer useful as they had already learnt through their mistakes. Young mothers were asked to go for prevention when they had already fallen pregnant and young fathers were told to use a condom after they had already impregnated their girlfriends.

4.4.5 Skipped lessons: lack of sex-education in schools

Young parents felt that they could have learnt a lot about sex from school, especially through the Life Orientation (LO). However, they reported that when they attended school, sexual and reproductive health topics were hardly addressed, rather LO teachers were more interested in physical fitness.

"The teacher used to say that he doesn't talk about things like that with children… he was a male teacher who would not talk about sex with children. The only thing we always did was going to sports grounds, saying we should be active and fit, not talking about sex" (Mpume, female aged 24).

*"When they talked about sex, they talked about condoms and HIV. Sex and contraceptives barely get attention. Most people take LO for granted. They think that with LO you just must do a few things and pass, they don't study for it like other subjects. They should make LO more important like other subject, so learners won't take LO for granted" (*Lovemore, male aged 20).

Reasons for the lack of interest in sex related topics by teachers were thought to be the view that young people should not be having sex at the first place. Young parents indicated that teachers saw topics on sex and sexuality as motivating teenagers to have sex, thus they talked about scary topics when facilitating sex education classes. For example; HIV and STI were used to scare the young from having sex. Young parents also felt that teachers did a bad job because they did not belong to the communities where they taught, hence they did not care about the impact of not providing proper information to teenagers.

"When I talk about schools, I'm talking about teachers, schools behave as if they are not part of the society, teachers come, the school is at a community and teachers come from outside, so they behave as if they are not part of the community. So, their job is to teach and leave, and what happens afterwards, they don't care. The fact that most young people have children when they young, teachers must take responsibility as it is also their work to groom these children for the future" (Syabonga, male aged 20).

*"Schools have not done anything except teach by the text book and to us it's like fine you just doing this because it is your job, you are not there, and you are not guiding me…that. If the teacher could just be more personal with the learners I think that would go a long way" (*MaNgcongo, female aged 21).

4.4.6 Contraception knowledge and perceptions

Young parents demonstrated having knowledge of contraception. The presence of clinics in communities was reported to increase access to contraception. Condoms, injectables, loops, pills, and implants were well-known amongst both young men and women. The knowledge about contraception did not translate to them being used. While all participants knew about the different kinds of contraception, they perceived these methods negatively.

"I don't know whether it's a myth that condoms reduce sexual pleasure, that's what boys say…There is also a lot of stigma around, especially injections, they say it fills your body with water, most girls don't want that…" (MaNgcongo, female aged 21).

"To me when you're using a condom, it's like I'm not having sex. You feel the plastic that is used, and if you go skin to skin there are particular feelings that you feel …so condoms 'No'" (Lerato, female aged 20).

"Some girls believe that if you start using contraception before you have a child, chances are slim that you will ever be able to bear a child, so they don't use them" (Malusi, male aged 23).

One participant who claimed never to use condoms and he explained why he does not use them, citing reduced pleasure as the main reason he decided never to condoms. The impact of his behaviour can be better understood by his second unplanned pregnancy.

"I think, as one of those people who completely don't use condoms, 'not even don't like, I don't use it at all'. The reason is one, I don't enjoy sex with a condom, I feel like I am masturbating even a girl I sleep with using a condom, inside I feel like I didn't do anything to that girl and also she didn't feel anything " (Malusi, male aged 23).

4.4.7 Denial of possible outcomes of contraception non-use

Young men and women reported that they knew that having sex without a condom could lead to childbearing. Although they saw other peers having children, they never thought that they could also experience similar outcomes from unprotected sex.

"I never imagined me falling pregnant…People don't really know much and this would have negative outcomes, it's just like you know, we keep telling ourselves that it won't happen to me, I know we do it" (Asanda, female aged 24).

"I never thought it was going to happen to me, it was fun and she got pregnant, I just thought it would happen to me" (Mtho, female aged 23).

Young mothers reported that their older boyfriends promised that they would not impregnate them and convinced them not to use a condom and so they believed them. This view was popular amongst young mothers. Young fathers did not report similar experiences.

"I don't know, with girls it pretty easy to be deceived, because guys have this thing of thinking they know how to control themselves, so 'I won't make you pregnant, you won't fall pregnant', so let's avoid the use of condom and stuff like that" (MaNgcongo, female aged 21).

"*If a guy tells you 'I won't impregnate you', you will believe what he says most of the times, because you are not informed about these things"* (Mpume, female aged 24).

4.4.8 Bad experiences with contraception

Most mothers state that they had bad experiences with contraceptives, having their menstrual cycle prolonged or at times stopped. Lack of assistance when reporting these problems to clinics led to adolescents abandoning the idea of contraception. Some young fathers also narrated stories of their child's mother being on contraception and stopping use due to some bad experiences.

"I was on the depo injection and then I would get spotting, and when I got off it then when the problem started, I wanted to try something else, so I could have my normal periods. When I got off it, I did not have my periods for the first 3, 4 months, and when I got them I got them every day for like full 2 months. So, I was bleeding every day for two months, it would stop for a day and come back again. So those are complications that I had" (Noxolo, female aged 19).

"She used to get an injection you see. But she complained that it was making her fat. She said it was making her fat and makes her lose her appetite, so she told me that she wanted to stop using them" (Syabonga, male aged 20).

A young father reported that the mother of his child got pregnant while on the implant. As said by one participant;

"She was on contraception, she got pregnant while on contraception. She was using them, but still got pregnant. Ok, we weren't using a condom because she was on contraception and we had both tested negative to HIV" (Junior, male aged 24).

4.4.9 Restricted access to contraception by nurses' behaviour

Access to contraception was limited to most young men and women before conception of their child. On one hand, young people know about the availability of free contraception at clinics, although evidently, they have negative attitudes towards them. On the other hand, the ones that wanted to access contraception found it difficult to do so. Young fathers hardly interacted with

the clinic system, but they spoke about the unfriendly staff. Nurses and other health professionals' attitudes towards young people were repellent to these young parents. When asked if contraception were easily accessible, young people reported in the negative.

"Contraception are not easily accessible, nurses will probably chase you away if you are young or bad mouth you. We're scared of going there, we scared of the shame" (Noxolo, female aged 19).

"The problem I normally hear girls complain about is that when they go to the clinics the sisters sometimes are shouting 'so at your age you are having sex too'. I think that causes girls to be scared of going to the clinic…" (Mtho, male aged 23).

Most young parents reported that the way clinics function was not friendly to young people, the labelling of doors, and calling people out loud on services they had come to access was also shown to make difficulties in accessing family planning services and made clinics unfriendly to the youth.

"They are straight shooters as you come in they will shout: "you are also pregnant, at your age what's your problem." Maybe you pregnant because you were raped, they haven't heard your story, you just step in maybe you are still asking for your way around, asking how to get a card, then you hear "You are pregnant" everyone at the clinic hears about you. Even when you are coming to get medication, maybe you were sent by your father or aunt, they shout, those who came for pills this side, ARV's that side; have you coughed? I told you I need your sputum, I want to check for TB as you coughing everywhere 'You see? You don't feel well when you wake up and think about taking your child to the clinic, you get drained 'haw it's your child, at such a young age, look now you skipped school to come here' . You'll skip clinic dates because you are scared of being shouted at the clinic" (Sma, female aged 20).

On the contrary, some young mothers and fathers reported easy access to contraception, with nurses encouraging young people to prevent and only shouting at girls when they come pregnant.

"Nurses they don't talk bad, they treat you well and tell you what contraception you should take, Nowadays, they encourage you to take contraception" (Lerato, female aged 20).

They start shouting when you have a child, asking why you didn't use contraception. Nurses wants us to prevent, the problem is parents" (Nontobeko, female aged 18).

"Nurses, they give you condom, inject girls, and pills, these things they put in your arms" (Syabonga, male aged 20).

4.4.10 Trusting a sexual partner means 'skoon'

Love, trust and loyalty were found to be synonymous to unprotected sex. Young mothers and fathers reported having unplanned childbearing because they wanted to prove that they trusted their partners and to do so, they did not require them to use a condom. Both young male and female parents argued that a condom was used few times when the relationship was new, and the use starts to be inconsistent or completely stopped after having developed trust for each other.

"We think now we are in a serious relationship, we trust each other so much that we don't really see a reason to use a condom. People have this perception that, which is really true, the perception that when people get in a serious relationship they feel, they must trust each other now, there is no reasons for us to use condoms" (Noxolo, female aged 19).

"Most of the time even if you use condom with your girlfriend, you can use it the first and second time but the third time, because you now know and trust each other, you don't use it. Once you start not using condom, you never use it again with that person" (Malusi, male aged 23).

"I trust her. I'm not sure what happened when we did it that day, but since I trust her sometimes we use condom sometimes we don't, I trust her. She was just being loyal to me, because of the distance we have while I'm here and she is there, she must prove to me that she is not having sex with anyone, so having sex with me without a condom is proof" (Andile, male aged 22).

'Skoon' was also done to impress and keep the partner from cheating. Some participants stated that they do 'skoon' to ensure that their partners do not leave them for people who will have

unprotected sex with them. Though this was mostly a women's view, a young father also stated that when one suddenly initiate use of a condom, they are accused of not trusting the other partner, thus to keep peace in their relationships they had to keep not using condoms.

4.4.11 Partner rape

Mothers reported rape as another cause of early childbearing. Those that reported this insisting that it was not a case that had happened to them, but what they had observed in their communities.

"Some of them its rape, the rape is high back at home, it's being raped by your partner and being raped by stranger" (Nomonde, female aged 18).

She added;

"They take it very lightly , partner thinks that when you are in a relationship they think if they want to have sex now, they have the power to have sex now because they are your partner, not hearing you even when you say 'NO', not understanding that once you say 'NO' that's rape" (Nomonde, female aged 18).

Rape and pressure by partner to have sex was only reported by young women, while men reported that they had never had experiences of such incidents. Although this type of rape was reported by only four women, it appeared to be a burning issue from the expression of women who reported it.

4.4.12 Boys' culture, traps and 'skoon'

Exclusively reported by men was the issue of culture that encourages men to have sex with certain women who appear attractive without a condom. 'Skoon' meaning sex without condom was favoured and done with beautiful women. One participant explained;

"For most of my peers it's because of tradition, at Eastern Cape we have a tradition whereby when you are a man you go to the mountain and go to the initiation school, you are expected to come back as a man, a man must have his women. Sometimes there are stereotypes and the thinking is that maybe having children makes you much more of a man" (Liyema, male aged 23).

Other young fathers reported that 'skoon' was done with beautiful girls to trap them into a long-term relationship. Participants shared their views as follows:

Maybe motivated by how beautiful the girl looks, it's just the way society says, you hear elders saying they would do 'skoon' with the most beautiful women when you grow up….Sometimes it's just done to make sure that your girlfriend's stays with you and you impregnate her so she stays with you….Some it's because when you want to have sex with a girl you have sex 'skoon' because she looks fresh. So there is nothing else I will think of, I want to go 'skoon' and then it happens that way, you ejaculate and the girl gets pregnant" (Sphe, male aged 19).

"The thing is that with males, if a girl is beautiful, they don't use a condom. I don't know if it is a man's mentality" (Lovemore, male aged 20).

Young women also acknowledged the behaviours of some men who had unprotected sex with them to mark their territory through impregnating them.

"Somehow most of us, when I have conversation with my peers, their baby daddies kind of trapped them, they impregnated them for a reason …. Most of us are very young, even me, the father of my child took my virginity so somehow when they do that they feel like 'I have to have this girl in my life forever' and to do that they leave a mark, a child with me" (Noxolo, female aged 19).

The findings of this study make it clear that early childbearing can be a result of an elaborate plan to trap young women into relationships. Nonetheless these attempts to make the relationship last longer is not successful as most women stated that they were no longer with their child's father. Young men also felt trapped when having impregnated a woman.

"Going forward I feel as if, the child's mother is here right. I feel as if I'm dragged with her, if I want to look at other people. Let's say I want to get married and take another person, my

child's mother would feel betrayed and feel that my loyalty was fake with her" (Syabonga, male aged 20).

"If we can break up me and the girl friend, I think there would be a problem, but so far so good. I believe it won't happen" (Andile, male aged 22).

4.5 Experiences of early childbearing among young men and women

Experiences of young people related to early childbearing vary. However, similar patterns are observed from the accounts of young parents interviewed. The following discussion gives an account of differing experiences reported by young parents.

4.5.1 Educational disturbances due to early childbearing

Pregnancy and childbearing were reported to be closely linked to voluntary and forced school drop outs, gap years and bad academic results. While all the interviewed parents eventually got back into the school system and university, young mothers stated that they would have completed their degrees if they had not given birth to a child.

"I didn't do well in grade 12, the worst impact that happened is that my marks dropped badly at school due to the stress of having to be caught at home that I was pregnant and the worst part the father of my child had run away. I would have started early at University, some universities had accepted my application, but I could not leave my mother with an infant, its better when the child is grown …it cost my time, I would have done my degree by now" (Mpume, female aged 24).

"I would have gotten into school early, I would be doing my third year now, if I had not fallen pregnant, So I would be far with life" (Sindi, female aged 21).

Young fathers reported that their girlfriends faced several challenges after pregnancy.

"The school said she was pregnant for a long time and they told her to stay at home and then when she gave birth, she was told that they had done a lot of work in her absence and they could not take her in for that reason. So, it was just like that, she will continue next year" (Sphe, male aged 19).

"That year she failed, she was doing grade 10… it was due to stress, I was also young I was not able to be a man and stand for it, when she got pregnant things got bad between us" (Mtho, male aged 23).

The above quotes show that although all the young parents experienced difficulties with education, often, women were forced to stop going to school as compared to young men. In contrast to difficulties experienced by young women related to education, one young women reported that early childbearing had no impact on her studies. She stated that she was not different from those people who did not have a child. She relies heavily on her partner for support.

"Nothing changed, I continued with my studies, and I'm similar to someone who doesn't have a child. I will do my master's degree, the child's father takes care of the child, and I don't bother with the child's needs" (Nontobeko, female aged 18).

4.5.2 Doubling as a parent and a child

Young parents experience problems with juggling being a parent and a child in the same household. They reported that they no longer enjoy the advantages of being a child in the family, stating that money and attention that was previously given to them is no longer accessible, because it is being directed to their children

"The minute you get pregnant you become an adult, whether you are a teenager or what. The way you think is now different, you can't think like you used to when you were free…Now you must think about making food available for the child, wash the child or else my mother will get angry. Even at town you meet the most decent guys of your age, who look at you and see their age mate and they approach you, you must tell that you are in a hurry you left a child home.

Sometimes you must come back from residence, they tell you no one is there to take the child to the clinic, you must cut everything academically and take a taxi home to take the child to clinic. So social life, every time I meet someone I'm like OK, I have a child, that's my first sentence" (Sma, female aged 20).

"When you get pregnant especially with black parents, it's like 'you will sort yourself out' you will see what happens, fine we will be there for you but you are a mother now, go your way if things happen we will be there but you need to have a thicker skull now. You need to take care of yourself and your child. You have shown us that you are old enough now to have a child, so you are no longer a child in our eyes, you are a mother…" (Noxolo, female aged 19)

Having a child changes one's responsibilities. Young parents reported having to change their social lives and give away money that they would have spent on themselves. Young parents comment that they do not receive the same attention they used to get from their parents. Furthermore, the money that was previously given to them was no longer accessible. The shifting roles of a teenager and those of a parent was manifest in some participants who used to enjoy themselves when they were without a child.

"If the university closes today, afternoon I must be at home, my mom would always say, this is her line 'I won't look after the child when you are not here and look after the child when you here'. So, when attending stops today and my roommates say let's go to uShaka.... I can't do that, I must immediately take a taxi home to relieve my mother, call and tell her 'don't bathe him, I'm on my way I will bathe him" (Sma, female aged 20).

"Right now, I have to allocate money to other things for myself and I have to reverse it and give it to children, so that they can buy food, nappies where there is a shortage. Even if I have planned for myself, if there is a shortage I need to put money there. Even when I have put money aside for groceries, I must adjust and give to the children." (Sphe, male aged 19).

"I used to drink, and the way I spent money has changed. Even parents won't give me the money they use to give me because I now have a child. I now must try and pull myself together, with other girlfriends I must try and have less, I have a child now you see" (Lovemore, male aged 20).

Young parents were clear about the roles they should be playing as parents. All the young parents reported that as parents, they were expected to be good role models, teachers, and supporters of their children. Young mothers reported having to care and nurture their child while fathers felt that they had to be there and be financial providers for the child. While these roles were clearly stated, young parents were not able to fulfil these to their satisfaction. One parent reported having no role towards the child. However, like all other young parents when she was home, she had to take care of the child's basic needs.

"I don't have mother roles. Never lived with the child, I did for few months, three months. Now while I'm here nothing, but when I'm at home, they want me to wake up when the child cries, bathe, feed and wash clothes for the child I don't like doing those, but I do them" **(**Nontobeko, female aged 18).

4.5.3 Financial difficulties

One parental role that stood out across all the young parents was that of financial support, and it was apparent that participants were struggling with this role as they were students. Most young mothers were no longer with their child's father and did not receive support from the father, hence they solely relied on their funding and child grant to support their child. Young mothers were at a disadvantage as some fathers completely denied being the biological parent to their children leaving mothers solely responsible for the child. On the other hand, young fathers always had support from their child's mother towards the child's well-being.

"My ex-boyfriend, well guess what? He doesn't support me I don't know because he is working, yes, as much as I know he is working so he yes that was just his choice that he won't support me and the baby. I'm unemployed, I am studying so whatever little money that I get I need to make sure that I get her something nice and also every now and then I need to buy her new clothes, because she is growing up. She needs new clothes, bigger ones, so that the kinds of challenges, I face, I need to make sure that I have little money to buy clothes for her, I still need money to buy my clothes, so it becomes a challenge financially. I am struggling" (Asanda, female aged 24).

"The father of the child is still studying, but then again even if he wasn't, we're not together anymore, and I don't think there is anything I want to do with him" (Sindi, female aged 21).

"*You see this R1000 from 2016, I used to pay the child sitter 'nanny' with R600, because the child's grandmother works, she is a teacher. So, I gave R600 for nanny and R400 for the child*" (Malusi, male aged 23).

Most young parents (both mothers and fathers) did not receive co-parenting financial support. Most young mothers and fathers were responsible for their child's financial needs. There is a small portion of young parents, both mothers and fathers that reported support from their partners.

"Last year it was me and the social grant. But now the mother is in school and she has NSFAS, so we combine the resources" (Andile, male aged 22).

"Financially, no I don't have to do anything. The only thing they told me was that I should go back to school and make sure that I do well, so I can look after my child when I grow up. The father of my child didn't have a job and things were bad, and now he is working, and his family is able to take care of our baby" (Lerato, female aged 20).

4.5.4 Physical health problems

Health problems such as thinning-out of the body were reported by both young men and women which they assume it was due to the high stress levels they endured. Some women reported that they were not able to produce sufficient breastmilk and attributed this to high levels of stress.

"You lose weight. I remember I went to the clinic and they do all the measurements and its red, that's how bad …Even now you can see black marks here (pointing at her eyes), and they are not going anywhere…When I gave birth, my elder sister's last born was still very young still on breastmilk, the way I was drained after giving birth I could not produce milk and we had to go do an HIV test with my sister and she started breastfeeding my child. With me, nurses would say

that I had milk, but it won't come out, you know when you are so stressed everything shuts down in your body" (Sma, female aged 20).

Others reported health issues such as hypertension and extreme stress. Having a child at a young age is extremely stressful and this has implications for the health of young mothers in particular as they are most often the primary care giver.

"Now I have hypertension and a heart disease which is associated with overthinking, so I think first about not being with him every time and especially when I call him and he tells me that he is being bullied, and I know I can't do anything about that because I'm here, that breaks my heart a bit more" (MaNgcongo, female aged 21).

4.5.5 Perceptions about the Future

Young parents were worried by the need to attain a degree and get a job immediately without the choice of furthering their studies. Both young mothers and fathers reported not having a choice to further their studies. They realised that they needed an education in order to secure employment which was also important for their child's future.

*"If I wanted to study 7 years, my mom wouldn't agree because she wants me to get a job quickly, so I can go back and support the child" (*Nomonde, female aged 18*).*

"Even if I would like to do my masters, I have to finish the degree and start working" (Sma, female aged 20).

"When I told the mother that I would like to do masters when I finish, she complained. She said I should finish and look for a job" (Junior, male aged 24).

On the contrary, some participants claimed that they will continue and do their postgraduate studies after completing the first degree.

"I will do my masters, the child's father takes care of the child, and I don't bother with the child needs" (Nontobeko, female aged 18).

4.5.5.1 Thoughts on future relationships

Young men and women stated that dating is difficult when one has a child, especially given that some young people are reportedly discriminatory towards dating partners with children. This is an issue that concerned most parents as 80% of young mothers were no longer with their child's father vis-à-vis 20% of fathers who were no longer with the child's mother.

"I feel like I can't get into a relationship, that's what my mom told me when I had my son. Now it's something that defines you, you meet someone and say hey, my names is Eric and I have a two-year-old son. That's part of your package. You meet a new guy at Howard campus, they like you and now you must explain to them that I had a child when I was 17. Somehow it kind of like burst your bubble, what is known out here is that a guy who does not have children does not want to be involved with a baby mama, even if he does have a child" (Noxolo, female aged 19).

"I don't know, but for now he comes first and whomever I meet a girl I tell them I have a child, if they not interested, I just leave them. Maybe when he grows up and get older then, but for now it's just him. As I said like the people, especially women, some of them would say that 'I can't be with someone who has a child' I've never came across that, but maybe, you never know" (Bayanda, men aged 24).

4.5.6 Resilience in young parents

Young fathers and mothers reported having motivation to further their education beyond high school and finish their current degree programmes, so they could take care of their children in the future.

4.5.6.1 Child as a motivator

Young parents looked at their children as motivators for good behaviour and academic excellence. All the parents reported their child being a source of support and encouragement to go further with life and education.

"She is such a gift, a precious one, she keeps me going, she keeps me wanting to strive for success, I can say that she is the reason I wake up every day, looking for a better future for myself and obviously hers. I can say that she is my number one priority now" (Sindi, female aged 21).

"The other thing is that I have a person that, I know that as I am here at University trying to better his life, I'm not doing it only for myself. I am a loving mother and I can see myself with my own family one day" (Mpume, female aged 24).

"Now when I plan or dream I don't only dream for only me, but for the person following me too. So, one in my studies but he is the motivation" (Aseza, male aged 24).

"Education, the child became more of the motivation, I have a huge load on my back, but at the same time it is a huge motivation for myself" (Liyema, male aged 23).

Young parents reported positive courage from their children. The child is a mistake that becomes a source of motivation to be a better person and strive for the best, young parents stated. With Noxolo, relating that a child changes who one is and make them want to work harder.

"A child changes your life. I feel like I wouldn't be hustling if I didn't know that I was doing this for someone. When you have someone looking up to you, you work harder and want to get things for him and yourself. When you have someone else leaning and depending on you to become a better person" (Noxolo, female aged 19).

4.5.6.2 Family support

Support from families was reported to be more important than any other support. Young mothers reported that 80% of their children lived with their families and were taken care of by their maternal grandmothers or, maternal great grandmothers. Only two children were reported by young mothers to be living in their father's family. Young fathers on the contrary reported that 40% of the children were living with their families, 30% living with the child's mother and another 30% were living with the child's mother's families.

"First of all, thanks to my family that they are very supporting in everything in that way as much I can be in the residence or at varsity but I don't really worry about her wellbeing, because they supporting me so in that way I am covered otherwise if they were not here, I don't think I would be here at varsity studying, staying at residence" (Asanda, female aged 24).

4.5.6.3 NSFAS support

Financial aid at university allowed young parents to support their children and support themselves, thus it encouraged them to continue studying. This was reported to be an important source of income for most young parents.

*"Financially I understand that I have a child, so when my allowance comes in, I can't just spend my money knowing that I haven't given my child at least R500 (*Noxolo, female aged 19).

"... Now the mother, she is in school now and she has NSFAS, so we combine" (Andile, male aged 22)

"You see this R1000 from 2016, I used to pay the child sitter ('nanny') R600, because the child's grandmother works, she is a teacher. So, I gave R600 for nanny and R400 for the child" (Malusi, male aged 23).

"I get R1000 monthly from NSFAS, half of my income goes to my child because my parents are unemployed, so I'm the one employed through NSFAS" (Nomonde, female aged 18).

4.7 Summary

This chapter has presented the data solicited from young mothers and fathers through in-depth semi-structured interviews on the issue of early childbearing. It is clear that various factors are the reasons for early childbearing among young parents at the University of KwaZulu-Natal. Interestingly, similar patterns are observed from young mothers and fathers on causes of early childbearing. Reasons for early childbearing through this data are shown to be interconnected. Young parents expressed their reasons for early childbearing, and further narrated their experiences in terms of the difficulties they encountered in education, finance and in being a young parent. Young parents reported having no intentions to study towards postgraduate degrees as they were expected to start working and support their children. This chapter has attempted to show deep understanding of early childbearing amongst young mothers and fathers at the University of KwaZulu-Natal. It has also highlighted the challenges encountered by young parents and the opportunities to change behaviour.

CHAPTER 5: DISCUSSION AND CONCLUSION

5.1 Introduction

Early childbearing is a sexual and reproductive health matter of great concern and is likely to have major implications for both men and women. However, most studies tend to focus mostly on young mothers, thus neglecting young fathers. The aim of this study is to address this gap by focusing on both young mothers and fathers. This study used qualitative methods to research, hence semi-structured in-depth interviews were conducted to solicit rich descriptions of the perspectives and experiences of ten (10) young mothers and ten (10) fathers on early childbearing. The chapter starts by outlining the main characteristics of the young mothers and fathers, the main findings from the interviews and finally presents the recommendations from the study findings.

5.2 Discussion

The findings of this study suggest that there was little difference between young men and women in terms of their understanding of the extent of early childbearing. Both young men and women articulated that early childbearing was fairly common in their communities, with some stating that pregnancy was a norm among young people. Studies in Africa and South Africa have consistently reported early childbearing to be an extreme problem affecting the youth in poor African communities (Carr & Way, 1994; Ramulumo & Pitsoe, 2013). The high levels of teenage births are labelled a pandemic and predicted to continue in Africa (UN, 2018; WHO, 2018).

Many studies suggest that early sexual debut is one of the reasons that leads to early childbearing in South Africa (Maharaj & Munthree, 2006; Akintola et al., 2011). The findings of this study also pointed that early sexual debut indeed was the cause of early childberaing for most young

men and women. The findings showed that all the participants had sex before age 15, with participants stating that age 12 was the average age at which sexual activities start to occur. A series of studies have also reported ages 12 and 13 to be the ages where sexual activities start (Harrison et al., 2005; Richter et al., 2015; Mjwara & Maharaj, 2018). Early sexual debut was reported by participants to be closely linked to other factors such as early body maturation especially for young girls. Premature menarche was reported by both young men and women to put young women in danger of pregnancy and sexually transmitted diseases (STDs) as they are likely to be sexually engaged with older men. Many scholars have expressed concerns that early menarche in young women makes them vulnerable to pregnancy and STDs as they begin to have sex without proper knowledge (Kramer & Lancaster, 2010; Ashraf et al., 2014; Jonas et al., 2016).

The study findings showed that men experienced sexual debut earlier than women. While both young men and women experienced their sexual debut with older partners, women were likely to fall pregnant as they engaged in long term relations with men on average 8 years older than them. Literature indicates that young women in relationships with men five years older than them are likely to be powerless in condom negotiations, hence they are prone to unplanned pregnancy and sexually transmitted infection (STIs) (Maughan-Brown et al., 2016). On the contrary, young men's early sexual debut was mostly one time encounters with older and more sexually experienced women who were unlikely to fall pregnant. Another factor other than age that exercebated young girls' powerlesnness in sexual decision was financial dependency. Young women financially supported by older men felt exploited, yet reported the need to satisfy the men for financial gain. Indeed this has been reported by other studies stating that poverty and financial dependency puts women at risk of childbearing, HIV and AIDS (Maharaj & Munthree, 2006; McGroth,et al., 2008; Panday et al., 2009; Bhana, 2015; Maughan-Brown et al., 2016). The above findings show how socio-economic factors i.e. poverty at the macro-system of the ecosystems exposes young people to financial dependency based relationships at young ages. This occurs to young girls at the micro systems without proper knowledge on sex, sexuality and childberaing preventions which increases the risk of childberaing (Paquett & Ryan, 1990).

Studies suggest that peer pressure results in teenagers engaging in sexual relationships to 'fit in' with their peers, with Mjwara and Maharaj (2018) stating in their study on young mothers that participants reported having had sex because their peers were sexually active. This study found similar experiences from both young men and women being sexually active because friends were also engaging in sexual activities, which is another factor that resulted in early sexual debut and childbearing. The difference in this regard between men and women was that young women had friends that were matchmakers, encouraging and enabling them to meet boyfriends and start having sex. For young men, peer pressure was in the form of bragging and shaming, where those who had sex were praised and those who had not were shamed. In a study focusing on young women, Akintola et al., (2011) found that matchmaking and creating a comfortable environment through alcohol was the responsibility of friends encouraging their virgin friends to lose their virginity in university residences. On the other hand, Bhana (2015) reports that young men experience pressure to provide evidence that they were sexually active to be seen by their friends as normal. One aspect of peer pressure that stood out was that of being pressured into having a child, where some communities have normalised early childbearing in such a manner that those who did not have children during their 20's were seen as non-confoming and abnormal. Those individual would then feel pressured to procreate as a way of providing proof of their sexual normality and that they were not gay.

The findings of the study show that lack of knowledge on sex related issues cut across many of the causes of early childbearing. Lack of knowledge worsened childbearing as it resulted in lack of condom negotiation skills, denial of possible outcomes of unprotected sex and propagated support of myths. When proper knowledge was not shared, young people became victims of misinformation causing them to believe in myths that further created fear of contraception, making them prone to early childbearing. Two institutions were reported by young parents to be responsible for providing them with adequate sex education, the home where their parents are supposed to teach about protection and schools where Life Orientation (LO) teachers are supposed to prepare them with life skills.

Young parents felt that lack of sex education influenced their childbearing. They also believed that parents' involvement in sex education could have prevented their childbearing. Participants indicated that child-parent communication was important to decrease early childbearing.

Makofane and Oyedemi (2015), Mturi (2016) state that child-parent communication on sex topics seldom take place, lamenting that poor child-parent communication causes uninformed teenagers to engage in sexual activites making them prone to unprotected sex, pregnancy and STIs. A study on parenting suggested that when child-parent communciation takes place, both parents should be involved and allow the child to actively participate, further stating that this makes teenagers delay sexual activities (Hoskins, 2014). Many young parents reported that their parents never talked about sex. Only four out of twenty had their mothers talk about sex related issues, however they reported that the talk was one-sided, with their mothers shouting and warning them not to engage in either sexual relationships or sexual activities. According to Hoskins (2014), the one-sided commanding communication from parents calls for rebellious behaviours. Indeed, young parents reported rebellious behaviours.

Young parents commented that they experienced most of their development at schools. They felt entitled to sex education at schools, especially from LO teachers. Contrary to their expectations, most teachers were not keen to teach about sex and sexuality . Kings (2012) states that teachers that are supposed to prepare the youth for sexual realities are often old and unwilling to talk about sex with the young learners. In addition, Willan (2013) and Mturi (2016) argue that despite policies that prioritise sex education and the introduction of such topics in Life Orienation, sex eduation is not well intergrated and facilititated at schools. Young parents commented that teachers that attempted to facilitate topics on sex and sexuality were too professional and unapproachable with these topics being taught quicker to finish the syllabus. A report compiled in 2002 shows that sex topics were hardly addressed in South African Schools, leaving teenagers prone to misinformation (Mturi, 2016).

The condom was the most known contraceptive. Injectables, inter-uterine devices (IUDs such as the loop), oral pills, and implants were also known by both young men and women. Knowledge of these contraceptions did not translate to their use. During the time of the interviews, most young men reported inconsistant condom use while some reported never using it at all. Young mothers reported not being on any form of contraception, mostly citing not being in a relationship as the reaoson for non-use. While others reported never using condoms, both young men and women were well informed about the advantages of condom use and also reported it to be the most easily accessible method of contraception, but chose not to use them

because they resulted in less pleasurable sex. A study of young men at the University of Venda found that young men choose not to use condoms despite easy access (Raselekoane et al., 2016). This study found that both young men and women had negative attitudes towards condom use. During the interviews, a young father that reported never using condoms despite easy access also reported a second unplanned pregnancy.

Condom use amongst the partcipants was low for two reasosn; it made sex boring and unprotetced sex was one way of demonstrating trust to one's partner. According to Varga (1997), young people perceived unprotected sex as synonymous to trust. Unlike Wood and Jewkes (2006), Maharaj and Munthree (2006), and Panday et al., (2009) who found non-use of contraception to be caused by lack of acess, this study uncovered that even when condoms are accessible, young people chose not to use them because they wanted to prove love and loyalty and demonstrate that their relationship was serious. Threats of leaving relationships were common when one partner did not show trust i.e. not wanting to have unprotected sex. The study found that older men were most likely to be the ones persuading young women for a serious relationship that has trust manifest through unprotected sex. Several studies have shown that age-disparate relationships are likely to result in men persuading women for unprotected sex (Maharaj & Munthree, 2006; McGroth et al., 2008; Mkhwanazi, 2013; Bhana, 2015). The persuasion for unprotected sex led to coerced sex. Young mothers reported partner rape as something taken for granted yet causing early childbearing. WHO (2002) stated that sexual abuse by partners to young people of ages of 15 to 18 was as high as 28.4% for women and 6.4% for men in South Africa.

Young parents were not free of myths and misinformation about contraception. Previous studies have found that this contributes to contraception non-use as it results in negative attitudes towards contraceptive use (Wood & Jewkes, 2006; Mda et al., 2013; Raselekoane et al., 2016; Mjwara & Maharaj, 2018). Young parents, mostly women reported that they were scared of contraception because they thought it would cause body fat, thinning, sluggish muscles and also feared sterilisation from contraceptives.All these resulted in negative attitudes that prevented contraceptive use as reported by other studies such as Panday et al. (2009), Wood and Jewkes (2006). The myth based fear implied lack of knowledge on contraception and resulted in contraception non-use as found in a study by Mda et al. (2013). This shows that while access is

still problematic as discussed below, negative attitudes towards contraception resulted in non-use even when contraceptives were accesssible. Mda et al., (2013), and Peltzer and Pengpid (2015). The findings show that negative attitudes did not only stem from myths because some young women's negative experiences with contraception had caused them to stop using any contraceptive methods. Young fathers also knew about menstrual abnomalities that young women experienced that resulted in them discontinuing contraceptive use. In addition, one young father reported a child conceived while his girlfriend had an implant, which caused them to stop using contraceptives. This suggests faults on the health services, where compatibility with contraception is not assessed and changing methods is difficult for young women. These findings are in line with the ecological model by Paquett and Ryan (1990) which refers to the macro and meso systems interactions. In South Africa, the national educational policies emphasize sexuality education at the macro level. However, the challenge is that not all children are given sufficient exposure to life skills programmes in school at the meso level due to policies not being enforced in schcools.

Studies suggest that restricted access to contraception contribute to early childbearing (Wood & Jewkes, 2006; Maharaj & Munthree, 2006; Panday et al., 2009). Restrictions to health facilities and contraception varied, but one main factor that repelled young people from accessing services was the attitude of nurses. The disregard for confidentiality and moral judgement by nurses created a barrier to sexual health service access. Young fathers hardly visited clinics, but were familiar with the negative behaviours of nurses. Wood and Jewkes (2006) reported that nurses disregarded the right to privacy when dealing with teenagers. The operation of clinics with labelled doors and loud nurses prevented young people from accessing contraception even when they wanted to. This shows malpractice by nurses at the meso level which causes barriers to access of contraception at the micro level. Such barriers persist despite policies such as the National Strategic Plan operating at the macro level that champion sexual health services to young people to prevent early childbearing. This shows a discrepancy on the macro-mezzo level interaction of the ecosystems perspective that result in a disservice to young people at the micro level (Paquett & Ryan, 1990).

The findings of this study points out that one factor that is exclusively male related that caused early childbearing was their culture that encouraged unprotected sex. The term 'skoon' was used

to refer to unprotected sex, while 'hitting' referred to the act of sexual intercourse. These terms were central in the social interaction of men when talking about sex. A South African study on young men revealed that they felt obliged to have sex to prove their manhood to their peers (Bhana, 2015). Thus, talking about 'hitting it' resulted in a status and 'hitting it skoon' was more valued. Beautiful girls were seen as good for 'hitting it skoon', this was often done to ensure that they stay with the man in a relationship. Virgin beautiful girls were prone to 'hitting it skoon' as young men intentionally took their virginity while some men purposefully impregnated them to leave a mark in hopes that these young women would stay with them in long term relationships. Beauty and virginity were seen as 'fresh' meaning without any sexually transmitted infections. Young men also felt trapped in relationships especially after having impregnated young women. Evidently, these traps were not working as 80% of young women were no longer with the father of their children who 'left the mark'. It was clear that women were able to move into new relationships even when they had had children, though this was reported a hard task. This illustrates a dominant male culture that view men as controlling and hungry for sex on the macro level of the ecosystems, thus young men replay these discourses at the micro level of the ecosystem (Paquett & Ryan, 1990).

The experiences of young men and young women were also similar. All the young parents experienced stress from the time when they were made aware that they had conceived a child. Academic performance dropped due to stress. However, none of the participants in this study dropped out of the education system indefinitely. All of young parents who dropped out re-entered the education system. This finding is in contrast with studies who argued that young mothers were more likely to drop out of school after birth and take care of children (Chohan & Langa, 2011; Willan, 2013; Chigona & Chetty, 2007). Young mothers gave birth and returned to school. For example, the mother of a 2-weeks-old baby returned to campus and left the baby at home.

All the young parents were working towards their undergraduate degrees. Interestingly, 80% of the young mothers reported their child's fathers to be working, while young fathers reported 30% of young women they had children with to be staying at home looking after their child. This points out that indeed the education of women is compromised by early childbearing more than that of fathers as Chigona and Chetty (2007) pointed that young mothers are likely to drop

out of school and look after the child. However, it is crucial to note that this did not apply to the study participants because all the young mothers that were interviewed were studying.

Young parents were expected to immediately transition from being a teenage to being an adult. Young parents struggled with being a child and an adult at once. Their parental roles that required them to have money, and them being young meant that they could not fulfil some responsibilities they strongly felt about fulfilling, especially for their children. A study of young fathers in South Africa reported that they felt guilty and shame as they could not find jobs to support their children (Mazembo et al., 2013). Both young mothers and fathers felt that they were failing their children and regretted their early childbearing. Young parents did not receive the same attention they once got from their families and were expected to act like adults (Van Zyl et al., 2015). The young parents commented that they could no longer act like other youngsters as they were models for their children. A study by Sheldrake (2010) revealed that early childbearing isolates young fathers, and indeed feelings of isolation were noted from both mothers and fathers in this current study.

This study uncovered experiences of women and men who thrived despite problems brought about by early childbearing. The resilience of these young parents was mostly rooted in NSFAS, family support and the motivation to succeed. NSFAS was the centre of financial support in young parents' lives, since this bursary scheme provided financial means for young parents' livelihoods at university, allowing them to spare some money to support their children. The majority of young parents supported their children with more than 50% of their NSFAS income, with only two young mothers who did not provide for the child from NSFAS funds as their children were taken care of by their spouses (the child's father).

Bursaries were highly appreciated in the face of unemployment since most young fathers tried looking for part time jobs but did not find any. Therefore, young parents managed to survive and support their children from their bursary funds, although this meant that young parents were left with inadequate money to support themselves at university. A study found that positive experiences were reported by young parents who had supportive families who were taking care of the child (Kaufman et al., 2001). Indeed, in this study most of the young parents' children stayed with their families. Participants' mothers were the primary caregivers to the children, which enabled young parents to continue with their education irrespective of their child's age.

Educating oneself for the purpose of taking care of the child was the centre of motivation for young parents. The child was a motivation for all the young parents to continue with their education to secure a better future for themselves and most importantly for their children.

The ecological systems perpsective fails to provide understanding for personal motivations that are uncovered by this study. For example, personal motivation for condom non-use and resilience to continue with their studies are not well explained as the ecosystems perpsective does not provide understanding of intrinsic individual human behaviour outside of systems (Paquett and Ryan,1990).

5.3 Recommendations

Future research is needed to probe ways of support that facilitate resilience in young parents. While there is also a need for studies that inform ideas on decreasing early childbearing, it is of great importance that the youth that has already experienced early childbearing or in the process of doing so are catered for and are not excluded from the education system. This would help decrease the rate of illiteracy and poverty that can be precipitated by early childbearing through depriving young parents the opportunity to pursue educational endeavours, thus eliminating factors that increase early childbearing such as poverty. Resilience in young parents needs to be studied and programmes that assist young parents cope with problems of early childbearing need to be championed in South Africa, so young parents can have a place where they can discuss issues that hinder their educational development and other challenges that they experience as a result of early parenting.

Many studies suggest that young people that are exposed to sexuality education are more likely to delay sexual debut (Saito, 1998; Weeks, 2012; Mturi, 2016). Thus, there is a need for programmes that are driven by the youth informing young people about sex, prevention, protection and early childbearing. These peer to peer programmes could be facilitated in communities and on social media to ensure that teenagers have sexual health information readily available when they need it and also that they have people they can relate to where they can ask

questions on private social media accounts or consult in person and get non-judgmental or threatening answers. These services could provide opportunities for young people in poor communities, thus lessening the dependency of young girls on older men and also decreasing risky behaviours in young men to minimise opportunities to impregnate girls and also helping with coping with parenthood at an early age. Participants in this study recommended that such peer to peer encounters should include people who have experiences of early childbearing, so they can share their experiences with other young people.

Lack of child-parent communication is caused by lack of proper parenting skills (Hoskins, 2014). Thus, it is of paramount importance that young parents are given education for self-development and also for the development of their parenting skills so the problem of avoided child-parent communication does not recycle itself in future. The presence of both parents (where possible) in a child's development is important (Coon & Mitter, 2010; Hoskins, 2014). For this reason, it is crucial that clinics and civil societies equip young mothers and fathers with skills to raise their children, with research informing these practices. It is also important that young parents are supported to finish their secondary education and thus given a chance to decide if they would like to further their studies at the tertiary level, since early childbearing should not put a stop to young people's development.

The findings of this research makes it clear that young people experience early childbearing even with information and contraceptive access. The ecosystems perspective used as a theoretical framework of this study does not assist in understanding individual internal decision making and motivations. It is therefore important for further studies to explore internal factors that prevent early childbearing.

5.4 Conclusion

This study has provided background and qualitative methods that were employed in carrying out the study. Literature was reviewed, data collected through semi structured interviews and thematically analysed. The findings of this study are discussed, showing that young men and

women's causes of early childbearing and their experiences are similar. The discussion presented here was integrated with literature and the theoretical underpinnings of the ecosystem's perspective used in the study. The theoretical framework employed does not address internal factors that are associated with early childbearing. Thus, the need for studies that will address internal factors to help better understand early childbearing. Future research suggestions are given with a focus ensuring that young people who have experienced early childbearing are catered for. Peer driven awareness through community involvement and social media platforms are recommended as a priority in getting information to teenagers and also creating opportunities for young people.

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UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

1 August 2018

Mr Seluleko Eric Ngcobo (214508206)
School of Built Environment & Development Studies
Howard College Campus

Dear Mr Ngcobo,

Protocol reference number : HSS/0600/018M
Project title: Reasons for early childbearing : Perspective and experiences of young men and women in Durban

Full Approval – Full Committee Reviewed Protocol

In response to your application received 5 June 2018, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL.**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Professor Shenuka Singh (Chair)
Humanitities & Social Sciences Research Ethics Committee

/pm

cc Supervisor: Professor Pranitha Maharaj
cc Academic Leader Research: Professor Oliver Mtapuri
cc School Administrator: Ms Angeline Msomi

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Chair)
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: simbap@ukzn.ac.za / snymanm@ukzn.ac.za / mohunp@ukzn.ac.za
Website: www.ukzn.ac.za

UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

APPLICATION FOR ETHICS APPROVAL

For research with human participants

INFORMED CONSENT RESOURCE TEMPLATE

Information Sheet and Consent to Participate in Research

Date: Day…… of……..2018

Dear potential participant.

My name is Ngcobo Seluleko Eric, a master's student from the school of built environment, population studies, at the University of KwaZulu-Natal.

You are being invited to consider participating in a study that titled "Reasons for Early Childbearing: Perspective and Experiences of Young Men and Women in Durban". The aim shed light into the reasons for early childbearing among young University students. The study is expected to enroll 20 participants, 10 young mothers and 10 young fathers at UKZN Howard College. It will involve the following procedures in-depth interviews with individuals. The duration of your participation if you choose to enroll and remain in the study is expected to be two hours. The study is funded by the researcher.

The study may involve invoking emotions and emotional discomforts. The study will not provide any personal gains to participants. We hope that the study will create a comprehensive analysis that will shed light to the reasons behind early child bearing and provide recommendations that will shape policies and practices of Governments in South Africa, the outcomes of the study will provide focus for intervention on early childhood bearing.

Should you feel upset by anything that has been said in the interview, the researcher will be there for you to talk; the researcher will also refer you to Ayanda Zondo at the Student Counselling Services who will be available to support you free of charge.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number: HSS/0600/018M).

In the event of any problems or concerns/questions you may contact the researcher by emailing 214508206@stu.ukzn.ac.za or call 0746625014 or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION
Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557- Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

In this study you are chosen using snowball sampling, meaning the researcher was referred to you or you were referred to the study by an informant because you were seen as fit to the needs of this study.

Your participation in this research is completely voluntary and the researcher will not be doing any payment for your participation.

You are allowed to withdraw from the study any time. Any discomfort that may lead to holding back of information, or withdrawing from the interview will not be penalized.

The researcher would appreciate being noticed of withdrawal, for efficient organization of the interviews.

The researcher will only terminate participants from the study if they disappear without noticing for more than a week, this would be done to allow continuing of interviews.

Participants are not entitled to any financial benefit. Bus fare Reimbursements will occur only if interview is agreed upon and scheduled for a day that the participants did not intend on coming to Howard college campus.

Please note that all the information that you share during the interview will be kept confidential by the researcher and my research supervisor.

Your names and identity will remain confidential, pseudonyms will be used in research report. The interview transcripts will be stored in secure storage and destroyed after five years.

CONSENT FORM.

I…… have been informed about the study titled "Reasons for Early Childbearing: Perspective and Experiences of Young Men and Women in Durban" by Mr Ngcobo Seluleko Eric

This study will utilize snowball sampling, meaning I understand that my participation is evaluated and fit for this study.

I understand the purpose and procedures of the study.

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

The study will use photos to kill stereotypes that view early childbearing negatively through showing positive (back captured) Un-identifiable pictures of well academic performing young men and women.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at 214508206@stu.ukzn.ac.za or call 0746625014.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION
Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557 - Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

I hereby provide consent to:
Audio-record my interview YES / NO

_____ _____

Signature of Participant Date

_____ _____

Signature of Witness (Where applicable) Date

_____ _____

Signature of Translator Date (Where applicable)

Interview Guide: semi structured Questions

1. Demographic Data

Age: _____Sex:_____

Race: _____Marital status: _____

Year of study: _____Place of residence: _____
Employment status: _____

Number of Children: _____ Do you live with your children? _____

Age of the first child: _____

School grade you attended when child was born: _____

Do you have financial support/ income? Y / N.

Name the source of income: _____ R_____Monthly

Main Research Questions.

What are the reasons associated with early childbearing among young men and women?
What are the experiences and life changes that occurred/occurring due to early child bearing?
What hinders current efforts to reduce early childbearing?
What could be done to reduce early childbearing?

Interview Questions.

Reasons for early childbearing.

1. How prevalent do you think is early child bearing in your community?

2. What do you think are the reasons that influenced you to have a child? Are these different for others in your community?

Experiences.

3. What impact if any has being a father / mother has in your life? In what way was your life positively or negatively changed since you had a child?

Probing for:

- *In what way did early child bearing positively or negatively affect you when you had your child? (in terms of finance, social life, support systems, life goals and education,)*

- *In what way does early child bearing positively or negatively affect you now? (in terms of finances, social life, support systems, life plans and education)*
- *In what way will early child bearing affect you in future? (in terms of finances, social life, support systems, life plans and education)*

4. As a mother / father, what do you think is your role to your child?

5. How have you managed with the role of raising a child?

Probe for:

- *Child financial support.*
- *Expectations on child support (expected motherly/ fatherly behavior), do you meet those expectation?*
- *If yes: at what cost are expectations met?*
- *If not: implications for not meeting expectations.*

6. Do you live with the child?
7. Who assist in taking care of the child?
- *In what way do they assist?*
8. If you could go back in time and do it all over again would you do it the same?

- If NO, what would you change?

Suggestions and recommendations.

9. Are prevention methods accessible in your community?

Can you tell me about prevention methods that you can easily access in your community?

Do you think anything should be done to reduce early childbearing?

If YES: What do you suggest should be done to reduce early child bearing?

Probe for:

- *What do you think should be done by:*
    - *Young adult*, *Parents*
    - *Schools*, *Health institutions (clinics)*
    - *Government*

Do you think young men and women use contraception like (condoms), in most sexual encounters if **not** what could be the reason causing them not to use contraception?

If yes what could be done to encourage more condom (contraception) use amongst young people?