

Rural Realities: Navigating Early Pregnancy in Vulnerable Communities

Problem statement

Globally, 13% of adolescent girls gave birth before the age of 18 in 2022.¹ During the same period, Sub-Saharan Africa had one of the highest birth rates in girls between the ages of 15 and 19 years (99 per 1,000 girls).¹ This was more than double the world average during the same period (42 per 1,000 girls).¹

Birth rates in adolescent girls

In 2024, South Africa had a birth rate* of 40.7 per 1,000 girls between 15 to 19 years of age.³ In the younger age group, the birth rate was much lower at 10 per 1,000 for 10 to 14 year olds.³ According to the 2022/23 District Health Barometer, there was a 5% decrease in deliveries in facilities among 10 to 19 year olds between the 2021/22 and 2022/23 period (from 139,361 to 132,280).⁴ However, prior to that there was an annual increase in deliveries in facilities in this age group from 2018/19 to 2021/22, resulting in an average increase of 6% over the five year period.⁴ The delivery in facility rate for 10 to 19 years olds is an approximate measure of the adolescent birth rate.⁴

Another notable finding is that the ten districts with the highest delivery in facility rate for 10 to 19 year olds in 2022/23, are all rural districts. Furthermore, of the twenty worst-performing districts for this indicator, nineteen are rural (seven of which are in KwaZulu-Natal and six in the Eastern Cape).⁴ This provides strong motivation for prioritising pregnancy prevention for adolescents in the rural districts of South Africa.

Pregnancy rates in adolescent girls

Adolescent pregnancy rates[†] are also increasing in South Africa with an increase from 26.8 per 1,000 in 2017/18 to 30.5 per 1,000 in 2021/22 for girls 10 to 19 years of age.⁷ In South Africa, there was a notable increase in the proportion of pregnant girls aged 14 to 19 years between 2021 and 2022 (from 2.7% to 3.8%), however, this is still lower than in previous years (e.g. in 2019 the proportion was 5.7%).⁸ Another study in South Africa's public health sector calculated that there would be a total of 80,093 pregnancies (including deliveries and terminations) for the combined age group of 10 to 19 year olds in the 2021/22 period.⁷ However, despite this apparent decrease, the actual number of pregnancies had been increasing annually from 2017/18 to 2020/21 resulting in a percentage increase of 16% for that period.⁷

According to analysis of data from the 2016 Community Survey, pregnancy rates in 15 to 19 year olds were higher in rural areas than in urban areas.⁹ Similarly, the Department of Basic Education's analysis of the General Household Survey of 2019 found that rural provinces such as Limpopo and Mpumalanga had higher pregnancy rates than more urban provinces such as Gauteng and Western Cape.⁷

Summary of findings

The overall increase in adolescent birth rate combined with the increase in adolescent pregnancy rates, highlight the need to address the issue of pregnancy prevention in this age group. The goal should be

* Birth rate refers to the number of live births²

[†] Pregnancy rate refers to the number of pregnancies occurring per 1,000 females⁵ for the relevant age group. The total number of pregnancies includes all live births as well as abortions and miscarriages.⁶

to strengthen current programmes and increase access to sexual and reproductive health services for adolescents, particularly in the rural areas of South Africa.

Aim

- Understand the reasons why early pregnancy occurs to assist in developing strategies for prevention services tailored to the needs of this age group.
- Highlight the need for improved access to sexual and reproductive health services for adolescents, particularly those in rural areas.
- Advocate for comprehensive education campaigns on contraceptives and the impact of early pregnancy to encourage effective uptake in adolescents.
- Emphasise the importance of decreasing stigma towards contraceptive use and early pregnancy, to ensure better access to healthcare services.
- Highlight the role of socio-cultural factors in unwanted and unintended early pregnancy and explore ways to provide social protection to adolescent girls.
- Provide information on early pregnancy and its impact on the future of adolescent girls.
- Make recommendations to reduce pregnancy and birth rates in adolescents.

Rational of literature

Many pregnancies in adolescent girls are unwanted. According to a study in South Africa, there were 57,610 terminations of pregnancy (TOPs) in total between 2017/18 and 2020/21 in adolescent girls aged 10 to 19 years.⁷ Furthermore, terminations of pregnancy increased by 8.3% from the 2017/18 to 2020/21 period,⁷ which highlights the issue of unwanted pregnancies in adolescents.

Reasons for unwanted pregnancies

1. *Supply-side factors*

South Africa has experienced issues with contraceptive access in the last few years due to factors such as contraceptive stockouts,⁷ decreased health facility access during COVID-19,⁷ and decreased distribution of both male and female condoms.⁴

2. *Demand-side factors*

One possible reason for these unwanted pregnancies is the inconsistent or incorrect use of contraceptives.¹⁰ Poor contraceptive uptake is another factor that may result in unwanted pregnancies. These issues with uptake are associated with unfriendly health services, as well as “stigma and discrimination by health care workers, friends, families, and other institutions”.¹⁰

3. *Socio-cultural and economic factors*

A systematic review found that the most common predictors of early pregnancy in sub-Saharan Africa include “sexual coercion or pressure from male partners; low or incorrect use of contraceptives; lack of parental communication and support, or poor parenting; low socioeconomic status; economic constraints, low income or lack of employment opportunities; and low educational expectations and school dropout”.⁷ Socio-cultural factors such as ethnicity and religion have also been shown to influence teenage pregnancy, more so in urban than rural areas.⁹ Nonetheless, these findings can be used to strengthen pregnancy prevention programmes by allowing them to target higher risk groups.⁹

Interventions

Non-governmental organisations have attempted to reduce teenage pregnancies in South Africa through programmes that include sex education, peer education, mass media and clinical initiatives.⁹ Some campaigns managed to encourage safe sex practices but were not effective in reducing teenage pregnancy.⁹ The most effective programmes for reducing teenage pregnancy have been those that reinforced career aspirations and, research has shown that educating children on the consequences of unintended pregnancy may also be an important tool.⁹

In 2018 the South African Department of Basic Education drafted a policy to address early pregnancy called the *Draft DBE National Policy on the Prevention and Management of Learner Pregnancy*.¹¹ This policy addresses access to education, sexual literacy and services, care and support, stigma and discrimination as well as the need for privacy and confidentiality.¹¹ However, more research is needed to assess the impact of this policy, as the recent adolescent pregnancy and birth rates remain high.

Impact of early or unwanted pregnancy

1. Death

Globally, maternal conditions are among the top five causes of both death and disability-adjusted life years in adolescent girls.¹ At 7 girls per 100,000, maternal conditions are the second leading cause of death for girls between the ages of 15 and 19 years,¹ despite maternal causes of death being mostly preventable.¹²

2. Education

Teenage pregnancy is a leading cause of girls dropping out of school in South Africa.¹³ A study in the rural Bushbuckridge subdistrict of Mpumalanga showed that of 2,365 young women attending school between grades 8 and 11, almost 16% fell pregnant during the study.¹⁰ This study showed that girls who had a pregnancy were 2.36 times more likely to leave school, compared to girls who did not fall pregnant.¹⁰ They were also more likely to repeat a grade or have poor school attendance.¹⁰ Pregnant girls that did remain in school, often had high absenteeism due to dizziness, vomiting, nausea and exhaustion.¹³ In addition to this, girls who dropped out of school were more likely to fall pregnant,¹⁰ which may perpetuate the cycle. These factors may lead to poorer school performance or not completing school, and ultimately reduce the likelihood that these women will successfully enter the job market.

3. Economic impact

At an individual level, the impact of adolescent pregnancy on education completion affects the future earning potential of these young girls.¹⁴ The economic burden disproportionately affects marginalized communities and rural areas where there is pre-existing poverty and limited access to sexual and reproductive health services.¹⁴ In addition, there are the costs of childcare and as these young mothers are likely to have incomplete education, and hence limited employment opportunities, they may require social welfare from the government in the form of childcare grants and healthcare subsidies.¹⁴ This may in turn place a greater financial burden on public resources and negatively affect the economic development of the country,¹⁴ where 13 million rand was spent on child support grants between December 2022 and March 2023.¹⁵ Thus it is of utmost importance to ensure adolescent girls have greater control of their reproductive future through easy, safe and confidential access to contraception.

4. Stigma

Teenage pregnancy often results in stigma, which leads to feelings of shame in pregnant teenagers.¹³ Thus, most young pregnant women lack emotional support.¹³ One source of discrimination is school

teachers which, according to one study, played a role in pregnant girls dropping out of school in rural Mpumalanga.¹³ Other consequences of early pregnancy include: reduced status in the home and community; rejection and violence by family members, peers and partners; and being forced into early marriage.¹

Recommendations

Adolescent-friendly services

- Conduct surveys and focus groups with adolescents to ask them what would make sexual and reproductive health services more accessible for them.
- Train youth-orientated healthcare providers who are relatable, non-judgmental, and skilled in counselling.
- Provide appropriate counselling services to guide adolescents in their sexual and reproductive health choices and provide a safe space to discuss sex-related topics.

Improved access to services

- Explore the feasibility of access to contraception in schools to:
 - Increase access to the service, especially for people in rural areas.
 - Decrease stigma by making this an everyday service with education providers on board.
- Explore other options for contraception access points. This can be guided by the results of the surveys and focus group discussions conducted with adolescents (see above point).
- Ensure consistent access to and supply of contraceptives in clinics by:
 - Reducing stockouts, particularly in vulnerable communities.
 - Including a discussion on alternative contraceptive options in all counselling sessions so that adolescent girls are prepared for a change should a stockout occur.

Contraception education campaigns

Increase uptake of services

- Increase demand for contraception through education for both male and female adolescents at school and through various media platforms (social media, community radio etc.).
- Encourage uptake through role models, such as prominent community members, celebrities or sports stars advocating for contraceptive use in media campaigns.
- Make adolescents aware of the available services through media campaigns.
- Increase awareness of the adolescents' right to healthcare and of the relevant legislation (such as legislation that determines the age at which adolescents may access healthcare without their parent or legal guardian present, as well as legislation related to continuing education should a pregnancy occur).
- Education and counselling on the implications/consequences of early pregnancy on the adolescent girls' future.
 - This should take place in schools, at health facilities and in media campaigns.
 - It should also include a positive focus such as career aspirations of the individual.

Decrease stigma

- Increase awareness of the adolescents' rights and the relevant legislation (as for above point).
- Education on this legislation for healthcare providers and education providers to:
 - Improve support for ongoing education in the event of a pregnancy.

- Improve access to reproductive health services from a healthcare and education perspective.
- Emphasise the shared responsibility of both genders in early pregnancy and in the use of contraceptive methods (including barrier protection).
- Provide information on relevant data and statistics through knowledge translation that can be made available in media campaigns to communities. This may help create understanding and awareness in the social contexts of adolescent girls.

Intersectoral collaboration

- Collaboration between the departments of health, education and social services to:
 - Achieve the above listed recommendations.
 - Address the social determinants that place adolescent girls at risk of early pregnancy e.g. poverty and living in rural areas.

Conclusion

Early pregnancy in South Africa remains a pressing issue. Despite various initiatives, relatively high birth and pregnancy rates in adolescents, particularly in rural areas, indicate that current prevention programmes need enhancement. Effective strategies should include comprehensive counselling, education and awareness campaigns, adolescent-friendly health services, improved access to contraceptives, and the reduction of stigma associated with early pregnancy. Addressing these challenges is crucial due to minimising the impact and consequences of early pregnancy, such as increased maternal mortality, school dropouts, and economic burdens. A multi-sectoral approach involving education, healthcare integration, and social welfare is essential to successfully addressing the issue of early pregnancy in South Africa.

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