



## **Guidelines for Community Participation in Teenage Pregnancy Prevention Based on the Community-as-Partner Model**

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### **Authors' contributions**

*This work was carried out in collaboration between all authors. Author OAO conceptualized the study, designed the study, collected the data, do the literature search and wrote the preliminary draft of the manuscript. Author SCDW was involved in the experimental design, theoretical frame, data synthesis and interpretation. Author TMMM assisted in data interpretation, theoretical application and proof read the manuscript. All authors read and approved the manuscript.*

### **Article Information**

DOI: 10.9734/JSRR/2015/13727

#### Editor(s):

- (1) Amit Balakrishnan, School of Pharmacy, University of Maryland, Baltimore, USA.  
(2) Luigi Rodino, Professor of Mathematical Analysis, Dipartimento di Matematica, Università di Torino, Italy.

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Complete Peer review History: <http://www.sciencedomain.org/review-history.php?iid=749&id=22&aid=7207>

**Original Research Article**

**Received 31<sup>st</sup> August 2014**  
**Accepted 15<sup>th</sup> October 2014**  
**Published 15<sup>th</sup> December 2014**

### **ABSTRACT**

**Aim:** The study explored the community stakeholders' perceptions in teenage pregnancy prevention and also identified current teenage pregnancy intervention programmes in a typical South African township.

**Methods:** The study was contextual with an exploratory strategy. The research design is both qualitative and quantitative designs. The sample size for the study was determined by saturation of data and consisted of 75 participants. The target population were teenagers and four samples consisting of parents, teachers, professional nurses and community leaders. The qualitative data gathering method was self-report using a semi-structured interview and the data gathering instrument used for quantitative data was a questionnaire. Owing to the verbal nature of the qualitative data, template analysis style was combined with content analysis using open coding according to Tesch's approach.

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**Results:** The findings revealed that although teenage pregnancy initiative was in existence in the community, the majority of participants' especially the teenagers had no knowledge of it. Teenagers in the study indicated that provision of condoms in school, preventing pregnant teenagers from schooling during pregnancy and stopping of social grants for teenage mothers as preventive strategies for the prevention of teenage pregnancy. All the participants viewed teenage pregnancy as a common occurrence in the community. The majority of the professional nurses' sample indicated that it will be more helpful to commence sexuality education among children before the age of ten. Majority of the parent participants in the study discouraged the use of contraceptives by teenagers for pregnancy prevention instead advocated for sexual abstinence among teenagers to be more viable in the teenage pregnancy.

**Conclusion:** The study provided evidence of the applicability of the "Community-as-Partner" Model in the prevention of teenage pregnancy. Guidelines for the prevention of teenage pregnancy from a broad community-based perspective, using the Community-as-Partner Model and the findings of the study were developed for registered professional nurses.

*Keywords: Teenagers; teenage pregnancy; prevention, community stakeholders; community-as-partner model; contraceptives; termination of pregnancy.*

## 1. INTRODUCTION AND THEORETICAL FOUNDATION

Teenage pregnancy is a major public health problem in many countries; it is a social concept that represents indices of teenagers' delinquency, moral deterioration and sexual liberalism [1]. In the African context, although there is an overall reduction in teenage pregnancy rate in almost all parts of the continent, teenage pregnancy still remains a serious predicament [2,3]. The South African National Department of Health has declared teenage pregnancy as a major problem [1,4,5].

According to the American College of Obstetricians and Gynecologists and Solomon-Fears, it is stated that in the United States, about three-quarters of a million teenagers below the age of 20 years get pregnant annually [6,7]. A figure which is indicated to be the highest teenage pregnancy rate of any developed nation [7,8,9,10].

Earlier studies have associated low socio-economic adversity with teenage pregnancy and early child bearing [11]. Whitehead [11] indicated that teenagers from socially disadvantaged backgrounds, characterized by poverty, large family and welfare dependency are at an increased risk of teenage pregnancy. Over the years, a number of studies have stated that insufficient knowledge regarding reproduction, sexuality, contraceptives and inadequate family planning facilities are some of the reasons teenagers do not use contraceptives thus, increasing their risk of getting pregnant [12]. Poor family relationships and family factors are also

linked to increase risk of teenage pregnancy [1,13-15].

There are various consequences of teenage pregnancy. Pregnant teenagers are face with much serious health, educational and socio-economic challenges. Teenage pregnancy do not only have negative consequences on a woman's health but also on the socio-economic status, and the general well-being of the whole population, therefore the high rate of teenage pregnancy is a world-wide public health concern [1,2,10,15].

Due to the long-term negative consequences of teenage pregnancy and childbirths, the prevention of unplanned teenage pregnancy and childbirths is imperative. Teenage pregnancy is not a simple social problem that can be addressed with appropriate educational and health messages but through comprehensive evidence-based approaches [16]. Only the participation of the different stakeholders could lead to a successful intervention [1,9,17]. The study therefore aimed at exploring teenagers and community stakeholders' perceptions in a typical South African township in the prevention of teenage pregnancy. Also, to identify current teenage pregnancy prevention activities and initiatives that is in place at the community level. Based on the evidence generated, guidelines with the purpose of addressing factors contributing to the high incidence of teenage pregnancy are provided.

The theoretical foundation of the study is the Community-as-Partner Model [18]. The Community-as-Partner Model was chosen to

guide the study as the focus is on health promotion of individuals and families within the context of the community. The model demonstrates the underlying philosophy of primary health care and it is referred to as a system model, with the system having a common function or aim, as well as boundaries and interrelated parts, with the interaction of all the parts making up the whole. The person, environment, health and nursing are the four concepts that are central to nursing and they provide a framework for the Community-as-Partner Model [18].

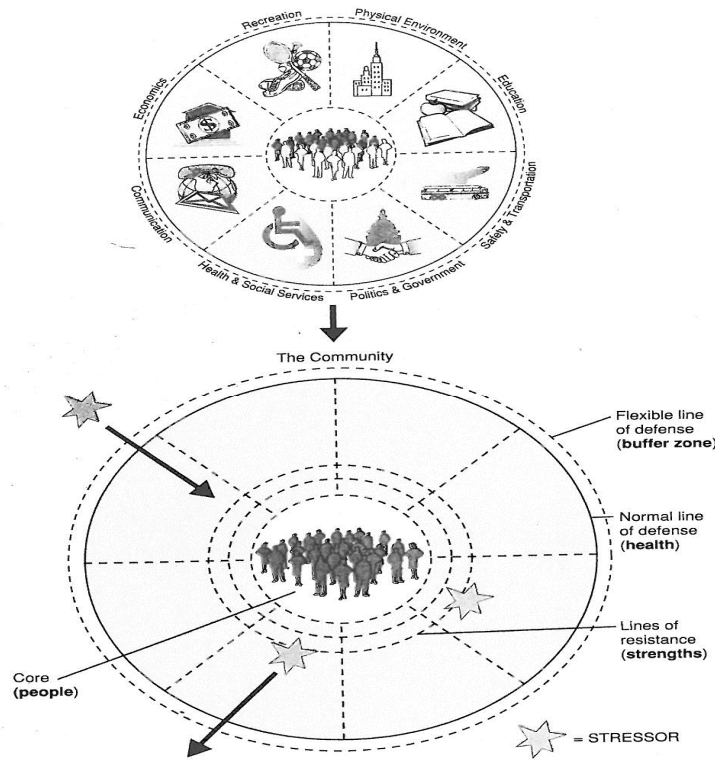
There are two central factors in this model, a focus on the community as a partner, represented by the community assessment wheel Fig. 1 and the use of the nursing process. Fig. 1 illustrates the Community Assessment Wheel.

The top of the wheel incorporates the people in the community as the core. As shown in Fig. 1, the community assessment wheel represents the people who constitute the community, which includes three parts: the community core, the

community subsystems and the community perceptions. The first part of the community assessment wheel, the community core is divided into four aspects, which are history, demographics, ethnicity, as well as the values and beliefs of the population.

The Community subsystem is comprised of eight subsystems, which can influence the community. The eight subsystems are physical, environment, education, safety and transportation, politics and government, health and social services, communication, economics and recreation. In this study, only four of the eight subsystems were explored, which were the health and social services, safety, education and communication subsystems.

The last aspect of the community assessment wheel, the community perceptions consists of the people's feelings about their community and the potential problems that can be identified. The normal line of defense is the solid line that surrounds the community [18]. Table 1 explains the application of the subsystems, as well as the deduced interview themes for the study.



**Fig. 1. The community assessment wheel**  
 Source: Anderson and McFarlane (2008) [18]

**Table 1. The application of the community assessment wheel of Community-as-Partner model and associated interview themes**

<b>Community assessment wheel</b>	<b>Application in study</b>
<b>Community core</b>	<p>The community core is something that is essential, basic and enduring. The first stage of assessing a community is to learn about its people and each community is unique. Although health may not be a primary objective or goal of the community, it may be the primary goal of the community nurse. It is therefore a vital resource for the community to meet its goals, such as the reduction in the high incidence of teenage pregnancy. The model focuses on the community as a whole and collaborating with the community stakeholders is an important aspect of working in the community. In relation to this study, the main function of the nurse is to assist the community to reach, maintain and promote health, with the aim of acting as a health advocate or facilitator in order for the community to have the necessary power to control its reaction to stressors such as the high prevalence of unplanned teenage pregnancy.</p>
<b>Interview themes</b>	<ul style="list-style-type: none"> <li>• History: History regarding the high rate of teenage pregnancies in Soshanguve schools and its environs</li> <li>• Demographic profile: Age, gender and position in the community</li> <li>• Ethnicity: Socio-cultural group</li> <li>• Values and beliefs :Meaning, acceptance and cultural beliefs about dating, community attitude towards teenage pregnancy and role in the prevention of teenage pregnancy</li> </ul>
<b>Community subsystems</b>	<p>As physical examination is an essential component of assessing an individual patient, so it is in the assessment of a community. There are eight subsystems in the community that can influence the community: the physical environment, education, safety and transportation, politics and government, health and social services, communication, economics and recreation. The provision of sexuality education in schools, availability of school health nurses as well as the provision of recreational facilities and the acceptable means of communication are linked to the occurrence of teenage pregnancy in the community. Also within the community are lines of resistance, hence the knowledge and acceptance of sexuality education for teenagers will boost the lines of resistance, being an internal mechanism that acts to protect against stressors, such as the prevailing high rate of teenage pregnancies.</p>
<b>Interview themes</b>	<ul style="list-style-type: none"> <li>• Health and social services: Knowledge and acceptance of contraceptives use</li> <li>• Safety: School safety</li> <li>• Communication: Sexuality education and communication and parental participation in child's education</li> <li>• Education: Knowledge and acceptance of termination of pregnancy and achievement expectation for teenagers</li> </ul>
<b>Community perceptions</b>	<p>These are the perceptions and feelings of community members regarding their community, as well as what they identify as the strengths and the problems within the community. It includes the general statement of the community nurse about the health of the community and this may consist of the strengths, the problems and the potential problems. Thus, it is essential to know what the community stakeholders (teachers, professional nurses, teenagers, parents and community leaders) think about the high rate of teenage pregnancies and their perception of its possible consequences and benefits. As a result, the community normal line of defence is expected to be strengthened, an increase in resistance to stressors and a reduced degree of reaction to stressors by the community. In line with the principles of primary health care, the community's competence to attend to its own problems strengthens its lines of defence and leads to interventions.</p>
<b>Interview themes</b>	<ul style="list-style-type: none"> <li>• Perception: Acceptance and cultural beliefs regarding teenage sexual experimentation</li> <li>• Potential problems: Problems and possible benefits of teenage pregnancy and childbearing</li> </ul>

Additionally, a community is regarded as a whole entity that functions because of the interdependence of its parts or its subsystems, which are the community core, community subsystems and community perceptions. The subsystems will provide the understanding necessary to offer an insight to the level of community participation in teenage pregnancy prevention. This will also help in proposing programmes, activities and strategies from the stakeholders' perspectives, as well as current literature, which will enhance teenage pregnancy prevention.

## **2. MATERIALS AND METHODS**

### **2.1 Research Strategy, Context and Sampling**

The study was contextual in nature. The study area was a township located in the Gauteng Province, South Africa.

Teenagers, parents, teachers, professional nurses and community leaders living in the study area were the target population. The inclusion criteria for the study were teenagers (male or female) between 13-19 years of age, teachers from high schools in the study area who teach pupils from Grade 7 to Grade 12 and professional nurses working with teenagers in primary health clinic situated in the study area. Convenient and purposeful sampling method was used and the sample size was determined by saturation of data which was achieved when 75 participants had been interviewed. Each sample was saturated independently, 60 interviews were analysed with new categories and 15 interviews analysed without new categories evolving. Thus, referential adequacy was attained, partially fulfilling the requirement of trustworthiness.

### **2.2 Data Collection and Analysis**

Data gathering for the study was self-report using a semi-structured interview technique and a questionnaire was used for the quantitative data gathering. Based on the Community assessment wheel of the Community-as-Partner Model which is the study theoretical framework an interview schedule and a questionnaire was developed.

Three qualitative data analysis methods were combined to analyse the data. A template analysis style [19] was combined with content analysis using open coding [20], for possible comparison of the five sample's findings the

template analysis style was essential. Template analysis style can similarly accommodate the interview themes based on the theoretical foundation for the study. A third method, quasi-statistics [21], was used as a validating method in order to ensure that the inferred themes and categories accurately reveal the perspectives of the participants involved in the study.

### **2.3 Trustworthiness and Ethical Considerations**

Trustworthiness in this study was established according to the strategies promoted by Lincoln and Guba [21]. The following strategies were used to ensure trustworthiness of the data. This includes interpersonal relationship and trust building, triangulation of data gathering methods, peer examination, member checking, authority of the researcher, nominated sample, dense description, consensus with the independent coder and dependability audit.

The Research Ethics Committee of Tshwane University of Technology, the Gauteng Department of Health Tshwane Research Committee, Gauteng Department of Education, the Facility Manager of the PHC clinic and the School Principals approved the study. Participant's rights were explained and informed consent and assent (for participants younger than 18 years) were obtained, as well as the permission to use an audio recorder. Interviews were conducted in a private room with only the participant and the researcher present in order to ensure privacy and no unnecessary intrusion into the participant's personal life. All the participants were interviewed within a period of five months (June to November 2012).

## **3. GUIDELINES AND DISCUSSION**

The guidelines are presented, using the three subsystems of the Community-as- Partner Model and the findings from the study. Each guideline is discussed with respect to the following:

- Introduction, which includes findings generated from the study with literature support.
- Strategy, which in this context refers to the plan for a successful action or the design to achieve a particular long-term aim.
- Suggested intervention, which means possible suggested actions that can be undertaken to manage the problem of unplanned teenage pregnancy.

In order to avoid repetition, the people involved in executing the suggested interventions and the expected outcomes are summarised at the end of all the guidelines.

### 3.1 Guidelines based on the Community Core

- **Introduction:** The problem of teenage pregnancy in the study area is of great concern to parents, teachers, health professionals and the community at large. Although there is prior research on teenage pregnancy in the community, there is no information concerning any community effort or involvement in teenage pregnancy prevention. Presently, there is no structured approach at community level for the reduction in the incidence of teenage pregnancy. Apart from sexuality education at school, the majority of the participants were not aware of any programme, activity or intervention focusing on the prevention of unplanned teenage pregnancies in the community.
- **Strategy:** To ensure momentum and sustainability in any teenage pregnancy prevention programme, there is a need to encourage community ownership of such programmes. Effective teenage pregnancy prevention programmes must involve the major stakeholders, which may range from teenagers to credible leaders within the community. There is a need for effective collaboration with the community stakeholders to ensure participation of all community members in teenage pregnancy prevention programmes.
- **Possible interventions:** Identification of a community member that could unite the stakeholders.

### 3.2 Values and Beliefs

Values and beliefs were discussed with respect to the meaning of dating, cultural beliefs, occurrence of teenage pregnancy, judgmental attitude of registered nurses and risk of teenage pregnancy.

#### 3.2.1 Meaning of dating

- **Introduction:** The evidence indicated that teenage dating meant a non-sexual relationship for most of the stakeholders including all the professional nurses. Only a few (16 of 75) of the participants, the majority

of whom were teenagers, mentioned that dating includes sexual intimacy. It appears as though there is a transition of the meaning of dating in the community towards a more liberal definition including sex in the relationship. Because of the lack of communication regarding sexual matters in the community, this transition may be unnoticed or unrecognised. The conflicting definitions of dating are a fundamental cause of teenage pregnancy.

- **Strategy:** Fostering open communication between all stakeholders
- **Possible interventions.** Community meetings inviting all stakeholders in the community to primary care clinics or local schools for discussions, using priests, pastors, ministers and community leaders to talk openly about stakeholders' understanding of basic concepts. It is important that open communication should occur regarding the meaning of dating between all stakeholders in the community. It would also be imperative to explore transitions in other basic concepts, such as alcohol use, smoking and substance abuse.

#### 3.2.2 Cultural beliefs about dating

- **Introduction:** The evidence from the study indicated that teenage dating is viewed as accepted behaviour as highlighted by more than two thirds (59 of 75) of the participants. Although the majority (54 of 75) of participants from the different socio-cultural groups responded that dating is not culturally accepted, all the teenagers (n = 15) in the study believed dating has become an acceptable behaviour. Dating can be viewed as a normal transitional experience for teenagers with the possibility of sexual involvement as indicated by some of the participants in the study. Culturally, dating is not accepted but teenagers are more westernised, they perceived themselves as 'free' and not culturally bound. Thus, dating is a crucial factor to be considered in the issue of teenage sexuality and pregnancy. It is vital for parents and other community stakeholders to understand what dating represents in teenagers' developmental stages of seeking intimacy and friendship.
- **Strategy:** Unpacking the different viewpoints of the stakeholders and finding a common ground.
- **Possible interventions:** Utilisation of existing infrastructure within the community

such as the public health systems, school based health services, community and religious centres as avenues to reach maximum number of teenagers and community stakeholders so as to relay viewpoints regarding teenage dating and sexuality in the community and establish a common ground.

### **3.2.3 Occurrence of teenage pregnancy and family support for pregnant teenagers**

- **Introduction:** With respect to the occurrence of teenage pregnancy, all the participants (n = 75) in the study indicated teenage pregnancy was a common occurrence in their community. However, the majority of all the participants indicated that although teenage pregnancy is not acceptable, if pregnant, most families do support their pregnant teenagers. They specified the continued support by family members is essential in maintaining the pregnancy, as well as the care for the baby after birth. The paradox is that teenage pregnancy is common but not accepted and pregnant mother and baby receive support. For the vast majority of teenagers, there is no immediate penalty for breaking accepted or expected culturally prescribed behaviour. The consequences of the behaviour are accepted on a social level and the negative consequences on a psycho-educational and financial level is ignored, thereby perpetuating poverty and increasing marginalisation of young black women. The future prospect of rising above their current situation is lost for the majority of the teenage girls due to this common occurrence. In this situation, a better future is not valued. There is never any penalty for the teenage male who impregnated the girl.
- **Strategy:** Raising awareness of the need to deal more effectively with teenage pregnancy occurrence in the community. The consequence on all levels must be exposed and brought to the surface.
- **Possible interventions:** There is need for the community at large to raise more awareness on the prevention of teenage pregnancy in the community. Modification of teenagers' sexual behaviour by providing accessible, affordable reproductive health services and developing a comprehensive strategy, which addresses the rate of teenage pregnancy in the community.

### **3.2.4 Judgmental attitude of registered nurses**

- **Introduction:** Concerning the judgmental attitude of community health service providers, the majority of the participants (59 of 75) mentioned that registered nurses and other health service providers have judgmental attitudes toward pregnant teenagers. It is important for registered nurses to regard themselves as part of the solution to teenage pregnancy since they are members and part of the community, not only functioning from their professional perspective, but as mothers, as well as their cultural perspective. This is possible especially in a community where strong cultural and religious beliefs condemn sexual activity among unmarried women. Registered nurses must communicate in a professional manner and use age appropriate language when communicating with teenagers. Reproductive services must be provided to teenagers in an unbiased and respectable manner.
- **Strategy:** Provision of necessary training and professional development by the Department of Health for professional nurses.
- **Possible interventions:** The reason for the judgmental attitudes requires research and registered nurses to be aware. It is also necessary to differentiate between professionalism and social conduct. Professionalism needs separating from cultural beliefs. Public clinics and registered nurses must be youth friendly in practice with improved and quality care, which is achievable through appropriate orientation in training conferences, workshops and symposia.

### **3.2.5 Risk factors for teenage pregnancy**

Many factors were highlighted as risk factors for teenage pregnancy and were categorised as personal, psychosocial, family, societal, media pressures and economic risk factors.

#### *3.2.5.1 Psychosocial factors*

- **Introduction:** Personal and psychological risk factors mentioned by the participants were teenagers' failure to use contraceptives, loneliness and low self-esteem, ignorance and lack of sexual information and indiscipline amongst teenagers.

- **Strategy:** Implementing programmes that target high-risk youths and promotion of positive youth development, such as education on healthy relationships and prevention of negative youth behaviour.
- **Possible interventions:** Focusing on each teenager by offering programmes that address emotional and social aspects, provision of reproductive services to teenagers, increasing number of youth development programmes and workshops in the clinics, schools, community centres and religious organisations should be periodic and regular events.

#### 3.2.5.2 Family factors

- **Introduction:** The family factors highlighted by the participants were, in some instances, a family's desire to have a grandchild, which was indicated by less than one third (4 of 15) of the professional nurses, lack of love, divorce and lack of parental guidance.
- **Strategy:** Provision of parent and family education and strengthening parents' communication ability on developmental family issues with their children of all ages.
- **Possible interventions:** Establishing a community coalition to address teenage pregnancy, family relationship challenges and engagement of parents and other community members in positive family relationships and youth programmes.

#### 3.2.5.3 Societal and media pressure factors

- **Introduction:** The societal and media pressure risk factors mentioned were pressure from friends, media influence, alcohol, substance abuse, rape and incest and lack of recreational facilities. The proposed views on how teenagers can resist pressure from their peers reflected by all categories of participants were the needs for teenagers to avoid bad friends and self-disciplined.
- **Strategy:** Comprehensive relationship education and alcohol prohibition to teenagers.
- **Possible interventions:** Media and peer-pressure education should be emphasised to teenagers and the community at large by the registered nurses, parents and other community stakeholders. There is a vital need to educate teenagers on the importance of developing self-esteem and confidence to be equipped to deal with the

issue of peer pressure. Community leaders and other stakeholders need to encourage teenagers to be involved in religious activities. Institution of necessary interventions against alcohol consumption among teenagers in order to ensure proper execution of the laws that prohibit teenagers from alcohol consumption, from shebeens and clubs within the community. Prevention of teenagers from using drugs, modification of teenagers' social habits through the provision of recreational facilities in the community.

#### 3.2.5.4 Economic factors

- **Introduction:** Economic risk factors for teenage pregnancy in the community, as identified by the participants, are maintenance of relationship, dating older men, poverty and child social grants. Teenagers' socio-economic status can influence their immediate context of pregnancy prevention as teenagers from socially disadvantaged backgrounds are at an increased risk.
- **Strategy:** Developing a comprehensive strategy that addresses the socio-economic status of families, career skill programmes and alternative incentives for teenagers from low-income households.
- **Possible interventions:** Focusing on each teenager by offering programmes that address social and economic aspects, community stakeholders should provide necessary support to all teenagers especially those at high risk, such as orphans. Teenage pregnancy prevention programmes must target both male and female teenagers and provision of monetary incentives or bursary for teenagers from low socio-economic background.

### 3.3 Community Subsystems

The community subsystems is discussed in terms of acceptance of contraceptive, school safety, importance and existence of parent-child communication and sexuality education, parents' participation in education and termination of pregnancy.

#### 3.3.1 Acceptance of contraceptives

- **Introduction:** On average, about 57.3% (43 of 75) of the total participants accepted the fact that teenagers should use contraceptives. This consists of 73.3% (11 of



15) of the professional nurses, 66.7% (10 of 15) of the teenagers, 66.7% (10 of 15) of the teachers, 33.3% of the parents (5 of 15) and 46.7% (7 of 15) of the community leaders. When the issue of parental consent for teenage contraception use was explored, 64% (48 of 75) of the participants indicated it was important to involve parents, since teenagers are still minors. The belief that contraceptive use by teenagers will encourage immorality and sexual freedom needs to be corrected.

- **Strategy:** Provision of comprehensive reproductive healthcare, contraceptives and preventative services that are confidential and anonymous in the clinics, schools, community and youth centres by registered nurses. Education on long-term contraceptive use and contraceptive counseling may be necessary to develop targeted services to guide and support teenagers.
- **Possible interventions:** Contraceptive use amongst sexually active teenagers should be encouraged by all stakeholders in the community, especially the practice of dual protection, which involves safe and protected sex. The Departments of Health and Education should provide extended clinical services in schools in order to provide accessible confidential services to teenagers. The importance of consistent, long-term and proper use of contraceptives should be emphasised to teenagers by the registered nurses.

### 3.3.2 School safety

- **Introduction:** The majority (9 of 15) of the teenager sample, more than one third (6 of 15) of the parents sample, a teacher, half (7 of 15) of the professional nurses and almost two thirds (9 of 15) of the community leaders mentioned some teachers have sexual relationships with school girls and many of the teenagers are pregnant because of this.
- **Strategy:** School safety, especially from sexual abuse and harassment by teachers. Proper punishment of teachers found guilty of abusing their students must be guaranteed.
- **Possible interventions:** Safe and conducive school environments that are able to monitor learners' movements prevent sexual harassment especially by the teachers and provision of adequate security should be ensured by the school authority.

### 3.3.3 Importance and existence of parent-child communication and sexuality education

- **Introduction:** All the participants described parent-child communication as a way for parents to communicate, interact or build rapport with their children, or openness between parents and their children. More than half (8 of 15) of teenage participants mentioned the nonexistence of parent-child communication in their homes. Good parent-child communication plays an important role in the prevention of teenage pregnancy, as parents are a reliable source of sexual information. All the participants indicated that parents could be involved in teenage sexuality education by educating and giving them adequate information.
- **Strategy:** Fostering open communication between parents and teenagers, provision of sexuality education to parents and other community stakeholders.
- **Possible interventions:** The community at large should understand the importance of open communication between parents and their children and early sexuality education at home. This is achievable through campaigns, workshops and rallies in the clinics, during parent-teachers meetings, in community centres, social and religious groups.

### 3.3.4 Parents' participation in their child's education

- **Introduction:** The majority (10 of 15) of the teenagers, parents and professional nurses, almost two thirds (9 of 15) of the teachers and the majority (11 of 15) of the community leaders all indicated that most parents are not actively involved in their child's education.
- **Strategy:** Fostering parents' participation in their children' education through community education by the teachers.
- **Possible interventions:** Parents and other adults should be educated through the provision of workshops on the importance of parents' participation in their child's education by the Department of Education. Teachers and other stakeholders need to encourage parents to participate adequately in their children's education as well as in all other aspects of life. Parents should attend parent-teachers meeting and regularly

follow-up on their children performances and behaviour at school.

### **3.3.5 Termination of pregnancy**

#### *3.3.5.1 Reasons and acceptance of pregnancy terminations*

- **Introduction:** All the participants had prior knowledge about pregnancy termination, its availability in public hospitals and clinics as well as its legislative framework in South Africa. In addition, all the participants in the study perceived economic reasons and fear of parents to be the cause of termination of pregnancy. The participants highlighted several reasons as to why teenagers obtain termination of pregnancy services. Teenagers in the study mentioned pregnancy due to multiple partners as well as indiscipline and irresponsibility amongst teenagers. The professional nurses highlighted teenagers' failure to use contraceptives, ignorance, the fact that abortion is legally available and lack of parental supervision. The participants were asked if they support or accept pregnancy termination among teenagers and the majority (63 of 75) were against it, indicating religious beliefs as their reason. From the evidence generated in the study, the professional nurses indicated that pregnant teenagers are misusing the termination of pregnancy services by engaging in frequent terminations.
- **Strategy:** Increasing teenagers' access to reproductive healthcare, contraceptives and preventative services. Community education regarding moral development amongst teenagers.
- **Possible interventions:** Prevention of unplanned teenage pregnancy by the provision of adequate pre-contraceptives counselling by registered nurses, prior to termination of pregnancy services to teenagers. Moral development amongst teenagers should be emphasised by all stakeholders.

#### *3.3.5.2 Consequences of pregnancy terminations*

- **Introduction:** All the participants mentioned infertility to be a consequence of TOP, community leaders' perceived consequence was eternal damnation after death and both the parents and community leaders mentioned regret or guilty conscience.

Notable from the professional nurse's sample was the lack of concern for the psychological consequences of TOP, their concerns were physical for example infection, cancer or incompetent cervix. The teenagers' concerns were psychological including trauma, depression and stress.

- **Strategy:** Provision of pre- and post-termination of pregnancy counselling and health education regarding the consequences of pregnancy termination.
- **Possible interventions:** Professional nurses must care for the psychological consequences of termination of pregnancy such as depression, trauma and stress, by providing post-termination counselling to alleviate possible psychological consequences of pregnancy termination.

### **3.3.6 Future plans and achievement expectation about teenagers**

- **Introduction:** The majority (52 of 75) of the participants in the study highlighted that teenagers in the community have no future vision. More than half (8 of 15) of the teenagers, the majority (11 of 15) of parents, almost two thirds (9 of 15) of teachers, two thirds (10 of 15) of professional nurses and almost all (14 of 15) the community leaders, believed teenagers were not preparing for their future. Furthermore, when asked about their expectations concerning teenagers all the participants (n = 75) indicated they expect teenagers to focus on their studies and have the determination to succeed in life.
- **Strategy:** Focus group discussions with teenagers in secondary school and alternative education sites, academic support including tutoring and progress monitoring with career and vocational preparation.
- **Possible interventions:** Creating future vision through academic and vocational support such as tutoring, progress monitoring and vocational preparation. Provision of monitoring programmes to expand life options and opportunities for youths. Career guidance and counselling should be available to teenagers in schools, clinics, in the community and religious centres by the professional nurses and other medical professionals, provision of talent training, skill building, scholarships and jobs for teenagers by the community stakeholders. Engaging peer educators, teenagers and other organisations in the

community as support to teachers in and out of the classroom, promotion of community service involvement among teenagers and providing necessary work experience for them has shown positive results on sexual activity and finally, government and the community should empower young men and women through skill and career developments.

### 3.4 Community Perceptions

Community perception is discussed in terms of cultural perception about teenage sexual experimentation and potential problems of teenage pregnancy

#### 3.4.1 Cultural perception about teenage sexual experimentation

- **Introduction:** All the participants (n = 75), although from different cultures, indicated their culture does not accept teenagers indulging in sexual practices before marriage. Pre-marital sex was taboo and disrespectful of the culture.
- **Strategy:** Education and engagement of parents and other community members in positive youth development programmes and community education on teenage sexual experimentation.
- **Possible interventions:** The community as a whole should focus on protecting, nurturing and educating teenagers on the importance of sexual abstinence and the effects of pre-marital sex. The community stakeholders should not condone teenage sexual experimentation and proper sexuality education from homes, clinics, school and the community at large should be encouraged. School systems must assume a comprehensive health education standard that incorporates age and appropriate teaching about teenage pregnancy.

#### 3.4.2 Potential problems of teenage pregnancy

- **Introduction:** All the participants in the study (n = 75) identified serious consequences of teenage pregnancy including poverty, wastage of social grant, school dropout, child abuse and abandonment. The teenagers repeated the psychosocial consequences of depression and suicide and perceived greater economic than social and health consequences. A notable difference was the

teenagers' perceived consequence that the community would reject them if they became pregnant, but none of the other participants highlighted community rejection.

- **Strategy:** Conducting and implementation of age-appropriate personal responsibility and sexuality education and provision of male involvement programmes in teenage pregnancy prevention.
- **Possible interventions:** Registered nurses to undertake community awareness campaigns of the possible consequences of teenage pregnancy and childbirth. Community stakeholders should ensure empowerment of pregnant and parenting teenagers and their children to optimise health and educational outcomes. Raising awareness on the need to deal more effectively with teenage pregnancies in the community is necessary. Programmes for pregnant and parenting teenagers engage teen parents, both mothers and fathers (including the family support unit), in making healthy choices for themselves and their children.

### 3.5 People to be Involved

The people to be involved include:

- The Department of Health, Department of Education, government officials;
- parents;
- teenagers;
- NGOs that focus on the prevention of teenage pregnancy, community leaders, community members, faith-based organisations, community and private foundations;
- specialised units focusing on health promotion such as the Health Promotion Research and Development Unit of the Medical Research Council;
- social workers;
- psychologist;
- guidance counselor and
- youth-serving agencies, youth workers and mass media.

### 3.6 Expected Outcomes

The expected outcomes include:

- Improved communication between stakeholder groups in the community and initiation of open dialogue regarding the common problems of teenage pregnancy.

- Increased number of teenagers practicing sexual abstinence.
- Delayed sexual initiation, effective contraceptive use, as well as STIs prevention if sexually active and teenagers having fewer sexual partners.
- Strengthened parent-child communication and relationships.
- Enhanced comprehensive sexuality and relationship education in and out of school; active participation of teenagers, parents, teachers, healthcare workers and other stakeholders in teenage pregnancy prevention.
- Reduced rate of teenage pregnancy, STIs and HIV infection rate in the community.
- Provision of comprehensive sexuality education to learners from primary to high schools.
- Improved family stability and relationships, healthy development for teenagers through the provision of programmes that address different comprehensive range of social and behavioural issues and prevention of childhood sexual abuse.
- Increased participation of schools in teenage pregnancy prevention; prevention of sexual abuse by teachers in the schools.
- Reduction in teenage risky behaviours; improvement of existing reproductive health care services available to teenagers.
- Reduction in the rate of pregnancy termination amongst teenagers and increased future vision and expectation of teenagers in the community.
- Community ownership of teenage pregnancy prevention programmes.
- Higher educational attainment.

#### 4. DISCUSSION

As found in the study, the majority of the participants (64 of 75) stated that teenage pregnancy is a common occurrence but it is not acceptable although most families in the community do support their pregnant teenagers. Only a few (11 of 75) including six professional nurses and two teenagers believed that teenage pregnancy has become an acceptable incident in the community. Thus cultures that embrace teenage child bearing may dislike efforts to portray it as unwanted [13]. The cultural value placed on motherhood and relevant practices in South Africa are seen as one of the possible causes of teenage pregnancy [15]. Witmer [22] indicated that it is normal for teenagers to be

interested in dating, it is a normal experience that forms part of adolescent life stage event for all teenagers. In the study by Date Safe Project [23] and Grundy [24] the age of 16 years and above have been indicated as the right age for dating, provided the teenager is mature.

Whitehead [11] and Macleod and Tracey [15] mentioned that teenage pregnancy and childbearing is an acceptable occurrence in some parts of South Africa because the birth of a child is viewed as an evidence of fertility and pregnancy is seen as the epitome of womanhood. According to Solomon-Fears, poverty and inequity are some of the reasons for the high rate of teenage pregnancy, abortions and childbirths in the United States [24]. Other reasons are the absence of confidential and affordable contraceptives services, as well as the denial of accurate and honest sexuality education [25]. Participants in this study mentioned several perceived causes of teenage pregnancy in the community such as family desire to have a grandchild, sexual experimentation, media influence, loneliness and low self-esteem, dating older men, Alcohol, substance abuse, rape and incest and maintenance of relationship

In order to reduce pregnancy among teenagers, there is the need for critical understanding of both behavioural prevention efforts and the beliefs and attitudes that influence those behaviours. Solomon-Fears [7], reported that a comprehensive approach to sexuality education must include the provision of information and decision-making for youths. This will assist them in making practical decision on whether to be involved in sexual activities, to practice sexual abstinence, resist peer-pressure, set relationship limit and also educate them on contraceptive use and prevention of STIs [7]. In this study, all the participants in the five sample groups highlighted the significant of sex education campaigns in the community, sexual abstinence by teenagers, and avoidance of alcohol and drug usage as well as the provision of reproductive health care services and recreational facilities for teenagers as the preventive strategies of teenage pregnancy. Although the traditional teenage pregnancy prevention programmes are known to almost exclusively target only young women, male involvement and youth development are starting to play important roles. In recent times, intervention strategies are now focusing on the roles of young men in decisions regarding sexual initiation and contraceptive use. Male teenagers

can be encouraged to delay sexual intercourse or use contraceptive if already sexually active. Many programmes have added male involvement as part of their strategy in teenage pregnancy prevention. This is aimed at changing male behaviour regarding reproductive health and to yield more promising results [15].

#### 4. CONCLUSION

The study provided evidence of the applicability of the "Community-as-Partner" Model in the prevention of teenage pregnancy. Teenage pregnancy is such an emotional problem, but managed as a 'common occurrence' by the community at large. The study presented guidelines for the prevention of teenage pregnancy, using the Community-as-Partner Model and the findings of the study. It is necessary to raise more awareness on the need to deal more effectively with teenage pregnancies to prevent the consequences of unplanned teenage pregnancy in the community at large. If the war against the high rate of teenage pregnancy is to be successful, it requires the active participation of all stakeholders including teenagers. Therefore, a comprehensive approach that integrates the home, the school, the community as well as the health care setting is paramount.

#### ACKNOWLEDGEMENT

The authors are grateful to the Tshwane University of Technology, Pretoria, South Africa for sponsoring this investigation.

#### COMPETING INTERESTS

Authors have declared that no competing interests exist.

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