

# Socio-economic Factors Associated with Teenage Pregnancy in the Mandela Park Community of Mthatha, South Africa

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## Abstract

Teenage pregnancy is a huge social problem in developing countries. Eastern Cape is one of the provinces in South Africa with a high rate of teenage pregnancy. The study that directed this article investigated the socio-economic factors associated with teenage pregnancy in the Mandela Park community of Mthatha, South Africa. Using snowball sampling and purposive sampling, a cross-sectional study was conducted using 15 females within the age group of 18–35 years residing in Mandela Park (Mthatha). A qualitative study was conducted through face-to-face, in-depth structured interviews. The target population comprised individuals who had become pregnant when they were still teenagers. Results of the study show that there is overwhelming disapproval of teenage pregnancy in the Mandela Park community. Results of this study also show that teenage pregnancy is still a problematic issue that needs to be addressed with immediate and appropriate intervention. The rising number of teenage pregnancies in the Mandela Park community of Mthatha was explored as possibly being a result of low socio-economic status and lack of sex education. The study, therefore, recommended that the government should allow children of any age to access contraceptives without parental consent. Furthermore, there is a need for regular safe-sex education in communities and schools, starting from the primary level.

**Keywords:** sexual behaviour; teenage pregnancy; teen mothers; financial burden; sex education; adolescence

## Introduction and Background Information

Worldwide, teenage pregnancy has been conceptualised as a social problem that needs redress (Gubrium et al. 2016). Thobejane (2015) argues that many factors that lead people to this perception include the fact that most teenage pregnancies occur outside marriage, so this act goes against societal norms, religious beliefs, moral precepts and cultural beliefs. Grant and Hallman (2006) argue that a teenage pregnancy carries a social stigma in many communities and cultures, generally associated with extreme dissatisfaction as it is seen to be against social standards and norms. Grant and Hallman (2006) note that the absence of enough information concerning sexuality and contraception measures, rejection fears and yearning for love are some of the reasons behind teenagers falling pregnant. Children born of teenagers are bound to have problems and to ultimately become adolescent parents themselves, hence propagating the pattern of poverty (Kaphagawani and Kalipeni 2017).

In South Africa, the provision of social grants has been observed as a factor that removes teenagers' fear of getting pregnant. This usually affects teens that are experiencing poor standards of living and teenage pregnancy, thus presenting a challenge to society. According to Health Statistics of South Africa (2007) one in five pregnant teenagers is infected with the HIV/AIDS virus. Results of the studies done by Thobejane (2015) show that approximately 80% of teenagers in South Africa are sexually active. Despite the availability of preventative measures and the scare of the HIV-AIDS pandemic in South Africa, the problem of teenage pregnancy is escalating, and Mthatha is not an exception (Adeniyi et al. 2018). Teenage pregnancy in Mthatha is conspicuously high and appears to increase above the level of high school dropout rate (Fuzile 2015).

Statistics released by the South African Department of Education (2015) show that the Eastern Cape Province recorded nearly 30 000 teenage pregnancies (Fuzile 2015). Mthatha is one of the towns in the province with teenage pregnancy rates averaging 800 or more per year (Fuzile 2015). The increasing rate of teenage pregnancies and associated social and economic problems linked to it have led to the conceptualisation of this paper. The following questions are pertinent: Is the government doing enough to deal with the challenges of teenage pregnancy? How does the Mandela community of Mthatha perceive teenage pregnancies? These questions are at the core of this study. The next section presents the literature review.

## The Health Belief Model

This study was anchored on the Health Belief Model, which is widely used in health education and health promotion as it is founded on a socio-physiological theory that focuses on an individual's attitudes and beliefs in trying to explain human behaviour. This model is driven by the premise that knowledge change precedes behaviour change. Therefore, knowledge about teenage pregnancy in Mandela Park, Mthatha, is important and essential in performing a motivational role for promoting the adoption of behaviour change. On its own, knowledge cannot bring sustainable health behaviour adoption.

The Health Belief Model was developed in the 1950s by American psychologists to explain the widespread failure of tuberculosis screening (Murima 2013). Irwin Rosenstock modified the model in 1974. Underpinned by value expectancy theory, the model assumes that behaviour is a result of an individual's expectations; hence behaviour performed is in response to beliefs and values held (Murima 2013). For this study, value expectancy referred to expectations and behaviour performed in response to beliefs and values held towards teenage pregnancy in Mandela Park of Mthatha. Therefore, an individual's values and beliefs towards health conditions influence their behaviour and decision-making towards teenage pregnancy. Value expectancy theory assumes that individuals take precautionary measures when they perceive themselves as susceptible to a disease or condition; they acknowledge the consequences of a condition as severe; accept that taking precautionary measures will be beneficial in reducing risk; and that benefits of taking action will overcome perceived barriers (Murima 2013). The Health Belief Model has been used to describe and explain a wide range of health behaviours. These are grouped into three distinct categories, namely preventative health behaviours, health risk behaviours, and contraceptive and vaccination practices. The second use of the model has been identified as compliance and adherence to medical regimens and recommendations following a diagnosis of illness. The last use of the model is clinical use, where the model has been used to explain health personnel behaviour, such as during an individual's visits to the doctor for whatever medical problem they have.

The Health Belief Model is applied in this study to understand teenagers' preventative health behaviours in terms of their knowledge, attitudes and perceptions towards teenage pregnancy. The Health Belief Model assumes that an individual's health behaviour is influenced by six key constructs, namely: 1) perceived susceptibility; 2) perceived severity; 3) perceived benefits; 4) perceived barriers; 5) cues to action; and 6) self-efficacy.

This study uses all six concepts of the Health Belief Model in exploring socio-economic factors associated with teenage pregnancy in the Mandela Park community of Mthatha, South Africa. The model's constructs are used to analyse the impacts of teenage pregnancy on the Mthatha community. This study also uses the teenagers' perceived severity of pregnancy in the Mandela Park area. Perceived severity has been used to inform communication interventions. This study also explores teenagers' perceived barriers with regards to contraceptive use, delaying sexual debut, and secondary abstinence. These can then be used to inform an intervention design that addresses socio-economic factors associated with teenage pregnancies in South Africa. Information from this study can be used as a powerful predictor for decision-making.

## Literature Review

### **Poverty and Teenage Pregnancies**

Poverty and child-headed households were identified by (Elkind 1984) and Macleod (2014) as the major contributors to teenage pregnancies. As a result of poor or no parental guidance and control, children engage in sexual activities at a very young age. This is confirmed by Mfono (2003), James, Van Rooyen, and Strümpher (2012), who report that teenage pregnancy is high among child-headed households, as they engage in sexual activities for money to assist them to survive. Mfono (2003) revealed in his study that there is a disproportionately high rate of teenage pregnancy among poor Black teenagers. Mfono (2003) also observes that economically poor countries have more teenage mothers, as compared to economically rich countries, and that poverty has a role in perpetuating teenage pregnancy. Because of poverty, access to contraception becomes a challenge for teenagers in poor countries.

### **Contraception**

Prevention services for teenage pregnancy are available free of charge in South Africa from different health centres. Nevertheless, few teenagers are making use of them. The study conducted by the Medical Research Council of South Africa (MRC 2007) and Hlongwa et al. (2020) showed that the attitudes of nurses at the hospitals and other health centres are a barrier to adolescent contraceptive use in South Africa. These attitudes hinder teenagers from seeking protection, and, therefore, contribute to teenage pregnancy. The MRC (2007) and Hlongwa et al. (2020) also found that the nurses' attitude to requests for contraception was highly judgmental and they were perceived as unhelpful to teenage mothers. Teenagers find it difficult to access health services that are primarily staffed and utilised by adults. These factors and the social acceptability of teenage pregnancy have resulted in high levels of unprotected intercourse and inevitably high levels of teenage pregnancy.

Although nurses' attitude influences the perpetuation of the occurrence of teenage pregnancies, it should be noted that social pressures can also prevent young women from using contraceptives. According to Lebesse et al. (2013), the myths around the usage of contraception and the side effects of some of the contraceptives have a profound effect on the health of women. Gaining weight, loss of appetite or increased appetite are some of the side effects of the Depo-Provera injected contraceptive. Consideration should also be given to the fact that some of the contraceptives are not a hundred per cent safe and thus contribute to the high rate of teenage pregnancy (MRC 2007).

Sexual activities among the youth are common, and it is likely that with such permissive attitudes towards sexual behaviour, a high proportion of young people are sexually active and, therefore, at risk. The mass media is also a contributory factor to teenage pregnancies.

## **Abuse and Domestic Violence**

Violence elevates the chances of engaging in sexual activity at an early age and consequently getting pregnant. Women exposed to abuse, domestic violence and family strife in childhood are more likely to become pregnant as teenagers, and the risk of becoming pregnant as a teenager increases with the number of adverse childhood experiences (Macleod 2014; Mokgalabone 1999). Mokgalabone (1999) also determined that in KwaZulu-Natal, boys raised in homes with a battered mother or who experienced physical violence directly were significantly more likely to impregnate a girl. The study also showed that between 11 and 20% of pregnancies in teenagers are direct results of rape, while about 60% of teenage mothers had unwanted sexual experiences preceding their pregnancy. Before the age of 15, a majority of first-intercourse experiences among females are reported to be non-voluntary. Ignorance is also another factor.

## **Ignorance**

A high degree of ignorance contributes to a failure in the prevention of teenage pregnancy (Molina and González 2012). This should be seen in the context of teenagers seeking to meet their sexual needs while not understanding the consequences of their sexual activities. Because of the ignorance among teenagers, they do not want to postpone sexual activities until they get married. Teenagers do not postpone sexual activities because they feel they are ready for sex (Molina and González 2012). Health Statistics of South Africa (2007) show that most girls fall pregnant at the age of 16, with girls as young as 11 more often found to be pregnant.

## **Financial Burdens**

According to Makhethhe (1996) and Akugri (2017), teenage pregnancy creates a huge financial burden for teenage mothers. These adolescents are often too young to obtain a job that allows them to earn an adequate salary to support a family, as they are inexperienced or under-educated. The teenage mother is then forced to work in a low-paying job to make ends meet. With the rising costs of childrearing, it is often impossible to get by. There is an option of receiving public assistance, but a person must meet certain standards to qualify. Makhethhe (1996) further states that public assistance is not a reliable source of income, as it is always subject to change and does not come close to matching an income needed to sustain the basic needs required. The task can be even more difficult, given the fact that a high percentage of teenage parents are single parents. Young adults are sometimes not ready to commit to long-term relationships or they are involved in such unhealthy relationships to the extent that they have to end them. This leaves one party with the obligation of raising the child alone. An absent parent can create insecurities in children and, depending on the parents' role in the child's life, this can make some children more prone to crime and other emotional issues. Linked to this are health problems.

## Methodology

The study that directed this article applied a cross-sectional research design, where the qualitative methodology was utilised. In-depth interviews, as well as observations, were used as research instruments. Fifteen participants aged between 18–35 years, residents of Mandela Park in the community of Mthatha, were interviewed. Ethics approval was obtained from the University of KwaZulu-Natal. Written and oral information about the project was provided to all participants, and written informed consent was obtained and securely stored.

### Participants

The target population comprised females who had a family member who had become pregnant when she was a teenager, and individuals who were impregnated when they were still teenagers. The researcher moved around from one household to another to interview people. Firstly, upon proper identification and agreement by participants, the researcher asked if participants had a family member who had become pregnant when she was a teenager. The inclusion criteria, therefore, were only focusing on families who had a child who had become pregnant when she was still a teenager, or ladies who became pregnant when they were still teenagers. This assisted in getting information from people who had practical experience of the challenges associated with teenage pregnancy.

Participants were selected using snowball sampling and purposive sampling methods. Purposive sampling assisted in identifying rightful candidates to interview. This involved the researcher's judgement on whether the approached participants could give answers to interview questions. Snowball sampling assisted in getting participants in advance, as existing participants could assist by pointing out and identifying more families and individuals whom they knew had a child who became pregnant during her teenage years. This assisted the researcher to walk directly to households from where he could get answers through referrals of previous participants.

### Qualitative Data Generation and Analysis

The interview topic guide was developed in line with the research questions and literature regarding socio-economic challenges associated with teenage pregnancy in Mandela Park, Mthatha. Respondent validation was conducted to increase the reliability and accuracy of the data through participant feedback.

All interviews were transcribed verbatim. Qualitative analysis of the interview transcripts was carried out using thematic analysis. Transcripts were read multiple times to facilitate familiarity with the data, and coding was conducted systematically across the data set by the primary researcher. Potential themes were then abstracted from the codes, with themes being representative of repeated patterns of meaning across the data set. Themes were reviewed for coherence through an examination of all coded text segments for each candidate theme. To ensure criticality and integrity, all transcripts,

codes, and emergent themes were reviewed for coherence and agreement. Any disagreements were resolved following in-depth discussion and re-examination of the data set. Anonymised, verbatim participant comments are provided in the section below to illustrate the findings. All participants have been assigned a pseudonym.

## Results

All participants were females, a mix of teenage mothers and guardians who had a child who became pregnant when she was still a teenager. All respondents ranged between the ages of 18–35 years.

The findings of this study show the influence of media as one of the primary causes of teenage pregnancy in the Mandela Park area of Mthatha. One of the participants had this to say:

I think things we are watching nowadays on TV are a contributing factor. You can't watch a movie or soapies without sexual issues being acted upon. Even cartoons nowadays you see them kissing, this has an influence on kids who would want to experiment after watching. (Mary, aged 32)

Another participant had this to say:

Everything we watch nowadays sex is involved, every movie or anything on TV somewhere somehow there is sex issues. What do you think kids will say after watching such? (Rudo, aged 30)

These findings seek to describe that teenage pregnancy rates are higher among teens who frequently watch movies or television programmes with explicit sexual behaviour and sex dialogue. This seeks to review that sex scenes on television can influence teens to have sex at earlier ages, and television shows that highlight the positive aspects of sexual behaviour without the risks can also lead teens to have unprotected sex before they are ready to make responsible and informed decisions, as also noted by Love Life (2007).

Participants in this study were aware that clinics and hospitals provide free contraceptives to at-risk teenagers. The participants were asked the question: "What are the reasons teenagers are not accessing safe sex education?" Participants highlighted that teenagers in the area are too ignorant to access sex education services. One of the participants had this to say:

These kids, without knowledge, they just engage in sex because they feel like doing it, not knowing the consequences. I think we need help because this will continue if not addressed and if the information is not fully given to these kids. (Melpa, aged 35 age)

Another respondent said:

Trust me, I do not even know what is wrong or where we are missing it. As a mother, I tried to be there for my daughter but here I am nursing a baby of a baby now. Information is everywhere, but they just do it for the fun of it and end up being pregnant. (Thokozile, aged 35)

The findings of this study, therefore, confirm that the government has endeavoured to establish services for at-risk teenage mothers. However, in most instances, teenagers do not utilise these services, although they have good knowledge of contraceptives. These views contradict the findings of Mothiba and Maputle (2012), who report that adolescents lack knowledge or access to conventional methods of preventing pregnancy as they may be too embarrassed or frightened to seek such information.

Poor interaction and a lack of open discussion between parents and children about sex issues were reported as contributing factors to teenage pregnancy. This was reflected by responses like:

I cannot talk about sex with my family because they will start suspecting that I am engaging in sex and they will make my life very difficult. (Girl, aged 16)

My parents will suspect me of being naughty if I attempt to discuss sexual issues with them. (Kayla, aged 18)

Another teenage mother (19) also said:

These our mothers are strict. With my mom, personally, I never have time with her. It is always work and work for her. Worse, to start talking of sex issues with how busy she is. She never has time with us as her children. So, we only know of things we hear and learn from friends. (Micah aged 19)

Teenagers' fear of discussing sexual issues with their families was also noted as one of the contributing factors to teenage pregnancies in Mandela Park, Mthatha. This is shown in this excerpt:

You know it is difficult to just start talking of sex with my family members. In as much as they know I now feel for it, and as a girl, culturally and being shy also, it is not easy for me to just start a topic like that, with my mother or family members, especially my father, I think he would literally beat me up. (Shalom aged 19)

These findings highlight the gap and a lack of openness between teenagers and their parents as far as guidance and discussions about sexual issues are concerned. The findings of this study indicate that teenagers are hesitant to talk to their parents because they feel they are misunderstood and judged; therefore, they rather talk to their friends about sexual issues. This shows that families are not actively involved in fighting the alarmingly high rate of teenage pregnancy by giving guidance and discussing sexual issues openly and honestly with their children.

Participants of the study also reported that a child support grant is very important. However, it has removed fear from teenagers to get pregnant because they know they are going to get support from the government. One of the participants had this to say:

We cannot say child support grant is causing or is the main cause of teenage pregnancy, but we must admit that these kids are no longer afraid of getting pregnant because they know if they give birth, the first thing they do is to register for the grant. I asked my daughter when she got pregnant about who will take care of the child. She openly told me she will register the baby for the grant. It is not the cause but it has removed fear from these kids of impregnating each other. (Thandazile aged 34)

Participants acknowledged the role of alcohol in contributing to indulgence in sexual activities. This supports the report by Statistics South Africa (2007), which states that 99% of the youth who take alcohol and other substances are running a high risk of falling pregnant or being infected with HIV/AIDS and other STDs. One of the respondents had this to say:

These kids, when they drink, they lose control. All they think of is sex sex sex. (Rudo, aged 35)

Another respondent also said:

After drinking, they go on to sleep with each other irresponsibly; now we are nursing kids of our kids who still need care themselves. (Melpa aged 35)

## Discussion

The results obtained from this research reflect the participants' knowledge, personal experiences as well as beliefs. Participants were aware of the causes and dangers of teenage pregnancy. Participants thus regarded teenage pregnancy as a problem that had to be addressed urgently.

However, findings show that teenagers were ignorant about teenage pregnancies and related matters, and that is why they did not prevent themselves from becoming pregnant. As revealed by the study, teenagers do not utilise available services, although they have good knowledge of contraceptives. These views contradict the findings of Mothiba and Maputle (2012), who reported that teenagers lack information on contraceptive use and are afraid of being judged when seeking such advice.

This study highlights that it is not easy for teenagers to discuss sexual issues with their parents, and they are afraid of being misunderstood. This, therefore, shows that families are not actively involved in the fight against teenage pregnancy. Participants acknowledged the role of alcohol in contributing to indulgence in sexual activities. The influence of the media and what is being aired on television was also regarded as an influence leading to the high number of teenage pregnancies, which is why this study recommends the revision of government rules on what is being televised.

## Recommendations

The public must be reminded regularly about the consequences of teenage pregnancy. It is necessary to inform the public through the media that although teenagers fall pregnant, at times, it is not entirely their fault. There are factors like poor communication with their parents, poverty and child-headed households that contribute to this problem. Such education will eliminate the stigma that is associated with teenage pregnancies.

It is also recommended that the government should have sex education services available to teenagers to reduce the number of teenage pregnancies. Sex education must be introduced in schools from the primary level. The government should allow children of any age to access contraceptives without parental consent. While it is important to work on reducing the number of teenage pregnancies, the emotional, developmental and financial needs of pregnant teenagers should be considered in policymaking to prevent these teen mothers from being trapped in the cycle of poverty. Teenage mothers must start accessing grants during the pregnancy period.

Intervention within a social development framework is also needed through social workers and public health officials. These support services are very important in assisting teenage mothers. The intervention should be preventative and supportive, educating them about the consequences of unprotected sex in the future, as well as the importance of education, self-discipline and valuing their bodies. Some teenagers might not be receiving such information from their families. The Department of Education should acknowledge that families do not openly discuss sex issues with their children, and must implement sex programmes that are compulsory for learners from as early as their first grade. In this manner, children will be informed and knowledgeable about health and sexual issues before they start experimenting with sex.

This study implores parents, teachers and learners to take joint responsibility and plan together to be more preventative in their attempts to reduce the number of teenage pregnancies. The focus of the interventions should be preventative and not curative. A more integrated and interdisciplinary approach should be followed to impact the severe problem of teenage pregnancies in South Africa.

## Conclusion

The study was undertaken to explore the socio-economic challenges associated with teenage pregnancy in Mthatha in the Eastern Cape. The findings reveal that lack of communication between the parents and the teenagers has contributed to the high rates of teenage pregnancies in Mthatha. The role of the media and high poverty levels are contributing factors to teenagers falling pregnant. It was also shown that teenage pregnancy is not acceptable, and once teenagers become pregnant, the community does not help them in any way. The study recommends that the government should increase the services offered to children on sex education.

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## Ethics, Consent and Availability of Data and Materials

Ethics approval has been obtained from the University of KwaZulu-Natal. Written and oral information about the project was provided to all participants, and written informed consent was obtained and securely stored. Anonymised transcripts are available from the corresponding author.

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