# Perceptions of young males at the Free State School of Nursing with regards to teenage pregnancy

Siphiwe Themba Madlala

Dissertation submitted in fulfilment of the requirements for the Degree in Masters of Technology in Nursing in the Faculty of Health Sciences at the

Durban University of Technology

Supervisor : Prof MN Sibiya

Co-supervisor : Ms TSP Ngxongo

Date : March 2015

## Declaration

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

_____ _____

Signature of student Date

Approved for final submission

_____ _____

Prof MN Sibiya Date

RN, RM, D Tech: Nursing

_____ _____

Ms TSP Ngxongo Date

RN, RM, M Tech: Nursing

# Abstract

## Introduction

Teenage pregnancy is a socioeconomic challenge and an important public health problem for communities in South Africa. Considerable research has been done on teenage pregnancy in South Africa but it focused mostly on teenage girls.

## Aim of the study

The aim of the study was to explore and describe young males' perceptions, to identify the roles they play in this phenomenon and to determine the factors that influence their perceptions as well as their practices regarding teenage pregnancy.

## Methodology

A qualitative, explorative, descriptive design was used to conduct the study. The study was guided by the Johnson Behavioural Model System. The study population consisted of young males who were studying at the Free State School of Nursing. Data saturation was achieved after interviewing 10 participants.

The four major themes emerged from data obtained were as follows: Theme 1: Perceptions regarding teenage pregnancies, Theme 2: Risk factors leading to teenage pregnancies, Theme 3: Cultural and traditional practices influencing perceptions about teenage pregnancies, Theme 4: Measures to prevent teenage pregnancies. Thematic analysis of data was done.

## Results

The findings of this study revealed that young males were not involved in reproductive health programmes aiming to prevent teenage pregnancies. They

lacked knowledge regarding the use of, and the available types of contraceptives. Cultural and traditional practices such as misinterpreting circumcision and cultural beliefs, including misconceptions about sexual practices, played a crucial role such as not using contraceptives during sexual intercourse that could lead to teenage pregnancy. This study recommends that young males need to be actively involved in reproductive health.

## *Dedication*

*I dedicate this dissertation to my late parents Mr GJ Madlala and Mrs ML Mokoena. Your passing was too soon without seeing your son's academic achievement. I also dedicate this dissertation to my family and to all people who gave me support and encouragement to complete this study.*

# Acknowledgements

***'Do not be anxious about anything but in everything by prayer and supplication with thanksgiving let your request be made known to God (Philippians 4:6)'.***

- First and foremost I would like to give thanks to God because I made my request known to Him and He gave me strength and courage to realise my dream.

- I dedicate a special thanks to Professor MN Sibiya for her mentoring and patience throughout the study. She has pushed me out of my comfort zone academically and made research a language that could be easily understood. God bless you.

- Mrs TSP Ngxongo, my co-supervisor for her tireless encouragement, support and guidance. She made possible all aspects of my study which might not have been accomplished without her valuable feedback.

- To my editor Professor V. Ehlers, thank you for the job well done.

- My fiancé V Radebe, is thanked for tolerating my 'absence' as I spent much time on my study. She is also thanked for her sustained support, words of encouragement and love.

- A very special dedication to my son Karabo 'Mpendulo', who was born on the 07th January 2015 just when I was finalising my study.

- I acknowledge my colleagues Mrs MM Mzizi and Mrs CA Lowe who continuously encouraged me that it is feasible to complete a master's dissertation. Thank you. May God continuously bless you.

- I thank the Durban University of Technology for granting me the opportunity to study with them.

- To everybody who had an input in this study in one way or another.  Thank you.

# List of tables

# List of figures

# Appendices

# Glossary of terms

- **Young male**

A young male is a man who is still young, in early manhood (The Free Dictionary 2011). In relation to this study, young males are defined as men who are still young, in their early manhood between 18 and 23 years of age.

- **Teenager**

A teenager is a person between 13 and 19 years of age who has not reached full maturity (The Free Dictionary 2011).

- **Teenage pregnancy**

A teenage pregnancy occurs in a young girl up to 19 years of age (The Free Dictionary 2011). In relation to the study it is the teenage pregnancy caused by young males.

- **Perceptions**

Perceptions refer to conscious recognition and interpretation of sensory stimuli that serve as basis for understanding, learning and knowing or motivating a particular action or reaction (Mosby's Medical Dictionary 2009: 1418).

- **Contraceptives**

A contraceptive is a method or technique used to prevent pregnancy by using devices (such as intra-vaginal or intra-uterine devices), medications (such as hormonal pills or injections or skin patches) or barriers (such as male and female condoms) that block or alter one or more of the processes of reproduction in such a way that sexual union can occur without conception (Mosby's Medical Dictionary 2009: 447).

- **Circumcision**

It is a surgical procedure in which the prepuce of the penis is excised ((Mosby's Medical Dictionary 2009: 385). In relation to this study, it is the cultural practice performed by elders to young males to become men.

- **Initiation**

It is a process of being formally accepted as a member of a group. In this study, initiation is done at the initiation school by the elders, whereby young males are being circumcised and taught cultural and traditional norms and values of being a man.

# List of Acronyms

| Acronym | Full term |
|---|---|
| AIDS | Acquired immune deficiency syndrome |
| GETT | Gender Equity Task Team |
| HIV | Human immunodeficiency virus |
| HSRC | Human Sciences Research Council |
| KZN | KwaZulu-Natal |
| MDG | Millennium development goal |
| PHC | Primary health care |
| PPD | Partners in Population and Development |
| PPF | Planned Parenthood Federation |
| SSA | Sub Saharan Africa |
| SAFAIDS | South African HIV and AIDS Information Dissemination Service |
| STI | Sexually transmitted infection |
| UK | United Kingdom |
| UNPF | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| USA | United States of America |
| WHO | World Health Organization |

# CHAPTER 1

# OVERVIEW OF THE STUDY

## 1.1 INTRODUCTION

Teenage pregnancy is a socio-economic challenge and an important public health problem for communities in South Africa (Kanku and Mash 2010: 564). Many studies have been done but the rates of teenage pregnancy still remain high (Bloom and Hall 2009; Bodibe 2009; Kanku and Mash 2010: 564). Considerable research has been done on teenage pregnancy in South Africa but most of it focused only on teenage girls (Hendricks, Swartz and Bhana 2010: 527-536). This study focuses on teenage boys, an area that has often been neglected by the mainstream South African literature. A qualitative research design was used to explore and describe the perceptions of young males regarding teenage pregnancies as perceived by them.

## 1.2 BACKGROUND

Consequences of indulging in sexual activities at an early age include teen pregnancies, unsafe abortions, sexually transmitted infections (STIs), including human immune-deficiency virus (HIV) and anaemia (Ramathuba, Khoza and Netshikweta 2012: 15). The Millennium Development Goals (MDGs), defined by the Heads of State during 2000, placed maternal health firmly on the international agenda by identifying it as the fifth, out of eight, goals to which the world should respond decisively by 2015 (Jewkes, Morrel and Christofides 2009: 676). Reducing the incidence of teenage pregnancy is an important part of the agenda of action for meeting most of the MDGs, designed to halve extreme poverty by 2015 (Jewkes et al. 2009: 675). When dealing with teenage pregnancy, the attention is often focused solely on girls and young males are being disregarded although they play a critical role in teenage pregnancies (Mpanza 2006: 3). Young males have been overlooked

by many pregnancy prevention efforts and programmes that assist in teenage pregnancy prevention (Madondo 2013: 4). The focus on sexual education is based on girls, whereas young males are the initiators of sexual intercourse and influence the relationship in terms of having sex. Teenage pregnancy is a very sensitive issue that parents might not wish to discuss openly especially with their teenage boys. According to Mpanza (2006: 3), boys seem to be fading out of the problem; they need to be involved in dealing with teenage pregnancy prevention. To change this pattern the communities, parents, teachers and the health care workers need to create strong, clear messages about young males' responsibilities in preventing teenage pregnancies.

According Kohli (1995: 7), there is poor communication between fathers and sons regarding sexual intercourse and its consequences. This lack of communication might encourage young males to engage in sexual practices as experiments. Teenage girls are more likely than their young male counterparts to talk to their parents about 'how to say no to sex' or about birth control (Martinez, Abma and Casey 2010: 30). A close mother-daughter relationship could encourage girls to turn to their mothers for nurturance but young males who lack father-son relationships cannot turn to their fathers for such communications (Martinez et al. 2010: 30). However, even though most parents see it as their responsibility to talk to their teenagers about sexuality, most do not engage in in-depth discussions with their teenagers about sex especially not with the boys (Byers 2011: 20). This causes young males to turn to their peers for advice which might lead to risky behaviours and irresponsibility. Open communication between teenagers and parents is necessary for young boys and girls to make competent sex-related decisions.

Sekgobela (2008: 19) indicated that in some African cultures, sexual matters are not openly discussed with children. Dlamini (2002: 4) points out that some African cultures are in transitional stages, because their cultures are changing from the traditional way of life to a more modern westernised culture. Young Xhosa males are sent to so-called 'initiation schools' where traditional circumcision takes place and presumably the circumcised boys are

taught how to become men while they are recuperating from their circumcision wounds in the so-called 'bush schools, initiation schools or mountain schools'. Despite these practices some boys do not acquire adequate information and knowledge regarding their roles in preventing teenage pregnancies. According to Rule (2004: 4), young males might be more likely to engage in sexual activities at an early age because of socio-cultural conditions such as 'miss-guided' information provided at the initiation schools.

McCauley, Salter and Kiragu (1995: 1-39) state that parents rarely seem to disseminate sex education to their children. Meekers (1994: 48) supports this by adding that parents prefer to rely on the educational system to provide sexual education to their children. Young people receive limited systematic information about sexuality from their parents (Koster, Kemp and Offei 2001: 40-49). Many parents might be intimidated about the subject, and some possess limited or inadequate information themselves. This results in young males being unable to get answers regarding their sexual queries from their parents. Young males might not seek sexual health education from the health institutions such as clinics, because they fear that health workers would perceive them as being sexually active. Koster et al. (2001: 40-49) state that young males learn about sexual issues from their peers, the media, social networks and that they seek reproductive health care form private practitioners such as pharmacists and herbalists. Unfortunately their peers probably also lack knowledge and might actually encourage premature and irresponsible sexual decisions (Koster et al. 2001: 40-49).

The Department of Education embarked on a Sexual Education Programme that formed part of the Life Orientation learning area during 2002. Learners are taught about sexual-related issues at schools through Life Orientation as a subject (Department of Education 2007: 2). Despite being taught about sexual education at schools, teenage pregnancy still remains problematic in South Africa. Since 1994's first democratic election, South Africa has produced extensive laws and policies that incorporate the Constitution's Bill of

Rights helping to develop a human rights culture (Morrell, Bhana and Shefer 2012: 2). In 1996, the South African Schools Act (No. 84 of 1996, Chapter 2: 6b) was established that developed democratic school governance structures and specified that pregnant learners should not be expelled from school (Morrell et al. 2012: 2). The Gender Equity Task Team (GETT) was established to examine the state of gender in South African education and to suggest how to achieve gender equity (Morrell et al. 2012: 6). The curious omission of any mention of young males by the GETT continues to be a blind spot in the way that schools deal with teenage pregnancies. There is a great need for the South African School Act and the GETT to address issues that involve young males regarding the prevention of teenage pregnancies.

## 1.3 PROBLEM STATEMENT

Teenage pregnancy at schools remains a problem across South Africa. It is therefore, imperative that effective interventions and programmes should be implemented to address this problem. Young males believe that they are physically ready to engage in sexual intercourse (Martinez et al. 2010: 30) but being physically ready does not always mean that they have enough knowledge about sexual activities and the consequences thereof. Sex is a topic that is not often addressed by family members with their teenagers especially not with young males. Teenagers experience psychological and physiological changes (Bezuidenhout 2013: 40) and might often find it difficult to discuss these experiences with their parents. Poulsen, Miller, Lin, Fasula, Van Den Houdt, Wyckolf, Ochura, Obongo and Forchard (2010: 1085) also found that 38% of parents thought that talking about sexuality would encourage sexual acts among teenagers. Young males might be reluctant to discuss sexuality issues with their parents since they prefer discussing these issues with their friends, because they might feel shy and could even fear physical punishment for discussing sexuality issues with their parents (Kumi-Kyereme, Awusabo-Asare, Biddlecom and Tanle 2007: 135). These young males might turn to their peers for guidance or seek information from books, magazine articles or the media (Panday, Makiwane, Ranchod and Letsoalo

2009: 19). Not all the information obtained from these sources will be correct or satisfy the curiosity of young males. This increases the chances that they will experiment with sexual encounters, which may lead to unwanted teenage pregnancies.

Traditionally, pregnancy prevention and reproductive health services have been female-focused (Becker 2000: 1). However, since the onset of the AIDS pandemic, there is a greater need for young males to be involved in teenage pregnancy prevention programmes and in reproductive health issues. A South African study conducted by the Human Sciences Research Council (HSRC), revealed that about 57.9% of young people aged between 15-24 years had already engaged in penetrative sex (Hoque 2011: 157). It was also established that about 27.2% of young males had had multiple sexual partners and that those young males never used condoms (Hoque 2011: 157). These risky sexual practices put young males at risk of teenage pregnancies and contracting STIs. Involvement of young males in the Sexual Education Programme and effective communication about sex could help to implement positive interventions resulting in reduced numbers of teenage pregnancies. A qualitative research design was used to explore the perceptions of young males at the Free State School of Nursing with regards to teenage pregnancy.

## 1.4 AIM OF THE STUDY

The aim of the study was to explore the perceptions of young males regarding the prevention of teenage pregnancies.

## 1.5 OBJECTIVES OF THE STUDY

The objectives of the study were to:

- Explore the young males' perceptions about teenage pregnancies
- Describe the role played by young males in regard to teenage pregnancies

- Describe the factors that influence young males' perceptions and practices in regard to teenage pregnancies.

## 1.6 SIGNIFICANCE OF THE STUDY

The study results will be useful to the following departments, the Department of Education, the Department of Health and the Department of Social Welfare in the Free State province, South Africa, and also to other provinces of South Africa. The authorities and the policy makers in the Department of Education, the Department of Health and the Department of Social Welfare could use the study's recommendations to improve policies actively involving young males in addressing teenage pregnancies. The study's findings might help to enhance young males' knowledge regarding their roles in the prevention of teenage pregnancies, the consequences of early sexual intercourse without the use of protection and the challenges young males might face being teenage fathers.

## 1.7 THEORETICAL FRAMEWORK

This study is based on Johnson's Behavioural System Model (Johnson 1990), developed by Dorothy Johnson in 1992. This model is based on the notion that nurses should use the behavioural system as their knowledge base, comparable to the biological system that physicians use as their knowledge base. According to Johnson, human behaviour is categorised into seven subsystems namely:

- Attachment and affiliation
- Achievement
- Dependency
- Aggression
- Elimination
- Ingestion
- Sexual system

Further discussion and how the theoretical framework guided the study is presented in Chapters 2 and 3.

## 1.8 OUTLINE OF THE DISSERTATION

**Table 1.1: Outline of the dissertation**

| Chapter | Title | Chapter outline |
|---|---|---|
| Chapter 1 | Overview and background. | Introduction, the background, problem statement, aim, objectives and significance of the study. |
| Chapter 2 | Literature review. | Introduction, Historical view of teenage pregnancy, Review of global, Sub Saharan African countries and the South African context of teenage pregnancy, factors contributing towards teenage pregnancies and the theoretical framework that guided the study. |
| Chapter 3 | Research methodology. | Research design and methodology, including the population, sampling, data collection, data analysis, ethical considerations, trustworthiness and research rigour. |
| Chapter 4 | Presentation of the results. | Presentation of results from data analysis. |
| Chapter 5: | Discussion of results, conclusion, limitations of the study and recommendations. | Summary and discussion of findings, conclusion about the perceptions of young males' at the Free State School of Nursing regarding teenage pregnancies and recommendations based on the findings of the study. |

## 1.9 SUMMARY

This chapter provided an overview, the aim, objectives and significance of the study as well as an outline of the chapters comprising the dissertation. The following chapter will discuss literature review about teenage pregnancies in order to gain a broader perspective.

# CHAPTER 2

# LITERATURE REVIEW

## 2.1 INTRODUCTION

The introduction to and background of the study were discussed in the previous chapter. Chapter 2 reviews the literature under the following headings: historical perspectives of teenage pregnancy, the extent of teenage pregnancy across the globe, in sub-Saharan African (SSA) countries and in South Africa; factors that contribute towards teenage pregnancies and Johnson Behavioural System Model as a theoretical framework for the current study. Information was searched by using the Internet to access articles, journals, books and peer reviews on studies done on teenage pregnancies. The following search engines were used: EBSCO, google scholar by using key words such as teenage pregnancy, teenage fathers, sex education and initiation schools for boys.

## 2.2 HISTORICAL PERSPECTIVES OF TEENAGE PREGNANCY

Teenage pregnancies occur as the result of teenagers who have sexual intercourse without using contraceptives effectively (Mersal, Esmat and Khalil 2013; Kyei 2012). Teenage pregnancy is a public health issue, and a media focal point irrespective of the teenagers' marital status (Chau-Kuang, Ward, Willians and Abdullah 2013: 41). It is one of the main issues in every health care system since early pregnancy has harmful implications on girls' physical, psychological, economic and social status (Mersal et al. 2013: 11). Considerable research has been done on teenage pregnancy in South Africa (Macleod 2001; Makiwane, Desmond, Richter and Udjo 2006) but most studies focussed only been on teenage mothers. This study's focus was on young males' perceptions regarding teenage pregnancy, an area that has been neglected in the mainstream literature.

In 1960, the percentage of pregnancies among teenage girls was 15%, but in the 21st century about 80% teenage girls are or have been pregnant worldwide and an estimated 75% of these teenage pregnant girls are unmarried and 75% of these pregnancies are caused by young males. In the 1950s and 1960s, premarital sex was considered immoral and a lack of reliable birth control methods often revealed a teenager's indiscretion in engaging in sexual activities (Gale 2003: 17). In spite of this belief young males engaged in sexual activities secretly. According to Reiss (2005: 1), sex education was largely seen as teaching about reproduction and undertaken during biology lessons more likely to reach girls than boys. By the 1970s, school sex education changed significantly but the focus remained on girls and boys were not included in sex education (Reiss 2005: 1). During the sexual revolution of the 1970s; when birth control methods became widely accessible and terminations of pregnancies were legalised in South Africa (Act no 92 of 1996) during 1996. When the sexual revolution, birth control and legalisation of abortion were introduced, young males' involvement in sexual health was overlooked; yet males' involvements could assist in preventing teenage pregnancies.

According to Holgate, Roy and Yuen (2007: 12), in 1970, the United Kingdom reduced the age of majority to eligible persons to vote in an election from 21 to 18 years. This age gave young males the right to legally buy alcohol, gamble in a licensed venue, be tried in an adult court of law, marry, engage in sexual activities and leave home without parental consent. Despite this age adjustment, sex education to young males was not provided. This resulted in young males believing that they were physically ready to engage in sexual intercourse (Martinez et al. 2010: 30).

Young males who engage in unprotected sexual activities are at risk of contracting STIs, including HIV, and causing teenage pregnancies. It is imperative to involve young males in sexual health programmes that will assist them to take responsibility for their sexual behaviours including teenage pregnancies, HIV and STIs prevention.

## 2.3 GLOBAL CONTEXT OF TEENAGE PREGNANCIES

Teenage pregnancy poses a significant global health challenge. The social and economic consequences of teenage pregnancies concern all involved with the care of young people. According to Braine (2009: 410), worldwide, seven countries, namely Bangladesh, Brazil, the Democratic Republic of Congo, Ethiopia, India, Nigeria and United States of America (USA) account for half of adolescent births. Approximately, 16 million women aged between 15-19 years give birth each year, which account for 11% of all births worldwide (Singh, Sedgh and Hussain 2010: 241).

In 2008, an estimated 733,000 teenagers in the USA, aged 15-19 years, became pregnant, 435,000 teenagers gave births during that year and in 2011, 8.4% of all women who gave birth in the USA were teenagers (Solomon-Fears 2013: 1). Statistics shows that some 67.8% per 1000 teenagers aged 15-19 become pregnant each year in the USA (Planned Parenthood Federation of America 2013: 3). The results of teenage pregnancies do not only affect the young women but young males are also affected as they become fathers at an early age. A total of 9% of young males become fathers before the age of 20 years in South Africa (South African HIV and AIDS Information Dissemination Service [SAFAIDS] 2010: 1). Globally, between 3.6% and 50% of young women reportedly suffer physical or sexual violence from their male partners (SAFAIDS 2010:1). Madondo (2013: 3) indicated a strong link between early childhood sexual abuse and subsequent teenage pregnancies especially in developing countries.

## 2.4 TEENAGE PREGNANCY IN SUB SAHARAN AFRICAN COUNTRIES

According to the SAFAIDS (2010: 1), in low and middle-income countries almost 10% of girls become mothers by time the reach the age of 16. The vast majority of teenage mothers are from sub-Saharan Africa such as Rwanda with 0.3% compared to 12.2% rate in Mozambique. Mali, about 5.4%, Uganda 5.7%, and Zimbabwe 5.5% had similar high rates of teenage pregnancy (Partners in Population Development 2013: 2). Between 2005 and

2010 births per region to adolescents 15-19 year olds between 2005and 2010 were estimated to 17.8% in Latin America and in the Caribbean, 16.2% SSA, 12.6% South-Central Asia, 8.9% Western Asia, 8% Eastern Asia, 4.6% Europe and 2.4% Eastern Asia (WHO 2010).

These numbers of teenage pregnancies continue to escalate every year. The high numbers of teenage pregnancies were caused by various factors including poverty, lack of knowledge regarding contraception, sexual coercion and poor sexual education to young males. The complications encountered by pregnant teenagers because of their anatomical and physiological immaturity can cause maternal mortality and morbidity (WHO 2012a). Teenage mothers might suffer obstetric complications such as premature birth or obstructed labor during delivery. Young males and females can contract STIs, including HIV, during sexual encounters (United Nations 2013: 1).

## 2.5 TEENAGE PREGNANCY IN SOUTH AFRICA

South Africa's rates of teenage pregnancy remain high as around 30% of 15-19 year olds have reportedly ever been pregnant (Jewkes et al. 2009: 675). Amongst the nine South African provinces, approximately 1052 girls from 110 high schools and 58 primary schools who became pregnant were from the Mpumalanga Province (Khoza and Msimanga 2010:15). The Department of Education estimated that 49 636 learners became pregnant during 2007 in South Africa. The highest proportion of these learners (14 246) came from KwaZulu-Natal (KZN) and 2 179 learners were from the Western Cape Province (Morrell et al 2012: 1). According to Statistics South Africa (2012: 21), the household survey revealed that in 2010 approximately 32.5% of girls aged 15-19 years were or had been pregnant at least once during a specific year, in 2011, 31.5% girls were reported to be pregnant and in 2012 approximately 31.4% teenage girls were pregnant. In the Free State province 15% of teenagers were reported to be pregnant during 2009 (Statistics South Africa 2009: 26).

In South Africa, this high incidence of teenage pregnancies indicates there might be a greater measure sexual freedom among teenagers that might be incompatible with parents' values and principles (Masemola 2008: 6). The high incidence of teenage pregnancies also indicates a failure on the part of sexually active teenagers to use contraceptives effectively. Canavan (2007: 1) suggests that high levels of sexual activity among teenagers and their tendency not to use contraceptives aggravate the national social problem of teenage pregnancies that threatens to assume epidemic proportions in South Africa. The consequences of teenage pregnancies include that young males need to adjust to being teenage fathers, and the roles and the responsibilities of being fathers.

## 2.6 FACTORS CONTRIBUTING TO TEENAGE PREGNANCIES

Nationwide, there are various factors that contribute to a high incidence of teenage pregnancies in South Africa, but addressing these factors focuses on females while young males are often being overlooked by these efforts. These factors, focussing on young males, should include: lack of sex education and contraceptive use, teenage marriages, sexual coercion and violence, peer pressure, the influence of the media, socio-economic conditions, early independence, substance use and risky sexual behaviours and the role gender plays in young male's socialisation, development and relationships.

### 2.6.1 Lack of sex education and contraceptive use

According to Mothiba and Maputle (2012:1), teenage pregnancies continue to occur despite extensive attention been given to adolescent sexuality and teenage pregnancy over the past 30 years. Teenage pregnancy appears to be encouraged by a lack of access to sex education (Richter and Mlambo 2005:61). Young males need information and empowerment to reduce the incidence of teenage pregnancies. Comprehensive sex education programmes need to be offered as early as 12 years of elementary school. The information should be balanced, age appropriate and realistic (Madondo

2013: 4). Young males should be encouraged to postpone sex until they are physically, emotionally, mentally and economically developed enough to deal with the responsibilities that come with sexual encounters.

According to Presler-Marshall and Jones (2012: 12), many young people approach adulthood while facing conflicting, inaccurate information and messages about sexuality. This is often exacerbated by embarrassment, silence and disapproval of open discussions of sexual matters by adults, including parents and teachers at a time when it is most needed. Nundwe (2012: 10) indicated that in Nigeria, low levels of communication were related to parental perceptions of their children's readiness or maturity or on the assumption that their children would have heard about sexual issues elsewhere. Poulsen et al. (2010: 1083) found that 38% of parents in the United States and Kenya thought that talking about sexuality encourages sex. In most instances, adolescents have inaccurate or incomplete information about sexuality, reproduction and contraception (Presler-Marshall and Jones 2012: 12).

Some South Africa parents might be reluctant to provide sex education and to make contraceptives available to their teenagers, especially to their boys, as they could be afraid that their teenagers might interpret this as permission to engage in sexual activities (Bezuidenhout 2013: 40). When some of the teenage girls become pregnant their health, education, earning potential and their entire futures might be jeopardised, trapping them in a lifetime of poverty, social exclusion and powerlessness. Young males, on the other hand, when could continue with their education even after becoming teenage fathers, putting them in better educational position with more available job opportunities than teenage mothers could achieve. However, teenage boys and girls remain at risk of contracting STIs due to not using contraceptives condoms during sexual intercourse. According to Nkwanyana (2011: 13), myths and superstitions associated with pregnancy and contraception, have contributed to the increased number of teenage pregnancies in South Africa. Teenagers might believe that contraceptives make them sterile and that a

plastic wrap makes an effective condom (Bezuidenhout 2013: 43). According to Bezuidenhout (2008: 43), the following are the reasons why South African teenagers do not use condoms:

- It is believed that condoms reduce sensation.
- The one partner may feel that the use of condoms implies that the other partner is sleeping around.
- It reduces the romance of lovemaking.
- They may fear that the condom may come off or burst.
- It is believed that condoms are too tight.
- Partners may feel that the use of condoms is unnatural.
- Young males may feel that using condoms means having to expose his genitals to the female partner.

Contraceptives, including male and female condoms and sex education can help to prevent teenage pregnancies, HIV, STIs and associated health risks.

### 2.6.2 Early teenage marriages

Despite near universal commitments to end child marriages, one out of every three girls in developing countries get married before the age of 18 (United Nations Population Fund [UNPF] 2012a). According to Okonofua (2013: 9), the prevalence of child marriage varies substantially across countries, ranging from 2% in Algeria to 75% in Niger which has the fifth lowest national income out of all countries. Within Africa, the practice is most common in West and Central regions where up to 41% of teenagers enter in marital unions before the age of 18 years (Okonofua 2013: 9). In many parts of the world parents encourage teenage marriages hoping that there will be financial and social benefits to the girls' families (United Nations International Children's Emergency Fund [UNICEF] 2005). This practice is more common in developing countries than in developed countries due to low economic status of many families in developing countries.

In some societies, girls are expected to marry young or prove their fertility before unions are formalised. These societies include Uganda where teenagers face cultural and social pressures from their families to marry young and begin child rearing early (Sekiwunga and Whyte 2009: 120). Young males' expectations from teenage girls include gaining sexual experience as well as proving their fertility by becoming pregnant (WHO 2012b). Large numbers of teenage mothers cause social concerns in many countries because of the adverse impacts of teenage childbearing on the education and health of teenage mothers and on their children (Karra and Lee 2012: 4).

### 2.6.3 Sexual coercion and violence

Baumgartner, Waszak, Tucker and Wedderburn (2009: 22) define sexual violence as sexual intercourse that is physically forced, especially rape and sexual coercion as an act of forcing or attempting to force another individual through violence, threats, verbal insistence, deception, cultural expectations or economic circumstances to engage in sexual behaviours against her will.

Dominating perceptions of masculinity among young males and adolescent boys are a driving force for male risk taking behaviour, including street violence and unsafe sexual practices (UNPF 2013: b). Unhealthy sexual perceptions practices, including seeing women as sexual objects, viewing sex as performance-orientated and using pressure or force to obtain sex begin to develop during adolescence. Myeza (2008: 23) states that young males are brought up with the perceptions that it is a man's nature to want many sex partners, and that staying with one woman goes against the essence of being a 'man'. This encourages young males and teenage boys to believe that the enjoyment of sexual relations is viewed as their prerogative and that they must take the lead in their sexual relationships and create significant pressure to obtain sexual gratification. According to Myeza (2008: 23), young males claim ownership of their sexual partners. The behaviour is supported by the social norm that in some cultures, a man has a right to sexual intercourse

within a romantic relationship and that therefore he has a right to use force if necessary to obtain it.

### 2.6.4 Peer pressure

Parental influence is more important for some young people than for others but peer influence becomes the dominant factor influencing many teenagers' behaviours. It represents the transfer vehicle for transmission from childhood to adulthood. It is within the peer group that a young person learns to relate to different roles and behaviours and to experiment with interpersonal interaction skills that he will eventually transfer to the world of adults. Varga (2003: 17) supports this by stating that after family, the peer group is the most important socialisation agent. Peer groups create an environment in which peer pressure is exerted on the teenager to indulge in sex because ''everyone does it'' or because they do not want to "feel left out" (Jewkes 2007: 11). For boys, pressure has to do with proving manliness and having many sexual partners wins a young male status and admiration from his peers (Myeza 2008: 21). This situation puts young males at risk of engaging in unprotected sexual practices that can leads to teenage pregnancies, STIs and HIV infection.

Some matters that could not be discussed with teenagers' parents might be freely discussed with peer group members, for example, personal problems, sexuality issues, contraceptives, drugs and alcohol. However, sexual information that peers provide might be incorrect or inadequate. Thus incorrect information received about sex from peers might contribute to unwanted pregnancies (Bezuidenhout 2013:40). The findings of the study by Mothiba and Maputle (2012:4) indicate that substance abuse has long been recognised as one of the greatest health social problems in South Africa. Substance abuse could contribute to teenage pregnancies because teenagers engage in sexual intercourse without making calculated decisions due to the influence of alcohol and/or drugs.

### 2.6.5 Influence of the media

Mass media plays an important role in the development and socialisation of teenagers. Nkwanyana (2011: 27) states that the media portrays the glamorous side of sex in such a way that teenagers perceive sex as something fashionable. It is one of the contributing factors that perpetuate teenage pregnancies due to easy access to pornographic and adult television programmes. Today's teenagers have greater opportunities to view sexual activities on national television than teenagers of previous generations. Sex containing materials and information are freely accessible to teenagers via computers and cellular phones. According to Devenish, Funnell and Greathead (2004: 162), teenagers have access to books, films, videos and magazines that are explicit in describing sexual issues. Information from these sources might be factually incorrect and increase the myths about sexuality issues. Teenagers might believe these sources' information and experiment with sexual intercourse, placing them at risk of teenage pregnancies and of contracting HIV and STIs.

### 2.6.6 Socioeconomic conditions

Teenagers from low socio-economic status often engage in unprotected sexual activities to fall pregnant hoping to receive money from the father or a child support grant from the South African government to improve their circumstances (Kanku and Mash 2010: 566).

Cultural practices also contribute to teenage pregnancies as it is expected in the Zulu culture that when young male impregnated a girl he should pay for the 'damages' (*Inhlawulo*) as compensation to the family which can range from the value of a cow (Jewkes et al. 2009: 681) to thousands of Rand depending on the negotiations between the girl's and the boy's families. This cultural practice encourages teenage girls to fall pregnant in order to receive monetary compensation. This forces young males to drop out of school and look for employment to pay for the damages and to be able to support the

child, making it difficult for the boy to continue with his education and continuing with the poverty cycle of life.

Socio-economic circumstances seem to play a major role in rates of teenage pregnancy. Nkwanyana (2011: 16) states that lack of opportunity and hope for the future have been identified as driving forces underlying the high rates of teenage pregnancies. Helen, Holgate and Francisco (2006: 43) and Lee and Jenkins (2002: 13) reported that 83% of adolescents with babies were from poor families.

### 2.6.7 Early independence

Young males could be independent at an early age due to various circumstances such as divorce, lack of discipline and lack of parental skills. When this happens direct parental control ceases and identification with the peer group increases (Bezuidenhout 2013: 40). The sex values taught by the parents might get replaced with more liberal sexual orientations. Sexual intercourse is more likely to be practised, risking teenage pregnancy.

### 2.6.8 Substance use and risky sexual behaviours

Young males face many pressures and decisions involving alcohol, drugs and sexual activities that often occur simultaneously. According to Kaiser (2002: 1), alcohol and drug use by young males may lead to earlier sexual initiation, unprotected sexual intercourse and multiple partners. These behaviours put young males at risk for STIs and unintended teenage pregnancies. Dietrich (2003: 30) established that alcohol and drug consumption, prior to sexual activities, occurs frequently amongst teenagers. This author also established a link the lack of condom usage and drug abuse among the sexually active teenagers (Nduli 2012: 24).

According to Bezuidenhout (2013: 42), various other researchers have made similar findings regarding the low usage of contraceptives among sexually active teenagers that are substance abusers.

### 2.6.9 The role gender plays in young males' socialisation, development and relationships

The messages that young males receive as they grow up about being real men, being masculine, dominant, always in control, never expressing their emotions or revealing weaknesses might jeopardise the reproductive health of young males and their partners (Becker 2000: 8). Gender attitudes and behaviour, and gender power inequalities in intimate relationships impact on risky sexual behaviour, which consequently expose young males and their partners to the risk of HIV infections, STIs and teenage pregnancies.

Change (2005: 115) indicates that young males view sexual initiation and fatherhood as a way of proving that they are 'real men', thus affirming their identity as men and as well as their concerns about sexual prowess. It is expected that males must be self-reliant, sexually experienced and more knowledgeable than women (Change 2005: 115). The ideologies of being masculine encourage young men to have multiple sex partners, promote beliefs that lead to negative lack of condom use or inconsistent condom use. This inhibits males from seeking treatment, information about sex and sexual problems as they fear that admitting their lack of knowledge might undermine their manhood. This socialisation might lead them to engage in risky sexual behaviours putting their own health at risk. They might feel pressurised by their peers to engage in sexual activities or believe that they have the right to sex and could even force their partners into engaging in sexual activities against their partners' will (Becker 2000: 8). These practices lead to teenage pregnancies, HIV infections and STIs.

## 2.7 THEORETICAL FRAMEWORK THAT GUIDED THE STUDY

According to Schmidt and Brown (2009: 110), a theoretical framework guides and provides the structure for the study by linking the abstract to the empirical. Burns and Grove (2007: 238) define a framework as an abstract, logical structure of meaning, such as a portion of the theory, which guides the development of the study and enables the researcher to link the findings to

nursing's body of knowledge. The theoretical framework selected for this study is based on Johnson's Behavioural System Model (Johnson 1990), developed by Dorothy Johnson in 1992. This model is based on the notion that nurses should use the behavioural system as their knowledge base, comparable to the biological system that physicians use as their knowledge base.

Johnson defines nursing as an external regulatory force which acts to preserve the organisation and integration of the patient's behaviour at an optimal level under those conditions in which the behaviour constitutes a threat to physical or social health, or in which illness occurs (George 1985: 126). Based on this definition Johnson developed four goals of nursing, namely: to assist the patient whose behaviour is commensurate with social demands, who is able to modify his behaviour in ways that support biological imperatives, who is able to benefit to the fullest extent during illness from the physician's knowledge and skill and whose behaviour does not give evidence of unnecessary trauma, as a consequence of illness (Johnson 1980: 207). Due to the behavioural underpinning of teenage pregnancy, the Johnson Behavioural System Model was chosen to guide the study.

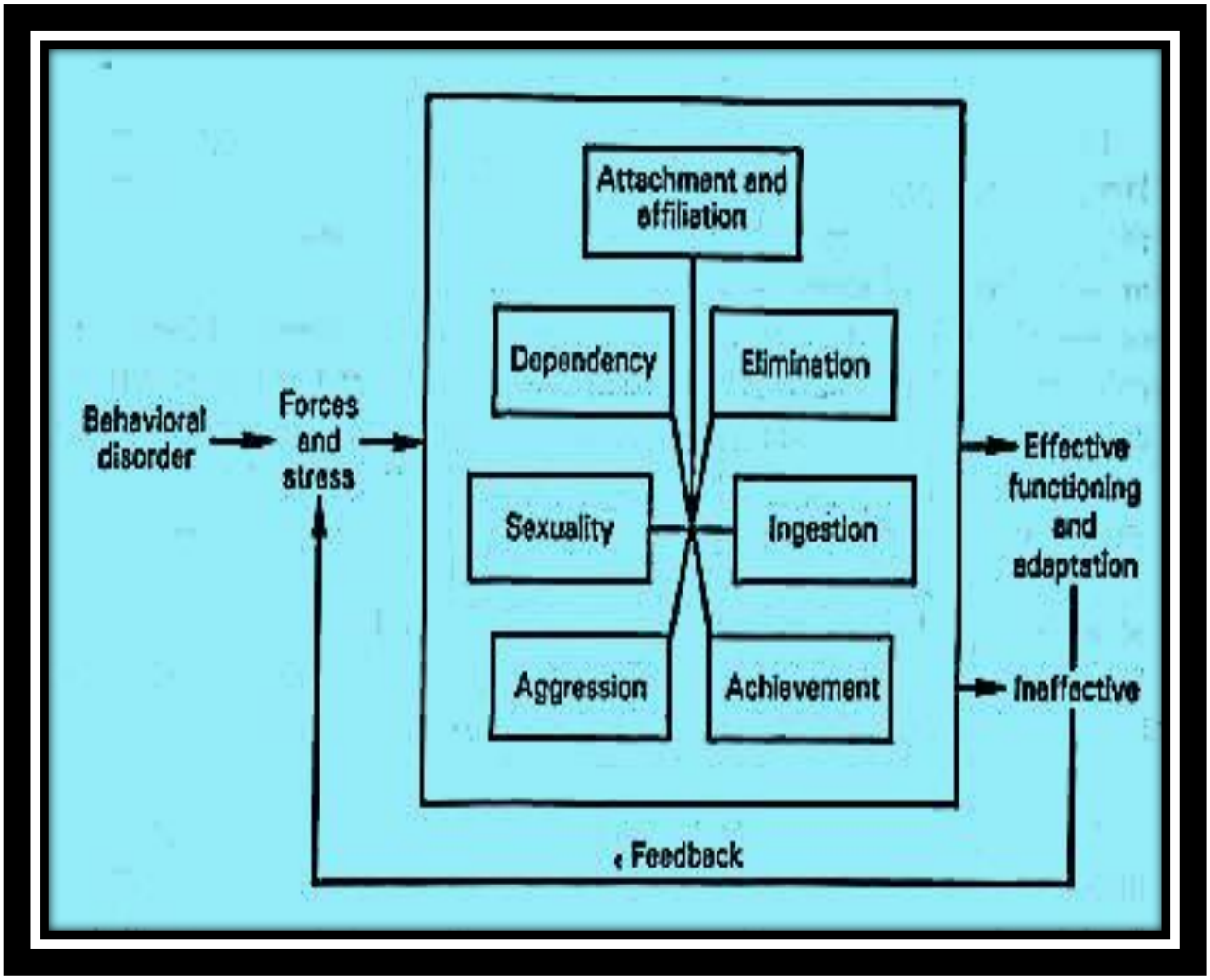



**Figure 2.1: Johnson's Behavioural System Model (Torres 1986)**

According to Johnson (1980: 209), human behaviour is categorised into seven subsystems namely:

- attachment and affiliation
- achievement
- dependency
- aggression
- elimination
- ingestion and
- sexual system.

Johnson believes that every individual has patterned, purposeful, repetitive ways of acting that comprise a behavioural system specific to that individual. These sub-systems form an organised and integrated functional unit that determines and limits the interaction between the person and his/her environment, and establishes the relationship of the person to the objects, events and situations in his/her environment (Johnson, 1980: 209). These subsystems are composed of a set of behavioural responses that share a common goal and any imbalance in these subsystems leads to poor health.

### 2.7.1 The seven sub-systems of the Johnson Behavioural System Model

According to Johnson (1980: 212-213), the seven subsystems in the Johnson Behavioural System Model are:

- **Attachment or affiliation:** The first response system to develop in the individual. It allows social inclusion, intimacy, formation and maintenance of a strong bond and provides an individual with a sense of security.
- **Dependency:** Obtaining approval, attention or recognition and physical assistance.
- **Ingestive:** The biological behaviour surrounding the intake of food and what is socially acceptable in a given culture.
- **Elimination:** Behaviours surrounding the excretion of waste products from the body.
- **Sexual:** Behaviours related to procreation, to attract and fulfil expectations associated with one's sex, and to care for others and to be cared for by them.
- **Aggression:** Behaviours concerned with protection and self-preservation. It generates defensive responses from the individual when life or territory is threatened.
- **Achievement:** It provokes behaviours that attempt to control the environment.

### 2.7.2 Assumptions about the structure and function of each sub-system

Johnson developed four assumptions about the structure and function of each subsystem (Lobo 2002: 158) namely:

1. **Drive:** It is inferred from the form the behaviour takes and the consequences it achieves. The goal of each subsystem is the same for all individuals but the method used differs.
2. **Set:** Each individual has a predisposition to act with reference to the goal despite having only few alternatives from which to select a behavioural response, the individual will rank options to choose the most desirable option.
3. **Choices:** Each subsystem has a number of choices that can be made. They develop as an individual matures, so the more matured an individual is, the more options will be available.
4. **Observable behaviour:** The subsystems produce observable outcomes, which are the individual's behaviour and this allows an outsider to note the actions the individual is taking to reach the goal.

- These identified assumptions about the structure and function of each subsystem may include protection, nurturance or stimulation requirements. According to Oyedele (2010: 24), the role of the person may be described in terms of this functional requirement. The subsystems must be protected from harmful influences, nurtured through appropriate input and stimulated to facilitate growth and prevent stagnation. Johnson's Behavioural System Model focuses on maintaining or returning an individual's subsystem to a state of equilibrium (Lobo 2002: 168). In this study, five subsystems of the Johnson Behavioural System Model were explored, namely attachment, achievement, dependency, aggression and the sexual system. Elimination and Ingestion were not explored because they did not have relevance to the topic under study.

## 2.8 SUMMARY

The main aim of this chapter was to review literature about teenage pregnancies. The literature revealed many factors that could influence the incidence of teenage pregnancies and emphasised the wide range of consequences of teenage pregnancies. Teenage pregnancy has come under scrutiny both because of its possible negative health consequences and the disruption of the teenagers' education. Statistics reported in the reviewed literature revealed a high incidence of teenage pregnancy historically, globally, in SSA and in South Africa. Various measures were adopted to prevent the teenage pregnancies, but most of these measures focused only on teenage girls and did not involve teenage boys in teenage pregnancy prevention efforts. The Johnson Behavioural System Model was discussed as a conceptual framework that to guide and contextualise the study. The next chapter will present the research methodology adopted to gather information for the current study.

# CHAPTER 3

# RESEARCH METHODOLOGY

## 3.1 INTRODUCTION

The previous chapter focused on the literature review and the theoretical framework that guided the study. This chapter discusses the research methodology, sampling process, data collection process, research rigour and trustworthiness, theoretical application, data analysis and ethical considerations.

## 3.2 RESEARCH DESIGN

A qualitative research design was used to conduct the study. Qualitative research studies things in their natural settings, attempting to make sense of, or interpret phenomena in terms of the meanings people bring to them (Schmidt and Brown 2009:159). Brink, Van der Walt and Van Rensburg (2012: 120) stated that qualitative research is used when little is known about the phenomenon, or when the nature, context and boundaries of the phenomenon are poorly understood and defined. Creswell (2003: 15) describes qualitative research as an enquiry process of understanding based on distinct methodological traditions of enquiry that explore a social or human problem. Creswell (2003: 15) states that the researcher builds a complex holistic picture, analyses words, reports detailed views of informants and conducts the study in a natural setting. In this study, the Free State School of Nursing is considered the natural setting as the participants' study site where they reside and spend most of their time.

Qualitative research enabled the researcher to describe and explore the perceptions of young males as perceived and defined by them. Young males must be allowed to speak for themselves thereby emphasising their human

capacity to portray their perceptions about teenage pregnancies. Polit and Beck (2012: 487) describe the following characteristics of qualitative research:

- Often involves merging together various data collection strategies (triangulation of data obtained from different sources).
- Is flexible, capable of adjusting new information during the course of data collection.
- Tends to be holistic, striving for understanding of holistic phenomena.
- Requires the researcher to become intensely involved.
- Requires the researcher to become the research instrument.
- Involves on going analysis of data to formulate subsequent strategies and to determine when fieldwork is done.

The research strategy for this study was explorative and descriptive in nature. According to Brink (2006: 102) explorative research studies what has been previously studied and attempts to identify new knowledge, new insight, new understanding and new meaning, and to explore factors related to the topic. The current study's dimension was to explore and describe the perceptions of young males regarding teenage pregnancies, an aspect that has been often neglected by the mainstream literature.

Polit and Beck (2012: 18) state that an explorative study investigates the full nature of the phenomenon, the manner in which it is manifested and the other factors to which it is related. Descriptive studies are usually conducted with large numbers of subjects in a natural setting, with no manipulation of the situation (Burns and Grove 2007: 34). This is supported by Schmidt and Brown (2009: 149) who write that a descriptive strategy provides a picture of a situation as it is naturally happening without manipulation of any variables. Through descriptive studies, the researcher can discover new meaning, describe what exists, determine the frequency with which something occurs and categorise information. In this study, the researcher intended to describe and explore the young males' perceptions regarding teenage pregnancies.

By using guidelines provided by the characteristics of qualitative research, a qualitative, explorative and descriptive approach was chosen for this study. The researcher did not intend to generalise the findings of the study. The researcher could not identify any study that had been done to explore and describe the perceptions of young males regarding teenage pregnancies in the Free State School of Nursing in the mainstream literature.

## 3.3 AREA OF THE STUDY

The study was conducted in Free State School of Nursing's two main campuses in the Free State province. The Free State School of Nursing is situated in three regions of the Free State Province that is East, North and South. The school offers the four year comprehensive nursing diploma programme (R425) and 400 students were registered for this programme at the time of the data collection as well as enrolled nursing programmes (R683). At the time of data collection, 120 students were enrolled in the R683 programme and 150 were enrolled in the nursing auxiliary (R2175) programme. The Free State School of Nursing admits both male and female students. This study's focus was only on the young males students' perceptions about teenage pregnancies. The Eastern Campus was excluded from the study to avoid bias because the researcher was employed at this campus.

## 3.4 APPLICATION OF THE THEORETICAL FRAMEWORK TO THE STUDY

In this study, only five of the Johnson Behavioural System Model's subsystems were explored. These were (a) attachment, (b) achievement, (c) dependency, (d) aggression and the (e) sexual system. Perceptions of young males regarding teenage pregnancies were explored to gain more insight into and understanding of these five subsystems. More insightful understanding would facilitate the development of educational, social and health services tailored specifically to young males' involvement in the prevention of teenage pregnancies. The application of these five Johnson Behavioural System Model subsystems is explained in table 3.1

**Table3.1: The five Johnson Behavioural Systems Model sub-systems applied to the current study**

| Subsystem | What the subsystem entails | Application to the study |
|---|---|---|
| Attachment | Attachment is the relationship and bonds people. Particularly long term relationships, including those between parents and children and between romantic partners. It is a lasting psychological connectedness between human beings. It allows social inclusion to be accepted in the society, intimacy to be intimate with other human beings, formation and maintenance of strong bonds particularly with parents, peers and authority figures. It provides an individual with a sense of security. In relation to the study, there are motives to be in an interpersonal relationship that may lead to unplanned teenage pregnancies such as peer pressure, poor socio-economic status and a lack of sex education for young males provided within the family setup. | These risk factors were explored during the interviews. |
| Achievement | Achievement includes accomplishment of something using one's ability, effort and courage to attain a desired goal. This includes skills to solve problems, knowledge of own strengths, weaknesses and setting appropriate goals. According to Oyedele (2010: 26), achievement provokes behaviour that attempts to control the environment, including intellectual, physical, creative, mechanical and social skills. In this study, young males may wish to impregnate a girl for several reasons such as | Suggestions, sexual education expectations and the young males' future aspirations were also explored. |

| | | |
|---|---|---|
| | wishing to impress their peers or experimenting with sex. During interviews, involvement of young males in teenage pregnancy prevention was explored. | |
| Dependency | Dependency is a state of relying on or needing someone or something from the environment for aid, support, reliance confidence or trust. This includes seeking approval, recognition, attention and physical assistance. In relation to the study, young males are perceived to be depending on their environment, comprising physical and interpersonal components that meet his essential needs such as family sex education and the consequences of engaging in unprotected sexual activities. | Young males' perceptions about their families regarding sexual education to prevent teenage pregnancies were explored during the interview. |
| Aggression | Aggression is an overt, often harmful, societal interaction with the intention of inflicting damage or unpleasantness upon another individual. It can happen as a result of blocked goals. It can take a variety of forms which may be expressed physically or communicated verbally and non-verbally such as sexual coercion. In relation to the study, young males' behaviours could cause them to be aggressive when they are involved with alcohol and drug use that could impair their normal psychological behaviour leading to teenage pregnancies. | During an interview, young males' perceptions regarding the use and influence of alcohol and drugs in relation to teenage pregnancy were explored. |
| Sexual | Sexual behaviours related to procreation, to attract and fulfil expectations associated with one's sexuality, and to care for others and to be cared about by them. In relation to the current study, young males might engage | Young males' perceptions about their sexual upbringing, relationship history, peer |

| | | |
|---|---|---|
| | in unprotected sexual acts from time to time for various reasons such as satisfying their curiosity, peer pressure, lack of contraceptive knowledge and a lack of sex education or inadequate communications with their parents. | pressure, their contraceptive knowledge and use and communication with their parents regarding sexuality issues were explored during the interview. |

## 3.5 SAMPLING PROCESS

### 3.5.1 Population

Brink, Van der Walt and Van Rensburg (2012: 131) define a population as an entire group of persons or objects that is of interest to the researcher, in other words that meets the criteria that the researcher is interested in studying. This is supported by Polit and Beck (2012: 273) who refer to a population as an entire aggregation of cases in which a researcher is interested. The target population for this study was young males studying at the Free State School of Nursing. The total number of male students registered at the Southern campus Free State School of Nursing and the Northern campus Free State School of Nursing for a comprehensive nursing diploma programme (R425) at the time of data collection was 41.

### 3.5.2 Sampling technique

Sampling is the process of selecting participants to represent an entire population (Polit and Beck 2012: 275). A purposive sampling method was used to select the participants for the study. Polit and Beck (2012: 517) define purposive sampling as a sampling method whereby the researcher selects participants based on his/her personal judgments about which participants would provide the most relevant information for the study. The researcher selected young males aged 18-23 years who were studying at Free State School of Nursing during the data collection phase of the current study.

*Inclusion criteria*

The inclusion criteria for the study were the young males who were:

- Aged 18 to 23 years
- Currently registered as student nurses at Free State School of Nursing studying towards a four year comprehensive diploma in nursing (R425).

*Exclusion criteria*

- All young males below 18 years of age and above 23 years of age.
- All female students at the Free State School of Nursing.

### 3.5.3 Sample size

There is no set sample size in qualitative research; the participants are recruited until data saturation has been reached. According to Schmidt and Brown (2009:161), data saturation is the point when the participants' information being shared with the researcher becomes repetitive and no new information emerges during subsequent interviews. Purposive sampling was determined on the basis of data saturation. Five young males from each campus participated in this study to make a total number of 10 participants. Data saturation was reached after interviewing eight participants. However, the researcher continued to interview participants until 10 were interviewed to confirm that there was no new information shared by the two additional participants.

## 3.6 DATA COLLECTION PROCESS

The data collection method used in this study was semi-structured interviews. According to Brink et al (2012: 158), the interviewer must ask a certain number of specific questions, but additional probes can also be posed. The interview allows the researcher to investigate issues from the perspectives of the participants involved in the study (Polit and Beck 2012: 537). The researcher prepared a written interview guide (see Appendix 6), which was a list of areas or questions to be covered with each participant (Polit and Beck 2012: 537).

The interviews were conducted at Free State School of Nursing in a private room at each campus. The interviews were conducted after classes from 13:00 hours. Each interview lasted for 30-60 minutes depending on the participants' engagement with the subject. The researcher initiated each

interview with a broad descriptive question and followed by asking probing questions encouraging the participants to talk freely about their perceptions concerning teenage pregnancies. The questions were directed at the participants' perceptions, feelings, beliefs and experiences about teenage pregnancies. This ensured that the researcher obtained all the information required. The themes that were explored and their application were guided by the theoretical framework as presented in Table 3.2. The interviews were recorded using an audio tape recorder, with each participant's permission. This is supported by Polit and Beck (2012: 534), to ensure that interview data portray participants' actual verbatim responses; qualitative interviews were recorded and transcribed verbatim. Field notes were also taken and used to note certain points, moods and facial expressions made by the participants during the interviews.

**Table 3.2: Themes that were explored and their application as guided by the theoretical framework**

| Theme | Application |
|---|---|
| Demographic data | Demographic data such as participants' ages, race, marital status and number of own biological children. This was explored to determine the dependency to the environment as indicated by the Johnson Behavioural System Model. |
| Perceptions | Participants' own personal perceptions regarding teenage pregnancy. This was described and explored with young males to determine their perceptions regarding sexual activities and their roles in teenage pregnancies. |
| Risk factors | Participants' own opinions regarding risk factors such as alcohol, cigarette smoking, dagga, drugs, coercion, sexual practices, socio-economic status, contraceptive use and availability, sex education provided by parents and schools. This was explored to determine the young males' aggressive behaviours, attachment, achievement and dependency as indicated in Johnson's Behavioural System Model. |
| Cultural and traditional practices | Participants' culture and traditional practices and beliefs that lead to misconceptions and misinterpretations about sex and teenage pregnancies. |
| Measures to prevent teenage pregnancy | Participants' comments and suggestions regarding teenage pregnancies. |

## 3.7 PRE-TESTING OF THE DATA COLLECTION TOOL

Pre-testing was conducted at the Eastern Campus Free State School of Nursing which was not part of the study. Two interviews were conducted during the pre-testing with the intention of investigating the researcher's interviewing ability and the reliability of the interviewing guide. It became clear that the participants understood the questions, although the researcher had to probe to obtain more information from their responses. No changes were made to the interview guide and the results of the pre-test were not included in the main study's data.

## 3.8 DATA ANALYSIS

Qualitative data analysis is a means to knowledge production that involves the breakdown, categorisation and prioritisation of data into a useful system (Schmidt and Brown 2009: 295). Data analysis in qualitative research is an active and interactive process with the purpose of organising, providing structure to, and eliciting meaning from data (Polit and Beck 2012: 557).

The researcher read the field notes in conjunction with listening to the recorded responses from the young males regarding teenage pregnancies in order to gain a clear understanding of the collected data. Data were analysed thematically, according to Schmidt and Brown (2009:169) during thematic analysis. The reasons, feelings and thoughts of the participants were explored. Each transcript was carefully read and field notes taken of any significant theme were correlated with specific interviews' information. The researcher organised a list of data into themes and sub-themes in order to look for connections between them. The main aim was to end up with key themes that describe the essence of the study. During the next step, the researcher combined and catalogue related patterns into sub-themes. Themes and sub-themes that emerged from the informants' perceptions about teenage pregnancies were pieced together to form a comprehensive picture of their collective experiences. The researcher had to find out how different ideas fit together in a meaningful way when linked together with the themes

and their application as guided by the theoretical framework (as summarised in Table 3.2).

## 3.9 TRUSTWORTHINESS

The strategy to ensure research rigour of the qualitative study was established by meeting five criteria of credibility, transferability, dependability, reflexivity and confirmability as established by Lincoln and Guba (1985). According to Schmidt and Brown (2009: 307), trustworthiness refers to the quality, the authenticity and the truthfulness of the findings in qualitative research.

### 3.9.1 Credibility

Lincoln and Guba (1985) describe credibility as confidence in the truth of data and the interpretation thereof (Lincoln and Guba 1985: 321). Schmidt and Brown (2009: 308) support this by stating that to ensure credibility the research must be shown to be authentic and truthful. In this study, credibility was ensured by prolonged engagement in the field with participants. The researcher created a friendly, calm and private environment during the interview. A trusting relationship was developed to ensure that the participants feel at ease and relaxed during the interview.

Data triangulation was achieved by interviewing various participants at the Free State School of Nursing until data saturation had been reached. The same interview guide was used during all interviews. Member checks were conducted whereby the researcher returned to the same campuses and chatted with young males with similar inclusion criteria as the initial participants. According to Lincoln and Guba (1985: 321), member checking is the most important technique for establishing credibility of qualitative data.

### 3.9.2 Reflexivity

According to Polit and Beck (2012:179), reflexivity is the process of reflecting critically on the self and of analysing and making notes of personal values that could affect data collection and interpretation. The researcher has a Bachelor's Degree in Occupational Health Nursing and an Honours Degree in Health Studies. The researcher did a thorough literature review concerning adolescent pregnancies. The colloquium was presented to peers and ethical clearance was granted by the university's Ethics Committee to conduct the study. Semi-structured interviews were conducted using a voice recorder and the researcher took field notes during the interviews. The researcher was consistent during all interviews by using the same interview guide and giving each participant an equal time frame.

### 3.9.3 Transferability

According to Lincoln and Guba (1985), transferability refers to the applicability of findings to other settings (Lincoln and Guba 1985: 321). This was achieved by providing sufficient descriptive data in a research report such that other researchers could test its applicability to other contexts.

### 3.9.4 Dependability

Dependability, according to Lincoln and Guba (1985: 320), is concerned with the stability of data over a period of time. The data used in this study were the young males' own truthful perceptions regarding teenage pregnancies. The researcher captured the voice recorded data from the young males and transcribed each interview verbatim and field notes were also coded, audited and archived. These could be made available if required for verification purposes.

### 3.9.5 Confirmability

Lincoln and Guba (1985: 320) state that conformability is objective. Lincoln and Guba (1985) further state that data represent the information provided by the participants and that the interpretations thereof are not based on the researcher's imagination. The data have to be proven to be neutral and objective. Confirmability in this study was achieved by using direct quotations from the raw data in appropriate places in the research report to convey the participants' perceptions about teenage pregnancies in their own words. Two independent people evaluated the relevance of the data, namely the supervisors of the study to eliminate potential subjectivity and bias of the researcher.

## 3.10 ETHICAL CONSIDERATIONS

The study was conducted in a way that protected the rights and welfare of the participants. The following ethical aspects were taken into consideration while conducting the study.

- *Permission to conduct the study*. The study commenced after the ethical clearance was granted by the Durban University of Technology's Institutional Research Ethics Committee (see Appendix 1). Permission was requested from and granted by the Free State Department of Health Research Unit (Appendices 2a and 2b) and the Free State School of Nursing (see Appendices 3a and 3b) before data collection commenced.
- *Privacy*. Burns and Grove (2007: 544) state that privacy is a freedom to determine the time, extent and general circumstances under which private information will be shared with or withheld from others. The participants were interviewed in a private room with no interruptions during the interview.
- *Informed consent*. This is an agreement by a prospective subject to participate voluntarily in a study after he/she assimilated essential information about the study (Burns and Grove 2007: 540). The

researcher outlined the purpose and the process of the study to each participant on the information letter (Appendix 4) and the consent form (Appendix 5). The participants were given a choice to participate or not to do so without any coercion and also to withdraw from the study at any point they wish to do so, without incurring any negative consequences whatsoever. Thereafter, the researcher requested that each participant should sign a consent form. Permission was requested from each participant to audio record the interview and to take field notes during the interviews.

- *Anonymity and confidentiality*. Conditions in which the identity of the subjects cannot be linked, even by the researcher, and the management of private data in research in such a way that only the researcher knows the subjects' identities (Burns and Grove 2007: 535). Data collection tools were identified by codes so that there was no link between the participant's identity, facility unit used, place where the interviews were conducted and the information collected. The completed data collection tools would be kept under lock and key for a minimum of five years, and thereafter be destroyed by shredding. Electronic stored data are secured by using a protected secret password known only to the researcher and wiped off the electronic computer system after five years.

## 3.11 SUMMARY

This chapter on methodology has provided an outline of the study's phases including the research design, area of the study, application of the theoretical framework, sampling, data collection, data analysis, research rigour and ethical considerations. The next chapter will focus on the presentation of the study's findings.

.

# CHAPTER 4

# PRESENTATION OF THE STUDY'S RESULTS

## 4.1 INTRODUCTION

The previous chapter outlined the research methodology adopted to conduct the study. This chapter presents the results of the data obtained during individual semi-structured interviews that were conducted face-to-face with 10 young males at the two main campuses of the Free State School of Nursing during the last two weeks of November and the first two weeks of December of 2014.

The presentation of the results will be contextualised within the theoretical framework that guided the study as well as the themes and sub-themes that emerged from the data. Five Johnson Behavioural Model systems were explored during data analysis, namely attachment and affiliation, achievement, dependency, aggression and the sexual system.

## 4.2 DEMOGRAPHIC DATA

The demographic data were explored to determine the dependence on the environment as indicated by Johnson's Behavioral System Model. Dependency is a state of relying on or needing someone for aid, support reliance confidence or trust (Johnson 1980:212). The researcher collected data from 10 young male student nurses at the Northern and Southern campuses of the Free State School of Nursing. The participants' ages ranged from 20 to 22 years. Nine participants were African and one was Coloured. All participants were single and no one had biological children. Table 4.1 presents the summary of the demographic data of the participants.

**Table 4.1: Demographic data of the participants**

| Participant number | Age | Race | Marital status | Number of biological children |
|---|---|---|---|---|
| 1 | 22 | Black | Single | None |
| 2 | 22 | Coloured | Single | None |
| 3 | 22 | Black | Single | None |
| 4 | 20 | Black | Single | None |
| 5 | 21 | Black | Single | None |
| 6 | 21 | Black | Single | None |
| 7 | 20 | Black | Single | None |
| 8 | 20 | Black | Single | None |
| 9 | 22 | Black | Single | None |
| 10 | 21 | Black | Single | None |

## 4.3 THEMES AND SUB-THEMES THAT EMERGED FROM THE INTERVIEWS

The following four major themes emerged from the data obtained during the 10 semi-structured interviews:

Theme 1: Perceptions regarding teenage pregnancies.

Theme 2: Risk factors leading to teenage pregnancies.

Theme 3: Cultural and traditional practices influencing perceptions about teenage pregnancies.

Theme 4: Measures to prevent teenage pregnancies.

Several sub-themes emerged from the interviews' data, in line with the five major themes of the Johnson Behavioural Model's selected systems. The themes and sub-themes are presented in Table 4.2.

**Table 4.2: Overview of themes and sub-themes**

| **THEMES AND SUB-THEMES** | |
|---|---|
| **Theme 1** | **Perceptions regarding teenage pregnancies** |
| Sub-theme 1.1 | Perceptions regarding sexual activities and teenage pregnancies |
| Sub-theme 1.2 | Home upbringing and support |
| Sub-theme 1.3 | Roles played by young males in teenage pregnancies |
| | |
| **Theme 2** | **Risk factors leading to teenage pregnancies** |
| Sub-theme 2.1 | Peer pressure |
| Sub-theme 2.2 | Poor socio-economic status |
| Sub-theme 2.3 | Abuse of alcohol and drugs |
| | |
| **Theme 3** | **Cultural and traditional practices** |
| Sub-theme 3.1 | Misinterpretations concerning circumcision |
| Sub-theme 3.2 | Cultural beliefs and misconceptions about sexual practices |
| | |
| **Theme 4** | **Measures to prevent teenage pregnancies** |
| Sub-theme 4.1 | Empowerment through sexuality education |
| Sub-theme 4.2 | Self-control |
| Sub-theme 4.3 | Social skills |
| Sub-theme 4.4 | Location of condoms at clinics |

### 4.3.1 Theme 1: Perceptions regarding teenage pregnancies

These are the participant's own opinions regarding teenage pregnancies. This was described and explored with young males to determine their perceptions regarding sexual activities and their roles in teenage pregnancies. Johnson's Behavioural System Model states that, sexual behaviours are related to procreation, attraction and fulfilling expectations associated with one's sexuality, to care for others and to be cared about by them (Johnson 1980:212). Three sub-themes emerged from the interviews with the participants: (a) perceptions regarding sexual activities and teenage

pregnancy, (b) home upbringing and support, and (c) roles played by young males in teenage pregnancies.

#### 4.3.1.1 Perceptions regarding sexual activities and teenage pregnancies

The participants reported that it was taboo to talk about sex topics with their parents at home. This was expressed from their views in the following quotes:

*"…Eish … sex topic is a very sensitive issue when it comes to our parents. You know …. At home I grew up with my sister and both my parents. My mother talked to my sister regarding menstruations and contraceptives. Coming to my father ….. He is a strict guy, I only remember him telling me that I mustn't go out or come home at night. He never spoke about sex and condoms. My mother tried to warn me that she does not want any children from me and my sister at this age but she did not engage with me about the topic, I guess she was shy. She only used to put condoms in my bedroom but never say a word thereafter… our parents assumed that we have knowledge about sex … maybe from school perhaps. I only knew about sex from our teachers at school during Life Orientation. Most of my peers did talk about sex but as a young man you end up experimenting in a wrong way because the information you get is not adequate or correct from friends"* (Participant 7).

*"...my parents are still old fashioned, they do have knowledge about sex but when coming to discuss it with us children they are shy. Sex topic at home is taboo. I think they believe that if they talk about it they will be encouraging us to engage in sexual activities. The only person who talked to me about sex was my brother who is now 29 years. Our parents don't discuss sex and contraceptive topics with us boys. We hear about these topics from our friends, media and at schools from our teachers. Eh ... at school again you will be taught about sex and condoms but you become shy to ask questions if you don't understand…such as how to put on the condom correctly we end up with burst condoms because of lack of knowledge which put us at risk of HIV and impregnating a girl unintentionally"* (Participant 6).

*"…teenage pregnancy is a huge problem in our country. It denies young people the opportunities to have [a] brighter future as our country have lot of unemployment. The main problem that leads to teenage pregnancy is that we do not get first-hand information from our parents at home as they don't discuss such topics with us boys. Take me for an example ….. My Dad did not sit with me down and discuss sex and its consequences. I only learned about this stuff at school …oh and from friends, but as you know how boys are they will tell you that you need to have sex to prove that you are a man and they tend to ignore the consequences that comes with having unprotected sexual intercourse. Boys do know about condoms but how to use them correctly… not really"* (Participant 4).

4.3.1.2 Home upbringing and support

Most of the young males were of an opinion that the type of family structure and the support they received from home and from the community was imperative in their upbringing. This was evident in their narrative responses as they stressed the following:

"…*I was raised by my grandmother because my parents passed away when I was 5 years old …. You know bo ngono [grannies] they don't talk about sex with us boys. my granny never mentioned anything related to sex to me, sometimes you need some sort of support but you don't know who to turn to…you know…even in our black community you become shy to ask any adult about sex related topics"* (Participant 6).

"…w*hen I grew up with only my mother and my sister, our father divorced my mother. …I didn't have a male role model that will talk, guide and support me regarding sex issues as I have no contact with my father, I learned everything from my friends and internet concerning sex. My mother gave me support and guidance concerning other things but not sex related staff'* (Participant 7).

"…*I think raising a boy is more difficult when you are a women… the reason I am saying this is because … eh … take me for instance I was raised*

*by my mother, I don't know where my father is. Coming to sex talks and support, if you need guidance you are on your own Bra [brother]. The clear and more detailed information I received at school, so that's why most boys end up with teenage pregnancy because you find that your mother was also a teenager when you were conceived and your father was not there to give support to you"* (Participant 1).

#### 4.3.1.3 Roles played by young males in teenage pregnancy

The participants reported that when coming to reproductive health, they felt left out as this was still regarded as female domain. They strongly believed that they also played an important role in teenage pregnancies as they also took part in conception of the baby. This came up clearly during interviews when they expressed their views by stating that:

*"…I have an active role that I can play to prevent teenage pregnancy…most of the time we (males) initiate the relationships with the girls. Let me make an example … you will find that you are dating a girl but you agreed that no sex before marriage, due to pressure from friends you find yourself pressurising her to engage in sexual intercourse that may lead to teenage pregnancy. So, it is my role to stick to our agreement and to respect her not to put pressure on her to have sex with me"* (Participant 5).

*"…my role in teenage pregnancy preventions is to respect the girls not to force them to have sex if they are not ready, to respect myself not to have many girlfriends that will put my life and their life at risk of contracting STI's besides impregnating them. Eh…other role that I can play is to teach my friends or other young males about the correct use of condoms and the consequences of unprotected sexual acts. This can be done in youth groups' gatherings once a month or so to make them aware of their roles in preventing teenage pregnancy"* (Participant 8).

Other participants stated that young males' involvement in youth programmes such as Love Life increases their knowledge about sex and being responsible. This was evident in their responses as they responded by saying:

*"…it is important as a young man to take part actively in programmes such as Love Life because you gain more knowledge about sex, STI's and the consequences of engaging in unprotected sex. This knowledge I can be able to pass to my friends so that they can also be empowered"* (Participant 9)

*"…I think by taking part in youth programmes such as Love Life I can get more information about sex and contraceptives. That information I can share with other youths to also empower them"* (Participant 7).

It was also evident that there was a concern regarding lack of knowledge about the contraceptives and their use. Participants felt that it is their role as student nurses to inform other young males about types of contraceptives and their use. This was identified in the following comments by the participants:

*"…well, as I am studying to become a professional nurse I think it is my role to educate other young males like myself regarding different types of contraceptives such as female condoms, male condoms, morning after pill and the latest new method that was developed recently that is Implanon which can be implanted under the skin by girls. Talking from my experience, I didn't know that when putting in the condom one need to press on the tip to prevent air that will cause the condom to burst putting yourself at risk of contracting STIs and causing unplanned teenage pregnancy"* (Participant 10).

*"…actually we (males) do not have much knowledge about types of available contraceptives, most of us know about male condoms. Although some males do not know how to use the condom correctly or knowledge about condoms in general such as storage, checking the expiry dates and types of lubricants to use. Therefore, as a student nurse I see it as my responsibility to share the information with other young males"* (Participant 3).

### 4.3.2 Theme 2: Risk factors leading to teenage pregnancy

During the in-depth interviews with the young males, various risk factors emerged. It was apparent that the risk factors played a crucial part in the sexual behaviours of the young males. The two Johnson Behavioral System Model sub-systems that were explored during the interview were the themes of attachment and affiliations as well as aggression.

Johnson described attachment as the first response system to develop in the individual. It allows social inclusion, intimacy, formation and maintenance of a strong bond and provides an individual with a sense of security particularly with his/her parents, peers and authority figures. A number of risk factors might influence young males to engage in unprotected sexual intercourse in order to be accepted in social groups, to be intimate with their partners or to attain a sense of security and belonging. The following sub-themes emerged under this theme: peer pressure, poor socio-economic status and abuse of alcohol and drugs.

#### 4.3.2.1 Peer pressure

Most of the participants stated that peer socialisation has an impact in their social lives including sexuality-related issues. Some indicated that they received information about sex from their peers. It was also evident that their peers put pressure on them to engage in unprotected sexual intercourse exposing them to the risk of STIs and unplanned teenage pregnancies. The following was what the participants had to say in response to peer pressure:

*"…peer pressure can put you in a predicament … [Pause], your friends can make you to engage in lot of things … wabona (can you see) … most of my friends have kids and I don't, every time when we are together they always talk about their kids and make comments that I am not a man enough … that I must impregnate a girl to fit with them because when they discuss about their kids I don't have anything to say"* (Participant 6).

*"…as individuals we belong to different kind of friendships … some good some bad. Peers can put lot of pressure on you in order to belong in the particular group. Nna (me) my friends told me that I am missing out of life as I don't have a child. They told me that at this age I need to be a man and prove my fertility by having unprotected sex. I felt pressurised, because engaging in sex without the use of any protection yields to getting infected with HIV beside teenage pregnancy"* (Participant 9).

*"….peer pressure can be very influential. We tend to listen to our friends more because of the fear of being rejected by them. They can pressurise you to engage in sex without the use of a condom just to despite you so that you end up being like them as they have kids. They also like to use words such as you are not a man enough because all of us here we have dincosi (kids) and you don't to make you feel not belonging to the group"* (Participant 2).

#### 4.3.2.2 Poor socio-economic status

The participants indicated that they were brought up in various life challenges. These included poor socio-economic environments. Growing up under these circumstances had an impact on their upbringing including their sexual practices. Some indicated that these home conditions affected them psychologically as they induced stress. Engaging in sexual activities was their escape goat in dealing with their stressful situations at home. Most of them stated that other young males see teenage pregnancy as the financial support at home as they will share the child grant with their girlfriends to support at home. The following are some of their narrated responses:

*"…growing up at home was difficult. I was raised by my mother. Financially we were struggling, this put so much pressure and stress you know… to relieve this stress sometimes you end up engaging in sexual intercourse to distress. But fortunately I was using protection so I was lucky not to end up impregnating a girl. Some other guys see teenage pregnancy as money making as they get half of the child support grant from their partners"* (Participant 1).

*"…growing up in a poverty stricken environment is a serious problem. You become so stressed as you see your friends have basic things and you don't. some of my friends ended up having kids in order to have some form of support at home from the child grant they share with the mother of their children"* (Participant 3).

*"…I was raised by both my parents but my father was not working so life was difficult. You end up having lot of stress so to relieve stress you end up engaging in sexual intercourse that can lead to teenage pregnancy and contracting HIV at young age"* (Participant 2).

*"…poor socio-economic status can lead to a person to end up engaging in many things because you are stressed. We…males end up being engaged in sexual intercourse to relieve stress. Some also … [Pause] … also make children with their girlfriends so that they can have money from grant to make life easier"* (Participant 5).

*"…I am a first born at home … so I grew up in a very poor living conditions as my mother was not working we were depending on my grandmother's pension grant which was hardly meeting our needs. This lead to me being much stressed all the time, I used to have many girlfriends which I had sex with them to relieve stress… Eish … luckily I was using condoms if I didn't I would have caused a lot of teenage pregnancy and maybe HIV positive"* (Participant 6).

#### 4.3.2.3 Abuse of alcohol and drugs

Alcohol was seen as a contributing risk factor in engaging in unprotected sexual intercourse. Most research participants indicated that the consequences of alcohol use are the main results of teenage pregnancy due to the fact that when they are under the influence of alcohol their minds become clouded, impacting negatively on their rational decision-making capacities. The chances of using protection at this point are minimal. The following excerpts were expressed by the young male participants:

*"…alcohol is a serious problem. Eish … it can make you do things you were not intending to do and you start regretting when you become sober. When you are at the tavern, you meet lot of beautiful girls and you start buying them alcohol the next thing you wake up with her in your bed and the chance of using a condom if otawuwe (drunk) is zero. You end up impregnating her because you were drunk"* (Participant 1).

*"…alcohol is one of the risk factors that can lead to teenage pregnancy. I am saying this because alcohol destroys your mind. When you are drunk you don't think straight you know, you end up engaging in unprotected sex with the girl you picked up at the tavern and the next thing she is pregnant"* (Participant 3).

*"Sir… [Pause] … the most common risk factor is drinking alcohol too much [showing by hand]. You know when you have taken too much booze [alcohol] you are at your own thinking world, your mind becomes clouded and you can't think straight [pointing the head]. You end up picking another drunken girl at the tavern and have sex with her without using the condom the next thing she is pregnant and you may also be infected with sexually transmitted diseases Eish…"* (Participant 6).

Johnson's Behavioral System Model states that aggression is an overt, often harmful, societal interaction with the intention of inflicting damage or unpleasantness upon another individual. This can be inflicted by several risk factors such as the use of drugs that may impair normal psychological behaviour leading to young males' engagement in unprotected sexual practices which may result in teenage pregnancies.

It became evident during the semi-structured interviews that the use of drugs was also regarded as a risk factor that may impair the normal psychological behaviour leading to teenage pregnancies. This was reflected in the following quotes:

*"…another risk factor can be the use of drugs, when you have smoked drugs your mind becomes upside down you know…you cannot think properly. You tend to think about drugs, stealing and having sex, so to get sex they resort to raping girls. This causes a lot of teenage pregnancies because psychologically drugs affect your mind negatively"* (Participant 4).

*"…some young males do drugs …. [Pause] you know when they are now high they tend to think about crime and sex. Most of them they do not have girlfriends so to satisfy their sexual needs they tend to force themselves on girls leading to teenage pregnancy because their minds are controlled by drugs"* (Participant 7).

*"…other risk factor is the use of drugs, because when these guys have smoked drugs they become so violent and aggressive. They seem to be losing their minds … [Frowning]. Poor girls are being verbally and physically abused by them as they force themselves on them. They do not even think about using the condom so girls become pregnant at early age due to rape"* (Participant 10).

It was also worth noting the comment made by another participant regarding the latest common drug who stated.

*"…nowadays there is this nyaope (illegal drug concoction) that destroys our youth. When they have smoked it, they behave in a very bad way, their minds are not working properly … [Pointing at the head]. Girls get raped by these guys after they have smoked this nyaope [illegal drug] because when they are high they just force themselves on girls without even using the condom. So, teenage pregnancy can happen in that way as they find young girls as an easy target"* (Participant 8).

### 4.3.3 Theme 3: Cultural and traditional practices

The participants were concerned about the cultural and traditional practices that they faced when they grew up. It was evident from their responses that as young males they were expected to undergo initiation ceremonies

(including circumcision) to become men. They raised some concerns that some of the cultural and traditional practices caused them to engage in sexual intercourse potentially resulting in teenage pregnancies. Two sub-themes that emerged from their responses were the following: misinterpretation about circumcision as well as cultural beliefs and misconceptions about sexual practices.

#### 4.3.3.1 Misinterpretations about circumcision

The participants indicated that some of the teachings they received at the initiation schools were misleading. These were some of the interviewees' responses.

"*…I was circumcised at the initiation school … you know the elders will tell you that you must not have sexual intercourse immediately after leaving the initiation school but they don't tell you when should you resume sex and how to protect yourself. When you leave the initiation school you are not sure that sexual intercourse will still be the same as before. That is why most boys engage in unprotected sex to validate this whereas; you end up with diseases or teenage pregnancy"* (Participant 10).

*"…I would say that the lack of information we get from the initiation school can be misleading sometimes… [Pause] eh …elders; they don't give sex education after circumcision. Some boys when you meet them they will tell you that you need to check your manhood whether [you] are still working properly by having sex without any protection. If you are not clever you end up engaging in unprotected sexual intercourse then you make a girl pregnant unintentionally"* (Participant 5).

*"…eh traditional initiation school information can also lead to boys to end up with teenage pregnancy. You know Sir … the information we get there is not clear, like when to have sex and how to protect yourself from diseases. They just tell you that you are a man now and you will enjoy sexual intercourse. If you are not careful … you become curious now and engage in*

*unprotected sexual intercourse … then next thing you find yourself [having] impregnated a girl"* (Participant 8).

*"…I would say that lack of information boys get from the initiation schools maybe misleading sometimes. My friend told me that the elders there they just say you are a man now, no education about sex and protection is given. Sometimes they have fear that perhaps sex will be not the same as before circumcision, most boys engage in unprotected sex after initiation to test if everything is still ok. You know by doing that … they put themselves at risk for HIV or teenage pregnancy"* (Participant 9).

#### 4.3.3.2 Cultural beliefs and misconceptions about sexual abstinence

During the interviews, most of the participants raised some concerns regarding sexual abstinence. It became evident that they were not involved as young males in such teachings but mostly sexual abstinence was emphasised to girls that they should preserve their virginity until they get married. This was supported by the following statements:

*"…sex before marriage is regarded as a sin. Most teenagers were raised with the concept that in order to have sexual intercourse one must get married first. In some of our homes things were slightly different. I mean this abstinence thing was only mentioned to girls not us boys. So boys tend to compete to have sex with the virgins as this is sort of male achievement, but by doing so teenage pregnancy can happen very easily"* (Participant 4).

*"…you know … eh… girls are being encouraged every time to preserve their virginity until they get married, but in the case of boys none is being said about how important to remain [it is to remain] a virgin until you get married. … that's why most boys engage in sex especially with the virgin girls as this gives them pride mean while they are risking their lives with STIs and teenage pregnancy" (*Participant 5).

*"…according to my culture which is Sotho, virginity is very important but only to girls the way I see it. You know … parents will be encouraging the*

*girls to remain virgins until they are married but coming to boys nothing is being said about virginity. We end up engaging in sexual activities because we were raised with the mentality that it is ok if boys have sex. That's how teenage pregnancy can occur and people end up with HIV"* (Participant 7).

Some of the participants mentioned several cultural practices which may be misleading to young males influencing to them to indulge in unprotected sexual intercourse, as illustrated by the following excerpts:

*"…some of the cultural beliefs that we have as boys about sex can be risky. Take for instance the withdrawal method, this method is extremely risky because one does not use any protection. You can contract sexually transmitted diseases and above all a girl can be pregnant as this method is not safe at all"* (Participant 2).

*"…having sexual intercourse with a girl without using a condom after menstruation is believed to be harmless as the girl will not fall pregnant. I think this is also part of our cultural practices but I am not sure, this is a common belief that boys have which can lead to teenage pregnancy. Oh… le [and] withdrawal method is not reliable'* (Participant 3).

*"…there is this cultural belief called calendar method or having sex after menstrual cycle but I am not sure how actually it works … but I heard from my friend that they were using this practice but he ended up having a child unplanned. This to me was an unreliable method as he ended up with teenage pregnancy because of misinterpretation of the cultural belief"* (Participant 5).

### 4.3.4 Theme 4: Measures to prevent teenage pregnancy

The participants had different views when they were asked about their views regarding their involvement to prevent teenage pregnancies. It became evident from the interviews that they felt that if they could be more involved in reproductive health, they could achieve certain goals and a level of maturity in life besides preventing teenage pregnancies.

According to Johnson's Behavioral System Model (Johnson 1990) achievement is defined as an accomplishment of something using one's ability, effort and courage to attain desired goals. This includes skills to solve problems, knowledge of one's own strength, weaknesses and the setting appropriate goals. During the interviews, the following sub-themes emerged: empowerment through sexuality education, sexual control, social skills and location of condoms at the clinics.

#### 4.3.4.1 Empowerment through sexuality education

The participants felt that they needed a lot of empowerment regarding sex and prevention of teenage pregnancies as they were still unstable with their sexual encounters. Some of their narratives were:

*"…we need to be empowered about sex ….. Yeah … our parents need to be open about sex not to hit about the bush. They need to sit us down and tell us all about the dos and the don'ts in detail. When you have first-hand information from the people you trust most… [Hand expression of fist] you can be able to separate wrong information you get from your friends, media and social networks"* (Participant 1).

*"…boys need to be actively involved in reproductive health…they need to be empowered also about types of contraceptives, consequences of engaging in unsafe sex. You know if you are part of something, you tend to have more knowledge and find more knowledge to equip your mind. When you have correct knowledge you can hardly make mistakes because you know the consequences"* (Participant 3).

*"…sir, knowledge is power….Our parents must give us information about sex, especially our fathers. They need to have a man to man open communication with their sons concerning sex and its consequences. If you got the correct information it stays in your mind…you can be able to see even if your friends are putting you in danger of making a child. Oh…The media such as television need to be more educational especially to the boys regarding boys' involvement in preventing teenage pregnancy"* (Participant 5).

Some of the participants believed that effective sex education could be achieved by using the nurses during school visits to discuss these issues with young males at schools. These were some of their comments:

*"…nurses do their bit in teaching about safe sex to teenagers, but due to shortage there is no time really to sit down with boys and teach them about sexual transmitted diseases and teenage pregnancy. My comment will be may be when they do school health, they can use that time because they access more learners to teach the boys about teenage pregnancy prevention"* (Participant 3).

*"…I think more sex education and how to prevent teenage pregnancy can be emphasised with boys at schools during school health visits"* (Participant 5).

*"…my comment would be that nurses can be invited at church youth gatherings or football clubs can also invite nurses to come and give health talks about sexual transmitted diseases and how to prevent teenage pregnancies. Oh… again when we do school health nursing we can talk to boys there"* (Participant 6).

#### 4.3.4.2 Sexual control

It came up that some young males engage in sexual encounters that could lead to teenage pregnancies due to the fact that they lacked knowledge or they had misconceptions about sexual practices. They stated that as their bodies were growing up there were many changes and stages that they underwent and they needed to know how to control their physical needs for sexual activities. It became evident during the interviews that sexual self-control is an important factor that young males need to achieve. These were some of their suggestions:

*"…you know… [Pause] as we grow up we undergo different stages and our bodies develop needs. But if you let those physical needs controls you, you end up impregnating a girl unplanned. We need to learn to have self-control*

*over our body, perhaps one can engage himself in sports or focus on his studies to avoid thinking about sex all the time"* (Participant 1).

*"…I would suggest that we must not let our body control us, we should be in control of our needs. We mustn't experiment with sex because one can end up with an unplanned child… again focusing on certain activities puts your mind and body off to sexual needs such as sports you know…"* (Participant 2).

*"…I would say…staying away from bad friends that influence you to engage in sex to impress them. To engage in sports and abstaining to sexual intercourse is a good idea to prevent teenage pregnancy. Ohh…hape [again] one need to take charge of his own body not to let your feelings about sex control you to sleep around with many girls"* (Participant 4).

#### 4.3.4.3 Social skills

The participants mentioned a lack of social skills achievement among themselves as young males to be a concern. It was evident during the interviews that if they could master the social skills they might be able to make a great impact in preventing teenage pregnancies. They stated the following during the interviews:

*"…boys tend to lack skills to control themselves…I mean to take charge of their lives and stand by their decisions. Most of us we don't know how to say no to our friends even if we see that their influencing us in a wrong way. I think we must learn to stand our grounds, if we don't want to drink alcohol or have sex, we shouldn't be shy to say no to our friends"* (Participant 4).

*"…making friends is difficult you know especially to choose the good ones. Sometimes most of us we don't know how to socialise with people, that is why we end up in a company of wrong friends that will encourage you to do wrong things such as drinking alcohol the next thing you find yourself engaging in unprotected sex. I think… [Pause]... if we can learn and master how to*

*socialise with people, we can be able to refuse if our friends' barediela [putting us in danger]*" (Participant 6).

*"…we need to learn to respect our girl friends when they say no to sex, not to be encouraged and listen to our friends when they force us to engage in sex. I think also is important to learn to have a good socialisation skills to be able to choose the good friends. We need to be strong enough to be able to leave a company of bad friends and start new friendship with other people"* (Participant 7).

#### 4.3.4.4 Location of condoms at the clinics

The participants in their comments were concerned about the place where condoms are placed at the clinics. These were some of their quotes:

*"…my comment will base on the clinics…Aaai [no], the place they put condoms is not really user friendly to us boys. When you go to the clinic to get condoms you become embarrassed because they put them in the waiting area in the view of everybody. You know bongono [grannies] when they see you taking condoms, they make comments that you should be concentrating on your school work not sex. So, we tend to be embarrassed to go there to get condoms and as you know most boys are not working, they can't afford to buy condoms. I would suggest that they place them at better place perhaps at security gate you know"* (Participant 4).

*"…condoms are free and accessible at the clinic but I will suggest that maybe they can be placed in male toilets because most of my friends are afraid to take them in view of all other patients watching at the clinic. They end up asking me to bring some for them when I am doing practicals"* (Participant 6).

*"…my comment will be to find a more private place to put the condoms because boys are shy to take condoms when older people are watching them at the waiting area in the clinics. May be should be at clinic gate or entrance or male toilets"* (Participant 8).

## 4.4 SUMMARY OF THE FINDINGS

The study's findings show that the participants were concerned about several issues pertaining to teenage pregnancies. These issues ranged from parental skills, sex education or discussions between fathers and sons at home, contraceptive knowledge, and utilisation of contraceptives, sex topics being taboo issues in most family dwellings. In almost all the sub-themes, it was clear that parents did not disseminate any detailed sexual education to their sons mainly because of being embarrassed to talk openly about sex. It became evident that young males obtained information from schools, the media and their peers. Most participants mentioned that some of this information was misleading them and it would be of great benefit if they would receive first-hand information from their parents.

Participants were concerned with the risk factors such as abuse of alcohol and drugs. They were of the opinion that most teenage pregnancies were the consequences of alcohol and drug use beside peer pressure. They had strong beliefs that certain environmental stimuli such as poverty, causing stress, could influence young men to end up using alcohol and drugs. They believed that involving themselves with activities such as sports could assist in dealing with stressful situations that could lead to them engaging in unprotected sexual activities. Most of the participants verbalised that organisations such as Love Life could assist in reducing the number of teenage pregnancies. The participants also had some concerns regarding the cultural and traditional practices concerning sexual practices, such as the lack of proper sexual education by the elders at the initiation schools which was one of their major concerns.

With regards to the attainment of the study's objectives, the overall findings indicated a great need for open communication regarding sex and its consequences between fathers and sons. Feelings that young men were overlooked when sex topics were discussed and that they were not involved in reproductive health issues were expressed. The young men said they

needed to be educated about the available types of contraceptives and most importantly about the ways in which contraceptives should be used. The participants believed that they could play a role in preventing teenage pregnancies if they could be actively involved in reproductive health. Suggestions to reduce teenage pregnancies included that condoms should be located in venues at clinics where condoms could be taken in private such as in the men's toilets or at the security gate rather than in the general waiting areas. School health nurses could provide sex education to boys and should plan for time to answer boys' questions.

## 4.5 SUMMARY

In this chapter the findings were presented, and some extracts from the verbatim transcripts of the interviews were included in this chapter. The participants' responses to some questions enabled the researcher to attain the objectives of the study. The findings of the study will be discussed and recommendations will be provided in the final chapter of this dissertation.

# CHAPTER 5

# DISCUSSION OF THE RESULTS, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

## 5.1 INTRODUCTION

The previous chapter presented the findings of the study. The objectives of the study were explored as guided by Johnson's Behavioral Systems Model (1990). This chapter will discuss the results that were presented in the previous chapter. The discussion is based on the themes that emerged from the analysis of the data obtained during the interviews with the participants.

## 5.2 OVERVIEW OF THE RESEARCH DISCUSSION

In this chapter, four major themes were identified as follows:

Theme 1: Perceptions regarding teenage pregnancies.

Theme 2: Risk factors leading to teenage pregnancies.

Theme 3: Cultural and traditional practices.

Theme 4: Measures to prevent teenage pregnancies.

## 5.3 PRESENTATION OF THE RESULTS

Themes are discussed and interpreted and supported with relevant literature where appropriate to do so.

### 5.3.1 Perceptions regarding teenage pregnancies

The study's findings revealed that young males engaged in unprotected sexual intercourse from time to time for reasons attributable to their parental upbringing, knowledge about contraceptives and their relationship histories. It was evident from the participants' responses that parents did not engage in sex talks with their sons; particularly the fathers did not have one-on-one talks with their sons about sex-related topics. The results revealed that parents seemed reluctant to discuss sex with their children as the participants believed that discussing sex at home with elders were taboo topics. This was supported by (Sekela 2001: 70) who states that parents find it not only a taboo to discuss sex education with their children but they also perceive sex as an embarrassing topic of discussion. Most of the participants indicated that they received sex information from friends, the media and school teachers. They would have preferred to have first-hand information from their parents because some of the information they received from other sources was misleading. Panday et al. (2009: 64) corroborate these findings by stating that many adolescents would find it easier to avoid teen pregnancies if they were able to have more open and honest conversations about sex-related topics with their parents.

The findings of this study also revealed that the home environment plays an important part in the upbringing of the child as it gives a child a state of dependency. Johnson's Behavioral Systems Model states that dependency is a state of relying on or needing someone from the environment for aid, support, reliance, confidence or trust. Some participants were brought up by single parents or by their grandmothers. In terms of support and aid, it became clear from the study findings that they did not get support for sexual guidance from their single parents or their grandmothers and also not from their fathers. According to Eastin (2003: 11), males who are deprived of a father during their early lives are likely to engage later in rigidly overcompensated masculine behaviour. Horn (2002: 11) agrees with this by stating that fathers make unique and irreplaceable contributions to the lives of

their children. Hutchinson and Cederbaum (2011: 550) reiterate that both parents play a large role in the socialisation of their youth and fathers have a strong influence on both sex and substance abuse behaviours of their children.

The findings indicated that participants were of the opinion that they had important roles to play in preventing teenage pregnancies if they could be more actively involved in reproductive health issues. Johnson's Behavioral Systems Model indicates achievement as the accomplishment of something using one's ability, effort and courage to attain a desired goal. Prevention of teenage pregnancies can be achieved by actively involving young males in reproductive health issues. Becker (2000: 1) maintains that traditionally, family planning and reproductive health services have been female focussed. The participants mentioned that they needed to be active participants to change this traditional mind set. They stated that it was their role to respect the girls and not to force the girls into sexual activities if the girls were not ready to do so. It also became evident that one of their other roles was to have one girlfriend not to have multiple partners as this might lead to teenage pregnancies, HIV and STIs. This is also supported by Becker (2000: 1) who confirmed that young men initiate sex earlier than women and tend to accumulate more partners over their lifetimes than women. This behaviour is extremely risky as they can contract HIV, STIs and/or cause teenage pregnancies.

Most of the participants stated that they believed that by taking part in programmes such as Love Life, this would empower them with knowledge. Young males are at risk of causing unintended pregnancies and STIs because they are more likely to be misinformed about sexuality and sexual health (Becker 2000: 1). It is imperative for young men to take part in reproductive health programmes to gain correct knowledge regarding sexuality and sexual health. Sport engagements were reportedly good activities to engage in for them to distress to avoid being engaged in sexual intercourse.

Lack of knowledge regarding contraceptives and their uses was also an issue of concern. Participants were concerned that most young males only knew about male condoms as a form of contraception. They reported that they only received information about different types of contraception when they were training as nurses. Ugoji (2013: 19) believes that young people often know little or have incorrect information about contraception. He further states that young men are more likely than young women to mention lack of knowledge and are much more likely to say their partners are responsible for avoiding pregnancies. From the current study's findings it became apparent that some participants did not know how to put the condom on correctly to prevent accidental bursting during intercourse. Brindins, Barenbaum, Sanchez-Flores, McCuter and Chand (2005: 31) state cumulatively, these problems leave young men in need of much greater access to information and services that could enhance their reproductive health. This is supported by Stolberg (2002: 1) who argues that by not working with men, the healthcare system misses more than half the equation as males are influential in the couple's contraceptive use, and also as to whether or not they are using condoms.

### 5.3.2 Risk factors for to teenage pregnancies

In this study, the participants also stated that they faced different life challenges as they grew up, including peer pressure. Peer groups play an important part in the young males' social development as it provides them with a sense of belonging and security. This is a form of attachment as described by Johnson's Behavioral Model System in that attachment is a first response system to develop in the individual. It allows social inclusion, intimacy, formation and maintenance of strong bonds as well as providing an individual with a sense of security particularly with peers. Fitting in with the group of other young males who have children was mentioned by the participants as they felt that they were not accepted by their peers because they did not have children. Maholo (2008: 113) confirms this by stating that peer pressure influences subjective norms as they want to be accepted by their peers. As a result, young males have sex to impress their friends and

they end up causing teenage pregnancies. Mohase (2006: 30) supports this by stating that teenagers rely on their friends for information as they want to be accepted within a particular social group. Thus incorrect information received about sex from the peer group, peer pressure or the need of the teenager to be like his peers, all contribute to causing unwanted pregnancies (Bezuidenhout 2013: 40).

Among other risks factors that were alluded to during the interviews, poor socio-economic status was a point of concern. It was found that most of the participants' home environments which they grew up were very stressful because of poverty. In the study conducted by Mothiba and Maputla (2012: 4), in the Capricorn district of the Limpopo Province, it was found that 44% of the households depended on the single mothers' incomes, 16% depended on child support grants and 8% were living on their grandparents' pension grants. These sources of income were inadequate to meet all the needs of the families. This could be a stressful situation. The participants indicated that they used sexual intercourse as a stress relieving method that placed them at risks of contracting HIV and STIs and ending up with teenage pregnancies. Wang, Wang and Hsu (2003: 33) found that a lack of necessary material resources to meet the needs of the adolescents, because of parents' poor socio-economic status, put the adolescents at greater risks of pregnancy. This was in line with the results from the participants' responses that some young males ended up impregnating girls to get child support grants to share with their partners as a form of financial support. Although no respondent had his own biological child, they knew this to be the case among their young male friends.

It became evident from the participants' narratives that alcohol and drug abuse had an impact on the psychological level of functioning of the young males. They mentioned that when the young males are under the influence of alcohol and drugs, their thinking ability is clouded. Some participants mentioned that if one is intoxicated, one could end up having unprotected sexual intercourse with the girls they pick up in clubs, which put them at risk of

contracting HIV, STIs and teenage pregnancies. Careless behaviour, leading to alcohol and drug abuse often leads to unprotected sexual intercourse (Mohase 2006: 28). This author further maintains that when men are under the influence of drugs or alcohol, they become careless and do not use protection (such as condoms) during sex. Panday et. al. (2009: 61) confirm that the psychoactive effects of alcohol and drugs are thought to increase sexual arousal and desire, decrease inhibition and tenseness, diminish decision-making capacity, judgement and sense of responsibility. In support of the current study's findings, Van Eijk (2007: 56) argues that substance abuse is recognised as one of the greatest health and social problems in South Africa which results in teenage pregnancies. This author states that teenagers engage in sexual intercourse without making calculated decisions due to the influence of alcohol and drugs. According to Bezuidenhout (2013: 42), various other researchers have made similar findings regarding the low usage of contraceptives among sexually active teenagers that are substance abusers.

### 5.3.3 Cultural and traditional practices

Giddens (2001: 25) states that culture plays a significant role in perpetuating the values and norms of a society, yet also offers important opportunities for creativity and change. During the interviews, the participants mentioned that culturally and traditionally they are expected to undergo initiation ceremonies (including circumcision) to be taught how to become men. Besides being circumcised at the initiation schools, values and norms are taught by traditional elders at these initiation schools. Although values and norms are instilled in the initiates, it is not clear what values and norms are being taught to the young males regarding sexuality issues and teenage pregnancies. Vincent (2008: 79) supports this as she states that powerful taboos are attached to the discussion of circumcision rites with outsiders and this has meant that, until relatively recently, the subject has not been widely researched or discussed in South Africa. Some of the participants verbalised that after circumcision they were told that 'now you are a man' but the

traditional elders did not talk about sex and teenage pregnancies. According to Rule (2004: 4), black adolescents are more likely to engage in sexual activities at an early age because of socio-cultural conditions such as 'mis-guidance' from initiation schools. Maluleke (2003: 64) found that during initiation, sexual education was limited to personal hygiene, maintaining virginity, self-control and social morals. The study revealed that the initiates were left with mixed feelings and questions such as to whether sexual intercourse would still be the same as before circumcision. As a result young males tend to engage in unprotected sexual activities to prove that there was no change in sexual performances and manhood after circumcision, therefore teenage pregnancies continue to occur.

Abstinence is a worldwide practice whereby elders encourage teenagers to preserve their virginity until they get married. Maluleke (2007: 64) found that abstinence was mentioned as a way of preventing HIV/AIDS to girls. In this study, the participants verbalised that abstinence was only emphasised to girls not to boys. Myeza (2008: 19) mentioned that in South Africa the intention to abstain from sex until marriage is expressed. Pardue (2003: 1) maintains that 'increased abstinence was the major cause of declining birth and teenage pregnancy among teenage girls. This decline in numbers of teenage pregnancies could be increased if abstinence was also filtrated to young males.

Beside abstinence, young males were concerned about the withdrawal method, a culturally acceptable sexual practice that has been practiced over decades and that is believed to be effective for preventing pregnancies. They indicated that this method was extremely risky as they could contract STIs including HIV and cause teenage pregnancies. Nduli (2012: 20) regarded abstinence as superstitious and a myth.

### 5.3.4 Measures to prevent teenage pregnancies

It became apparent from the participants' narratives that there was a lack of sex education when it came to parents and their teenage boys. Mohase (2006: 19) maintains that most parents still deem it to be taboo to discuss sex-related issues with or in the presence of their children. Such a conception leaves children clueless and who often take misguided information from the street. Panday et al. (2009: 64) are of the opinion that parent-adolescent communication on issues of sexual behaviour and childbearing is very important. The current study's participants mentioned that parents needed to be open and free to empower young males about sex, the use of contraceptives and consequences of unprotected sexual intercourse. According to Nkwanyana (2011: 20), parents should teach sex education in the privacy of their homes. Most participants were in agreement that it is better to get sex education from parents because they will provide the correct information.

Johnson's Behavioral Model System indicated that achievement is an accomplishment of skills and knowledge. Halstead (2003:7) describes a sexually educated person as someone who has acquired certain information for example, how to achieve pregnancy and how to avoid pregnancy. He further states that a sexually educated person will have certain personal qualities, for example appropriate self-assertiveness in resisting peer pressure and in saying 'no' to unwanted sexual experiences. A sexually educated person will have certain attitudes such as respect for people whose views are different from his own regarding teenage pregnancy.

The study findings revealed that health care workers such as nurses were also regarded by the participants as an important source of information that could be used to give sex education to young males during school visits. According to the participants, nurses have vast knowledge regarding reproductive health that can be imparted to young males to be actively involved in reproductive health. This includes the correct use of condoms and

other methods of contraception. Incorrect usage can lead to tears in condoms and missed doses of birth control pills can lead to ovulation (Panday et. al. 2009: 56). The effect of condom tears will lead to unplanned teenage pregnancies and contracting HIV and STIs. Nduli (2012: 68) was concerned that although there are health clinics available to adolescents where they can obtain appropriate information on sexual matters; many do not use these facilities for the fear of being identified as being sexually active. Thus the participants were concerned about the place where the condoms were placed at local clinics. The location of condoms at the clinics was not user friendly as they were placed in the waiting areas in the view of other clients who attended the clinic. This causes embarrassment to young males to take condoms because some of the older clients made negative comments that they should be in school not thinking about sex. In a study conducted by Nkwanyana (2011: 80) she recommended that there should be school-based clinics either on the school premises or located close to a school to provide contraceptives and make condoms available in schools. Embarrassment could be eliminated; more knowledge about contraceptives could be easily accessible at the teenager friendly clinics. The participants in the current study suggested that condoms should be made available in men's toilets and at the security gates of clinics and hospitals. These locations would enable young men to obtain condoms in privacy, not in full view of a number of people in the waiting areas.

## 5.4 LIMITATIONS OF THE STUDY

This study was conducted at the Free State Province within the two Free State School of Nursing main campuses therefore these findings are not transferable to other provinces or to other schools of nursing. The interviews were conducted only with the young males 18-23 years of age studying towards a four year comprehensive diploma course in nursing (R425). Other students were not included of the sample and young men who are not student nurses might have different perceptions about teenage pregnancies. Another limitation of the study is that no participant had his own biological child.

Respondents who had biological children might also have had different perceptions about teenage pregnancies.

## 5.5 CONCLUSIONS

In this study, the perceptions of young males at the Free State School of Nursing regarding teenage pregnancy were explored. The participants indicated various points of concern within all five themes of Johnson's Behavioral Model Systems, these concerns ranged from parents' lack of involvement in providing sexual education to young males, lack of knowledge about and failure to use contraceptives, alcohol and drug abuse, cultural and traditional practices. However, the participants strongly believed that they could play a role in preventing teenage pregnancies. It was clear from this study that there is still a gap in reproductive health that needs to be filled by involving young males to reduce teenage pregnancies.

## 5.6 RECOMMENDATIONS

Based on the findings of the study, the following recommendations are presented in attempting to address the gaps identified during the study:

### 5.6.1 Recommendations to young males

- Young males need to be actively involved in reproductive health. They need to equip themselves with knowledge regarding types of available contraceptives beside male condoms and how are they used to prevent teenage pregnancies.
- They need to have open communication channels with their parents especially with their fathers or any male figure that could impart knowledge regarding sex and its consequences.
- They need to avoid sexual intercourse when they are under the influence of alcohol and drugs because their minds will be too clouded to take calculated decisions about the use of protection during sexual intercourse.

- They must take part in youth programmes such as Love Life so that they can be empowered with knowledge regarding sexual activities and its consequences including how to protect themselves from HIV, STIs and teenage pregnancies.
- They must focus on their studies to be able to improve their career prospects to eradicate poverty that contributes to teenage pregnancies.

### 5.6.2 Recommendations to the parents

- Parents, especially fathers must be actively involved in their sons' upbringing and guidance regarding sex. There should be open communication about sex to young males.
- Single parents raising boys should form a support groups to deal with issues that pertain to young males so that they can be able to give sex education to their sons without feeling embarrassed.
- They need to move away from cultural beliefs that talking about sex with young males is taboo.
- They should seek more information regarding contraceptives and how are they used to be able to give correct information to their sons.

### 5.6.3 Recommendations to elders at the initiation schools

- Elders at the initiation schools should give sex education to the initiates beside values and norms education that they give after circumcision.
- Health care providers should be invited by the elders to train them about contraceptives and their use after circumcision to prevent teenage pregnancies, HIV and STIs.

### 5.6.4 Recommendations to the health facilities (clinics)

- Nurses should give sex education to young males at schools during school health visits to impart knowledge about contraceptives and their uses.
- Adolescent user-friendly clinics need to be established nearer or at school premises whereby teenagers could access contraceptives freely without being embarrassed.
- Health care workers need to conduct sex education sessions regarding teenage sex education with parents to assist parents to talk about sex issues with their sons.
- Location of condoms at the clinics should be placed in private arrears such as male toilets or at the security gates to prevent embarrassment of young males if they need to take condoms as the participants stated that they are placed in the waiting areas necessitating young men to take condoms in full view of large numbers of people in the waiting area, some of whom they might know and who would realise that the young men are sexually active.

### 5.6.5 Recommendations to the Department of Health

- Policies regarding reproductive health need to be revised to include males' involvement in reproductive health and family planning issues.
- Traditional initiation schools need to be regulated by the Department of Health to train the elders about what sex education and contraceptives information should be given to the initiates after circumcision.
- The Department should investigate the effectiveness of sex education in schools, with respect to improving the knowledge about teenage pregnancies and the consequences thereof.

### 5.6.6 Suggestions for further research

This study focused on young males' perceptions at the Free State School of Nursing with regard to teenage pregnancies. Areas identified during the study that could be further explored include

- the perceptions of parents regarding providing sex education to their teenage boys
- sex education given to the initiates at the initiation schools regarding teenage pregnancies and
- the impact of young males' involvement in reproductive health. This could assist in open communication and effective sex education to young males regarding teenage pregnancies.

## REFERENCES


Baumgartner, J.N., Waszak, C., Tucker, G.H. and Wedderburn, M. 2009. The influence of early sexual debut and sexual violence on adolescent pregnancy: a matched case-control study in Jamaica. *International Perspectives on Sexual and Reproductive Health,* 35(1): 21-28.

Becker, R. 2000. Theories and approaches. *Male involvement and adolescent pregnancy prevention*. Available: http://www.etr.org/recapp/theories/mip/index.htm. (Accessed: 13 June 2014).

Bezuidenhout, F.J. 2013. *Teenage pregnancy.* Pretoria: van Schaick.

Bloom, K.C. and Hall, D.S. 2009. Pregnancy wantedness in adolescents presenting for pregnancy testing: *American Journal of Maternity Child Nursing*, 3(1): 33-41.

Bodibe, R.C. 2009. Investigation to sexual knowledge, attitudes and behaviour of black adolescents. Unpublished doctoral thesis. Pretoria: University of South Africa.

Braine, T. 2009. Adolescent pregnancy: a culturally complex issue. *Bulletin of the World Health Organisation*, 87:410-411.

Brindins, C., Barenbaum, M., Sanchez-Flores, H., McCuter, V. and Chand, R. 2005. Let's hear it for the guys: *California's male involvement programme*. San Francisco: University of California.

Brink. H. 2006. Fundamental of research methodology for health care professionals. 2nd edition. Cape Town: Juta.

Brink, H., Van der Walt, C. and Van Rensburg, G. 2012. *Fundamentals of research methodology for healthcare professionals*. 3rd edition. Cape Town: Juta.

Burns, N. and Grove, S.K. 2007. *Understanding nursing research.* 5th edition. Saunders: Elsevier.

Byers, S. 2011. Beyond the birds and the bees and was it good for you? : Thirty years of research on sexual communication. *Canadian Psychology*, 52(1):20.

Canavan, M.C. 2007. Teenage pregnancies under the spotlight. *The Star,* 2 May 2007:1.

Chau-Kuang, C., Ward, C., Williams K. and Abdullah, A. 2013. Investigating risk factors affecting teenage pregnancy rates in the United States. *European International Journal of Science and Technology*, 2(2): 41-51.

Change, J. 2005. Interventions linking gender relations and violence with reproductive health and HIV. *Rationale, effectiveness and gaps*. Frontiers in Reproductive Health Program: Kenya.

Creswell. J.W. 2003. *Research design: qualitative and quantitative approaches.* London: Sage.

Department of Education. 2007. Measures for the prevention and management of learners pregnancy*: choose a brighter future.* Pretoria: Government Printer.

Devenish, C., Funnell, G, and Greathead, E. 2004. *Responsible teenage sexuality*. Pretoria: Academia.

Dietrich, C. 2003. *The problems surrounding teenage pregnancies*. Cape Town: Heinemann.

Dlamini, L.S. 2002. The problems of teenage mothers in the Southern Hho-Hho region of Swaziland. Unpublished master's dissertation. Pretoria: University of South Africa.

Eastin, J.F. 2003. *Impact of absent father figure on male subjects and the correlation to juvenile delinquency: Findings and implications*. Unpublished master's dissertation. Texas: University of North Texas.

Gale, T. 2003. *Teenage pregnancy: opposing viewpoints.* Farmington Hills: Greenhaven Press.

George, J.B. 1985. Nursing theories*: the base for professional nursing practice*. London: Prentice Hall.

Giddens, A. 2001. Sociology. 4th edition. Cambridge: Blackwell Science.

Halstead, J.M. 2003. *Values in sex education*: *from principles to practice.* London: Routledge.

Helen, S., Holgate, R. and Francisco, K.O. 2006. *Teenage pregnancy and parenthood: global perspective issues and interventions.* London: Routledge, Taylor and Francis.

Hendricks, L., Swartz, S. and Bhana, A. 2010. Why young men in South Africa plan to become teenage fathers: implications for the development of masculinities within contexts of poverty. *Journal of Psychology in Africa*, 20(4): 527-536.

Holgate, H.S., Roy, E. and Yuen, K.O. 2007. *Teenage pregnancy and parenthood: global perspectives, issues and interventions*. 2nd edition, London: Routledge.

Horn, W.F. 2002. *Father facts*. Washington DC: National Father Initiative.

Hoque, M.E. 2011. Sexual practices among male undergraduate students in KwaZulu-Natal, South Africa. *South Africa Epidemiology Infection*, 26(3): 157-160.

Hutchinson, M.K., Cederbaum, J.A. 2011. *Talking to daddy's little girl about sex: daughters' reports of sexual communication and support from their fathers*. *Journal of Family Issues,* 32(4): 550-572.

Jewkes, R. 2007. Facts beliefs and fiction on teenage pregnancy. *Sunday Independent.* Available: http://www.sundayindependent.co.za. (Accessed: 12 March 2014).

Jewkes, R., Morrell, R., Christofides, N. 2009. Empowering teenagers to prevent pregnancy: lessons from South Africa. *Culture, Health & Sexuality*, 11(7): 675-688.

Johnson, D.E. 1980. *The Behavioral Systems Model for Nursing. Conceptual models for nursing practice*. New York: Appleton-Century-Crofts.

Johnson, D.E. 1990. *The Behavioural Systems Model of Nursing. Nursing theories in practice.* New York: National League for Nursing.

Johnson, D.E. 1992. The origins of the Behavioral Systems Model. *What it is and what it is not.* Philadelphia: Lippincott.

Kaiser Family Foundation. 2002. *Youth knowledge and attitudes on sexual health: a national survey of adolescence and young adults*. New York: Columbia University.

Kanku, T. and Mash, R. 2010. Attitudes, perceptions and understanding amongst teenagers regarding teenage pregnancy, sexuality and contraception in Taung. *South African Family Practice*, 52(6): 564-566.

Karra, M. and Lee, M. 2012. Human capital consequences of teenage childbearing in South Africa. Population Research Bureau. Available: www.prb.org. (Accessed: 20 June 2014).

Kaiser Family. 2002. *Substance use and risky sexual behaviour: attitudes and practices among adolescents and young adults*. Available: www.kff.org/repro. (Accessed: 13 May 2014).

Khoza, K. and Msimanga, S. 2010. Sexual abuse rampant at rural schools. *Mail and Guardian,* 15 October: 15-21.

Kohli, V. 1995. Teenage pregnancy prevention through education. Bakersfield: Carlifonia State University.

Koster, A., Kemp, J. and Offei, A. 2001. Utilisation of reproductive health services by adolescent boys in the eastern region of Ghana. *African Journal of Reproductive Health*. Available: http://www.dx.doi.org/10.2307/3583196. (Accessed: 20 June 2014).

Kumi-Kyereme, A., Awusabo-Asare, K., Biddlecom, A. and Tanle, A. 2007. Influence of social connectedness, communication and monitoring on adolescent sexual activity in Ghana. *African Reproductive Journal*, 11(3): 133-49.

Kyei, K.A. 2012. Teenage fertility in Vhembe District in Limpopo Province, How high is that? *Journal of Emerging Trends in Economics and Management Science,* 3(2): 134-140.

Lee, E. and Jenkins, T. 2002. Teenage sex: What should schools teach children? London: Hodder & Stoughton.

Lincoln, Y.S. and Guba, E.G. 1985. *Naturalistic inquiry*. San Francisco: Sage.

Lobo, M.L. 2002. Behavioural system model: Johnson, D.E. in George, J. *Nursing theories: the base for professional nursing practice*. 5th edition. Upper River Saddle: Pearson Education.

Macleod, C. 2001. Teenage mothers and the regulation of mothering in the scientific literature: the South African example. *Feminism and Psychology*, 11: 493-510.

Madondo, T.T. 2013. Adolescent pregnancies and their impact on communities. *Overview on HIV and AIDS Sexuality and Gender Exchange.* Available: www.safaids.net. (Accessed: 13 October 2014).

Maholo, R.B. 2008. Perceptions of teenagers regarding their pregnancies. Unpublished master's dissertation. Pretoria: Tshwane University of Technology.

Makiwane, M., Desmond, C., Richter, R. and Udjo, E. 2006. *Is the child grant associated with an increase in teenage fertility in South Africa? Evidence from national surveys and administrative data*. Pretoria: Human Sciences Research Council.

Maluleke, T. 2003. Sexual education, gender and health issues related to puberty rites for girls. *Health SA Gesondheid*, 8(3):61-67.

Maluleke, T.X. 2007. The youth's perception of sexuality in the Limpopo Province of South Africa. *Health SA Gesondheid,* 12(3): 13-16.

Martinez, G., Abma, J. and Casey, C. 2010. Educating teenagers about sex in the United States. *National Centre for Health Statistics Data Brief,* (44): 1-30.

Masemola, L. 2008. Teenage pregnancy becomes a trend. *The Star.* October 2008:6.

McCauley, A.P., Salter, C. and Kiragu, K. 1995. Meeting the needs of young adults. *Population Reproductive Journal*, (41):1-43.

Meekers, D. 1994. Sexual initiation and premarital childbearing in Sub-Saharan Africa. *Population Studies. A Journal of Demography*, 48(1): 47-64.

Mersal, F.A., Esmat, O.M. and Khalil, G.M. 2013. Effects of prenatal counselling on compliance and outcomes of teenage pregnancy. *Eastern Mediterranean Health Journal,* 19(1): 10-17.

Mohase, T.B. 2006. The influence of teenage pregnancy and parenting on the performance of Soshanguve Secondary School learners. Unpublished master's dissertation. Pretoria: Tshwane University of Technology.

Morrell, R., Bhana D., and Shefer T. 2012. Pregnancy and parenthood in South African schools. Available: www.hsrcpress.ac.za. (Accessed: 20 May 2014).

Mosby's Medical Dictionary. 2009. 8th edition. China: Elsevier.

Mothiba, T.M. and Maputle, M.S. 2012. Factors contributing to teenage pregnancy in the Capricorn District of the Limpopo Province. Unpublished master's dissertation. Limpopo: University of Limpopo.

Mpanza, N.D. 2006. Educators' attitudes towards teenage pregnancy. Unpublished master's dissertation. Ulundi: University of Zululand.

Myeza, N.P. 2008. Attitudes of high school learners towards sexuality education in Zululand. Unpublished master's degree dissertation. Ulundi: University of Zululand.

Nduli, J.J. 2012. An investigation into the high prevalence of schoolgirl pregnancy. Unpublished master's degree dissertation. Ulundi: University of Zululand.

Nkwanyana, T. R. 2011. A study of the high rate of teenage pregnancy in high schools in the ILembe District. Unpublished master's dissertation. Pretoria: University of South Africa.

Nundwe, C.S. 2012. Barriers to communication between parents and adolescents concerning sexual and reproductive health issues: a case study of Kinondoni Municipality, Tanzania. Unpublished master's degree dissertation. Tanzania: Muhimbili University of Health and Allied Sciences.

Okonofua, F. 2013. Prevention of child marriage and teenage pregnancy in Africa: need for more research and innovation. *African Journal of Reproductive Health*, 17(4): 10.

Oyedele, O.A. 2010. Guidelines to prevent teenage pregnancy based on the Johnson Behavioural System Model. Unpublished master's dissertation. Pretoria: Tshwane University of Technology.

Panday, S., Makiwane, M., Ranchod, C., and Letsoalo. T. 2009. Teenage pregnancy in South Africa with specific focus on school-going learners. Pretoria: Human Sciences Research Council.

Pardue, M.A. 2003. Increased absence causes a large drop in teen pregnancy. *Policy research analysis*. United States of America. The Heritage Foundation. Available: http://www.heritage.org./research/family. (Accessed: 12 December 2014).

Partners in Population and Development. 2013. Adolescent pregnancy: status, socio-economic cost, policy and programme options for 25 member countries of PPD. World Population Day. Available: http://www.partners-ppdev.org/mis/ppd_policy_brief_adolescent_pregnancy_0713.pdf. (Accessed 20 May 2014).

Planned Parenthood Federation of America. 2013. Reducing teenage pregnancy. Available: http://www.plannedparenthood.org/files/6813/9611/7632/Reducing_Teen_Pregnancy.pdf. (Accessed 20 May 2014).

Polit, D.F. and Beck, C.T. 2012. *Generating and assessing evidence for nursing practice*. 9th edition. Philadelphia: Lippincott Williams and Wilkins.

Poulsen, M.N., Miller, K.S., Lin, C., Fasula, A., Van den Houdt, H., Wyckoff, S.C., Ochura, J., Obongo, C.O. and Forchard, R. 2010. Facts associated with parent-child communication about HIV and AIDS in the United States and Kenya: A cross-cultural comparison. *Aids Behaviour*, 14(5): 1083-94.

Presler-Marshall, E. and Jones, N. 2012. Empowering girls to prevent early pregnancy. *Charting the future*: Available: www.odi.ork. (Accessed: 15 May 2014).

Ramathuba, D.U., Khoza, L.B and Netshikweta, M.L. 2012. Applying Orem's self-care model in empowering secondary school girls on contraceptive knowledge and use in Thulamela Municipality in Limpopo Province, South Africa. *Journal for Physical, Health Education, Recreation and Dance*, September (Supplement 2): 215-227.

Reiss, M. 2005. *A brief history of sex education: looks at sex education and how it has changed from the Second World War to the modern day.* Available: http://www.open.edu/openlearn/body-mind/health/health-studies/brief-history-sex-education. (Accessed: 12 March 2014).

Ritcher, M.S. and Mlambo, G.T. 2005. Perceptions of rural teenagers on teenage pregnancy. *Health SA Gesondheid*, 10(2): 61-69.

Rule, K. 2004. Rights or wrongs: public attitudes towards moral values. *Human Science Research Council Review*, 2(3): 4.

South African HIV and AIDS Information Dissemination Service( SAFAIDS) 2010. Addressing adolescent pregnancy challenges in Southern Africa in the era of HIV. Available: www.safaids.net. (Accessed: 20 May 2014).

Schmidt, A.A. and Brown, J.M. 2009. *Evidence based practice for nurses: appraisal and application of research*. London: Jones & Bartlett.

Sekgobela, C.B. 2008. Pregnancy-related challenges encountered by student nurses at the South African Military Health Services Nursing College. Unpublished master's dissertation. Pretoria: University of South Africa.

Sekela, M.S. 2001. Parents' involvement in sex education at schools. Unpublished master's dissertation. Pretoria: University of South Africa.

Sekiwunga, R. and Whyte, S.R. 2009. Poor parenting: teenagers' views on adolescent pregnancies in eastern Uganda. *African Journal of Reproductive Health,* 13(4): 113-127.

Singh, S., Sedqh, G. and Hussain, R. 2010. Unintended pregnancy: worldwide levels trends and outcomes. *Studies in Family Planning*, 41(4): 241-250.

Solomon-Fears, C. 2013. *Teenage pregnancy prevention*. *Statistics and programs*. Congressional Research Service. Available: http://www.fas.org/sgp/crc/misc/RS20301.pdf. (Accessed: 15 April 2014).

South Africa. 1996. *School Act No 84 of 1996*. Available: http://www.education.gov.za/lincClick.aspx?fileticket=808cFmkp8u4. (Accessed: 20 May 2014).

South Africa. 1996. *Choice on termination of pregnancy Act no 92 of 1996*. Cape Town. Government Printer.

Statistics South Africa. 2009. General household survey. Pretoria. Government Printer.

Statistics South Africa. 2012. General household survey. Pretoria: Government Printer.

Stolberg, S.G. 2002. *Men's reproductive health gets new emphasis: health and fitness.* New York Times, 19 March: 132-133.

The Free Dictionary (online). 2011. Available: www.thefreedictionary.co. (Accessed 2 December 2014).

Torres, G. 1986. Theoretical foundations of nursing. Norwalk: Appleton Century-Crofts.

Ugoji, F.N. 2013. An examination of university students' attitudes to contraceptive use. *American International Journal of Social Science*, 2(1):18-22.

United Nations 2013. *The Millennium Development Goals Report.* Available: http://www.un.org/millenniumgoals/pfd/report-2013/mdg-report-2013english.pdf

United Nations International Children's Emergency Fund. 2005. Early marriage a harmful traditional practice: a statistical exploration. New York

UNPF: see United Nations Population Fund

United Nations Population Fund 2012. *Marrying too young*: g*lobal and regional levels and trends.* Available: http://www.unfpa.org/webdev/site/global/shared/doi. (Accessed: 15 February 2014).

Van Eijk, R.T. 2007. *Factors contributing to teenage pregnancies in Rorotonga*, United Nations Fund for Population Activities (UNFPA): Cook Island.

Varga, C.A. 2003. How gender roles influence sexual and reproductive health among South African adolescents. *Studies in Family Planning*, 34(3):17.

Vincent, L. 2008. *Cutting traditions*. *The political regulation of traditional circumcision rites in South Africa's liberal democratic order*. Grahamstown: Rhodes University.

Wang, R.H., Wang, H.H. and Hsu, M.T. 2003. Factors associated with adolescent pregnancy: a sample of Taiwanese female adolescents. *Public Health Nursing*, 20(1):33-41.

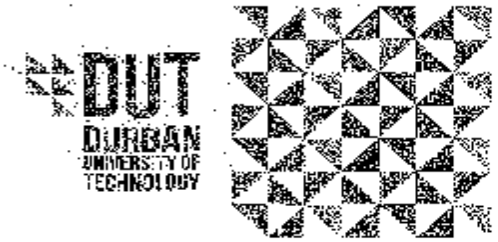
WHO: see World Health Organisation

World Health Organisation. 2010. *Early marriages, adolescent and pregnancies. Report by the secretariat.* Geneva.

World Health Organization. 2012a. New *UN resolution. Registering all births*. Available: http://www.who.int//woman_child_accountability/news/hmn_who_birth_registration_resolution_23_mar_2012/en/. (Accessed: 15 February 2014).

World Health Organization. 2012b. New *UN resolution. Registering all births*. Available: http://www.who.int//woman_child_accountability/news/hmn_who_birth_registration_resolution_23_mar_2012/en/. (Accessed: 15 February 2014).

## Appendix 1: University ethical clearance certificate




Institutional Research Ethics Committee
Faculty of Health Sciences
Room M549 Medical School Site
Gate 4, Steve Biko Campus
Durban University of Technology

P.O. Box 1334, Durban, South Africa, 4000

Tel: 031 373 2900
Fax: 031 373 2457
Email: fhsirec@dut.ac.za
Web: www.dut.ac.za/research/directorate/ethics

www.dut.ac.za

9 September 2014

IREC Reference Number: **REC 53/14**

Mr S T Madlala
2583- Ext 1
Harrismith
9880

Dear Mr Madlala

**Perceptions of young males at the Free State School of Nursing with regards to teenage pregnancy**

I am pleased to inform you that Full Approval has been granted to your proposal REC 53/14.

The Proposal has been allocated the following Ethical Clearance number **IREC 962/14**. Please use this number in all communication with this office

Approval has been granted for a period of one year, before the expiry of which you are required to apply for safety monitoring and annual recertification. Please use the Safety Monitoring and Annual Recertification Report form which can be found in the Standard Operating Procedures (SOP's) of the IREC. This form must be submitted to the IREC at least 3 months before the ethics approval for the study expires.

Any adverse events (serious or minor) which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC SOP's. In addition, you will be responsible to ensure gatekeeper permission.

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely

[redacted]

Prof J K Adam
Chairperson IREC

## Appendix 2a: Permission letter to the Free State Department of Health

2583 Extension 1

Harrismith

9880

The Research Committee
Free State Department of Health
Bophelo House
St Andrews Street
Bloemfontein
9300

Dear Sir/ Madam

**Re: REQUEST FOR A PERMISSION TO CONDUCT A STUDY**

I am registered for a Masters Degree at the Durban University of Technology in the Department of Technology in the Department of Nursing. The topic of my research study is: **Perceptions of young males at the Free State School of Nursing with regards to teenage pregnancy.**

The aim of the study is to explore and describe the perceptions and practices of young males regarding teenage pregnancy.

The study will be conducted at Free State School of Nursing (Northern and Southern) campuses. Individual semi-structured interviews will be conducted with all young males' students to explore their perceptions and practices regarding teenage pregnancy.

I hereby request your permission to conduct a research study at your institute. The study will be conducted at the two Free State School of Nursing campuses.

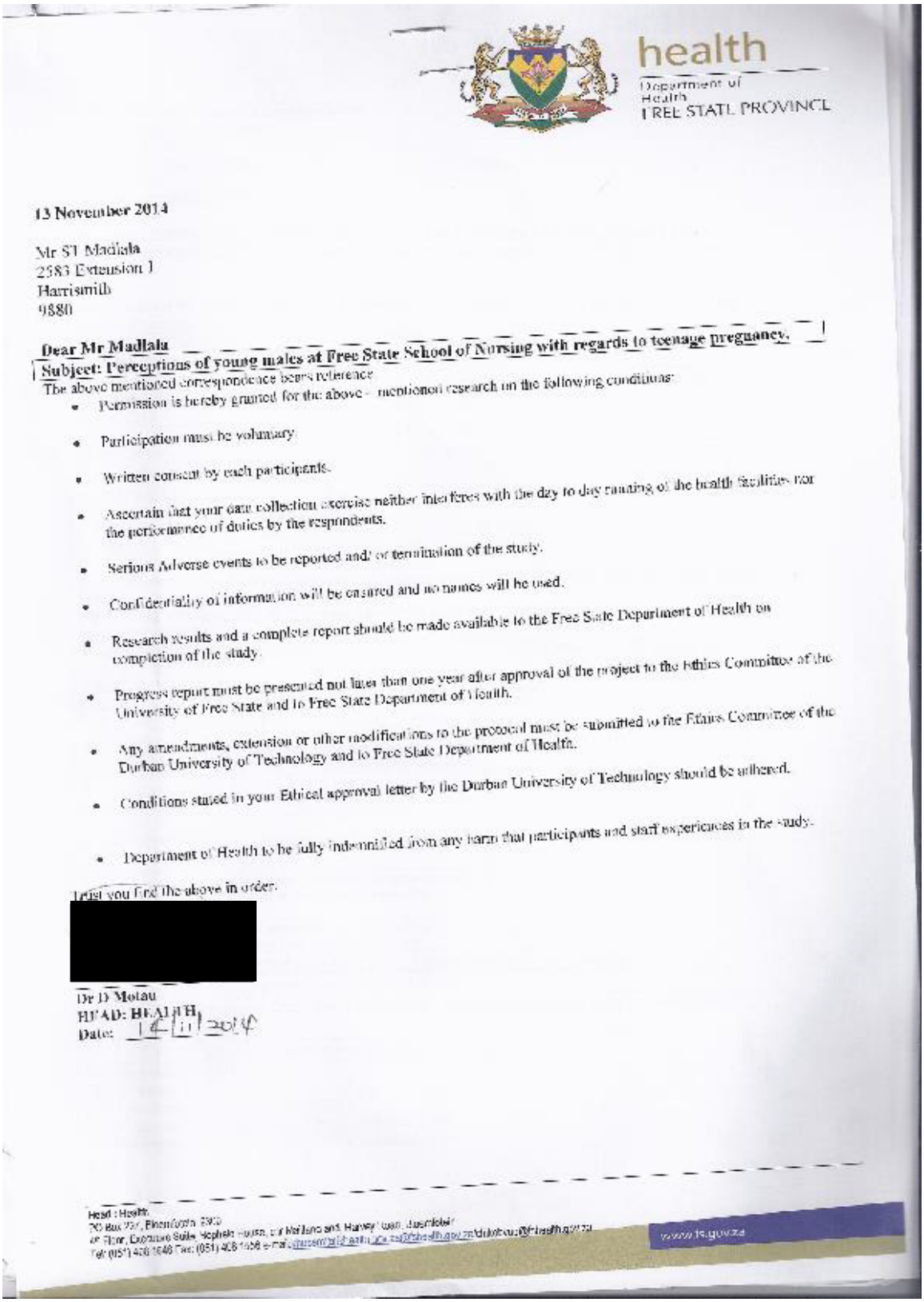
My research proposal has been attached for your perusal.

Your permission to conduct the research study will be highly appreciated.

Regards


| --- | --- | --- |
| Mr S T Madlala | Prof MN Sibiya | Ms TSP Ngxongo |
| Student number: 21449553 | Supervisor | Co-supervisor |
| themba.2@hotmail.com | nokuthulas@dut.ac.za | thembelihlen@dut.ac.za |

## Appendix 2b: Approval letter from the Free State Department of Health



health
Department of Health
FREE STATE PROVINCE

13 November 2014

Mr ST Madlala
2583 Extension 1
Harrismith
9880

**Dear Mr Madlala**

**Subject: Perceptions of young males at Free State School of Nursing with regards to teenage pregnancy.**

The above mentioned correspondence bears reference

- Permission is hereby granted for the above - mentioned research on the following conditions:
- Participation must be voluntary
- Written consent by each participants.
- Ascertain that your data collection exercise neither interferes with the day to day running of the health facilities nor the performance of duties by the respondents.
- Serious Adverse events to be reported and/ or termination of the study.
- Confidentiality of information will be ensured and no names will be used.
- Research results and a complete report should be made available to the Free State Department of Health on completion of the study.
- Progress report must be presented not later than one year after approval of the project to the Ethics Committee of the University of Free State and to Free State Department of Health.
- Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee of the Durban University of Technology and to Free State Department of Health.
- Conditions stated in your Ethical approval letter by the Durban University of Technology should be adhered.
- Department of Health to be fully indemnified from any harm that participants and staff experiences in the study.

I trust you find the above in order.

[redacted]

Dr D Motau
HEAD: HEALTH
Date: 14/11/2014

Head: Health
PO Box 797, Bloemfontein 9300
4th Floor, Executive Suite, Hoffman House, cnr Markgraaff and Harvey Road, Bloemfontein
Tel: (051) 408 1648 Fax: (051) 408 1698 e-mail: dmotau@fshealth.gov.za
www.fs.gov.za

## Appendix 3a: Permission letter submitted to the Free State School of Nursing

2583 Extension 1

Harrismith

9880

Acting Dean

Free State School of Nursing

Private Bag X 03

Bloemfontein

9301

Dear Sir/ Madam

**Re: REQUEST FOR A PERMISSION TO CONDUCT A STUDY**

I am registered for a Masters Degree at the Durban University of Technology in the Department of Nursing. The topic of my research study is: **Perceptions of young males at the Free State School of Nursing with regards to teenage pregnancy.**

The aim of the study is to explore the perceptions and practices of young males at Free State School of Nursing regarding teenage pregnancy.

The study will be conducted at Free State School of Nursing (Northern and Southern) campuses. Individual semi-structured interviews will be conducted with all young males' students to explore and describe their perceptions and practices regarding teenage pregnancy.

I hereby request your permission to conduct a research study at your institute. Data will be collected at the two Free State School of Nursing campuses.

My research proposal has been attached for your perusal.

Your permission to conduct the research study will be highly appreciated.

Regards


| --- | --- | --- |
| Mr S T Madlala | Prof MN Sibiya | Ms TSP Ngxongo |
| Student | Supervisor | Co-supervisor |
| themba.2@hotmail.com | nokuthulas@dut.ac.za | thembelihlen@dut.ac.za |

**Appendix 3b: Approval letter from the Free State School of Nursing**

health
Department of Health
FREE STATE PROVINCE

## INTERNAL MEMO

| | | | |
|---|---|---|---|
| **DATE:** | 3 December 2-14 | **FILE NO:** | |
| **TO:** | Mr T Madlala | **FROM:** | MA Mabandla, Acting Principal<br>FSSON<br>Kolbe Street<br>Tel: 051- 448 8052<br>Fax: 051- 430 6469<br>Email: MabandlaMA@fshealth.gov.za |

**Approval for conducting research on Four Year Diploma students**

1.The above mentioned matter bears reference

2. You are hereby informed that you are approved to do your research as per your request and approval from HOD: Health.

3. You are just reminded that you must adhere to the principles as tabulated in the approval letter of HOD,

4. Wishing you success with your studies

Warm regards,

MA Mabandla
Acting Principal

## Appendix 4: Letter of information for participants


Thank you so much for agreeing to participate in this study.

**Title of the Research Study:** Perceptions of young males attending Free State School of Nursing in view of the prevalence of teenage pregnancy.

**Principal Investigator/s/researcher:** Mr Siphiwe Themba Madlala, M Tech: Nursing

**Co-Investigator/s/supervisor/s:** Prof M.N. Sibiya, D Tech: Nursing and Ms T.S.P. Ngxongo, M Tech: Nursing

**Brief Introduction and Purpose of the Study:** The purpose of the study is to explore the perceptions of young males and the roles they play in teenage pregnancy.

**Outline of the Procedures:** You will have to understand what the study is about before you take part and sign a consent form to participate. You will be asked few questions in a private room at the Free State School of Nursing. Permission is requested to use a voice recorder during the interview. I will also take some notes during an interview. The interview session will take about one to two hours and there may be some follow ups to clarify certain issues if necessary.

**Risks or Discomforts to the Participant:** The study and the procedure involve no foreseeable risk and physical discomfort to you.

**Benefits:** The recommendations of this study results will assist in developing guidelines, policies and active involvement of young males in teenage pregnancy.

**Reason/s why the Participant May Be Withdrawn from the Study:** Your participation in this study is entirely voluntary. You may at any time withdraw from the study without prejudice or providing any reason for your decision. Your withdrawal will no way influence your relationship and education at Free State School of Nursing.

**Remuneration:** Please note that there will be no monetary or remuneration to be given to the participant.

**Costs of the Study:** You will not incur any costs for participating in this study.

**Confidentiality:** The information you provided during an interview will remain strictly confidential. The data collected will be coded so that it is not linked to your name. Your identity will not be revealed while the study is being conducted and on completion of the study while the results are being reported in a scientific journals. Data that will be collected during the study will be stored in a secure locked area and will not be shared with anyone without your permission.

**Research-related Injury:** There is no foreseeable form of injury that could take place.

**Persons to Contact in the Event of Any Problems or Queries:** Please contact me the researcher Themba Madlala 082 581 84 73 or at themba.2@hotmail.com, my supervisor Prof MN Sibiya during office hours on 031-373 2606 and my co-supervisor Ms TSP Ngxongo during office hours on 031-373 2609 or the Institutional Research Ethics administrator on 031 373 2900. Complaints can be reported to the DVC: TIP, Prof F. Otieno on 031 373 2382 or dvctip@dut.ac.za.

## Appendix 5: Consent letter to be signed by participants


**CONSENT**

**Statement of Agreement to Participate in the Research Study:**

- I hereby confirm that I have been informed by the researcher, Themba Madlala , about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information Appendix: 2 (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth and my initials will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

| _____ | _____ | _____ | _____ |
|---|---|---|---|
| **Full Name of Participant** | **Date** | **Time** | **Signature / Right Thumbprint** |

I, Themba Madlala herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

| _____ | _____ | _____ |
|---|---|---|
| **Full Name of Researcher** | **Date** | **Signature** |

| _____ | _____ | _____ |
|---|---|---|
| **Full Name of Witness (If applicable)** | **Date** | **Signature** |

| _____ | _____ | _____ |
|---|---|---|
| **Full Name of Legal Guardian (If applicable)** | **Date** | **Signature** |

## Appendix 6: Interview guide

The following questions will be asked during an interview:

Date---------- Participant no:

**SECTION A: DEMOGRAPHIC DATA**

Age ---------- Gender----------

Race ---------- Marital status----------

Number of own biological children----------

**SECTION B: INTERVIEW QUESTIONS**

1. What are your perceptions regarding teenage pregnancy?
2. In your opinion, what are the risk factors that may lead to teenage pregnancy?
3. What do you think is your role regarding teenage pregnancy?
4. What suggestions will you give that will assist to prevent teenage pregnancy?
5. Do you have any other comments regarding teenage pregnancy that you would like to share with me that I have not asked during our interview?
6. Any other probing questions following the participants' responses will be used to facilitate the discussion.

**Appendix 7: Confirmation letter from the editor**


# Valerie Janet Ehlers

**Nurse Consultant and Researcher**

**Emeritus Professor and Research Fellow; University of South Africa**

**Associate Editor: International Nursing Review**

**(B Soc Sc (University of Natal); Honours B Soc Sc, BA Cur, Honours BA Cur, MA Cur, D Lit et Phil, Diploma in Development Administration, TAALKU-F for Diploma in Translation- Unisa))**


**CONFIRMATION LETTER: EDITING OF A DOCUMENT**


**266 Pat Dyer Avenue**
**ERASMUSRAND**
**0181**

**PO Box 65075**
**ERASMUSRAND**
**0165**
**2 March 2015**

Tel: 012 347 8287
Cell: 084 587 3303

e-mail: ehlersjh@mweb.co.za


| | |
|---|---|
| 2 March 2015 | I hereby certify that I have edited the following master's dissertation entitled: **Perceptions of young males at the Free State School of Nursing with regards to teenage pregnancy** By student: ST Madlala |

Thank you

[redacted]

Prof VJ Ehlers