

The Unplanned Teenage Pregnancy

Workshop Report prepared by Dr. S.M. Ross, Principal Specialist, Community Obstetrics and Neonatal Care, held at the University of Natal, July 1978.

A. BACKGROUND INFORMATION OBTAINED FROM A NUMBER OF SURVEYS

Teenage pregnancy rate

SURVEYS conducted in the Durban area of Natal showed that 18 per cent of all pregnancies occurred amongst teenagers with the incidence amongst the various population groups varying between Whites 14 per cent, Indians 17 per cent, Coloureds and Blacks 20 per cent. This compares with a world-wide teenage pregnancy rate of 10-15 per cent. Amongst primigravid pregnancies 33 per cent Indians and 53 per cent of Africans were found to be 18 years of age or less.

Sexual promiscuity

Pre-marital sex amongst young people of all major population groups whose educational status was post-matriculation varied from 30 per cent (mostly teenagers) to 76 per cent (mostly 20-25 years). Eighty-nine per cent of primigravidae in a township clinic were single. Seventy-one per cent of these were educated to Standard 5 or beyond but only 8 per cent had matriculated. Fifty-one per cent of primigravidae in an Indian township were pregnant before marriage but this included 28 per cent who completed the marriage contract before the infant was born.

Sex education

Forty-three out of 67 White young people had received sex education from their mothers and 16 out of 67 from fathers. By contrast less than 3 out of 89 African or Indian young people claimed to have received sex education from their parents and only 14 per cent of African midwives had given their children sex education. The commonest source of sex education for Africans and Indians was books (45/68) and friends (39/68). On the whole Whites received sex education from a greater variety of sources than did members of other population groups. The Church played a very small role in providing sex education. A surprisingly high percentage (33 per cent) of young educated Blacks had no recommendation to make concerning the ideal source of sex education. Of those who did make recommendations 8 per cent favoured parents, 22 per cent home and school and 41 per cent schools. An equal number of Whites (14/48) favoured home or home and school. An overwhelming majority of young people (93 per cent) felt that sex education should be given in high schools.

Sex counselling

The great majority of educated young people in all population groups expressed a need for sex counselling in their

communities (120/156) with 31 out of 156 uncertain. Abortion on demand had majority support amongst young people of all population groups, the overall percentage in favour being 65 (101/156).

Use of contraceptives

Seventy-seven out of 80 young African male and female respondents felt that contraception was the girl's responsibility. Only one person referred to the traditional Zulu custom of coitus interfemora.

Desirability of teenage pregnancy

In a township survey of 222 pregnancies in single primigravidae 89 per cent were unplanned and 46 per cent unwanted.

B. WORKSHOP DISCUSSIONS

(1) Reasons for teenage pregnancies

(a) Parental failure to educate children

- (i) Lack of knowledge, suitable books not available.
- (ii) Out at work — little time for education and control
- (iii) Failure to give moral teaching.

(b) Society failure

- (i) Poverty in some communities.
- (ii) Lack of recreational facilities.
- (iii) Contraceptives not sufficiently widely available.
- (iv) Failure to provide sex education with a moral basis.
- (v) Acceptance of need to prove fertility before marriage in some societies.

(c) Teen Failure

- (1) Peer group pressure to conform to supposed (promiscuous) norms yet survey of educated males showed that majority preferred to marry virgins.
- (ii) Failure to use contraceptives when at risk.
- (iii) Acceptance of double standards. Majority of males promiscuous yet would like to marry virgins by a majority of 2:1

Suggested Solutions

1. Improve recreational facilities for young people — provide sports stadia instead of beer halls.
2. **Education by:**
 - (a) *Parents:* Help parents to teach their children.

- (b) *Schools*: Should include education in reproductive physiology, relationships, responsible parenthood.
- (c) *Clinic staff*: Who should build confidence and given information so that the teenagers will find them approachable.
- (d) *Community organisations*:
 - 3. Contraceptives made more readily available but should be provided only after careful counselling possibly using a hand-out.
 - 4. More widespread dissemination of information re venereal diseases and venereal cancer.

2. The problem of contraceptive failure.

Common causes appear to be:

- (a) Failure to use additional protection when changing from one type of "pill" to another.
- (b) Forgetfulness.
- (c) Failure of absorption of pill when having gastrointestinal upset.
- (d) Deliberate failure to trap boy-friend.
- (e) Lack of support from boy-friend.
- (f) Failure to take 'pill' because of actual or supposed side effects.

Suggested solutions:

- 1. Education of all students from an early age about responsible parenthood.

- 2. Reinforce motivation and re-instruct re methods at every clinic visit especially the second.
- 3. Have a check-list so that patient is asked about possible side effects at every visit.
- 4. Provide free treatment for side effects.
- 5. Clinic staff should take time to allay anxiety re side effects.
- 6. Use of radio, television, newspapers to counteract irresponsible journalism which has given the impression that contraception is dangerous whereas pregnancy is much more dangerous especially if unwanted.

(3) The problem of male opposition or lack of male support for contraception.

Most men accept contraception as the woman's responsibility.

Suggested solutions: Education of males.

- 1. Begins with the old and the known and move to the new and unknown, e.g. traditional Zulu culture practised coitus interfemora.
 - :Employ more males to teach males.
 - :Explore opportunities for education in schools, mens organisations, churches, factories to employers and employees, to chiefs and teachers.

2. Expansion of women's rights:

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