

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 Introduction and background of study

This study examined the subjective feelings, perceptions and attitudes of female university students towards unplanned pregnancy, its consequences on them and their families and its possible influences. The main influences examined include: knowledge levels, sources of knowledge, and attitudes towards and actual use of contraceptives and abortion. The main purpose of the study was to arrive at possible solutions to the problem.

Apart from making contraceptive use a human right, the South African government promulgated the Choice on Termination of Pregnancy Act, (92 of 1996), which was implemented in February 1997 to encourage every potentially fertile woman to exercise her right in deciding whether to keep a pregnancy or not (Fathalla, 1997:68). Conversely, “uncontrolled, excessive population growth may not only lead to poverty in all its forms, but when all the available natural resources have been exhausted, the very continuation of the species may be threatened” (Dreyer, Hattingh & Lock, 1997:60 & Ruhiiga, 2013:12). In any society where a large percentage of youth are sexually active, the risk of pregnancy is high (Osborne & De Oris 1999:20-29; Rankin 2003:440; Visser 2000:16). South African girls on average start becoming sexually active between the ages of 15 to 19 years (Population Reference Bureau 2012:21).

In an attempt to restrain high fertility, the Population Development Programme, (1994:24) highlights the importance of socio-economic development programs aimed at: vigorous promotion of contraceptive services and the use of contraceptives, change in fertility perceptions of society to become more receptive to small family norms, improving the status of women and their integration into the formal economic sector etc. The Reconstruction and Development Program, 1994:46) endorsed these aspects as priorities in an effort to curb population growth by preventing unplanned pregnancies and “the demographic implications of overpopulation, such as greater demands on the economy, education, social and health care services and a concomitant shortage of qualified personnel to care for the needs of the population in all spheres” (ANC

1994:46). A more equitable distribution of social resources e.g., land, water and electricity in all provinces of the RSA was also planned.

The relevant clause in the Bill of Rights, chapter 2 of the South African Constitution states: “Everyone has the right to have access to health care services, including reproductive health care” (Constitution of the Republic of South Africa, 1996). According to The State of South Africa’s Population Report (2000:49), reproductive health includes a full range of services that allow people to exercise their reproductive freedom. These include, among other services, the right to abortion and contraception. Although contraceptives are freely available at public health facilities in South Africa (Mqhayi et al., 2004:140), and despite a much higher rate of contraceptive use in South Africa compared to other Sub-Saharan African countries (South Africa Demographic and Health Survey, 1998:11), about a third of girls in South Africa get pregnant before they are 20 years of age (Wood & Jewkes, 2006:13). Most of these pregnancies are unplanned and/or unwanted, which has led to increasing demand for abortion services (Cooper et al., 2004:700). In addition, this is despite easily available widespread abortion services. It is on the basis of the above state of affairs that the author of this dissertation undertook this study seeking to identify possible factors responsible for the persistent scourge of unplanned pregnancy among young women, even at tertiary level of education, hoping to arrive at a solution to the problem.

1.2 Problem statement

There is an increasing rate of pregnancy in the developing countries, including South Africa, which is accompanied by major public health problems (Klima, 1998:483). Majority of these pregnancies are mostly unplanned and unwanted, and this is despite the fact that many are terminated either legally or illegally (Klima 1998:483). On the other hand, many school going and university students do not terminate their pregnancies; which means they give birth to a child or children, with the consequence that many drop out of school or university to stay at home raising their child or children. This usually affects their future because education is key to

earning a decent livelihood (Singh and Samara, 1996:157; Kaufman, de Wet and Stadler, 2001:88).

The high statistics on HIV/AIDS infections among South Africans is attributed to the lack of condom use and other methods of protection against infectious diseases (Klima, 1998:480). Poor socio-economic development is also associated with low contraceptive use as countries struggle to supply basic needs to large poverty stricken populations (National Contraceptive Policy Guideline, 2003:24). As a legacy of apartheid and the inequitable development of the people of South Africa, the extent of socio-economic development is markedly dissimilar for the different ethnic groups, among provinces, and between urban and rural populations (National Contraceptive Policy Guideline, 2003:37). In order to achieve the desired socio-economic development goals, South Africa and the world, have stressed control over population growth through population policy. As indicated above the impact of these policies has been minimal with efforts hampered by among others a continuing high rate of unplanned pregnancies. This study therefore is a contribution to the country's continuing effort in the fight against these pregnancies and births. The study is guided by a set of three research questions as listed below:

1.3 Research Questions

In accordance with the statement of the problem outlined above, this study seeks to answer three interrelated questions:

1. What are the subjective feelings, attitudes and perceptions of female university students towards unplanned pregnancies, their (pregnancies') associated influences and their social economic consequences on the participants and their families?
2. What is their level of knowledge, the sources thereof, attitudes towards and actual use of contraceptives and abortion?
3. What interventions would be effective in curbing the phenomenon of unplanned pregnancies?

1.4 Research objectives

Consistent with the stated research questions above, the study pursues the following objectives:

1. To examine the subjective feelings, attitudes and perceptions of young female university students towards unplanned pregnancies, their (pregnancies) associated influences and their social economic consequences on the participants and their families.
2. To examine participants' level of knowledge, the sources thereof and their attitudes towards and use of contraceptives and abortion as possible influences of unplanned pregnancies.
3. To explore possible and effective intervention strategies in an effort to curb the phenomenon of unplanned pregnancies.

1.5 Significance of study

It is anticipated that the results of this study will provide a basis for reviewing policy at national level that would entail the formulation of policy at school, university and community levels. It is the researcher's conviction that the current health behavior programs if any, offered in schools, clinics, etc in South Africa, might not be adequate. The results of the study could lead to the development of programs to revitalize sex education, sensitization of young people to reproductive issues and mobilization of the youth and communities behind the redirection, strengthening and provision of sex information among the youth particularly women, parents and other stakeholders around the country. The study further makes a contribution to the theoretical and deeper understandings of female sexuality, child bearing and parenthood from a feminist stand point.

1.6 Theoretical framework

This study used Dorothy Smith's Feminist Standpoint Theory coupled with Patricia Hill Collin's Black Feminist Theory (intersectionality theory) as theoretical frameworks. Dorothy Smith's standpoint theory explores the everyday worlds of individuals situated in subordinate positions similar to Patricia Hill Collin's, except that the latter focuses more specifically on black feminist epistemology. Smith's feminist standpoint focuses on the perspectives of women; their everyday experiences, how women think and feel about those experiences particularly in a world dominated by patriarchal structures ("relations of ruling"). Smith was at pains to break the taboo regarding the questioning of the social order, and to "uncover the taken for granted assumptions or myths" (Wallace and Wolf, 2005: 293). Therefore her work straddles lanes between social-structural and social psychological elements, thereby bridging the macrostructural and microstructural levels of analysis (Wallace and Wolf, 2005:293).

To this end, the theory provides this study the space to examine the social-structural barriers that operate against women's ability to make free choices regarding their reproductive behavior. The theory also allows room for the analysis of individual experiences, freedoms to make personal decisions about sexuality, and other reproductive behavior. In so doing inclusion is provided for, for the intersectionality theory of Hill Collins (1990:194) specifically, elements that draws attention to the varied intersections of different arrangements of social inequality which is referred to as the "matrix of domination". For example the female participants in the study, are confronted by barriers in their choices on abortion, not only because they are women (gender) but also because they are young (age) (so their mothers, older siblings and peers influence their choices) and because they are African (Black). Their African (Xhosa) cultural beliefs about abortion and child bearing militate against their choice to terminate pregnancy. It was because of the same cultural beliefs that one participant in the study, had to flee from her parent's home having been rejected due to pregnancy, as her father was a respectable man in society. In this way social class becomes another vector of oppression. This further evidenced Collin's and Smith's argument that women experience oppression and subordination differently, and in different degrees. They emphasize the need to give women a voice to express their lived individual experiences as an important epistemological approach.

Hill Collins emphasized not only experience but also dialogue, the ethic of caring and the ethic of accountability as approaches to knowing. In these feminists' opinions, traditional academic discourse has historically ignored women's voices and has emphasized the "outsider perspective" (objectivity) which is in their view are male and idealistic. Smith laments that women were deprived of the authority to speak, and their experience therefore did not have a voice, or a language, "for they had taken from the cultural and intellectual world created largely by men, the terms, themes, conceptions of the subject and subjectivity, of feeling, emotion, goals, relations, and an object world assembled in textually mediated discourses and from the standpoint of men occupying the apparatuses of ruling" (Wallace and Wolf, 2005:294).

This study however, acknowledges feminists' efforts to free women from the bondage of oppression through discrimination and subordination, in today's societies, at least theoretically, as women are now more free to make their own decisions, particularly relating to reproduction, their bodies, and sexuality (Choice on Termination of Pregnancy Act, 92 of 1996). Women in development activism have been largely responsible for the recognition of women's issues in the United Nations and other international agencies. They have adopted the feminist position that women's rights must be recognized as human rights. They have also demanded that government recognize women's rights to control their own bodies (United Nation, 2014:42). However, it is this study's argument that women's position in society is still low despite the strides made in freeing them physically, mentally, emotionally and spiritually. It is this study's submission that there are a number of socio-structural barriers that hinder their freedom. This is largely due to the fact that the structures of subordination of women are so deeply entrenched that the older generation, (the mothers of the participants); still hold on to the same controlling and patriarchal principles which they instill in their daughters. It is further argued that the new found reproductive freedoms for women, when radically embraced could yield unexpected results. These results could be positive or negative depending on who is impacted by their freedom.

Smith's feminist standpoint and Patricia Hill Collins' black feminist theory therefore, guided this study both in the area of research design and methodology, also in the area of analysis and critical interpretation of findings. In all these areas a more qualitative-narrative approach was utilized. This approach is in contrast to many studies on this topic which have employed

positivistic approaches that allow no interaction with the subject of study, thereby not allowing the researcher to understand the participant's world from their own perspective. Perhaps that is the reason why there has been controversial findings associating the high rate of pregnancy among young females, to the government child grant. These findings have not been confirmed. The approach used in this study therefore, provides a much deeper understanding of the phenomenon of unplanned pregnancy, and the various factors which sustain it.

1.7 Conclusion

This chapter focused on the introduction and overview of the study. It provided the rationale for the study, the research problem and research questions pursued, the objectives that the study sought to achieve and the theoretical framework that guided the study. The next chapter will review available literature in order to shed some light on the research questions and theoretical framework.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter reviews and discusses available literature on the attitudes and perceptions of young female adults regarding unplanned pregnancy; their contraceptive knowledge and use; their knowledge and use of abortion and the factors that promote unplanned pregnancies which simultaneously hinder the use of contraception and abortion. The overall purpose of a literature review is “to develop a knowledge base for the conduct of research” (LoBiondo-Wood & Haber 2002:79; Sparks 1999:51). The literature review assists researchers to generate knowledge about the topic of study. The reviewed literature was instrumental in addressing the purpose of the current study and the research questions.

2.2 Factors contributing to unplanned pregnancies

2.2.1 The History of Contraceptive use in South Africa

In the 1930s, the South African government established family planning in the form of women’s clinics, with the intention of providing contraceptive resources to poor white married women in the country (National contraception policy guidelines, 2012:141). The South African government explained at that time that the only reason they introduced birth control for poor white married women in South Africa during that period, was to help the white population reduce the number of children per family (National contraception policy guidelines, 2012:121). A great deal of fear, however, developed among the white population of being dominated and outnumbered by large numbers of black people, due to the falling birth rate of the white population, as a consequence of contraceptive use, and an increasing black population in the country during the 1930s, (National contraception policy guidelines, 2012:136). As a result, the South African Government established new demographic-related policies and programmes in the 1960s, in response to this fear (National contraception policy guidelines, 2012:99). Prior to 1994, South Africa lacked a comprehensive reproductive health policy. South African women’s reproductive policies

predominantly comprised of mothers health and child care, which emphasized limiting population growth through the use of contraceptives (Cooper et al. 2004:11).

However widespread racist propaganda prevailed, suggesting that while the white population growth rate was stagnant, the black and colored populations were rapidly increasing, thereby causing an unnecessary burden on government spending (Cope 1993:44; Guttmacher et al. 1998:88, Kaufman 1997:35; Kunst 1995:89). Black South African women, in particular, had a limited ability to make reproductive decisions, which was in part due to the apartheid system and was aggravated by customary law. Before the ANC led government came into power in 1994, black women were facing widespread discrimination. Black South African women did not have a say on what happened in their communities or government, as apartheid laws did not promote women's issues and their right to make reproduction related decisions (Haroz 1997:77; Maitse 2001:47). The laws had a predominantly negative impact on the black population of South Africa. Black women suffered in this regard as they were not afforded rights to decide on the number of children they could have. From a black political perspective the more sons they had the more resistance to the apartheid system they would cause. Similar attitudes from that era still exist today and might have an influence on the perceptions observed among some of the female participants in the current study, particularly regarding contraceptive use as a means to limit or control the population growth of black peoples in South Africa.

2.2.2. Current Attitudes and perceptions regarding condom and other contraceptive use

South Africa is reported to have an elevated rate of unplanned pregnancies amongst adolescents and youth in general (Susan Babirye Kayongo, 2013:123). This is evidence that young people are still practicing unprotected sex which is a matter of concern given the high rate of HIV/AIDS in South Africa (Susan Babirye Kayongo, 2013:100). A direct connection between perceptions and condom use appears to exist among students. Students with positive perceptions usually make use of condoms more frequently than students who have negative perceptions thereof (Alarape, Olapegba & Chovwen, 2008:67). Males generally believe that "real men do not use condoms", while females intimated that condoms cause vaginal injuries (Nicholas 1998:893). In a different study conducted in the Limpopo region of South Africa, a condom was perceived to be

associated with a positive HIV/AIDS status. Students admitted to not using condoms as they were not HIV positive and therefore safe from contracting not only HIV/AIDS but other STIs (Peltzer 2001:55).

In Nigeria when teenagers were interviewed about contraceptive methods, some were reportedly afraid of condom use, as it was regarded to be an unsafe method. Moreover, these teenagers believed that condoms could break away and travel all the way to the stomach and cause difficulty in breathing (Amazigo, Silva, Kaufman & Obikeze 1997:28-33). Further abroad, a study conducted in the United States of America, found that women who considered themselves to be at great risk of contracting STIs usually acted to protect themselves from pregnancy as well as from diseases, by making use of contraceptives including condoms, before having sexual intercourse (Poppen P and Reisen C, 1999:55).

The literature above points to the common similarities in belief systems of most of the Sub-Saharan African countries where by contraceptive use remains relatively low compared to Western countries. South Africa, however, maintains a much higher level of contraceptive use, compared to other countries in this region (Pranitha Maharaj, 2006:102). In the current study it was revealed that a number of participants that are in a committed relationship mostly feel that, they don't need to use a condom because they trust each other. This is typical of the attitudes found in other Sub-Saharan African countries.

2.2.3 The role of societal, individual, and reproductive health service factors.

Various studies carried out in the past, in order to find out the different factors that affect individual's use and non-use of contraceptives and subsequent responsibility for unplanned pregnancies show that societal, individual and reproductive health service factors affect people's ability to access contraception (Susan Babirye Kayongo, 2013:114). Although the factors seem independent, they are in fact intertwined and therefore are discussed together here. The predominant factors at individual, societal and reproductive health levels include the following: education (higher education or university), cultural and traditional belief systems (including

habits, beliefs, knowledge, morals, art, customs and law), parents (mother, and father) and peer groups (friends, classmates etc).

2.2.4 The Education Factor

Education is identified in literature as an important factor in influencing contraceptive use among sexually active young women and men. Riyeni, Afifi and Mabry (2004:45) explain that education gives young women autonomy to make their own choices about their bodies and to avoid having unsafe sexual intercourse with their partners, thus being more responsible for their health and avoiding unplanned pregnancy. According to Troskie and Raliphada-Mulaudzi (1999:41), “if a woman is uneducated she may not know about her reproductive right” (which includes birth control, abortion, contraceptive use etc.). To these authors, Women with higher education are able to comprehend information about contraceptive methods, they are therefore more aware of their human rights including their reproductive right (which includes birth control, abortion, and contraceptive use). In agreement, (Morrell, Jewkes,Christofides, 2009:27) state that women that are highly educated usually have enough knowledge and information about contraceptive use, and because they are educated they have more employment opportunities which increase their independence economically and enable them to have more control over their reproductive and sexual lives. Higher education and staying in school longer have been shown to lead to a reduction in HIV infection and unplanned pregnancy.

Different authors, emphasize that female education in particular is a significant factor that influences contraceptive use (ORC Macro and NPC 2004:78). Women that are highly educated are usually more eager to be involved in innovative behavior than women with less or little education, and in some third world countries, using contraceptives is regarded as innovative (Osakinle 2003:50; Moore & Dyson 1983:49 & Caldwell 1979:67). This means that women that are educated continue to find out different ways or methods to avoid pregnancy or contact any disease, compared to uneducated women who do not have this exposure, knowledge or skill. This finding guided the author in the belief that globally, it is the general trend that educated women are usually more enlightened about contraceptive methods and use than women that are

uneducated. This was significant in guiding arguments in the study since the study population comprise of female university students. It must be stressed that despite their level of education the studied sample and others with a similar level of education still struggle with unplanned pregnancy. A critical question would then be – how high should the level of education be in order to act as a buffer against unplanned pregnancy?

2.2.5 The Cultural/Traditional Belief Factor

Culture can be defined as “a way of viewing, acting and knowing oneself in the world; it is a guide that is used to determine someone’s ideas, beliefs, practices and values” (Andrews & Boyle 1995:8). Ethnic background, socio-economic class, educational level, religious affiliation and local community standards are interrelated factors in shaping females’ sexual ideas and behaviors (Nothando Nokuthula Gama, 2008:43). The female students in the present study are from different cultural, religious and traditional backgrounds which might influence their sexual behavior and their attitudes toward pregnancy, child bearing and birth control. These factors may also affect their decisions to use or not use contraceptives (Winald 1997:59).

Stigmas associated with people’s sexuality in society can prevent them from seeking reproductive health services, even though they may not need their parents’ approval to use those services (as is the case in South Africa). There are many sexually active young women that are afraid, embarrassed or shy away from using family planning services available to them because of these reasons (Biddlecom, Munthali and Singh, 2007:56) .Further In villages or traditional African societies, many people want to have large families because they view it as economically beneficial (Oni and McCarthy, 1986:79). Consequently many people that reside in villages or traditional African societies may resist the use of contraceptives and birth control in general (Caldwell and Caldwell, 1987:78).

2.2.6 The Peer Group Factor

Peer pressure is one of the most important factors in people's decisions not only to become sexually active, but to have unprotected sexual intercourse (Gruseit, 1997 as cited in Gardner & Steinberg, 2007:22). These authors suggest that people that are more inclined to the effects of peer pressure are more likely to engage in safe sexual intercourse (Gage 1998, as cited in Eaton et al., 2003:14). Peer groups have a great influence on individual's reproductive choices, particularly amongst students. For example, their use of condoms may be dependent on whether their friends use condoms frequently (Norris & Ford 1998:89).

There is a need to develop ways, to reduce STIs, HIV, unplanned pregnancy and behavioral risk amongst the youth of Sub-Saharan Africa (UNAIDS, 2003; UNFPA, 2008; Coates, Richter, & Caceres, 2008). In general, interventions meant to reduce sexual risk behaviors among youth groups may be most effective when their design is based upon a clearly articulated and appropriate theory or logical model (Kirby, Laris, &Rolleri, 2007:47). Such a theory or logical model could include peer influences of various types. Many evidence-based pregnancy and STI prevention programmes for youth in the United States, for example, teach participants skills for resisting peer pressure (e.g., Jemmott, Jemmott, & Fong, 1998:111). Such an approach may be appropriate in settings where pressure from peers to be sexually active is a key driver of sexual activity among youth, but would make little sense in settings where such pressures are minimal or non-existent. Other interventions with youth in the United States have mobilized popular or socially influential youth to promote positive norms related to sexuality and condom use (Basen-Engquist et al., 2001:57; Sikkema et al., 2005:77).

2.2.7 The Parent Factor

According to Rosenthal & Smith (1995:88) (as cited in Eaton et al., 2003) parents are one of the most trusted sources of information about safe sex and contraceptives. Parent-youth discussions about sex can protect youths from other influences that might encourage unprotected sex. Whitaker and Miller (2000:79) discovered that parent-youth discussions about sexual-intercourse decreased the influence of peer groups on sexual-intercourse discussions and decisions. Girls that communicate with their parents about sex are more open and comfortable in discussing risks of

sexual intercourse with their boyfriends. (Whitaker & Miller, 2000:65; and May & Levin, 1999:89) (as cited in Eaton et al., 2003:32).

Youth that are monitored by their parents, are usually less involved in risky sexual behavior (Romer et al, 1994:45 and Stanton et al 2000:76) (as cited in Eaton et al., 2003:55). DiClemente et al (2001 cited in Eaton et al., 2003:79) discovered that the perceived absence of parental monitoring has also been associated with decreased condom use, risky sexual partners and STDs. Parents have a major influence on their children, they should therefore educate them about sexual behaviour, contraception, abortions, and unplanned pregnancy. The female students who participated in this project, as will be shown later, have not escaped parental influence, although in some cases the influence has been to the contrary, for example where a mother encourages her daughter to carry the pregnancy to term out of the need for a grandchild despite financial insecurity.

2.3 Perceptions of Female University Students and other Youth towards Abortion

Various research has been conducted regarding perceptions towards abortion among university students worldwide which reveal that some people have liberal views towards abortion, but it also revealed negative perceptions toward abortion. Research on gender differences toward abortion perceptions provides diverse results. A study conducted by Bailey (1993:49) on college student's perception toward abortion at Eastern Illinois University, concluded that female college students are more open-minded or approving of abortion than male college students. Other studies among psychology students at a mid-sized Southeastern University in America by Bryan and Freed (1993:56); Carlton, Nelson, and Coleman (2000:101), discovered that while male and female students have similar perceptions toward abortion, on specific issues men are more supportive of abortion and they tend to support abortion for reasons which include the sex of the baby.

Conversely, research conducted by Finlay, (1996:94) on perceptions of male and female seminary students towards abortion (Protestant *Seminary* school), discovered that males usually

believe in more cultural or traditional views about abortion, they usually do not favor abortion because of their religious beliefs. Females were, on the other hand found to be more open-minded or liberal. According to Finlay, (1996:88) studies have further shown that males and females support abortion if rape has occurred, and when a woman's life is in danger because of her pregnancy. Research on attitudes towards abortion has traditionally been conceptualized along a continuum from pro-choice to pro-life. Pro-choice refers to the tendency or the inclination to stress women's autonomy, with protagonists emphasizing the importance of choice to have or not to have an abortion. Pro-lifers, on the other hand, oppose the idea of abortion, citing the sanctity of life (Harrison, Montgomery, Lurie, & Wilkinson, 2000:46; Rule, 2004:54; Varga, 2002:78). According to (Bahr & Marcos, 2003:77) research has shown that in examining attitudes, it is not a simple case of approving or disapproving of abortion, but consideration of the varying conditions under which abortion becomes a necessary or possible course of action.

According to research done at the University of KwaZulu-Natal, Durban, South Africa, on, Abortion and Contraception: Attitudes of South African University Students, by Patel and Kooverjee, 2008:68) female students showed stronger support for the availability of abortions and women's autonomy compared to male students. The respondents acknowledged the importance of contraception at a personal and societal level, but some of the male students believed that women who use contraception are promiscuous; they believe that if there is only one man who the female student is having sexual intercourse with, then why use contraceptives before having sex? Female students expressed difficulty using contraceptives more frequently than some male students, who indicated that they would not consider sexual intercourse if contraception were not available, as they believed that the female students are not having sexual intercourse with one partner only. The researcher also discovered that most of the male and female students do not support illegal or back-street abortions because of the danger involved. The authors concluded the study, by advising the university students to make use of contraceptives before having sex.

According to Lester (2001:41), becoming pregnant may fulfil lifelong wishes of personal power and creativity totally independent of the woman's aim of motherhood. Pregnancy may normally serve as a vital ego defence, preserving a sense of self-worth and permanence. "To those who

suffer from awareness of their own ego weakness, pregnancy is a welcome opportunity to enhance their own importance. Therefore when prenatal loss occurs, they are frustrated, disappointed and feel deprived. There is a profound deprivation of one's instinctual urges to both give and receive, to nurture and grow, to feed and be fed. A sense of power of having defeated death is extinguished by the occurrence of death when it is least expected" (Lester 2001:21). .

2.3.1 Abortion Practice in South Africa

In South Africa, abortion laws were liberalized with the introduction of the Choice on Termination of Pregnancy Act, 92 of 1996). The underlying rationale for the introduction of this Act was that it was in line with the political transition from apartheid to democracy, so as to allow women greater independence and freedom (Skjerdal, 2000:143). South Africans also faced the same problems as other countries pertaining to both legal and illegal termination of pregnancies. Prior to 1975 South African abortion law was governed by the "Roman-Dutch common law" (Cope cited in Guttmacher et al, 1998:191). Abortion was illegal and a criminal offence, except when the life of the woman was endangered by the continuation of the pregnancy. Prior to April 1997, in terms of the Abortion and Sterilization Act (no. 92 of 1975), it was stipulated that "a medical practitioner could procure a termination of pregnancy where the continued pregnancy would endanger the life of the woman or where it constituted a serious threat to her physical health, a serious risk existed if the child would be born with serious physical or mental handicaps, or if the woman concerned is unable to parent a child due to permanent mental handicap or defect" (RAU 1996:3).

The birth of democracy in South Africa in 1994 brought about a change of human rights in the new political dispensation. A report by the Sowetan Newspaper of 30th October, 1996, of a heated debate in parliament concerning abortion issues. The then Minister of Health, DrNkosazana Zuma asserted that "legalizing abortion would re-establish the dignity of the South African woman which would lead to a better life" (Cope cited in Guttmacher et al, 1998:191). A couple of other parliamentary parties in South Africa stated that abortion was equivalent to murder, which of course showed the attitude of the broader South African community concerning abortions, at that stage. The Choice on Termination of Pregnancy Act, 92 of 1996,

however brought women's reproductive rights into consideration and therefore, increased their freedom of choice by offering every woman in South Africa the right to choose whether or not to have safe and legal termination of pregnancies during the first 12 weeks of their pregnancies, according to each individual's needs and beliefs (Engelbrecht, Pelsler, Ngwena & Van Rensburg, 2000:135). The Choice on Termination of Pregnancy Act (no 92 of 1996) further permits women to terminate their pregnancy for any reason. The act of abortion has been legalized in South Africa and this has increased the demands for abortion services in the country, which requires more nurses to perform termination of pregnancies, regardless of their attitudes and feelings.

2.4 Attitudes towards Child Bearing and Reproductive Rights

The comprehensive extent of the reproductive health and ability of women to manage their own reproduction are closely related to the changes that took place in the context of the fertility transition (John Weeks, 2012:23). Pro-Natalist movements have always been predominant in societies characterized by high mortality and high fertility, especially in rural/agricultural societies (John Weeks, 2012:75). In such areas, a lot of children must be born basically to ensure that enough will survive to replace adult members of the family (John Weeks, 2012:78). Child bearing at an early age is encouraged in Africa, due to high mortality rates. According to John Weeks, 2012:76, prime reproductive years cannot be wasted on activities other than child bearing, this may be one of the contributory reasons participants in the study chose to give birth to their babies rather than having an abortion. High fertility often persists even after mortality declines. Child bearing is rarely an end in itself, but rather a means to achieve other goals, so if attainment of the other goals is perceived as being more important than limiting fertility, a woman may continue to risk pregnancy because she is ambivalent about having a child and caught between competing pressures. Smelser (1997:89) suggests that ambivalence can be thought of as a rational choice situation in which a person is rational, but has no choice. Even though a woman rationally prefers a smaller family, this may not be identified as one of the factors that may enhance feelings of ambivalence at various points in a woman's life. Another important factor is said to be an extended family system in which couples need not be economically independent to afford children (Davis, 1955:57). Most of these factors are related

to the domination of women by men and go to the heart of women's empowerment (Dixon-Mueller 2001:49; Inglehart and Norris 2003:67).

2.4.1 Children as Security and Labour Resource

On a wider perspective, children may be viewed as a form of insurance that rural parents, in particular, have against a variety of risks, such as drought or a poor harvest (Cain, 1981:89). Many parents believe that a large family is a sort of insurance in which at least one of the adult children bails the household from a bad situation, be it financial or otherwise (John Weeks, 2012:65). In such an instance as earlier mentioned, one or two of the adult children may migrate elsewhere and send money home. However, it is also emphasized that although children may clearly provide a source of income for parents until they themselves become adults, it is less certain that children will actually provide for parents in their old age (John Weeks, 2012:90). Despite an almost worldwide norm that children should care for parents in old age, there is no proven fact that suggests a positive relationship between fertility and the perceived need for old age security (Dharmalingam 1994:70; Vlassoff 1990:87).

2.5 Perceptions of Parenthood

Pregnancy and parenthood still pose great challenges towards schooling. Pregnancy reveals the sexual maturity and sexual activity of a girl, and in puritan contexts this is frowned upon (Mkhwanazi, 2010:37). In the past, being pregnant or a parent was often the bases for expulsion from school in South Africa and in other African countries, such as Kenya (Mungai, 2002:79). Teachers as well as students may experience sexual prejudice. Female teachers used to be moved from permanent to temporary staff when they got married, and when maternity leave was granted they were not paid their salary. Unmarried mothers were not granted maternity leave either (Kotecha, 1994:54).

Becoming a parent is now less problematic to students, because the child or children they have, are usually taken care of by extended family members or the students' parents (Morrell, Bhana&Shefer, 2012:131). This means that it does not affect the female student's school routine,

but this is not true of all cases. Some female students still experience extreme difficulty because of having a child; they do not have the financial capacities and the support system to take good care of their child or children, and this may lead to a situation in which some female students have to work in order to have the financial resources to take good care of their children or child. Becoming a parent can also affect some of the female students' education as they will not be able to effectively combine schooling with raising a child. There are, however, exceptions to the rule as was indicated earlier in the section on attitudes toward abortion. According to Lester (2001:121), becoming pregnant may fulfil lifelong wishes of personal power and creativity totally independent of the woman's aim of motherhood. Pregnancy may serve as a vital ego defence, preserving a sense of self-worth and permanence. Girls can suffer from low self-esteem because of lack of purpose in life; pregnancy is a boost to their ego or esteem. Motherhood may in itself be viewed as a status symbol. Some of the participants of the current study did express a desire for motherhood as indicated in chapter four.

2.6 Theories on Reproduction and Fertility

Research conducted by, Mantoa Mabele (2010:21) uses a demand and supply theoretical framework, which assumes that in order to limit family size one has to take into consideration three factors: supply of living children, demand for surviving children, fertility regulation costs, and access to fertility control services and supplies (appears to be four factors?). This implies that there has to be a demand in order for goods and services to be supplied. The theory states that demand for birth control, both limiting births and birth spacing have an important role due to a high population growth rate that does not seem to correspond with economic growth hardships encountered by many developing countries. In addition, opportunity structure changes that have improved women's status with relation to education and occupation have negative effects on large families because they do not have much time for nurturing and rearing children. These factors create differences in trends between the developed and the developing countries. Widespread lack of education and unemployment amidst abject poverty, combine to impact population control negatively in developing countries, while the contrary prevails in the developed world.

Bearing in mind the history of contraceptive use provided above, and the demand and supply theory, the present study uses Dorothy Smith's Feminist Standpoint Theory and Patricia Hill's black feminist epistemology as its theoretical frameworks, in order to focus on the perspectives of women regarding their experiences of unplanned pregnancy and contraceptive and abortion use in the wake of female reproductive freedom in contemporary society. Experience according to Dorothy Smith entails "expert knowledge" and requires what she refers to as the "Inner Horizon" approach. In other words these "feminist's stress that in order to verify knowledge claims the researcher needs to access the deeply embedded feelings, thoughts and perceptions of the subject regarding a certain phenomenon, from their own lived experiences" (Wallace and Wolf, 2005:293). Further, they emphasize the danger of generalizations particularly made through so called objectivity. From their point of view, people experience the world differently, where you stand as a woman, young, educated, black, white, male, rich, poor, married, South African etc, "will determine how you perceive the world, yourself, others, and in turn, how you are perceived" (Wallace and Wolf, 2005:293). To a great extent this study's findings correlate with these views. For example many of the participants differed in their reasons for having unplanned children, their use of contraception and abortion and their feelings towards motherhood and child bearing.

2.7` Conclusion

This chapter reviewed literature regarding the perceptions and attitudes of University female students on unplanned and unwanted pregnancies, their attitudes towards birth control and use, child bearing and motherhood as barriers in the prevention of unplanned pregnancy, and various effective intervention strategies that would assist to curb the phenomenon. The reviewed literature was instrumental not only in identifying gaps in the literature which became the focus of the study but also guided the methodological approach to the present study.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter discusses the design of study, methodological approach, the population and area of study, the sampling techniques and size, data collection methods, instruments and procedures, data analysis methods and techniques, ethical principles observed and the limitations of study.

3.2 The Study Population and Area

The target population for this study was the University of Fort Hare female undergraduate students, who had experienced unwanted pregnancy. The study was conducted on the East London Campus of Fort Hare University in the Eastern Cape Province, South Africa. The University of Fort Hare (UFH) is recognized as one of the prestigious universities in the continent of Africa. It is the oldest historically black university in South Africa as it came into existence in 1916. The UFH has produced graduates from South Africa, Africa and abroad. Some of the politically active alumni like Oliver Tambo, Nelson Mandela, Govan Mbeki Robert Sobukwe in South Africa; Robert Mugabe and Herbert Chitepo in Zimbabwe; and Elius Mathu and Charles Njonjo in Kenya have impacted significantly on their nation states (Dr Namhla Sotuku, 2011). Currently the University of Fort Hare has more than 11,000 students spread across three campuses: Alice (which is the main campus), Bisho and East London.

3.3 Research Design

Mouton (1996:107) views research design as “a plan or blueprint of how one intends to conduct the research”. Bless and Higson-Smith (2000:41) defined a research design as “a specification of the most adequate operations to be performed in order to find possible solutions to the problem statement or research questions”. A qualitative research design was used by the researcher in the present study which determined the methodological approach employed as further explained in the next sections. The design and methodology of the study were as mentioned earlier informed

by a feminist standpoint approach to knowing which emphasizes ‘the inner horizon’ of the subject (in this case—the woman) who and only who bears the “expert knowledge” sought due to their personal lived experience (Smith 1987:131). Smith’s feminist stand standpoint theory is complemented by her colleague Hill Collins (1990:121) who shares the above opinion but goes further to emphasize difference not only of experience but on the basis of race and other differentials. She proposes a black feminist epistemology and advocates for consideration in our analysis of other socio-biological factors apart from gender (e.g., geographical location, race, social-class, education, ethnicity etc) which intersect to cause difference in women’s experience of inequality and privilege. These feminists drew on phenomenological and conflict perspectives, and Symbolic interactionist and Conflict perspectives respectively. This explains the strands of these approaches in the present study particularly the use of theory in the interpretation and discussion of findings.

3.4. Research Methodology

This study used a qualitative methodological approach, in line with the research design. “Qualitative research is research that produces findings not arrived at by means of statistical procedures or other means of quantification” (Strauss and Corbin cited in Golafshani, 2003:597-607). Qualitative researchers become main instruments in research because they immerse themselves in the research (Strauss and Corbin cited in Golafshani, 2003). There are three main categories of sourcing data in a qualitative study and these are observations, artifacts, documents and interviews (Henning, 2004:89). The researcher used in-depth interviews for the data collection process, qualitative sampling methods to select the sample and qualitative (descriptive/narrative) data analysis methods.

The qualitative approach was used because it is suitable for the investigation that sought an in-depth understanding (the insider perspective) of the attitudes and perceptions of the participants toward contraceptive use, unplanned pregnancies, abortion etc. The qualitative approach is viewed as better suited for a study of this nature which seeks an insider perspective of a situation and addresses the challenges a particular group may face given a particular problem (Ulin et al,

2005:23). In addition, qualitative research focuses on the meanings that people attach to a specific situation unlike quantitative approaches which often fail to elicit meanings (Ulin et al, 2005:61). This approach guided the researcher on how to answer the three main research questions of the study.

3.4.1 Sampling

As explained above, the research participants for this study were female undergraduate students at the University of Fort-Hare, (East London campus). Purposive sampling methods coupled with snowball sampling were chosen as tools through which to select a sample of ten female students. This small number was considered ideal because sampling in qualitative studies is not about numbers; rather it is about the quality and depth of the data collected which implies the richness of the reservoir of information the subject bears. Purposive sampling method is an example of non-probability sampling with a deliberate choice of an informant due to the quality of the information they possess (Tangco, 2007:67). In this process, the researcher decides what needs to be known and sets out to find people who can willingly provide information by virtue of knowledge or experience (Tangco, 2007:58).

This approach was ideal compared to the popular random sampling methods given that the researcher had to find and interview only those females with an experience of unplanned pregnancy. In order to achieve this goal, and given the sensitivity of the topic, snowball sampling had to be utilized to access the desired participants. Snowball sampling is a process in which the researcher begins to identify subjects who meet the criteria for inclusion in a particular study (William Trochim, 2002:17). The researcher then asks them to recommend others who they may know who also meet the criteria (William Trochim, 2002:19). Snowball sampling is especially useful when one is trying to reach populations that are inaccessible or hard to find (William Trochim, 2002:27). For example, in this study the researcher wanted to identify undergraduate female University students that have had an unplanned child or children.

3.4.2 Data Collection

As already explained in the earlier sections, the researcher gathered data for the study through one main method namely, in-depth interviews and the information was provided in the form of narratives. In-depth interviews are defined as interviews that are used when seeking information on individuals and experiences from the participants about specific issues (Hennink et al, 2011:100). They are commonly used for collecting data in qualitative research because they help to uncover deep insights due to the repeated face to face encounter between a researcher and respondents (Taylor and Bogdan cited in Kumar, 2005:67).

Furthermore, the in-depth interviews are regarded as conversations with purpose (Hennink et al, 2011:78). In this case the purpose was to capture the subjective feelings and understandings of the studied females' experiences of unexpected pregnancy and eventually child bearing at a time when their attention was focused on obtaining their degrees which would facilitate their career path and the earning of substantial income for their own sustenance and that of their families. Information obtained would shed light on the escalating phenomenon of unplanned pregnancies among young females in South Africa despite all the efforts the government has put into overcoming this challenge through legislation and the accompanying intervention programmes involving making contraception and abortion freely available (as a right) to its citizens.

3.4.3 Data Analysis

The study used descriptive (narrative) qualitative analysis to bring structure and meaning to the collected data (Babbie, 2004:345). According to Babbie (2010:394) qualitative analysis “discovers underlying meanings and patterns of relationship through non-numerical examination and interpretation of observations”. On the other hand, description in qualitative analysis is “an important tool in developing powerful and engaging accounts of processes and social phenomena in the analytical data” (Hennink et al 2011:88). In qualitative studies, it is allowed to sort and format data into themes or stories simultaneously with data collection, which may not be possible with quantitative research (Ulin et al, 2005:99).

The same approach was adopted in this study whereby the preliminary analysis was done at the same time with data collection to save time and allow the researcher to identify issues to be further explored in the subsequent interviews. Transcription (verbatim) which involves reading and re-reading texts and reviewing notes followed (Ulin et al, 2005:47). Transcription in this study included listening to and the verbatim typing of the recorded data capture both the words spoken by the participants and the researcher. Any identifiers were removed to preserve anonymity of respondents. According to Hennink et al, (2011:89) removal of identifiers helps to maintain ethical principles during data analysis.

3.5 Validity and Reliability

Patton (2001:69), states that validity and reliability are two factors which any qualitative researcher should be concerned about while designing a study, analyzing results and judging the quality of the study. Reliability helps to evaluate the quality in quantitative study with a “purpose of explaining” while the quality concept in qualitative study has the purpose of “generating understanding” (Stenbacka, 2001:551). Validity and reliability are crucial elements to ensure trustworthiness of researcher (Ulin et al, 2005:56). However reliability is not a concern in qualitative research because of the belief that the same method does not yield same result considering that reality is subjective (Ulin et al, 2005:77).

This study used in-depth interview, as the primary source of data, the researcher conducted the interviews without any research assistants because in-depth interviews require special skills to establish rapport, listen and react to interviewees and use motivational probes (Hennink et al, 2011:96). The researcher also recorded data both manually and electronically.

3.6 Ethical Consideration

Robson (2002:19) argues that an essential component of any research is that the exercise has to be ethical. In this respect, the researcher has to be seen to be following an approach that is “considerate of the interests and concerns of those taking part in the research and those likely to be affected by the study”. The researcher sought permission from the Research Ethics Committee

at the University of Fort-Hare, before embarking on the research work. The researcher also ensured that all the participants' privacy, anonymity, and confidentiality were protected. The aims and objectives of the study were explained to the participants who were requested to sign an informed consent form. Confidentiality of the participants was also guaranteed by making sure that the interviews were conducted in a safe and private environment. All participants were assured of their right to participate or decline or indeed withdraw from the study at any time should they feel uncomfortable.

3.6.1 Informed consent, privacy and confidentiality:

The researcher also informed all the study participants of their rights and risks of participating in the research study. Written consent was obtained from all study participants after explaining the purpose and aim of the research study. The researcher also promised to ensure the privacy and confidentiality of the participants, for example the researcher did not collect the participants' names or phone numbers.

3.7 Limitations of the study

The study was conducted within a limited period of time due to time and financial constraints. These constraints also influenced the size of sample with the sensitivity of the topic playing a major role. The study only covered Fort-Hare University (East London campus), which means the findings are context based.

3.8 Conclusion

This chapter discussed the research design and methodology of the study. The methodological details included - the data-collection instruments, sampling methods and procedures, and data analysis. Other related aspects included – the validity and reliability of methods, the study population, and ethical standards observed. The next chapter presents and interprets the results of the study.

CHAPTER 4

DATA PRESENTATION AND INTERPRETATION

4.1 Introduction

The main aim of this study was to examine the subjective feelings, perceptions and attitudes of female university students toward unplanned pregnancy for the purpose of identifying the consequences and factors underlying these pregnancies. Among the different influential factors examined were: the perceptions and attitudes toward contraceptive use and abortion, the knowledge levels and sources thereof, of the participants, regarding contraception and abortion and their actual use of these resources. The ultimate purpose after establishing the reasons why young female adults experience unplanned pregnancies was to find possible and effective solutions to the scourge of unplanned pregnancies. The data presented in this chapter was derived from responses through in-depth interviews with ten female undergraduate students at the University of Fort Hare, East London campus.

The responses from participants are reported through narratives. Each participant was allocated a number from one to ten. Data was organized according to themes that emerged from the responses and which were, in turn, categorized as sub-themes of the major topics (themes) derived from the research questions.

In summary the study aimed at achieving the following objectives:

1. To examine the subjective feelings, attitudes and perceptions of young female university students towards unplanned pregnancies, their (pregnancies) associated influences and their social economic consequences on the participants and their families.
2. To examine participants' level of knowledge, the sources thereof and participants' attitudes, use of contraceptives and abortion as possible influences of unplanned pregnancies.
3. To explore possible and effective intervention strategies in an effort to curb the phenomenon of unplanned pregnancies.

All data has been summarized for easy comprehension. The data was summarized using patterns of similarities and differences in responses across cases and reported in the form of narratives. The analysis process entailed reading and re-reading through the recorded responses and transcribing during the process. Manual data analysis was made viable by the relatively small number of cases. The researcher felt it important to provide an overview of the socio-demographic information of the sample which might illuminate some aspects of the findings as shown below. This limited quantitative analysis does not undermine the fact that analysis of the results was largely qualitative.

4.2 Description of sample

Some demographic variables, which characterized the sample and which have been highlighted include: the marital status of the participants, age, income level, level of education, residence, and number of children. In terms of gender, all of the participants were female, so the findings of the study are biased toward the female perspective of unplanned pregnancy.

Table 4.1 below presents the distribution of sample according to the various demographics as mentioned above.

Table 4.1: Distribution according to marital status, age, income level, level of education, residence, number of children.

Participant	Marital status	Age	Income level	Level of education	Residence	Number of children
1	single	24	none	3 rd year	hostel	1
2	single	28	none	1 st year	parents'	2
3	single	20	none	2 nd year	parents'	1
4	single	22	none	2 nd year	parents'	1
5	single	21	none	3 rd year	parents'	1
6	single	23	none	2 nd year	parents'	1
7	single	25	none	3 rd year	hostel	1
8	single	26	none	3 rd year	parents'	1
9	single	20	none	1 st year	parents'	1

10	single	21	none	2 nd year	parents'	1
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In table 4.1 above, the ages of respondents range from 20 to 28, a possible indication that girls in their early 20s to late 20s might be more at risk of unplanned pregnancies than those below 20 and older, among this category of women. In fact, the oldest participant already had two unplanned pregnancies. It is also worth noting that majority of the participants (8 out of 10) still live with their parents. One would have expected that living with parents would constrain many of the influences that lead to unwanted pregnancies, particularly the frequency of sexual intercourse, especially given that they are all unmarried! Even more interesting; is the realization that all of the participants had their unplanned pregnancies after they enrolled or entered University, majority after first year. This is in contrast to the emphasis in literature that the higher the educational level of the woman, the more they are likely to use contraceptives and abortion, and thus, the less likelihood of unplanned pregnancy.

The participants have been allocated names for easy identification yet concealing their identity so as to ensure the anonymity ethic as required.

Table 4.2: Participant's fictitious names

Participant	Synonyms
No.1	Linda
No.2	Joy
No.3	Limi
No.4	Regina
No.5	Esther
No.6	Olga
No.7	Beauty
No.8	Vuyo
No.9	Mary
No.10	Nono

All of the ten participants' narratives were provided in the English language since they are all university students whose English in a South African University context (where the official medium of instruction is English) is expected to be of an acceptable standard.

4.3: Results

As indicated above, the responses from participants are reported through narratives; the participants have been allocated a number from one up to ten and given names. Data is organized within the major themes of the research questions.

4.3.1 Subjective Feelings, attitudes and perceptions on unplanned pregnancy

When asked about her attitude toward and perception of unplanned pregnancy; Esther (participant no.5) aged 21, single with one child, no income, a third year student who lives with her parents said *“I do not like the concept of unplanned pregnancy. I do not like the fact that I was pregnant while still in school [meaning University]. My unplanned pregnancy affected me and my family; I was very ashamed of myself for the problem that I created for my parents. My parents are well respected by people in the area we live in. My parents had to spend more money to take good care of me and my unplanned pregnancy”*.

When asked about the reasons for her negative attitude toward unplanned pregnancy, she stated *“Having unplanned pregnancy affected my education. I had to stop my studies for two years to take good care of myself and my pregnancy. I was ill all the time; it was very stressful to take care of myself and learn how to be a good mother”*. So in Esther's case the negative feeling about unplanned pregnancy was a consequence of the pregnancy rather than a preconceived view. It was simply a bitter lesson.

When asked about her attitude and perception on unplanned pregnancy; Nono (participant no.10) aged 21, single with one child, no income, a second year student, also living with her parents responded, *“I had a terrible experience during my unplanned pregnancy. I suffered very much*

during the period of my unplanned pregnancy. My parents rejected me at first; I had to live with my friends for about three months without adequate money and care from my parents. My extended family members had to beg my parents on my behalf; they later allowed me to come home after three months of suffering and pain”.

When Nono was asked about the reason why her parents rejected her; she stated, *“I came from a very poor home. My parents told me that they were ashamed of me for disgracing them by getting pregnant. They were very angry with me for what I had done. They did not allow me to come home for three months. They were also poor and couldn’t afford to take care of me and my pregnancy”.*

Joy (participant no. 2) aged 28, single with two children (twins) earns no income, a first year student living with her parents reported, *“I do not like the period of my unplanned pregnancy. It is a period that I would rather forget. It was a very difficult period for me and my parents; I had a lot of problems during the period of my pregnancy. I thank God for his kindness toward me and my parents”.* It was not a very pleasant period during my life, but I was able to survive it because of God’s mercy.

Joy described the difficulty she experienced during her pregnancy, saying, *“My unplanned pregnancy has had negative effects on me. I was very ill all the time; I was admitted into a hospital. It nearly took my life; it was God’s mercy that saved me from death. My mother had to quit her Job in order for her to take care of me. It was a very difficult period for me and my family. Even though I am very grateful to God for what He has done for me and my family. I will rather forget about that particular experience”.* This participant was not keen to give any more details. As she said, she would rather forget that experience.

Regina (participant no.4) aged 22, also single with one child, with no income, a second year student living with her parents explained, *“I have a negative feeling toward unplanned pregnancy. I have a lot of friends whose education has been negatively affected by unplanned pregnancies. They had to drop out of university for a while, because they couldn’t cope with the stress of going to school while pregnant. My own unplanned pregnancy affected me personally. I*

am remembering sad things that happened to me during my pregnancy that sincerely I would love to forget as we are communicating with each other now”.

The effects she finally shared were as follows, *“Unplanned pregnancy destroyed the relationship between me and my boyfriend. My boyfriend broke up with me after he discovered I was pregnant. I was informed by my boyfriend that he was not ready to be a father. I lost someone that I deeply loved because of my unplanned pregnancy. I was heartbroken by the shocking news from my boyfriend. But I decided to give birth to my baby because of my mother. I was her only child and she was desperate to have grandchildren”.* It is interesting to note that a parent would encourage her daughter who is still at university, unmarried with no financial or any other form of support, to go ahead and have a baby. As in this case, a parent in need of children can compensate for her own unfulfilled fertility through her daughter whether their pregnancy is planned or unplanned, even though both the mother and father of the child feel otherwise.

Olga (participant no.6), aged 21, also single with one child, no income, a third year student, also living with her parent had this to say about her pregnancy, *“Unplanned pregnancy was a big problem for me. I had a lot of problems during my pregnancy. It makes me come to a conclusion that it is not wise to become pregnant while still studying. I always advise all my female friends and family members to be careful about getting pregnant while they are still in school”.*

As far as the problems she experienced during the period of her unplanned pregnancy were concerned, she stated, *“My unplanned pregnancy affected my education. I had to drop out from ‘school’ because of the difficult stress of combining my education and unplanned pregnancy. I had to sacrifice one year of my life because of my unplanned pregnancy.*

Based on the narratives above, young girls only learn about the disadvantages of unplanned pregnancy only after they have experienced it. All of the participants acknowledged having had no serious thought about unplanned pregnancy before they became pregnant. Experiencing it was a wake-up call. This seems to point at lack of awareness and knowledge about the effects of unplanned pregnancy among these young people.

The remaining five (5) participants gave similar responses regarding their perceptions and attitudes towards unplanned pregnancy. They all indicated that their unplanned pregnancies affected their education. They indicated that they did not have a positive view of unplanned pregnancy; because it affected their education and thus career plans. Three of these participants indicated that they had to drop out of university for one year; because they couldn't cope with the stress of carrying unplanned pregnancies and studying at the time.

However, the last two participants indicated that they did not drop out of school (University) completely like their counterparts above but they missed a number of classes because of their unplanned pregnancies. These participants indicated that they had to repeat a year of study because they failed their tests and exams as they couldn't fully concentrate on their studies because of the emotional and psychological effects of their unplanned and unwanted pregnancies.

Although child bearing and motherhood were originally not included among the possible motivations for carrying the pregnancy to term instead of abortion, they were picked up in the literature and during interviews. As such these themes were pursued in subsequent conversations. The responses in this regard were as follows:

4.3.1.1 Participants' attitudes, perceptions and knowledge regarding child bearing.

When asked about her attitudes and knowledge toward child bearing; Regina (participant no.4) indicated as follows: *"I do not have a problem with child bearing after marriage, but I will strongly discourage my friends and family members against child bearing before marriage. I think it is more suitable to give birth to a child after marriage".* Her reasons for such a view were explained as: *"I think it is important for girls to wait and have a child after marriage, because of the financial cost of having a child. I think it is unfair to parents for girls in South Africa to have a child before marriage. It will lead to extra financial cost for their parents".*

Regarding her knowledge about child bearing; she said *"I know about child bearing because I have given birth to a son. I will never encourage any young girl to have a child out of wedlock".* *The stress of giving birth out of wedlock and when still studying is just too much, you have to*

combine raising your child and studying at the same time". When asked the reason she gave birth to her child out of wedlock; she said *"It was my mother's idea. I am her only child and she was desperate to have grandchildren"*. Asked if having a child or children affected her education; she said *"It definitely affected my education. I could not write my exam papers because of the stress of taking care of my child"*.

Nono (participant no. 10) had the following to say about her knowledge of child bearing; *"I understand the concept of child bearing, because I have a beautiful daughter. She is the best thing that ever happened to me, I thank God everyday for giving her to me. She is my joy and I am always very happy every time I lay my eyes on her"*. The reason she gave birth to her child while she was still studying is explained as follows *"It was my decision and my boyfriend's to keep the child"*. *My pregnancy was unplanned and very stressful. My boyfriend begged me to keep the child because he does not believe in abortion. I only agreed to keep the child because of the fear that I may lose my boyfriend by aborting the child"*. Again the influence of someone else rather than the pregnant girl herself comes to the fore. Cultural attitudes toward abortion also have some role to play. Thus, despite having an option to abort the unplanned pregnancy, the girls might chose to rather deliver their babies due to outside influences including cultural beliefs of parents and boyfriends.

Esther (participant no.5) stated, *"I have a positive view of child bearing, I think child bearing is the best gift that God gave to mankind. I do not think that there is any greater feeling than the feeling of looking at someone else that looks just like you. I am always very joyful every time I see my child"*. Esther's knowledge of child bearing was explained as follows, *"I knew about child bearing from my mother. My mother educates me about childbearing, what it entails and what someone has to do to be a good mother. She shared her past experiences with me on how she gave birth to and raised me. My mother is a good woman; I learnt a lot of things from her because she is very wise and intelligent."*As shown by this participant, the feelings of joy derived from having one's own child could be an influential factor of child bearing even at a young age even though the child was unplanned. If shared among peers this experience might influence others to do the same.

Esther's reasons for giving birth to her child instead of abortion were explained; *"I discovered that I was pregnant after four months of my pregnancy. I did not know that I was pregnant before, until I fell very ill and I was taken into a hospital. The hospital carried-out some tests on me and I was informed that I was four months pregnant. I was warned by a nurse in the hospital not to abort the child because of fear for complications. She told me that it will be safer for me to keep the child because my pregnancy was already four months old"*. It is shown in this case that failure to recognize pregnancy signs early enough cancels the option to carry out abortion. Young inexperienced girls are not always able to recognize early signs of pregnancy. One could argue that absence of menstruation would be an obvious sign, which is a valid observation only to the extent that the girl normally has regular menses. If on the other hand, her menses are irregular, it becomes difficult to read anything into its absence when she falls pregnant. Besides, it is not uncommon to experience bleeding while pregnant which could be mistaken to be menstruation. All these factors point to the inadequacy in awareness and knowledge, which young girls receive during their adolescent years if at all.

When asked about her attitude and knowledge toward child bearing; Joy (participant no 2) stated, *"I will encourage everyone that is pregnant either planned or unplanned to give birth to their child. I am totally against the concept of abortion; I think that it is very wrong for someone to have an abortion"*. *Child bearing is a beautiful thing, even though I will not encourage anyone to have sex before marriage"*. When asked why she gave birth even though she was against sex before marriage; she stated *"I became a born again Christian during my pregnancy. Abortion was not an option for me because it was against my new found religious belief. I was a party girl before I gave my life to Jesus Christ. I was very sociable and having a lot of sex until one of my friends invited me to her church for a Sunday service, I was very touched by the sermon of the pastor that I felt he was talking directly to me because he was preaching about fornication and how someone will go to hell for having sex before marriage"*.

Esther's attitude and knowledge about child bearing was reported in the following words; *"My mother was very vocal and helpful to me during my pregnancy and I love her very much for the*

love and support she gave me. All my knowledge about child bearing came from her. From these reports mothers seem to have a big role to play in the reproductive patterns of their daughters. There is still a big gap in the role of the education system. Religious institutions could also play a role of deterrent if young people are encouraged to attend church services. Better still if religion is made part of the upbringing of the children, even at home. The disadvantage of this on the other hand is, when such institutions condemn abortion, in which case their function give rise to unanticipated consequences.

Linda's (participant no.1) attitude towards child bearing was stated in the words; *"I love my son very much; I think child bearing should be an individual's decision based on what is best for them but I am personally not against child bearing. I think child bearing is a beautiful thing. I love to be around children all the time; I always have fun every time I am around children. I think having a child is a powerful gift from God and parents have to treat their child or children with care"*.

Her knowledge about child bearing was expressed as follows; *"I have a beautiful son that I love and cherish very much. In this world, my son is the person that I love the most. I cannot replace my son with any other person. I gave birth to my son because I wanted to experience motherhood. My hobby is to be around children all the time, so I decided to give birth to my child and I have not regretted that decision ever since"*. Again the joy of having a child is emphasized. The message from the above reports is that these young adults nourish the idea of having a child and being a mother. What they don't like is an unwanted and unplanned pregnancy. Their experience of unplanned pregnancy left them with negative feelings about pregnancy at this time of their lives but child bearing as such is a passion to them. Although this attitude is normal and positive it could have a negative influence on their peers who have not yet experienced having a child being and being a mother. The emphasis about making child bearing a personal choice could also be both positive and negative. It is positive in that the girl herself makes the choice when and whether to have children and how many. The negative aspect is how this information is used. If the girls understand it to mean they can fall pregnant anytime they chose or find themselves pregnant, it would result in the kind of pattern of unplanned pregnancies experienced in the country and beyond at the moment.

The rest of the participants gave similar responses to the abovementioned theme. Three of the five participants' narratives centered on financial implications of child bearing. These three participants indicated that the financial cost of giving birth and raising a child is huge and they couldn't cope with the burden that comes with child bearing and raising a child. They indicated that they are students and they do not have good support systems that can adequately cater for them and their children. So although they share equal passion for child bearing with the rest, they discourage having unplanned children when one has no adequate finances to raise the child.

However, although the last two participants also stressed the financial burden of child bearing, they indicated that they did have some support system from their neighbors, which should also be viewed as motivation for child bearing.

4.3.1.2 Participants' attitudes, perceptions and knowledge of contraceptive use:

Asked about her attitude and knowledge on contraceptive use; Linda (participant no.1) reported, *"I believe in using contraceptives. I do not see anything wrong in using contraceptives. I am a big advocate of contraceptive use, it is very important in the society. I will encourage every South African lady to always use the different type of contraceptives that they like"*.

Regarding how she got to know about the use of contraception; she stated *"I know about contraceptive use through my friends. They enlightened me about the reason why contraceptive use is important for me. They encourage me to always use contraceptives to protect myself. I am very happy that I got to know about contraceptive use. I am very satisfied with the performance of the contraceptives that I have used. I prefer male condom. I always make sure that my boyfriend wears a male condom before having sex with me. I have not encountered any problem while using this method. I think it is a very safe contraceptive method"*.

Asked how she got pregnant if she always used a condom, she said, *"I had unprotected sex with my boyfriend one night. It was very late in the night and my boyfriend did not have any male*

condom with him. We couldn't find or buy a condom. We then had unprotected sexual intercourse that night and I became pregnant as a result". Occasional unprotected sex is identified as a strong influence and one could say, should be treated as taboo and discouraged.

With regard to her attitude and knowledge on contraceptive use, Joy (participant no.2), said, *"I know about contraceptive use in South Africa. I do not support the contraceptive use among girls in South Africa. I believe that girls should be discouraged from using contraceptives or engaging in sexual intercourse before marriage"*. Again the issue of personal choice is emphasized which as mentioned earlier could have both a positive and negative impact. The participant further went on to say, *"I am against both having sex and/or using contraceptives before marriage. It is a big sin against God. I do not believe in using contraceptives. I am a born-again Christian and contraceptive use is against my religious beliefs. I believe that contraceptive use is bad and not important in the society. I believe that people should have sexual intercourse or use contraceptives only after married"*.

When asked about how she got pregnant since she was a born-again Christian; she stated *"I became a born-again Christian during my pregnancy period. I was not a born-again Christian before I became pregnant. I was always having fun before I became pregnant. Even though my mother taught me about contraceptive use, I loved having unprotected sex with my boyfriend. It was more fun and enjoyable. I became pregnant because of the unprotected sex between us. I became a born-again Christian because one of my friends invited me to her church after I became pregnant. I gave my life to Christ and now I am born-again Christian. My opinion about sex, abortion, contraceptive use and unplanned pregnancy has changed"*.

Joy's choice of contraceptive method was reported as follows; sh *"I have used a female condom before I became a born again Christian, but I am no longer using contraceptives anymore. I will encourage everyone to stop having sex and wait till after marriage. Only then should they engage in sexual intercourse with their partner."*

When asked about the source of her knowledge regarding contraceptive use; she stated *“I know about contraceptive use through my mother. She educates me on how I should protect myself from getting pregnant or contracting disease. My mother has always advised me on everything in life and we are very close and open to each other. I do not usually hide anything from my mother”*. Generally, mothers are identified as an important source of knowledge regarding reproductive health, unplanned pregnancy, contraceptive use and child bearing as a whole.

Limi (participant no.3) had this to say about contraceptive knowledge and use *“I am a big supporter of contraceptive use in South Africa. I think more awareness should be created about the importance and function of contraceptives among girls in the country. I believe that every girl should use contraceptives before engaging in sexual intercourse.”*

Asked how she knew about contraceptive use. She stated *“I know about contraceptive use through the media. I knew about contraceptive use through different advertisements of contraceptive methods on the television. I learned a lot about the importance of contraceptive use by just watching the television. I vowed to always use contraceptives before having sexual intercourse with anybody”*. So apart from mothers and friends as sources of information about contraceptive use, the media is identified as another medium.

Limi’s attitude toward contraceptive use was quite positive, she reported, *“I have a positive perception of contraceptive use. I believe in using contraceptives. I believe that contraceptive use has helped a lot of girls in South Africa. It has helped to reduce unplanned pregnancy and diseases in South Africa. I love using contraceptives and I think it is very important that every girl around the world should always protect themselves before engaging in sexual intercourse. I usually use the pill method of contraceptive”*.

Concerning how and why she got pregnant since she always used the pill, she stated “*Even though I have positive attitude toward contraceptive use, I had one bad experience with contraceptive use. I became pregnant, even though I was on the pill. The pill that I used did not work and I became pregnant. I did not know that the pill that I used was already due for renewal*”. This observation points to the importance of adequate use of contraceptives. Thus education and awareness programs should not only be about the use of contraceptives but also how to use them efficiently and adequately. These gaps in the knowledge on contraceptive use are a barrier to effective contraceptive use. Of course one cannot guard against human error in these practices all the time, but the error could be minimized.

When asked about her attitude and knowledge on contraceptive use; Regina (participant no.4), suggested “*I have enough information about contraceptive use. I did not know anything about contraceptive use until I met my first boyfriend, who was very enlightened about the issue and the importance of contraceptive use. I learnt about contraceptive use from him*”. He taught me how we can have sex together without me getting pregnant”. For the first time we learn about the role of the boyfriend let alone the male gender on the topic apart from the one reported above who discouraged one of the participants from carrying out an abortion. So both boyfriends could be said to play an influential role, if the role of the former can be considered positive as well! The role of the latter is clearly positive.

Regina’s perception toward contraceptive use was also positive. She said, “*I like using contraceptives. I have a positive attitude toward contraceptive use among girls in the society. I believe that women should have total freedom on what happens to their bodies. Women all over the world should be able to make their own decision on whether they want to use contraceptives or not*”. Again freedom of choice is stressed. It is noted that the one boyfriend did not give his girlfriend a choice to choose whether to abort or not! He made his cultural traditions and religious beliefs interfere with his girlfriend’s freedoms. These are some of the barriers that negatively impact the reproductive choices of women in society.

Regarding her contraceptive preference; she reported *“I love using the male condom. It is more comfortable for me to have sex with my boyfriend using a male condom. I think male condom is the easiest form of contraception that any girl in the world can use to prevent pregnancies and diseases”*. However, she went on to say, *“I had sex with my boyfriend one day, as usual he was wearing a condom. The condom got spoilt during sexual intercourse and we did not know. He ended up pouring his sperm inside my vagina, which was how I became pregnant”*. This is yet another example of inefficient use of contraceptives.

Esther had this to say about her attitude and knowledge on contraceptive use; *“I am aware of contraceptive use. I know about the function and importance of contraceptive use. I have a lot of friends that use different types of contraceptive methods. They always joke and talk about how they have sex with boyfriends without any fear of getting pregnant or contracting any diseases”*. When asked about the source of her knowledge about contraceptive use; she stated *“I first learnt about contraceptive use from a nurse. She enlightened me on how not to get pregnant. I went to the hospital one day and I met a nurse who advised me on how I should protect myself before having sexual intercourse with anybody because of the high rate of pregnancies and HIV among girls in South Africa”*. Here the role of health workers, e.g., nurses comes to the fore as sources of knowledge on contraceptives in particular and reproductive health in general.

Asked about her attitude about contraceptive use; she said, *“I do not have negative beliefs about contraceptive use, but I do not like using contraceptives personally. I am not against the use of contraceptives by girls in South Africa but I do not enjoy sexual intercourse while using contraceptives. Even though I was advised by a nurse to always use contraceptives before having sexual intercourse, I do not like using it”*. About the contraceptive method she had used; she said *“I do not like using contraceptives and I love having sexual intercourse without any protection which is how I became pregnant, because I do not like using contraceptives”*.

On the same topic Olga (participant no. 6) said, *“I have enough knowledge about contraceptive use. I support the concept of contraceptive use, it is very important that girls and ladies in South Africa to know the different types of contraceptive methods that exist in the country”*. When

asked about the source of her knowledge about contraceptive use; she stated *“I know about contraceptive use through my friends. They always talk about how they had sex with their boyfriends while using contraceptives. They enlightened me about the importance of using contraceptives. I learnt about the different types and methods of contraceptives that I can use”*. Again friends are mentioned as another source of information about contraception.

Olga’s perceptions of contraceptive use were expressed as follows; *“I am positive about contraceptive use. I believe that contraceptive use is good and critical in the society. I have only a good experience of contraceptive use, it is very important to educate young girls in South Africa about the reasons why they must always use contraceptives if they are sexually active”*. When asked about the contraceptive method she had used; she stated *“I have used injection method. I love that method very much but I was careless while using it. I did not know that, the injection that I used had expired. It was supposed to expire after three months of use. I continued to have sexual intercourse without the knowledge that the injection method that I had used had expired. After three months I was supposed to take another one but I didn’t, so I got pregnant because of my lack of knowledge.”* Again, it is revealed here that inadequate knowledge of contraceptive use is a barrier to pregnancy prevention and again education is emphasized as extremely important. As has already been shown, quite a number of the participants obtained their knowledge of contraception and childbearing from sources other than professional educational programs. So far, they have learnt from friends, mothers (who are likely to be uneducated), television and boyfriends.

Responding to the same question Mary (participant no.9) stated, *“I did not know about contraceptive use before getting pregnant. I came from a very strict family. They prevented me from having too many friends. I became pregnant after getting admitted to the University here. I was having unprotected sexual intercourse with my boyfriend. I found out about contraceptive use from a nurse. I discovered that I was pregnant during a visit to hospital. A nurse asked me whether I got pregnant while on contraceptives! I was dumbfounded; because I did not know anything about contraceptive use. The nurse had to explain to me the meaning of contraceptive use and why it is very important to me. She told me that I should not be careless next time and I should always protect myself before having sexual intercourse with anybody”*. There is no doubt

from the narratives above that there is wide spread lack of adequate knowledge if at all, among these young women about efficient use of contraceptives. It is very surprising that a university student would be that ignorant about reproductive health given the widespread campaigns that have gone on since the emergence of the HIV/AIDS pandemic and all the reproductive freedoms accorded women in government policies and legislation. Further, traditional and religious beliefs held by families against contraception remain a barrier to the enjoyment of the reproductive freedoms accorded women involving a variety of methods of pregnancy prevention so widely advertised.

The remaining three participants gave similar responses to the above mentioned topic. They all knew about contraceptive use and its importance having learnt about it from their mothers. These participants had a positive perception about contraceptive use. They gave similar narratives about how important contraceptive use is in preventing diseases and pregnancies among girls in South Africa. They also mentioned that the male condom contraceptive method is what they preferred using while having sexual intercourse with their boyfriends. They also gave similar responses on how they became pregnant. They indicated that their male condom got spoilt while they were having sexual intercourse and that is how they fell pregnant, Further evidence of lack of adequate use of contraception.

4.3.1.3: Participants' attitudes, perceptions and knowledge of abortion

Regina's tale on this topic was as follows, *"I have actually had an abortion before when I was 16 years old. I was very young and naive, I became pregnant but I was not interested in becoming a mother at that time. I did not want any of my family members to know about it. I had a friend that encouraged me to get rid of my pregnancy because I was too young to become a mother. She told me that if I had a child then, it would affect my education. I listened to my friend because I did not want to stop schooling. Today, I would encourage any young girl to have abortion, if that is what she wants"*.

Asked about the reason she did not have an abortion again after she became pregnant the second time round; she stated *"After I became pregnant again, my mother discovered I was pregnant. I am the only child that my mother had, she begged me not to have an abortion because of her fear*

that something bad may happen to me. She was also desperate to have grandchildren and she does not want to become childless in the event that I died suddenly. I felt my mother's pain, so I made a decision to give birth to the child for her sake". The idea introduced by the mother in the above story that abortion would bring "something bad" on the daughter, is another example of the traditional and perhaps religious beliefs held by members of society that remain a barrier in unwanted birth prevention. Again the role of friends and mothers not only as sources of knowledge but as influences in the response to unwanted pregnancy is demonstrated in this case.

Nono (participant no. 10) had this to say, *"I know and support the Constitution of South Africa. Abortion is every girl's legal right in the country, I only wish that every girl in South Africa knew that they have the right to have a child or not. It is a big relief to me because every girl should be able to make her decision regarding abortion. I have seen many people that have had children but they cannot take good care of their children"*.

She was then asked why, since she knew about her reproductive rights as per the Constitution of South Africa, she went ahead and gave birth to her child instead of abortion. She stated *"It was the decision of both me and my boyfriend to keep the child". My boyfriend begged me to keep the child. He did not want me to abort his first child. I love my boyfriend very much, so I made the decision to have a child for him"*. In this instance there is again emphasis on traditional beliefs evidenced by the boyfriend's value of a first child. In his belief system one does not abort a first child! Again outside influence was at play here.

Regarding her attitude and knowledge on abortion; Esther (participant no.5) had the following to say about the topic, *"I knew about abortion after I went to a hospital. I saw some girls waiting for the doctor, so I asked the doctor the reason why those girls were waiting for him. He explained to me that they came to have an abortion, that was how I knew about abortion and the doctor told me that I can do same anytime I became pregnant"*.

The reason she did not have an abortion when she fell pregnant was explained as; *"I discovered that I was pregnant after four months of pregnancy. I went to the hospital and I was discouraged not to abort the child because of fear for complication. The doctor warned me that, I may lose my womb if abortion is attempted. I had to listen and obey the doctor, it was very difficult but I*

had to keep the baby". As indicated earlier inability to identify early signs of pregnancy is another barrier to avoiding unwanted births.

Joy's case was not very different from the others' who got advice either from a friend or family member. In her case it was a sister. She said, *"When I was a child, I had an elder sister that had abortion because she was not ready to become a mother. She was the one that explained to me the meaning of abortion. She told me not have a child unless I want one. She explained to me the consequences of having a child at a very young age. So I knew about abortion through the information I acquired from my elder sister"*. However, she went on to explain that, *"I did not have an abortion although I was actually a non-believer in God before I became pregnant, I later became a born again Christian during my pregnancy. Abortion was not an option for me because it was against my religious beliefs. I became a born-again Christian because one of my friends invited me to her church after I became pregnant. I gave my life to Christ and now I am a born-again Christian. I am now against the concept of abortion because it is against my religious belief"*. More and more the role of friends, family members, traditional and religious beliefs is revealed.

Linda's (participant no.1) attitude and knowledge on abortion was expressed as follows; *"I learnt about abortion from my friends. I always heard them talking about abortion. I have like three friends that have aborted their babies before and they explained to me the reason why they did it. They advised that anytime that I became pregnant and I do not want to keep the baby, I should not hesitate to abort the child. They advised me that it is unwise to have a child while I am still studying."*

Asked why she then gave birth to her child; she said, *"I wanted to experience motherhood. I always heard peoples talking about motherhood, the negative and positive attributes of a mother. I was very jealous and I wanted to experience the feeling of motherhood. My mother always told me that motherhood is the most beautiful thing that can ever happen to a woman"*.As earlier stated the passion for motherhood features prominently among the influences of unplanned pregnancies. Thus, not all unplanned pregnancies are unwanted. Although they are unplanned they might be accepted due to the passion for motherhood. This might be associated with the

anxiety that one might not have the capacity (fecundity) to bear children. Thus, an unplanned pregnancy comes as a positive omen for motherhood!

The remaining five participants gave similar responses about their perceptions and knowledge of abortion. They all indicated that they knew about abortion and they learnt about it from their mothers. They also indicated that they knew about the Constitution of South Africa that gave every girl in the country the right to either have an abortion or keep the child. It does seem that majority of the participants are aware of abortion as an option but for reasons enumerated above they often shy away from it despite the fact that some know a number of their peers who have done it.

4.4 Possible intervention strategies to prevent unplanned pregnancies

Limi (as participant no. 3) suggested, *“I believed that in order to prevent unplanned pregnancies, the South African government has to do a lot of campaigns about the negative consequences of unplanned pregnancies. Women and girls need to know about these negative consequences. I also urge the South African government to distribute more free condoms in schools and clinics. I believe that, female citizens of South Africa do not have enough information about the negative consequences of having unplanned pregnancies.*

Regarding whether unplanned pregnancy has affected her education and life; she stated, *“I had to miss a lot of my tests and exam papers because of my unplanned pregnancy. It changed my life, because I had to be conscious of what I do during my pregnancy period. I could not do some of the things that I used to do before pregnancy. For example I love going to parties”*. The emphasis here is on educational campaigns and distribution of condoms.

Her suggestions regarding possible intervention strategies to prevent unplanned pregnancies; Linda said; *“I believe that the best strategy to prevent unplanned pregnancies in South Africa is by parents becoming more open-minded in talking about sex, contraceptives, unplanned pregnancies and contraceptive use with their children. I believe that mothers should educate their female children on the various methods they can use to protect themselves from having*

unplanned pregnancies. I discovered after communicating with some of my friends, that parents have to play a very important role in talking about contraceptives, abortion, unplanned pregnancies and contraceptive use with their children. I believe that some parents are influenced by cultural and religious beliefs. They are very reluctant to talk about sex, abortion, contraceptives and contraceptive use with their children". The question raised here is whether parents particularly mothers should also be involved in educational campaigns against unplanned and unwanted pregnancy. However, there is the problem of traditional and religious belief systems that get in the way even if the parents have the knowledge. Changing the mind-set would play an important role.

When asked about the possible intervention strategies to prevent unplanned pregnancies; Nono (participant no. 10) stated, *"I believe that the education institution is one of the most important agents, which can help to prevent unplanned pregnancies among female students in South Africa. Schools should organize more seminars. The focus should be on contraceptives, abortion, unplanned pregnancies and contraceptive use. I believe that students should be more liberal in discussing about contraceptives, abortion, unplanned pregnancies and contraceptive use. I believe that my generations are more open-minded than my parents' generation. We should talk more freely without any filters with our children about contraceptives, abortion, unplanned pregnancies and contraceptive use"*. According to this participant, teaching the girls themselves rather than their parents is more efficient because they are more open-minded and therefore more receptive to the message pregnancy prevention than the older generation to which their parents belong.

Beauty (participant no.7) suggested; *"I think that religious institutions have to play a very important role, in preventing unplanned pregnancies in South Africa. I discovered that, most of the religious institutions in South Africa are not open-minded in discussing about contraceptives, abortion, unplanned pregnancies and contraceptive use. Most of the religious institutions in South Africa always preach about abstaining from sex. I think, it is unrealistic for my generation to abstain from sex. I believe, in order to prevent unplanned pregnancies in South Africa, religious institutions have to be more open-minded in discussions about contraceptives, abortion, unplanned pregnancies and contraceptive use"*. Again one agent of socialization after another are being pointed fingers at to play a more educative role in these matters than they are

prepared to do at the moment. However, it would also be naïve to expect churches to promote abortion and other such methods as they are in direct contradiction to the values they stand for.

The remaining six (6) participants gave similar responses regarding their strategies to prevent unplanned pregnancies among girls in South Africa. Their narratives centered on the South African government's role in reducing unplanned pregnancy among girls in the country. They indicated that the South African government should put more effort spreading information about contraceptives, abortion, and unplanned pregnancies and their effects not only on the family and the individual involved but also on government and the nation as a whole.

4.5 Conclusion

This chapter presented and interpreted data that was gathered using in-depth interviews with female students at Fort Hare University (East London campus), South Africa. On the basis of the data presented above; it is revealed that the majority of the females have a negative attitude toward unplanned pregnancies, majority of which were also unwanted. They hold positive attitudes toward contraceptive use. However, although they know about the existence of different methods of contraception, they lack practical knowledge on how to use them efficiently in order to obtain maximum protection. Perhaps the sources of participant's knowledge namely, friends, relatives and to a smaller extent boyfriends are not adequately educated to inform them sufficiently on the efficient use of the contraceptive methods they should use. The South African government has to spread more information about contraceptives, abortion, unplanned pregnancies and contraceptive use, while parents, schools and churches have to be more open-minded in discussions around these issues.

The female students continue to have unplanned pregnancies despite their knowledge about contraception and abortion. This is because of the inadequate use of contraceptive methods by the female students. Other factors at play include: Their unwillingness to use protection emphasizing maximum pleasure instead, traditional and religious beliefs, some influence from family especially mothers who want grandchildren, and the passion for motherhood. A few of course did not know anything about abortion, one of them was even ignorant about contraceptives.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a critical discussion of the findings of the study as they relate to the theoretical framework and the reviewed literature. It reflects on the objectives the researcher intended to achieve and confirms whether they have indeed been adequately achieved. The chapter also provides some conclusive remarks and makes recommendations regarding the solutions to the problem of unplanned pregnancy in South Africa and elsewhere.

In summary the study aimed to achieve the following objectives:

1. To examine the attitudes and perceptions of young female university students towards unplanned pregnancies, their (pregnancies) associated influences and their social economic consequences on the participants and their families.
2. To examine their level of knowledge, the sources thereof and their attitudes and use of contraceptives and abortion as possible influences of unplanned pregnancies.
3. To explore possible and effective intervention strategies in an effort to curb the phenomenon of unplanned pregnancies.

The study utilized Dorothy Smith's Feminist Standpoint Theory and Patricia Hill Collins' black feminist epistemological framework to guide both the research approach and the interpretation of findings. To Smith and other feminist theorists, women were deprived of the authority to speak, and their experience therefore has not been given a voice, or a language, instead as she says "they have taken from the cultural and intellectual world created largely by men the terms, themes, conceptions of the subject and subjectivity, of feeling, emotion, goals, relations, and an object world assembled in textually mediated discourses and from the standpoint of men occupying the apparatuses of ruling" (Wallace and Wolf, 2005:294). For this reason, the participant's in the research study were given a platform where they had space to state their own experiences, feelings, perceptions, needs, preferences etc. Indeed it has been shown that outside

influences played a role in determining whether the girls exercised their right to abortion as granted by the Choice on Termination of Pregnancy Act, 92 of 1996 or not, once they realized that they, without intention, had fallen pregnant. Such factors included traditional, religious and cultural beliefs. This finding is in line with the study's argument that women still experience gender related pressure to behave in line with society's prescribed ideals surrounding their behavior not only as women, but also young, Xhosa girls. All these and more intersect to form the different patterns of social inequality that Patricia Hill Collins refer to as the "matrix of domination". In other words women are not only marginalized on the basis of their gender, but also on the basis of their age, ethnicity and race. As a result of this marginalization, they are confronted by societal and cultural barriers (relations of ruling) which influence their choices on abortion despite the fact that it is their legal right. The social status of a father for example, as a church leader in the community will determine the consequences of a daughter's unplanned pregnancy as was the case with one participant who had to flee from her parents' home because of her father's position as church leader in the community.

Following feminists' efforts to free women from the bondage of subordination, women in the modern societies are more independent to make their own choices or decisions, particularly relating to reproduction, their bodies, and sexuality (Choice on Termination of Pregnancy Act, 92 of 1996). In a reversal of events therefore, knowing their right to choose when, how and with whom to have a child, a few participants, realizing they were pregnant, chose to carry their pregnancy to term and have their baby. This decision was purely their choice based on their desire to experience motherhood, even at the cost of delaying their education and despite the strain this would put on the scarce financial resources at their disposal, particularly given that none of the participants were employed. The same freedom of sexuality, led them to choose when to engage in sexual intercourse, as is true in one case where a participant and her boyfriend realized that neither of them was in possession of a condom, but went ahead and had sexual intercourse which resulted in pregnancy. It is debatable whether this was a deliberate choice or a force response!

As indicated in the literature, both Smith (1987:196) and Hill Collins (1990:294), in their rejection of the so called 'objectivity' in social research which they view as synonymous to male

idealistic scholarship, emphasized the importance of differences of individual experience. They argued that one's standpoint as a black or white woman, male, educated, uneducated, geographical location, married, poor, lesbian, gay, determine not only how they perceive the world and other people around them, but also how they are perceived. These differences pose possible biases in that they determine what we focus on and what we ignore as researchers. Therefore rather than obtaining an outsider perspective of experiences of the participants, the study focused on their 'inner horizon' and recorded narratives from "the horse's mouth" thereby validating the knowledge sought since such knowledge is viewed as 'expert' knowledge (Smith 1987:195). Indeed the feminist claim of differences in the way each individual experiences a given phenomenon, was clarified in this study, in that each individual participant (with the exception of a few), reported different circumstances under which they fell pregnant. The different circumstances included: The tearing of the condom used, using no protection at all for maximum sexual pleasure, having no condom at the time, forgetting to renew the contraceptive injection, taking an expired set of contraceptive pills, and ignorance about contraceptives. The reasons for carrying the pregnancy to term instead of abortion were also different, and included: A mother's desire for a grandchild, ignorance about abortion, pressure from a boyfriend not to abort a first born, superstition e.g., fear that abortion would bring a misfortune including death, religious beliefs that view abortion as an abomination, and the desire for childbearing and motherhood. This is evidence that generalizing women's experience of subordination and marginalization particularly regarding issues of their sexuality and reproduction in certain scholarly discourses is misguided.

Black feminist Hill Collins (1990:295) observed that women experience subordination not only in different levels of intensity and degrees, but are also confronted by different intersections of what she refers to as 'vectors of oppression'. One of the participants was rejected and denied access to her home by her parents when they discovered her pregnancy (out of marriage) which they viewed as a disgrace to them because the father was a respected member of the community. This continued for three months and only ceased after members of the extended family begged them for a change of heart, to receive her back. Another participant was abandoned by the boyfriend responsible for her pregnancy. These are not however, isolated incidences of patriarchal oppression, but a symptom of persistent subordination of women in society. This

however, does not mean that they can abuse their rights to violate other people's rights. It is simply an illumination of the different inequalities that affect women.

The perspectives of the participants with regard to unplanned pregnancy revealed only negative feelings and attitudes toward unplanned pregnancy. However these perceptions were formed only after the event due to the negative consequences of the pregnancy, which included: dropping out of university temporarily, failing an academic year, falling ill due to pregnancy, financial hardship, and rejection by parents and boyfriend. Prior to the pregnancy, the participants admitted to never thinking about the issue of unplanned pregnancy. Perhaps sharing such experiences with others would sensitize other youngwomen on the consequences of unprotected sexual encounters, a problem that based on the literature is not about to go away. As the reviewed literature revealed, young South Africans are still engaging in unprotected sex which is a great concern (Susan Babirye Kayongo, 2013:100). Kayongo further observes that South Africa is reported to have a high rate of unplanned pregnancies among adolescents and youth in general.

It is also important to note that unplanned pregnancy does not only affect the victim but their families, particularly parents who have to bear the brunt of the financial hardship as they struggle to cater for the needs of both the child and the mother. As indicated above, the parents also have to suffer the stigma of having a daughter who gets pregnant out of wedlock, particularly if they are religious leaders in the community. Moreover, since most of these students are on study bursaries, the funding resource, whether it be government or a private enterprise, is negatively impacted as the borrowed funds don't get paid back on time, if at all. Of course, the bigger impact is on government who has to spend a great deal of tax payer's money on child grants as the population growth persists in an upward trajectory. This occurs despite the large expenditure on reproductive health services and the making of such birth control services easily and freely available for South African citizens. Simultaneously, the pressure mounts on the same government to empower women through education and other development strategies.

It is further observed in the study that despite the emphasis placed on education as a strategy for the prevention of unplanned pregnancy, students at an institution of higher learning still report

engaging in unprotected sex for maximum pleasure. One student admitted to “having a lot of sex” until she fell pregnant and a friend took her to church, where she became a born again Christian. These findings are supported by other studies as reported in the literature review chapter. For example a study among university students in the Limpopo province of South Africa, showed that the use of condoms was perceived to be associated with a positive HIV/AIDS status. Students admitted to not using condoms as they were not HIV positive and therefore safe from contracting not only HIV/AIDS but other STIs (Peltzer 2001:55). In another study the students indicated that condoms made partners feel distrusted, the male participants maintained that “real men do not use condoms”, while the females stated that condoms cause vaginal injuries (Nicholas 1998:893). However, it must be highlighted that the participants in this study had positive attitudes toward the use of condoms.

Regarding the level and sources of knowledge surrounding contraceptive use, abortion, and the actual use of these resources by the participants, findings demonstrate that participants had adequate knowledge about contraceptive use and abortion. Only one participant (Mary) did not have any knowledge about contraceptive use before getting pregnant. She reported

“I did not know about contraceptive use before getting pregnant. I came from a very strict family. They prevented me from having too many friends. I became pregnant after getting admitted to the university here. I was having unprotected sexual intercourse with my boyfriend. I found out about contraceptive use from a nurse. I discovered that I was pregnant during a visit to hospital....”

Another participant did not have any knowledge about abortion. She also learnt about it in hospital (already pregnant) when a nurse warned her not to attempt an abortion as the pregnancy was too advanced. The remainder of the participants demonstrated that they had sufficient knowledge regarding contraceptives and abortions. However, they did not use the contraceptives adequately. For example condoms tore during intercourse and they became pregnant as a result, one used an expired set of pills that did not work, another forgot to renew the injection, one found herself in a compromising situation with her boyfriend yet neither of them had a condom

on hand, while one was just focused on maximum pleasure and so intentionally avoided using a condom.

The inadequate use of birth control methods could be explained by the sources of information regarding these methods. The majority of the participants were taught these methods by their friends/peers, a mother, a boyfriend, another relative, and on one occasion, by coincidence, a nurse. Although they were fed the information, they were never really trained or properly educated on how to effectively use these contraceptives. This can be regarded as a contributory factor to the circumstances surrounding the tearing of condoms during intercourse, or never renewing the injection and pill on time (to name a few). This is an area that needs urgent attention if the scourge of unplanned pregnancy is to be halted. Such gaps in knowledge were the focus of this study.

It is noted with concern that girls up to university level not only experience such gaps in knowledge about birth control, as mentioned above, but some have absolutely no knowledge in the first place. Contrary to this, we learn from the literature, that women that are highly educated usually have enough knowledge and information about contraceptive use, and because they are educated they have more employment opportunities, thus increasing their independence economically, which should enable them to have more control over their reproductive and sexual lives. Higher education and girls staying in school longer should lead to a reduction in HIV infection and unplanned pregnancies (Morrell R, Jewkes R, Christofides N, 2009:27). Authors like Troskie and Raliphada-Mulaudzi (1999:41) observe, that women with higher education are able to comprehend information about contraceptive methods, they are alsomore aware of their human rights, including their reproductive rights (which include birth control, access to abortions, contraceptive use etc). The authors further stated that if a woman is uneducated then she cannot enjoy her reproductive rights. Although the sample size for this study was too small to allow any substantial conclusions, it can safely be assumed that what has been revealed in this study might apply to a greater majority of the university student population, as has been shown by other larger studies.

An emphasis on the importance of education is endless in the literature surrounding unplanned pregnancies. This is further elucidated in the following examples - female education is a significant factor that influences contraceptive use (ORC Macro and NPC 2004:78). Women that are highly educated are usually more eager to be involved in innovative behavior than women with less or little education, and in some Third World countries, using contraceptives is very innovative (Osakinle 2003:50; Moore & Dyson 1983:49 & Caldwell 1979:67).

Just as in the case of contraceptives, although the participants had some level of knowledge of abortion as an option available to them in case of accidental pregnancy, many of them did not use this right, due to a host of reasons including the following:

- *“It was my mother’s idea. I am her only child and she was desperate to have grandchildren”.*
- *“My boyfriend begged me to keep the child because he does not believe in abortion. I only agreed to keep the child because of the fear that I may lose my boyfriend by aborting the child”.*
- *“I was warned by a nurse in the hospital not to abort the child because of fear for complications. She told me that it will be safer for me to keep the child because my pregnancy was already four months, I did not know I was pregnant until I felt ill and had to go to hospital”*
- *“I became a born again Christian during my pregnancy. Abortion was not an option for me because it was against my new found religious belief. I was a party girl before I gave my life to Jesus Christ. I was very sociable and having a lot of sex until one of my friends invited me to her church for a Sunday service, I was very touched by the sermon of the pastor that I felt he was talking directly to me because he was preaching about fornication and how someone will go to hell for having sex before marriage”.*
- *“I will encourage everyone that is pregnant either planned or unplanned to give birth to their child. I am totally against the concept of abortion; I think that it is very wrong for*

someone to have an abortion. Child bearing is a beautiful thing, even though I will not encourage anyone to have sex before marriage”.

All the above factors combine to sustain the prevalence of unplanned pregnancies even among females at such a high level institution such as a university. Contrary to the widespread belief that girls deliberately fall pregnant in order to access welfare, the findings of this study reveal an uncalculated occurrence of pregnancy that negatively affects the lives of many young girls in South African society. It is not surprising that HIV/AIDS continues to spread in the country. Clearly aggressive educational youth programs on reproduction and sexuality are required in communities and educational institutions.

The findings on abortion above tend to agree with the diverse perspectives reported in the literature by other researchers. Generally, research conducted on attitudes towards abortion among tertiary students globally, revealed that there is a tendency to hold liberal views towards abortion. Research conducted by Bailey (1993:49) on college student’s perceptions towards abortion at Eastern Illinois University concluded that female college students are more open-minded or approving of abortion than male college students. Another research study conducted among psychology students at a mid-sized southeastern university in America, by Bryan and Freed (1993:56); Carlton, Nelson, and Coleman (2000:101), discovered that while male and female students had similar perceptions toward abortion, on specific issues men are more supportive of abortion and they tend to support abortion for reasons such as choice of the sex of the baby. This trend of diverse perspectives is supported in the present study as well.

This indicates a persistent inclination of research on attitudes towards abortion to conceptualize these attitudes along a pro-choice and pro-life continuum, with pro-choice referring to the tendency or inclination to stress women’s autonomy, placing emphasis on the importance of choice to have or not to have an abortion, while pro-lifers oppose the idea of abortion, citing the sanctity of life (Harrison, Montgomery, Lurie, & Wilkinson, 2000:46; Rule, 2004:54; Varga, 2002:78). Research conducted by Bahr & Marcos (2003:77) has observed, that “in examining attitudes, it is not a simple case of approving or disapproving of abortion, but consideration of the varying conditions under which abortion becomes a necessary or possible course of action”.

This observation is in line with the finding by Finlay (1996:88) that males and females support abortion if rape has occurred, and when a woman's life is in danger because of her pregnancy.

The influence of individuals other than the mother herself unsurprisingly comes to the fore given the observation mentioned earlier by feminist analyses of women's subordination and the different intersections of vectors of oppression and inequality. In one case, a mother who never had the desired number of children sought compensation through grand children. Fear of losing a boyfriend who wants a child or fears aborting a first born, yet another rejects the girl for being pregnant without his consent, religious and other cultural beliefs all form part of the barriers that inhibit the successful prevention of unplanned pregnancy. On the other hand; genuine lack of knowledge of abortion or late discovery thereof are factors that militate against the prevention of unplanned pregnancies.

It is interesting to note that the desire for child bearing (knowledge of one's capacity to bear a child) featured as an important influence on unplanned child bearing, coupled with the desire for motherhood (the joy of being a mother). These young adults nourish the idea of having a child and being a mother. They may not like unplanned pregnancy, but child bearing and motherhood are important to them. Although this attitude is normal and positive it could have a negative influence on their peers who have not yet experienced being a mother. The fact that the girl makes the choice when and whether to have children, may be positive, however, the way this information is used could have negative outcomes both for the scholar and for other girls.

Views surrounding the desire to have children might again emanate from the traditional and cultural beliefs about child bearing. In villages or traditional African societies, many people still prefer to have large families because they view this as economically beneficial (Oni GA and McCarthy J, 1986:79). This means that many people that reside in villages or traditional African societies may resist the use of contraceptives and birth control in general (Caldwell JC and Caldwell P, 1987:78). As Weeks (2012:25) observes, in a pre-modern society, human beings were the principal economic resource. Weeks further notes that as young adults, these children formed the bulk of the labour force. Many parents still harbor this view of a large family as a safety net. At the same time, this view has been challenged; some authors acknowledge that in

modern times children do not necessarily provide this ‘insurance’ for their aged parents or extended family. Some may even be a liability (John R. Weeks, 2012:90). There is very little empirical evidence to suggest a positive relationship between fertility and the perceived need for old age security (Dharmalingam 1994:70; Vlassoff 1990:87).

On the other hand, as far as contraceptive use is concerned, parents, particularly the mother, are one of the vital sources of information. This is in line with the reviewed literature. According to Rosenthal & Smith (1995:88 as cited in Eaton et al., 2003) that parents are one of the most trusted sources of information about safe sex, and contraceptives. Parent-youth discussions about sex are reported to protect youth from other influences that might encourage unprotected sex. Whitaker and Miller (2000:79) discovered that parent-youth discussions about sexual-intercourse, lead to little or no influence of peer groups on sexual intercourse behaviour. Girls that communicate with their parents about sex are more likely to discuss sexual risks with their partners (Whitaker & Miller, 2000:65; and May & Levin, 1999:89) (as cited in Eaton et al., 2003). Di Clemente et al (2001 cited in Eaton et al., 2003:79) discovered that the perceived absence of parental monitoring has also been associated with decreased condom use, risky sexual partners and STDs. Apart from parents and boyfriends, peers are also identified as playing an important role as sources of knowledge regarding contraceptive and abortion practices. It is reported that people that are more inclined to peer pressure are more likely to engage in safe sexual intercourse (Gage 1998, as cited in Eaton et al., 2003:14). For example, students’ use of condoms depends on whether their friends use condoms frequently (Norris & Ford 1998:89).

With regard to the most effective intervention on curbing the phenomenon of unplanned pregnancies among female students in South Africa, the narrations given in chapter four (4) revealed that seven (7) out of ten (10) participant’s had the same view regarding the most effective intervention on curbing the phenomenon of unplanned pregnancies among female students in South Africa. Their emphasis focused on the South African government’s role in reducing unplanned pregnancy among female students in the country. They indicated that the South African government should put more effort in spreading information about contraceptives, abortion, and unplanned pregnancies and their effects, not only on the family and the individual involved, but also the effects on government and the nation as a whole. This means the seven (7)

participants believed that the South African government has the most important role in curbing the phenomenon of unplanned pregnancies among university students in South Africa. This could be viewed as a culture of dependency on government, (the so called- “culture of entitlement”). However, the point of emphasis should be since government are already exerting a great deal of effort (at least in theory), they may as well do it more efficiently through adequate training on birth control use.

The other three (3) participants had different views on how to curb the phenomenon of unplanned pregnancies. They do not believe that the South African government must play an important role in order to reduce the numbers of unplanned pregnancies in the country. This group of participants listed three different socialization agents, which include the parents, educational institutions and religious institutions as the most influential in reducing the phenomenon of unplanned pregnancies among their peers.

5.3 Recommendations

Even though the study acknowledges the effort of the South African government on creating awareness on contraceptives and contraceptive use, the study recommends that more effort is needed in this regard. The study also recommends that other agents of socialization, which include the family, parents, educational institutions and peer groups, should be more liberal in discussing and creating awareness about contraceptives, adequate use of contraceptive methods, abortion, unplanned and unwanted pregnancies in the country. It is further recommended that universities should organize seminars that focus on creating awareness about unplanned or unwanted pregnancies and highlight the negative consequences that accompany unplanned or unwanted pregnancy, for example by informing them that unplanned or unwanted pregnancy may negatively affect their education.

5.4 Conclusions

This study investigated the issues surrounding unplanned pregnancy among female students at Fort Hare University, East London campus, South Africa. The study was guided by Dorothy Smith’s and Patricia Hill Collin’s Feminist Standpoint Theory. The theory guided this study both in the area of research design and methodology, and in the interpretation of the findings. It was

revealed that the majority of the female participants have a negative attitude toward unplanned pregnancies, the majority of which were also unwanted. The female students of Fort Hare University have positive attitudes toward contraceptive use. However, the female students continue to have unplanned pregnancies despite their substantial knowledge toward contraceptive use and abortions. This occurs, as previously explained, due to inadequate use of contraceptive methods. It is the researcher's hope that the study will raise awareness about the prevalence of unplanned pregnancy and its effects on the "victim", family and country at large. Since the sample for this study was limited, it is suggested that further research be conducted to confirm the findings of this study by other researchers in the field.

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