

# Pregnant teens: girls in South Africa need focused, supportive healthcare and more information about safe sex

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An estimated 12 million teenage pregnancies are reported globally every year.

Girls and young women in this age group face multiple risk factors that contribute to early pregnancies. These include a lack of access to comprehensive sexual education, socioeconomic inequality, cultural norms, and limited availability of contraceptives. They're also less likely than older women to get prenatal care, and more likely to experience stigma and discrimination in healthcare facilities if they do seek care.

All of these factors can complicate both pregnancy and childbirth. Maternal health complications are among the leading causes of death for adolescent girls worldwide.

The good news is that teenage pregnancies have declined in some parts of the world. However, they remain high in South Africa, especially in the country's rural and low-income areas.

We are demographers specialising in public health dynamics in South Africa. We focus especially on maternal mortality, reproductive health, and the socioeconomic determinants affecting population health.

In a recent study we sought to understand the factors that contribute to teenage pregnancies in South Africa. To do so we interviewed 20 young women. They were either pregnant for the first time or had previously given birth as teenagers. We also analysed previous studies on the subject of teenage pregnancy.

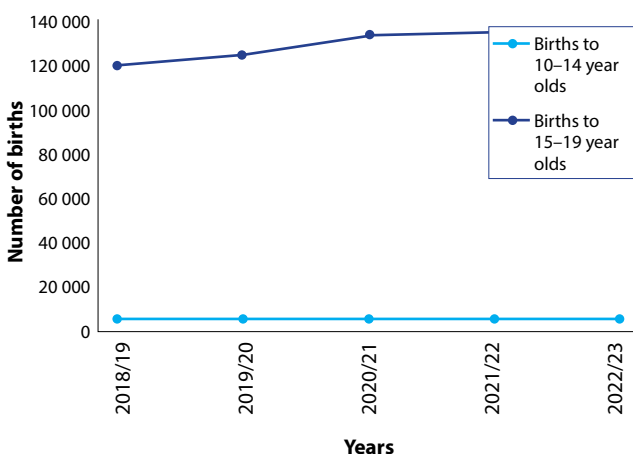


Figure 1: Teenage pregnancies in South Africa (2018-2023)

Our findings make it clear that limited access to quality healthcare, socioeconomic challenges and a lack of awareness about pregnancy-related risks are all making teenage girls more vulnerable than older women to dying while pregnant, while giving birth or because of complications after they have given birth.

There's a clear need for policies that improve healthcare access, reproductive health education, and support systems for young women. We hope the insights from our study will provide a foundation for reducing maternal mortality rates. This, in turn, can contribute to meeting broader health goals and addressing disparities in healthcare for young mothers in South Africa.

## What the research found

We interviewed 20 young women aged between 15 and 24 who attended a health facility in Johannesburg. They came from various backgrounds, including urban, suburban and rural areas. Most of them were single and unemployed, and had not studied further after completing their secondary education.

The interviews focused on understanding the factors contributing to maternal mortality, the availability and accessibility of health services, and the participants' knowledge about pregnancy.

We also explored how social influences, such as family and community views, influenced their decisions about using contraceptives and considering abortion as an option. (Abortion is legal in South Africa.)

Many shared stories about stigma and isolation. They also talked about the difficult choices they had to make because of social pressures and a lack of support. This included support from their partners. One said:

*As soon as I told him who the baby's father was (which is him), he told me I should talk to the baby's father because he is not...*

The young women often relied on their peers rather than their families for guidance, largely due to fear of disappointing or being reprimanded and punished by their parents. This fear is commonly expressed in research about teenage pregnancy. Unfortunately, their peers often have limited knowledge about sexual reproduction and health.

One participant explained that she'd been taking contraceptive pills when she became pregnant. This highlights gaps in effective contraceptive use or awareness that contraceptives cannot guarantee unintended pregnancies.

There is a strong correlation between educational attainment and reduced teenage pregnancy rates. Educational policies that keep girls in school have been shown to reduce their likelihood of becoming pregnant at a young age. Additionally, adolescents with higher levels of education are more likely to be aware of maternal health services and danger signs during pregnancy than their peers. This lowers their risk of complications.

For many of our participants, unplanned pregnancies placed them in the difficult position of choosing between continuing their education, or facing possible social exclusion.

### Changing the situation

Our findings shed light on the vulnerabilities of teenage mothers in South Africa. This group needs accessible healthcare that meets their unique needs as adolescents – for instance, age-appropriate, non-judgmental counselling and guidance on prenatal and postnatal care.

They often require additional support in understanding contraceptive options to prevent repeat pregnancies, mental health support to address the psychological stress of early motherhood, and tailored educational resources on newborn care. This demographic is also more susceptible to complications like anaemia and preterm labour, which require targeted monitoring and intervention. Healthcare workers should be trained specifically to deal with these issues.

This research underscores the importance of educational policies that target teenage pregnancy prevention. By keeping young girls in school and providing them with comprehensive sexual education, the risk factors for early pregnancies can be significantly reduced.

But education needn't be limited to classrooms. Policies should also focus on increasing awareness of maternal health danger signs among adolescents. Public health campaigns that target teenagers, particularly in high-risk areas, could help young mothers understand the risks associated with pregnancy and encourage them to seek help early.

Improving maternal health outcomes for adolescent mothers will not only save lives: it will also improve women's overall life expectancy. This has been the case in at least two countries: Rwanda and Sri Lanka.

In 2000, Rwanda's maternal mortality rate was 1 007 deaths per 100 000 live births. In 2020 it stood at 259 deaths per 100 000 live births. This is still high: the World Health Organization and other global health bodies regard a maternal mortality rate of 70 deaths or fewer per 100 000 live births as the target for countries to achieve Sustainable Development Goal 3, which aims to ensure healthy lives and promote well-being for all at all ages. However, it is a vast improvement from the 2 000 figure. Rwanda has achieved this by, among other things, focusing on accessible maternal healthcare services, training community health workers, and providing financial support for maternal services.

Crucially, special programmes are in place to meet young mothers' unique needs, such as confidential reproductive health counselling, reducing stigma, and encouraging teenage mothers to use healthcare facilities.