

Unrelenting Teenage Pregnancies in South Africa: Is Falling Pregnant a Matter of Choice or an Accident?

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Abstract: Notwithstanding, the many campaigns, print and electronic media advertisements to disseminate information on the problems associated with teenage pregnancy, the tide of teenage pregnancies in South Africa seems unrelenting. The life of many young women is disrupted as they are the ones who bear the brunt of teenage pregnancy than their male counterparts. This study aims at applying the choice theory to explain the reasons behind the relentless teenage pregnancy in South Africa despite the availability of information on the contraceptives and the daunting responsibility of being a parent prematurely. Qualitative research approach was used to guide the collection and analysis of the data. Data was collected through the use of face to face interviews and content analysis was used to analyse the data. Non-probability purposive sampling was used to select the respondents from the entire population. A total number of 22 respondents were interviewed. The study indicated that young people continue to fall into the trap of pregnancy despite the availability of contraceptives and information on safe sex. According to the study young people young women do not fall pregnant out of their own will rather they are pushed by social pressures such as patriarchy, lack of social support from their families and communities which they live and also poverty. Young women's inferiority complex also leads them to subdue to the pressures of getting pregnant. There is a desperate need for a multi-prolonged strategy by different stakeholders to deal with unrelenting teenage pregnancy in South Africa.

Key words: Teenage pregnancy, choice theory, behaviour, HIV/AIDS, sexually transmitted diseases, well-being, interests and preferences

INTRODUCTION

The 1976 Soweto student riots in South Africa occupy a special place on the calendar of the South African history. The South African youth brought the whole country to a standstill with just stones and petrol bombs. At the heart of the student protest was a better education for all South Africans. Today, young people have the right and access to education for which they relentlessly fought. However, young people, especially, young women, cannot celebrate and enjoy the right to education for which some of their predecessors lost their lives. This is mainly due to the scourge of teenage pregnancy in South Africa that continues to rob young women a chance to enjoy the right to education and many other benefits brought about by the new political dispensation in 1994. Mothiba and Maputle (2012), citing Morake (2011) state that school girl pregnancies continue to rise despite massive spending by government on sex education and Human Immunodeficiency Virus (HIV) and

AIDS awareness. While young people have their normal challenges when growing up, teenage pregnancy adds and piles more pressure on the pregnant young women. As a result, schools and universities have to battle with large numbers of pregnant learners and students. Teenage pregnancy leaves indelible health, physical, social and emotional scars on the lives of young women. This also, inevitably, impacts adversely on the academic performance of these young women.

Youth development policy makers, professionals and practitioners are equally disturbed by the relentless scourge of teenage pregnancy in South Africa as it is harmful to young women's well-being. While youth development is about the nurturing of young people's capacities in positive ways, teenage pregnancy is diametrically opposed to this ideal as it destroys the future of many young women who fall pregnant while still pursuing their studies. It undermines the healthy development of the body, mind and spirit of the young women. School learners and university students who fall

pregnant miss the opportunity to experience positive stimulation for their holistic development. Young women's failure to realize this works against the mandate of youth development professionals and practitioners which aims at building young people's lives in a positive way (Edginton *et al.*, 2005). Youth development professionals and practitioner's concern about the devastating effects of teenage pregnancy is understandable when considering the youth work values and principles which guide their interaction with young people. Teenage pregnancy works against all good intentions as contained in Delgado (2002) definition of youth development as an 'ongoing process in which young people are engaged in building skills, attitudes, knowledge and experiences they feel prepare them for the present and the future'.

It is clear from the above quotation that youth development is about ensuring that young people acquire skills, attitudes and knowledge that will help them to set and monitor their course of life in a way that is positive and beneficial to them and their society. Youth development professionals and practitioners make this possible by building young people's capacity to consider risks and consequences and make informed decisions and take responsibility as well as developing young people's ability to manage personal and social relationships (Edginton *et al.*, 2005; Delgado, 2002). Teenage pregnancy in this country is making it impossible for youth development professionals and practitioners to ensure that young women's well-being is safe-guarded. This has far reaching health, emotional, physical, psychological, social and academic implications on the lives of young women. In other words, teenage pregnancy continues to threaten young women's well-being. Inevitably, this has huge social, emotional, physical, financial and economic implications for young women, their babies and families as well as the country.

Theoretical framework: The issue of teenage pregnancy in this study was interrogated through the use of the choice theory. The choice theory was used as a lens through which a phenomenon such as teenage pregnancy will be observed and explained (Littlejohn, 2002; Kaplan, 1964). This theory is significant and helpful in determining human motivations or reasons that motivate actions and decisions taken by human beings (McClennen, 2010; Frank, 2003; Stanovich, 2013). In this study, the choice theory was used to determine the reasons behind young women's failure to take advantage of the many measures proposed and recommended by the health authorities to arrest the endemic problem of teenage pregnancy in South

Africa. It was important to get to the bottom of the root cause of young women's ignorance or disregard of these measures since teenage pregnancy compromises their health, well-being and future prospects. Since, women in general are in the majority, the negative impact of teenage pregnancy is immense because it also brings about massive health and financial costs for the country. For instance, most health facilities in the country are buckling under the pressure for the need for more care and services for pregnant women.

The underlying principle of the choice theory is that human behaviour and decisions are mainly influenced by individual's interests and preferences. This means that people are often driven to act, behave or take decisions in a particular way because of their preference and self-interest as they want to maximize benefits or gains for themselves. Individuals act in a way that will ensure that they maximize personal advantage (Frank, 2003; Stanovich, 2013; Field, 2003; Paternoster and Pogarsky, 2009 and Hewig *et al.*, 2011). According to Misztsal (2000) people may make a decision that is self-serving but not a right action in terms of the expected standards of behaviour. Hayward (2007) and McClennen (2010) argue that human nature is often influenced by the desire and search for benefits. This means that people sometimes take decisions and actions that are self-serving and not necessarily sensible or moral. People always ensure that their actions and decisions are made in order to maximize their own benefits. This means that people's decisions and actions are the result of their intentional choices to serve their own interests. People choose, decide and act in a way that will get them rewards which serve their own interests. They choose to behave, act or decide in a certain way because they are influenced by their own narrow individual preferences and interests.

In this study, the basic rationale of the choice theory was applied in an attempt to interrogate the reasons behind the unrelenting teenage pregnancy in South Africa. This was done to determine why young women fall pregnant despite the fact that there are so many, ways to avoid falling pregnant. This theory was used to determine if teenage pregnancy represents a rational life choice for some young women. Macleod (1999), Chitamun and Finchilescu (2003) contend that attitudes, intentions and beliefs often determine an individual's motivation to take a decision and action that will result in the anticipated outcome. This study aims to determine whether these young women have a direct role in taking decisions and actions that eventually affect their well-being negatively. This exercise was necessary, since, these young women's pregnancies are often accompanied by all sorts of problems.

The rate of teenage pregnancy, especially in developing countries is not slowing down despite the availability of a number of contraceptive methods and health care facilities that can attend to teenagers in need of service and support in this regard. In Niger, for example, it is estimated that 53% of women give birth to a child before the age of 18. Almost the same scenario obtains in South Africa because more than 40% of teenagers fall pregnant before they reach 18 years. This is confirmed by Morake (2011) who argues that 4 out of 10 girls fall pregnant at least once before they reach the age of 20. Despite the availability of advanced contraceptives and health facilities, South Africa is over-burdened by the ever-increasing rate of teenage pregnancy. Black Africans have the highest teenage pregnancy rates compared to their colored, Indian and White counterparts (Bezuidenhout, 2013). This situation is a cause for concern in that the future of these young women is drastically affected, since, pregnancy disrupts their education. Another issue of concern is the accompanying problem of sexually-transmitted diseases which also affect these young women's health and well-being. Most of young women have always found it extremely difficult to manage and survive the social, emotional, physical, psychological and economic burden that comes with teenage pregnancy. All these consequences bear heavily on young women who have fallen pregnant their children and families (Bezuidenhout, 2013). In South Africa, the two government departments that always pay the heaviest price for teenage pregnancy are the Departments of Health and Social Development.

More than 75% of the world population is younger than 15 years. The worrying factor about this is the fact that most of these young people are from the developing countries that do not have access to information on sexuality and reproductive health (Bezuidenhout, 2008). In South Africa, the hardest hit provinces by teenage pregnancy are the Eastern Cape, KwaZulu/ Natal and Limpopo with more than 68.81%, 62.24% and 60.36% respectively because most pregnant young women, especially, learners are from these three provinces.

The causes of teenage pregnancy are too many to count. In the South African Research on Teenage Pregnancy, Macleod (1999) cites sexuality and reproductive health ignorance; Risk-taking behaviour, psychological problems; Peer influence; Coercive sexual relations, dysfunctional family patterns, poor health services, socio-economic status; The breakdown of cultural traditions and the cultural value placed on children as some of the contributory factors to teenage pregnancy in South Africa. Other factors which cause

teenage pregnancy are low self-esteem, low educational expectations, poverty, family breakdown, heightened sex-based messages in the media, early marriage, contraceptive loneliness and normative behavior and early independence. Moreso some young people do not have access to contraception and knowledge on how to use them (Mothiba and Maputle, 2012; Bezuidenhout, 2013). This suggests that people with low self-esteem and low educational expectations tend to easily give in to pressure to engage in high-risk behaviour such as unprotected sex. Such people are unlikely to see any need to delay having a child until after they have completed their studies. A lot of pressure is also exerted on young women to engage in unprotected sex because of poverty and sex-based messages which have a lot of sexual innuendos which often tempt them.

From the above arguments, it can be noticed that the majority of young people are extremely ignorant of their sexuality and reproductive health. The statements also raises a number of other factors which cause teenage pregnancy, for example, engaging in high- risk behaviour and unprotected sex being influenced by peers as well as coercion of young women into relationships by their families. In addition to Macleod and Mothiba and Maputle's list of factors contributing to teenage pregnancy, Mwale (2009) also sees, ..., crisis in adolescence, ..., culture of silence; The disdain towards AIDS messages and retrogressive cultural practice's as also contributing to reproductive health challenges such as teenage pregnancy. During adolescence, most young people find themselves having to deal with identity crisis. This is the case because young people are at a stage during which they are disengaging from their families and beginning to connect more with the outside world. However, they face many uncertainties as they are not certain of who to trust between their families and the outside people. This stage may confuse young people and may sometimes lead them to disregard the advice from anyone and just follow their hunch.

The culture of silence concerning sex education affects both parents and young people. Parents are often uncomfortable to discuss sex issues with their children. On the other hand, young people also find it awkward and embarrassing to engage in a conversation with their parents about sex issues. This situation obtains because traditionally culture makes it taboo for parents and their children to have any conversation around issues of sex. This culture leads to silence from both sides and this does not help the situation at all. This is confirmed by Toure who argues that 'people are afraid to talk about such things (sex issues) to others. In other cases people don't

know how to use contraceptives such as condoms, pills and loops. Some people even ignore them totally. Peer pressure, alcohol abuse, loneliness and lack of belonging are some of the other contributing factors to teenage pregnancy'.

The above quotation shows that teenage pregnancy is also attributed to lack of sex education. Sex education is important as it provides young people with valuable information which will most certainly make them wise and sensitive to the dangers of unprotected sex and teenage pregnancy. Sex education also exposes young people to information on how high-risk behaviour such as alcohol and drug abuse may expose them to the possibility of engaging in unprotected sex which may subsequently cause teenage pregnancy and other health problems. The lack of access to sex education and other platforms for young people to share ideas on issues of sexuality and reproductive health in some communities leads many young people to engage in sex without proper guidance (Richter and Mlambo, 2005; Bezuidenhout, 2013). This lack of knowledge and access to conventional methods of preventing pregnancy makes young people to ignore the use of available contraceptives and health services.

The silence on sex issues breeds ignorance about issues such as puberty, pregnancy and contraception on the part of young people (Morake, 2011). A study conducted by Kaufman *et al.* (2001) found that teenage mothers in South Africa lack knowledge about sexuality, information on contraception and the use of contraceptives. As a result, most young people, particularly young men are not interested in using contraceptives. It is not surprising to see that there is a very low rate of use of contraceptives by young people in South Africa (Manlove *et al.*, 2000). Where contraceptives are available here are either not used or used incorrectly because young people do not have the correct information on how to use them (Bezuidenhout, 2013). In the absence of any formal sex education, young people tend to resort to unreliable and confusing information from their peers (Van Eijk, 2007; Bankole *et al.*, 2007). Such a situation leaves a lot of gaps which are not helpful for young women to avoid falling pregnant prematurely. Therefore, it was the aim of this study to investigate reasons behind the unrelenting teenage pregnancies in South Africa in an attempt to curb the rampaging scourge of teenage pregnancy in South Africa.

MATERIALS AND METHODS

Qualitative research approach has been used in this study to get in-depth information on the feelings,

attitudes and views of young women on teenage pregnancy in South Africa. This research method emphasizes the depth of understanding and the deeper meaning of human experience which are used with the aim of generating richer data. Qualitative enabled the researcher to explore diversity in the opinions of the respondents (Kumar, 2014). The exploratory strategy has been used to get in-depth insight on the reasons behind the unrelenting teenage pregnancies in South Africa. The exploratory strategy has been used because it emphasizes on understanding the phenomena from the insiders experiencing the problem (Maree, 2016). The information was solicited through the use of face-to-face interviews with open-ended questions (Maree, 2016).

Content analysis was used in order to decode meaning from the collected data in order to understand reasons behind the unrelenting teenage pregnancy in South Africa. Main themes were identified, codes were assigned to the main themes, responses were classified under the main themes, themes were integrated and a report was written (Kumar, 2014).

The population of the study consisted of 200 female students at the University of Venda who were registered for the Bachelor of Arts in Youth Studies. Only 22 of these students were sampled for the purpose of this study with the aim of getting a general view of the female students about the reasons behind the unrelenting scourge of teenage pregnancy in South Africa. Non-probability purposive sampling was used to select those with the most desired characteristics or involved in the phenomenon to be investigated. Not every individual had an equal chance of being selected because the researcher only needed. This technique was used because it is based completely on the judgement of the researcher in a such a way that a sample comprised of elements that cover the most characteristics, representative or typical attributes of the population that serve the purpose of the study best (Bless *et al.*, 2006; Laws *et al.*, 2013).

Researchers are expected to protect the research participants during the study (Laws *et al.*, 2013; Maree, 2016). In this study the researcher provided the research participants with clear, detailed and factual information about the study, its objectives and methods, risks and benefits as well as assurance of the voluntary nature of participation and freedom to refuse or withdraw without penalties (Blanche *et al.*, 2014; Babbie 2016). The participant's identity was protected because their real names were not used. The researchers also ensured that the information provided by the participants was kept confidential and used only for the purpose of the study (Neumann, 2009; Bless *et al.* 2006).

RESULTS AND DISCUSSION

The study of the causes of teenage pregnancy overwhelmingly shows that teenage pregnancy is caused by a combination of factors. It is clear that no single factor alone is responsible for the scourge of teenage pregnancy in South Africa. Ignorance of sexual and reproductive health, high-risk behaviour; Psychological problems; Peer influence, coercive sexual relations, dysfunctional family patterns; Poor health services, socio-economic status, the breakdown of cultural traditions, low self-esteem; Low educational expectations, poverty, family breakdown, heightened sex-based messages as well as crisis in adolescence, culture of silence, the disregard of AIDS messages, retrogressive cultural practices, lack of relationships and sex education, peer pressure, alcohol abuse, loneliness and lack of belonging and lack of knowledge of access to conventional methods of preventing pregnancy are some of the other contributing factors to teenage pregnancy (Macleod, 1999; Mothiba and Maputle, 2012; Mwale, 2009; Toure, 2010; Richter and Mlambo, 2005; Morake, 2011; Manlove *et al.*, 2000; Van Eijk, 2007 and Bankole *et al.*, 2007).

Fear for HIV/AIDS testing is also blamed for the high rate of teenage pregnancy in South Africa. This is evidenced by the following statement made by one of the interviewed young women who stated that 'The problem with the clinics is that they want to test us for HIV/AIDS testing as a prerequisite.' This implies that young women's fear or reluctance to be subjected to HIV/AIDS testing is one of the causes of teenage pregnancy. From the above statement one can conclude that young people in South Africa shy away from contraception and family planning because they are always told about going for HIV/AIDS testing before they can be assisted with contraception and family planning.

Although, young people are aware of contraception and other reproductive health issues, young women continue to be victims of teenage pregnancy. Poverty, regressive cultural practices, ignorance and lack of parental involvement and guidance on relationships and sex issues are also some of the causes of the scourge of teenage pregnancy in South Africa. Most importantly, none of the scholars and researchers cited in this study ever stated that young women deliberately decide to fall pregnant. However, the additional causes of teenage pregnancy stated by some of the 22 (52.3%) students added another dimension to this debate. Some of the students mentioned other causes that partly put the blame on young women for their demise.

The information from some of these students indicates that most young women intentionally fall pregnant out of desperation. The following statements made by three young women attest to this assertion:

'Some girls fall pregnant to secure the relationship. There are those who fall pregnant with the hope of getting married'.

'Of course today most girls fall pregnant because of poverty'.

'They hope that getting child grant can help them escape poverty'

The above statements also highlight young women's desperation for a relationship and marriage. It also points to the hopelessness of young women's economic situation which also pushes them into falling pregnant. They also see falling pregnant as a salvation because this qualifies them for child grant. Young women also fall pregnant with the aim of holding on to their boyfriends. They do this because they think their boyfriends will not dump them once they are pregnant. Some believe that falling pregnant will make their boyfriends to love them more or marry them. According to the choice theory, people often make decisions that are self-serving (Misztal, 2000). This means that people often take decisions and actions which they think will benefit them. This shows some level of an intended decision and action to serve one's interests. Hayward (2007) takes this argument further by stating that human nature is 'predicated upon the search for pleasure and the avoidance of pain and that human action is consequently organised around calculative strategies aimed at utility maximization'. This implies that people always act and take decisions that will serve their own preferences and interests. This postulation suggests that human actions and decisions are driven by people's preferences and interests.

Looking at the causes of teenage pregnancy as stated by the University of Venda's Youth Studies students, young women can be partly held responsible for their pregnancies.

Conversely, young women fall pregnant in an attempt to get out of their desperate situations and also out of fear of losing their boyfriends or not getting married. The statements made by young women also imply that they do that hoping that it will guarantee them a marriage. It can, therefore, be argued that young women are forced into this situation (teenage pregnancy) by factors beyond their control. The survey conducted indicates that young women seem to fall pregnant not out of their own freewill but because of their desperate desire to escape poverty and the need to remain connected to their loved ones. This assertion is supported by Bezuidenhout (2008) who states that women leave their homes to earn a living on the streets by being prostitutes.

The foregoing discussion highlights the fact that young women's decision to fall pregnant is not rational. They are forced to opt for such an action by their desire

to get out of their desperate situation. Young women are pushed into opting to fall pregnant as a result of their desperate situation, (i.e., poverty) and the pressure from their male partners and their families. Their irrational choices and decisions are attributed to the untenable situation in which some young women find themselves. Poverty can exert pressure and frustrate people to such an extent that they become so desperate that they do what they may not do under normal circumstances.

From the collected data, it is stated that young women fall pregnant to prove their love to their partners. In this case young women feel obliged to fall pregnant as a way to demonstrate their love to the boyfriends and their commitment to the relationship. Young women also fall pregnant to prove to their boyfriends that they are fertile. This stems from the fact that women are viewed as child bearers. The patriarchal notion that women should be baby makers makes young men to expect their girlfriends to prove that they can bear children for their families. This is tied up to the belief that women are married to bear children for their husband's families. Bearing children, especially boys, is seen as a way of bringing honour to the male partners and their families. The expectation of young women to prove their love and fertility as well as bringing honour for the men's families is captured in the following statements uttered by some of the young women interviewed:

'Young women fall pregnant because they are expected to prove their fertility and love to their male partners'

'Falling pregnant is seen as bringing honour to male partners and their families'

When looking at the causes of teenage pregnancy as stated by the students, it is extremely worrying to see that the main cause of this scourge is young women's failure to use contraceptives because of their fear to be tested first for HIV/AIDS before they can be given the contraceptives. This means that young women do not get contraceptives because they are afraid of being tested for HIV/AIDS. This compounds the problem because in the end these young women engage in unprotected sex which may expose them to HIV/AIDS and other sexually transmitted diseases. Unprotected sex may lead to a high rate of sexually transmitted diseases, HIV transmission, adolescent pregnancy and abortions (Mkhwanazi, 2006). Consequently, these young women and their babies become a liability for their families and the government. Families of the affected teenage mothers are compelled to provide care and support to teenage mothers and their babies if they are chronically ill. The government, through the Health Department has to bear the costs for their

medication needed in clinics and hospitals. This has serious implications on the country's health resources as more money will be needed for the ever-increasing medical costs.

Teenage pregnancy also has huge financial implications for the Departments of Social Development and Health in particular and government in general. While the Department of Health is faced with the challenge of ensuring that teenage mothers and their babies get the necessary health care, the Department of Social Development also has the huge responsibility of catering for the needs of children born to teenage mothers who are not working and who may also not get any financial support from their boyfriends. In South Africa, this type of situation is made worse by the fact that most of these teenage mothers are from poor family backgrounds. Mwale (2009) and Nash (1990) confirms this assertion by stating that teenage pregnancy is more common amongst young people who have been disadvantaged and have poor expectations of either their education or the job market. Consequently, the government, through relevant departments has to carry the burden of providing medical and financial support to these teenage mothers and their babies. This situation further affects the government's ability to address other pressing problems facing the country because more state resources have to be allocated for the medical and financial support of teenage mothers and their babies. In the final analysis, the economic growth of the country will be negatively affected because most of the resources will not be invested in projects that may have any return in the long term.

This study demonstrates that young women fall pregnant as a way to survive and to keep their partners. Although, one can think that young women are the ones who take a decision or action to fall pregnant, the fact of the matter is that they are forced to do that by their need to survive and to stay connected to their partners. The study further shows that young women fall pregnant because they see having a child as the only salvation because they will qualify for a child grant and also hope that this will stop their partners from deserting them. The decision to fall pregnant, as explained in this study is not rational. It is purely a survival strategy by young women who are in a desperate situation. The decisions and actions of these young women are irrational as they are pushed or forced by their dire situation of living in abject poverty and the fear of being deserted by their partners.

However, the situation in which young women find themselves after falling pregnant has huge implications for them their babies their families and government. The

physical, emotional, social, health, medical and financial implications are too ghastly to contemplate. No rational human being can deliberately choose to be in such a situation. This study suggests that at the time of taking a decision and acting on it, young women may have been overwhelmed by their situation of extreme poverty and the fear of losing their partners. From this study, one cannot conclusively claim that young women deliberately or intentionally decide to fall pregnant, since, their decisions are not rational. This is the case because young women decide and choose to fall pregnant out of hopelessness. At the time of making such decisions, young women are simply driven by their desire to assuage their difficult situation. All they want is to get a reprieve from their situation of abject poverty and loneliness. This study shows that the problem of teenage pregnancy cannot be adequately explained in terms of the choice theory, since, young women are forced into this situation by factors beyond their control. In other words, young women opt to fall pregnant as a way of escaping their difficult situation.

CONCLUSION

It is intriguing that despite the availability of all sorts of contraceptives, young women remain stuck in this unenviable situation. It seems as if currently available strategies to encourage and promote safe sex are not yielding the desired results. Although, the study shows that the intention to fall pregnant by the research participants was to maximize benefits for the teenagers, they end up being losers. This is the case because their gain for falling pregnant is outweighed by the cost of falling pregnant. Of the three main prizes (i.e., securing a relationship, guaranteeing a marriage and to get a child grant) of falling pregnant which young women are said to aim for when they choose to fall pregnant, child grant seems to be their only victory. Over 13(59%) of the interviewed students said that most of the teenage mothers are not married or staying with the fathers of their children. As a consequence, teenage pregnancy creates serious problems not only for these young women and their families. The Departments of Health and Social Development continue to incur huge costs as they have to come in and provide medical and financial support to the teenage mothers and their babies. On the other hand, the psychological, social and emotional well-being of these young women is also permanently affected.

The young women's seemingly 'easy surrender' to pressure to fall pregnant is extremely disturbing to say the least. In as far as positive youth development is concerned what is seriously disturbing about the teenage

pregnancy is that young women seem to have abdicated their will and power to be resilient. This study has shown that more young women are easily giving in to the pressures of poverty and loneliness. As a result, they seem to be desperately choosing any way out without due consideration of the health, physical, emotional, social, psychological and financial implications of their choice and decision to fall pregnant. However, their decision to fall pregnant leaves them in an even more desperate situation.

The waning influence of the extended family networks and the spirit of Ubuntu and lack of social support have given way to individualism and materialism which have become pervasive in the modern society. The ever-growing poverty and the gap between the poor and the rich are also adding to the problem of teenage pregnancy in South Africa. Today people are driven by short-term mentality as one can see with young women who fall pregnant. They end up taking decisions that prompt them to disregard positive behaviour. In other words, young women are pushed into self-destructive actions that hugely compromise their health, physical, social, emotional, psychological and financial well-being.

From this study, one can conclude that young women are forced to fall pregnant not because of their deliberate will and intention. They are pushed into making the irrational choice and decision to fall pregnant by desperate and difficult situations in which they find themselves. The literature and data collected point to young women's inferiority complex and vulnerability, male partners, families and poverty as primary culprits for the scourge of teenage pregnancy in South Africa. In other words, unrelenting teenage pregnancy in South Africa is attributed to persistent patriarchy, young women's inferiority complex and perpetual economic dependence on men and the inability of families to protect and promote the interests and rights of girls in families and communities.

RECOMMENDATIONS

A fresh look at new and multi-pronged strategy is needed to remedy the unrelenting teenage pregnancy situation in South Africa. This will ensure that the pumping of millions of rands into the budgets for the Departments of Health and Social Development with no solution in sight is brought to a halt. The new strategy should, unequivocally, show young women that falling pregnant always compromises their health, education and future instead of delivering a guarantee of a marriage or relationship. The strategy needs to unambiguously communicate to young people the dire consequences of

unprotected sex and teenage pregnancy. Such a strategy should help in changing the young women's mindset which does not help but worsens their plight and that of their babies.

Aggressive use of TV, radio and other social media platforms is necessary to provide information on the negative consequences of pre-marriage pregnancy, especially for young women.

The unrelenting tide of teenage pregnancy in South Africa can also be arrested by running robust campaigns that raise awareness on positive spin-offs of contraception for young people.

Introduction of a robust gender sensitive programme to change the mindset of inferiority and superiority complexity among young men and women in South Africa will help to sensitise both young men and women to the need to respect each other. This will help to prevent the chance for subjugation, exploitation and marginalization of young women by young men.

Re-establishing, modernizing and 'de-genderising' traditional institutions which used to play a major role in modelling young people's behaviour will be helpful in inculcating positive behaviour in young people.

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