

HIV and Health - Teenage pregnancy

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Definition

This indicator refers to the percentage of adolescent girls aged 15 - 19 years who have been pregnant.

The proportion of teenagers who have ever been pregnant in South Africa by province

Province	1998	2003
Eastern Cape	18.2	13.9
Free State	12.6	15.1
Gauteng	9.5	12.2
KwaZulu-Natal	16.7	1.8
Limpopo	20.0	16.6
Mpumalanga	25.2	13.3
North West	13.4	14.2
Northern Cape	18.0	15.4
Western Cape	16.4	13.6
SOUTH AFRICA	16.4	11.9

The proportion of teenagers who have ever been pregnant in South Africa by population group

Population Group	1998	2003
African	17.8	12.7
Coloured	19.3	10.1
Indian	4.3	2.0
White	2.2	2.4
SOUTH AFRICA	16.4	11.9

Source Department of Health, Medical Research Council & OrcMacro (2007) *South Africa Demographic and Health Survey 2003*. Pretoria: Department of Health.

Department of Health, Medical Research Council & OrcMacro (1999) *South Africa Demographic and Health Survey 1998*. Pretoria: Department of Health.

Notes 1. The denominator in the above indicator is all females in the 15 – 19 age group.

What do the numbers tell us?

Knowledge of the status of teenage pregnancy in South Africa

Adolescents, like many other age groups in South Africa, are greatly impacted by the HIV/AIDS pandemic. In fact, the National Strategic Plan on HIV & AIDS and Sexually Transmitted Infections identifies young people aged 15 – 24 years as a specific target group for all interventions.¹ It is therefore important that safe sexual behavior is encouraged and practised, and that patterns of high risk sexual activity, of which teenage pregnancy is one consequence, are also understood in the context of the HIV pandemic.²

In 2003, 12% of teenage girls aged 15 – 19 years had ever been pregnant or were pregnant at the time of the South Africa Demographic and Health Survey (SADHS).³ This is lower than the reported teenage pregnancy rate of 16% in the 1998 SADHS. The proportion of teenagers who have been pregnant rises rapidly with each year of age from 15 years (2%) to 19 years (27%). . Nearly a quarter (23%) of 19-year-old women included in the 2003 SADHS were mothers.

The teenage pregnancy rate was somewhat similar in urban (11%) and non-urban (14%) areas in 2003. The rate is highest in the Limpopo province (17%), followed by the Northern Cape (15%) and Free State (15%) provinces. The DHS report cautions that the KwaZulu-Natal rate of 2% in 2003 (compared with 17% in 1998) is implausible, and may be partly due to fieldwork problems in that province.⁴ Aside from KwaZulu-Natal, five of the nine provinces had lower teenage pregnancy rates in 2003 than in 1998.

There is an apparent decline in the teenage pregnancy rate as education levels increase, with 7% of teenagers with higher education reported to have been pregnant compared with 20% with grade 6 – 7 education in the same age group. The 1998 SADHS showed a similar trend.

African (13%) and Coloured (10%) teenagers have higher rates of pregnancies in comparison to other population groups. Factors that can contribute to the number of teenagers who fall pregnant are, for example, gender power imbalance (associated with significantly older partners in particular⁵), early sexual debut⁶, barriers to contraceptive use (seldom used at sexual initiation⁷), and misinformation on sexual health matters. Pregnancy at a very young age may result in pregnancy complications that can lead to the death of the young mother and/or her baby. Other associated consequences include increased risk of infant morbidity, as well as the possibility of emotional and financial strain for the mother.

Technical notes

The numerator for this indicator is the number of adolescent girls aged 15 – 19 years who had participated in the SADHS 2003, who had ever been pregnant, and the denominator is the number of adolescent girls aged 15 – 19 years who had participated in the survey.

Household survey data, such as the DHS, is self-reported, and this is likely to affect the reliability of the estimates. Teenage girls who become pregnant may elect to undergo terminations or give babies up for adoption, and may not disclose to enumerators or any record-keeping entity that they have been pregnant. Antenatal clinic attendance cannot be used as a proxy for pregnancy for these reasons.

Strengths and limitations of the data

Two nationally representative South African Demographic and Health Surveys (SADHS) have been conducted to date. These cover the population living in private households. The first was conducted in 19988, and the second in 20039. The main survey targets women aged 15 and 49 years. The 2003 survey introduced questions to men on sexual behaviour.

Both surveys use two-stage nationally representative probability samples drawn from Census enumeration areas. The sample is first stratified by the country's nine provinces, and then by urban and non-urban areas. The final sample yielded approximately 10,000 households for 2003.

There was a marked decline in the response rate to the survey. The overall response rate for the women's questionnaire was 75% in 2003, far lower than the 92% in 1998.

The SADHS 2003 report suggests an over-representation of urban areas and of the African population group, and an under-representation of Whites and Indian females. It also highlights problems with age misreporting.

Key demographic and health indicators from the SADHS 2003 have data quality problems which may be the result of poor fieldwork. These include child mortality, fertility and hypertension prevalence estimates. These indicators are either inconsistent with other data sources or difficult to interpret. Findings that are not sufficiently robust for decision-making are indicated in the report.

The findings on teenage pregnancy rates, sexual behaviour and contraception use must be interpreted carefully. Some of these indicators are affected by the low number of births reported, and by poor data from KwaZulu-Natal. In addition, the results are also influenced to some extent by the over-representation of urban areas and Africans.

Related links

South African Department of Health

(<http://www.doh.gov.za/index.html>)

South African HealthInfo™ network

Medical Research Council

(<http://www.sahealthinfo.org/sahealthinfo.htm>)

Centre for Health Systems Research and Development, University of the Free State

(<http://www.uovs.ac.za/faculties/index.php?FCODE=01&DCODE=161&DIVCODE=0>)

Human Sciences Research Council

(<http://www.hsrc.ac.za/>)

Statistics South Africa

(<http://www.statssa.gov.za>)

References

¹ Department of Health (2007) HIV & AIDS and STI Strategic Plan for South Africa 2007 – 2011. Pretoria: Department of Health

² Ibid – see note 1.

³ Department of Health, Medical Research Council & OrcMacro (2007) South Africa Demographic and Health Survey 2003. Pretoria: Department of Health.

⁴ Ibid – see note 6.

⁵ Jewkes R, Vundule C, Maforah F & Jordaan E (2001) Relationship dynamics and teenage pregnancy in South Africa. *Social Science and Medicine*, 52: 733 -744.

⁶ Baumgartner JL, Geary Waszak C, Tucker H & Wedderburn M (2009) The influence of early sexual debut and sexual violence on adolescent pregnancy: A matched case control study in Jamaica. In: Shisana O, Rehle T, Simbayi LC, Zuma K, Jooste S, Pillay-van-Wyk V, Mbelle N, Van Zyl J, Parker W, Zungu NP, Pezi S & the SABSSM III Implementation Team (2009) South African national HIV prevalence, incidence, behaviour and communication survey 2008: A turning tide among teenagers? Cape Town: HSRC Press.

⁷ Ibid – see note 1.

⁸ Department of Health, Medical Research Council & OrcMacro (1999) South Africa Demographic and Health Survey 1998. Pretoria: Department of Health.

⁹ Department of Health, Medical Research Council & OrcMacro (2007) South Africa Demographic and Health Survey 2003. Pretoria: Department of Health.



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