

Case Report

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Contraceptive Use and Teenage Pregnancy among Child-Headed Households in South Africa

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Abstract

Teenage pregnancy is when a young female between 13 and 19 years old carries a child. It is even more worrisome for teenagers who live in child-headed households because they are vulnerable and at risk of becoming pregnant. A qualitative research technique was employed to conduct the research. There were 40 participants between 13 and 19 years old. These participants lived alone. Usually, the eldest teenager had become the household head. A questionnaire was administered to find out reasons for teenage pregnancy in child-headed households. The questions were based on participants' sexual health behavior, knowledge about and use of contraceptives and drug and alcohol use. A qualitative investigation was adopted. Out of the 40 cases, the researcher found that 31 participants reported to have at least one child. These were lack of parental supervision or role models, unwillingness to approach outsiders for advice and information, misconception of socially constructed ideologies of relationships, fear of losing a source of income, influence of drug and alcohol use, actual intercourse against pornography and masturbation, poverty, peer pressure, sexual abuse, incorrect knowledge and use of contraceptives, low self-esteem, entering into early, unsupervised relationships, and lack of a plan or achievable dreams. Teenagers who live in child-headed households are more vulnerable to becoming pregnant due to external factors such as poverty, lack of parents, and sexual abuse. However, they also have other contributing factors, such as their abuse of drug and alcohol, that make them even more vulnerable and at risk of getting pregnant. However, it can be recommended that a special policy needs to be implemented for child-headed household; concerned officials must visit the village at least once a month; and follow-up care, a secure home, and strong, quality health education must be provided to teenagers who live in child-headed households.

Keywords: Teenage pregnancy; Contraceptive knowledge; Drugs; Alcohol; Contraceptive use; Abortion; South Africa

Abbreviation: CHF: Child Headed Households

Introduction

Reproductive health challenges such as teenage pregnancies have become common experiences in child-headed families in South Africa and all over the world. This challenge can be coupled with socioeconomic status, including poverty, lack of education, and lack of parental supervision. Teenage pregnancy can be seen as an incident whereby a person between 13 years and 19 years old becomes pregnant. It is closely linked with the importance of parental existence and economic freedom.

According to Sarah Roberts et al. [1] use models adjusted for baseline age, race, employment, union status, raising children, depression or anxiety history, child abuse or neglect history, problem alcohol use prior to pregnancy, recent drug use, and having a household member with a drinking or drug problem or a psychiatric disorder during childhood [1]. On the other hand, child-headed families can be seen as a setup whereby a person is responsible for the entire day-to-day household administration.

A study reported that teenage pregnancy rate was more than 9% [2]. In the United States, the rate of teenage pregnancy has declined to its lowest level over the past decades [3]. Another study noted that, between 1990 and 2008, it decreased from 117 pregnancies per 1,000 women age 15 to 19 to 67.8 per 1,000, a drop of 42% [4].

About 16 million of 15- to 19-year-old adolescents and 2 million under 15 year-olds give birth every year [4]. The bulk of these pregnancies (82%) are accidental or unintended. About 95% of these births happen in developing countries, especially in Africa [5]. The highest was Mali with 46%, and the lowest was 3% in Vietnam. Nearly 30% to 60% of teenage pregnancies end in abortion because the majority of these pregnancies are either unplanned or unwanted [6]. However, most children living in

child-headed families are either paternal or maternal orphans as they still possess at least one live parent [7,8].

Objectives

The aim of the case report is to investigate the causes of teenage pregnancy within child-headed households. The research, therefore, focuses on the young child-headed families, their socioeconomic and demographic characteristics, and mainly teenage pregnancy issues in selected rural South Africa.

Data

Out of the 40 child headed households participants sampled, 320 houses listed with questionnaires were included in the analysis. After determining the sample size, a simple random sampling technique was employed to study maternal health care use among teenage female aged 13-19 years in the study areas. The study was undertaken for a period of one month, in April 2014.

Methods

The study used a qualitative investigation. The study focused on teenage contraceptive knowledge, contraceptive use and teenage pregnancy. Dependent variables included: Contraceptive knowledge (0=none; 1=yes, any one of the methods), Contraceptive use (0=none;

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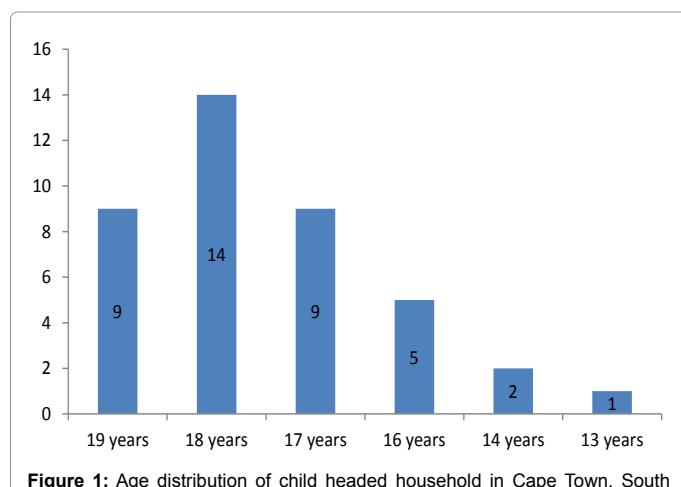


Figure 1: Age distribution of child headed household in Cape Town, South Africa [8].

1=yes, any one of the methods) and teenage pregnancy (0=none; 1=pregnant, at least one pregnant). The independent variables were socio-economic and demographic factors, selected based on literature on the subject. In view of the fact that the focus of this research is based on teenage pregnancy in child headed households, the participants who took part in the research were between 13 and 19 years old (Figure 1).

Results

Teenagers who perceive little hope in their future for a respectable job, safe home, secure income, and marriage have little incentive to avoid pregnancy. Other participants might not have children who are sexually active yet. Their motivation for using protection was based on their strong will to have a better life. Lack of hope led these participants into reckless behavior. Coupled with a lack of positive role models to follow, child-headed teenagers chose to engage in reckless sexual behaviour that contributed toward a pregnancy as this decision appeared to be the best alternative at the moment. Some of them confessed that they were not good in school even

after repeating so many times; henceforth, it was better for them to drop out of school. In short, it can be noted that the priorities of a normal teenager under "normal" circumstance are different from the priorities of teenagers in child-headed households. For teenagers in child-headed families, diseases such as Human Immunodeficiency Virus (HIV) or unwanted pregnancy are not their primary concern. It only becomes their primary concern when they already have a child. But in the moment, they unconsciously decide to engage in unprotected sex; food, shelter, and other basic needs will be in the backs of their minds. Few explorations related to contraceptive use and teenage pregnancy as follows (Table 1).

When Did You Start Using Contraceptives?

Parents have the duty to answer all the questions that their teenagers have regarding sex and contraceptives. This communication is very important in preventing unwanted teenage pregnancies. Without a parent or adult figure in their families, one participant used contraceptives before and after birth. These few who used contraceptives before and after birth were fortunate to have someone advising them. These were rare cases whereby one was using contraceptives and finds out that they are pregnant. The Figure 2 below shows when participants started using contraceptives.

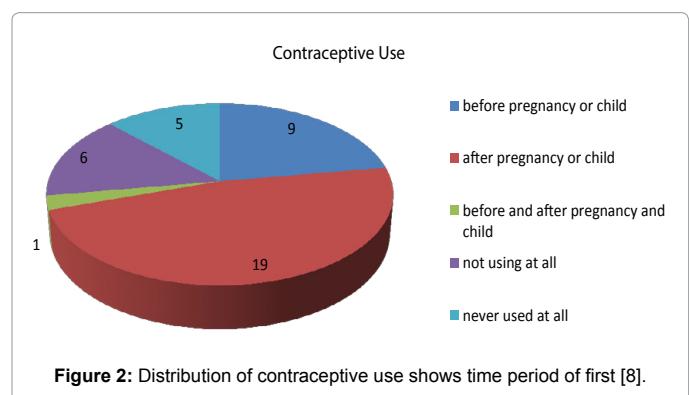


Figure 2: Distribution of contraceptive use shows time period of first [8].

Questions	Female Respondent	Male Respondent
Did you have an elderly talking to you about sex and contraceptives?	Responded 26: yes our teacher at school...she said that HIV kills and that we should be protected. Responded 35: yes the teacher was telling me all the time in school Responded 25: No one spoke to me about it. My mother when she was there never spoke to me about it. I don't want her to speak about it I will ask my friends. No she did not see it because she is never at home.	Responded 24: yes my older neighbour used to advise me about unsafe sex.
What do you remember them telling you about sex and contraceptives?	Responded 33: they said that if you have a boyfriend you must go to the clinic and we must tell them not to hide it. Responded 35: they tell me if you sleep with the man you must use the condom so that you cannot fall pregnant	Responded 24: he said that a man must have sex to show that he is growing but a man must also be a responsible one and protect himself.
Do you think that it helps having an elderly giving you advice about contraceptives and sex?	Responded 27: yes...it helps a lot to have someone advise you coz (because) sometimes you may never know if you are going wrong. Responded 018: ah no because if you need money then you sleep with the boy	Responded 24: it can help you to know where you are getting wrong even to make a woman happy. If an old person teach you then you can do it right
Would you approach an elderly or a teacher to ask for information about sex and contraceptives	Responded 20: yes I would, so that I can get more and more knowledge about what to do to be safe and not get the diseases and the baby that I do not want. Otherwise I will just end up like my mother again and then struggle. Responded 9: no because if the boy say they want sex to show love so you do that. it does not help. But if I know how to use contraceptives then I can stop the baby.	Responded 19: yes so that I can know what to do Responded 13: nah, what for really. I don't see the point, why are you even asking me that question... maybe a teacher, but not an old person they don't know these things
Would you teach your kids about sex and contraceptives one day	Responded 23: yah I think I will teach my child to be wise so that they don't embarrass me instead of just going to the hospital to get the protected Responded 28: yes, I tell my baby that sex without protection is not good. So I will continue saying it until she start to speak, walk and go to school and understand what I mean.	Responded 19: yes I will. Just like what my mother did to me so I must also do it to my baby Responded 24: no...because I don't want to spoil them Responded 13: no they will figure it out on their own when they are grown

Table 1: Availability of an adult to advice teenagers about sex and pregnancy [8].

Before pregnancy

A female child headed mentioned that “when I was 15 years old even though I didn’t have a boyfriend at that time (no child)”.

Male child headed mentioned that “I was 16 I think, when I slept with my girl. She was not taking a pill so I had to use condom, but now she is taking the injection”.

After pregnancy

Female child headed households: “After I got pregnant, I used pill but now I’m not using pill anymore. Now I use injection, it was much better and cheaper.

Researcher asked: how is the injection better?

A female child replied that “you don’t forget to drink like pills. Only after two months you get it so it’s fine”.

Another female mentioned that “I only started using them, after I had my baby. And it was also embarrassing to go and collect the pills”.

A 15 year old girl said that I used pills “After given birth” “After giving birth to my baby I then started using the injection regularly”

Another girl reported that “after I got my baby that’s when the nurse said, I must use the injection so that I don’t get another baby”.

Male child headed “My partner, she never used any of those but she only started using after she got pregnant for the first time”.

Another 16 year boy said that “I don’t remember. But after the girl got pregnant, I used some. You have to be very very careful with the girls you don’t know you see. Coz they can just give you AIDS”.

Another respondent says “after I got my baby, around 18 years old”

Researcher asked why at 18 years?

He replied “because after my baby I was scared to have sex for some time but now I know how to be safe”.

Availability of an Adult to Advice Teenagers about Sex and Pregnancy

Did you have an elderly talking to you about sex and contraceptives?

Female child headed: A female 16 year old mentioned that “Yes our teacher at school...she said that HIV kills and that we should be protected”

Another female child headed also said “yes the teacher was telling me all the time in school”

But another female 18 year old participant said that “No one spoke to me about it. My mother when she was there never spoke to me about it. I don’t want her to speak about it I will ask my friends. No she did not see it because she is never at home. My sister was with me. I would not listen because I have. Not now already started. Yes before I started”.

Male child headed: yes my older neighbour used to advise me about unsafe sex.

What do you remember them telling you about sex and contraceptives?

Female child headed: they said that if you have a boyfriend you must go to the clinic and we must tell them not to hide it. Another female mentioned that “they tell me if you sleep with the a man you must use the condom so that you cannot fall pregnant”

Conclusions

- The government can meet the community only halfway. Programs of this nature must be established. For example, placing children without parents under the care and supervision of able adults who love the children as their own can create bonds between the child and the teenager. In these instances, adoption should not be delayed and should be done thoroughly to avoid moving these children from one home to another.
- If the children continue to move from one home to the other, they will lose the sense of belonging, and this can jeopardize the future. Contraceptives should be administered before teenagers get pregnant instead of being used as a solution-based measure.
- In other words, once a teenager, especially those from child-headed households get to menstrual cycle stage, contraceptives should be introduced to her. If the clinics can put girls on contraceptives after they deliver babies, a plan can be made to put them on contraceptives before they get pregnant. For example, nurses can be delegated to visit child-headed homes and administer the contraceptives.

Ethical Considerations

Ethical issues (including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors. This study is immensely useful for the policy makers and planners.

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